



Guiding Light Foster Care & Adoption Policy

Table of Contents

MISSION STATEMENT	7
ORGANIZATIONAL CHART	8
100 DEFINITIONS/GLOSSARY	9
ORGANIZATION AND ADMINISTRATION	35
200 OPERATIONAL RESPONSIBILITIES & NOTIFICATIONS	35
210 FISCAL ACCOUNTABILITY	38
220 BRANCH OFFICES.....	40
230 AGENCY POLICIES	41
240 GUIDING LIGHT PLAN FOR COMPLIANCE WITH MINIMUM STANDARDS AND RESIDENTIAL CONTRACTS.....	43
250 CLIENT RIGHTS & APPEALS (CAREGIVERS).....	47
260 ELECTRONIC SYSTEMS MANAGEMENT	49
REPORTS AND RECORD KEEPING	50
300 SERIOUS INCIDENTS	50
310 CLIENT RECORDS	58
320 INTERNAL INVESTIGATIONS.....	61
330 NOTIFICATIONS.....	62
340 PERFORMANCE MEASUREMENT EVALUATION TOOL (PMET).....	65
AGENCY STAFF AND CAREGIVER.....	68
400 GENERAL REQUIREMENTS	68
410 CHILD PLACING STAFF.....	71
420 CONTRACT STAFF / VOLUNTEERS AND STUDENT INTERNS.....	74
TRAINING AND PROFESSIONAL DEVELOPMENT	75
500 ORIENTATION	75
510 PRE-SERVICE & ANNUAL TRAINING	76
CHILDREN’S RIGHTS	88
600 GENERAL RIGHTS.....	88
610 MAINTAINING CONNECTIONS.....	95
ADMISSIONS AND PLACEMENTS.....	97

700 ADMISSIONS POLICY	97
710 GENERAL REQUIREMENTS	98
720 ADMISSION REQUIREMENTS	101
730 ADMISSION ASSESSMENT	104
740 YOUNG ADULT IN CARE	108
<u>TREATMENT SERVICE PLANNING AND DISCHARGE.....</u>	109
800 SERVICE PLANS.....	109
810 SERVICE PLAN REVIEW AND UPDATES	113
820 TRANSFER AND DISCHARGE PLANNING	115
830 CHILD PLACEMENT REMOVAL	120
<u>MEDICAL, VISION, DENTAL, PSYCHOLOGICAL AND PHARMACY</u>	121
900 MEDICAL, VISION, DENTAL AND PHARMACY SERVICES.....	121
910 ADMINISTRATION OF MEDICATIONS.....	127
920 SELF ADMINISTRATION OF MEDICATIONS	129
930 MEDICATION STORAGE AND DESTRUCTION	130
940 MEDICATION RECORDS	131
950 MEDICATION LABEL ERRORS.....	132
960 SIDE EFFECTS AND ADVERSE REACTIONS	133
970 USE OF PSYCHOTROPIC MEDICATIONS	134
980 PROTECTIVE AND SUPPORTIVE DEVICES.....	135
990 PSYCHOLOGICAL EXAMINATIONS	136
991 BEHAVIORAL HEALTH AND HEALTHCARE SERVICES (THERAPY).....	137
<u>DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY</u>	139
1000 GENERAL REQUIREMENTS	139
1010 COURT HEARINGS.....	140
1020 TEEN DATING VIOLENCE	141
1030 ENDANGERED MISSING PERSONS ALERT (EMPA)	142
1040 OFFENSIVE ELECTRONIC TRANSMISSIONS	143
1050 ADDITIONAL REQUIREMENTS FOR INFANT CARE	144
1060 ADDITIONAL REQUIREMENTS FOR TODDLER CARE.....	146
1070 ADDITIONAL REQUIREMENTS FOR PREGNANT CHILDREN.....	147
1080 EDUCATIONAL SERVICES.....	148
1090 DISCIPLINE POLICY.....	152
1100 RESTRICTIONS	156
<u>EMERGENCY BEHAVIOR INTERVENTION:</u>	157
<u>RESTRAINT FREE / ACE'S</u>	157

2000 GENERAL REQUIREMENTS	157
2010 SHORT PERSONAL RESTRAINTS	159
2020 OVERALL AGENCY EVALUATION	160
<u>FOSTER HOME SCREENING AND VERIFICATION.....</u>	161
3000 GENERAL REQUIREMENTS	161
3010 FOSTER HOME SCREENING.....	167
3020 VERIFICATION OF FOSTER HOME.....	171
3030 TEMPORARY VERIFICATION	178
3040 CAPACITY AND CHILD CAREGIVER RATIO	179
3050 SUPERVISION	181
3060 AGENCY FOSTER FAMILY RELATIONSHIP.....	183
3070 DAYCARE	189
3080 PERMANENCY CARE ASSISTANCE	190
<u>FOSTER HOME SCREENING AND VERIFICATION.....</u>	194
4000 FOSTER HOME MANAGEMENT.....	194
4010 CAREGIVER FINANCES.....	197
4020 BACKGROUND CHECKS	199
<u>FOSTER HOME HEALTH & SAFETY:.....</u>	201
<u>REQUIREMENTS, ENVIROMENT, SPACE & EQUIPMENT</u>	201
5000 HEALTH AND SAFETY	201
5010 TOBACCO.....	203
5020 WEAPONS, FIREARMS, EXPLOSIVE MATERIALS, & PROJECTILES.....	204
5030 ENVIROMENT.....	205
5040 SPACE AND EQUIPMENT	206
5050 NUTRITION AND FOOD PREPARATION.....	209
5070 SWIMMING POOLS, BODIES OF WATER, SAFETY	211
<u>SPECIALIZED FOSTER CARE SERVICES</u>	213
6010 REQUIREMENTS FOR CARE OF CHILDREN WITH DEVELOPMENTAL DISABILITIES OR INTELLECTUAL DISABILITIES	216
6020 REQUIREMENTS FOR CARE OF CHILDREN WITH AUTISM SPECTRUM DISORDERS	218
6030 REQUIREMENTS FOR CARE OF CHILDREN WITH PRIMARY MEDICAL NEEDS	221
6040 REQUIREMNETS FOR CARE OF TRAFFICKING VICTIMS' CHILDREN.....	223
6050 REQUIREMENTS FOR CARE OF CHILDREN WITH HABILITATIVE NEEDS	226
6060 REQUIREMENTS FOR CARE OF CHILDREN HARD OF HEARING/DEAF	227
6070 REQUIREMENTS FOR CARE OF CHILDREN WITH INTENSE LEVEL OF CARE	228
6080 REQUIREMENTS FOR CARE OF CHILDREN WITH SEXUAL BEHAVIOR PROBLEMS	234

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6090 REQUIREMENTS FOR CARE OF CHILDREN WITH TRANSITIONAL LIVING NEEDS	235
6100 REQUIREMENTS FOR CARE OF CHILDREN IN SSCC REGIONS	240
6200 REQUIREMENTS FOR CARE OF CHILDREN RELATED TO SUICIDE PREVENTION, INTERVENTION & POSTVENTION	243
<u>REQUIREMENTS FOR RESPITE PLACEMENTS OR INTERMITTENT ALTERNATIVE CARE</u>	<u>247</u>
7000 BABYSITTERS / OVERNIGHT CARE PROVIDERS / RESPITE CARE PROVIDERS	247
<u>DISASTER EMERGENCY REDINESS PLAN</u>	<u>252</u>
FIRE.....	252
<u>FIRE PREVENTION & SAFETY:</u>	<u>253</u>
<u>EACH HOME MAINTAINS THE UPDATED INFORMATION ON THEIR SPECIFIC DEP PLANS:.....</u>	<u>253</u>
<u>NUMBER OF SMOKE DETECTORS.....</u>	<u>253</u>
<u>NUMBER OF FIRE EXTINGUISHERS.....</u>	<u>253</u>
<u>LOCATION OF FIRE EXTINGUISHERS</u>	<u>253</u>
<u>SEVERE WEATHER</u>	<u>253</u>
FLOOD	254
HURRICANE	254
<u>CRITICAL EQUIPMENT FAILURE</u>	<u>257</u>
INFECTIOUS DISEASE OUTBREAK	257
<u>I. CLEANING AND SANITIZATION:.....</u>	<u>258</u>
<u>II. SOCIAL DISTANCING:.....</u>	<u>258</u>
<u>III. VISITORS.....</u>	<u>259</u>
<u>IV. SYMPTOMS:</u>	<u>259</u>

ALL STAFF SHOULD CONTINUE TO SELF-MONITOR FOR THOSE COVID-19 RELATED SYMPTOMS AND CONTACT YOUR SUPERVISOR AND STAY HOME (WORK FROM HOME IF POSSIBLE) WHEN EXHIBITING ANY OF THE FOLLOWING:.....259

VI. MESSAGE FOR VISITOR CORRESPONDENCE.....259

PANDEMIC.....265

CHEMICAL ACCIDENT / EXPLOSION / TERRORIST ATTACK/WEAPONS OF MASS DESTRUCTION EVENTS266

INTRUDER.....266

GENERAL WELLBEING IN EMERGENCY SITUATIONS: INFORMATION PROVIDED IN EACH FOSTER HOME DEP/DISASTER EMERGENCY PLAN FOR A REFERENCE.271

