Preface

Refuge House Programmatic Policies and Procedures were developed in accordance with the Minimum Standards for Child Placing Agencies adopted January 1, 2007 and the Residential Child Care Contract version 2006. Policies and Procedures are implemented according to the intention of Agency Management to provide excellent care and quality of service to our clients, both children and the caregivers who provide care to those children.

Portions of the following policies and procedures are taken directly from the Minimum Standards for Child Placing Agencies, Chapter 749 and also from the Residential Child Care Contract 2006 in an effort to ensure that the requirements are met specifically.

These policies and procedures reflect the specific service delivery model of Refuge House and are developed according to the organizational structure, experience and skill sets of this Agency. Refuge House does not authorize the use of this Policies and Procedures manual to any entity or individual outside of the Agency or the Monitoring Entities without prior written consent.

Terms

- Refuge House and the Agency may be used interchangeably
- DFPS and the Department may be used interchangeably
- Foster parent, foster/adoptive parent and, in most cases, caregiver may be used interchangeably
- Case Manager refers to the Refuge House staff member, Caseworker refers to the DFPS staff member
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ADMINISTRATION

GOVERNING BODY

Refuge House, a Christian 501 (c) 3 non-profit corporation, provides foster care and adoption services to at-risk children. Children are placed with carefully selected and trained caregivers by Refuge House.

The Board of Directors is the governing body of Refuge House. The Board is responsible for the high-level oversight of all programs of Refuge House. The Board reviews and approves the following:

- Program Policies and Procedures as needed
- Strategic Plan at least once every 3 years
- Review of Operation at least once yearly to ensure that plans Refuge House functions according to the provisions of the plan and the policies approved.

The Board is comprised of a minimum of three (3) members in accordance with the by-laws of the corporation. Governing Body will ensure that at no time do persons who benefit financially from the operation of the Agency comprise a majority of the Governing Body.

The Executive Director reports directly to the Board and is responsible for the overall operation of the agency’s programs.

References
§749.101(2-4), §749.131(5-6)

CHANGES TO GOVERNING BODY

The Agency will notify Residential Child Care Licensing and Contract Manager of changes to the governing body or significant controlling person in the organization in writing, according to the Refuge House Notifications Guidelines.

References
§749.101, §749.103(14)

OFFICES, LICENSE

The Agency will not operate a branch office within the Arlington Region of Texas under its current license.

A copy of the RCCL License will be maintained and displayed at all offices.

References
§749.103(8), §749.103(11), 749.301, §749.303
ACCOUNTING, PLANNING, BUDGETING

Refuge House will adhere to Generally Accepted Accounting Principles promulgated by the Financial Accounting Standards Board (http://www.fasb.gov/accepted.html).

Refuge House shall not sell, or transfer ownership of any payments due to Accounts Receivable to any third party or financial intermediary if such transaction would result in such payments being made to a third party. This section shall not prohibit collateral assignment of such payments for the purpose of secured lending arrangements in the ordinary course of business.

In any instance in which Refuge House is responsible for a child's money, Refuge House will account for that child's money separately from the funds of the Agency or those designated for a caregiver.

Refuge House will ensure that an annual review of fiscal performance is conducted by an outside entity. Refuge House will ensure that the cost report is completed and submitted annually to the Health and Human Services Commission as prescribed in the Residential Child Care Contract.

PLANNING AND BUDGETING

Refuge House will prepare a budget, which will be reviewed and approved by the Board of Directors annually. The Board of Directors will review the budget, Agency development plan and fiscal performance to ensure the Agency remains fiscally sound.

INSURANCE

Refuge House will maintain uninterrupted insurance coverages in the following areas:

- Dishonesty bonding, in accordance with DFPS Contract Requirements
- General Liability Coverage in accordance with DFPS Contract requirements and Human Resources Code §42.049
- Directors and Officers insurance

Refuge House shall purchase coverage with insurance companies or carriers rated for financial purposes "B" and higher whose policies cover risks located in the State of Texas.

References

§749.103(15), §749.131(1)

References

§749.103(11), Contract Term 33
BACKGROUND CHECKS

All agency-sponsored individuals over the age of 14 (excluding foster children) who have regular, intermittent or consistent contact with Refuge House foster children is required to have a background check conducted by Refuge House.

References

§749.105(4)

AGENCY CONFLICT OF INTEREST

Refuge House Code of Conduct and Conflict of Interest Policy addresses the relationships between employees, contract service providers, children in placement, foster and adoptive parents, children’s families, governing board, executive staff, and related parties and includes required parameters for entering into independent financial relations or transactions. A related party is anyone who is an immediate relative or other relation of an individual who can directly influence the operations in order to benefit from the decision-making process at the Agency.

CODE OF CONDUCT

- Refuge House permits relatives and married persons to work at the Agency as employees or contractors.
- Refuge House does not permit relatives to supervise one another
- Refuge House does not permit a licensed foster parent, caregiver, babysitter or respite provider to be an employee or contractor outside the scope of their licensure
- Refuge House does not permit an employee, contract service provider, member of the governing body or executive staff, or related parties to act concurrently as a Refuge House licensed foster parent, caregiver, babysitter or respite provider.
- Refuge House does not permit a licensed foster parent, caregiver, babysitter or respite provider to serve as a member of the Board of Directors in a voting capacity.
- Refuge House does permit a licensed foster parent, caregiver, babysitter or respite provider or consultant to serve as advisors to Agency leadership.

RELATED PARTY TRANSACTIONS

A Board Member may enter into an independent financial transaction with the Agency under the following provisions:

1) The service or product offered is made at or below current market value; OR
2) The Agency secures 3 or more competitive bids for the transaction AND the interested party is not a decision maker for the selected bidding process AND the bidding process is a sealed bidding process; OR
3) The service or product is not available through any other known avenue.

References

§749.107
OPERATIONS

PERSONNEL POLICIES AND PROCEDURES

Personnel policies and procedures may be revised and adopted as necessary. Personnel policies and procedures are approved by Executive Director or designee as representative of the Board of Directors.

Employees are required to acknowledge receipt of Personnel Policies and Procedures on or before their first day of employment.

References

PROGRAMMATIC POLICIES AND PROCEDURES

Refuge House operates according to written policies and procedures adopted by the governing body. All policy changes are submitted and approved by the Board of Directors. Procedures may be revised and approved by Refuge House Executive Director or designee, provided the procedures do not conflict with the policy and meet the minimum requirements established by the policy.

Refuge House policies and procedures will be developed in accordance with the Minimum Standards of Child-Placing Agencies, DFPS Contract Requirements and YFT Standards and will comply with the law, including Chapters 42 and 43 of the Human Resource Code.

Foster parents and caregivers are required to attend pre-service training which incorporates the review of Programmatic Policies and Procedures. Foster homes are reviewed annually to ensure compliance with Policies and Procedures. Policies and Procedures are made available to staff, foster parents and caregivers via the Refuge House website, including historical version and revisions.

References

\[\text{§749.103(2), §749.103(5), §749.103(9), §749.131(2-4), §749.331(b,d,e,g), §749.423(1), §749.337(b,c), Contract Term 19(a-c)}\]

RECORDS

Refuge House will maintain a complete set of current and accurate master records for employees, contractors, families and children in either printed or electronic format. Physical records will be maintained for 7 years for discharged or inactive employees, contractors, families and children. The Records Department ensures that all records for Inactive entities are appropriately archived and catalogued. Electronic records for both active and inactive entities will be maintained in perpetuity and may be archived to electronic media for ongoing storage.

PROTECTING CONFIDENTIAL INFORMATION
All information pertaining to clients of Refuge House is considered confidential and falls under the jurisdiction of the Confidentiality Agreement signed by all Staff, Contractors and Volunteers. Refuge House will take all reasonable steps and precautions to safeguard this information both in electronic and physical form. This information is privileged and limited to those individuals with whom the Agency has a signed Confidentiality Agreement and those who are legally authorized to have access to this information, specifically DFPS and its designees, court and legal representatives. Refuge House may provide de-identified data for informational and/or aggregation purposes assuring that the information cannot be tied to an individual or individuals by a person not associated with the Agency.

Physical Files

Refuge House maintains confidential information in a file room secured with locking cabinets. Access to the file room is limited to authorized personnel. Confidential information may not leave the Agency premises except in cases where it is being transported to an entity authorized to receive the information. Prior to any change in location of records or offices, the Executive Director will notify the DFPS licensing representative for approval.

Electronic Files

Refuge House limits access and protects electronic files using the following measures:

a. All access to Agency electronic files is governed by individual logins and passwords. Passwords expire per Agency policy and comply with Agency ‘hard-to-guess’ rules for all logins.

b. Refuge House does not provide ‘generic’ or ‘multi-user’ login accounts.

c. Network and data access logins are authorized by Chief Operations Officer and/or Executive Director.

d. Refuge House network is protected from the outside world by an electronic firewall.

e. Confidential information is not accessible by a public means.

f. Anti-virus software is installed and maintained on all Agency servers and workstations. Virus definitions are updated as they become available to the anti-virus vendor and pushed to workstations when connected to the network.

g. Workstation data is synchronized and backed up to network servers upon connection to the network

h. Nightly incremental and Weekly/Monthly full backups are made for devices containing electronic files.

Records for Inactive Entities

Once the record for an inactive entity has been completed, the managing staff member will notify the Records Department. The complete record will be copied in its entirety to a backup device, such as a compact disc, DVD, tape or other media. A complete list of archived records will be maintained by the Records Department.

- **Personnel Records** – Office Manager ensures that all pertinent documentation is included in the Personnel record, prior to authorizing Records to archive. This information may include training, correspondence, exit interview, TWC correspondence, separation follow-up, timesheets, etc.

- **Foster/Adoptive Home Records** – Foster Home Developer ensures that all pertinent documentation is included in the Home record prior to authorizing Records to archive. This information includes, but is not limited to training, investigations, quarterly reviews and logs, letters to the caregiver(s), etc.

1 A client is a foster or adoptive child, a foster parent or caregiver.
**Foster/Adoptive Child Records** - Case Manager Supervisor ensures that all pertinent documentation is included in the Child record prior to authorizing Records to archive. This information includes, but is not limited to, discharge paperwork, foster family paperwork, case management narrative, school records. In the event of Agency closure, records will be transferred to the appropriate entity.

**References**

§749.103(3,4,6), §749.531, §749.533, §749.535, §749.587

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**PERSONNEL RECORDS**

Personnel records shall accurately reflect an employee's information, qualifications, status and training. Physical records for employees are maintained in a secure locked location at the Agency. Electronic records are maintained in accordance with the Records policy. Personnel records are maintained for the current year and prior calendar year for any discharged staff. Office Manager will maintain a master list of all active and archived personnel records.

**PERSONNEL RECORDS PROCEDURE**

Following are items and information that shall be contained in an employee’s record:

- Documentation of employment date, how the individual meets minimum age and qualification requirements.
- Current Job Description
- Copy of license, certification, registration when applicable
- Copy of TB screening for individuals having contact with children
- Notarized Affidavit for Applicants for Employment
- Signed/dated statement indicating the individual has read Personnel/Operational Policies
- Signed/dated statement indicating the individual has read and agrees to the Reporting Abuse and Neglect Policy
- Proof of cleared background check
- Copy of valid driver’s license and liability insurance
- Record of training and training hours
- Documentation of Agency employment history/tenure
- Date and details of separation, if applicable

**References**

§749.551, §749.553, §749.555
CLIENT RECORDS

Client records shall accurately reflect information available to the Agency and shall be maintained continuously. Every client record shall be individualized, current and complete according to specified timeframes. Documentation shall be filed in the client’s record no later than 30 days after the event or occurrence and within 15 days from the end of the month for monthly summaries or as otherwise required by the type of documentation. An accurate master list of all current and former foster/adoptive homes and children placed in care is maintained electronically. Client records which are kept in physical form are maintained in the office where the client’s case is managed, electronic records are made available to case managers from any location. Information contained in client records is considered confidential and is safeguarded according to the Records (Protecting Confidential Information) policy.

CHILD RECORDS

A child record is initially the responsibility of the Intake Coordinator, who is responsible for creating the file and incorporating the elements from the placement and first 30 days. After the first 30 days, the Intake Coordinator ‘checks the file out’ to the child’s case manager who then takes ongoing ownership of the file.

- Contains the child’s full name and person id
- Documentation of known allergies and chronic conditions in a location clearly visible
- Documentation of person making entry into the record. For physical files, this is an initial and date. For electronic entries, the electronic system captures the fingerprint automatically.

FOSTER / ADOPTIVE HOME RECORDS & OTHER CAREGIVER RECORDS

A foster/adoptive home record is the responsibility of the Foster Home Developer, who works in conjunction with the case manager to ensure ongoing maintenance of the record.

References

§749.535, §749.571, §749.573, §749.575, §749.577, §749.579, §749.581, §749.583

COMMUNICABLE DISEASES

A ‘related party’ of Refuge House is considered to be an employee, contract service provider, caregiver, foster child, anyone in a foster home, and volunteer or any person with whom contact with Refuge House related parties may be reasonably regulated. This policy applies to all Related Parties.

To ensure the safety of all staff, associates, foster parents and foster children within or related to Refuge House and provide reasonable measures to prevent the spread of communicable diseases among all related parties. Further to ensure due diligence is taken to prevent the spread of communicable diseases within the general public from a related party.

When a staff member of Refuge House becomes aware that a Refuge House related party (employee, service provider, foster parent, foster child, associate, volunteer, or person in a foster home) is found to have symptoms or verified diagnosis of a communicable disease that is reportable to the Department of State Health Services (DSHS), staff member will take appropriate measures to ensure that the appropriate information is reported to DSHS within two business days of becoming informed of the symptoms. Staff member will ensure that the appropriate reporting procedure is followed according to the Texas
Administrative Code (25 TAC 97 Subchapter A). The procedures in this policy are inclusive of the procedures contained in the Texas Administrative Code effective 02/19/2007. Refer to Refuge House reference document RHRef-TAC-25-97_3.doc for a list of reportable diseases and the requirements.

All persons over the age of 1 who live, work or volunteer at Refuge House or live at one of our Agency homes must be screened for TB as recommended by the Centers For Disease Control. If the person has lived, worked or volunteered at another residential child-care operation within the past 12 months, a new TB test is not required, however the individual must provide documentation of the previous screening. A copy of the screening, chest radiograph and/or treatment if treatment is required will be maintained in the appropriate record. (749.1421)

**COMMUNICABLE DISEASES PROCEDURE**

When a Refuge House staff member becomes aware that a Related Party is found to have symptoms or diagnosis of a reportable disease, the staff member will ensure that the following procedure is followed:

1. You must notify the Department of State Health Services (DSHS) according to the Texas Administrative Code. Refer to Refuge House reference document RHRef-TAC-25-97_3.doc for a list of reportable diseases and the requirements.
2. If a person in your care has symptoms of a communicable disease that is reportable to the DSHS, you must:
   a. Consult a health-care professional about the person’s treatment;
   b. Follow the treating physician’s orders, which may include separating the person from others;
   c. Notify the person’s parent, if applicable; and
   d. Sanitize all items used by the sick person before another person uses one of them.
3. If a health-care professional diagnoses a person in care with a communicable disease that may be spread through casual contact, a health-care professional must authorize the person’s participation in routine activity at the foster home. The authorization must:
   a. Be in the person’s record;
   b. Include a written statement that the person will not pose a serious threat to the health of others; and
   c. Include any specific instructions and precautions to be taken for the protection of others.
4. If a related party has a communicable disease that may be spread through casual contact, you must obtain written authorization from a health-care professional for the person to be present at the agency or foster home. The written authorization must include a statement that the person will not pose a serious threat to the health of others.
5. You must follow any written instructions and precautions specified by a health-care professional.

**References**

§749.1415

**MONITORING ENTITIES**

Monitoring entities may have access to the Refuge House operations (including facility, records) during normal hours of operation on normal business days. Monitoring of foster homes is at the discretion of the monitoring agency.
§749.105(5,6)

CONTACT AVAILABILITY

Refuge House will maintain at all times at least one active electronic mail (email) address for the receipt of contract-related communications from the Department of Family and Protective Services. If this email changes for any reason, RCCL, DFPS Contract Manager and YFT will be notified in writing.

PROCEDURE

The email of the Executive Director will be maintained and monitored continuously. This email address is MGorman@refugehouse.org. In the event that the Executive Director is not available to monitor this email, access will be provided to at least one individual at Refuge House for the purpose of monitoring.

References
Contract Term 43.A.i

NOTIFICATIONS

All required notifications will comply with requirements, standards and terms set forth in the following documents: Minimum Standards for Child-Placing Agencies, DFPS Contract Terms, YFT Requirements and all applicable laws and regulations. Details of notifications can be viewed in the Notifications Schedule and/or specific procedures.

Refuge House will provide all pertinent information and documentation to DFPS in a timely manner.

References
§749.133(1-3)

RESPONDING TO COMPLAINTS AND ALLEGATIONS

Refuge House will make every effort to respond to all complaints and allegations and perform due diligence and investigations to all reasonable complaints and allegations within the scope of our responsibilities regarding the safety and well-being of the children in our care in accordance with Minimum Standards, DFPS Contract Terms and YFT requirements. Refuge House will not retaliate against any party for a complaint or allegation made in good faith.

References
§749.341(8)
**REPORTING TO DFPS**

Refuge House will ensure that all of the following are electronically submitted to the CPS Caseworker of each child by the 15th of each month. A printout of the sent email will be included in the communication section of the child’s record.

1. Updated medicals and dentals
2. Specialist visits
3. Updated psychiatric/psychological evals
4. Psychiatric med-checks
5. Hospitalizations
6. Case Manager notes
7. Foster Parent notes
8. Therapy notes
9. School Records, including recent ARDs
10. Med logs
11. Recreational Calendars
12. Safety Plans
13. Updated Service Plans
14. All Incident reports from the month
15. All Emergency Intervention forms

**References**

**REPORTING SERIOUS INCIDENTS**

An incident is a non-routine occurrence that has or may have dangerous or significant consequences on the care, supervision and/or treatment of the child. Refuge House will provide the foster/adoptive parents with specific instructions for writing incident reports and determining which incidents are serious incidents and to provide a procedure for reporting.

**PER OCCURRENCE, AGENCY RESPONSIBILITY & PROCEDURE**

a. The Case Manager notifies their Supervisor or on-call Supervisor immediately upon receiving information about serious incidents, or an incident in which the seriousness is unclear.

b. The Supervisor notifies the Administrator/Treatment Director to report a serious incident.

c. Administrator/Treatment Director determines what additional notifications are necessary according to minimum standards and contract terms, such as notifying the RCCL Hotline, RCCL, or law enforcement. Administrator/Treatment Director will ensure that recommendations are followed per the instructions of the aforementioned entities.

i. Serious Incidents are reported to RCCL Hotline at 1-800-252-5400, Licensing Representative and/or to the child’s DFPS caseworker according to the Reporting Matrix in Standard §749.503.

ii. In the event of a child death, RCCL is notified as soon as practicable for a given situation

d. Documentation of incidents is completed by Case Manager or on-call worker within 24 hours of notification and filed in the child’s record and incident report file.

e. Administrator/Treatment Director signature obtained and filed in the child’s record on the next business day.

f. A copy of reportable incidents is maintained in the Incident Report File in a secure location for two years.

**PER OCCURRENCE, CAREGIVER RESPONSIBILITY & PROCEDURE**

In any case that a caregiver is uncertain regarding the type of incident, the caregiver should err on the side of caution and contact their case manager or on-call worker.
Minor Incidents – Child bit another person not requiring medical treatment, hitting with an open hand, hitting with a closed fist, child threw an object out of anger, child pulled another person’s hair, child shoved another person, child kicked another person

1) Caregiver will document minor incidents on a Minor Incident Report, as well as documenting the incident in the foster parent notes

2) Caregiver will submit minor incidents with the monthly paperwork, due by the 3rd calendar day of the following month

3) If a child has 3 or more minor incidents of a given type in one (1) day, the caregiver must contact the case manager (or on-call worker) within 2 hours of the last incident so that a non-reportable incident report can be completed

4) If more than 5 incidents occur within a 7-day timeframe, the caregiver must contact the case manager or on-call worker to notify them so that a meeting with the treatment team can be planned to generate a safety plan or alter the current safety plan.

Non-reportable Incidents – Physical altercation between children in the home, suicidal/homicidal ideation, sexual activity (consensual or acting out), a personal restraint, drug or alcohol use, property damage or theft, major behavioral issues, Medical (Emergency or Urgent Care that that does not fall into the Reportable Incident category; seizures that do not rise to the level of a reportable incident; see Reportable Serious Incident)

1) Caregiver must report incident to Case Manager or on-call worker within 2 hours of the incident

2) Caregiver must provide detailed information when reporting incidents to Agency staff

3) Caregiver must follow recommendations made by the worker

Reportable – Suicidal gesture or attempt2; indictment, charge or arrest; child dies in care; non-consensual sexual abuse committed by a child against another child; any consensual activity between children with more than 24 months difference in age or when there is a significant difference in the developmental level of the children or failure to make a reasonable effort to prevent sexual conduct harmful to a child; physical abuse committed by a child against another child (physical injury that results in substantial bodily harm and requiring emergency medical treatment, excluding any accident or failure to make a reasonable effort to prevent an action by a person that results in physical injury that results in substantial bodily harm to a child); an adult who has contact with a child has a communicable disease or a child contracts a communicable disease; critical injury or illness that warrants treatment by a medical professional or hospitalization, including dislocated, fractured or broken bones, concussions, lacerations requiring stitches, second and third degree burns and damage to internal organs; allegation of abuse, neglect or exploitation of a child or any incident where there are indications that a child in care may have been abused, neglected or exploited; child runaway;

1) Caregiver must report incident to Case Manager or on-call worker within 2 hours of the incident

2) Caregiver must provide detailed information when reporting incidents to Agency staff

3) Caregiver must follow recommendations made by the worker

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2 A suicide attempt includes a child’s attempt to take his own life using means or methods for causing his death, including a means or method that the child believes is capable of causing death.
INCIDENTS NOT INVOLVING CHILDREN IN CARE

Following are incidents that may not directly involve children in care, but will be reported according to standard §749.503(b, c)

- An incident that renders all or part of the operation unsafe or unsanitary for a child, such as a fire or flood
- A disaster or emergency that requires the operation to close
- An allegation that a person under the auspice of the Agency who directly cares for or has access to a child in the operation has abused drugs in the past seven (7) days
- An investigation of abuse or neglect by an entity other than Licensing of an employee, professional level service provider, volunteer or other adult at the operation
- An arrest, indictment or county or district attorney accepts “information” regarding an official complaint against an employee, professional level service provider or volunteer alleging commission of any crime as provided in §745.655 of the Texas Administrative Code, specifically abuse or neglect of a child

INCIDENT DOCUMENTATION AND REVIEW PROCEDURE

Non reportable and Reportable Incident reports include the following:

- name, physical address, telephone number of the foster home,
- date and time of the occurrence,
- name, age, gender, date of admission of child(ren) involved,
- adult individuals involved and relation to the child(ren),
- names or other means of identifying witnesses to the incident, if any,
- nature of the incident,
- surrounding circumstances,
- interventions mad during and after the incident, such as medical interventions, contacts made, and other follow-up actions,
- details of any medical treatments, including physician info, §749.1401(b.6)
- resolution of the incident
- additional documentation for child death, suicide attempt, critical injury, child absent without permission or runaway, abusive behavior among children will be recorded according to §749.513

1) The Administrator will forward all written documentation of serious incidents to the Residential Child Care Licensing within 24 hours or the next business day.

2) Internal investigations for incidents will be completed and forwarded to the licensing representative within 30 days of the initial report.
3) The completed incident report forms will be kept in the child or family file, as appropriate, with a copy kept in a locked file in the office of the Executive Director for at least 2 years.

4) Quarterly foster home reviews will include a summary of foster family incidents to identify opportunities for improvement and set action plans. The Case Manager will also review and discuss incident reports specific to the child at monthly face-to-face meetings.

5) All incident reports will be reviewed for patterns and trends monthly by the Administrator and again quarterly. Any trends noted will be discussed at the quarterly Quality Assurance Meeting. Action plans will be reviewed and agreed upon. The Administrator and/or Executive Director may call a meeting at any time a trend is noted and prompt action is needed.

References
§749.503, §749.505, §749.507, §749.509, §749.511, §749.513, §749.515
PROGRAM ADMINISTRATION

STATEMENT OF SERVICES

Refuge House will provide a full spectrum of foster care services to the children referred to this agency in the following areas: Basic and Therapeutic Service Levels, Child Care Services and Treatment Services (Mental Retardation, Pervasive Developmental Disorder, Emotional Disorders), Adoption Services. Refuge will not offer unrelated types of services that conflict or interfere with the best interest of a child in care, a caregiver’s responsibilities or space in the home, this includes prohibition of an Agency home providing day care services. In the event that Refuge House offers more than one type of service, Refuge House will determine and document that no conflict exists.

CHILDREN WITH DUAL DIAGNOSIS (BEHAVIORAL AND DEVELOPMENTAL)

Refuge House will place children in care who have been diagnosed with both behavioral and developmental disorders. Children who are dually diagnosed will only be placed in homes where the caregivers have appropriate training or experience to adequately manage the child’s care and any resulting behaviors. Refuge House identifies and/or provides additional training to caregivers who have placements of children with special needs in the areas of behavioral and/or mental retardation or autistic features.

CHILDREN WITH DRUG USE OR CHEMICAL DEPENDENCY

Under normal circumstances, Refuge House does not consider placement of children who have a chemical dependency. If a child in care is found to have a chemical dependency issue that was not known at the time of placement, the Agency will assess the situation on a case by case basis. If the Treatment Director determines that the placement is still a quality placement, and both the child and the family are still willing to maintain the placement, the Agency will ensure that the family receives at least five (5) hours of specific substance abuse training within a two week period of the issue coming to light. Refuge House will also ensure that the child sees a qualified substance abuse counselor within a two (2) week period to have an assessment conducted. The Agency will ensure that the child follows up on the recommendations made by the substance abuse counselor.

References

§749.103(10), §749.345(5), §749.2493
**PRE-SERVICE ORIENTATION**

Refuge House provides valuable information to individuals who will come into contact with the children we serve. Pre-service orientation provides an overview of Refuge House philosophy, organizational structure, policies and a description of services and programs we offer, along with the needs and characteristics of the children we serve. Pre-service orientation is provided to Agency staff and caregiver candidates prior to caring for children. Procedures surrounding this orientation may be found in Staff Training and Professional Development and Training Requirement for Foster/Adopt Homes. Orientation does not count toward pre-service training hours.

**References**

§749.831

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**STAFFING PLAN**

Refuge House will develop and maintain a Professional Staffing Plan in accordance with guidelines and requirements set forth by Monitoring Entities. These requirements include, but are not limited to:

- Organizational Chart
- Job Descriptions
- Demonstrate how the number, qualifications, and responsibilities are adequate to meet the needs of the children in care
- Detail the qualifications, duties, responsibilities and authority of professional positions
- Include the nature of each position (full-time, part-time, consultative) and the expected hours and frequency for non full-time staff
- Describe how staff or service providers support clients through branch offices.

Monitoring Entities shall be notified of any significant changes to the Staffing Plan.

**JOB DESCRIPTIONS**

Refuge House will maintain job descriptions for each key role, including minimum qualifications according to Minimum Standards Chapter §749. Job Descriptions will be reviewed at least annually and may be updated periodically as necessary.

Job Descriptions will be appendices to the Professional Staffing Plan. Signed job descriptions will are included in employee files.

Procedures for ensuring that Agency staff meet the necessary qualifications are found in the Professional Staffing Plan.

**References**

749.103(1), §749.105(1-2), §749.601
EMPLOYMENT PREREQUISITES

Prior to acceptance as an Agency employee, applicants must meet the following requirements or prerequisites:

- Behavior and health status must not present a danger to children in care,
- Meet the background check requirements,
- Have a record of demonstrating the employee is free of the TB Contagion,
- Be physically, mentally and emotionally capable of performing assigned task and have the skills necessary to perform assigned tasks,
- Complete a notarized Licensing Affidavit for Applicants for Employment

CULTURAL COMPETENCE/DIVERSITY

Refuge House expects all employees to demonstrate a willingness and ability to value the importance of culture in their daily work and incorporate these principles in the delivery of service and responsiveness to our clients, whether the clients are children and families we serve, entities with whom we do business or other individuals within our organization. Developing cultural competence is an ongoing professional and personal endeavor that is developmental, community focused and family oriented and promotes quality service by valuing differences and incorporating these values into diagnostic and treatment methods throughout the system used to support the delivery of care. The Agency strives to provide care that is culturally competent and relevant.

To this end, Refuge House strives for continued development and promotion of those skills and practices among staff and caregivers to ensure that services are delivered in a culturally competent manner. The Agency will employ training and self-assessment measures, development and implementation of policies and procedures that support cultural competence, and establishing practices that are responsive to culture and diversity found in the children and families we serve. This is a continuous process of development and improvement

CULTURAL COMPETENCY & DIVERSITY TRAINING PROCEDURE

Staff

Within the first 30 days of employment, all Agency staff will participate in a training or course covering cultural competence and/or diversity training. Staff members will participate in on-going training covering cultural competence or diversity training at least yearly. This training may take the form of a group face-to-face training, online course, self-study or other appropriate material.

Caregivers

Caregivers receive cultural competence training as a component of the PRIDE course as a requirement of pre-service training. Each caregiver must participate in one authorized cultural competence and/or diversity course per year as a requirement of in-service training.
In the event that a caregiver receives placement of a child with a significantly different cultural or ethnic background, Refuge House will ensure that the caregiver(s) is able to meet the specific needs of the child in care through additional training, education or mentoring by Agency staff or another experienced caregiver.

**Training and Professional Development**

Training Schedule for Child-Placing Staff, Administrators, Treatment Directors, Child Placement Management Staff, QA, Full time professional service providers

**Before Beginning Job Duties**
- Staff Orientation
- SAMA – 8 hours

**Within 30 Days of Start Date or the Next Scheduled Caregiver Pre-Service Training**
- Caregiver Orientation
- Medication Training
- First Aid/CPR
- PRIDE
- Cultural Competency and/or Diversity Training

**Annual Training Requirements per calendar year**
(pro-rated from the date of employment)
- First Year with Agency – 30 hours of ongoing training
- All Subsequent Years – 20 hours of ongoing training

**Training Topics**

vary by year and availability of instruction and include, but are not limited to:

- Developmental Stages of Children
- Constructive Guidance and Discipline of Children
- Fostering children's self esteem
- Positive interaction with children
- Strategies and techniques for working with the population of children served
- Supervision and Safety practices in the care of children
- Preventing the Spread of communicable diseases
Documentation of Annual Training

Annual training is documented in the appropriate personnel or caregiver’s record and may be in the form of a certificate, letter or signed and dated statement of successful completion. The documentation must include the following:

- Participant name
- Date of Training
- Title or Subject of Training
- Trainer’s name and qualification or source of training for self-instructional training
- Training hours

References

§749.863, §749.931.(3-7), §749.933, §749.935, §749.937, §749.939, §749.941, §749.949, Contract Term 14

Subcontractors for Therapeutic Services

Refuge House utilizes subcontractors for a variety of services provided within the program including, but not limited to therapists, psychologists and psychiatrists. In order to be eligible to provide the services for children in the care of Refuge House (Agency), the subcontractor must have the appropriate degree or credentials, be properly licensed and/or certified by the appropriate licensing entity to practice and provide the service. All subcontractors agree to comply with the standards and requirements in the signed contract agreement between the Agency and the subcontractor.

In cases where the service provided is a Medicaid supported service, the subcontractor agrees to bill Medicaid for the services, unless the contractual agreement specifies the Agency will bill Medicaid on behalf of the subcontractor.

All subcontractors agree to abide by the required terms set forth by DFPS in accordance with Refuge House policies and procedures governing the services provided by the subcontractor. The subcontractor certifies that subcontractor will abide by the terms and conditions imposed under the prime contract.

Contracts with subcontractors will be renewed under the following conditions:

1. Contractor is current with licensures/certifications and liability insurance
2. Subcontractor has observed the terms of the expiring contract, including DFPS requirements and terms
3. Review of contractor performance has met Agency standards and requirements
4. Feedback from subcontractor requirements meets or exceeds Agency expectations
5. Agency clients continue to present a need for subcontractor services

Therapeutic Subcontractors Procedure

Before signing a contract

1. Refuge House interviews potential subcontractor to confirm qualifications, licensure/certification (if applicable), and availability.

3 Documentation requirement applies to foster/adoptive caregiver training documentation
2. Upon receipt of cleared Criminal Background and Central Registry check, Office Manager obtains the following items as applicable:
   a. License
   b. Certifications
   c. Copy of Professional Liability Insurance
   d. Resumé
   e. Authorization for Criminal Background Check

3. Office Manager submits Criminal History Background Check and Central Registry Background Check (Form 2791) and sends to Residential Child Care Licensing.

4. Upon receipt of Cleared Background and Central Registry Check, Office Manager prepares a file and contract for the subcontractor.

5. Office Manager provides the contract to the subcontractor for signature.

Once a contract is signed

1. Refuge House completes Subcontractor Documentation form (Form 2033) and submits to Contract Manager.
2. Refuge House Intake Coordinator or Case Manager makes referrals to the subcontractor via phone or email.

Performance Monitoring

1. Office Manager maintains a database containing contractor information
   a. Licensure & Expiration
   b. Professional Liability Insurance & Expiration
   c. Contract Expiration

2. Office Manager informs subcontractors of upcoming expirations

3. Contractor schedules and maintains appointments.

4. Subcontractor provides per occurrence documentation of services provided to Refuge House. Frequency of service and documentation specifications are indicated in the contractual agreement, typically the 5th day of each month for the prior month.

5. Refuge House staff confirms appointments by comparing subcontractor documentation with Agency records.

6. Documentation of occurrences are stored in the appropriate records at Refuge House
   a. Child records are stored in the child file.
   b. Foster family records are stored in the foster family file
   c. Other records are filed as appropriate

7. Agency staff conducts quality assurance reviews with subcontractor ‘clients’ to determine client satisfaction and subcontractor performance.

Contract Renewals

1. Contracts between the Agency and subcontractor are renewed yearly.
2. Based upon feedback from the ‘clients’ to whom the service is provided, the appropriate staff member at Refuge House determines whether to request a renewal of the contract from the subcontractor.

3. Office Manager provides new contracts to subcontractors the month prior to contract expiration.

References

Contract Term 17, Contract Term 39, Contract Term 52
**EMPLOYEE RESPONSIBILITY**

Refuge House employees are required to comply with all Personnel Policies and Procedures as indicated by their signature on the Acknowledgement and Agreements in the Office Policies Manual.

Employees are responsible for ensuring that they maintain their requirements according to contract terms, RCCL licensing standards and Refuge House Policies and Procedures. Refer to Procedure Staff Training Requirements.

*References*

§749.105(5,7),

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**Volunteer Policy**

Refuge House may utilize volunteers for several purposes:

- Event coordination and support
- Fundraising
- General office support
- Transporting

Office Manager will supervise/manage all volunteer activities and records. An individual record will be maintained for all volunteers. For all regular volunteers, Refuge House will ensure that a volunteer record is created, including the following:

1. Volunteer application
2. Criminal/CANRIS check
3. Refuge House Orientation
4. Expectations/Duties (i.e. job description)
5. 3 References
6. Drug screening
7. Valid Identification
8. Confidentiality Agreement
9. Reporting Abuse and Neglect Agreement
10. Photograph
11. Clear TB Screening
If a volunteer will be transporting or providing oversight for children without additional Agency personnel present, the following must be completed:

12. Valid Driver’s License and Liability Insurance (if transporting children)
13. First Aid/CPR (if transporting children)
14. 8 hours of SAMA training
15. Medication training

References
§749.359, §749.609, §749.761
ADMISSION AND DISCHARGE

NOTIFICATION OF VACANCIES/AVAILABILITIES

Intake Coordinator or designee updates the DFPS Extranet Data system daily to ensure the Department is fully advised of all Agency home vacancies.

References

Contract Term 20.B

ADMISSION POLICY SCOPE OF SERVICE

Refuge House accepts referrals for foster care (including foster-to-adopt placements) from DFPS and may provide adoption services to private entities and children not referred through DFPS. Refuge House accepts children referred to our agency from ages birth to 22, male and female, regardless of race, creed or ethnicity. We provide foster care and adoptive services for children in both Child Care Services and Treatment Services at Basic and Therapeutic (Moderate and Specialized) levels. Refuge House admits children on a routine and emergency basis, 24 hours a day, 7 days a week. Our agency does not accept children with primary medical needs.

Refuge House foster homes are trained to care for children classified as child care services and/or treatment services. Children admitted into the care of Refuge House and a Refuge House Agency home may require care for emotional disorders that include, but are not limited to mood disorders, anxiety disorders, obsessive compulsive disorders, personality disorders, conduct disorders, disorders of concentration and hyperactivity. Refuge House admits children and young adults diagnosed with mental retardation, provided the child is ambulatory and does not require care for primary medical needs. Refuge House does admit children diagnosed with some forms of Pervasive Developmental Disorder, such as Asberger’s and autistic-like traits. Children of emotional and developmental disorders will have the ability to benefit from specialized treatment services, as well as children who require only basic child care service.

The goal of the Refuge House program and services is to serve the children referred to us by providing stable growth environments and guiding them down the path to a successful tomorrow. Our social vision is to ultimately see those we have served increase the value of the investment in their lives by passing it on to someone else within their sphere of influence. When a child is admitted into care, the immediate goal is to provide a safe and nurturing environment, to meet the physical and emotional needs of the child, including medical, dental and assessment needs.

Refuge House utilizes professional staff and community resources to provide both stimulation and treatment. The needs of the whole child are assessed, then intensive planning incorporates the specific programs related to the individual needs of each child. The program is designed to meet the needs of each child within the care of the agency and includes the following:

- Providing services in an integrated fashion for body, mind and spirit
• Ensuring that the basic needs of food, clothing and shelter are provided in the least restrictive environment
• Developing an integrated, individualized plan of service for each child in accordance with the permanency plan by a professional treatment team that meets regularly to assess the child’s ongoing needs and progress
• Ensuring that the medical, emotional, psychological and psychiatric needs of the child are met through a variety of services
• Providing for social and recreational needs through home, school, and community activities with goals emanating from the individualized service plan
• Ensuring that opportunities for spiritual growth and development are provided to each child
• For those individuals whose permanency plan is emancipation from foster care, independent living skills will be initiated on an age-appropriate level
• For those individuals whose permanency plan is adoption, perform preparation and planning to ensure successful consummation
• Agency may provide post-adoption services and/or referrals

Refuge House will provide the same services to young adults, 18 to 22, under these circumstances:

1. Transitioning to independence including attending college or vocational or technical training;
2. Attending High School, a program leading to a High School diploma or GED classes;
3. To complete our program;
4. Or stay with a minor sibling.

On a case by case basis, a child who turns 18 may remain in our care indefinitely if the child continues to need the same level of care, and is unlikely to physically or intellectually progress over time.

References
§749.1103, §749.1105

ADMISSION POLICY

Refuge House maintains an on-call intake staff member (Child Placing Staff) and accepts placement requests and makes placements 24 hours a day, 7 days a week. For routine placements, Refuge House coordinates with DFPS Worker to arrange a placement time that is the least disruptive for the child. In the case of emergency placements, Refuge House makes every attempt to place children as soon as possible, in order to minimize the length of time a child is without a safe family environment.

Refuge House does not make any placement decisions on behalf of caregivers. Refuge House will make every effort to ensure that each placement referral is evaluated to determine the most appropriate placement within an Agency home based upon the known factors at the time of referral. Refuge House provides all known information to the caregiver(s) in order for all parties to make the most appropriate placement decision. Every placement decision involves of this information about a child or sibling group, in addition to family dynamics and caregiver experience. Caregivers are expected to be available to participate in the matching process and must be present at all placements. Refuge House attempts to conduct the matching discussions and secure placement approval from caregivers within 20-30 minutes of receiving a placement request.
Refuge House gathers and documents known information to be included in the intake information, in order to make better matching decisions and provide the most accurate and pertinent information to the foster parents and treatment team. Refuge House will initiate an admission assessment that includes an initial evaluation of an appropriate placement for a child and will ensure that the information necessary to facilitate service planning is obtained, including information that may not have been available at the time of placement.

**Routine Placements**

Routine placements are arranged in advance between DFPS, Refuge House and Caregiver. Every attempt is made to schedule routine placements in a manner that is the least disruptive to the child’s schedule. Routine placements are reviewed and approved by CPMS in advance. Refuge House prepares the child’s file in advance of the placement and coordinates the time and location of placement with the DFPS worker. Routine Admission Assessment must be completed within 30 days of placement.

For routine placements, Refuge House provides opportunity for a child and caregiver(s) to meet prior to placement and to have meaningful interaction with an opportunity to ask questions and exchange information about rules and expectations in the home. Children and caregivers are given the opportunity to meet privately with both the child and case manager to determine if this is a good fit for the child and the family. The discourse is appropriate to the intellectual age of the child. Agency case manager will discuss with the child, in a fashion appropriate to the child’s intellectual and emotional age, the circumstance that made the placement necessary. The pre-placement visit and discussion is documented and recorded in the child’s record, including the child’s understanding of and response to the placement and the discussions about the placement.

**Emergency Placements**

Refuge House accepts placement calls 24 hours per day, 7 days a week. When a placement call or email is received, Refuge House assesses the availability of beds and appropriateness of placement for a given child or sibling group as soon as possible, regardless of time of day or night. If a potential family is identified, the RH Placement worker attempts to contact the family immediately and discuss the child(ren) and available information with the family to determine a potential match for placement. When a placement is secured, Placement worker arranges placement between foster family, DFPS worker and RH on-call worker. Child file is prepared first business after emergency placement. Emergency Admission Assessment must be completed within 40 days of the child’s admission.

If a child is receiving treatment services at the time of the emergency admission, the child will have a psychological, psychiatric, psychometric or physician’s evaluation to determine the type of service within the first 30 days of placement, otherwise the child may not continue in Agency care for more than 30 days. The psychiatric evaluation must be signed, dated and filed in the child’s record.

**Unaccompanied Emergency Placement**

In the event that an unaccompanied child in the care of DFPS presents for emergency placement, the Agency may accept the child for placement and shall immediately notify DFPS to determine instructions and to initiate documentation. DFPS will complete the required forms within the next working day but may immediately move the child.

**References**

§749.335, §749.1187, §749.1133, §749.1261, §749.1253, §749.1107, §749.1109
ORIENTATION AND CHILD RIGHTS

At placement or within seven days of admissions, every child - age three or above will be provided an age and developmentally appropriate orientation. The orientation will include: the child rights, an explanation of behavioral interventions; religious programs and practices; educational program and expectations; program expectations and rules; ability to participate in trips away from placement home; and the grievance procedure.

For a child functioning above toddler age and below school age – the orientation will include as many of the items listed as is age appropriate.

Documentation of the child’s participation in the orientation process will be documented on Orientation and Child Rights form and included in the child’s records. Justification for any omissions will also be documented on the form and kept in the record.

References
§749.1111

PROGRAM EXPECTATIONS

Refuge House expects that children placed in the care of our Agency foster homes will have their physical, emotional, developmental, educational and spiritual needs met. Children are expected to participate in their progress and individualized service plan to the best of their abilities. Each child is entitled to be treated with respect and dignity and provided a loving and nurturing growth environment.

References
§749.339(11)

PLACEMENT PROCEDURE FOR DFPS REFERRALS

GENERAL PROCEDURE

1. RH Intake Coordinator (IC is a Child Placement Staff) receives a referral
2. IC assesses availability within Agency homes and compatibility with known child needs based upon information provided by Referrer
3. IC completes the Initial Intake Information Sheet (IIIS), including a primary and secondary (when available) recommendation for placement
4. IC confers with CPMS and assesses the following factors.
   1. child's appropriateness for placement in foster/adoptive care
   2. appropriate and compatible agency home
   3. siblings are placed together, when possible and justification for separation of siblings when necessary
   4. when siblings are separated, initial plan (Admission Assessment & 72-hour Plan/Preliminary Service Plan), for maintaining sibling contact or documentation of necessity for limiting sibling contact
5. CPMS reviews and approves placement decisions
ON-CALL PROCESS (AFTER HOURS)

1. Intake On-Call Worker receives placement referral from CPU
2. Intake worker assesses availability and confers with caregivers to determine willingness to accept placement
3. Intake worker shares known information with caregivers for potential placement
4. If caregiver approves potential placement, Intake worker confers with CPU to confirm match
5. If CPU approves placement, Intake worker contacts caregivers to arrange placement as soon as possible
6. Intake worker completes required paperwork for Emergency Admission
7. CPMS reviews and approves placement

References
§749.335, §749.1011

PLACEMENT PAPERWORK PROCEDURE

Provided to Managing Conservator

1) IC emails the following documentation to Managing Conservator prior to placement
   a) Emergency Behavior Intervention Policies
   b) Discipline Policies
   c) Treatment Service Policies
   d) Adoption Policies
2) IC prints confirmation of email and includes in child's record within the pre-placement section
3) At placement, Agency placement worker provides the following to the DFPS placement worker
   a) Compass Model
   b) Treatment Modalities
   c) Orientation and Child Rights
   d) Volunteer Policy
   e) Notification Schedule
4) If DFPS placement worker provides only a 2087ex, IC requests a full 2087 in writing at time of placement

Collected from Managing Conservator

1) Placement Authorization (2085-FC)
2) Medical Consent (2085-B,C,or D)
   a. On the medical consent form, the Primary Medical Consenter is the caregiver or caregiver(s)
   b. The backup consenter is the child’s Refuge House case manager
   c. If the RH Placement Worker is not the Child’s Case Manager of record, the RH Placement worker will provide the name of the child’s case manager as the backup consenter, and sign the form as “<RH Placement Worker> for <Child’s Case Manager>”
3) Full Common Application (2087 for routine, 2087ex for emergency)

References
**Discharge Policy**

Refuge House supports the health, safety and well-being of a child at discharge to assure that critical information is available to other agencies or individuals who may be responsible for later care and treatment. Refuge House makes every attempt to meet the needs of children placed in care, however in cases when this is not possible, Refuge House will follow discharge procedures according to the type and nature of the reason for discharge. RH staff completes a Notification of Discharge form and submit to the appropriate DFPS parties. CPMS and Executive Director approve discharges and sign discharge notification.

**Non Emergency Discharge**

Non Emergency Discharge or Transfer Planning must involve at least one of the child’s caregivers and the child’s Agency case manager, the child, the child’s managing conservator and any other person pertinent to the child’s care. If a child is not Treatment Services then the child will be informed of the transfer at least four days prior to the transfer. If the child will not be informed of the transfer, justification must be documented on the Discharge Summary and authorized by the CPMS or Administrator, including the signature and date. If a child is Treatment Services and is not informed of the transfer in advance, 3 of the child’s service planning team OR the Treatment Director OR a psychiatrist or psychologist provides written justification is included in the child’s discharge summary, including the signature and date of the person providing the justification. Discharge summaries are incorporated into the child’s record.

Agency caregiver(s) may not release a child to any person without the Agency’s consent. A child may only be discharged to the managing conservator or a legally authorized person.

**Emergency Discharge**

If a child is an immediate danger to himself or others, the child must be accompanied to the receiving operation, agency, or person by the caregiver or case manager, unless the child is being transported by DFPS personnel or law enforcement. Emergency discharges do not require 4 day notification of the child.

Following are scenarios that constitute an emergency discharge: DFPS-initiated discharge, medical emergency requiring inpatient care, runaway, immediate danger to the child or others and the Agency is unable to care for the child adequately.

**Subsequent Placement**

When a child is moved from one Agency home to another, the case manager must complete a service plan review, or have documented approval from the Treatment Director/CPMS incorporated into the child’s record as a service plan addendum.

**References**

§749.1363, §749.1365, §749.1367, §749.1369, §749.1377

**Discharge Procedure**

In any instance in which a child is discharged from the care of an Agency home, the Agency case manager will document the details of the discharge on the Discharge Summary, including:
Discharge or transfer summary showing services provided to the child, accomplishments, assessment of the remaining needs, and recommendations about the services to meet the needs
- Date and circumstances of discharge or transfer
- Medications and/or prescriptions for medications
- Support resources for the child, including telephone numbers and addresses
- Aftercare plans and recommendations, including medical, psychiatric, psychological, dental, educational, and social appointments
- Date and time the child was informed discharge/transfer
- Name, address, phone and relationship of the person to whom the child is discharged

**Documentation Requirements at the Time of an Emergency Discharge**

- Circumstances necessitating the emergency discharge
- Explanation given to the child regarding the reason for the discharge
- Child’s reaction to the discharge
- Date of discharge
- Name, address, phone and relationship of the person to whom the child is discharged

When a child is discharged to another agency or residential child care operation, the Agency will draft a letter on Agency letterhead and submit to the child’s managing conservator requesting legal authorization to release discharge and related information to the receiving agency. Refuge House will document requests to obtain authorization to release discharge information in the child’s record. If the consent is approved by the managing conservator, the Agency has 30 days to provide this information to the receiving operation. The requested information includes:

- Discharge Summary
- Child’s background information, including progress notes for the past 60 days
- Unresolved incidents or investigations involving the child
- Assessment/evaluations for the child, including admission assessment, diagnostic assessment, educational assessment, neurological assessment, psychiatric or psychological evaluation
- Service plans for the past 12 months
- Medications the child is taking (including dosage, frequency, reason for the medication)
- Treatment for a physical condition that is in progress and requires continuing or follow-up medical care

Refuge House case manager will provide a copy of the discharge summary to the child’s DFPS caseworker within 30 days of the discharge. Refuge House will make the following available to the managing conservator upon request:

- At discharge
  - Educational Portfolio
  - Inventory of belongings (including clothing, books, toys and money)
  - Medications
- Upon request
  - Service Plan
  - Therapy/Behavioral health notes
  - Immunization record
  - Most recent clinical records (psychological evaluations and testing)
• Within 30 days
  o Discharge Summary
**Subsequent Placements**

- If a child is transferring to another Agency home due to behavioral issues in an emergency scenario, a service plan review must be completed within 30 days of the subsequent placement.
- If a child is transferring to another Agency home in a planned scenario, a service plan review must be completed prior to the date of the subsequent placement, or authorization to exclude a review must be documented and approved in a service plan addendum.

**References**

§749.1371, §749.1373, §749.1375, §749.1379
DISCIPLINE AND BEHAVIOR MANAGEMENT

DISCIPLINE POLICY

Provided to Managing Conservator Refuge House will emphasize the importance of nurturing behavior, stimulation, and promptly meeting each child’s needs as a measure of promoting positive behaviors and avoiding negative consequences.

Refuge House will use appropriate authority and discipline practices as necessary to set limits for behavior and help each child develop the capacity for self-control. Refuge House shall ensure that all de-escalation techniques of behavior intervention have been exhausted before utilizing more restrictive and intrusive behavior management or behavior management intervention.

All types of discipline and limit-setting must be age appropriate. Discipline shall be individualized and related to the misbehavior, the child’s age, developmental level, previous experience, and the child’s previous reactions to discipline. Great care and caution must be exercised when disciplining an abused child. Only foster parents or adult caregivers may discipline a child. All children must be advised of the reason they are being disciplined.

Children may not be spanked. Physical punishment of any kind is not an acceptable form of discipline to be utilized on a child who has experienced abuse or neglect. Therefore, other forms of discipline, such as withholding privileges, grounding, time out, etc. should be used in the place of physical discipline.

Discipline of any child must not result in bruises, welts, burns, fractures, sprains, exposure or poisoning; nor may it consist of withholding of food, water, shelter, significant sleep, clothing or bedding, supervision, medical or educational care or violate any of the specific prohibitions in the Minimum Standards or state laws that protect children from abuse or neglect. No restriction or loss of privilege should exceed 7 consecutive days.

Only a trained caregiver who is known to and knowledgeable of the child and is authorized to give discipline and is authorized to give only approved methods of discipline. These measures of discipline will be applied by the caregiver consistent with discipline policies and procedures. A passive personal restraint is the only allowable method of restraining a child, and may only be administered by an adult caregiver trained/approved by Refuge House in the proper techniques for its use. For more information, refer to the Emergency Behavior Intervention Policy.

Discipline shall be recorded in the Discipline Log section of the Foster Parent Notes.

PROHIBITED FORMS OF PUNISHMENT

- Physical punishment inflicted on the body
- Ridicule, verbal abuse or threats, or derogatory or humiliating remarks
directed at either the foster/adoptive child or his/her family
- Rejecting, shaming or yelling at a child using abusive or profane language
- Punishment for bedwetting or actions related to toilet training
- Delegation of punishment to another child or group of children
- Denial of nutritious food, water, shelter, sufficient sleep, clothing, or bedding
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- Denial of any elements of the Individualized Service Plan (ISP)
- Denial of mail, communication, or visits with their biological family as punishment
- Assignment of physically strenuous exercise or work solely as punishment
- Pinching, pulling hair, biting or shaking of a child, no matter what age
- Requiring the child to remain silent or inactive for inappropriately long periods of time for the child's age
- Non-productive work – physical or mental -- i.e., moving rocks from one location to another then back to the original location.
- Maintaining and uncomfortable position for an length of time, such as kneeling or holding out arms
- Placement of a child in a locked room
- Group punishment for the misbehavior of an individual child
- Delegation of discipline to persons not known by the child
- Threats of removal from the foster/adoptive home
- Putting anything in or on the child's mouth as a form of punishment, such as soap or hot sauce

- Children must not be threatened with the loss of foster home placement as punishment.
- A child must not be confined/restricted to a particular room or isolated building for more than 12 hours as a form of discipline.
- A child must not be confined in a locked room, dark room, bathroom, closet, high-chair, box or similar furniture or equipment as a form of punishment.
- If a child is restricted to a foster or adoptive home for more than 24 hours, the restrictions must be recorded in the child's record.
- A child may not be threatened with the use of emergency behavior intervention techniques.
- Physical, mechanical or chemical restraints of any kind may not be used in DFPS certified home.

Acceptable Forms of Discipline

- Praise, positive reinforcement and encouragement should be used as the primary motivation
- Developing and communication of a clear system of rewards and consequences shall be presented to each child based on their level of age and understanding
- Time out periods
- Withholding privileges for short periods

References

Emergency Behavior Intervention Policy

Refuge House accepts only the following forms of Emergency Behavior Intervention, which do not obstruct the child's airway, impair his breathing or apply pressure to any vital area or organs of the child's body. These restraints do not impede the ability of the restrainer to view the child's face or interfere with the child's ability to communicate or vocalize distress:

- De-escalation
- Personal Restraint
- Short Personal Restraint (not longer than one minute)
- Transitional Hold

Refuge House does not administer emergency medication, chemical restraint, mechanical restraint or seclusion as forms of behavior management. None of the behavior intervention techniques used by Refuge House require Orders, nor does Refuge House permit successive emergency behavior interventions. Only a caregiver qualified in Emergency Behavior Intervention may administer any form of EBI, except for short personal restraint of a child. Refuge House shall ensure that all de-escalation techniques of behavior intervention have been exhausted before utilizing more restrictive and intrusive behavior management or behavior management intervention. In the event that intramuscular medication is required by a physician and the child refuses to allow medication to be administered, foster parents are directed to take the child to the emergency room for treatment. In an event where a child is causing significant damage to property or in an instance where a child's behavior can not be managed by the authorized techniques, caregivers are directed to contact 9-1-1.

Following are NOT valid reasons to initiate emergency behavior intervention:

- Punishment
- Retribution or retaliation
- A means to get the child to comply
- A substitute for effective treatment or habilitation

Personal Restraints

- You may use a personal restraint only if the child is a danger to himself or to others. The child must be released from restraint as soon as he is no longer a danger to himself or others.
- The foster parent(s) must use the least restrictive personal restraint necessary to control the situation.
- The foster parent(s) must explain the reason for any punishment or restraint to the child when the measures are imposed.
- The foster parent(s) must notify Refuge House immediately following the use of a personal restraint.
- The foster parent(s) are required to submit details of the incident to the RH Case Manager or on-call worker, using the Personal Restraint Form to Refuge House within twenty-four (2) hours following the use of a personal restraint.
- Details of a personal restraint will be reviewed with the child and the caregiver during each post emergency behavior intervention, as soon as reasonably practicable after the event.

A short personal restraint is permitted in the following situations:
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• To protect the child from external danger that causes imminent significant risk to the child, such as preventing the child from running into the street, or coming in contact with a hot stove. The restraint must end immediately after the danger is averted.

• To intervene when a child under the age of 5 (chronological or developmental age) demonstrates disruptive behavior if other efforts to deescalate the child's behavior have failed.

• When a child over 5 years old demonstrates disruptive behavior to the environment or milieu such as disrobing in public, provoking others that creates a safety risk, or to intervene to prevent a child from physically fighting.

When implementing a short personal restraint, the caregiver must minimize the risk of physical discomfort, harm, or pain to a child; and use the minimum amount of reasonable and necessary physical force. A caregiver may not use any of the following techniques as a short personal restraint: a prone or supine restraint, restraints that impair the child's breathing by putting pressure on the child's torso, including leaning a child forward during a seated restraint; restraints that obstruct the airways of the child or impair the breathing of the child, including procedures that place anything in, on or over the child's mouth, nose or neck, or impede the child's lungs from expanding; restraints that obstruct the caregiver's view of the child's face; restraints that interfere with the child's ability to communicate or vocalize distress or restraints that twist or place the child's limb(s) behind the child's back.

Short personal restraints will be documented on the Short Personal Restraint Form.

References
§749.2051, §749.2053, §749.2055, §749.2061, §749.2001, §749.2059, §749.2063, §749.2101-2107, §749.2151(a), §749.2205(a), §749.2231, §749.2233

Behavior Intervention Procedures

1) Refuge House recognizes SAMA is the authorized emergency behavior management technique.

2) Refuge House staff and caregivers will be trained in the use of behavioral intervention techniques to address crisis management prior to being responsible for the care of children. This training must be provided as outlined in TAC 720.1012(a-d). All caregivers licensed for Child Care ONLY, must complete 8 pre-service hours and 8 hours annually thereafter of SAMA training. Caregivers licensed for Treatment Services must complete 16 hours pre-service and 8 hours annually. If Agency home licensed as Child Care only wishes to have receive placement of a Treatment Services child, they must complete a full 16 hours behavior management training for their current year. The training will be competency based and will require participants to demonstrate skill competency. Annual training will focus on reinforcing basic principles covered in the initial training and developing and refining the foster/adoptive or respite parent’s skills. All employees providing direct care must complete 8 hours of SAMA training prior to beginning job duties.

3) Prior to a child’s admission to an Agency home, the Case Manager with the foster/adoptive parent must explain to the child, based on their level of functioning and comprehension, the policies and practices on the use of restraint. This explanation must include who can use a restraint, the actions caregivers must first attempt to defuse the situation and avoid the use of restraint, the kinds of situation in which restraint may be used, the types of restraints authorized by Refuge House, when the use of restraints must cease, what action the child must exhibit to be released from a restraint, and the way to report an inappropriate restraint, the way to provide voluntary comments on any emergency behavior intervention and the process for making comments on any emergency behavior intervention, such as comments regarding the
incident that led to the EBI, the manner in which a caregiver intervened and the manner in which the child was subject or to which they were a witness. This explanation must be documented in the child’s record.

Intake Form for age appropriate assessment  At time of placement, Refuge House will obtain the child’s input on preferred de-escalation techniques.

4) For each child in care, the treatment team must evaluate the use and effectiveness of behavior intervention techniques as part of each child’s individual service plan, to be review at each review period. The evaluation must focus on the frequency, patterns, and effectiveness of specific behavior interventions; strategies to reduce the need for behavior interventions overall; and specific strategies to reduce the need for use of personal restraint.

5) Personal restraint may only be used in emergency situations and may be used only to protect the child from injury to self or others. Physical holding must not be used as a form of punishment, as a substitute for effective treatment or programming, or for the foster/adoptive parent or respite provider’s convenience. It may only be used as an absolute last resort for crisis intervention. The child must be engaging in behaviors that meet one of the following criteria:
   a) Possible harm to self.
   b) Possible harm to other.
   c) Possible harm to significant property. (Significant property damage is defined as damage to property that a responsible person would deem irreplaceable or that would carry a significant replacement cost. A short personal restraint may be used to intervene only to immediately prevent damage and only if less restrictive techniques have been attempted and have failed.)
   d) Child whose service plan describes situations the treatment team has approved as requiring restraint in order to protect the child. Generally these will fall in the categories listed above.

6) Whenever possible a caregivers must attempt to use less restrictive and intrusive behavior interventions as preventive measures and de-escalating interventions to avoid the need for the use of restraint. The foster/adoptive parent or respite provider must attempt and prove ineffective preventive, de-escalative, and less restrictive techniques before the emergency use of restraint. Less restrictive measures include, but are not limited to, quiet time and time out. Time out is defined as allowing the child a set amount of time to calm down away from the other stimuli, such as going to his/her bedroom alone in order to remove himself/herself from the situation which is causing agitation.

7) Prior to implementing a behavior intervention, a caregiver must take into consideration the immediate physical environment to ensure the safety of the child, as well as others in the environment. Other The amount of personal restraint used will be the minimal dictated by the situation. Caregiver must evaluate the risks of harm in implementing the personal restraint versus calling emergency personnel, make every attempt to preserve the privacy and personal dignity of the foster child.