HELPFUL WEBSITES.....272

9000 |ACKNOWLEDMENT OF RECEIPT OF UPDATED POLICIES273

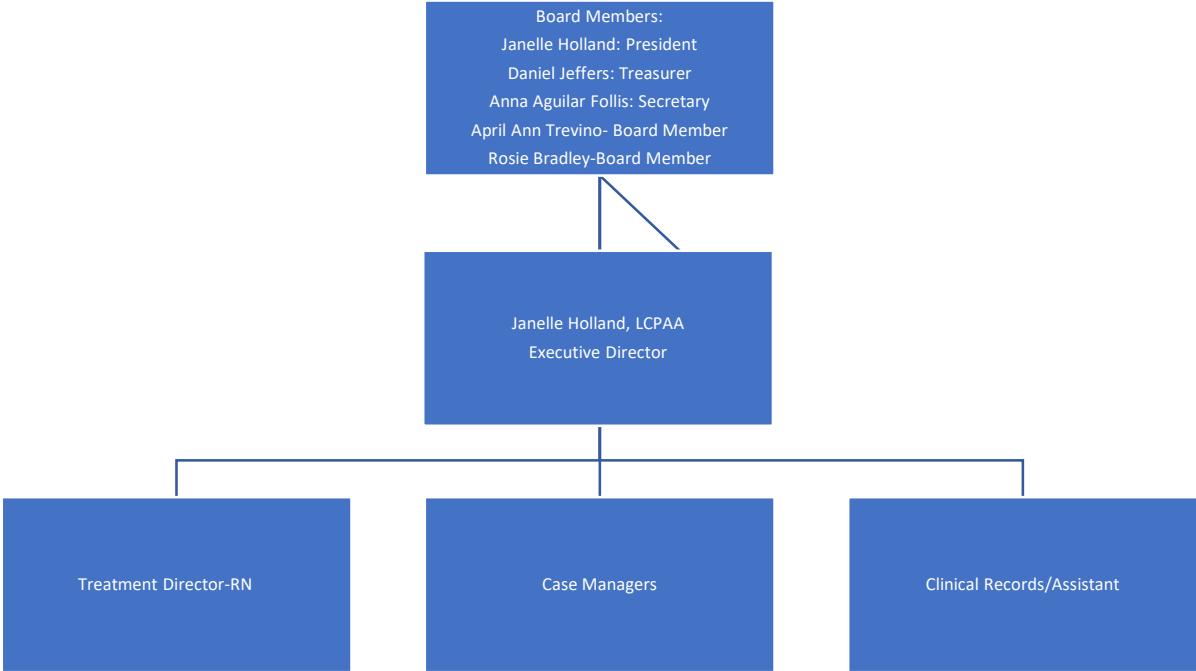
MISSION STATEMENT

GUIDING LIGHT FOSTER CARE & ADOPTION (GUIDING LIGHT) is a Christian-based, private non-profit corporation which places dependent, medically fragile, neglected, adjudicated delinquent, maladjusted, hurting and abused children ages from birth through seventeen throughout Texas into nurturing foster homes. These families ensure the medical, physical, emotional, educational, developmental, and spiritual needs of the children in their care are met.

GUIDING LIGHT is dedicated to the goal of developing healing environments, where foster parents/staff are trained to help children via connecting principles and trauma informed interactions. The objective is to help children work through the emotional scars resulting from physical, sexual and emotional abuse or neglect, to feel empowered and safe by offering them choices, building trust, and establishing close relationships. Primary Medical Needs children are placed in well trained homes where their medical needs are outlined from placement and met continually with the commitment of the foster parents and the agency support.

Our mission will be accomplished through specialized training to equip foster parents and caretakers to provide the routine daily care and overall special needs of the medically fragile. The medical competency training will ensure individualized training for each and every child prior to placement. The training they receive will provide the confidence to send a message of safety and caring, giving each child a “voice,” and teaching social skills through playful interactions. Problems such as running away, self-injurious tendencies, delinquent behavior and aggression are tools children learn on their own as coping mechanisms in attempts to get their needs met. If the children require more intensive treatment, whether they go to a hospital or to an emergency shelter, a comprehensive support network will be established to provide continuity of care throughout the environmental changes. GUIDING LIGHT desires to be a part of positively impacting neglected, abused and hurting children in Texas.

ORGANIZATIONAL CHART



100 | DEFINITIONS/GLOSSARY

Age or Developmentally- Appropriate:

Activities or items that are generally accepted as suitable for Children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child, based on the development of cognitive, emotional, physical and behavioral capacities that are typical for an age or age group; and in the case of a specific Child, activities or items that are suitable for the child based on the developmental stages attained by the Child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.

Aging Out Seminars

Seminars that focus on transitioning foster Children residing in DFPS verified foster care age 17 by offering opportunities on an annual basis to enhance a youth's knowledge about the DFPS-Transitional Living Services (TLS) programs, benefits, resources, and other relevant life skills topics.

Annual/Annually

As it relates to annual training, annual/annually is defined as once every 365 days.

Apprised:

DFPS acknowledges and agrees that in order to protect children from sexual abuse, those individuals who meet the definition of caregiver above, i.e. who have day to day responsibility over caring for children, should be aware of the information they need to keep children safe. Given that staff of operations may fluctuate and given the expectations DFPS will add and enforce in contracts regarding administration/intake staff sharing this information with direct-care staff who need it, DFPS proposes to define "apprise" as follows: "to direct information regarding sexual abuse or sexual aggression history to the individual foster parents, the administrator, case manager, and intake staff, all of whom DFPS must ensure (through monitoring and contractual enforcement) share this information to those staff who are included within the definition of a caregiver. The obligation to apprise also include the obligation to monitor and enforce contractual requirements and agency expectations regarding provision of the information to caregivers."

Appropriate Clothing:

Clothing that, at a minimum, is:

- A. Insufficient quantity such that there are an adequate number of the following: T-shirts, undershirts, underwear, bras, socks, shoes, pants, shirts, skirts, blouses, coats/jackets, sweaters, pajamas, shorts and other clothing necessary for a Child to partake in daily activities.
- B. Gender and age-appropriate.
- C. Proportionate to the Child's size;
- D. In good condition, and is not worn-out with holes or tears (not intended by the manufacturer to be part of the item of clothing);
- E. Clean and washed on a regular basis;
- F. Comfortably fitting;
- G. Is similar to clothing worn by other children in their community; and
- H. Adequate to protect Children against natural elements, such as rain, snow, wind, cold, sun and insects.

Authorized User

An employee approved by the Contractor and identified to the Department who has been granted access to view information in the Health Passport.

Babysitter (Less than 12 hours)

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An individual who is age 18 or more, who is not verified and who can care for children:

- A. From birth to age 17, if previous experience with these ages;
- B. Requiring Babysitting training and 1st aid/CPR training as required, TB test, FBI background
- C. Less than 12 hours.
- D. A maximum of 6 children to make ratio unless the children are under age 5. If serving this age, a maximum of 5 children can be served in each episode;
- E. Babysitter – A person who temporarily cares for a child in foster care for no more than 12 consecutive hours. A babysitter is not required to meet the requirements for a caregiver unless the babysitter is a verified foster parent, an agency employee, a contract service provider, or a volunteer.
- F. Babysitter for PMN children must be a trained individual to meet the needs of the children in the home or at least one nursing staff must be present in the absence of the caregiver.

Babysitter/Overnight Care Providers (More than 12 hours Less than 72 hours)

An individual who is age 21 or more, who is not verified and who can care for children:

- A. From birth to age 17, if previous experience with these ages;
- B. Requiring Babysitting training and 1st aid/CPR training as required, TB test, FBI background
- C. Less than 72 hours.
- D. A maximum of 6 children to make ratio unless the children are under age 5. If serving this age, a maximum of 5 children can be served in each episode;
- E. Overnight Care Provider – A person who temporarily cares for a child in foster care for no more than 72 consecutive hours. An overnight care provider is not required to meet the requirements for a caregiver unless the provider is a verified foster parent, an agency employee, a contract service provider, or a volunteer.
- F. Overnight Care Provider for PMN children must be a trained individual to meet the needs of the children in the home or at least one nursing staff must be present in the absence of the caregiver.

Background History Checks

Searches of different databases that are conducted on an individual. There are three types of Background History Checks: criminal background checks conducted by the Department of Public Safety for crimes committed in the State, criminal history checks conducted by the FBI for crimes committed anywhere in the U.S., and The Texas Abuse Neglect database checks conducted by HHSC. The Texas Abuse/Neglect database 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 or Adult (40 TAC §745.611).

Basic Living Skills

The Child must be engaged in learning new skills, attitudes, and ways of thinking through hands-on learning opportunities that are necessary for the Child to care for oneself and to function in the community. Life-Skills trainings are tailored to a child's skills and abilities and must include at a minimum, performing basic household tasks, maintaining personal hygiene, laundry, training in practical activities that include grocery shopping, meal preparation and cooking, nutrition education that promotes healthy food choices, using public transportation (when appropriate), balancing a checkbook, and managing personal finances in accordance with the Financial Literacy Educational Program Expectations. The Expectations will be developed with the Office of Consumer Credit Commissioner and the State Securities Board. Caregivers must assist youth and young adults who have a source of income with establishing a savings account, if appropriate. See the resources to aid caregivers in providing experiential life skills training and normalcy activities to foster youth page on the DFPS website.

Behavioral Health Services

Services for the treatment of mental, emotional, or substance related disorders.

Caregiver

A person counted in the child/caregiver ratio, including employees, caregivers, contract service providers, and volunteers, whose duties include direct care, supervision, guidance, and protection of a child in care. For example, a child-placement staff that takes a child on an appointment or doctor's visit is considered a caregiver. Employees and contract staff who provide 24-hour awake night supervision are considered caregivers.

- A. Does not include babysitters who are not routinely responsible for direct care, supervision, guidance, and protection of a child/youth in care such as:
 - a. Verified caregivers;
 - b. Licensed caregivers; or
 - c. Agency employees
- B. Does not include a contract service provider who:
 - a. Provides a specific type of service to your agency for a limited number of hours per week or month; or
 - b. Works with one particular child; or
 - c. Is a nurse being reimbursed by Medicaid; and
- C. Does not include a person left alone momentarily with a child in care while the caregiver leaves the room.
- D. Does not include:
 - a. School personnel;
 - b. Mentors;
 - c. Tutors; and
 - d. Chaperones

Case Manager

A Contractor's employee who may provide services, including but not limited to:

- A. Placing a Child into a foster home or other substitute living arrangement;
- B. Orienting, assessing, and verifying Foster Parents;
- C. Monitoring and providing support services to foster parents, including the initiation of development plans, corrective actions, or adverse actions; and
- D. Managing the case of a Child, including:
 - i. Completing admission assessments or any other evaluation of a child for placement
 - ii. Developing, reviewing, and updating of service plans;
 - iii. Completing a discharge or transfer summary;
 - iv. Developing and updating of service plans;
 - v. Stewarding direct contact with Children and the foster parents or other caregivers; and
 - vi. Performing any additional activities that may consist of planning and coordination of services to Children and the foster families based on current needs and functioning;

Case Management Service

Any service referenced in the Case Manager definition or in services referenced in the 40 TAC §749.663 or 748.561.