8) The following interventions are not subject to the requirement in Standard G-1210.7 and Appendix M, 720.1007 (a)(4), which address more than three (3) personal restraints of the same child within a seven (7) day period.
   a) Short personal restraints that last no longer than one (1) minute.
   b) Short personal restraint used to intervene in a situation of imminent significant risk when a child’s behavior is being restrained because of an external hazard and foster/adoptive parent(s) or respite provider must protect the child, particularly a young child, from immediate danger – for example, preventing a toddler from running into the street or coming in contact with a hot stove. The restraint must end immediately after the danger is averted.
   c) Short personal restraint used as a physical response to intervene when a child under the age of five (5) (chronological or developmental age) demonstrates disruptive behavior, such as a tantrum in a public place. The physical response must be an appropriate response to the disruptive behavior and
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efforts to de-escalate the behavior must have failed. The restraint must end as soon as the disruptive behavior has been de-escalated.

9) For children and adolescents ages 9-17 years, maximum time in a personal restraint must not exceed one (1) hour. For children under age 9, a personal restraint must not exceed 30 minutes.

10) As soon as possible after personal restraint is started, the foster/adoptive parent(s) or respite provider must explain to the child in restraint the behaviors the child must exhibit to be released from the restraint or have the restraint reduced and permit the child to make suggestions about what actions the foster/adoptive parent(s) or respite provider can take to help the child de-escalate.

11) If the child does not appear to understand what action he must take to be released from the restraint or have the restraint reduced, the foster/adoptive parent or respite provider must attempt to re-explain it every 15 minutes until understanding is reached or the child is released from the restraint.

12) The child must be released from personal restraint as soon as he/she is no longer a danger to himself/herself or others. Should there appear to be any sign of danger to the child during the restraint, i.e. distressed breathing, disorientation, change in level of consciousness, etc. the restraint will be immediately terminated and emergency medical care will begin. Persons restraining a child must monitor breathing and respiration and ensure that the child has the ability to communicate throughout the restraint, i.e. deaf children who are limited to communication through sign must be able to communicate in some manner that they are in distress either through sign or vocalization.

13) The immediate goal is ending the restraint to utilize a programmatic intervention (i.e. giving the child a cooling off period, listening to the child’s concerns, teaching self-control, using rational problem solving techniques, and prompting skill previously taught to the child). Once the restraint is removed, the child should be encouraged to transition into regular activities. The child is to be observed for 15 minutes after a personal restraint has been used.

14) After a restraint, the caregiver is to provide the child with an opportunity to discuss the situation which led to the need for restraint and the caregiver’s reaction to the situation privately as soon as possible and no later than 24 hours after the release from the restraint. The purpose of the discussion is to allow the child to discuss his/her behavior and the precipitating circumstances that constituted the emergency situation; the strategies attempted before the use of the restraint and the child’s reaction to those strategies; the restraint itself and the reaction to the restraint; how caregivers can assist and what the child can do to regain self control and avoid future emergency behavior interventions.

15) The caregivers are not required to return the child to previous activities or place the child in current activities in which the group is participating, if the caregiver deems the child’s participation is not in the best interests of the child or the other children in the group, however, caregivers must engage the child in an alternative routine activity.

16) Once the situation has stabilized and the child has been able to transition back into his normal routine, the caregiver will contact the Child Placing Staff and/or the on-call worker to debrief from the intervention. Following initial notification of Refuge House staff, the caregiver will make reasonable efforts to debrief children in care who witnessed the incident.

17) After a personal restraint is used the caregiver will use a form specifically designed for recording and reviewing restraints (Incident Report for Personal Restraint of Children). Documentation includes:
   a) Name of child
   b) Description and assessment of the precipitating circumstances and the specific behaviors, which continued to constitute the emergency situation.
   c) Use of alternative strategies attempted before the use of personal restraint and the child’s reaction to those strategies
   d) Time the restraint began
   e) Name of the caregiver(s) participating in the restraint and persons who observed the intervention
f) Specific restraint techniques used

g) De-escalating strategies employed during the restraint

h) Total length of time the child was restrained

i) All attempts to explain to the child what behaviors were necessary for release from the restraint

j) Any injury the child sustained as a result of the incident or the use of restraint, and the care or treatment provided

k) The actions the caregiver took to facilitate the child’s return to normal activities release from the restraint

l) The child’s reaction to the opportunity to discuss the situation leading up to the need for the personal restraint to include:
   i) Date and time discussion was offered
   ii) Date and time the discussion took place
   iii) The actual discussion
   iv) Caregiver’s reaction to the situation

This form must be completed by the caregiver and submitted to the Case Manager within 24 hours of the restraint. The report will be submitted to the managing conservator within 72 hours of the incident. The original form will be placed in the child’s record. The licensing representative will receive a copy of the incident after an investigation has been completed if needed, unless a serious event occurred, then notification is immediate. A copy will be kept in a locked file in the office of the Executive Director.

18) The foster/adoptive parent or respite provider will call the Case Manager to report the restraint within two (2) hours of the incident. The Case Manager will ask questions of the foster/adoptive parent regarding the possible injury to the child and may choose to speak to the child directly. If the child is reporting any injuries as a result of the restraint, this will be documented and the Case Manager will then determine the necessity of seeking medical care of the child. If medical attention is obtained, physician’s orders will then be followed in the care of the child.

19) The Case Manager will assure that an ISP Review occurs if four (4) or more personal restraints have occurred within a seven (7) day period. The review must be conducted as soon as possible and no later than 30 days after the fourth personal restraint by the persons responsible for the child’s service plan. The review must include records and orders of the EBI, potential medical or psychiatric reasons for not using or reducing the use of EBI techniques, which would include psychiatric contraindications, and exploration or alternatives to manage the child’s behavior.

20) If there are more than four (4) reviews within a 90 day period, the child must be examined by a licensed psychiatrist, a licensed psychologist, a licensed master social worker with advanced clinical practice, or a licensed professional counselor. The professional conducting the exam must make service plan recommendations regarding the use of restraint.

21) All reports of child death, suicide attempts, and incidents in which the child experiences substantial bodily harm must include the complete documentation of any restraints which were implemented within 48 hours prior to the incident.

22) Quality Assurance will collect restraint data and will present the aggregate information quarterly to the Behavioral Committee. If trends are found needing urgent attention, the Administrator or Executive Director may call a subcommittee meeting prior to annual review. The reviews will include a review of Refuge House’s policies and procedures, including the training policy and curriculum. Areas needing improvement will be identified and action plans developed. Monitoring will continue with action plans revised as necessary until goals and objectives are met.

23) The Behavioral Committee, a Quality review sub-committee, convenes annually in the month of August to evaluate the use of behavior therapy intervention techniques over the prior quarter. The team consists, at
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a minimum, of the Administrator, Executive Director, Treatment Director, and a Case Manager Supervisor. The purpose of the committee is to assess the success in the development and maintenance of an environment that supports positive and constructive behaviors on the part of children in care; safe, appropriate and effective use of any form of physical restraint, and elimination or reduction of physical injuries and any other negative impact of necessary restraints on the child's behaviors or emotional development. The Administrator will review data on all personal restraint incident reports monthly and provide a report to the Executive Director. Trends will be noted in the following areas (but not limited to these categories only):

a) Negative impact as a result of the use of a physical restraint including
   i) Physical injuries – type and seriousness of injury
   ii) Emotional, behavioral or social issues noted with the child due to restraint use.

b) Were alternative strategies used prior to the personal restraint?

c) Could the restraint possibly have been avoided?

d) Any trends noted with a particular foster/adoptive parent or respite provider?

e) Were de-escalating strategies properly used?

f) Were actions taken in an attempt to return the child to normal activities?

g) Was the child given an opportunity to discuss the situations which lead to the need for restraint? Did this occur within 48 hours?

h) Was the foster/adoptive parent or respite provider debriefed after using a personal restraint?

i) Did the treatment team meetings occur with all children who had three (3) or more personal restraints within a seven (7) day period?

24) Reporting of quarterly findings is provided to the Licensing representative and is maintained at the Agency for 5 years.

References

§749.341(5), §749.2151, §749.2153, §749.2201, §749.2203, §749.2281, §749.2283, §749.2301, §749.2303, §749.2305, §749.2331, §749.2333, §749.2335, §749.2337, §749.2339, §749.2381, §749.2383

EMERGENCY BEHAVIOR INTERVENTION TRAINING

Refuge House will implement emergency behavior plans that use employ the least restrictive verbal de-escalation and redirection as their basis for managing behavioral issues. When the child is at risk of harm to himself or others, SAMA (Satori Alternatives to Managing Aggression) methods will be employed. The course is designed to teach participants verbal de-escalation skills (“assisting process”), releases from holds, and safe containment procedures. These techniques are designed to ensure minimal risk of physical discomfort, harm or pain to the child and minimal amount of reasonable and necessary physical force to implement the intervention.

Containments utilized by Refuge House caregivers are hug containment, elbow-to-hip containment, two-person containment/escort, which are described in detail in Authorized Containment Procedures. The delivery methods include, didactic, electronic, practice and check outs. Prospective foster parents are trained and certified in the above mentioned behavior management techniques prior to receiving placement of children in the Agency home. Child placement agency administrator, treatment director, child placement staff, child placement management staff and full time professional service providers will also complete 8 hours of pre-service training on Emergency Behavior Intervention before beginning job duties.
Individual program procedures will expound on these standards to more effectively ensure these policies are understood and implemented appropriately by caregivers.

**References**

§749.339(6), §749.341(1,7), §749.2051(c)

## AUTHORIZED CONTAINMENT PROCEDURES

### HUG CONTAINMENT

- Approach on body line
- Keep your forearms in front with palms toward the person
- Contact his triceps and move his arms across his chest as you make chest-to-back contact on one side with your head below his shoulder
- Grab your wrist and hold with a sticky grip
- Turn your palms toward the person (to avoid causing discomfort)
- Point your elbows toward the ground
- Spread you feet and bend your knees as though riding a horse
- Note: Be sure not to squeeze the person, but hold with a sense of relaxation

### ELBOW-TO-HIP CONTAINMENT

- Approach on the body line
- Keep your forearms in front with palms toward the person
- Contact his triceps and move his arms across his chest as you make chest-to-back contact on one side with your head below his shoulder
- Slide your hands down to secure his wrists with a sticky grip
- Keeping chest-to-back contact, slide your elbow to the top of his hip (head and elbow on the same side)
- Spread your feet and bend your knees as though riding a horse
- Note: There should be enough slack in the person's arms so he can move them slightly. His arms should not be tight against his torso, nor should his shoulders be stretched. Use body structure and not muscular force to hold the person.

### TWO PERSON CONTAINMENT/ESCORT

- Your partner is in Elbow-to-Hip Containment
- Approach from the side your partner is NOT facing.
- Slide your arm underneath (to avoid breaking chest-to-back contact.)
- Find your partner's wrist and move up to secure the person's wrist with a sticky grip
- Both of you shift your hips to the back of the person's hips and make contact with each other's hips
- Lean back slightly (your hips are placed where your elbows would be his using the elbow-to-hip containment)
- Note: Make sure to hold with a sticky grip and not to pull on the person's arms.

**References**
Foster/Adopt Home

FOSTER/ADOPT HOMES

SCREENING AND VERIFICATION

GENERAL REQUIREMENTS

- If a couple wishes to be foster parents, both must be verified, trained and licensed to provide foster care.
- Each licensed caregiver must be at least 21 years old.
- Should a single foster parent get married, they must be re-verified in both spouse's names.

SCREENING

Refuge House will license foster parents only in the region in which it operates. Adoptive parents may be within any region in the State of Texas. Refuge House will not verify an Agency home without first completing an Agency home screening, which must be reviewed and approved by the CPMS. The Agency home screening will include an assessment of the information obtained to determine whether the applicant meets the requirements for verification and an evaluation of the information obtained in order to make recommendations about the applicant's capacity to work with children, including but not limited to:

- age, gender, number and special needs of children
- age of prospective foster parents
- ages of all other household members
- education of prospective foster parents
- documentation of ability to assimilate requirements and training and provide appropriate care and supervision to meet the needs of children in care
- personal characteristics, including but not limited to emotional stability, good character, good health and adult responsibility, as well as the ability to provide nurturing care, appropriate supervision, reasonable discipline and a homelike atmosphere for children
- history of marital relationships, including any previous marriages, divorces or deaths of former spouses
- demonstrated ability to form and sustain adult relationships
- history of prospective foster parents' residence and citizen status, including length of time spent at each residence
- financial status of prospective foster family, which must be verified and documented
- results of criminal history and central registry background checks
- background checks conducted on prospective caregivers and any non-client person 14 years of age or older who regularly or frequently stays or is present in the home
- prospective foster parents' motivation to provide foster care
- health status of all persons living in the home, including physical and mental health
- quality of marital and family relationships
- prospective caregivers' feelings about their childhood and parents
- prospective caregivers' attitudes about a foster/adoptive child's or biological family's religion
- prospective caregivers' values, feelings and practices in regard to childcare and discipline
prospective caregivers’ sensitivity to and feelings about children who may have been subjected to abuse or neglect
prospective caregivers’ sensitivity to and feelings about children’s experience about separation from or loss of their biological family
prospective caregivers’ sensitivity to and feelings about a child’s biological family
attitude of other household members about prospective caregiver’s plan to provide foster care
attitude of prospective caregiver’s extended family regarding foster/adoptive care
support systems available to prospective caregivers
prospective caregivers’ expectations of and plans for foster/adoptive children
languages spoken by prospective caregivers
prospective caregivers’ ability to work with specific kinds of behaviors and backgrounds
background information from other child placing agencies

For an Agency home screening the FHD will interview and document an individual interview with each prospective caregiver, each child 3 years old or older living in the home either full or part-time, an individual interview with each other person living full or part-time with the family, a joint interview with prospective caregivers, a family group interview with all family members living in the home, and an interview by telephone, in person or by letter with any minor child 12 years old or older or adult child of prospective caregivers not living in the home. During the course of interviews, at least one visit must be made to the home when all members of the household are present.

In the Agency home screening, there will also be documentation of not only interviews, but attempts to interviews. Documentation will also include dates and methods used to contact required persons, dates of interviews, who was present at the interview, relationship to prospective foster parents and a summary of the interviews.

**Verification**

Verifying a foster home includes the following steps:

1) Completing and documenting the requirements for §749.2447
2) Completing and documenting the required interviews as specified in §749.2449
3) Obtaining the following:
   a) A floor plan of the home showing dimensions and purposes of all rooms the home and identifying indoor areas for children’s use;
   b) A sketch or photo of the outside areas showing buildings, driveways, fences, storage areas, gardens, recreation areas, pools, ponds, or other bodies of water;
   c) An approved fire inspection; and
   d) An approved health inspection.
4) Inspecting the home to ensure and document that the home meets appropriate rules of this chapter, including:
   a) Tuberculosis screening
   b) Additional Requirements for
      i) Infant Care
      ii) Toddler Care
      iii) Pregnant Children
      iv) Educational
      v) Recreational
Discipline and Punishment

c) Applicable Health and Safety, Environment, Space and Equipment Requirements

5) If the home will provide treatment services, ensuring that the home complies with the policies developed for Treatment Services

6) Evaluating all areas required for the foster home screening and verification, and make recommendations regarding the home’s ability to work with children with respect to their age, gender, number of children, and services to be provided;

7) Obtaining from the child placement management staff review and approval of the screenings, home study, and the recommended verification of the home; and

8) Issuing a verification certificate that specifies the:

a) Name of the foster home;

b) Foster home address and/or location;

c) The foster home’s capacity, which includes the biological and adopted children of the caregivers who live in the foster home, any children receiving foster or respite child-care, and children for whom the family provides day care.

d) The ages and gender(s) of children for which the home is verified; and

e) The types of services the foster home will provide.

f) Service Levels

g) Whether the Agency home has any weapons, firearms, explosives or projectiles present and determine that they are stored according to Agency policy, including documentation of items present in the home and specific precautions that caregivers must take to ensure children do not have unsupervised access to the equipment.

Verifying Transfer Homes

When a home has previously been verified by another agency, you may:

1) Complete an entirely new screening and home study to comply with the requirements in §749.2471; or

2) You may use the foster home screening and home study the previous child placing agency conducted as a basis for meeting the requirement. You must update the information for every required section. You must describe any changes from the previous information. This verification will require you to:

   A) Conduct new interviews as specified in §749.2449;

   B) Conduct new criminal history and central registry background checks for foster home members, with results documented in the foster home record. Homes transferring from one agency to another, with children in care, may be verified by the receiving agency prior to completion of background checks;

   C) Document current fire and health inspections;

   D) Ensure that all appropriate household members have had a tuberculosis screening

   E) Ensure that any unresolved deficiencies have been addressed;

   F) Conduct a new evaluation of all areas required for the foster home screening and verification, and make recommendations regarding the home’s ability to work with children with respect to their age, gender, number of children, and services to be provided; and

   G) Obtain review and approval of the screening, home study, and the recommended verification of the home by child placement management staff.
Refuge House will not verify a home prior to approval by CPMS, which includes a signature and date. Refuge House will not place children in an unverified home at any time. Upon verification, Refuge House will provide a verification certification, which they may post or have immediately available upon request.

Agencies caregivers are not required to own or rent the home in which they live in order for it to be considered their primary residence. Refuge House does not own Agency homes.

**Foster Parent Agreement**

The Agency will sign a written agreement with each Agency foster home at the time of verification. Each Agency home will have a copy of the Foster Parent Agreement and the agreement will be documented in the caregiver record.

**Verifying an Agency Home for Multiple Services**

Refuge House will not verify a home for multiple services unless the caregivers in the home can provide the services required to ensure the safety and well-being of all children placed in the home, and that the verification for multiple services does not present a conflict of care for the children in the home. In the event that a foster home is verified for an additional type of service, a Home screening addendum will be completed by the CPS and reviewed and approved by the CPMS. If Home screening addendum is not approved for a particular Type of Service, children classified within that type of service will not be placed in that home.

**Inactive Status**

An Agency home may be placed on inactive status if 1) there are no children placed in the home, and 2) both the Agency and the caregivers agree that the home will be on inactive status, and 3) documentation is in the home’s record that the status is inactive and the home will not accept a child for placement, and 4) the Agency home is listed in the DFFS system as inactive.

When a home has requested to come off inactive status, Refuge House will ensure the following occurs:

- Supervisory contact in the home prior to placing a child in the home,
- Document in a homestudy addendum that the home is applying with all applicable rules of the minimum standards
- Ensure caregivers are in compliance with background checks
- Current on training pro-rated for the time they were inactive

An Agency home may not remain on Inactive status for more than 1 year. Any Agency home that wishes to return to Active caregiving is considered a new home for the purposes of training and verification after 1 year. Refuge House will not place a home on Inactive status in lieu of home closure.

The following circumstances precipitate the closure of an Agency home:

- Repeated non-compliance with rules endangers the health or safety of children
- Repeated failure to comply with Agency policies or corrective action plans
- Refusal to comply with Minimum Standards
- Refusal to permit Agency staff or DFPS staff to inspect the home

When an agency home is preparing to go on Inactive status, the Family Home Developer will document the decision through a homestudy addendum and submit the Agency home report form designating the home as
inactive. When a home comes off inactive status, the FHD will schedule a supervisory home visit, prior to placing a child in the home, will complete a homestudy addendum indicating that the home is in good standing with all applicable rules and regulations, including compliance with all background check requirements. FHD will submit and Agency home report form removing the home from inactive status.

**LEGAL RISK PLACEMENTS**

Refuge House may approve an applicant for both a foster and an adoptive home simultaneously. Refuge House will verify all the rules for verifying a foster home and approving an adoptive home. The agency may combine the foster home screening and adoptive screening into one screening report, as long as the requirements for each screening are met.

**References**

§749.2965(a,b), §749.2401, §749.2403, §749.2405, §749.2441, §749.2443, §749.2447, §749.2445, §749.2449, §749.2451, §749.2477, §749.2479, §749.2481, §749.2487, §749.2821(b), §749.2823, §749.2825, §749.3201, §749.3221

**NUTRITION AND FOOD PREPARATION**

Caregivers must give children food of adequate quality and variety, and in sufficient quantity to supply the nutrients necessary for proper growth and development and in accordance with the USDA, and is appropriate for the child’s age and activity level. A caregiver must feed an infant whenever the infant is hungry. Caregivers must provide toddlers and school-age children with at least three meals and one snack each day. No more than 14 hours may pass between the last meal or snack of the day and the availability of the first meal the following day. Caregivers may not serve children nutrient concentrates and supplements, such as protein powders and liquid protein, vitamins, minerals and other non-food substances in lieu of food to meet the child’s daily nutritional need, except with written instructions from a licensed healthcare professional. Caregivers must ensure drinking water is always available to children and is served in a safe and sanitary manner. Children must be well-hydrated and encouraged to drink water during physical activity and warm weather.

A child must never be forced to eat, however a caregiver is not required to offer substitute food to a child who refuses a meal or snack or chooses not to be present when a meal or snack is scheduled. Caregiver must discuss recurring eating problems with the RH case manager and the child’s DFPS caseworker. If a meal or snack is not appropriate to meet a child’s individual needs (food allergies or religious reasons), then the caregiver must offer an appropriate alternative to the child.

A caregiver may not use food that meets a child’s nutritional requirements as a reward or punishment, or as part of a behavior management program. Food may never be withheld from a child. A caregiver must offer a child in care the same food choices that other children in the home are offered, unless medically contraindicated for the child. The caregiver must offer a child in care choices that are comparable to the food the adults are eating, unless medically contraindicated for the child.

**SPECIAL FEEDING REQUIREMENTS**

If a child is receiving treatment services for mental retardation, the following criteria must be met in the feeding routine:

- Child must be encouraged to develop self-feeding and development practices
• A toddler or older child must eat or be fed in the dining area
• Infants must be held during feeding, unless the service planning team’s recommendations are to the contrary

**Therapeutic or Special Diets**

For a caregiver to serve a therapeutic or special diet to a child, Agency must have written approval in the child’s record from a licensed physician or registered or licensed dietitian. Adequate information and instructions regarding the child’s diet must be available to the caregiver.

**Food Storage Requirements**

Caregivers must ensure that all food items are:

1. Covered and stored off the floor
2. Stored on clean surfaces
3. Protected from contamination
4. Stored in a container that is protected from insects and rodents
5. Refrigerated immediately after use/meals if the food requires refrigeration
6. Covered when stored in the refrigerator

**Kitchen and Dining Areas, Supplies and Equipment Maintenance**

Caregivers must keep furniture, equipment, food contact surfaces, other areas where food is prepared, eaten or stored, clean and well-repaired. Utensils and containers intended for one time use, such as paper and plastic dishes must not be used more than once.

**References**

§749.3063, §749.3065, §749.3067, §749.3069, §749.3071, §749.3075, §749.3079, §749.3081

**Transportation**

**Vehicles Used to Transport Children**

Must be maintained in safe operating condition at all times and inspected and registered according to federal, state and local laws. When transporting children, the driver and all passengers must follow all federal, state and local laws when driving, including laws on the use of child-passenger safety systems, seat belts and liability insurance. Older children in the home may transport a foster child if the child has a valid driver’s license and service planning teams for the foster child(ren) being transported, and the foster child transporting (if applicable) approve of the transportation arrangements.

Caregivers, with the approval of the Agency, may teach or supervise foster children in learning to drive. Documented approval must be included in the child’s record. Only the caregiver responsible for instruction and the child learning to drive may present in the vehicle.

The Agency requires caregivers to only transport a child inside the vehicle. The back of a pickup truck is not considered ‘inside the vehicle.’ Children must never be transported in the back of a pickup truck, on the side runners, the hood or trunk of a vehicle.
SWIMMING POOLS AND WATER SAFETY

Policies in this section apply to foster homes, foster/adopt homes, but do not apply to adoptive homes approved only for adoption.

Agency homes with a private pool must comply with the following requirements:

1. Children must be informed about house rules for use of the pool and appropriate safety precautions
2. Adult supervision and monitoring and safety features must be adequate to prevent children from unsupervised access to the pool
3. Swimming pool must be built and maintained according to the standards of the Department of State Health Services and any other applicable state or local regulations
4. A fence or wall that is at least 4 feet high must enclose the pool area
5. The fence must be well-constructed and installed completely around the pool area
6. Fence gates leading to the outdoor pool area must be self-closing and self-latching
7. Gates must be locked when the pool is not in use
8. Keys to open the gate must not be accessible to children under the age of 16 years old or children receiving treatment services
9. Doors that lead from the home to the pool area must have a lock that only adults and children over 10-year-olds can reach
10. Furniture, equipment or large materials must not be close enough to the pool area for a child to use them to scale the fence or release the lock
11. At least two life-saving devices must be available, such as a reach-pole, backboard, buoy, or a safety throw-bag with a brightly colored buoyant rope or throw-line
12. One additional life-saving device must be available for every 2000 square feet of water surface
13. Drainage must be in place, in good repair, and capable of being removed only with tools
14. Caregivers must be able to clearly see all parts of the swimming area when supervising activity in the area
15. The bottom of the pool must be visible at all times
16. Pool covers must be completely removed prior to pool use
17. An adult must be present who is able to immediately turn off the pump and filtering system when any child is in the pool
18. Pool chemicals and pumps must be inaccessible to all children
19. Machinery rooms must be locked to keep children out
20. An above-ground pool must
   a. Have a barrier that prevents a child’s access to the pool
   b. Be inaccessible to children when it is not in use
   c. Meet all other pool safety requirements specified in this subchapter

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Foster homes verified before January 1, 2007 have one year from that date to comply with this requirement.
**Bodies of Water**

Caregivers must use prudent judgment to ensure that children are protected from unsupervised access to water, such as swimming pool, hot tub, fountain, pond, lake, creek, river or other body of water. If children are permitted to swim in a body of water such as a river, creek, pond or lake, the supervising adult must clearly designate swimming areas. Rules governing the activity must be explained to participants in a way that is clearly understood prior to their participation.

**Ratios for Swimming Activities**

Caregivers must adhere to strict child/adult ratios for supervision during swimming activities. This ratio is based on the age of the youngest child in the group and is specified as follows:

<table>
<thead>
<tr>
<th>If the age of the youngest child is</th>
<th>Then you must have 1 adult to supervise every (number) children in the group</th>
<th>Swimming child/adult ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-23 months</td>
<td>1</td>
<td>1/1</td>
</tr>
<tr>
<td>2 years old</td>
<td>2</td>
<td>2/1</td>
</tr>
<tr>
<td>3 years old</td>
<td>3</td>
<td>3/1</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>4/1</td>
</tr>
<tr>
<td>5</td>
<td>8</td>
<td>8/1</td>
</tr>
</tbody>
</table>

In addition to meeting the swimming child/adult ratio listed above, if 4 or more children are engaged in swimming activities, then there must be at least 2 adults to supervise the activity. If a child is subject to seizures, then the ratio should be 1/1.

A lifeguard who is supervising the area where the child is swimming may be counted in the child/adult ratio. Adult volunteers and adult relatives who do not meet the minimum qualifications for caregivers may be included in the swimming adult/child ratio if:

1. You maintain enough caregivers to maintain the general childcare ratio
2. Children in your care do not supervise water activities
3. You ensure compliance with all other rules in this chapter

There must be at least one adult who knows how to swim and carry out a water rescue and be prepared to do so in an emergency who is counted in the swimming child/adult ratio.

If a child is a proficient swimmer over the age of 12, the caregiver is not required to comply with the swimming ratios listed above, but must still comply with the general caregiver ratio for children in care.

**Lifejacket Use**

A child must wear a lifejacket when participating in boating activities, the child is in more than 2 feet of water and does not know how to swim, or ordered by a physician for a child with a medical problem or disability.
WADING POOLS
Caregivers who provide wading/splash pools (less than 2 feet of water) must be

- stored out of children’s reach when not in use
- drained at least daily and
- stored so it does not hold water

HOT TUBS/SPAS
Caregivers who have a hot tub must ensure the hot tub is covered with a locking cover when the hot tub is not in use.
For Agency homes that are located on or a adjacent and accessible to the premises of a foster, the Agency must document type, location, and size of the body of water and barriers between the foster home and the body of water.

References

§749.3131, §749.3133, §749.3135, §749.3137, §749.3139, §749.3141, §749.3143, §749.3145, §749.3147, §749.3149

**Physical Environment**

**General Requirements**

Windows and doors used for ventilation are screened. Equipment and furniture is safe for children, kept clean and in good repair. Flammable or poisonous substances are stored out of the reach of children. House and grounds are free of rodents, insects, and stray animals. Exits in living areas may not be blocked by furniture.

**Fire and Health Inspections**

All Agency homes must comply with all applicable fire, health and safety laws, ordinances and regulations.

All Agency homes must obtain a fire and health inspection. Agency must explore all available resources to identify the local authority in whose jurisdiction the Agency home falls to conduct a fire and a health inspection. This includes city, county and local governments. If no local authority exists, the Agency will request the State Fire Marshal’s office to conduct a fire inspection. For health inspections, the Agency will request a health inspection from the Department of State Health Services. If after exploring and documenting all local and state entities for fire inspection, the Agency staff will conduct the fire inspection using the Agency’s fire prevention checklist or environmental health checklist. Once the Agency has documented that no entity has been able to provide a fire/health inspection, the Agency will use that documentation for other foster homes in that area, however a copy of that documentation will be kept in each respective foster home record. Any such documentation that the Agency acquires is valid for a period of one year. A fire/health inspection is valid for one year for any group home and two years for any foster/adoptive home. Every off year for an Agency home, Agency staff will review the home using the Agency’s checklist.

**Disaster and Emergency Plan**

Every Agency home must have a current written plan and procedure for handling potential disasters and emergencies, such as fire, severe weather emergencies and transportation emergencies. Caregivers must know the procedures for meeting disasters and emergencies, including evacuation procedures, including supervision of the children and contacting emergency help. Caregivers must sign and adhere to the Agency Disaster and Emergency Plan and ensure their own plan complies with the policies and procedures set forth therein.
SMOKE DETECTORS/FIRE EXTINGUISHERS

Every Agency home must have a working smoke detector in the following areas:

- Hallways and open areas outside sleeping rooms
- On each level of a home with multiple levels

Depending on the size and layout of the home, additional smoke detectors may be required based on manufacturer’s or fire inspector’s instructions. All smoke detectors must be installed and maintained according to the manufacturer’s instructions or in accordance with the State or fire inspector’s instructions.

Every home must have a fire extinguisher in every kitchen and on each level of the home. Each fire extinguisher must be serviced after each use and checked for proper weight each year.

ANIMALS

Agency homes must be kept free of stray animals. Caregivers must not allow the children to play with stray animals or any other animals that could be dangerous. Any animals of the home must be kept free of disease. All animals must be vaccinated by a licensed veterinarian. Documentation must be kept current demonstrating that dogs, cats and ferrets have been vaccinated as required by Texas Health and Safety Code Chapter 826. If an Agency home has animals on the premises, it must ensure that the animals do not create health problems or a health risk for children.