Caseworker

A DFPS employee who provides casework services to Children in Substitute Care under the conservatorship of the State. When the Contract requires approval from or notification of the Child's Caseworker, the Contractor may utilize the Caseworker's Chain of Command if the Contractor is unable to contact the Caseworker.

Casey Life Skills Assessment

An assessment of a child's independent living skills designed to be completed by both the child and the caregiver. The child and caregiver results are combined into a report which provides an indication of the skill level and readiness of the child to live independently and creates the opportunity for the caregiver and child to talk about the child's life skills.

Certified Fire Inspector

Persons certified by the Texas Commission on Fire Protection to conduct fire inspections.

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Chain of Command

The administrative structure used in the event the Contractor is unable to communicate with the Child's Caseworker. The typical Department Chain of Command is as follows: Caseworker, Supervisor, Program Director, Program Administrator and Regional Director. The Department Chain of Command is identified by the district/region in which the Caseworker is housed.

Chemical Restraint

A type of emergency behavior intervention that uses chemicals or pharmaceuticals through topical application, oral administration, injection, or other means to immobilize or sedate a child as a mechanism of control. The use of a medication is not a chemical restraint under this chapter if the medication:

- A. Is prescribed by a treating health-care professional;
- B. Is administered solely for medical or dental reasons; and
- C. Has a secondary effect of immobilizing or sedating a child.

Child and Adolescent Needs and Strengths (CANS) Assessment

CANS is an evidence-based, trauma-informed, developmentally appropriate assessment and communication tool that helps decision-making, drives service planning, facilitates quality improvement, and allows for outcomes monitoring DFPS uses CANS to gather information about the strengths and needs of the Child to plan for services that will help the Child and family reach their goals. The Texas version of CANS was developed for Children in DFPS Managing Conservatorship.

Child and Children

A person(s) who is referred by DFPS to the SSCC for services from birth through the end of the month in which the Child turns 22 years of age.

Childcare Licensing Account Portal

The Childcare Provider Login page for Child Care Licensing.

Child-Care Services

Services that meet a Child's basic need for shelter, nutrition, clothing, nurture, socialization and interpersonal skills, care for personal health and hygiene, supervision, education, and service planning.

Childhood activities

Activities that are generally accepted as suitable for children of the same chronological age, level of maturity, and developmental level as determined by a reasonable and prudent parent standard. Examples of childhood activities include extracurricular activities, in school and out of school activities, enrichment activities, cultural activities, and employment opportunities. Childhood activities include unsupervised childhood activities.

Child in care

A child who has been placed by a child-placing agency in a foster or adoptive home, regardless of whether the child is temporarily away from the home. Unless a child has been discharge from the child-placing agency, the child is considered a child in care.

Child Placement Vacancy Database (CPVD)

The DFPS internet website used by Contractors to report, or confirm, the number of available openings, including applicable characteristics, and used by the Department to assist in finding placements. On the Child Care Provider Login Board Approved

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page select Update Provider Vacancies

Child passenger safety seat system

An infant or child passenger restraint system that meets the federal standards for crash-tested restraint systems as set by the National Highway Traffic Safety Administration.

Child Plan of Service (CPOS)

A plan that identifies a child's basic and specific needs and how those needs will be met

Child's Service Plan

The Department's developed plan that addresses the services that will be provided to each foster Child to meet the Child's specific needs while in Substitute Care.

Chronological Age:

The age of a person as measured from birth to a given date.

Client

- A. Anyone can request information from GUIDING LIGHT or attend a meeting open to all interested persons. A person becomes a client of GUIDING LIGHT when GUIDING LIGHT the FHD establishes a relationship beyond that available to someone who is merely an interested person.
- B. Child clients include:
 - 1. Foster care;
 - 2. Pre-consummated adoptive placement
- C. Adult clients include:
 - 1. Birth parents, managing conservator, or whoever has legal responsibility for children they are placing in GUIDING LIGHT;
 - 2. Foster parent applicants;
 - 3. Foster parents;
 - 4. Adoptive applicants;
 - 5. Adoptive parents prior to consummation of the adoption;
 - 6. Adoptive parents and birth parents seeking post adoption services; and
 - 7. Young adults in care

Community Based Care (CBC)

A community-based approach to providing foster care and case management services, by contracting with a single contractor that is responsible for finding Substitute Care living arrangement and providing children a full continuum of services. DFPS Regions which are currently covered under CSBC include 3b covered by OCOK (consisting of Tarrant, Palo Pinto, Parker, Johnson, Hood, Somervell and Erath counties), Saint Francis Ministries covers Region 1 which covers 40 county areas that includes Lubbock, Amarillo, and the Texas Panhandle, and Region 2 is covered by 2INGage covering a 30 county area that includes Abilene and Wichita Falls. Region 8b awarded to SJRC on April 1, 2021 is the newest CSBC to chosen to serve region 8b. 4Kids4Families SSCC awarded in Region 04 awarded on 11/01/2023

Connections

Relationships Children have with extended family members, previous foster families, schools, communities, tribes or tribal customs, religions or religious observances, and other social networks.

Contract Period

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Time period of the beginning date through the ending date specified in the term of the original Contract, including Contract renewals or Contract extensions.

Contracted Components of Care

In addition to the requirements set forth in Attachment C and Sections 9 through 22 of this Contract, services documented in the Child's Plan of Service and within the scope of the Contractor's license, provided directly or procured on behalf of the Child. Components of care include, but not limited to the provision of routine 24-hour child-care, behavior counseling and supervision, educational and vocational activities, routine recreational activities, medical and dental care, travel, and activities that may require the Contractor's participation.

Corporation or Other Type of Business Entity

May include an association, corporation, and nonprofit corporation with religious affiliation, limited liability company, political subdivision, or state agency. For purposes of this chapter, this definition does not include any type of "partnership", which is defined separately.

Corrective or Adverse Action

Specific corrective actions required of the Contractor by the Department in order to maintain compliance with Service Levels, applicable federal or state regulations, and the terms and conditions of the DFPS Contract. It is any action that places a restriction or condition on a foster home's verification, including the revocation of the verification. Note: For information regarding a corrective action or adverse action which Licensing is taking against you, see Subchapter L of Chapter 745 (relating to Enforcement Actions)

Counseling

A procedure used by professionals from various disciplines in guiding individuals, families, groups, and communities by such activities as delineating alternatives, helping to articulate goals, processing feelings and options, and providing needed information.

Covered Behavioral Health Services

Medicaid allowable Behavioral Health Services eligible to be paid in response to claims processed through the Child's Medicaid health plan.

CPS Transition Plan

A plan to address the issues that are important for all Children 14 and older as they prepare to leave care and enter the adult world. The plan helps the Child, providers and Caseworkers identify what services are needed to accomplish goals and it is incorporated into the Child's Plan of Service.

Cultural Competence

The ability of individuals and systems to provide services effectively to people of various cultures, races, ethnic backgrounds, and religions in a manner that recognizes, values, affirms, and respects the worth of the individuals and protects and preserves their dignity.

De-escalation

Strategies used to defuse a volatile situation, to assist a child to regain behavioral control and to avoid a physical restraint or other behavioral intervention.

Designated Victim

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A Child determined as such by an investigation resulting in a disposition of Reason to Believe (RTB) and entered in the data system (Reference Section 6610 of the Licensing Policy and Procedures Handbook (LPPH)). A Designated Victim will be counted when the disposition is made or, if an Administrative Review is requested, only after the disposition is “Upheld” by the decision of the Administrative Review body (Reference Section 7710 of the LPPH).

Developmental Age:

Developmental age is a reference to how closely a person's physical and mental development parallels with normal developmental milestones (such as walking, talking, etc.). Developmental delays and significant impairments affect the developmental age.

Direct Service Delivery

Service providers who have direct access to providing services, supervision or delivery of treatment components as referenced in the Residential Childcare Contract Components of Care.

Discharge Notice

Notice provided to DFPS by a provider using Form 2109 Residential Childcare Discharge Notice upon determining that it is no longer in the Child's best interest to remain at the provider's facility or that the provider cannot meet the needs of the Child. The form includes the reason for the Child's discharge and the provider's recommendation regarding a future placement for the Child that would increase the Child's opportunity to attain a stable placement.

Discharging Contractor

The individual or legal entity designated by and contracting with DFPS that provided Residential Childcare to or was responsible for the care of a Child prior to the Child's placement with the Receiving Contractor.

Discipline

A form of guidance that is constructive or educational in nature and appropriate to the child's age, development, situation, and severity of the behavior.

DFPS Childcare Licensing Public and Provider Website

https://www.dfps.state.tx.us/child_care/Search_Texas_Child_Care/ppFacilityLogin.asp

Education Decision-Maker

The individual designated by DFPS, or the court, to make education decisions for a Child in DFPS Conservatorship.

Education Plan

Identifies educational and ancillary services to meet the Child's education goals.

Educational Supports, Services and Benefits

State and Federal regulations regarding Children in DEPS substitute care that enable them to access services, such as counseling, college preparation services, mentoring/tutoring, driver's education, graduation items, college Tuition and Fee Waiver information and verification letters, and Education and Training Voucher.

Education and Training Voucher (ETV) Program

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A federally funded (Chafee) and state- administered program. Under this program, Children ages 16 to 23 years old may be eligible for up to \$5,000.00 financial assistance per year to help them reach their post-secondary educational goals. Information about this program is available at: www.TexasETV.com.

Education Portfolio

The updated and maintained separate education binder that contains important school documents and is designed to follow School-Age Children to each placement.

Emergency Babysitter

An individual who is not verified and is:

- A. the minimum age of 21
- B. to serve age range of children being served is between birth to age 17.
- C. Waived any required training.
- D. Serving less than 72 hours as the maximum number of hours allowed to serve.

Emergency Behavior Intervention (EBI)

Interventions used in an emergency situation, including personal restraints, mechanical restraints, emergency medication and seclusion.

Emergency Medication

A type of emergency behavior intervention that uses chemicals or pharmaceuticals through topical application, oral administration, injection, or other means to modify a child's behavior. The use of a medication is an emergency medication if:

- A. Is prescribed by a treating health-care professional;
- B. Is administered solely for a medical or dental reason (e.g. Benadryl for an allergic reaction or medication to control seizures); and
- C. Has a secondary effect of modifying a child's behavior.

Emergency Situation

A situation in which attempted preventative de-escalatory or redirection techniques have not effectively reduced the potential for injury and it is immediately necessary to intervene to prevent:

- A. Imminent probable death or substantial physical injury to the child because the child attempts or continually threatens to commit suicide or substantial physical injury; or
- B. Imminent physical harm to another because of the child's overt acts, including attempting to harm others. These situations may include aggressive acts by the child, including serious incidents of shoving or grabbing others over their objections. These situations do not include verbal threats or verbal attacks.

Experiential Life Skills Activities

Activities which engage the Child in learning new skills, attitudes, and ways of thinking through hands-on learning opportunities. Experiential life-skills training is tailored to a Child's skills and abilities and must include at a minimum training in practical activities that include maintaining personal hygiene, mental health services, doing laundry, grocery shopping, meal preparation and cooking, nutrition education that promotes healthy food choices, using public transportation (when appropriate), performing basic household tasks, balancing a checkbook, managing personal finances in accordance with the Financial Literacy Educational Program Expectations developed in collaboration with the Office of Consumer Credit Commissioner and the State Securities Board., and establishing a savings account for youth and young adults who have a source of income. See DFPS website for Resources to Aid Caregivers in Providing Experiential Life Skills Training, Financial Literacy Education Program and Normalcy Activities to Foster Youth.

Extended Foster Care

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A program for Children 18 to 22 years old who are eligible, and have signed an agreement to participate in this program. A Child who turns 18 years of age while in the conservatorship of DFPS, is eligible for Extended Foster Care services through the end of the month in which the Child reaches the age limit referenced in A) through F), so long as sufficient documentation is provided on a periodic basis as required by the terms of the Child’s Extended Foster Care Agreement to demonstrate that the Child is:

- A. Regularly attending high school or enrolled in a program leading toward a high school diploma or GED up to the Child’s 22nd birthday.
- B. Regularly attending an institution of higher education or a post-secondary vocational or technical program up to the Child’s 22nd birthday. These Children can remain in care to complete vocational-technical training classes regardless of whether or not the Child has received a high school diploma or GED certificate. (40 TAC §700.316)
- C. Actively participating in a program or activity that promotes, or removes barriers to employment up to the Child’s 22nd birthday;
- D. Employed for at least 80 hours per month up to the Child’s 22nd birthday;
- E. Incapable of doing any of the above due to a documented medical condition up to the Child’s 22nd birthday; or (40 TAC §700.316)
- F. Accepted for admission to a college or vocational program that does not begin immediately. In this case, the Child’s eligibility is extended three and a half months after the end of the month in which the Child receives his/her high school diploma or Graduate Equivalency Diploma (GED) certificate.

Extracurricular Activities

Activities outside the regular academic curriculum, including athletic, social, and cultural events.

Face-to-Face

A meeting held in person as opposed to videoconferencing or any other similar form of technology.

Facility

Any Residential Child-Care operation including Child-Placing Agencies and General Residential Operations

Family Members

An individual related to another individual within the third degree of consanguinity or affinity. For definitions of consanguinity and affinity, see Chapter 745 of MS. The degree of the relationship is computed as described in Government Code, 573.023 and 573.025

Family Member: Relationship of Consanguinity AND Affinity

Persons Related within 1 st Degree	Persons Related within 2 nd Degree	Persons Related within 3 rd Degree
<ul style="list-style-type: none"> ▪ Parent ▪ Child ▪ Spouse ▪ Mother-In-Law & ▪ Father-In-Law ▪ Daughter-In-Law & ▪ Son-In-Law 	<ul style="list-style-type: none"> ▪ Grandparent ▪ Grandparent-In-Law ▪ Grandchild ▪ Grandchild-In-Law ▪ Sister or Brother & ▪ Sister/Brother-In-Law 	<ul style="list-style-type: none"> ▪ Great-Grandparent ▪ Great-Grandparent-In-Law ▪ Grandchild ▪ Grandchild-In-Law ▪ Niece/Nephew ▪ Niece/Nephew-In-Law ▪ Aunt/Uncle & ▪ Aunt/Uncle-In-Law

* Step & Half relationships (stepbrother, step-father, half-sister, etc.) are considered to be the same as blood relationships.

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Fictive Kin

A person who has a significant, long-standing relationship with a Child's family

Financial Literacy Education Program:

Education, training, and experiential support that includes:

- A. obtaining and interpreting a credit score.
- B. protecting, repairing, and improving a credit score
- C. avoiding predatory lending practices
- D. saving money and accomplishing financial goals through prudent financial management practices
- E. using basic banking and accounting skills; including balancing a checkbook.
- F. using debit and credit cards responsibly.
- G. understanding a paycheck and items withheld from a paycheck; and
- H. protecting financial, credit, and identifying information in personal and professional relationships.

Former Foster Care Children (FFCC) Program:

A healthcare program administered by HHSC that provides continuous healthcare coverage for children formerly in the conservatorship of DFPS at age 18, up to age 26. This population receives healthcare coverage through either STAR Health or through the STAR plan of their choice.

Foster Care Maintenance Payments

- A. Payments to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a Child's personal incidentals, liability insurance with respect to a Child, and reasonable travel to the Child's home for visitation. In the case of institutional care, such term shall include the reasonable costs of administration and operations of such institution as are necessarily required to provide the items described in the preceding sentence.
- B. In cases where:
 - i. A Child placed in a foster home or child-care institution is the parent of a son or daughter who is in the same home or institution, and
 - ii. Payments described in Subsection A) are being made under this part with respect to such Child, the foster care maintenance payments made with respect to such Child as otherwise determined under Subsection A) shall also include such amounts as may be necessary to cover the cost of the items described in that Subsection with respect to such son or daughter. (42 USC, Chapter 7, Section 675 (4))

Foster Family home

A home that is the primary residence of the caregiver(s) and provides care for six or fewer children or young adults, under the regulation of a child-placing agency.

Foster Home Screening

A written evaluation, prior to the verification of the foster home, of:

- A. The prospective foster parent(s),
- B. Family of the prospective foster parents(s),
- C. All other part- or full-time household members; and
- D. Environment of the foster parents(s) and their family in relation to their ability to meet the child's needs, and
- E. The Foster Home Screening (home study) must document. Required information (TAC 749.2447) 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, special needs, and number of children (MS and TAC 749.2445)

Foster Parent

A person verified to provide childcare service in a foster home that receives foster care maintenance payments from a CPA - This term does not apply to Contractor staff from other programs and Intermittent Alternate Care providers. This term is specific to Child-Placing Agency programs.

Frequent Visitor

A person is a frequent visitor if the person:

1. Is present at an operation on a scheduled basis.
2. Visits the operation three or more times in a 30-day period, with each visit being a period of less than 24 hours, and with multiple or periodic visits to an operation within the same day counting as one visit.
3. Stays or resides at the operation for more than seven consecutive days.
4. Stays or resides at the operation three or more times per year, and the duration of each stay exceeds 48 hours.

For foster homes, the following persons are **not** considered to be frequently present at a foster home:

1. A child unrelated to a foster parent who visits the foster home.
 - a. Unless the child is responsible for the care of a foster child or there is a reason to believe that the child has a criminal history or previously abused or neglected a child
2. An adult unrelated to a foster parent who visits the foster home.
 - a. Unless the adult has unsupervised access to children in care or there is a reason to believe that the adult has a criminal history or previously abused or neglected a child

Governing Body

A group of persons or officers of the corporation or other type of business entity having ultimate authority and responsibility for the child-placing agency.

Grooming Products

Items or products provided to the Child to meet their personal and ethnic needs, including, but not limited to haircuts, hair care products, hair care accessories, sensitive skin products, hypoallergenic products, and necessary headdress, where applicable.

Head Start

A national program that promotes school readiness by enhancing the social and cognitive development of Children through the provision of educational, health, nutritional, social, and other services to enrolled Children and families. Caregivers may locate Head Start programs at local address, city, or zip code through Head Start locator.

Health-care Professional

A licensed physician licensed advanced practice registered nurse, physician's assistant, licensed vocational nurse (LVN), licensed registered nurse (RN), or other licensed medical personnel providing health care to the child within the scope of the person's license. This does not include medical doctors or medical personnel not licensed to practice in the United States.

Health Passport

An electronic health information system for the medical information of Children in the care or custody of DFPS. Health Passport is not a full medical record. Health Passport does contain information on diagnosis, immunization records, allergies, labs, patient history and medication history.

Healthy Racial and Ethnic Identity

A healthy sense of racial and ethnic identity is exemplified by an individual who:

Board Approved

Effective 12/1/2023

- A. Identifies as a member of a particular racial/ethnic group or groups.
- B. Has generally positive attitudes about being a member of that group, but also has a balanced view of the strengths and challenges associated with it.
- C. Affiliates with members of his or her own group but is also generally accepting of people from other groups; and is able to cope successfully with perceived or real racism and discrimination and has possibly shown some effective strategies for dealing with it.

High-risk behavior

Behavior of a child that creates an immediate safety risk to the child or others. Examples of high-risk behavior include suicide attempt, self-abuse, physical aggression causing bodily injury, chronic running away, substance abuse, fire setting, and sexual aggression or perpetration.

Historically Underutilized Business (HUB)

A minority or women-owned business, or business owned by a disabled veteran as defined by Texas Government Code, Chapter 2161.

Immediate Danger to Self or Others

A situation where a prudent person would conclude that bodily harm would occur if there were no immediate interventions. Immediate danger includes a serious risk of suicide, serious physical injury to self or others, or the probability of bodily harm resulting from a child running away. Immediate danger does not include:

- A. Harm that might occur over time or at a later time; or
- B. Verbal threats or verbal attacks

Individual Cultural Competence

The knowledge, skill or attribute one has relative to cultures other than his/her own that are observable in the consistent patterns of an individual's behavior, interaction and work related activities over time, which contributes to the ability to effectively meet the needs of Children and families receiving services.