TOBACCO USE

No child in the care of Refuge House may use or possess tobacco products. Caregivers and other adults in the home may only smoke tobacco products outside. No one may smoke tobacco products in a motor vehicle while transporting children in care.

BEDROOMS

Bedrooms in Agency homes must have at least 40 square feet of space for each occupant and no more than 4 occupants per bedroom, regardless of square footage. Single occupant bedrooms must have at least 80 square feet of floor space. Floor space requirements may not include closets and other alcoves. Floor space must be space that children can use for daily activities. Only rooms that provide adequate opportunity for rest and privacy may be used as a bedroom. A basement may be used as a bedroom if 1) there is a second fire escape route, and 2) if there is natural lighting. A foster child may not use a basement as a bedroom if there is no natural lighting unless the home was verified prior to January 1, 2007, unless the verification is no longer valid or the home is structurally altered through the addition of a new room.

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5 If a foster home was verified before Jan 1, 2007, then the home is exempt from the maximum bedroom occupancy requirement until 1) foster family moves to a new home, or 2) foster home is structurally altered by adding a new room, or 3) foster home verification is no longer valid.

6 A foster child may not use a basement as a bedroom if there is no natural lighting unless the home was verified prior to January 1, 2007, unless the verification is no longer valid or the home is structurally altered through the addition of a new room.
Before an adult resident who has turned 18 years of age while placed in his current foster home may share a room with a minor resident, Refuge House will assess the behaviors, maturity level and relationships of each resident to determine whether there are risks to either the minor or adult in care. This assessment will be documented in each resident’s record. A child may share a bedroom with an adult caregiver if it is in the best interest of the child; if the child is under 3 and sleeps in the bedroom of the caregiver and approval is documented and dated in the child’s service plan by the service planning team. An exception for a child to share a bedroom with an adult caregiver may be made during travel and camping situations if not other more reasonable provision is available the child and other requirements. To facilitate continuous supervision of a child, the caregiver may move a child to a location where the caregiver can directly and continuously supervise a child until there is no longer an immediate danger to himself or others, however the caregiver will provide comfortable sleeping arrangements for the child. Children 6 years and older may not share a bedroom with a person of the opposite sex. Each child must have accessible storage space for his clothing and personal possessions.

**Bed and Bedding**

Each child must have his own bed and mattress. The bed must be clean and comfortable and the mattress must have covers or protectors. Linens must be changed when soiled and no less than once a week in frequency.

**Bathroom Accommodations**

Every Agency home must have one lavatory, one tub or shower, and one toilet for every 8 household members. All lavatories, tubs and showers must have hot and cold running water. Bathrooms must allow for privacy.

**Indoor Space**

Children must have at least 40 square feet of indoor space for their use. This does not include bedrooms, kitchens, bathrooms, utility rooms, unfinished attics or hallways. A foster home must identify such indoor areas that children can use. Refuge House must approve the indoor space that a home designates for the children.

**Outdoor Recreation Space and Equipment**

Outdoor areas must be well-drained. Equipment that is used for outdoor recreation cannot have openings, angles, or protrusions that can entangle a child’s clothing or trap a child’s body or body parts. Equipment must be securely anchored according to manufacturer’s specifications to prevent collapsing, tipping, sliding, moving, or overturning. Any climbing equipment, swings and slides cannot be installed over asphalt or concrete. All equipment must be appropriate, clean, maintained and repaired as necessary. Agency homes may not have trampolines.

**References**


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7 Agency homes verified before January 1, 2007 are exempt from this requirement until no longer verified by the current Agency or it makes structural changes to the home by adding additional bathrooms.
PERIODIC MANAGEMENT AND EVALUATION

Refuge House will assess foster/adoptive homes for compliance with relevant licensing rules affecting the need for the evaluation whenever one of the following occurs:

1. Refuge House receives an allegation of deficiency
2. There is a major life change in the foster family
3. A change occurs that affects the conditions of the verification, including
   a. Name of the foster home
   b. Foster home address and/or location
   c. Foster home capacity
   d. Ages and genders for which the home is verified
   e. Types of Service the foster family will provide
   f. Composition of the family or home

Every two years, the Agency Administrator will evaluate a foster/adoptive home for compliance with all rules that apply to the home utilizing documentation accumulated in the home record over the prior two years. Every two-year period, Agency staff will review all minimum standards with caregivers in the Agency home on a predetermined schedule of topics.

References
§749.2801, §749.2803(a), §749.2813

ONGOING MONITORING AND ASSESSMENT FOR COMPLIANCE AND QUALITY OF CARE

Refuge House will provide regular, systematic supervision in the Agency home and a formal process of monitoring foster/adoptive homes for compliance with Refuge House standards and requirements of monitoring entities by the foster/adoptive parent. This process must include all members of the household at some point during every year. The purpose of regular monitoring is to assess the caregivers' abilities to meet the needs of the child(ren) in their care and to ensure the well-being and safety of both the child(ren) and the caregiver(s), and the continued progress of each child in their Individual Service Plan. Refuge House will follow the procedure in Roles and Responsibilities and utilize the Quarterly Foster Home review for documenting and correcting all non-compliance.

If an Agency home has availability but does not have a current placement, the Agency must make at least one visit per quarter and maintain all regular paperwork and documentation in order for the home to remain on Active status. If an Agency home is on Inactive status, the ongoing monitoring and supervision of the home is not required.
ONGOING MONITORING PROCEDURE

In order to comply with the Monitoring and Evaluation Policy, Refuge House maintains regular contact and conducts reviews of caregiver homes by:

1. Conducting in-home visits and assessments of both the caregiver and the child and documenting in the quarterly foster home review, as well as the child’s monthly narratives
2. Each child’s Individual Service Plan is tailored to the specific safety needs and requirements of the child considering their environment
3. If additional safeguards are needed, the Treatment Team will develop and implement Safety Plans as needed
4. Refuge House maintains at least one on-call Child Placing Staff 24 hours a day, 7 days a week in order to ensure caregivers have continual support and contact availability in the event of an emergency.

References
§749.103(7), §749.349, §749.2815, §749.2817

RELEASE OF INFORMATION

- If background information is requested by a child-placing agency conducting a foster home screening, pre-adoptive home screening, post placement adoptive report, or home study, then you must release any background information you have acquired through a previous foster home screening, pre-adoptive home screening, post placement adoptive report, or home study.
- Background information must also be released to independent contractors who are hired or required by the court to conduct a foster home screening, preadoptive home screening, post placement adoptive report, or home study.
- An agency must release the background information to the requesting agency within 10 days after receiving the written request, including generally informing the requesting agency of any unresolved investigations and/or deficiencies. After the resolution of the investigations and/or deficiencies, the agency must release the remaining background information to the requesting agency within 10 days after the resolution of the investigations and/or deficiencies.
- Background information is any information that must be obtained by §749.2447(23) of this title (relating to What information must I obtain for the foster home screening?).

References
§749.2475
GRIEVANCE AND APPEAL PROCESS

Refuge House recognizes the importance of reviewing the grievances brought to us from our caregivers and makes every attempt to improve our processes and quality of service by evaluating each grievance on a case by case basis. To this end, the Agency has a written Grievance and Appeal Process as a mechanism by which our caregivers may bring their concerns to the Agency through an established procedure utilizing a chain of command. The Agency provides information to caregivers regarding how to activate this process through the Foster Parent Handbook, the Foster Parent Agreement, Roles, Rights and Responsibilities and the Grievance Process and Appeal form.

References
§749.425

PHYSICAL LOCATION OF AGENCY HOMES

TEMPORARY VERIFICATION

Refuge House will not issue temporary verification to change the verification conditions (age, gender, number of children, or services provided) for any Agency home, other than to change the residence address.

Refuge House will not issue a temporary verification for any licensed home if there are no children placed in the home. Temporary verifications are valid for a maximum of 6 months from the date the temporary verification was issued. A temporary verification may not be renewed.

Refuge House will not make new placements into a home with a temporary verification, however children already placed in the care of the family at the time of the temporary verification may remain in the home.

- A temporary Agency home verification may be issued under the following conditions:
- Inspection of the new location has been conducted
- Home meets the minimum standards
- Health, safety, environment, space and equipment standards are met
- CPMS has reviewed and approved temporary verification
- All above documentation is filed in the family's record in a Home screening addendum

References
§749.105(3)
PRE-SERVICE TRAINING AND EXPERIENCE REQUIREMENTS

Refuge House foster and adoptive families will be well prepared and capable of dealing with the behaviors exhibited by children in their home. They will understand the needs of the children and young adults placed in their homes, and they will ensure that DFPS licensing standards, contract terms and YFT standards are met. General pre-service training includes the following components: developmental stages of children, foster children’s self esteem constructive guidance and discipline of children, strategies and techniques for monitoring and working with these children, age appropriate activities for children, different roles of caregivers, measures to prevent, identify, treat and report suspected occurrences of child abuse, neglect and exploitation, procedures to follow in emergencies such as weather related emergencies, preventing the spread of communicable diseases, recognizing and preventing shaken baby, preventing SIDS, understanding early childhood brain development, psychotropic medications, the authorized emergency behavior intervention techniques (SAMA), first aid/CPR.

References

§749.105(3), §749.881, §749.883, §749.885, §749.903

DANGEROUS EQUIPMENT

Agency homes must store dangerous tools and equipment, such as hatchets, saws, and axes, so that they are inaccessible to children. Children may use these tools and equipment with caregiver supervision, as appropriate based on the child’s age, maturity and treatment issues.

WEAPONS, FIREARMS, EXPLOSIVES AND PROJECTILES

Refuge House does not permit weapons, firearms, explosive materials and projectiles to be stored in any Refuge House verified Agency homes, unless one of the foster parents’ occupation requires these items. Certification must be provided to Refuge House and be filed in the foster home record. Any of the above-referenced items must be stored in a secure and locked location inaccessible to all children placed in the home. Ammunition must be stored separately from firearms.

No child may use a weapon, firearm, explosive material, projectile or toy that falls into the above category, unless the child is directly supervised by a qualified adult.

Refuge House does not generally consider common household items to be among the items affected by this policy, however the Agency reserves the right to identify certain toys and household items as falling into the above category and therefore being subject to the above policy.

Foster parents shall notify Refuge House if there is a change in the type of, or an addition to weapons, firearms, explosive materials, or projectiles 24 hours prior to adding and 15 days after removing.

Refuge House foster parents will not transport any child within the scope of Refuge House while the above-referenced items are present in the vehicle. In cases where a foster parent’s occupation may require carrying a handgun, the firearm may not be loaded and the ammunition and firearm is inaccessible to the child.

References

§749.339.16, §749.2915, §749.2961, §749.2963, §749.2965(b), §749.2967
**ADULTS IN AGENCY HOMES**

Refuge House accepts adults in care in Agency homes under the following conditions:

- the individual is related to the family, or
- is a client in the Department of Aging and Disability Services (DADS), or
- if the child is in the Conservatorship of DFPS

Adults in care (those requiring the direct care and assistance of a caregiver) will be counted in the capacity of the Agency home.

In order for an unrelated adult to live in an Agency home, the individual must be licensed as a caregiver in the Agency home. The requirements are the same as those for a foster parent. See Foster Parent Screen and Verification.

**References**

§749.2561, §749.2563

**CAREGIVERS**

**Caregiver** - A person counted in the child/caregiver ratio, including employees, foster parents, contract service providers, and volunteers, whose duties include direct care, supervision, guidance, and protection of a child in care. This includes any person that is solely responsible for a child.

**Mini-Break Provider** - Must be 21 years of age and meeting the following qualifications:

- Child Care Services: 8 hours of SAMA training in current year
- Treatment Services: 16 hours of initial SAMA training and 8 years of SAMA training in the current year
- 2 hours of medication training in the current year
- current first-aid/CPR based on documentation
- valid driver's license and liability insurance
- criminal, CANRIS and FBI checks
- approved Mini-break provider application
- clear TB screening
- 3 references

**In-home Substitute Caregiver** – A licensed foster caregiver who provides substitute care in another Agency home

**Intermittent Care Provider** - An intermittent care provider must be a certified foster care provider who may or may not have children in the home. Intermittent child care placement lasts more than 72 hours and up to 14 days. For other policies intermittent care, refer to the Intermittent Care policy.
**Babysitter** - A babysitter is not considered a caregiver unless the babysitter is a verified foster parent, licensed foster parent or Agency employee. Following are the qualifications of a babysitter:

- at least 18 years of age
- current first-aid/CPR based on documentation
- cleared background/central registry check
- valid driver's license and liability insurance
- clear TB screening

No child in foster care is permitted to supervise other children in foster care, unless documented approved from the Managing Conservator.

**References**

§749.353, §749.609, §749.2599, §749.2621

**AGENCY HOME CAPACITY/CAREGIVER RATIOS**

At no time, may an Agency home or Agency group home exceed its capacity. Refuge House determines capacity for each home based upon four factors:

- Number of caregivers, age of the children in the home and in placement
- Services being provided and the needs of the children in care
- Amount of space available for children
- Bathroom accommodations in the home

During the time children in care are away from an Agency home, the caregivers are not required to maintain ratio; however, at least one caregiver must be available by phone to 1) respond to emergencies, changes in schedule or unplanned events; 2) provide care and supervision whenever a child needs the attention of a caregiver, including when a child returns to the home.

**AGENCY HOME**

May care for up to 6 children, including biological, adopted and foster children, adults in care, and children for whom the Agency home is providing respite care.

**CHILD CARE SERVICES**

- In an Agency home providing care for only Child Care Services children, the ratio is 1/6, unless there is 1 or more children under the age of 5, in which case the ratio is 1/5.
- In an Agency home, no more than 2 children under 18 months may reside, unless the children are in a sibling group. If 2 children 18 months and under are placed in the same home, no more than 2 additional children under the age of 6 may reside in the home. These restrictions include biological and adopted children, and children in the home for respite care.
TREATMENT SERVICES

- In an Agency home providing care for 1-2 Treatment Services children, where all children are 5 and older, the ratio is 1/6.
- In an Agency home providing care for 1-2 Treatment Services children, where any child is below the age of 5, the ratio is 1/5.
- In an Agency home providing care for 3 or more Treatment Services children, the ratio is 1/4.

AGENCY GROUP HOME

May care for up to 12 children, including biological, adopted and foster children, adults in care, and children for whom the Agency home is providing respite care.

CHILD CARE SERVICES

- In an Agency group home providing care for Child Care Services children, the ratio is 1/8, unless there is 1 or more children under the age of 5, in which case the ratio is 1/5.
- When placing a child under the age of 5 in an Agency group home, Intake Coordinator must document that a less restrictive setting cannot meet the needs of a sibling group.

TREATMENT SERVICES

- In an Agency group home providing care for Child Care Services children, the ratio is 1/8, unless there is 1 or more children under the age of 5, in which case the ratio is 1/5.
- When placing a child under the age of 5 in an Agency group home, Intake Coordinator must document that a less restrictive setting cannot meet the needs of a sibling group.
- In an Agency group home providing care for 1-2 Treatment Services children, where all children are 5 and older, the ratio is 1/8.
- In an Agency group home providing care for 1-2 Treatment Services children, where any child is below the age of 5, the ratio is 1/5.
- In an Agency group home providing care for 3 or more Treatment Services children, the ratio is 1/4

References

§749.353, §749.2551, §749.2553, §749.2555, §749.2557, §749.2259, §749.2561, §749.2563, §749.2565, §749.2567

SUPERVISION

Refuge House ensures adequate supervision of the children placed in Agency homes by the following measures:

- Ensuring caregiver ratios are observed
- Taking into account the specific needs of the children placed in the home
- Considering the background of children and caregivers
- Accounting for non-routine events in the lives of the household members
- Implementing safety plans when necessary
The first responsibility of all caregivers is to ensure the safety and well-being of each child placed in their care and to facilitate the child's development and progress in the goals of their Individual Service Plan, taking into account the child's age, developmental level, interests and special needs by positively reinforcing their efforts and accomplishments. Caregivers must not be involved in tasks that impede the caregiver's ability to supervise and interact with the children while they are responsible for the supervision of the children, or hinder their ability to meet any service planning requirements regarding supervision. Caregivers must give due consideration to the physical environment and potential hazards when any children in care are present, taking into account the child's age, developmental levels and physical, mental, emotional and social needs. Caregivers must ensure that all persons responsible for the care and supervision of children are aware of any specific supervision needs required. Refuge House provides strategies to meet these needs including instructions to Agency caregivers or other persons involved in the child's care. Instructions must include specific information about supervision (24-hour care, including food, clothing, room and board, and personal items). Caregivers are responsible for providing progress information back to the Agency in order to facilitate the on-going assessment of the supervision needs.

**Electronic Monitors**

Refuge House encourages the use of video or auditory monitoring equipment when a caregiver is caring for infants and toddlers in order to facilitate the continuous monitoring of the child.

**Surveillance Equipment**

Refuge House does not permit Agency homes to have surveillance equipment in areas designated as private (such as bedrooms or bathrooms) unless the purpose is to supervise infants or toddlers. Surveillance equipment is permitted in public areas, provided the specific use of the equipment is documented and approved. In rare instances, surveillance equipment may be authorized by the Managing Conservator in writing, but equipment must be deactivated or removed once the particular child or justification is no longer present.

**References**

749.2593, §749.2591

**Intermittent Alternative Care**

Intermittent Alternative Care is defined as out-of-home substitute care lasting between 72 hours and 14 days whose purpose is to provide relief to the primary caregiver(s). Intermittent Alternative Care is provided only by Agency licensed foster care providers.

Each child placed in alternative intermittent care must wait at least 10 days before returning to alternative intermittent care, unless the Agency home providing the alternative intermittent care is used exclusively for this purpose. For each Agency home providing Intermittent Alternative Care, the home must wait a minimum of 10 days between Intermittent Alternative Care placements and may only do provide IAC for a maximum of 60 days per year, unless the home is solely used for this purpose. A child may be in Alternative care for 14 consecutive days, not to exceed 40 days per year. Pertinent information regarding the child and the child's routine must be provided to Intermittent Alternative Care providers using Child Alternative Care Fact Sheet.
All episodes of intermittent alternative care must be accompanied by an Alternative Care Justification form and approved in writing prior to the child’s placement in alternative care. The form and approval must be stored in both the Agency home record and the child’s record.

**References**

§749.353, §749.2621, §749.2623, §749.2625, §749.2627, §749.2629, §749.2631, §749.2633, §749.2635, Contract Attachment D

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**WEEKENDER POLICY**

A Weekender is defined as an out-of-home visit, less than 48 hours on a weekend or holiday. Based on supervision requirements, only children at the levels of Basic and Moderate may participate in weekenders. A weekender may be supervised by a non-regular mini-break provider who is not regulated by licensing or Refuge House, however, foster parents must ensure that all supervision requirements are met at all times. Foster parents must notify Refuge House prior to permitting a child to participate in a Weekender. This notification may be made to the on-call worker. Failure to notify Refuge House in advance of a Weekender may result in Weekender privileges for the Agency home to be revoked for a period of 3 months.

Parameters providing for the Weekender are found in RCCL Minimum Standards §749.2635 and TAC 745.117(6).

**References**

§749.2635, §749.353

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**BABYSITTER POLICY**

A babysitter always provides supervision in an Agency home. A babysitter may not care for a child more than 8 consecutive hours and may not supervise a child overnight. Use of babysitters must still meet ratio requirements and must not average more than once weekly over the course of a 3 month period.

**References**

§749.2635, §749.353

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**CHANGES TO AGENCY HOME VERIFICATION**

Refuge House requires notification of the following changes in the Agency home.

1. Change in the location of the foster home. Before moving.
2. Major life changes in household composition:
   a. Marriage, divorce, separation, death, birth, or any other change in household composition;
   b. A serious health problem that affects the ability of the foster parent to care for children; or
   c. Extended absences by one parent, such as military services or job assignments. Before the change occurs, if possible; otherwise, immediately upon discovery.
3. A change affecting a condition of the verification. Before the change occurs, if possible; otherwise, immediately upon discovery.
**Changes to Agency Home Verification Procedure**

Changes that require an updated to the Agency Home Verification:

- age range
- service type
- service level
- gender
- population
- foster home / group home
- change to family structure
- major household changes
- change of Agency home status

1) Changes are submitted electronically to Child Placement Management Staff (CPMS) for approval through a homestudy addendum.
2) CPMS forwards approved homestudy addendum to Family Home Developer (FHD).
3) Upon receipt, FHD completes Agency Home Report electronically and issues a new license.
4) FHD files all applicable paperwork in the family record.
5) FHD mails or electronically submits updated license to foster family.

**Changes to Agency Home Physical Location**

**Planned Moves**

(30 days or more)

1) Case Manager (CM) notifies Foster Home Developer (FHD) at least 30 days prior to planned move
2) FHD orders and/or obtains the following documentation for the new location: fire and health inspections, floor plan, house rules, fire evacuation plan, disaster plan, pictures
3) CM submits homestudy addendum to Child Placement Management Staff (CPMS) at least 5 days prior to move
4) CPMS forwards approved homestudy addendum to FHD
5) FHD ensures that all signatures have been obtained
6) FHD files all applicable paperwork in the family record
7) FHD ensures that Agency Home Report is submitted and issues a new license on the effective date of the change

**Emergency Moves**

(less than 30 days)

1) Case Manager (CM) notifies Foster Home Developer (FHD) immediately upon learning of a change in location with less than 30 days notice
2) CM completes homestudy addendum within 2 business days of becoming aware of the move and submits electronically to Child Placement Management Staff (CPMS)
3) CPMS forwards approved homestudy addendum to FHD
4) FHD ensures all applicable signatures are obtained
5) FHD electronically submits temporary Agency Home Report and issues temporary License (expiring in 6 months or less)
6) FHD files all applicable paperwork
7) FHD notifies CPMS of temporary license
8) CPMS notifies intake electronically of placement hold for the duration of the temporary license, or if there is a change to the duration of the temporary license via email
9) FHD ensures that the planned move procedure is followed prior the expiration of the temporary license

References
§749.2803(b), §749.2819(c)
CHILD

CHILD RIGHTS
Refuge House protects the rights of children placed in Agency homes by clearly defining the child’s rights in writing and the responsibility of the Agency and caregivers to uphold and protect those rights. Within 7 days of placement, each child is informed of his or her rights at the level of their own understanding using the Orientation and Child Rights form.

References
§749.1001, §749.1005, §749.1007, §749.1009, §749.1013, §749.1015, §749.1017, §749.1019, §749.1021

PARTICIPATION IN RELIGIOUS ACTIVITIES
Participation in religious activities is a family activity and an integral part of the life of our foster/adoptive families and serves as a positive outlet for both social and recreational activities. Foster/adoptive children placed in the home are expected to participate in these activities with the rest of the family, however the family is expected to fulfill the child’s spiritual beliefs as well. A foster/adoptive child must not be forced to accept the foster/adoptive parent’s religion, but taught to respect it while being provided an outlet to practice their own faith. The expected level of participation should be a matter that is discussed with the foster/adoptive child prior to placement with a family, when age-appropriate, and included in the pre-placement form and procedures.

Refuge House is aware that religion is a personal matter and encourages families to be sensitive to each child’s spiritual need while avoiding anything that might be viewed as coercion to accept a particular set of beliefs. While participating with the family in church activities is encouraged, coercion to accept the family’s religious beliefs is not appropriate. Refuge House does not uphold the belief that church attendance is the same as coercing a belief system. If there are specific problems with a child being uncomfortable with a particular church the foster/adoptive family attends or other matters regarding church attendance, the child should discuss this issue with his/her Refuge House Case Manager and foster/adoptive family.

It is to be noted that a family must not dedicate, baptize or confirm a foster/adoptive child without permission from the DFPS worker in writing. If it is the child’s desire to be dedicated, baptized and confirmed this still must be approved before either of these can be done. This documentation must be in writing and kept in the child’s record.

PARTICIPATION IN RELIGIOUS ACTIVITIES PROCEDURE
Prior to Placement
1) At intake, if religious preference is unknown, IC will inquire of the CPS Worker whether religious preference is known, as well as any known issues to placement in a home participating in faith-based activities.
2) IC will take religious preferences into account when selecting prospective Agency homes for placement.
At Placement

1) At time of placement, RH Placement worker will initiate discussion between foster family and foster child regarding religious preference and participation religious activities, when age-appropriate.

2) Discussion will be documented on the pre-placement form for both emergency and routine placements.

During Placement

1) Should the issue arise that the child wishes to be formally dedicated, baptized, confirmed or admitted into official membership of a church, DFPS must be notified and provide written approval prior to the specific activity. These activities must not take place unless prior approval is obtained.

References

§749.339(8)

MEDICAL & DENTAL TREATMENT

Refuge House ensures that each child receives regular medical and dental checkups according to the Texas Healthsteps periodicity schedule. If a child does not have documentation of an annual exam within the prior year, Agency will ensure that the child receives a medical examination within the first 30 days of placement. Refuge House staff will assist the family in locating professionals accepting Medicaid, as needed, for evaluations and ongoing care. A child’s annual medical exam should include a vision and hearing check, unless prior documentation demonstrates that these exams have been conducted. After the initial medical exam, every child must receive at least one well-child exam per calendar year. Each child 3 years of age and older must have a dental exam scheduled within 30 days and completed within 90 days of placement, unless documentation demonstrates that a prior qualifying exam was completed. If a physician recommends a dental exam for a child under 3, Agency will ensure that physician’s recommendations are followed. After initial dental exam and cleaning, the child must follow the dentist’s recommendations for follow-up care. If a child is under the care of a specialist, Agency will ensure that all physician’s orders/recommendations are followed.

At placement, DFPS placement worker identifies the medical consenter and provides documentation on DFPS form 2087 (also known as ‘Attachment B’). DFPS placement worker designates a primary medical consenter (the caregiver(s)) and a backup consenter (Agency case manager) and provides copies to the Agency placement worker. If a child presents symptoms of abuse or illness at admission, medical consenter must ensure the child receives immediate attention from a healthcare professional and appropriate documentation (signed and dated by the physician or dentist) must be included in the child’s record according to the Records policy.

If a child is readmitted into Agency care, Refuge House considers it a new placement for the purpose of medical and dental requirements.

A medical or dental provider that treats a child in the Agency’s care must be licensed in the United States. The healthcare professional determines the need and frequency for ongoing maintenance of medical and dental treatment for the child.
The medical consenter must ensure that each child placed in care receives appropriate and timely medical/dental attention for injury, illness and pain and as need for ongoing maintenance of medical/dental health. If the medical consenter fails to comply with this requirement for any reason, the Agency’s backup consenter must assure the child receives appropriate treatment from a medical/dental professional.

**Immunizations**

All children in the care of Refuge House will meet immunization requirements according to the Texas Healthsteps and in accordance with Department of State Health Services and 42.043 of the Human Resources Code. Refuge House will make every effort to obtain an up to date or recent immunization record for each child that comes into care. For child whose immunization record is unavailable or out of date, the catch up process will begin within thirty days of placement. Exemptions from immunization requirements must meet criteria specified by 42.043 of the Human Resources Code and the Department of State Health Services rules 25 TAC 97.62.

Acceptable immunization records must include the child’s name and date of birth, the number of doses and vaccine type, the month, day and year that vaccine was received, and one of the following:

- a signature or rubber stamp signature from the healthcare professional who administered the vaccine or
- a registered nurse’s documentation of the immunization that is provided by a healthcare professional as long as the healthcare professional’s name and qualifications are documented.

Documentation of an immunization record may be

- the original record
- a photocopy
- an official immunization record generated from a state or local health authority, such as a registry
- a record received from school officials, including a record from another state

**Vision and Hearing Screening**

Each child admitted into the care of Refuge House will be screened for possible vision and hearing screening problems that meets the requirements of the Special Senses and Communication Disorders Act, Health and Safety Code Chapter 26. If problems are detected, the child will have a professional hearing or vision examination. For each child who requires professional screening, one of the following will be kept in the child’s record:

- Individual Vision and Hearing Screening Results
- A signed statement from the Managing Conservator that the child’s screening records are current and on file at the program or school that the child attends away from the agency. This statement must be dated and include the name, address or telephone number from the school.
- An affidavit from the Managing Conservator stating that the vision or hearing screening and/or examination conflicts with the tenets or practices of a church or religious denomination of the biological parents’ religion.

For those children identified as needing a diagnostic vision or hearing examination, Refuge House will expedite the scheduling of a professional examination and needed health services, ensure the professional and medical recommendations are carried out, and convey this information to educational and agency caregivers so recommended adjustments can be made in programs.
**PHYSICAL DISABILITY**

When recommended by a healthcare professional, Refuge House will make every effort to ensure that a child with a physical disability has any special equipment recommended that can be reasonably obtained.

**References**

§749.1151, §749.1153, §749.1155, §749.1401(a.2-3), §749.1401(c), §749.1403, §749.1405, §749.1409(a.3), §749.1411, §749.1413, §749.1421, §749.1423, §749.1425, §749.1427, §749.1429, §749.1431, Contract 11.A-E

**MEDICATION**

Prior to administering routine, preventative and emergency medication, Refuge House will obtain a general written consent in the form of the Medical Consent form (2085 - Attachment B). For Psychotropic medications, Refuge House will obtain written, signed and dated consent from the person legally authorized to give medical consent, before administering psychotropic medications to a child.  

**PRESCRIPTION MEDICATION**

All medications dispensed to children in care must be documented on appropriate Refuge House medication logs, including all over-the-counter medication and psychotropic medications. Before administering new medications, caregivers must be informed about possible side-effects. Following are the ways in which a medical consenter can obtain information about medications, read the material provided by the pharmacist who fills the prescription or discuss the prescription with the physician who wrote it.

- Caregivers must store all medications in their original containers, unless they have an additional container with the same label and instruction.
- Caregivers must dispense all medication according to the instructions on the label or according to a prescribing health care professional’s subsequent signed order.
- Caregivers must administer each child’s medication immediately after preparation.
- Caregivers must ensure the child has taken the medication as prescribed, however will not physically force a child to take a prescription medication. If a child refuses to take medication, the caregiver must note this information on the medication log.
- Unless the child is on self-medication program, medication must be administered by an individual trained and authorized to administer prescription medication.
- Caregivers must maintain any documentation provided by the healthcare professional on the administration of current prescription medication.
- Caregiver must ensure All caregiver’s staff do not provide prescription medication or treatment to a child, except on written orders from a healthcare professional.
- Caregiver will not borrow or administer prescription medication to a child that is prescribed to another person.

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8 Refuge House foster parents are the designated medical consenters according to the Consenter form provided by DFPS at placement, therefore the standard 749.1463(a) requiring the foster parent to notify the medical consenter of information regarding prescription medication and treatment procedures is unnecessary given that the caregiver and medical consenter are the same according to form 2085B and the medical consent training provided by DFPS.
• Caregiver will not administer prescription medication to more than one child from the same container.