Individual Education Plan (IEP)

A written statement for each Child with a disability that is developed, reviewed, and revised according to the requirements of Individuals with Disabilities Education Act (IDEA).

Infant

Birth to 17 months

Informed Consent

The Medical Consenter receives complete information about the proposed Medical Care, including benefits and risks, before making a decision. The goal is to ensure that the Medical Consenter makes the best decision about the Child's health care.

Initial Authorized Service Level

The first Basic, Moderate, Specialized, or Intense Service Level determined by the third-party contractor and based on information regarding the Child's service needs.

Interdisciplinary Team

A team of professionals that includes representation from at least three disciplines of study.

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Intermittent Alternate Care

A planned alternative 24-hour care provided for a Child by a licensed Child-Placing Agency as part of the agency or home's regulated childcare and that lasts more than 72 consecutive hours.

Intermittent Interventions:

Services provided by a licensed, credentialed, health specialist providing assistance to patients by physician orders for a pre-determined amount of time.

Injury (from use of an Emergency Behavior Intervention (EBI))

Means harm to the Child resulting from staff use of an EBI on the Child. It includes emergency medication, seclusion, and personal and mechanical restraints as defined in Minimum Standards.

- A. Non-Reportable Injury requires first aid attention.
- B. Reportable Injury is a serious Injury that requires professional medical attention.

Instructor-led Training

Training that is characterized by the communication and interaction that takes place between the student and the instructor. It must include an opportunity for the student to interact with the instructor to obtain clarifications and information beyond the scope of the training materials. For such an opportunity to exist, the instructor must be able to answer questions, provide feedback on skills practice, provide guidance or information on additional resources, and proactively interact with students. Examples of this type of training include classroom training, on-line distance learning, video-conferencing, or other group learning experiences.

Kinship (Relative) Caregivers

Unlicensed Caregivers whom the court has approved for a Child's placement because they are related to the Child; or have a Fictive Kin relationship to the Child.

Managing Conservator

A person responsible for a Child as the result of a district court order pursuant to the Texas Family Code Chapter 153

Management Services

Peripheral services that do not include core programmatic components but include support of these services, which includes, but is not limited to, the provision of quality assurance, performance improvement, oversight, monitoring, service-related policy and procedure development/enhancement, development of corrective actions plans, performance evaluation, disaster emergency response plan development.

Master record

The compilation of all required records for a specific person or home, such as a master personnel record, master case record for a child, or a master case record for a foster or adoptive home.

Mechanical restraint

A type of emergency behavior intervention that uses the application of a device to restrict the free movement of all or part of a child's body in order to control physical activity. Not allowed by GUIDING LIGHT.

Medical Care

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The prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions.

Medical Consenter

A person who has been given legal authority by DFPS or the court to make informed health care decisions for a Child in the custody of DFPS.

Medical/Healthcare Items

Medically necessary equipment, medical/surgical items, and personal devices or items prescribed or purchased for a Child to augment or enhance communication or speech functioning, vision, dental function or physical/medical functioning.

Mental Health Professional

- A. A psychiatrist by the Texas medical Board;
- B. A psychologist by the Texas State Board of Examiners of Psychologists;
- C. A master's level social worker or higher licensed by the Texas State Board of Social Work Examiners;
- D. A professional counselor licensed by the Texas State Board of Examiners of Professional Counselors;
- E. A marriage and family therapist licensed by the Texas State Board of Examiners of Marriage and Family Therapists; and
- F. A master's level or higher nurse licensed as an Advanced Practice Registered Nurse by the Texas Board of Nursing and board certified in Psychiatric/Mental Health.

Minimum Standards

DFPS rules which are the minimum requirements for permit holders, and which are enforced by DFPS to protect the health, safety, and well-being of Children. DFPS provides publications that contain the Minimum Standards and guidelines for compliance for each type of operation.

Monitoring

Monitoring is a systematic examination of the physical site, financial statements, records and procedures of a Contractor. It involves many of the techniques and procedures used in auditing but differ both in scope and purpose. Functioning properly, the Monitoring process serves as an early warning system, detecting potential problem areas before they become severe and providing plans for corrective action.

National Youth in Transition Database (NYTD)

The data collection system developed by the Administration for Children and Families (ACF) to track the independent living services provided to Children and to develop outcomes that measure the States' performance in preparing Children for their transition from foster care to independent living. More information is available on the National Youth in Transition Database (NYTD) in Texas page of the DFPS website.

National Youth in Transition Survey

The survey developed to collect data for the National Youth in Transition Database. Children and their Caregivers complete the National Youth in Transition Survey on the National Youth in Transition Database (NYTD) in Texas page of the DFPS website. The provider must ensure that the child has access to a computer that has access to the internet.

Network Provider

A Healthcare or behavioral Healthcare Provider enrolled and participating in the STAR Health network.

Non-Ambulatory

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A child that is only able to move from place to place with assistance, such as a walker, crutches, a wheelchair, or prosthetic leg.

Non-mobile

A child that is not able to move from place to place, even with assistance.

Non-Public School

A school that is not a Public School; however, is accredited by the TEA for the purposes of contracting and providing special education classes.

Normalcy

The ability of a child in care to live as normal a life as possible, including:

1. Engaging in age and developmentally childhood activities including unsupervised, as much as possible. Activities included but not limited to extracurricular activities, social activities in and out of school, and employment opportunities. that are suitable for children of the same age, level of maturity, and developmental level as determined by a reasonable and prudent parent standard; and
2. Having normal interaction and experiences within a foster family and participating in foster family activities. (See Resources to Aid Caregivers in Providing Experiential Life Skills Training and Normalcy Activities to Foster Youth on the DFPS website).

Office Visit

Participation in a Child's medical or behavioral health appointment(s) in person or by telemedicine in accordance with HHSC TAC Chapter 354 and Texas Medical Board TAC 22, Chapter 174.

Organizational Cultural Competence

A set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals, which enables staff and volunteers to work effectively with children and families from other cultures. Furthermore, it refers to the staff's ability to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services.

Overnight Care

Temporary care provided for a child in a foster care by someone other than foster parents with whom the child is placed for more than 12 consecutive hours, but no more than 72 consecutive hours.

Owner

The sole proprietor, partnership, or corporation or other type of business entity who owns a child placing agency.

Parent

A person who has legal responsibility for or legal custody of a child, including the managing conservator or legal guardian.

Partnership

A partnership may be a general partnership, (general)limited liability partnership, limited partnership, or limited partnership as limited liability partnership.

Performance Management Evaluation Tool (PMET)

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An Internet-based data collection and reporting system for DFPS Contractors to self-report performance measure data.

Permanency Goal

The Department's permanency goals are subcategories of the four goals identified by the Texas Family Code §263.3026. The categories are as follows:

- A. Family Reunification.
- B. Adoption by a relative or suitable individual (Relative/Kinship Adoption or Unrelated Adoption).
- C. Permanent Managing Conservatorship to a relative or suitable individual (Relative/Kinship Conservatorship or Unrelated Conservatorship);
- D. Another planned permanent living arrangement (Foster Family - DFPS Conservatorship, Other Family DFPS Conservatorship, Independent Living or Community Care).

Permanency Planning

The identification of services for a Child (and usually to the Child's family), the specification of the steps to be taken and the time frames for taking those steps so as to achieve the following goals:

- A. A safe and permanent living situation for the Child.
- B. A committed family for the Child.
- C. An enduring and nurturing family relationship that can meet the Child's needs.
- D. A sense of security for the Child.
- E. A legal status for the child that protects the rights of the Child; and
- F. In the case of a Child whose permanency goal is another planned, permanent living arrangement, a connection to a caring adult who will be supportive into adulthood during and after the transition to successful adulthood.

Permit holder

The owner of the child-placing agency that is granted the permit.

Person legally authorized to give consent

The person legally authorized to give consent by the Texas Family Code or a person authorized by the court.

Personal Contact

A meeting, either face-to-face or by telecommunication, during which the parties' discussion and actions are not directed.

Personal Documents

Identification documents provided to the Child. At age 16, the Caseworker provides a Child with a certified copy or original of their birth certificate, social security cards, and Texas identification card. At age 18, if not already provided, the Caseworker provides a Child with a certified copy of their birth certificate, social security card, and Texas identification card, immunization records, information contained in their health passport, proof of enrollment in Medicaid, and information about a Medical Power of Attorney. These documents are required to be provided per the Texas Family Code 264.014 and Patient Protection and Affordable Care Act (P.L. 111-148).

Personal Items

All objects and other materials in possession of the Child upon admission, given as a gift, prescribed for the Child, purchased by or for the Child, or purchased using the Child's Medicaid or other benefits, which include, but are not limited to, medication, Medical/Healthcare Items, toys, money, gift cards, allowances, televisions, radios, and CD5 and electronics.

Personal restraint

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A type of emergency behavior intervention that uses the application of physical force without the use of any device to restrict the free movement of all or part of a child's body in order to control physical activity. Personal restraint includes escorting, which is when a caregiver uses physical force to move or direct a child who physically resists moving with the caregiver to another location.

Physical force

Pressure applied to a child's body that reduces or eliminates the child's ability to move freely.

Preparation for Adult Living (PAL) Activities

Benefits and services provided to Children in DFPS-paid Substitute Care who are age 16 or older and likely to remain in foster care until at least age 18, who can qualify for services up to their 21st birthday. Services and benefits may include:

- A. Casey Life Skills Assessment to assess strengths and needs in life skills;
- B. Life Skills training in core areas including financial management;
- C. Job readiness and life decisions/responsibility;
- D. Educational/vocational services;
- E. Transitional Living Allowance (TLA) up to \$1000 (distributed in increments up to \$500 per month for children who participate in PAL Life Skills training, to help children with initial startup costs in adult living);
- F. After Care Room and Board (ACRB) assistance, based on need, up to \$500 per month for rent, utility deposits, food, etc. (not to exceed \$3000 of accumulated payments per Child);
- G. Case management to help Children with self-sufficiency planning and resource coordination;
- H. Teen conferences;
- I. Leadership development activities; and
- J. Additional supportive services, based on need and availability of funds, such as mentoring services and driver's education.