CONSENT FOR PSYCHOTROPIC MEDICATIONS

Refuge House confirms consent to administer psychotropic medications by having both a primary medical consenter and Agency staff present at psychotropic medication appointments. Documentation provided and obtained at the medication appointments contains signatures. All information regarding psychotropic medications is presented to the consenter in writing at the medication appointment. The consenter signs the Information and Consent for Medication form that includes potential side-effects and instructions.

NON-PRESCRIPTION MEDICATION AND VITAMINS

Caregivers must follow the label and ensure that non-prescription medication is not contraindicated with any other medication prescribed to the child. Caregivers may give non-prescription medication or vitamins to more than one child from the same container.

SELF-ADMINISTRATION OF MEDICATION

A child may be permitted to participate in a self-medication program, however written authorization must be provided by the child’s healthcare professional and documented in the child’s record. The child’s service plan must include the self-medication program and any requirements for caregiver supervision. The Managing Conservator will be notified that the child is on a self-medication program upon receipt of the service plan.

Documentation for a child who is on a self-medication program may be the child’s if there is a system for reviewing the child’s medication each day or if the child reports the medication to the caregiver who then records the administration of the medication on the medication log.

STORAGE AND DESTRUCTION

• Medication must be stored in a locked container and kept inaccessible to individuals who are not responsible for stored medication.
• Caregivers must ensure that medication storage area has a separate container for medications ‘for external use only’.
• Medications that are controlled substances must be kept under double lock in a separate container. For example, a double lock can be a locked cabinet inside a closet with a locked closet door.
• Caregivers must make provisions for securely storing medication that require refrigeration. Caregivers must keep medication storage areas clean and orderly.
• Caregivers must remove discontinued medication immediately and destroy it in a way that ensures that children do not have access to it.
• Caregivers must remove medication on or before the expiration date and destroy it in such a way that children do not have access to it.
• Caregivers must remove medication of a discharged or deceased child immediately and destroy it in a way that ensures children do not have access to it.
• Caregivers must provide prescription medication to the person to whom a child is discharged or transferred if the child is taking medication at that time.

MEDICATION RECORDS
• The Agency will maintain a cumulative record of all prescription medication dispensed to a child and all non-prescription medication (excluding vitamins) dispensed to a child under five years.

• The Agency must maintain the medication record during the time they provide services to the child. The records must include:
  o The child’s full name
  o The prescribing healthcare professional’s name if applicable
  o Med name, strength, and dose
  o Date (day, month, year) and time the med was administered
  o Name and signature of person who administered the med
  o Child’s refusal to accept medication, if applicable
  o Reasons for administering the medication, including specific symptoms, condition and/or injuries of the child that the caregiver is treating for PRN prescriptions and non-prescription medications for children under 5
  o Description of any noticeable change in the child’s behavior in response to the medication

• Identification of any prohibited prescription medication, non-prescription medication and vitamins for each child must be maintained in the medication record, which must be incorporated into the child’s record

• Caregivers must maintain 30 days of medication records in the foster home

• Caregivers must submit copies of the child’s medication record to the Agency each month, which must be filed in the child’s record

• The Agency will provide all necessary forms to ensure appropriate and adequate documentation of medication administration

**MEDICATION AND LABEL ERRORS**

When a caregiver discovers a medication error, the caregiver must report the error to the RH Case Manager or on-call worker within 24 hours. When necessary, the caregiver will contact a healthcare professional immediately. The Agency staff member will complete a medication error report and document in the child’s record. Depending upon the nature of the medication error, the Agency staff will inform the caregiver of next steps if necessary.

If a caregiver finds a medication error, the caregiver will report the label error to the pharmacist who filled the prescription and obtain a replacement label by the next business day.
**Side Effects and Adverse Reactions**

In the event that a child experiences an adverse reaction to any treatment or medication, the caregiver must contact the appropriate healthcare professional within a timeframe reasonable to ensure the safety and well-being of the child and follow the procedure for reporting according to the Caregiver Roles and Responsibilities. If a child’s reaction presents cause for immediate concern, the caregiver should seek immediate medical attention and report to the case manager or on-call worker.

**References**

§749.1461, §749.1463(b.1-11), §749.1469(a,b), §749.1501, §749.1503(1,2), §749.1521, §749.1523, §749.1541, §749.1543(a,b,c), §749.1545, §749.1561, §749.1563, §749.1565, §749.1581, §749.1583, §749.1603, §749.1605, §749.1607, §749.1609(b), Contract 11.A-E

**Infant Care**

For caregivers who provide care to infants (0 to 18 months), caregivers must ensure that infants receive individual attention, including playing, talking, cuddling and holding. Caregivers must respond to the child’s basic needs with prompt attention in order to demonstrate to the child that they can trust their caregiver and their needs will be consistently met. These basic needs include, but are not limited to feeding, changing, appropriate attention to distress. Agency homes must be kept safe and free of dangerous or harmful items that a child can access within their own reach, particularly outlets, electrical equipment, heavy objects, chemicals, sharp objects and the like. Infants must never be left unsupervised, but caregivers may employ the use of monitoring equipment as long as they are close enough to the child to intervene as needed. A child is considered supervised as long as the child is within hearing or viewing range.

**Sleeping**

An infant who cannot turn himself over must be placed on his back for sleep, unless a healthcare professional orders otherwise. An infant may not have his head, face or crib covered with any item, such as a blanket, at any time.

**Eating**

Caregivers must feed an infant based on the recommendations of the child’s licensed physician. Unless recommendations from the service team are contrary, caregivers must hold the infant while feeding him if the infant is birth through 6-months old or unable to sit unassisted in a high chair or other seating equipment during feeding. Caregivers must never prop a bottle while feeding with anything other than the child or adults hand. A caregiver who cares for more than one infant must not permit the infants to share bottles or training cups and they must clean the high chair trays before each use.
FURNISHINGS AND EQUIPMENT

An area designated for the care of infants must include, but is not limited to:

- Individual crib for each infant
  - Firm, flat mattress that snugly fits the sides of the crib
  - Mattress must not be supplement with additional foam or pads
  - Sheets that fit snugly and do not present an entanglement hazard
  - Mattress that is waterproof or washable
  - Secure mattress support hangers and no loose hardware or improperly installed or damaged parts
  - Maximum of 2 and 3/8 inches between crib slats and poles
  - No corner posts over 1/16 inch above the end of end panels
  - No cutout areas in the headboard or footboard that would entrap a child’s body
  - Drop rails, if present, which fasten securely and cannot be opened by a child

- Sufficient number of toys to keep each child engaged in activities
- Caregivers must sanitize each crib when soiled and before reassigning the crib to a different child
- Caregivers must never leave children in a crib with the side down
- Foster home must not have stackable cribs
- Foster home may use a full size portable or mesh side crib if
  - Caregiver follows the manufacturers instructions
  - Crib has
    - Mesh that is securely attached to the top rail, side rail and floor plate
    - Folded sides that securely latch in place when raised
  - Caregivers never leave a child in a mesh-sided crib with the side folded down
  - If you become aware of a recall of the portable crib used, caregiver must discontinue use

- The following equipment, and all similar equipment, must have safety straps and safety straps must be fastened whenever the infant is using the equipment
  - High chair
  - Swing
  - Stroller
  - Infant carrier
  - Rocker
  - Bouncer seat

- The following equipment may not be used with infants
  - Baby walkers
  - Baby bungee jumpers
  - Accordion safety gates
  - Toys that are small enough to swallow or choke a child

- Children may not sleep on beanbags, waterbeds or foam pads
- Agency home may not use soft bedding, such as stuffed toys, quilts, pillows, bumper pads in a crib for an infant 6-months old or younger

References

§749.1803, §749.1805, §749.1807, §749.1809, §749.1813, §749.1815, §749.3075

8 A child MUST use a crib until at least the age of 18 months.
**TODDLER CARE**

For caregivers who provide care to toddlers (18 months to 3 years), caregivers must ensure that toddlers receive individual attention, including playing, talking, cuddling. Agency homes must be kept safe and free of dangerous or harmful items that a child can access within their own reach, particularly outlets, electrical equipment, heavy objects, chemicals, sharp objects and the like. Toddlers must never be left unsupervised, but caregivers may employ the use of monitoring equipment as long as they are close enough to the child to intervene as needed. A child is considered supervised as long as the child is within hearing or viewing range.

Toddler care also includes any applicable requirements from Infant Care. (see Infant Care)

*References*

§749.1841

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**PREGNANT CHILDREN**

Agency ensures that the child has access to information, training and counseling regarding health aspects of pregnancy, preparation for child birth and recovery from childbirth. Caregiver must ensure that the pregnant child receives nutrional counseling and guidance that meets generally accepted standards, including nutrition during pregnancy, lactation and foods to avoid. The child must be informed of her right to be free from pressure to get an abortion, relinquish her child for adoption, or to parent her child.

Refuge House policy restricts the use of Emergency Behavior Intervention with a pregnant child.

Refuge House does allow the admission of adolescent parents with their children, however, the expectation of the adolescent parent is to provide most of the care for her child. Caregivers must be available to the adolescent parent as a resource and support. When a caregiver cares for an adolescent’s child in the adolescent parent’s absence, the caregiver is responsible for that child as if the child is in care.

*References*

§749.1861, §749.1863, §749.1865

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**CHILD EDUCATION**

Refuge House ensures that all children receive a formal education meeting the requirements stated in Minimum Standards, Contract Terms and YFT Requirements. Refuge House makes every effort to ensure a child is in the least restrictive academic setting in accordance with their needs and abilities. All school-age children in the care of Refuge House must be attending an TEA accredited educational program. Agency personnel notifies the appropriate educational institution or authority (School District or ECI) within 3 days of placement. Agency staff ensures that the appropriate educational institution is contacted within 3 days of placement, specifically the school district for children age 3 and above, and Early Childhood Intervention for age 3 and below.
If a child requires Special Education services, Refuge House ensures that the child’s Individual Education Plan is initiated and/or implemented. Refuge House case manager acts as a liaison between the Agency and the school.

Refuge House shall minimize disruptions to a child’s education by scheduling therapy and other appointments outside of school hours whenever possible.

For children 16 years old and above, behavior and ability permitting, Refuge House will encourage children to pursue gainful employment or apprenticeships/internships, in addition to involvement in PAL/TRAC.

**CHILDREN WITH PERVERSIVE DEVELOPMENTAL DISORDER**

Caregivers will ensure that the education program for the child encourages normalization through appropriate stimulation and by encouraging self-help skills and is appropriate to his intellectual and social functioning.

**CHILD EDUCATION PROCEDURE**

Prior to Placement

Refuge House Intake Coordinator will exercise due diligence to collect available educational history and school records.

At Placement

1) Within 3 calendar days, for children 3 years and older, IC will electronically submit a notification to the school district in which the Agency home is located
2) Within 3 calendar days, for children under 3 years of age, IC will submit a request to ECI for evaluation
3) Within 30 calendar days, if an Educational Portfolio does not exist, IC will create the portfolio.
   a) Report cards
   b) Transcripts
   c) Admissions Review and Dismissal (ARD)
   d) Team Meeting Notes
   e) Individual Educational Plan (IEP)
   f) Full Individual Evaluation (FIE/Diagnostic Testing)
   g) School withdrawal/discharge paperwork

During Placement

1) RH Case Manager will ensure the continuous update of the Educational Portofolio
2) RH Case Manager will issue requests for update to the child’s foster parents and/or school at least quarterly
3) RH Case Manager will discuss educational progress and reports with the child at least quarterly
At Discharge

1) Refuge House shall provide Educational Portfolio to the DFPS caseworker
2) Refuge House will give due diligence to the following:
   a) The most current educational documents and records are in the child’s portfolio
   b) Educational Portfolio includes the withdrawal form

References

§749.1891, §749.1895, Contract Term 9.a.vii, Contract Term 9.b.i-iii

RECREATION

For every child, two years and older, caregiver must ensure the child is participating in at least one structured and one unstructured recreational activity per week. Children fewer than two years must be provided with at least one documented unstructured activity. Each child must have individual free time as appropriate to the child’s age and abilities. Recreational activities should be based on the individual child’s needs and interests.

CHILD CARE SERVICES

Each child must have the opportunity to participate in community activities and organized family activities, such as church events or local social events.

TREATMENT SERVICES

Each child must meet the requirements of those for child care services, in additional the child must have an individualized recreation plan that is developed by the service planning team. Caregivers must ensure that physical support is given if the recreational and leisure activities require it if the child is receiving Treatment Services for Pervasive Developmental Disorder or Mental Retardation. For a child receiving Treatment Services for Mental Retardation, the daily schedule should demonstrate an understanding of normal childhood development and enhance the child’s physical, emotional and social development. The child’s surrounding and experiences should reflect normal patterns of community living as closely as possible and as appropriate for the child’s special needs.

References

§749.1921(d.2), §749.1923, §749.1925, §749.1927

TRAVEL/OVERNIGHT STAYS

Refuge House does permit travel and overnight stays, however, the following parameters must be met:

- The stay does not conflict with the service plan or safety interests of the child.
- When an foster parent wishes to take a child outside of the State of Texas, prior written approval must be obtained from the Managing Conservator.
- When a child will be away from home for more than 72-hours, prior written approval must be obtained from the Managing Conservator.
Foster parents must notify (in writing, via letter, email or fax) Refuge House of any plans in which a foster child will stay away from the home overnight.

Written approval by the Managing Conservator is not required for stays less than 72 hours. Written approval is not required when the CPS Worker arranges for members of the child's own family or relatives, or the child's CPS worker authorizes the child to travel in specific circumstances, usually routine trips or visits. In such cases, RH staff will make every effort to obtain written confirmation from the CPS worker.

All travel and overnight stays must meet the supervision and safety requirements of the child's service plan and level of care.

All requests to travel out of the country with a foster child will be handled on a case by case basis.

**Travel/Overnight Procedures**

**Weekender** (less than 48 hours, in the State of Texas)

1) Caregiver provides, at a minimum, 72-hour advance notice to Agency in written form, unless prior written arrangements are already documented and approved
2) Refuge House requires Treatment Director approval, as well as written CPS approval for children 4 years and older
3) Caregiver receives written authorization from Agency prior to the Weekender
4) Caregiver provides Alternative Care Fact Sheet to the substitute care provider
5) Caregiver ensures they are available to substitute care provider by phone 24 hours a day for the entire weekend or episode
6) Caregiver ensures that substitute care provider understands the responsibility and requirements
7) Caregiver ensures medication is provided, dispensed and documented according to medication directions and RH policies by either calling and reminding or personally dispensing the medication. Caregiver is fully responsible for ensuring the medication is dispensed as directed.
8) Caregiver documents Weekender on Activity/Recreational calendar and caregiver notes

**Mini-Break** (up to 72 hours, in the State of Texas with the child)

1) Foster Family notifies Refuge House of plans to travel or overnight stay
2) Refuge House Case Manager notifies CPS Worker via email.
3) CM prints email and files in the child's record

**In-State Vacation** (over 72 hours, with Foster Family, in the State of Texas)

1) Foster parents must complete a Travel Request Form and submit to RH Case Manager at least 5 business days prior to date of travel.
2) RH CM notifies CPS Worker and obtains written approval for the travel to occur.
3) All requests and approvals must be filed in the child's record.

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**Weekenders are not available to all caregivers, nor to all children. Prior authorization to participate in Weekenders is required.**
Out-of-State Vacation (over 72 hours, with Foster Family, outside the State of Texas)

1) Foster parents must complete a Travel Request Form and submit to RH Case Manager at least 3 weeks prior to date of travel.
2) RH CM notifies CPS Worker and obtains written approval for the travel to occur.
3) All requests and approvals must be filed in the child’s record.

References
Contract Term 22, §749.339(10)

CHILD GRIEVANCES

Every child placed in a Refuge House Agency home has the right to address a grievance based upon the Grievance Procedure of Refuge House. Each child is informed of their rights at placement or within 7 days of placement based on their level of understanding.

CHILD GRIEVANCES PROCEDURE

Grievance Procedure is signed at the time of placement and a copy of the procedure is provided to the child.

References
Contract Term 22

CHILD PROPERTY

Every child has a right to personal property. A child is not permitted to have the following personal items while in the care of an Agency home:

- weapons or firearms
- drugs or drug paraphernalia
- alcohol
- any tobacco product or paraphernalia
- gang paraphernalia or attire
- pornography
- fireworks
- toys with projectiles
- communication devices from prior to placement in care

Foster parents and caregivers will account for a child's money separately from the funds of the foster home or foster parents. No child’s personal earnings, allowances, or gifts may be used to pay for the child’s room and board, unless such a use is a part of the child’s service plan and the child’s conservator approves it in writing. You must give or send the child’s money to the child, parent or next placement within 30 days of the child’s discharge.

References
§749.163(5), Contract Term 7.B, C
SEARCHES

Staff or caregiver may search a child’s possessions only when there is a reasonable suspicion, such as when a child is involved in a theft, has made threat of harm to self or others, or there is reasonable suspicion a child has something on the prohibited items list. Any search that requires removal of anything other than outer clothing (coat, jacket, hat, gloves, shoes, socks) must be approved in advance by Treatment Director or Administrator to ensure that necessary standards are observed (749.1015). Body cavity searches are prohibited and may not be conducted by staff or caregivers.

The following must be documented on the Documentation of Search form and filed in the child’s record in the event of any search:

- Name of child
- Date and reason for search
- Description of what was searched
- Articles of clothing removed, if applicable
- Name of person conducting search
- Name of witness
- Results of search
- Resolution of issue with the child

References
§749.1015, §749.1017

CHILD COMMUNICATION RESTRICTIONS

Refuge House will implement the communication recommendations made by the Managing Conservator and include in the child's Service Plan, unless the CPMS determines that the recommendations are not in the best interest of the child. If CPMS determines that a communication restriction should be implemented, the restriction will be documented on the Communication Restriction Form and will be included in the Individual Service Plan. The Communication Restriction will remain in force until CPMS determines otherwise. The restriction will be reviewed every 30 days if the restriction is between the child and their biological parent(s), and 90 days if the restriction is between the child and sibling(s).

Agency staff or caregivers will not open or read a child’s incoming or outgoing mail (written or electronic) unless to assist the child with reading or writing, or listen to or screen the child’s telephone calls unless the child needs assistance with using the telephone. The CPMS may determine that a child’s communication in the above media should be monitored for the safety and well-being of the child. All exceptions must documented on the Communication Restriction Form and communicated with the child’s DFPS worker.

If visitation rights are court ordered between the child and his/her family and/or friends, the Agency will not interfere with this process.

The Communication Restriction Form will incorporate all contingencies, including those for all electronic and written or verbal communications.

References
§749.163(5), §749.1009(b,c,d), §749.1013
**SERVICE PLANNING**

**PRELIMINARY SERVICE PLAN**

Every child in the care of Refuge House has a preliminary service plan within the first three days of placement, including the child’s immediate needs and the plan for meeting the child’s need and providing services for the first month of care. This plan also is compatible with the Admission Assessment and documented in the child’s record.

**INITIAL INDIVIDUAL SERVICE PLAN**

Within the first 30 days of placement, the child’s Initial Individual Service Plan is prepared and approved by the Treatment Team, incorporating information from the Updated Admission Assessment, collaboration with foster parent, DFPS Managing Conservator, therapist, psychologist and psychiatrist (when applicable). Participants in the development of the Service Plan are invited to a developmental meeting prior to the implementation of the plan in order to provide feedback. Service planning participants may provide recommendations and feedback in person or via email, phone or letter. Any needs not addressed from the child’s Preliminary Service Plan are documented in the Initial Service Plan, including justification for the delay. The ISP is filed in the child’s record. Copies of the Initial Service Plan are provided to the caregiver, the child (when age appropriate), the Managing Conservator, therapist and other professional service providers when applicable.

**SERVICE PLAN REVIEW AND UPDATES**

The child’s Individual Service Plan is reviewed and revised on a 90 days or 180 days basis, depending on the child’s Type of Service. If a child’s placement changes, the service plan must be reviewed or documentation of the reason for not reviewing the service plan must be included in an addendum to service plan.

**SERVICE PLANNING PROCEDURE**

When a child is admitted into care

1. For a routine admission, the Intake Coordinator will prepare the Preliminary Service Plan prior to placement, incorporating elements from the following and other available information gathered from Centralized Placing Unit or DFPS Worker
   a. Admission Assessment
   b. Common Application
   c. Information from other agencies
   d. Psychological, Psychiatric, etc.
   e. Medical/Dental Records
   f. Legal paperwork

2. For an emergency admission, the Intake Coordinator will prepare the Preliminary Service Plan within 72 hours of placement, and will use any available information provided by DFPS, including
   a. Initial Intake Info
   b. Short Form Common Application
   c. Initial Observations from RH Placement Worker and/or Foster Parent
3. The preliminary service plan is signed by the Intake Coordinator and the CPMS and incorporated into the child’s record.
4. Intake Coordinator provides copies of the Preliminary Service Plan to the foster parent, managing conservator and child. If the plan is not shared with the child, justification must be documented on the Preliminary Service Plan.
5. Intake Coordinator provides copies of the Preliminary Service Plan to the therapist and/or psychologist, if applicable.
6. Proof of sending the Preliminary Service Plan (i.e. sent email or electronic log) are included in the child’s record.

**Initial Service Plan**

1. When a child is placed into a foster home, the case manager will set up a developmental meeting for the child’s Initial Service Plan. This meeting should fall within 10 days prior to the proposed effective date of the Service Plan.
   For example: If a child is placed on January 1, then the child’s Initial Service Plan is due on January 30 (exactly 30 days). The developmental meeting must occur not earlier than 10 days before the effective date of the Service Plan. Therefore, the meeting may be set on any day between January 20 and January 29.

2. Case Manager must provide written notification to participants in the service planning process at least two weeks (14 days) prior to the developmental meeting.
   For example: If the child’s developmental meeting is on January 25, then the written invitations must be delivered to the participants no later than January 11.

3. Following are the required participants in a child’s developmental meeting
   a. Caregiver
   b. RH Case Manager
   c. Child (when age appropriate)

4. If a child is a Treatment Services Child, at least two of the following must participate in the developmental meeting
   a. Treatment Director
   b. Psychologist
   c. Psychiatrist
   d. Therapist

5. A child’s Managing Conservator must be invited to the developmental meeting, but is not required to participate.

6. At the developmental meeting, the service planning team must identify needs, goals, and plans of action for the initial service plan. The developmental meeting must include the caregiver’s input and evaluation about each area.

7. The resulting service plan must at least meet the minimum requirements of Minimum Standards, Subchapter I and Residential Contract Attachment C according to the child’s Type of Service and Service Level in all areas.

8. The service plan will be implemented no later than 10 days after the developmental meeting and as soon as the service planning team has reviewed and approved the plan.

9. The Initial Service Plan will be provided to the caregiver, the child (when age appropriate), the Managing Conservator, and others involved in the development of the plan.

10. Proof of sending the Service Plan (i.e. sent email or electronic log) are included in the child’s record.

11. The Service Plan will be filed in the child’s record.
Reviews and Updates of the Service Plan

1. Service Plan Reviews must take place within the timeframe specified:
   a. Child Care Services – 180 days
   b. Treatment Services – 90 days

2. Reviews and Updates of the Service Plan follow the same guidelines and procedures as the Initial Service Plan.

References

§749.1301(b, c), §749.1305, §749.1307, §749.1307, §749.1309, §749.1311, §749.1313, §749.1317, §749.1319, §749.1321, §749.1323, §749.1331, §749.1333, §749.1335
Agency & Caregiver – Roles, Rights, and Responsibilities

The relationship between Refuge House and foster families will be specifically defined. This will allow potential foster families to make an informed decision about working with the agency. Both Refuge House and families have obligations to one another and to the children receiving care. These responsibilities will be provided in writing and reviewed at time of orientation to the agency.

References
§749.345, §749.347, §749.423(2,3)

Placement Procedures

Roles and Responsibilities of Refuge House

Matching Process – When a child is available for placement and a family profile matches with the child’s needs, the family will be notified by the Intake Coordinator and given all information known to Intake Coordinator verbally about the child. The Intake Coordinator will qualify families based on discussion of criteria that include:

- Physical capacity, including room assignments
- Current family circumstances such as the amount of time since last placement or the amount of since last child left
- Strength of the home’s behavior management program
- Foster family preferences, biases of family
- Temperaments
- Recreational resources
- Desires of the family and desires of the foster child, interests, ages
- Previous experiences of foster family, rural vs. urban issues
- Effects of other in the home
- Current compliance with licensure standards
- Visitation transportation requirements
- CCMS availability

The family is then selected through mutual consent of Refuge House and the family, based on background information available about the child and family strengths. This process is also followed for subsequent placements, however, before a child can be moved from one home to another, prior written approval must be obtained from the managing conservator. In the event of an emergency, and if prior approval cannot be obtained, the Department must be notified of the move within 24 hours or the next working day.

Pre-placement – Refuge House provides the selected foster family an opportunity to meet the child as well as review any available information prior to final approval of an admission. The Placement staff present at time of placement will interview the child(ren) being placed individually to ensure they feel safe and comfortable in the home. The Placement staff will also interview the caregivers to ensure they feel comfortable with the placement. After individual interviews, the Placement staff will...
Agency & Caregiver – Roles, Rights, and Responsibilities

meet with caregiver(s) and child(ren) being placed to review rules of the house, preferred de-escalation techniques, participation in religious activities and any other expectations of the family or the child. The Placement worker will confer with the DFPS worker and caregiver(s) in regard to visitation arrangements or special appointments. Caregivers have full discretion in accepting or declining placements within their home.

Admission – placement of the child with the family is the responsibility of Refuge House acting in consultation with the family, Case Manager and professional support staff. As much information as is known will be shared about the child including reasons for being in care and past placements. Refuge House will provide to the foster family information about the child. Placement worker assists caregiver in completing the orientation and Child’s Rights at the level the child can understand, clothing inventory and remaining Placement paperwork.

RH will provide all known information to the foster parents, and as it becomes available within the first 30 days of placement. This information will include (when available and applicable):

- Placement Authorization (DFPS and/or Refuge House)
- Authorization for medical, psychological and dental care (“Attachment B”)
- New Placement Worksheet
- Identifying Information – birth certificate and social security card
- Discussion of information from the Common Application
- School records/educational portfolio
- Discussion of information from Psychological/psychiatric diagnostic evaluation
- Discussion of medical and dental information and medications
- Medicaid card or temporary number
- Immunization records
- Photograph of the child at the time of placement
- Child Initial/Placement Inventory
- Child’s immediate needs such as enrolling in school, or obtaining medical treatment or clothing (749.1115a)
- Any special needs, such as medical, dietary needs or conditions (749.1115b)

Intake Follow-up – within the first 30 days of placement, Refuge House Intake Coordinator will ensure the following:

- All placement paperwork (or official requests) is filed in the child’s record
- Child’s record is complete with placeholder letter and all applicable forms
- Child 7-day Orientation acknowledgement is in the child’s record
- Foster Family 7-day follow up has been completed
- School District Notification/ECI Request has been submitted
- Updated Admission Assessment is in the child’s record for emergency placement(within 20 days of placement)
- Updated Admission Assessment is forwarded to the caregiver(s) within 10 days of completion, via email or fax
• Psychological/Development is requested
• Therapist is identified and contact has been made. If the child comes into care in therapy, then therapy must be scheduled within the first 30 days.
• Psychiatric evaluation has been conducted if Medicaid is active
• Medical exam is completed
• Dental exam is scheduled
• TB Test is completed
• Applicable school records are in the file
• If the child is in Special Education, the Transition ARD is scheduled and records from the prior school are requested
• An educational portfolio has been provided to the foster parent
• Case Manager is notified of any special appointments, i.e. PPTs, family visitations
• Written documentation of CPS Communication Restrictions
• Family Placement Log and Child Placement Log are updated
• Intake Checkout Form is completed and signed by Intake and Case Manager and filed in the Communication section of the child’s records.

**As soon as all paperwork is compiled, Intake Coordinator will submit to YFT for Level of Care.

**Roles and Responsibilities of the Foster Family

Availability – Refuge House takes placement calls 24 hours per day, 7 days a week. Foster parents Agency homes must ensure that they can be contacted and are able to confer with necessary parties in order to make a placement decision on short notice. If Refuge House has repeated difficulty making contact with a potential Agency home, or if the decision-making process is delayed by the caregivers, the caregivers must be willing to accept longer periods of time without a placement.

Matching Process – when a foster family is contacted with a potential placement it is the obligation of the family to assess the child’s needs in relationship to the family’s strengths and weaknesses and make a determination to accept or to decline the placement.

Pre-placement – the foster family is responsible for meeting the child, dialoguing with the child about themselves and the family, and reviewing written material and verbal information available about the child at the time of placement. The family may still decline placement of the child at this time.

Admission – upon acceptance of the child to the home, the foster family signs all necessary documents. The foster family must open the home and allow themselves to be accessible to the Case Manager. The foster family welcomes a new child to the home and orients them. The family reviews the rules of the house and the daily schedule with the individual so that expectations are understood. Caregivers assist Placement worker in completing the orientation and Child’s Rights at the level the child can understand, clothing inventory and remaining Placement paperwork.

**Treatment Process**

**Roles and Responsibilities of Refuge House**
Service Plan – the Intake Coordinator is responsible for providing a copy of the 72-hours service plan as soon as it is prepared, within 72 hours of placement. The initial individual service plan (ISP) will be developed within 30 days and updated semi-annually or quarterly as appropriate with child’s Type of Service. ISP Participants must be given 2 weeks’ notice of the ISP developmental meeting, which shall take place not more than 10 days before the effective date of the ISP. In the development of the ISP, the treatment team takes into consideration all information available, which may be provided by the child, foster parents, school, therapist, psychiatrist and psychologist, in addition to the case management notes leading up to the ISP. The Case Manager also reviews written documentation from the foster family and other professionals on a routine basis. The following items require an ISP addendum:

- Change in Treatment Team Member (Case Manager, CPS Caseworker, Attorney Ad-litem, Therapist, Psychiatrist)
- Change in Medication
- Change in Placement or Address Change
- Psychological Evaluation Received
- Safety Plan

The following incidents trigger an ISP review:

- Change in Type of Service or Service Level
- Change in Placement

The following incidents trigger an ISP update:

- YFT Level of Care Review

Educational/Developmental - Within one business day of placement, Intake Coordinator will notify the local school district or an early intervention program that the child is living in the district area and will be attending or needing their services. This will be done by written correspondence and will be placed in the child’s record. Case Manager will request school records on a quarterly basis to ensure the child’s education portfolio contains the most current information available. Case Manager will attend ARDS and meetings as needed to advocate for the child. Case manager will ensure that any developmental delays are addressed, and appropriate interventions will be identified and/or developed to assist the caregiver in providing the needed services to help the child improve their level of functioning.

Medical/Dental - The Case Manager ensures that each child receives regular medical and dental checkups. Refuge House staff will assist the family in locating professionals accepting Medicaid, as needed, for evaluations and ongoing care. Refuge House case manager will ensure that medical and dental forms are reviewed so that all instructions and follow-up recommendations have been adhered to. Case Manager ensures that the annual medical exam includes a vision and hearing check, unless prior documentation demonstrates that these exams have been conducted. Case Manager initials the Medical/Dental forms and files in the child’s record. After the initial medical exam, every child must receive at least one well-child exam per calendar year. After initial dental exam and cleaning, the child must follow the dentist’s recommendations for follow-up care. If a child is under the care of a specialist, case manager will ensure that all physician’s orders/recommendations are followed. In the event that a child is hospitalized, case manager or on-call worker will accompany or meet caregiver at the hospital and provide support, encouragement and assistance as needed. Case manager will notify the CPS worker of hospitalization, complete the incident report and notify licensing within the specified timeframe. Case manager will submit hospital stay letter and obtain CPS worker signature. If the child stays in the hospital longer than initially authorized on the Hospital Stay Letter, case manager will complete an additional Hospital Stay Letter and obtain the necessary signature(s). Upon child’s discharge, case manager will obtain discharge paperwork from the
hospital and review for any changes to medication or follow-up activities. Case manager will complete any required documentation and perform necessary notifications. All hospitalization paperwork will be filed in the child’s record. If, for any reason, an instance occurs where a child’s medical or dental treatment is in danger falling out of compliance, the case manager is responsible for identifying the situation and completing a variance to be submitted to licensing as soon as the situation is known.

Psychological – Within the first 30 days of placement, Intake Coordinator will request a psychological or developmental evaluation. Upon receipt of the evaluation, Case Manager will review and initial the evaluation and the recommendations and draft a response regarding how the treatment team will fulfill the recommendations contained therein. The response will be included in the child’s ISP by completing an ISP Addendum. If the recommendations will not be followed, the response must contain the justification for that decision. Psychological evaluation will be updated periodically, anywhere from 12 to 18 months.

Therapy – If a child coming into care has been in therapy, Case Manager ensures that therapy begins within 30 days of placement as long as Medicaid is active and current. If Medicaid is not active, therapy will begin at the earliest available appointment once the issue is resolved. If a child’s psychological evaluation recommends therapy, the child will be scheduled to have therapy sessions at the first available time according to the therapist’s schedule. Case Manager ensures that Moderate and Specialized levels of care receive therapy at least twice monthly, and more often if the therapist recommends. Basic level children may receive therapy per a therapist or psychologist’s recommendation. Case Manager reviews therapy notes to identify issues, concerns or items requiring follow up and to ensure the following elements are incorporated on the note:

- A date, beginning and an end time,
- legible and completed within the timeframe set by Refuge House,
- note demonstrates consistency with the service plan, psychological evaluation and/or psychiatric evaluation,
- documents individual short and long term treatment goals, DFPS permanency planning goals and progress toward those goals,
- frequency in the provision of therapy, dates included
Case Manager ensures notes are initialed and filed in the child’s record in a timely manner.

Psychiatric – If a child requires psychiatric services, the Case Manager ensures that the child is seen by the psychiatric provider at least once per quarter, and more often if the doctor’s recommendations specify. Case Manager will confirm with caregivers that necessary medication is appropriately dispensed and available to the child. Psychiatrist permitting, a case manager (not necessarily each child’s case manager) will be present at all med-check appointments. Presiding case manager will collect all medication logs and verify for completeness and accuracy. If the presiding case manager identifies any of the following conditions on the medication logs: a child receives the wrong medication, child receives medication prescribed to someone else, wrong dosage, wrong time, skipped or missed dose, expired medication, not following med instructions, not stored as required; case manager will complete a Medication Error Form and discuss the circumstances surrounding the medication error with the caregiver. In the event that a child’s medication changes as a result of a med-check appointment, the presiding case manager will complete the following forms and documentation:

- ISP Addendum (child record, email to CPS worker)
- Information and Consent Form (to Foster Parent, child file)
- New med-logs
Following a med-check appointment, presiding case manager will submit medication logs to Quality Assurance the following business day.
Incidents - The Case Manager notifies their Supervisor or on-call Supervisor immediately upon receiving information about serious incidents, or an incident in which the seriousness is unclear. The Supervisor notifies the Administrator/Treatment Director to report a serious incident. Administrator/Treatment Director determines what additional notifications are necessary. Documentation of incidents is completed, signature obtained and filed in the child’s record. A copy of reportable incidents is maintained in the Incident Report File in a secure location for two years.

Travel - The Case Manager communicates regularly with the managing conservator including routine updates, urgent and emergency situations. The Case Manager notifies, in writing, the Managing Conservator of the foster parents’ plans when traveling exceeds 72 hours with a foster child. The Case Manager must also notify, in writing, the managing conservator when foster families travel outside the State of Texas. The Case Manager will communicate approval to the family as the managing conservator gives written authorization. The Case Manager and professional on-call staff are available to the foster parents 24 hours per day for support and assistance as needed.

Recreational Activities – Refuge House case manager will work with caregivers to ensure that each child has adequate and appropriate activities, both structured and unstructured, and assist in finding the resources necessary to meet the child’s recreational goals. Refuge House will review activities calendars and activities to ensure that the following items are documented on the recreation calendar:
- Monthly fire drills
- Weekly family meetings for children 2 years and above
- Structured, unstructured and recreational activities (all children should have at least one unstructured activity per week, and children 2 and above should have at least one structured activity per week)
- Travel and overnights
- Therapeutic Values (Specialized)

PAL (Preparation for Adult Living) – When a child turns 15 and a half years old, Refuge House case manager will ensure the child is enrolled in a PAL program.

Child Record Maintenance – By the 15th of each month, Case Manager is responsible for ensuring that any missing paperwork is requested at least monthly and the request has been filed in the child’s record. Case Manager is responsible for ensuring that any regularly required updates to the child record are completed, including
- Report Card Form is completed
- Therapy Notes are read and initialed
- Foster Parent Notes are read and initialed
- Recreation Calendars (including therapeutic values for Specialized children) are reviewed and initialed
- Psychological is read and initialed, recommendations are incorporated into service plan or addendum
- Overnight/Travel log
- Phone Contact Log is filed
- Confirm due dates and currency for the following: ISP, Psychological, Medical, Dental, CPS Service Plan, PC/PPT/Group Conference appointments, ARDs
- Physical record is maintained in good condition

Ongoing Training, Support and Education – RH case manager will provide regular training and support to Agency homes in the areas of policy & procedure, Agency standards, issues affecting foster children and children with behavioral problems, as well as identifying resources for ongoing training and support. RH case manager may conduct training and provide technical assistance,
review areas of non-compliance and develop plans of corrective action during regularly scheduled home visits.

**Discharge** – If a recommendation is made to discharge a child, the Treatment Team will meet to discuss the necessity of discharging the child from Refuge House care. If the decision is made to discharge the child, a 30-day notice letter will be drafted by the CPMS and signed by the Administrator. This letter will be submitted to the DFPS and placed in the child’s record in the Discharge section. In the event of a planned discharge, a discharge summary will be completed and submitted to the child’s DFPS worker on or before the day of discharge. Details of the discharge can be found in the Discharge Policy and Discharge Procedure.

Emergency discharges will be accomplished in an orderly fashion. Refuge House has the right to remove a child from a foster family at the Agency’s discretion at any time.

Progress of children who have left the home will be shared periodically for the benefit of general interest about the child and of growing as a foster family in assessing skills and best practices. Contact information (address and phone number) will not be shared and is considered outside the scope of necessary information. All information that is shared is under generally accepted standards of privilege and confidentiality.

**Family Monitoring** – Refuge House maintains responsibility for regular supervision of the foster family. This includes one in-home visit, one other face-to-face visit, and at least two additional phone contacts per month to ensure that each family receives four (4) quality contacts per month. With all new placements foster families will be contacted within seven (7) days to assure the family has the needed supports to provide for the child. The Case Manager will provide quarterly feedback to the foster family assessing status on compliance with Minimum and LOC Standards, as well as an bi-annual assessment reviewing the quality of care provided.

Refuge House will document all contacts with its foster families. These contacts are included in the child’s month-end narrative and/or the family’s quarterly review.

Each caregiver’s Quarterly Review should contain their arranges for alternative and/or substitute care, such as authorized mini-break providers, babysitters and substitute caregivers. (§749.353)

**Roles and Responsibilities of the Foster Family**

**Availability** – Agency homes must ensure that they can be contacted and are able to confer with necessary parties regarding the children placed in their care and represent the child as necessary.

- When children are placed in an Agency home, caregiver will provide Refuge House at least one contact phone number to ensure that Agency staff can make direct contact with a caregiver in any given 24-hour period. In the event that Agency staff makes 3 unsuccessful attempts to contact a caregiver in a 24-hour period, the Agency home will receive technical assistance or a corrective action plan, which may include a citation.

- Caregivers must ensure they are available to represent the child in all facets of their treatment, academic, medical/dental, legal and social and recreational concerns or designate an appropriate representative. **Any person accompanying a child to a medical/dental treatment must be a designee on the “Medical Consenter Form”**.

- Caregivers are required to accommodate and/or facilitate unplanned situations which arise in the Agency home, such as emergency hospitalizations, alternative school transportation, transportation to work and juvenile court proceedings.

**Service Plan** –
Within 20 days of placement and every ISP cycle thereafter, caregiver will participate with treatment team in developing goals and outcome measures in a child’s Initial Service Plan. Caregivers must acknowledge their participation and agreement with the plan by providing their signature on the plan.

The foster family is responsible for carrying out the plan of service for the child by instructing the child on the Service Plan goals and ensuring the child understands the goals and the methods to accomplish them, taking into consideration the child’s age and developmental level.

Caregivers are responsible for accurately reporting child’s progress throughout the course of the child’s placement in the home, in order to support the child’s ongoing development. The mechanisms a caregiver uses to report progress to Refuge House are foster parent notes, incident reports, activity/recreation calendars, medical/dental forms, school reports and direct contact with treatment staff by home visits, phone visits and general conversations with the treatment team.

Foster parents are responsible to keep 6 months’ worth of service plans in their home, and be able to provide to CPS worker on an visits.

Medical/Dental –

Caregiver makes appointments and transports to medical, psychiatric/psychological and dental appointments as needed.

Caregiver must obtain written documentation about the appointment and to complete all recommendations including prescriptions and follow-up appointments.

Foster parent will ensure that documentation is provided on the appropriate forms, completed in their entirety.

a. Medical/Dental treatment form
b. Prescription Medication Logs
c. Over-the-Counter Medication Logs

Caregiver may give a child vitamins, but must provide documentation on the Over-the-Counter Medication Log for children over the age of 5 years

Foster parent must submit Medical/Dental treatment forms and supporting documentation to the Agency within 1 business day of the treatment by fax or email.

Medications

a. When a physician writes a new prescription, existing medication related to the new prescription should be disposed of appropriately.
b. Read and sign Psychotropic Medical Consent form when new psychotropic meds are prescribed.
c. New prescriptions should be started within 24 hours of the prescription.
d. If caregiver encounters a problem with filling a prescription due to Medicaid issues, it is the responsibility of the caregiver to pay for the prescription and follow up with Medicaid or CPS for reimbursement.
e. If a foster parent continues to have difficulty in getting a prescription filled, caregiver must contact their case manager or on-call worker prior to the 24-hour deadline to begin dispensing the medication to the child.
f. Caregiver must follow all aspects of the medication instructions, including time, dosage, frequency, with food, on an empty stomach, avoidance of dairy products, etc.
g. If a caregiver fails to dispense a prescribed medication to a child within the specified timeframe, Agency may issue Medication Error form and issue a citation to the Agency home. Medication Errors may result in any of the following corrective actions:
   1. Technical Assistance
   2. Citation
   3. Suspension of placement and retraining
   4. Loss of license

- Side effects or adverse reactions to treatment or any medication
  a. Immediately contact a healthcare professional and follow their instructions
  b. Contact case manager or on-call worker
  c. Document adverse reactions, time and date of call to the healthcare professional, name and title of the healthcare professional, healthcare professional’s recommendations for ensuring the child’s safety
  d. Seek further medical care for the child if the condition does not improve or appears to worsen

- Medication logs
  a. Medication logs should be completed at the time the medication is dispensed
  b. Medication should be dispensed within 10 minutes (before or after) the prescribed time
  c. Exceptions should be noted, such as child refusal, medication is discontinued by physician, child has side effects or adverse reactions, child is hospitalized, medication is dispensed at school, child is ill, runaway
  d. All medication logs should be brought to med-check visits, including over-the-counter medications
  e. Psychotropic med logs are due at each med-check
  f. Non-psychotropic prescriptions and over-the-counter med logs are due with the monthly foster parent paperwork

**Educational** – school enrollment and attendance. (§749.339(9), §749.1007(b.1-3))

- Foster parents are to take the lead in enrolling and introducing the child to the school within the first 3 calendar days of placement when school is in session.
- Foster parents also understand that any child placed will need to attend a local TEA accredited school.
- If the child is enrolled in a school requiring tuition, it is the foster parent’s responsibility for covering all costs associated with the child’s education.
- Caregiver must obtain written approval from the CPS worker for the child to attend any school other than a TEA accredited public school and provide documentation of approval for the child’s record prior to enrollment.
- Caregivers will maintain necessary school contacts, such as attending meetings with school officials, ARD meetings, PTA meetings, parent-teacher conferences and other activities in which the child may become involved.
- Withdrawing the child from school is the responsibility of the caregiver once a child has been discharged from the Agency home.
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- Foster parent will ensure that each progress report is reviewed, including counseling and assisting to encourage adequate performance, with the child and that the Agency has received any school records provided directly to the caregiver, including all progress notes, report cards, teacher notes and school behavioral incident reports.

- Foster parent must be an active participant in the child’s educational experience by providing adequate time and appropriate environment for the child to complete their schoolwork, as well as ensuring the child’s attendance in school by providing necessary transportation.

- Caregiver should encourage the child to participate in appropriate and available school activities when possible, in order to ensure the child receives the greatest benefit from the educational resources provided.

- Caregiver must be informed regarding the school’s emergency behavior intervention policies.

Spiritual – church attendance and involvement.

- It is the foster parents’ obligation to encourage spiritual growth.

- At pre-placement, caregiver must discuss with the child the home’s involvement in religious activities and the expectations for the child’s involvement.

- Caregiver will not coerce or force a child to accept a particular set of beliefs, however the child as a member of the family is expected to participate in church-related activities or functions. Church attendance will be in accordance with the habits of the family based upon the pre-placement agreement between the child and foster family.

- Caregivers should encourage children to participate in children’s church or youth groups. The child’s obligation to attend church does not override the child’s right to his own beliefs without fear of punishment.

- If the child requests an opportunity to practice another (traditional) belief, caregiver(s) must provide reasonable opportunity for the child’s exercise of his faith. (For example, a private place to read the Talmud and pray.)

Recreational – participation in community and social activities.

- Caregiver(s) ensures that opportunities to participate in community activities, such as school sports, or other extracurricular school activities, church activities or local social events are available to the child, as well as adequate leisure time.

- Caregiver(s) ensure that children over the age of 2 years have at least one structured and one unstructured activity each week, which includes identifying, enrolling, funding and providing transportation to and from the activity.

- For a Specialized or Treatment Service child, caregiver will provide specific information regarding behaviors a child exhibits and special needs to the designated activity supervisor.

- For children under the age of 2 years, at least one unstructured activity is required per week, such as a play date, trip to the park or Sunday school attendance.

- Caregiver(s) must determine that each recreational activity is designed to meet the child’s therapeutic, developmental and medical needs, as well as ensuring that appropriate supervision (based upon caregiver ratios, Type of Service and Service Level, age and developmental level) is provided for the duration of the activity.

- Caregiver(s) must document recreational activities and provide a monthly calendar to Refuge House no later than the 3rd day of the following month.

- Caregiver(s) must provide the child opportunity to participate in family events.
• Activity & Recreational calendars must include the following:
  a. Child’s name
  b. Month
  c. Weekly family meetings (for children 2 and above)
  d. Monthly fire drill
  e. All appointments (including medical/dental, bio-visits, overnights)
  f. Who supervises/transport to each activity
  g. Daily routine (M-F, weekends, holidays)

Travel and Overnights –

• Caregiver informs Agency of all overnights and travel, according to the policies and procedures for each type of episode.
• Caregiver(s) will ensure that all overnight stays and travel away from the foster home are requested, approved and/or documented according to Agency policies and procedures within the timeframe specified by the type of overnight or travel.
• Caregiver(s) are not permitted to travel with a child for more than 72 hours or out of the State of Texas without prior written approval from Refuge House and CPS.
• Caregiver(s) will ensure that the safety and well-being of child(ren) placed in their care is not compromised under any circumstance during travel or overnight stays, including adequate supervision
• Caregiver(s) is responsible for providing all documentation for the duration of the travel or overnight stay, including medication logs, incidents and caregiver notes.

Weekender – A Weekender lasts 48 hours or less, does not require written approval from the CPS worker and is only available for infants and toddlers up to 3 years of age or with written Agency approval in specific cases. Prior to requesting a Weekender for child 4 years and over, the following criteria must be met
  a. Agency home has been in good standing for a year or more
  b. Child Care Services only
  c. Basic or Moderate level
  d. Passing in school
  e. No Safety Plan or significant behavioral issues

The following procedure must be followed in order for a child to participate in a Weekender
1. Caregiver provides, at a minimum, 72-hour advance notice to Agency in written form, unless prior written arrangements are already documented and approved
2. Refuge House requires Treatment Director approval, as well as written CPS approval for children 4 years and older
3. Caregiver receives written authorization from Agency prior to the Weekender
4. Caregiver provides Alternative Care Fact Sheet to the substitute care provider
5. Caregiver ensures they are available to substitute care provider by phone 24 hours a day for the entire weekend or episode.

6. Caregiver ensures that substitute care provider understands the responsibility and requirements.

7. Caregiver ensures medication is provided, dispensed and documented according to medication directions and RH policies by either calling and reminding or personally dispensing the medication. Caregiver is fully responsible for ensuring the medication is dispensed as directed.

8. Caregiver documents Weekender on Activity/Recreational calendar and caregiver notes.

Mini-break – A mini-break is defined as a regular in-home or out-of-home stay, less than 72 hours, supervised by a Refuge House authorized Mini-break provider. Mini break provider requirements are found in the Caregivers policy. Caregiver must notify Refuge House in writing (email, fax or letter) prior to a mini-break episode. Failure to notify Refuge House in advance of a mini-break may result in mini-break privileges for the Agency home being revoked for a period of 3 months.

1) Caregiver provides advance notice to Agency in written form.

2) Caregiver receives authorization from Agency prior to Mini-break.

3) Caregiver ensures that Mini-break provider is able to manage the short-term care according to the child’s service plan.

4) Caregiver provides pertinent information and items to Mini-break provider,
   a. Medications, including medication directions,
   b. Med logs,
   c. Copy of Medicaid card,
   d. Copy of DFPS placement authorization,
   e. Copy of Medical Consenter form,
   f. RH contact information,
   g. Supervision requirements, including Safety Plan,
   h. Behaviors and risk factors,
   i. Scheduled appointments or activities (including visits and recreational activities)

5) Caregiver collects applicable documentation (including notes, and med logs) from Mini-break provider.

6) Caregiver documents Mini-break on Activity/Recreational calendar and caregiver notes.

In-home Substitute Care – In home substitute care lasts more than 72 hours and 14 days. Supervision is provided by licensed Refuge House providers.

1) Caregiver provides 3 weeks’ advance notice to Agency in written form.

2) "Refuge House requires a Substitute Care Justification Form, Treatment Director approval, and written approval from CPS Worker(s)."

3) Caregiver receives authorization from Agency prior to Substitute Care.

4) Caregiver ensures that Substitute Care provider is able to manage the short-term care according to the child’s service plan.

5) Caregiver provides pertinent information and items to Substitute Care provider.
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a. Medications, including medication directions,
b. Med logs,
c. Copy of Medicaid card,
d. Copy of DFPS placement authorization,
e. Copy of Medical Consenter form,
f. RH contact information,
g. Supervision requirements, including Safety Plan,
h. Behaviors and risk factors,
i. Scheduled appointments or activities (including visits and recreational activities)

6) Caregiver collects applicable documentation (including notes, and med logs) from Substitute Care provider

7) Caregiver documents Substitute Care on Activity/Recreational calendar and caregiver notes.

Intermittent Alternative Care - Intermittent Alternative Care is defined as out-of-home substitute care lasting between 72 hours and 14 days whose purpose is to provide relief to the primary caregiver(s). Intermittent Alternative Care is provided only by Agency licensed foster care providers. Each child placed in alternative intermittent care must wait at least 10 days before returning to alternative intermittent care, unless the Agency home providing the alternative intermittent care is used exclusively for this purpose. For each Agency home providing Intermittent Alternative Care, the home must wait a minimum of 10 days between Intermittent Alternative Care placements and may only provide IAC for a maximum of 60 days per year, unless the home is solely used for this purpose. A child may be in Alternative care for 14 consecutive days, not to exceed 40 days per year. Pertinent information regarding the child and the child’s routine must be provided to Intermittent Alternative Care providers using Child Alternative Care Fact Sheet.

All episodes of intermittent alternative care must be accompanied by an Alternative Care Justification form and approved in writing prior to the child’s placement in alternative care. The form and approval must be stored in both the Agency home record and the child’s record.

Except in cases of emergency, caregiver submits a request for Alternative Care at least 3 weeks’ prior to the episode in order to obtain DFPS approvals in advance. Following is the general requirements for Intermittent Alternative Care:

a. The Agency home providing the Alternative Care must also have a Justification form authorized by the Treatment Director ensuring that the children already placed in the home will not be negatively affected by the Alternative Care episode.
b. Caregiver ensures that Alternative Care provider is able to manage the short-term care according to the child’s service plan
c. Alternative Care provider must ensure that all requirements of the child care ratio and supervision plans, including safety plans are met at all times during the episode.
d. Once Caregiver receives authorization from Agency prior to Alternative Care, the following expectations will apply
e. Caregiver provides pertinent information and items to Alternative Care provider,
   1. Specific needs of the child, including
      a. All psychiatric, psychological, and medical treatment currently being provided
      b. Medication regimen and medication instructions
      c. Authorization for Medical Treatment
      d. Any other needs of the child that should be addressed by Alternative Care Providers
2. Non-routine events taking place in the child’s life
3. Emergency contact information including
   a. Child’s physician(s)
   b. DFPS Contact Info
   c. Agency’s telephone number
   d. School information and address
   e. Family emergency ‘away’ contact information
4. Child’s history that may affect the provider’s ability to provide care for the child, including
   a. Background of abuse and/or neglect
   b. Physical aggression or sexual behavior problems
   c. Fire-setting
   d. Maiming or killing animals
   e. Suicidal ideations/Attempts
   f. Runaway behaviors
5. Additional instructions
   a. Sleeping instructions
   b. Appointments
   c. Discipline information
6. Copy of Medicaid card
7. Authorization to Obtain Medical Treatment
8. Supervision requirements, including Safety Plan
   f. Agency Expectations of Alternative Care Provider - provides care to the child as if that child
      were their own placement for the duration of the episode, including but not limited to
      • Feeding and Daily Care according Agency standards and requirements
      • Supervision
      • Transportation and expenses
      • ISP goals and measures
      • Recreational, Educational, Social
   g. Alternative Care Provider completes all ongoing documentation, including caregiver notes,
      medication logs, Activity/Recreation calendars for the duration of the episode
   h. Caregiver collects applicable documentation (including notes, and med logs) from Alternative
      care provider
   i. Caregiver documents Alternative Care on Activity/Recreational calendar and foster parent notes.

Daily Supervision – Caregiver(s) is responsible for the supervision of all child(ren) placed in their care.
Supervision requirements may vary depending on the Type of Service and Service Level. Caregiver(s) will comply with all supervision requirements and instructions specified in each child’s
service plan, as well as any safety plans that are in place. All children (Basic, Moderate, Specialized) have supervision requirements and plan based on Type of Service, Service Level, age,
developmental level and specific risk factors. For children at every service level, caregivers provide
a normal and least restrictive family setting that is designed to maintain or improve the child’s
functioning by:

1. Establishing clear rules appropriate to the developmental and functional levels of the child.
   a. Caregivers will establish written rules for the foster home that will be kept in the family’s
      file at RH office and will be posted in the home
   b. Will be verbally shared with the child at the time of placement or the follow day
   c. Will be evaluated with the treatment team at the time of the individual service plan for
      their appropriateness for the child’s developmental and behavioral needs
2. Establish a clear system of rewards and consequences
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a. Foster parents will outline a system of rewards and consequences for based on the child’s age, developmental, type of service and service level, rewards and consequences will be kept in the family’s record and posted in the home
b. Will be verbally shared with the child at the time of placement or the follow day
c. Will be discussed and evaluated with the treatment team at the time of the individual service plan for their appropriateness for the individual child

3. Supervising a child through guidance to insure the child’s safety and sense of security

**BASIC** – Supervision is determined for each child based upon their age, developmental level, mood, environment, past experience, behaviors, behavioral history. Infants and toddlers (up to 3 years of age) are to be monitored continuously, including auditory and/or visual awareness. This may be accomplished through the use of monitoring equipment.

**MODERATE** – All components that apply to a child at the Basic Service Level also apply to a child at the Moderate level. Additionally, foster parents provide regular daily supervision with appropriate intermittent interventions typically consisting of verbal guidance, assistance and monitoring. In rare cases where a Moderate child is also classified as a Treatment Service child, supervision requirements would be the same as those for a Specialized child.

A child at the moderate level has more routine supervision with additional structure and support. Child may have time by himself, but caregiver must conduct intermittent checks to ensure the child’s safety and well-being during on-going activity. A Moderate level child may have a job (if age and developmental level are appropriate). Caregiver arranges and supervises recreational activities, documents the daily routine and gives the child opportunity to direct their own activities when appropriate.

**SPECIALIZED** – All components that apply to a child at the Basic and Moderate Levels, apply to a child at the Specialized level. Close daily supervision that is continuously gauged, taking into account age, medical, physical and mental conditions and other factors that affect the amount of supervision required at any given time, as well as determining if the child is at imminent risk of harming themselves or others. Caregiver will not be engaged in tasks or activities that interfere with the ability of the caregiver to interact with the child, either verbally or visually, meaning the caregiver should be able to either see or hear the foster child at all times and ensure they have adequate time and ability to react to situations that may arise suddenly. In cases where a child is at imminent risk of harm to self or others, caregiver should provide line-of-site supervision until a safety plan is in place.

**TREATMENT SERVICES** – Treatment Services who are classified as Treatment Services due to emotional disorders, such as mood disorders, psychotic disorders or disassociative disorders will follow the same supervision requirements as that of a Specialized child and will always have a safety plan developed in order to help them transition into a less restrictive environment.

**SAFETY PLAN** - When a child presents a risk of harm to self or others, Agency will develop a written Safety Plan, which may include continuous observation (including awake night-time supervision) until the danger has subsided and the child’s condition is stabilized. The caregiver will comply with and follow all aspects of the written Safety Plan for the duration of the plan. Treatment team will incorporate any persistent issues necessitating a safety plan into supervision requirements of future service plans.

**Incidents** – An incident is a non-routine occurrence that has or may have dangerous or significant consequences on the care, supervision and/or treatment of the child. In any case that a caregiver is uncertain regarding the type of incident, the caregiver should err on the side of caution and contact their case manager or on-call worker.
MINOR INCIDENTS – Child bit another person not requiring medical treatment, hitting with an open hand, hitting with a closed fist, child threw an object out of anger, child pulled another person’s hair, child shoved another person, child kicked another person
   a. Caregiver will document minor incidents on a Minor Incident Report, as well as documenting the incident in the foster parent notes
   b. Caregiver will submit minor incidents with the monthly paperwork, due by the 3rd calendar day of the following month
   c. If a child has 3 or more minor incidents of a given type in one (1) day, the caregiver must contact the case manager (or on-call worker) within 2 hours of the last incident so that a non-reportable incident report can be completed
   d. If more than 5 incidents occur within a 7-day timeframe, the caregiver must contact the case manager or on-call worker to notify them so that a meeting with the treatment team can be planned to generate a safety plan or alter the current safety plan.

NON-REPORTABLE INCIDENTS – Physical altercation between children in the home, suicidal/homicidal ideation, sexual activity (consensual or acting out), a personal restraint, drug or alcohol use, property damage or theft, major behavioral issues, Medical (Emergency or Urgent Care that that does not fall into the Reportable Incident category; seizures that do not rise to the level of a reportable incident; see Reportable Serious Incident)
   a. Caregiver must report incident to Case Manager or on-call worker within 2 hours of the incident
   b. Caregiver must provide detailed information when reporting incidents to Agency staff
   c. Caregiver must follow recommendations made by the worker

REPORTABLE – Suicidal gesture or attempt; indictment, charge or arrest; child dies in care; non-consensual sexual abuse committed by a child against another child; any consensual activity between children with more than 24 months difference in age or when there is a significant difference in the developmental level of the children or failure to make a reasonable effort to prevent sexual conduct harmful to a child; physical abuse committed by a child against another child (physical injury that results in substantial bodily harm and requiring emergency medical treatment, excluding any accident or failure to make a reasonable effort to prevent an action by a person that results in physical injury that results in substantial bodily harm to a child); an adult who has contact with a child has a communicable disease or a child contracts a communicable disease; critical injury or illness that warrants treatment by a medical professional or hospitalization, including dislocated, fractured or broken bones, concussions, lacerations requiring stitches, second and third degree burns and damage to internal organs; allegation of abuse, neglect or exploitation of a child or any incident where there are indications that a child in care may have been abused, neglected or exploited; child runaway;
   a. Caregiver must report incident to Case Manager or on-call worker within 2 hours of the incident
   b. Caregiver must provide detailed information when reporting incidents to Agency staff
   c. Caregiver must follow recommendations made by the worker

Documentation – providing the Case Manager with current, accurate, and complete data and information concerning the child by timely completion of foster parent progress notes and all other documentation required.

AS-NEEDED DOCUMENTATION/NOTIFICATION: The following documentation is submitted to Agency according to the following parameters:
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- Medical/Dental treatment – within one business day of the appointment
- School report cards, progress notes, behavioral issues – within one business day of receipt
- Travel Requests over 72 hours or outside the State of Texas – at least 3 weeks prior to scheduled travel date
- In-home Substitute Care over 72 hours – at least 2 weeks prior to planned event
- Intermittent Alternative Care – at least 3 weeks prior planned event
- Weekender and Mini-Break – notification to RH Case Manager or On-call worker, prior to the event

MONTHLY DOCUMENTATION: The following documentation is due no later than the 3rd calendar day of each month. If the 3rd of the month falls on a weekend, documentation is due on the preceding business day:

- Foster parent notes
- Monthly activities/recreation calendar
- Monthly Ongoing Inventory
- Medication logs (homes where children do not receive psychotropic meds)
  Note: Medication logs for Agency homes where children see a psychiatrist should be brought to EACH med-check visit for all children
- School records
- Minor incident reports

Discharge – Foster parents will perform the following discharge procedures for all discharges:

a. Withdraw the child from school the day of discharge or the day before.
b. Provide current Educational Portfolio to discharge worker.
c. Provide current prescriptions/medications to discharge worker.
d. Complete Child Property Inventory with discharge worker.
e. Provide all outstanding caregiver paperwork within a week or at the case manager’s next home visit, including but not limited to caregiver notes, activity/recreation calendars, medication logs, medical/dental treatment forms

PLANNED DISCHARGE - If a caregiver voluntarily wishes to have a child in their care discharged from their home, the caregiver must provide a 30-day written notice to the Agency and confirm its receipt with the case manager, unless the child is hospitalized.