Primary Care Physician

Primary Care Physician is a physician or provider who has been designated by STAR Health to provide a Medical Home to Members and who is responsible for providing initial and primary care to patients, maintaining the continuity of patient care, and initiating referral for care.

Primary Medical Needs (PMN)

A Child with Primary Medical Needs is one who cannot live without mechanical supports or the services of others because of non-temporary, life-threatening conditions.

Principal

Includes the following individuals working at the operation that has contracted with DFPS executive director, chief executive officer, comptroller or business manager, and chief financial officer.

PRN

A standard order or prescription that applies "pro re nata" or "as needed according to circumstances" Professional service provider Refers to:

- A. A child placement management staff or person qualified to assist in child placing activity
- B. A psychiatrist licensed by the Texas State Board of Medical Examiners
- C. A psychologist licensed by the Texas State Board of Examiners of Psychologists
- D. A master's level social worker or higher licensed by the Texas State Board of Social Work Examiners
- E. A professional counselor licensed by the Texas State Board of Examiners of Professional Counselors
- F. A marriage and family therapist licensed by the Texas State Board of Examiners of Marriage and Family Therapists.

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Effective 12/1/2023

- G. A master's level or higher nurse licensed as a Advanced Practice Registered Nurse by the Texas Board of Nursing and board certified in Psychiatric/Mental Health; and
- H. Other professional employees in fields such as drug counseling, nursing, special education, vocational counseling, pastoral counseling, and education who may be included in the professional staffing plan for your agency that provides treatment services if the professional's responsibilities are appropriate to the scope of the agency's program description. These professionals must have the minimum qualifications generally recognized in the professional's area of specialization.

Programmatic Services

Types of services licensed and regulated by the DFPS Licensing Division, which include Child-Care Services, Treatment Services, Emergency Care Services, Transitional Living Program, Assessment Services Program, and Respite Care Child-Care/ Intermittent Alternate Care (IAC) Services conditions.

Prone Restraint

A restraint in which the child is placed in a chest-down hold.

Psychosocial Assessment

An evaluation by a mental health professional of a child's mental health that includes a:

- A. Clinical interview of the child.
- B. Diagnosis from the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5), or statement that rules out a DSM-5 diagnosis.
- C. Treatment plan for the child, including whether further evaluation of the child is needed (for example is a psychiatric evaluation needed to determine if the child would benefit from psychotropic medication or hospitalization; or is a psychological evaluation with psychometric testing needed to determine if the child has a learning disability or an intellectual disability; and
- D. Written summary of the assessment.

Public School

A school accredited by TEA and received state funding administered by TEA.

Reasonable and Prudent Parent Standard

The standard of care that a parent of reasonable judgment, skill, and caution would use to maintain the health, safety, and best interest of the child and encourage the emotional and social growth and development of the child.

Reason to Believe (RTB)

A finding of RTB means that a preponderance of evidence indicates abuse/neglect/exploitation occurred. If any allegation disposition is RTB, the overall case disposition is RTB.

Receiving Contractor

Any individual or legal entity designated by and contracting with DEPS, after having received the Form 2085-EC, to provide or be responsible for the Residential Childcare of the Child.

Re-evaluate

Re-assessing all factors required for the initial evaluation for the purpose of determining if any substantive changes have occurred. If substantive changes have occurred, these areas must be fully evaluated.

Regularly

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On a recurring, scheduled basis.

Relative

A person connected to a Child by blood, marriage, or adoption.

Representative

A foster parent, caregiver (including kinship caregiver), or Residential Childcare provider who, for purposes of the Texas Residency Affidavit, confirms that the Child resides or receives services at the address provided on the DPS Form DL-5.

Residential Childcare

The care, custody, supervision, assessment, training, education, or treatment of an unrelated Child or Children for 24 hours a day that occurs in a place other than the Child's own home.

Respite

Respite child-care services are a planned alternative 24-hour care that is longer than 72 hours, less than 14 days, that has the purpose of providing relief to the child's primary caregiver.

Return for Extended Foster Care

- A. A program designed for Children 18 to 22 years old that are eligible and sign an agreement to participate in this program. Eligible participants must have been in DFPS conservatorship at the time they turned 18 years old (or were on run away status at the time they turned 18 years old and their conservatorship case had not been dismissed), and left care on turning 18 or later for a period of Trial Independence (TI) and want to Return for Extended Foster Care if the following conditions are met and placement is available:
 - i. Attend high-school or a program leading toward a high school diploma and have not reached their 22nd birthday.
 - ii. Are enrolled at or within 30 days of placement in a course of instruction to prepare for the GED and have not reached their 21st birthday.
 - iii. Attend and, within two years, complete a certified vocational or technical program and have not reached their 21st birthday; or
 - iv. Return on a break from college or a technical or vocational program for at least one month, but no more than 4 months and have not reached their 21st birthday.
- B. The Return for Extended Foster Care program does not include Children over 18 years old who are overnight visitors or living in the homes of Foster Parents, and the Foster Parents are not receiving a foster care payment for the care of these Children.

Sanitize

The use of a product (usually a disinfecting solution) registered by the Environmental Protection Agency (EPA) that substantially reduces germs on inanimate objects to levels considered safe by public health requirements. Maybe bleach and hydrogen peroxide products are EPA-registered. You must follow the product's labeling instructions for sanitizing (paying particular attention to any instructions regarding contact time and toxicity on surfaces likely to be mouthed by children, such as toys and crib rails). For EPA-registered sanitizing product or disinfecting solution that does not include labeling instructions for sanitizing (a bleach product, for example), you must conduct these steps in the following order:

- A. Washing with water and soap;
- B. Rinsing with clear water;
- C. Soaking in or spraying on a disinfecting solution for at least 2 minutes. Rinsing with cool water only those items that a child is likely to place in his mouth; and
- D. Allowing the surface or item to air-dry.

School-age child

A child who is five years old or older and who will attend school in August or September of that year - Pre-Kindergarten through 12th grade.

Seat Belt

A lap belt and any shoulder strap included as original equipment on or added to a motor vehicle.

Seclusion

A type of emergency behavior intervention that involves the involuntary separation of a child from other residents and the placement of the child alone in an area from which the resident is prevented from leaving by a physical barrier, force, or threat of force.

Caregiver

An individual who has caregiver approval and meets the following including:

- A. Can work in the primary foster home,
- B. Is the minimum age of 21,
- C. Is allowed to serve children between the ages of birth to age 17.
- D. Can supervise a maximum of 6 children without a verified caregiver's presence.
- E. Requires an FBI background and TB test, allowing more than 72 hours as the maximum number of hours allowed to serve.
- F. Is allowed sole supervision.

Self-instructional training

Training designed to be used by one individual working alone and at the individual's own pace to complete lessons or modules. An example of this type of training is computer based training. Self-study training is also a type of self-instructional training.

Self-study training

Non standardized training where an individual reads written materials, watches a training video, or listens to a recording to obtain certain knowledge that is required for annual training. Self-study training is limited to three hours.

Serious Incident

Any non-routine occurrence that has or may have dangerous or significant consequences for the care, supervision, and/or treatment of a child.

Service Level Monitor

The Contractor engaged by the Department to monitor the Contractor's performance and documentation related to the Service Level requirements set forth in Attachment C.

Service Levels

An authorized structure that categorizes the Child's needs into a graduated scale from minimal intervention to severe intervention.

Service Management

A clinical service performed by the STAR Health contractor (Superior/Cenpatico) to facilitate development of a health care service plan and coordination of clinical services among a member's primary care physician and specialty providers to

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ensure members with special health care needs have access to, and appropriately utilize, medically necessary covered services.

Sexual Abuse Training

Caregivers providing direct care must complete the annual DFPS caregiver training on recognizing and reporting sexual abuse.

Sexual Behavior Problem

When a child exhibits sexual behavior that is outside the range of developmentally appropriate behavior.

Sexually Aggressive Behavior

Sexual behavior in which a child takes advantage of a younger or less powerful child through seduction, coercion, or force.

- Less powerful: Differences in developmental level, physical stature, cognitive ability, and/or social skills.
- Seduction: The use of charm, manipulation, promises, gifts, and flattery to induce a child to engage in sexual behavior.
- Coercion: The exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance.
- Force: Threat or use of physical or emotional harm towards a child or someone or something a child cares about.

Short personal restraint

A personal restraint that does not last longer than one minute before the child is released.

Sibling Group

Children originating from the same household and in DFPS conservatorship. The following relationships are included within the definition of sibling: biological siblings, who may have either one or both parents in common; siblings who are related by adoption; and step-siblings, who are siblings in which the parents have had a significant relationship and have cohabitated as a family unit for a period of time. A sibling relationship continues even if the parental rights of the siblings have been terminated or otherwise disrupted.

Single Plan of Service

A plan developed by DFPS and the provider jointly that addresses the services that will be provided to each foster child to meet the child's specific needs while in substitute care.

Skilled Caregiver:

A health service is determined to be skilled based upon whether or not clinical training is necessary for the service to be delivered safely and effectively and on the need for physician-directed medical care. Examples of individual with clinical training include a registered nurse, licensed practical nurse, respiratory therapist, physical therapist, occupational therapist and speech therapist. This list is not all-inclusive. Services provided by a certified nursing assistant or home health aide do not qualify as skilled care services.

Social Skills

Skills necessary to function in the community. Social Skills include, but are not limited to, the ability to communicate with others, knowledge of community resources, scheduling and attending medical appointments, interviewing for a job, cultural competency, and the ability to interact in various social situations.

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Special Immigrant Juvenile Status

A designation that enables eligible undocumented Children in DFPS conservatorship to become permanent residents under the terms and conditions of U.S. Immigration and Customs Enforcement.

STAR Health

Is a statewide, comprehensive healthcare system that was designed to better coordinate and improve access to health care for:

- Children in DFPS conservatorship (under age 18)
- Young adults in CPS extended care or voluntary foster care agreements (ages 18 through the month of their 22nd birthday);
- Young adults who were previously in foster care and are living independently and receive either Former Foster Care Children's (FFCC) Medicaid or Medicaid for Transition Youth (MTFCY) (ages 18 through the month of their 21st birthday); and
- Young adults who were previously in foster care who are participating in the Former Foster Care in Higher Education (FFCHE) program (ages 18 through the month of their 23rd birthday).

STAR Health Denial Letter

A letter informing a Child's Caregiver that a request for service authorization from a Medical, Dental, Vision or Behavioral Health care provider will be or has been either denied or reduced in full or in part. The letter should also describe the process for appealing any such determination.

State or local fire authority

A fire official who is authorized to conduct fire safety inspections on behalf of the city, county, or state government, including certified fire inspectors.

Subcontractor

A person or entity that delivers part or all of the services required of GUIDING LIGHT under this contract and is not an employee of GUIDING LIGHT. There is an agreement between the two persons and/or two entities whereby GUIDING LIGHT authorizes the person or entity (Subcontractor) to deliver the service. There does not have to be any payment for services for the relationship to be considered a subcontract. DFPS does **not** allow GUIDING LIGHT to subcontract for Case Management services. DFPS retains the right to disapprove of the use of any subcontractor. GUIDING LIGHT will submit form 2033-RCC annually. If Subcontractors are used, then the Contractor will list all of them. If no subcontractors are used, then the Contractor will indicate such. This form can be found at the following link:

<http://www.dfps.state.tx.us/Application?Forms/showFile.aspx?Name=2033RCC.xls>.

Subcontractors include:

- **Direct Service Delivery** (service providers who have direct access to providing services, supervision or delivery of treatment components as referenced in the RCC contract components of care); and
- **Management Services** (peripheral services that do not include core programmatic components but include support of these services. They include, but not limited to, the provision of quality assurance, performance improvement, oversight, monitoring, service-related policy and procedure development/enhancement, development of corrective action plans, performance evaluation, disaster emergency response plan development)

Subsequent Move

Any placement changes after the Child's initial placement; including movement from one foster home to another within the same Child Placing Agency.

Substantial physical injury

Physical injury serious enough that a reasonable person would conclude that the injury needs treatment by a medical professional, including dislocated, fractured, or broken bones; concussions; lacerations requiring stitches; second and third degree burns; and damages to internal organs. Evidence that physical injury is substantial includes the location and/or severity of the bodily harm and/or the age of the child. Substantial physical injury does not include minor bruising, the risk of minor bruising, or similar forms of minor bodily harm that will resolve healthily without professional medical attention.

Substitute Care

The residential care and support provided to a:

- A. Child in the Department's managing conservatorship who has been placed in a living situation outside the Child's own home in order to protect the Child from abuse or neglect; or
- B. Child who has turned 18 years of age and has voluntarily agreed to participate in the Department's Extended Foster Care program and meets the requirements of such.

Superior Health Plan Network

The organization responsible for managing STAR Health

Supervise (children)

Awareness of and responsibility for a Child's ongoing activity. Supervision requires Caregivers to have knowledge of program and children's needs and to be accountable for service delivery. The operation is responsible for providing the degree of supervision indicated by a Child's age, developmental level; and physical, emotional, and social needs.

Supine restraint

Placing a child in a chest up restraint hold

Supplement

Includes vitamins, herbs, and any supplement labeled dietary supplement.

Swimming activities

Activities related to the use of splashing pools, wading pools, swimming pools, or other bodies of water.

Surrogate Parent

A person appointed by the court or school district to make decisions regarding special education services for a Child who does not have a parent available. The law prohibits a CPS Caseworker or RTC staff from serving as a Surrogate Parent, a Foster Parent may serve as a Surrogate Parent, if appointed.

Telecommunications

The transmission, emission, or reception of voice and/or data through any medium by wire, radio, and other electrical electromagnetic or optical means. Telecommunications includes all aspects of transmitting information, such as telephone, text messaging, video conferencing, and any type of communication via the internet, including Voice Over Internet Protocol (VOIP), email, social networking and instant messaging and wireless data exchange.

Texas Health Steps

Board Approved

Effective 12/1/2023

All children entering DFPS Managing Conservatorship must receive a preventative health care visit, known as a Texas Health Steps (or THSteps) medical checkup within 30 days of entering DFPS conservatorship. Texas Health Steps medical checkups are periodic preventative health care services for children birth through age 20 enrolled in Medicaid. Texas Health Steps checkups include: comprehensive health and developmental history, Comprehensive unclothed physical exam, Appropriate immunizations (according to the Advisory Committee on Immunization Practices), Laboratory tests (including lead toxicity screening), Health Education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention).

Therapy

The provision of assistance and guidance in resolving personal, social, or psychological problems and difficulties through a collaborative process that facilitates progress toward mutually determined treatment goals and objectives. Therapy is provided by a trained professional who demonstrates competence in the ability to appropriately use treatment modalities for individuals, families and groups.

Toddler

A child from 18 months through 35 months old.

Transitional hold

The use of a temporary restraint technique that lasts no longer than one minute as part of the continuation of a longer personal or mechanical restraint.

Trafficking victim

A child who has been kidnapped, recruited, harbored, transported, provided or obtained for the purpose of forced labor or commercial sexual activity, including any child subjected to an act or practice as specified in Penal Code 20A.02 or 20A.03.

Trauma Informed Care (TIC) Training

Child-centered, strength-based training must be given to all direct care staff annually and within 60 days of hire for each newly hired direct care staff. The training must be completed at:
http://www.dfps.state.tx.us/training/trauma_informed_care/

This is instruction that considers the unique culture, experiences and beliefs of the child and ensures that training participants understand and can apply the following:

The impact that traumatic experiences have on the lives of Children;

- A. The impact that traumatic experiences have on the lives of children;
- B. The symptoms of childhood trauma;
- C. How to understand a Child's personal trauma history;
- D. How to recognize the Child's trauma triggers; and
- E. How to respond in ways that improve a Child's ability to trust, to feel safe, and to adapt to changes in the Child's environment.

Treatment director

The person responsible for the overall treatment program providing treatment services. A treatment director may have other responsibilities and may designate treatment director responsibilities to other qualified persons.

Treatment Services

Board Approved

Effective 12/1/2023

A specialized type of child-care services designed to treat and/or support Children with Emotional Disorders, Intellectual Disabilities, Autism Spectrum Disorder, Primary Medical Needs, or a trafficking victim.

Trial Independence

A period of time that allows a Young Adult (ages 18-22) who was in DFPS managing conservatorship when turning 18 to leave care on turning 18 or later for up to six months or up to 12 months with a court order for this, to see if he or she can make it on their own. If necessary, Young Adult can return during this period for Extended Foster Care if needed and if eligibility criteria are met.

Triggered review

A review of a specific child's placement, treatment plan, and orders or recommendations for intervention, because a certain number of interventions have been made within a specified period.

Triggered review of a child's unauthorized absences

A review of a specific child's pattern of unauthorized absences when the child has had three unauthorized absences within a 60-day timeframe.

Tuition and Fee Waiver

A waiver of tuition and fees at state supported colleges, universities and vocational schools for eligible Children who are in DIPS conservatorship:

- A. On or after their 18th birthday; or
- B. The day they receive their high school diploma or its equivalent; or
- C. At age 14 or older are eligible for adoption. (Texas Education Code, §54.211.)

Unauthorized absence

A child is absent from a foster home without permission from the foster parent, or other temporary caregiver, and cannot be located. This includes when an unauthorized person has removed the child from the foster home.

Unplanned Discharge:

A discharge where the Department has not provided the Contractor advance notice of removal.

Unproductive Work

Work that serves no purpose except to demean the child. Examples include moving rocks or logs from one pile to another or digging a hole and then filling it in. Unproductive work is never an appropriate behavior management tool. "Unproductive work" does not include work that corrects damage that the child's behavior caused. For example, you may require a child who defaces a fence or wall to repaint it. This example includes a logical consequence and an acceptable behavior management tool.

Unsupervised Childhood Activities

Childhood activities that a child in care participates in away from the foster home and the foster parents. Childhood activities that the foster parents conduct or supervise, or the child-placing agency sponsors are not unsupervised childhood activities. Unsupervised childhood activities may include playing sports, going on field trips, spending the night with a friend, going to the mall, or dating. Unsupervised childhood activities may last one or more days.

Upheld

Board Approved

Effective 12/1/2023

A finding of RTB was sustained through an administrative review.

Voluntary Extended Foster Care Agreement Form 2540

DFPS's form 2540 which documents the Child's agreement to voluntarily remain in foster care after his or her 18th birthday. The form outlines the categories of activity which qualify a child remain in foster care.

Voluntary Return to Foster Care Agreement Form 2560

The Department's form which documents a Child's agreement to voluntarily return to Foster Care and outlines the categories of activity which qualify a Child to return to Foster Care.

Volunteer

A person who provides:

- A. Child care services, treatment services, or programmatic services under the auspices of the agency without monetary compensation, including a "sponsoring family;" or
- B. Any type of services under the auspices of the agency without monetary compensation when the person has unsupervised access to a child in care.

Well-being Specialists

DFPS liaisons to Superior, the company that operates the provider network for STAR Health, a Medicaid managed care health care program for Children in DFPS managing conservatorship and young adults who have aged out of care. Contact information for regional well-being specialists can be found on the star health a guide to medical services page of the DFPS website.

Young adult

An adult whose chronological age is between 18 and 22 years, who is currently in a residential child -care agency, and who continues to need childcare services.

ORGANIZATION AND ADMINISTRATION

200 | OPERATIONAL RESPONSIBILITIES & NOTIFICATIONS

Guiding Light has a governing body that is responsible for and has authority over the policies and activities of the agency. A list of names, addresses and titles of officers and board members of Guiding Light Foster Care & Adoption (GUIDING LIGHT), has been submitted to the Licensing Branch of the Department of Family & Protective Services, who will be notified of any changes.

GUIDING LIGHT will serve as an independent contractor in providing services under the RCC Contract. GUIDING LIGHT employees will not be construed as employees of DFPS or the State of Texas. GUIDING LIGHT has sole authority to employ, discharge, and otherwise control its employees and contractors. GUIDING LIGHT is responsible for providing all necessary unemployment and workers' compensation insurance for GUIDING LIGHT employees.