EMERGENCY DISCHARGE – An emergency discharge may occur in cases where there is significant risk to the child or another individual, court ordered discharge, significant illness or health issues that result in a change to the type of service to Primary Medical Needs. An emergency discharge does not necessarily mean immediate removal of a child from a home, as Refuge House must continue to ensure the safety and wellbeing of the child and ensure appropriate transition out of the home.

   (a) In the event of a hospitalization or an arrest, RH Staff contacts Abuse hotline and DFPS worker as soon as the event becomes known RH Staff, but no later than 24 hours.
(b) For all other emergency discharges, DFPS worker provides advance authorization of the discharge.

**CPS INITIATED DISCHARGE** – As managing conservator, CPS may choose to end placement of a child at their discretion. This may or may not involve advanced notice. All discharge procedures will still be followed in the event of a CPS initiated discharge.

**Family Monitoring** –

**AGENCY HOME VISITS** – Caregiver agrees to facilitate routine home visits by the RH case manager. Typically, an Agency home will have 1 or 2 routine home visits per month, or more as needed. At least once per quarter, all licensed caregivers and residents (including biological children and foster children) for an Agency home must be present and available for interview during a routine home visit. At least once every six months, both caregivers must be present during a home visit. At least once yearly, all household members must be present at a home visit. Caregiver will allow enough time for case manager to speak with each foster child individually and conduct ongoing training. Caregiver should ensure that all licensing standards are met and home is ready for a walkthrough prior to each Agency home visit. It is the caregiver’s responsibility to maintain a safe physical environment and to maintain compliance with all the home requirements for continued verification.

**AGENCY PHONE VISITS** – Caregiver agrees to be available for the scheduled Agency phone visits, and be able to provide details about each child’s behavior. In some cases, RH case manager may request a time to speak with one or more foster children placed in the home. Caregiver shall allow for enough time in order to accomplish the interview with RH case manager.

**AGENCY UNANNOUNCED VISITS** – At least once per year, RH Quality Assurance team will conduct an unannounced home visit. Caregiver must allow the Agency worker to enter the home and assess the environment according to licensing standards and RH Policies. Agency worker may provide technical assistance during this visit. Caregivers are expected to make necessary changes recommended by Quality Assurance, RH Case Manager or other Agency personnel.

**INVESTIGATIONS** – In any instance when an Agency home is under investigation, caregiver must allow Agency personnel into the home to perform and complete the investigation.

**OTHER PARTY VISITS** – Caregiver must be prepared for visits from multiple entities, including, but not limited to CASA, attorney ad-litem, therapist, CPS worker, CPS supervisor, RCCL licensing rep and licensing investigators. Caregiver must make every reasonable attempt to accommodate monitoring entities, including permitting entry to the home and scheduling of visits.

**INFORMATION SHARING**

**ROLES AND RESPONSIBILITIES OF REFUGE HOUSE**

**Considering a placement** – when a foster family has been requested to consider taking a child into their home, initially as much information as is known will be shared verbally by the Case Manager or Child and Family Coordinator. This will include the reason the child has been brought into foster care, past placements and the reason the child was moved from the placements.

**At Placement** – upon admission or within 30-60 days depending on the type of placement (such as routine or emergency) the Case Manager or the Child and Family Coordinator will provide written information about the child. This will include:

- Identifying Information – birth certificate and social security card
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b. A summary of social and family history (verbal)
c. School records
d. Psychological/psychiatric diagnostic evaluation
e. Medical and dental evaluations (verbal)
f. Authorization for medical, psychological and dental care
g. Medicaid card
h. Immunization records
i. Placement Authorization

After Discharge - Refuge House will share information about children who have left the home if known for the purpose of the foster family growing in assessment skills, general care, and best practices. Contact information (address and phone number) will not be shared and is considered outside the scope of necessary information for the purposes stated. All information that is shared is under generally accepted standards of privilege and confidentiality.

Roles and Responsibilities of the Foster Family

Considering a Placement – when contemplating taking a foster child into the home, verbal information received should be shared with the biological family members in the home who could assist and lend support in making a decision. If not enough information has been given by the Case Manager or the Child and Family Coordinator to be able to make a decision comfortably, it should be conveyed to the Case Manager or the Child and Family Coordinator so that he/she can research possible solutions.

At Placement – foster parents are obligated to review all written material made available the day of placement. If information is inadequate to provide safe and effective care for the child, this is to be discussed with the Case Manager for timely resolution.

After Discharge – Foster parents may request an update on children who have left the home out of genuine interest and for the purpose of learning and improving the skill level of the foster family.
TRIANGING ROLES AND RESPONSIBILITIES OF REFUGE HOUSE

Pre-Service Training (before verification) – Refuge House is responsible for providing orientation and a portion of the pre-service training classes to all prospective foster families. Classes taught by Refuge House include:

- PRIDE classes (or in association with other local child placing agencies)
- Behavior Management
- Medication training/Psychotropic medications

Refuge House will assist families in locating classes for CPR and First Aid.

In-Service Training (after verification) – Refuge House will provide ongoing training opportunities, free of charge, on certain days throughout the year.

Cost of Training – training provided by Refuge House is available to foster parents at no charge. (This includes training done in association with other local child-placing agencies). Refuge House does not cover travel expenses and any other associated child care costs associated with training.

Monitoring of Training – The Case Manager and Foster Home Developer assist in the tracking of hours completed by foster parents and provide regular updated and reminders of renewal dates and continued training hours needed to fulfill requirements, however caregivers are responsible for ensuring their training is current and complete. The Case Manager and/or Foster Home Developer will initiate a plan for a family to acquire needed training when a family is behind and closely monitor this until training is current.

ROLES AND RESPONSIBILITIES OF THE FOSTER FAMILY

(Standard §749.345(4), §749.863)

Pre-Service Training – each foster parent must attend an orientation class. This includes information on the mission and vision of Refuge House, services provided, and Roles and Responsibilities. This is a two (2) hour session and does not count toward pre-service or annual training hours. (749.865)

- Orientation – 2 hours
  - Refuge House philosophy
  - Organizational structure
  - Policies
  - Programs Offered (foster care, adoption)
  - Characteristics of the Children we serve
  - Relevant applicable rules

All prospective foster parents are required to schedule and attend Pre-Service Training and to complete homework in a timely fashion. The required training from families providing therapeutic care to children is a total of thirty (30) hours for fostering and foster/adopt. This includes:

- CPR and First Aid (does not count toward pre-service hours)
- Shaken Baby/SIDS
Agency & Caregiver – Roles, Rights, and Responsibilities

- PRIDE Classes – 12 hours
- Behavior Management – 16 hours initially with an 8 hour annual update
- Medication Training/Psychotropic Medications – 2 hours
- Adoption Caregivers – additional training required

Experienced foster/adoptive parents are those foster/adoptive parents who have already received the training outlined above and who have experience in working with therapeutic foster children. These parents must have been actively fostering children within the last 12 months.

Experienced foster/adoptive parents will not be required to repeat PRIDE training for verification of the home. Those who have current certification in First Aid or CPR will not need to repeat this training until their certification expires. Experienced foster families will need to complete Behavior Management and Medication Training before verification as a family with Refuge House. (§749.867)

Pre-Service Experience – (§749.861) An Agency home whose caregivers do not have adequate pre-service experience will select one of the following options:

1. Completing 40 hours of observation training with a tenured foster family, prior to receiving any placement into their home.
2. Accepting only unleveled emergency placements or routine Basic level placements and completing 30 full days of regular placement prior to accepting a child at the Moderate or Specialized level or Treatment Services child.

Transfer – For Agency homes transferring from another agency, the Agency home must meet the following requirements

- RH Orientation Training
- Current CPR/First aid
- Current Medication Training
- Current SAMA training
- Current ongoing training
- 6 weeks to complete RH Medication Training

Returning to Active Status – For Agency homes that are returning to Active status after being inactive for less than 1 year, caregivers in an Agency home must meet the following requirements

- Current CPR/First aid
- Current Medication Training
- Current SAMA
- Resume pro-rated ongoing training

In-Service Training (after verification) (749.931) – Refuge House will provide ongoing in-service training opportunities for the foster/adoptive parents. A variety of topics will be offered by Refuge House for this annual training. In order to be eligible for Mini-break reimbursements, caregivers must have current ongoing training. Foster parents who lack training hours and are not responding to a plan to acquire needed training will not receive new placements in their home.

Married caregivers - each family unit is required to complete 60 hours of annual in-service training, each caregiver completing 30 hours individually.

Unmarried couples – Single training requirement applies to each caregiver.
**Single caregivers** – each individual is required to complete 50 hours annually

Recurring required training

- First Aid/CPR (as necessary based upon expiration dates) (§749.983)
- Behavior Intervention – 8 hours annually (§749.947)
- Medication Training – 2 hours annually (§749.945)
- Cultural Competence and/or Diversity (Contract Term 14)

Opportunities to obtain training hours include:

- Attending pre-service training for review
- Face-to-face training with Agency personnel during home visits
- Seminar attendance which are relevant to their positions, including sessions at the Annual Foster Parent Conference
- Reading professional publications approved by the Treatment Director and writing a brief synopsis (each 30 pages of reading is equal to one hour)
- Viewing videotapes or listening to cassette tapes pre-approved by the Treatment Director (may not exceed 25% of ongoing training requirements)
- Hosting new families for observation in the home and training the parent(s) in specific areas (up to nine hours for experienced foster parents only)
- No more than one third of required training hours may come from self-instructional training.

**Cost of Training** – CPR and First Aid are not provided by Refuge House. Cost of these classes is the responsibility of the foster parent(s). Generally training provided outside the agency is the family’s responsibility unless arrangements have been made with the Case Manager Supervisor. Travel expenses and childcare costs during training are the responsibility of the foster family.

**Monitoring of Training** – it is the responsibility of the individual receiving training to ensure documentation is turned into the Case Manager or Foster Home Developer for all training completed. When a caregiver completes training in excess of the minimum requirements, up to 10 hours of the following year’s annual training requirements may be carried over from the prior year.
COMMUNICATION PROCESS

ROLES AND RESPONSIBILITIES OF REFUGE HOUSE

General Communication – Every Agency home is assigned to a case manager. The case manager acts as the central point of contact and is responsible for each child placed in that home, as well as most facets of the Agency home monitoring process. Following are the regular contacts Refuge House will have with an Agency home:

- Case Manager / Case Aid – maintains general and routine contact with an Agency home at least once weekly, either by home visit, face-to-face visit or phone visit.
- Foster Home Developer – conducts/facilitates Agency homescreening and ongoing Agency home file maintenance and updates
- Intake Coordinator – arranges placements and 30-day follow-up activities
- Case Manager Supervisor, Treatment Director, Administrator, Executive Director - handles non-routine occurrences, problem resolution and provides necessary authorizations
- Quality Assurance – ensures compliance and quality of care
- Operations/Office Manager – provides support for non-treatment issues, such as reimbursement questions
- On-call worker (972.834.0900) – provides 24 hour by 7 days a week availability, specifically for after hours and weekend support and emergencies

Notification – Any of the above-mentioned parties may contact a caregiver at an Agency home for any issue that could significantly impact their ability to care for the children placed in their home. If a caregiver has questions or concerns regarding information or recommendations, the caregiver may contact individuals through the chain of command: Case Manager, Case Manager Supervisor, Treatment Director, Executive Director.

ROLES AND RESPONSIBILITIES OF THE FOSTER FAMILY

Availability - Agency homes must ensure that they can be contacted and are able to confer with necessary parties regarding the children placed in their care and represent the child as necessary, and also to make a placement decision on short notice. If Refuge House has children placed in an Agency home and is unable to make contact within a reasonable timeframe, Agency will follow procedures for corrective action. If Refuge House has repeated difficulty making contact with a potential Agency home for a placement, or if the decision-making process is delayed by the caregivers, the caregivers must be willing to accept longer periods of time without a placement. Agency homes where children are currently placed must ensure they have at least one active telephone available at all times and must notify the Agency if this primary contact changes.

Regular Communication – Caregiver must recognize the importance of the Agency’s continual involvement in the care of the children placed in the home. Therefore, providing consistent and detailed feedback regarding significant issues in each child’s daily life is critical to the relationship between the Agency and the caregiver. This feedback takes the form of a variety of mechanisms, including verbal and written communication through visits, conference calls, emails, regular paperwork and faxes.

Notification - Caregiver responsible for notifying Refuge House of specific incidents, events or occurrences within timeframes as stipulated for each type of incident or occurrence. Many times, this notification is required prior to an event or occurrence.
Agency & Caregiver – Roles, Rights, and Responsibilities

Agency Homes - Specifically relating to an Agency home. Following is a list of changes to an Agency home’s physical characteristics or location, new household members or household member leaving the home, changes to family composition (including pets), change of job status or major life events, significant legal events, extended absence of one parent such as military service or out of town job assignment. Any event that could impact a caregiver’s ability to monitor or care, including serious illness or injury, for children placed in their home should be reported to Agency staff as soon as the knowledge of the event is known. The preceding list is not exhaustive; if a caregiver has any question regarding the significance of an event, the caregiver should err on the side of caution and follow up with their case manager.

Children Placed in Care – If there is any significant change to a child’s status including, but not limited to emotional, behavioral, medical/dental, legal, educational, spiritual, caregiver shall notify the case manager as soon as possible. In the case of emergency or significant incident, caregiver shall notify on-call worker.
SUPPORT SERVICES

ROLES AND RESPONSIBILITIES OF REFUGE HOUSE

Mini-breaks – Refuge House will encourage and support foster families in taking a break from the care of children in their home. A mini-break is up to 72-hours and is facilitated by a Mini-break provider. Refuge House provides certification and authorization for Mini-break providers. Refuge House provides reimbursement to caregivers ($140 quarterly for 2-6 foster children, $600 semi-annually for 7-12 foster children).

Weekenders – Refuge House encourages families who have been providers for a year or more to take advantage of Weekenders, up to 48 hours for a child to stay overnight out of the home. Prior authorization and approval by Treatment Director is required.

Support Groups – Refuge House will assist in organizing foster families to meet periodically. This will be for the purpose of peer support and information sharing. A moderator will be provided to keep the group on task, lend expertise and assure a positive experience.

Community Support – Refuge House Case Manager will provide information on and encourage participation in local foster parent associations as well as provide information on becoming a member of Texas State Foster Parents, Inc.

Foster Parent Relations – Refuge House encourages communication between tenured and experienced caregivers and provides contact information and attempts to facilitate mentoring relationships when requested.

Special Needs Support – Refuge House may provide special support to a caregiver on a case by case basis. For example, if a child is hospitalized, Refuge House may assist the family in securing meals or the like.

ROLES AND RESPONSIBILITIES OF FOSTER FAMILIES

Mini-breaks and Weekenders – Caregivers are encouraged to explore the opportunities available, such as Weekenders and Mini-breaks. Caregivers must be current on requirements and in good standing with the Agency to request the benefit of a mini-break or a weekender. For Agency group homes, caregivers are required to establish the relationship between their home and that of a Substitute Care Provider. For Agency homes, caregivers are encouraged to recommend potential mini-break providers and ensure they are authorized by Refuge House.

Support Groups - foster families will be encouraged to set aside time to be active in parents' support group. Parents need to provide feedback to the Case Manager as to need and usefulness.

Community Support – foster families will be strongly encouraged to become a part of the local foster parent association as available as well as with Texas State Foster Parents, Inc. for training and fellowship opportunities.

Foster Parent Relations – Refuge House caregivers are encouraged to seek out additional support and training from other caregivers and Agency staff. Caregivers may contact their case manager or foster home developer to inquire of available resources for mentoring.
**REIMBURSEMENT**

**ROLES AND RESPONSIBILITIES OF REFUGE HOUSE**

**Per Diem Reimbursement** – Refuge House reimburses caregivers according to the payment schedule for each child who is placed in the foster home. Children who are placed with Refuge House are in the conservatorship of DFPS. Their expenses are covered by DFPS according to their level of care as assigned by Youth for Tomorrow (YFT). Refuge House per diem payments are as follows:

- Basic: $20.56 / day
- Moderate: $35.97 / day
- Specialized: $46.25 / day

Refuge House does not guarantee reimbursement to caregivers for days not paid by DFPS, which may include days of hospitalization or juvenile detention. The date of discharge is not payable by DFPS or to the caregiver(s). If a child transfers to another home, the per diem amount for the day of transfer is payable to the receiving caregiver(s).

**Reimbursement Schedule** – The Agency prepares reimbursements twice monthly to be distributed on the 15th and the last day of each month according to two schedules:

- **Schedule A** – Caregivers on schedule ‘A’ are reimbursed one (1) cycle behind. Activity from the 1st through the 15th is disbursed on the 30th of the same month; the 16th through the 30th or 31st is disbursed on the 15th of the following month.

- **Schedule B** – Caregivers on schedule ‘B’ are reimbursed two (2) cycles behind. Activity from the 1st through the 15th of the month are paid on the 15th of the following month; the 16th through the 30th/31st is disbursed on the last day of the following month.

**Mini-breaks and Alternative/Substitute Care** – The Agency provides reimbursement for periodic mini-breaks for caregiver(s) according to the mini-break policy. All pre-requisites for mini-breaks must be fulfilled prior to requesting reimbursement for a mini-break. Agency homes meeting all requirements may receive reimbursement for one (1) mini-break per quarter at a rate of $140 for a minimum of two (2) foster children through six (6) foster children. Agency group homes meeting all pre-requisites may receive a reimbursement of $600 semi-annually for a minimum of seven (7) foster children through twelve (12) foster children.

**Clothing** – Refuge House does not provide a clothing allowance. In some cases, the Agency may be able to provide contact information to the county from which the child was removed, however this is not guaranteed by any county. It is the expectation of DFPS and Refuge House that the reimbursement provided will cover all clothing needs, however caregiver(s) may be required to provide clothing for a child prior to the first reimbursement for that child if the child does not have the appropriate or sufficient clothing at placement.

**Transportation** – Refuge House reimburses for transportation for Service Plan requirements only. This includes, but is not limited to, medical appointments, therapy, and family visits. This will be reimbursed at a rate of 0.30 cents per mile. Mileage reimbursement is only for transports that exceed 75 miles round trip.

**Property Damage** – Refuge House will not cover property damage caused by children placed in the home. It is recommended that caregiver(s) carry sufficient property insurance to protect against loss due to property damage.
Agency & Caregiver – Roles, Rights, and Responsibilities

Gifts – Each year, Refuge House provides several gifts for each child in care and makes all efforts to ensure equity for children placed in each home. This does not preclude caregiver(s) from purchasing and giving gifts at Christmas and other events, such as birthdays. Caregiver(s) should take measures to ensure that each child placed in their care has an equitable experience for each event at which gifts may be given. The Agency expects caregivers to make every reasonable effort to ensure that children placed in their care receive gifts for normal and expected events and accomplishments as children not in foster/adoptive care.

Special Events – The Agency plans and hosts several events each year for the purpose of developing community and showing appreciation to our caregivers and the children in care. Refuge House usually provides admission to these events free of charge and encourages caregivers and strongly encourages participation.

Roles and Responsibilities of Foster Parents

Per Diem Reimbursement – According to DFPS, it is the expectation that 75% of the per diem reimbursement goes toward the care of the child, which includes room and board, clothing, hygienic supplies, activities and recreation, transportation, gifts and personal rewards.

Mini-breaks and Alternative/Substitute care – Foster families make their own arrangements with a respite provider. Alternative or substitute care form. They are to inform the case manager in writing the plans for respite care by the 21st of the current month for the next month.

Clothing and Personal Possessions – Foster parents agree to arrange for adequate clothing, personal supplies and allowances for the child. Clothing shall be suitable for the child’s age and size and it shall be comparable to clothing of other children in the community. Receipts for items over $25 should be saved with the child’s name clearly written on it. A child shall have some choice in the selection of his or her own clothing. Items purchased on behalf of, or for the use of an individual child are considered to be their personal property and may not be retained by the foster parent when the child is discharged. Personal items should be current and updated on child’s inventory within a reasonable timeframe.

Transportation – Caregivers must submit all required monthly documentation, including expense reports, to Refuge House no later than the 3rd day of following month in order to be reimbursed for their expense report.
GRIEVANCES

ROLES AND RESPONSIBILITIES OF REFUGE HOUSE

When an issue arises from a caregiver regarding an Agency decision, the Agency recognizes the following chain of command to achieve resolution to the issue:

1. Case Manager will make every attempt to resolve the issue with the caregiver(s) immediately.

2. If a satisfactory resolution has not been achieved, the Case Manager Supervisor will attempt to gather the information from individuals directly involved and will attempt to resolve the presenting issue.

3. If a satisfactory resolution has not been achieved, the Case Manager Supervisor will prepare the Grievance Communication Form and forward to the Administrator. This step may require further communication from parties involved in the grievance. The Administrator will provide a written response, which will be communicated verbally and in writing within 10 working days of receipt of the concern. The response will include specific reasons or policies substantiating the decision.

4. If a satisfactory solution still has not been achieved, the individual may send a copy of the written appeal to the Executive Director. The Executive Director will respond within 10 working days verbally and in writing, citing specific reason and/or policy substantiating the decision.

ROLES AND RESPONSIBILITIES OF FOSTER FAMILIES

When a caregiver has a grievance regarding an Agency decision, the caregiver should act according to the following procedure:

1. Address the issue with the Case Manager verbally in an attempt to find an immediate resolution.

2. If the concern persists, the individual should request a contact the Case Manager Supervisor in order to facilitate a speedy resolution.

3. If the Supervisor does not satisfactorily address the issue, the caregiver(s) may request a review by the Administrator. This step will involve the Supervisor completing the Grievance Communication Form in order to provide complete information to the Administrator. The Administrator will communicate with the caregiver(s) verbally and in writing regarding the decision within 10 days.

4. If the grievance remains, the written concern will be forwarded to the Executive Director. The individual will receive a written response from the Executive Director within 10 days. Any action taken by the Executive Director is considered to be final.
ADOPTION SERVICES - CHILDREN

PUBLIC ADOPTIONS (DFPS SPONSORED)

Refuge House does not charge birth-parents for public adoptions.

References

§749.161(c)

ADOPTIVE PARENT RESPONSIBILITIES

Refuge House Adoptive Parents will:

1) Meet the needs of the child placed in their home and seek out community resources to meet the child’s needs.
2) Make the final decision regarding the day-to-day activities of the foster-adopt child in their care. Such decisions will include food, shelter, allowances, shopping, recreation, school needs, transportation, appropriate discipline, and routine doctor appointments.
3) If a foster to adopt family, be responsible for acquiring the number of training hours needed for the type of child in their care and actively participate in the training program provided by the agency.
4) If a foster to adopt family, submit the necessary forms for financial reimbursement to the agency bookkeeper at the agreed upon time.
5) Make the final decision regarding children with whom they are willing to accept for an adoptive placement and ask that a child be removed from their home should circumstances no longer allow them to provide care.
6) Immediately inform agency staff of any changes or updates in the child’s psychological, educational, or medical/dental situation.
7) Participate in and attend the child’s plan of service development and reviews. Be responsible for carrying out their portion of the child’s plan of service.
8) Adhere to the agency policies and procedures, minimum standards, and agency placement agreement.
9) Agree to supervision of their adoptive home by the agency.
10) Provide the agency with current, accurate, and complete data and information concerning the children in their home in the form of verbal communication and required logs, reports, medication records, incident reports, or other required documentation on a monthly basis.
11) After the child has lived in the home at least 6 months, and if the Refuge House worker agrees, the family is responsible for hiring an attorney who can finalize the adoption in court.

Anytime after the adoption is finalized until the child is 18 years old, the family will be responsible for contacting Refuge House if they want to use post-adoption services.

Both Refuge House and adoptive parents are expected to participate in two-way communication concerning all aspects of the needs of children in adoptive care prior to consummation.
CONSENT

The Agency will obtain written approval from the Department of Family and Protective Services (DFPS) before formal presentation of information about the child is made to the prospective adoptive family.

The Agency will provide required information for requests under the Interstate Compact for Placement of Children when appropriate.

For DFPS-sponsored adoptions, the Agency does not work with birth parents. All work with birth parents of children placed for adoption is done by the agency holding managing conservatorship of the child. If there is to be any exchange of information about the child between the adoptive parent and the birth parent, that exchange will be coordinated between the Refuge House worker and the birth parent's worker at DFPS.

References
§749.3301

ADOPTION SERVICE PLAN

The Agency will develop an adoption service plan within 30 days of the child’s placement and update it as necessary and at least every six (6) months until consummation.

Because the parental rights of children in foster care are generally involuntarily terminated, the Agency does not have contact with the birth family and therefore they will not be represented in the adoption service plan.

The Adoption Plan of Service is developed for each child or sibling group (if siblings will be placed for adoption into the same home) within 30 days of the adoptive placement.

For children with a foster care service plan prior to preparation for adoption, the adoption service plan may be a continuation of the foster care service plan. However, needs related to adoption will be reassessed at the time the child is accepted by family for adoptive placement.

References
§749.3321, §749.3323, §749.3325, §749.3327

PREPARATION FOR ADOPTION

In the event that the adoptive child being placed into a Refuge House adoptive family is already placed in foster care with the Agency, contact will be established as follows:

1. For children 6 months of age and older, Agency staff make a minimum of 3 face-to-face contacts with the child being prepared for adoption.
2. For infants ages 0 to 6 months, one face-to-face contact is required.
3. Contacts are documented in the adoption record.

In the event that the adoptive child who is being placed into a Refuge House adoptive family is already placed in foster care with Refuge House: the Agency will provide counseling to children 2 years of age and older being considered for adoption. The counseling will includes exploration of the child’s understanding of
what is taking place and the child’s feelings about adoption, separation, and loss issues related to the birth family.

Children whose plan is adoption need preparation for adoption. Refuge House will explore with the child his/her feelings about being adopted by his/her foster family. If the child is in therapy, some of the preparation can occur during those sessions. Children age 12 and over must give written consent prior to the adoption. The Refuge House worker can use the child’s life book to assist the child and the family in preparation for the upcoming adoption. If the child does not have a life book, this is the time to help the foster family and child begin to prepare one.

During this period, Refuge House explores with the child his/her understanding of adoption, including the child’s thoughts about his/her parent’s inability to raise him/her. The Refuge House worker assesses the child’s ability to develop within a family setting and relate to foster parents as adoptive parents. If there are other siblings in the home, Refuge House assesses how the child relates to them. If the child has siblings in care that will be moving in as well, Refuge House will explore the child’s feelings about being placed with his/her siblings.

1. Refuge House will obtain professional assessments of the physical, mental, and emotional status of a child being considered for adoption as well as a developmental assessment.
2. These assessments will be current at the time of placement according to the following schedule:
   a. Within 30 days for children 0 to 18 months;
   b. Within 3 months for children 18 months to 5 years of age; and
   c. Within 6 months for children ages 5 years and older.
3. In addition, Refuge House will provide any recommended testing for the child being considered for adoption.
4. The assessments and results will be documented in the adoption record.
5. The extent of the professional assessment will depend upon the age, history, and special needs of the child being considered.
   a. From 0-18 months with normal development,
      i. Medical examination by a licensed physician within 30 days prior to placement if there is no history of abuse, neglect, failure to thrive.
   b. From 0-18 months with physical or mental handicapping conditions, developmental delays or history of abuse, neglect, failure to thrive:
      i. Medical examination by a licensed physician within 30 days prior to placement.
      ii. Evaluation by a professional credentialed in the area appropriate to the child’s needs within 30 days prior to placement or scheduled by the date of placement.
      iii. Full information must be made available to the adoptive family from the licensed physician about the potential impact on the child of existing conditions.
   c. For older children:
      i. Medical examination.
      ii. Assessment by a licensed psychiatrist, psychologist, or other appropriately licensed or credentialed professional within the time frames in the standard.
      iii. Any further testing or assessments recommended by these professionals must be scheduled by the date of placement, with full information to the adoptive family from the referring professional about the potential impact on the child of existing conditions.

The definition of ‘scheduling’ includes the recommendations of professionals for further testing and evaluation that cannot be accomplished given the child’s chronological or developmental age at time of
placement. For example, recommending that a child’s IQ be evaluated on a standard instrument in two year’s time meets the intent of the standard.

Prospective adoptive parents have the right to important information about the child. Refuge House will obtain and document all available information regarding the child being considered for adoption and provide it to the prospective adoptive parents. This includes:

1. Health history, social history, educational history, genetic and family history, and other information required by the Texas Family Code;
2. History of any previous placements, including dates and reasons for placements;
3. The child’s understanding of adoptive placement; and
4. The child’s legal status.

For DFPS-sponsored adoptions, Refuge House generally does not have contact with birth parents. Therefore, most information regarding the child will be obtained from DFPS, the agency holding managing conservatorship of the child. Refuge House will work closely with DFPS to obtain and compile the above information.

In the event that the adoptive child being placed into a Refuge House adoptive family is already placed in foster care with Refuge House, the child who has or may have a disability will be referred to the Social Security Administration to determine eligibility for Social Security Income (SSI).

References
§749.3341, §749.3343, §749.3345, §749.3347, §749.3349, §749.3351, §749.3353

Placement Requirements

Children older than one month will have at least one visit with the adoptive family prior to placement. Refuge House and DFPS will arrange and provide an initial face-to-face pre-placement visit and a minimum of one overnight pre-placement visit between child and prospective adoptive family. An overnight visit is required unless waived in writing by DFPS. In order to assist the child in the transition, as many pre-placement visits as are necessary will be arranged as agreed upon by Refuge House and DFPS, and documented in the adoption plan.

Prior to placing an adoptive child into the home, Refuge House will obtain a written agreement with the adoptive parents. A signed copy of the agreement will be given to the adoptive parents and a copy of the signed agreement will be placed in the case record. The agreement specifies the following:

1. The adoptive parents and Refuge House agree to complete the adoption at a specified time.
2. The adoptive parents agree to supervision by Refuge House during the time prior to completion of the adoption.
3. The adoptive parents must notify Refuge House before removing the child from Texas prior to the completion of the adoption.
4. Either the adoptive parents or Refuge House can return the child to the agency at the discretion of either the adoptive parents or Refuge House before the adoption is completed.
5. Refuge House is a no fee adoption agency.

References

REQUIRED INFORMATION

Before placing a child in the adoptive home, Refuge House will provide adoptive parents with accurate, current, and objective information to allow adoptive parents to make informed decisions regarding the placement of a child into their home. Refuge House will discuss information about the child and his or her birth parents with the adoptive parents. Prior to or at the time of placement, Refuge House will also provide written information to the adoptive parents that include all available information on the child and his family (excluding identifying information, if appropriate). This information is contained in the documentation provided from DFPS and includes the child’s complete case record and an opportunity to review the child’s de-identified Health, Social, Education, and Genetic History (HESGH) reports.

By the time of placement, Refuge House will provide the adoptive parents with:

A. Written authorization to care for the child; and
B. Written information if the child is not completely free for adoption at the time of the placement.
C. Written consent for the medical care of the child at the time of the child’s placement in the home.
D. File copies of all authorizations and consent forms in the adoptive home record.

Prospective adoptive parents have the right to important information about the child. Refuge House will obtain and document all available information regarding the child being considered for adoption and provide it to the prospective adoptive parents. This includes:

A. Health history, social history, educational history, genetic and family history, and other information required by the Texas Family Code;
B. History of any previous placements, including dates and reasons for placements;
C. The child’s understanding of adoptive placement; and
D. The child’s legal status.

For DFPS-sponsored adoptions, Refuge House generally does not have contact with birth parents. Therefore, most information regarding the child will be obtained from DFPS, the agency holding managing conservatorship of the child. Refuge House will work closely with DFPS to obtain and compile the above information.

References
§749.3391, §749.3393, §749.3395

POST-PLACEMENT SUPERVISION

Refuge House will continue to monitor and assess the child’s needs, and make every effort to maintain or update the progress of the Adoption Plan.

During the supervisory period Refuge House will:

1. Offer counseling services to the adoptive family. These services will be provided through referrals outside the agency or by agency staff.
2. Ensure that the children’s needs are met in the adoptive placement.
3. Maintain responsibility for the child until the court has entered the adoption decree.

To ensure that the needs of the children placed for adoption are being met, post placement supervision will include:

1) A home visit with the adoptive child and family within two weeks of placement; and
2) Monthly face-to-face contact with the adoptive family and child during the first six months of placement (or more frequently according to the needs of the child and family:
   a) For children under the age of two (2) with no special needs, Refuge House will have a minimum of five (5) supervisory contacts with the adoptive parents within the first six (6) months of placement. Two (2) contacts will be face-to-face with the entire family. At least one (1) of these contacts will be in the adoptive home. Post-placement contacts will be documented. Three (3) of the required five (5) contacts may be done with one adoptive parent and may be done by telephone.
   b) For children with special needs and children ages two (2) years or older, Refuge House will have monthly face to face contacts with the adoptive family during the first six (6) months.
      i) Two of these contacts must be in the adoptive home, with the entire family.
      ii) Four of the required 6 monthly contacts must be fact-to-face, but may be with one adoptive parent and may be in a location other than the home. Post-placement contacts must be documented.
3) If the adoption is not consummated in the first 6 months, monthly contact must continue unless DFPS has approved a different visitation schedule in writing. However, in this event, Refuge House must have at least quarterly face-to-face contacts in the adoptive home until the adoption decree is entered. Quarterly contacts after the first 6 months of placement must be face-to-face, in the adoptive home, and include both adoptive parents.
4) If the adoption is not consummated/finalized within a year after the initial placement, Refuge House and DFPS must review the placement and develop a Plan of Service together.

If the adoption is not consummated in the first 6 months, monthly contact must continue unless DFPS has approved a different visitation schedule in writing. However, in this event, Refuge House must have at least quarterly face-to-face contacts in the adoptive home until the adoption decree is entered. Quarterly contacts after the first 6 months of placement must be face-to-face, in the adoptive home, and include both adoptive parents.

If the adoption is not consummated/finalized within a year after the initial placement, Refuge House and DFPS must review the placement and develop a Plan of Service together.

During the post-placement period, Refuge House will document any changes in the adoptive family in health, financial condition, or composition, which may affect the child. In order to comply with their Adoptive Agreement, adoptive parents are required to report these changes to Refuge House in a timely manner.

The adoption may be disrupted by the decision of Refuge House, the adoptive parents, or DFPS. If the placement is unsatisfactory Refuge House will remove the child from the adoptive home. The decision to remove the child must be reviewed and approved by Refuge House supervisory staff prior to the removal and in consultation with the DFPS worker for the child. Refuge House will inform TDFPS of significant or pertinent problems that arise in the adoptive placement within 5 working days after Refuge House becomes aware of the problem. Refuge House will work with DFPS to plan for another placement for the child if an adoptive placement is disrupted. Planning will include a review of available resources before another placement is selected.
As part of the Adoptive Placement agreement, adoptive parents agree:

1) To provide sufficient advance written notification to Refuge House of a request to remove the child from their home, except in cases where the child is a danger to self or to others or exhibits volatile or self-injurious behaviors that are inappropriate for the program of service and requires a placement in another setting;

2) To work with the Refuge House to help prevent a disruption through counseling, behavior strategies, or other strategies developed as a team;

3) To cooperate with Refuge House, should a disruption occur, in a way that serves the best interest of the child in the judgment of Refuge House. This includes sending the child with all of his/her belongings, including his/her life book/picture book, and any items/gifts given to the child during placement at the time of the move.

4) To return the child to Refuge House if in the opinion of the agency the best interests of the child require it.

If a child comes back into Refuge House care, circumstances necessitating this and the child’s needs will be documented in the child’s record.

References
§749.3421, §749.3423, §749.3425, §749.3427, §749.3429

POST-ADOPTION SERVICES

After the adoption is consummated, Refuge House will offer counseling services to the adoptive child and the adoptive family. These services may be provided through referrals outside of the agency. Refuge House only serves children whose parental rights have been involuntarily terminated. Therefore, Refuge House does not work with birth parents. All referrals for counseling for birth parents of children placed for adoption is done DFPS, the agency holding managing conservatorship of the child.

Refuge House will make diligent efforts to inform adoptive parents or the adult adoptee, in writing, about developing genetic conditions, terminal illnesses, or death of a birth parent when or if this information comes to the attention of the agency. This information will be communicated to the adoptive parents or adult adoptee provided that the agency is kept informed of their whereabouts. When Refuge House receives information about the specified topics from a birth parent, at a minimum, Refuge House will:

Write the adoptive parents or adult adoptee at the last known address;

If the letter is returned to the agency as undeliverable, Refuge House will check the telephone directory for the city where the family was last known living;

If this action does not locate the family, Refuge House will check the record for contact information on family members or others that may have knowledge of the family’s whereabouts and attempt to contact these persons and obtain forwarding information.

Attempts to locate parties specified in this standard will be documented. Refuge House will document when this information is given to older adoptive children and adoptive parents.

Upon request, Refuge House will provide an adult adoptee with a de-identified copy of the adoption record. The record will include the county and court of jurisdiction for the adoption. If an adoptee is less than 18
years of age, the request for the information must come from or must include the written consent of the child’s adoptee parents or managing conservator.

References

§749.3461, §749.3463, §749.3465
ADOPTION SERVICES - BIRTH PARENTS

Because the parental rights of children in foster care are generally involuntarily terminated, Refuge House does not have contact with the birth family and therefore they will not be represented by Refuge House in the adoption service plan. Refuge House focuses the adoption service plan on the needs of the child or sibling group, and the needs of the prospective or identified adoptive family.

Refuge House will make diligent efforts to inform birth parents, in writing, about developing genetic conditions, terminal illness, or death of their child when or if this information comes to the attention of the agency. Refuge House will contact the former managing conservator of the child, DFPS, in an attempt to locate the birth parents. This information will be communicated to the adoptive parents or adult adoptee provided that the agency is kept informed of their whereabouts. Attempts to locate parties specified in this standard will be documented. Refuge House will document when this information is given to birth parents.

References

§749.3501, §749.3503, §749.3521, §749.3523, §749.3571, §749.3573
ADOPTION SERVICES - ADOPTIVE PARENTS

ADOPTIVE APPLICANT PREPARATION

Prior to establishing a formal relationship with prospective adoptive caregivers, Refuge House will provide the following:

1. Information regarding the services Refuge House provides
2. Fee policies and payment procedures;
3. Required caregiver pre-requisites, pre-service requirements and procedures;
4. Legal requirements for adoption, including caregivers’ right to have independent legal counsel for legal consummation. Refuge House requires that the legal counsel selected by the caregivers be experienced in adoptions; and
5. Information on adoption registries.

References

§749.3601

PRE-ADOPTIVE HOME SCREENING

CRITERIA FOR ACCEPTING ADOPTIVE PARENT APPLICATIONS:

Refuge House will consider prospective applicants to the foster and adoption program without discrimination because of race, sex, national origin and handicap. Applicants will be considered based upon agency need and foster and adoptive parent’s ability to meet the needs of the type of child(ren) served by the agency. Couples or individuals interested in adopting a child through Refuge House should meet the following criteria:

1) Prospective adoptive parents should be interested in a child(ren) who has been referred to Refuge House for adoptive placement from Child Protective Services.
2) Married or single applicants may apply. Married applicants must be married at least one year.
3) Refuge House will not approve applicants who are the same gender, living together in the same household and who are not related.
4) Prospective adoptive parents must be at least 21 years of age.
5) Prospective adoptive parents should live in Region 3. Applicants living outside of Region 3 will be considered on a case-by-case basis according to the needs and resources of the agency.
6) Refuge House will accept applicants who are infertile and couples who are able to have biological offspring.
7) Prospective adoptive parents must be responsible, mature, stable, healthy adults capable of meeting the needs of children in care. A physician’s statement is required for each adult applicant. A therapist’s statement may be requested as indicated during the screening process.
8) Prospective adoptive parents must have a high school diploma or GED, or they will exhibit intellectual capability to understand and utilize training and to meet the needs of children. This capability will be assessed by a Refuge House child-placing staff and will be demonstrated by the
parent through completion of pre-service training and during the screening process, including home screening interviews.

9) Prospective adoptive parents and each person 14 years or older, who will regularly or frequently be present at the adoptive home (including biological children) must agree to a background check, which includes searches of different databases:
   a) Criminal history checks conducted by the Department of Public Safety for crimes committed in the state of Texas;
   b) Central registry checks conducted by [DFPS]. The Central Registry is a database of people who have been found by Child Protective Services, Adult Protective Services, or Licensing to have abused or neglected a child; and
   c) Criminal history checks conducted by the Federal Bureau of Investigation for crimes committed anywhere in the United State (on persons who live outside of Texas or about whom there is reason to believe other criminal history exists).

   *These checks are completed to determine whether: (1) A person has any criminal or abuse and neglect history; and (2) His/her presence is a risk to the health or safety of children in care. All Prospective adoptive parents and each person 14 years or older, who will regularly or frequently be present at the adoptive home (including biological children), must receive a cleared background check prior to the home being approved for adoption. Any positive matches between these individuals and the databases will be evaluated according to the RCCL Minimum Standards.*

10) Prospective adoptive parents must be willing to attend and participate in pre-service training prior to placement of a child in the home.

11) Individuals applying to be adoptive parents must have a social security number. A determination as to the appropriateness of the prospect that is not a U.S. citizen will be made through the normal screening process. However, additional verification is required and will be obtained at the time of the home study interview:
   a) Copies of the citizenship status; permanent resident, temporary visa, green card, etc.
   b) Length of time residence maintained in the U.S.
   c) Reasons for relocating to the U.S.
   d) Plans to return to native country (visits or other reasons, including explanation of circumstances that would require a return home if they do not have current plans to return).
   e) Location of extended family; type of communication they have with them; feelings of extended family regarding residency decisions and desire to foster or adopt.
   f) Evaluation of stability; residence history, employment history.
   g) Recommendations from people who have known them for an extended period of time (at least one year) and can vouch for stability.
   h) Information regarding cultural customs/practices and beliefs that differ from U.S. will be gathered to determine appropriateness of caring for the children served by this agency, especially as they relate to medical care, education, discipline, expectations, religious beliefs, etc.
   i) Information on the celebration of holidays will be gathered; U.S. and/or Christian holidays will be addressed, particularly regarding the celebration of the birth of Jesus Christ in December and the death and resurrection of Christ at Easter. Refuge House places emphasis on acknowledging and celebrating these holidays, as we are a Christian agency.

**Screening and Selection Procedures for Adoptive Parents:**

Refuge House will screen and select prospective adoptive parents and dual licensed foster to adopt applicants as follows:
1) Refuge House will conduct the initial screening through a telephone interview with prospective adoptive parent(s). During the telephone screening, Refuge House will determine if the prospective adoptive parent(s) meets the initial criteria (Qualifications I.A.1-6 above).

2) If the prospective adoptive parent(s) meets the initial criteria, Refuge House sends them a packet of information. Included in this packet is a Survey, Consent to Background Investigation, Release of Information, and a Physician’s Statement. The packet also contains information pertaining specifically to Refuge House, as well as a list of documentation to begin collecting (see below).

3) Once the prospective adoptive parent(s) completes the Survey and returns it to Refuge House, agency staff will go to the home to conduct an initial orientation at which time agency policies and procedures are discussed, and the prospective adoptive parent(s) is provided the opportunity to ask questions. During this time, qualification criteria #6-13 (listed above) will be evaluated.

4) Following the home visit and orientation, if the prospective adoptive parent(s) and Refuge House both agree to continue with a working relationship and the prospective adoptive parent(s) meets criteria #1-13, then the prospective adoptive parent(s) will be invited to attend Refuge House’s pre-service training.

5) Each prospective adoptive parent(s) is given an Application for completion during the time of the pre-service training.

6) Prospective adoptive parent(s) may turn in the requested documentation at any point during this process, but prior to the home screening.

7) Once the Survey and Application is received, and pre-service training has been successfully completed, the applicant will be assigned to a qualified Refuge House staff member who will complete the Pre-Adoption Home Screening (see Pre-Adoptive Home Screening Section below).

8) Throughout this process, the applicant will be evaluated as to their demonstration of a willingness to cooperate with the agency’s mission and to participate openly in the home screening process by providing information requested in the Survey, Application, subsequent interviews and other information required by Minimum Standards and the agency policies.

9) Refuge House will request and evaluate the background information from any child-placing agency that previously verified the applicants as a foster home or approved them as an adoptive home: the home screening and related documentation; documentation of supervisory visits and evaluations; any record of deficiencies and their resolutions; and most current fire and health inspections.

**DOCUMENTATION NEEDED DURING THE EVALUATION AND APPLICATION PROCESS:**

1) Completed and signed Survey
2) Completed and signed Application from each parent.
3) Copy of current driver’s license, indicating age 21 or over.
4) Consent to Background Investigation form from each applicant, other adults in the home and children ages 14 and older, to conduct a background investigation, including a criminal history check and child abuse/neglect report.
5) A general Release of Information form signed by each applicant (if previously applied, approved, or verified as a foster or adoptive home).
6) At least two letters of reference (three preferred). References may include such people as family members, friends, supervisor, and coworkers.
7) Documentation of prospective adoptive parent training verifying the required hours and type of training as it relates to the needs of the type of children they will be caring for. Pre-service training requirements are determined by whether or not the adoptive parents wish to foster to adopt (which enables them to accept children for placement whose parental rights have not been terminated), the
type of child being cared for, and the prospective parent’s responsibilities. (Refer to Section 4100.2b
Adoptive Parent/Family Training Policy)

8) Documentation of supervised child care experience: 5 hours for basic care, 8 hours for therapeutic
moderate care, 40 hours for therapeutic specialized care.

9) Vehicle Liability insurance

10) Marriage verification

11) Verification of each divorce (if applicable)

12) Death certificates of spouse (if applicable)

13) Pet vaccinations

14) Copy of floor plan, labeling dimensions and purposes of each room, also identifying fire escape plan.

15) Fire inspection, indicating no deficiencies.

16) Health inspection, indicating no deficiencies.

17) A signed agreement from the prospective adoptive parent stating they will abide by Minimum
Standards and Refuge House’s policies and procedures.

18) Signed Statement of Faith

**Appropriateness** for a family or individual to be approved as adoptive parents would be determined by
the content of interviews, documents provided and obtained during the application process and
professional observation. Criteria for making decisions about the number, ages and needs of
children who may be placed with foster-adoptive parents would be determined from the following:

1) Ages in which the prospective adoptive parent(s) have had experience with or received prior
training.

2) Evaluations from the staff conducting the orientation and the pre-service training.

3) Recommendations made by the person conducting the home screening based upon the evaluation
material utilized during the interview process.

4) Each applicant is assessed individually to determine the most appropriate placement with regard to
age, special needs, gender, number of children, etc.

5) Prospective adoptive parent(s) may wish to be dual-licensed as foster to adopt homes. These families
foster with the intent of potentially adopting a foster child. Foster-adoptive parents operate on the
basis of a placement contract with Refuge House. Foster-adoptive parents are responsible for
providing substantial, direct service with special emphasis on creating a home-like atmosphere with
warmth and sufficient structure. Foster-adopt parent roles include many functions which would
ordinarily be done by natural parents; contributing to staff conferences; participation in supervisory
conferences and in-service training; planning and supervision of recreational experiences for
children; and parent conferences as they relate to the educational program of children in residence.

Refuge House will request information related to the parent’s experience and performance as foster and/or
adoptive parents from the previous agency and any background information regarding the foster home as
described in §749.2447(22) of this title.

The information will be evaluated as part of the screening and placement decision regarding the home. This
information will be used in the evaluation of the family’s ability to work with specific kinds of behaviors and
backgrounds.

The Adoption Plan of Service will be updated as necessary and at least every 6 months until consummation.
Adoption

Refuge House will accommodate placement in a prospective adoptive parent’s home prior to the pre-adoptive home screening completion only in these cases:

1. Where the prospective parent is a member of the child’s family related by the second degree of consanguinity or affinity; or
2. Foster family with whom the child has been living immediately prior to the request for a pre-adoptive home screening.

Refuge House will complete a written pre-adoptive home screening update.

References

§749.3621, §749.3623, §749.3625, §749.3627, §749.3629, §749.3631, §749.3633, §745.4067, §745.4073

Basic Care and Safety Requirements

Before placing a child into the adoptive home, Refuge House require a floor plan of the home showing the dimensions and purposes of all the rooms, and sketches or photos of the grounds to be used by the child. If the home is already providing Foster Care, the foster care screening information will be used.

Refuge House will discuss basic care and safety issues with the adoptive parents and ensure that the home provides an environment safe for the child or children to be placed. This will include firearm safety, water safety, storage of medication, and basic home health and fire safety.

This preparation will be accomplished during pre-service training and during Refuge House staff visits to the home during the home screening process. Refuge House will make an assessment of the home, which includes basic health and safety factors. Refuge House will utilize basic home health and fire safety checklists when inspections are not available.

Refuge House will provide reading materials to the adoptive family regarding health and safety issues, depending upon the age and needs of the specific child or children to be placed. Refuge House will then follow up with the adoptive parents to ensure that they have read, understood and implemented the material. This information is contained in the “Handbook and Resource Guide for Foster and Adoptive Parents.”

Refuge House will determine during the application and home screening process whether the potential adoptive family has firearms in the home, and if so, what precautions have been taken to protect children. This will be physically verified by Refuge House staff during the home screening visit and addressed in the home screening document.

Refuge House will determine during the application and home screening process whether or not there is a pool or other body of water on or adjacent to the property and if so, what safety measures and precautions are in place. This will be addressed in the home screening document.

Refuge House will also verify storage of poisonous/flammable substances, ensuring children are protected from such substances. Storage of medication will also be verified during the home screening to ensure they are out of reach of children.

A home may not be approved for adoption placements until all of these safety precautions are followed.
PRE-PLACEMENT REQUIREMENTS

Refuge House must have at least quarterly face-to-face contacts in the adoptive home until the adoption decree is entered. Quarterly contacts after the first 6 months of placement must be face-to-face, in the adoptive home, and include both adoptive parents.

Refuge House does not make use of any other agency for quarterly contacts.

PRE-ADOPTION CONSUMMATION ACTIVITIES

Refuge House becomes responsible for the child once he/she is placed with a Refuge House adoptive family and placement agreements are assigned. Once the home accepts a child for placement, Refuge House will then assign an Adoption Coordinator to the adoptive home. Refuge House will have monthly face-to-face contact with the adoptive family and child for the first six months of placement. After a period of six months, home visits will continue monthly unless DFPS has approved a different visitation schedule in writing. Refuge House will be making written reports to the agency that is the managing conservator of the child until the adoption is consummated. Refuge House will report any serious incidents to DFPS by the next workday.

Refuge House staff will:

1) Educate and assess prospective adoptive parents about:
   a) separation and attachment issues;
   b) dynamics and impact of abuse and neglect on children and their development;
   c) behaviors exhibited by children who have experienced the trauma of abuse, neglect, and removal from their birth families;
   d) age-appropriate nonphysical discipline for children with a history of abuse and neglect;
   e) availability and use of community resources to strengthen the support network of the adoptive family as well as encourage advocacy for their adopted children;
   f) sexuality and its manifestations in children who have been abused and neglected; and
   g) health, disabilities, and attitudes toward children with emotional or physical disabilities including addressing their expectations of and for a child with disabilities.

2) Complete and submit the NON-DFPS Adoptive Home Registration, Form 2238, upon the completion of the adoptive home study in order to assure that an adoptive family may be considered for the adoption of the Department's children. If the adoption is a foster parent adoption, the Agency Home Report, Form 2953, must be verified for accuracy.

3) Submit documentation to the DFPS worker placing the child for adoption verifying criminal history checks conducted on all persons 14 years or older residing in the prospective adoptive home.

4) Provide adoptive parents with accurate, current, and objective information to allow adoptive parents to make informed decisions regarding the placement of a child into their home.
a) Fully review the child’s case record, assure that all information is shared with the adoptive family, and assure that the impact of an adoptive placement of a special needs child on the adoptive family has been thoroughly discussed with the family.

b) Provide the adoptive family with the opportunity to review the child’s de-identified Health, Social, Education, and Genetic History (HESGH) reports and case record in compliance with Department’s Minimum Standards for Child-Placing Agencies and CPSH § 6000 and shall document that the opportunity was provided and whether or not the family reviewed the HESGH.

5) Obtain written approval from the Department before a formal presentation of information about the child is made to the prospective adoptive family.

6) Provide required information for requests under the Interstate Compact on the Placement of Children when appropriate.

7) Arrange and provide an initial face-to-face preplacement visit and a minimum of one overnight preplacement visit between the child and the prospective adoptive family, unless waived in wiring by the Department. Refuge House may arrange as many pre-placement visits as are necessary based on the needs of the child and the joint agreement with the Department.

8) Develop and provide adoptive parent training.

9) For dual-licensed parents with a foster to adopt child, Refuge House will provide foster care payments according to the child’s level of care as specified in their contract until the adoption agreement has been signed.

10) Provide medical and dental care referrals, counseling, and support for therapeutic needs. Other support services such as Christmas gifts, school supplies, and training resources are also available.

11) Make the final decisions regarding children in the areas of treatment issues, placement and/or removal.

12) Keep foster-adoptive parents abreast of all impending changes in placement decisions, new psychological, biological family issues, and visits regarding a child in their care.

13) Develop and Adoption Plan of Service the day the adoption agreement is signed and update it as necessary and at least every 6 months until consummation.

14) Refuge House will send the Department’s worker a written report on the placement at least every two months.

15) Provide support services before, during and after placement.

16) Visit the child and the adoptive family according to child and family needs; upon placement of a child with an adoptive family, Refuge House will make the first home visit to the child and adoptive family within two weeks; subsequent visits must be face-to-face with the adoptive family and a child at least once a month during the first six months of placement or more frequently according to the needs of the child and family.

17) If the adoption is not consummated in the first 6 months, monthly contact must continue unless the Department has approved a different visitation schedule in writing.

18) Refuge House may visit the home unannounced at any reasonable time if such a need presents itself.

19) Refuge House staff will be available for support and consultation on a 24-hour basis.

20) Inform adoptive parents of the agency policies and procedures and minimum standards.

21) Inform adoptive parents about the Texas adoption assistance program, including the post adoption program, and help them apply for assistance when appropriate.

22) Help the adoptive family and their attorney complete the adoption consummation/finalization process. Refuge House will prepare the court report unless the court orders another party to prepare the report.

23) Obtain written consent from the Department than an adoption is in the best interest of the child and should be consummated.
During the post placement period, Refuge House will document any changes in the adoptive family in health, financial condition, or composition, which may affect the child. In order to comply with their Adoptive Agreement, adoptive parents are required to report these changes to Refuge House in a timely manner.

The adoption may be disrupted by the decision of Refuge House, the adoptive parents, or DFPS. If the placement is unsatisfactory Refuge House will remove the child from the adoptive home. The decision to remove the child must be reviewed and approved by Refuge House supervisory staff prior to the removal and in consultation with the DFPS worker for the child. Refuge House will inform TDFPS of significant or pertinent problems that arise in the adoptive placement within 5 working days after Refuge House becomes aware of the problem. Refuge House will work with DFPS to plan for another placement for the child if an adoptive placement is disrupted. Planning will include a review of available resources before another placement is selected.

As part of the Adoptive Placement agreement, adoptive parents agree:

- To provide sufficient advance written notification to Refuge House of a request to remove the child from their home, except in cases where the child is a danger to self or to others or exhibits volatile or self-injurious behaviors that are inappropriate for the program of service and requires a placement in another setting;
- To work with the Refuge House to help prevent a disruption through counseling, behavior strategies, or other strategies developed as a team;
- To cooperate with Refuge House, should a disruption occur, in a way that serves the best interest of the child in the judgment of Refuge House. This includes sending the child with all of his/her belongings, including his/her life book/picture book, and any items/gifts given to the child during placement at the time of the move;
- To return the child to Refuge House if in the opinion of the agency the best interests of the child require it.

If a child comes back into Refuge House care, circumstances necessitating this and the child’s needs will be documented in the child’s record.

A post-placement adoptive report is a written evaluation of the assessments and interviews, after the placement of the child, regarding the:

1) Child;
2) Prospective adoptive parent(s);
3) Family of the prospective adoptive parent(s);
4) Environment of the prospective adoptive parent(s) and their family; and
5) Adjustment of all individuals to the placement.

Interviews for a post-placement adoptive report may be conducted in one visit and will include the following interviews:

1) Individual interviews with each prospective adoptive parent,
2) Each child three years or older living in the home
3) Any other person living full time with the family
4) A joint interview with the prospective adoptive parents
5) A family group interview with family members living in the home
6) An interview of any minor child 12 years or older or adult child of the prospective adoptive parents not living in the home (by phone, in person or by letter).

All interviews and attempts to interview persons listed above will be documented in the record and will include dates and methods taken to contact the persons, date of interview, who was present, their relationship to the prospective adoptive parents, and a summary of the interviews.

Refuge House will conduct a home visit when all family members in the household are present and this will be documented in the record.

Any Refuge House staff conducting the post-placement adoptive report will not have a conflict of interest with any party in a disputed suit. No previous knowledge of any party that was not exclusively obtained through a home screening or adoptive report will be allowed. A staff will disqualify themselves if a conflict or bias exists. Any issues or concerns relating to such a conflict or bias to the court before an appointment will be accepted, however, unless the court find the staff biased the subsequent reports may be conducted unless the staff has been previously screened. Any adoptive placement that appears to have been made by someone other than the child’s parents or child-placing agency will be reported to RCCL.

Any complaints about how the post-placement adoptive report was conducted will be made directly to Refuge House. Refuge House will give the telephone numbers to the entities where it is appropriate to file complaints.

Foster home screening, pre-adoptive home screening and/or post-placement adoptive report interviewing will be documented and include the following:

1) Individual interviews with each prospective adoptive parent,
2) Each child three years or older living in the home
3) Any other person living full time with the family
4) A joint interview with the prospective adoptive parents
5) A family group interview with family members living in the home
6) An interview of any minor child 12 years or older or adult child of the prospective adoptive parents not living in the home (by phone, in person or by letter).

Refuge House will conduct these interviews at the home, and will record the date, persons present, their relationship to the prospective foster or adoptive parents and observations made during the visit.

Unless DFPS is a party to the case, Refuge House will complete and notarize a PRS Post-Placement Adoptive Report Registration form, and file this form with the appropriate court(s).

The interviews for a post-placement adoptive report will be conducted after the child has resided with the prospective adoptive parent(s) for at least five months, unless otherwise directed by the court. However, the information for the post-placement adoptive report may be gathered after the placement of the child.

The interviews for the post-placement adoptive report will focus on the adjustment of the family and the child following the placement of the child; and any items relating to the home screening information that have not been adequately addressed.

Information in the post-placement adoptive report will include the following:
1) A summary of all assessments and available information about the child who is the subject of a petition for adoption, including:
   a) Health history, social history, educational history, genetic and family history, and other information required by the Texas Family Code 162.005 and 162.007;
   b) History of physical sexual, or emotional abuse experienced by the child;
   c) History of any previous placements, including the date and reason for the placement;
   d) The child’s understanding of the adoptive placement or conservatorship;
   e) The child’s legal status

2) A summary of all assessments, interviews, and available information about the prospective adoptive parents including:
   a) The pre-adoptive home screening (See 745.4061) including the results of the criminal history and central registry background checks;
   b) Individual strengths and weaknesses of the adoptive parents
   c) Observations made relative to the family’s interactions with each other;
   d) Additional interviews of persons specified in 745.4033; and
   e) A visit to the home

3) An evaluation of the child’s present or prospective physical, intellectual, social and psychological functioning and needs, and whether the environment will meet those needs.

4) A summary of the adjustment of the family and the child in the home during the six-month placement period, if appropriate.

5) Sources of information and verification to the extent possible, of all statements of fact pertinent to the report.

6) The basis for your conclusions or recommendations.

7) The names and qualifications of all persons involved in the preparation and evaluation of the report.

8) Telephone numbers for entities where it is appropriate for the subject of the report to file complaints about how the post-adoptive placement report was conducted (see 745.4043).

9) All persons involved in the preparation and evaluation of the study must sign the report.

References
§749.3721, §749.3725, §749.3727, §745.4025, §745.4033, §745.4035, §745.4037, §745.4121, §745.4123, §745.4125, §745.4127

COUNSELING SERVICES

After the adoption is consummated, Refuge House will offer counseling services to the adoptive child and the adoptive family. These services may be provided through referrals outside the agency.

References
§749.3741

SUBSEQUENT ADOPTIONS

Before a subsequent placement is made into an adoptive home, the adoptive home screening must be brought up to date within 30 days of the adoptive placement.

The adoptive home screening for a subsequent placement will be in writing and will include:
1) At least one individual interview with each applicant;
2) At least one visit to the home when all members of the household are present;
3) Observation of the adjustment of the children in the family and how the children feel about the addition of another child;
4) Updates on all areas addressed in the original adoptive home study.

References
§749.3761