The governing board is responsible for policies and programs, for ensuring adequate financing, and for ensuring compliance with minimum standards.

Guiding Light will operate in accordance with its written policies. The requirements for policies only apply to Guiding Light policies that are requires or governed by this chapter. All employees and caregivers must be aware of and follow Guiding Light policies and procedures. All will have a copy and sign they are in agreement to follow the policies and procedures.

Any changes in the information about governing body officers or agency status will be submitted to Licensing and the Residential Contract Manager within 15 working days of learning about such change.

GUIDING LIGHT will provide and furnish DFPS proof of bonding and insurance coverage and at any time DFPS requests it without expense or delay. The required coverage includes:

- A. Dishonesty bond under a commercial crime policy (3rd Party Endorsement) at 250,000, and business automobile liability(Owned Endorsement, Hired Endorsement, and Non-owned Auto) at \$1,000,000;
- B. Commercial general liability insurance, or equivalent insurance coverage, including but not limited to, liability with minimum combined bodily injury (including death) and property damage limits of \$1,000,000 per occurrence and \$2,000,000 aggregate.
- C. Professional Liability insurance or equivalent insurance coverage for licensed or certified persons who render professional services, with minimum limits of \$1,000,000 per occurrence, and \$2,000,000 aggregate.
- D. GUIDING LIGHT will purchase coverage with insurance companies or carriers rated for financial purposes "B" or higher whose policies cover risks located in the State. All bonds, policies, and coverage will be maintained during the entire term of the DFPS Contract.
- E. All required insurance policies will include an endorsement stating that DFPS shall be given 30 calendar days written notice prior to cancellation of or material change to the policy or bond.
- F. When an equivalent insurance coverage is submitted to satisfy the DFPS minimum insurance requirements, the Contractor's Insurance representative must submit written verification of the equivalency for the required DFPS minimum insurance coverage. DFPS Certificate of Insurance (Form 4736), is no longer accepted. DFPS reserves sole discretion to determine whether a document provided to DFPS meets the current minimum insurance requirements, coverage and/or limits.
- G. If the coverage will be provided through a Self- Insurance Plan, then the plan submitted will cover any losses to the same manner as provided for in the more commonly seen insurance policy.
- H. DFPS reserves sole discretion to determine whether a document provided to DFPS meets the current minimum insurance requirements, coverage and/or limits.
- I. DFPS also requires GUIDING LIGHT to have Business Automobile Liability (Owned & Hired Endorsements and Non-owned Auto)
- J. GUIDING LIGHT will not transfer or assign any portion of DFPS contract without prior written approval. GUIDING LIGHT may assign its right to receive payments for the services provided by DFPS with written notice to DFPS at least 10 working days in advance of any assigned payment. GUIDING LIGHT will not receive or charge any interest in or rights to payment of funds that pass through to other individuals or entities per requirements of GUIDING LIGHT contract with DFPS. This does not prohibit collateral assignment of payments for the purpose of securing lending arrangements in ordinary course of business.

ORGANIZATION AND ADMINISTRATION

OPERATIONAL RESPONSIBILITIES & NOTIFICATIONS

200

- K. DFPS contract is renewable upon mutual agreement with GUIDING LIGHT and terms of DFPS Contract.
- L. Any change in the legal structure of the agency requires notification to the Department within 7 working days before the change occurs. Any change in the composition of the Governing Body must be sent to the Department within 2 days of the change.
- M. Governing Body Officers need to be elected every two years.
- N. Board members are to be notified in writing 30 days prior to board meetings and copy of notification kept on file with minutes. In the event of emergency meetings where 30 days would not be feasible the phrase “we waive our right to a 30-day notice” must be documented in the minutes.
- O. Minutes must contain documentation of board approval of previous meeting minutes.
- P. If annual board meeting in November is canceled due to a previous meeting, documentation in the minutes must reflect the board members vote to cancel the November annual meeting.
- Q. In addition to the Annual Board Meeting, held the the last Monday in November each year, the GUIDING LIGHT Board of Directors will hold quarterly meetings during the same year on the last Mondays in February, May, and August.
- R. The Board is responsible for complying with the law, including Chapters 42 and 43 of the Human Resources Code, Chapter 749, and other applicable rules in the Texas Administrative Code.
- S. The Board is responsible for ensuring that persons employed by or working at the agency, any family members of the owner or governing body members, paid consultants, or others who benefit financially from the agency, such as subcontractors or vendors, do not comprise a majority of the voting members of the governing body:
- T. The Board must carry out governing body responsibilities assigned in the agency’s policies and procedures.

Conflict Of Interest:

1. Board Members have a fiduciary duty to conduct themselves without conflict to the interests of Guiding Light. In their capacity as Board Members, they must subordinate personal, individual business, third-party, and other interests to the welfare and best interests of Guiding Light.
2. A conflict of interest is a transaction or relationship which presents or may present a conflict between a Board Member’s obligations to Guiding Light and the Board Member’s personal, business or other interests.
3. All conflicts of interest are not necessarily prohibited or harmful to potential conflicts, and a determination by the disinterested Board Members (or Guiding Light Executive Committee) – with the interested Board Member(s) recused from participating in debates and voting on the matter – is required.
4. All actual and potential conflicts of interests shall be disclosed by Board Members to the entire body of the Board of Directors whenever a conflict arises. The objective members of the Guiding Light Executive Committee shall make a determination as to whether a conflict exists and what subsequent action is appropriate (if any.)
5. The majority of the voting members of the governing body must consist of persons who do not have a conflict of interest that would potentially interfere with objective decision making.
6. The following individuals cannot become a foster parent due to conflict of interest:
 - a. Any person authorized to sign a residential contract on behalf of the provider.
 - b. Any board member, officer, or employee of Guiding Light.
 - c. Any individual or person working in the day-to-day operations of the provider (as an employee or contractor);
 - d. An owner of the agency; and
 - e. A member of the governing body
7. For adoptions, you may state whether the person whom you evaluated appears to be suitable for adoption, even if there are other individuals requesting adoption. If you have not evaluated parties of a disputed case, you must refrain from making an adoption or custody recommendation, unless otherwise directed by the court.

Whistleblower Policy:

1. **Encouragement of reporting** - Guiding Light encourages complaints, reports or inquiries about illegal practices or serious violations of the agency’s policies, including illegal or improper conduct the agency itself, by its leadership, or by others on its behalf. Appropriate subjects to raise under this policy would include financial improprieties, accounting or audit matters, ethical violations, or other similar illegal or improper practices or

Board Approved

Effective 12/1/2023

policies. Other subjects on which the agency has existing complaint mechanisms should be addressed under those mechanisms, such as raising matters of alleged discrimination or harassment via the agency's Human Resources channels, unless those channels are themselves implicated in the Protection from retaliation wrongdoing. This policy is not intended to provide a means of appeal from outcomes in these other mechanisms.

2. **Protection from retaliation** – The agency prohibits retaliation by or on behalf of the agency against staff or volunteers for making good faith complaints, reports or inquiries under this policy or for participating in a review or investigation under this policy. This protection extends to those whose allegations are made in good faith but prove to be mistaken. The agency reserves the right to discipline persons who make bad faith, knowingly false, or vexatious complaints, reports or inquiries or who otherwise abuse this policy.
3. **Where to report** – Complaints, reports or inquiries may be made under this policy on a confidential or anonymous basis. They should describe in detail the specific facts demonstrating the basis for the complaints, reports or inquiries. They should be directed to Executive Director first, and if not satisfied with the conclusion, to the Board Members to review. The agency will conduct a prompt, discreet, and objective review or investigation. Staff or volunteers must recognize that the agency may be unable to fully evaluate a vague or general complaint, report or inquiry that is made anonymously.
4. **Concerning DFPS or any other outside agency, where to report-** The Office of Consumer Relations (OCR) reports to the Assistant Deputy Commissioner. OCR Responsibilities include:
 - a. Take complaints from GUIDING LIGHT concerning DFPS;
 - b. Handle inquiries regarding specific DFPS cases;
 - c. Conduct formal abuse/neglect reviews of investigations;
 - d. Conducts investigations into individual complaints that allege violations of agency policy;
 - e. Investigate allegations of employee misconduct;
 - f. Promote OCR services to specific audiences; and
 - g. Preparation of an annual briefing

210 | FISCAL ACCOUNTABILITY

1. Guiding Light must keep complete financial records; audited, compiled and proof of reserve funds equal to at least three months of operating expenses for Guiding Light.
2. GUIDING LIGHT agrees to maintain all financial and statistical information using the accrual method of accounting in accordance with 1 TAC 355.7101(6). Treatment of accounting records must reflect the application of Generally Accepted Accounting Principles (GAAC) approved by the American Institute of Certified Public Accountants (AICPA).
3. Financial records must be maintained for 3 years. Any claims must be retained until the claim is settled.
4. All current contracted amounts can be found in the Agency Agreement.
5. GUIDING LIGHT will accurately complete cost reports, time studies and any other reports required and requested by the Department and provide a copy to the Department within time frames specified by the Department.
6. GUIDING LIGHT will obtain approval from the Residential Contract Manager prior to purchasing property and equipment with DFPS funds if the cost is \$5000 or more.
7. CONTRACTUAL AGREEMENTS OF \$100,000.00 OR MORE:
 - a. The Board of Directors must review all Guiding Light contractual agreements, including leases or purchases, of \$100,000.00 or more prior to the application of final signatures.
8. GUIDING LIGHT will permanently identify all equipment purchased with Department funds with appropriate tags and labels affixed thereto, will not give any security interest or lien or otherwise encumber any equipment purchased with Department funds and will follow the provisions of the OMB Circular A-110 regarding the return to the Department of any equipment purchased with Department funds. GUIDING LIGHT must comply with all laws, regulations, requirements and guidelines and as they are amended throughout the term of the DFPS Contract. GUIDING LIGHT must remain in compliance with 48 CFR 31 as applicable, OMB Circulars A-21, A-87, A-102, A-110, and A-122, OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and 40 TAC 732.240-256 as applicable.
9. A current inventory will be maintained by GUIDING LIGHT of any equipment purchased with Department funds and will assume responsibility for the safekeeping of same in any facility operated by GUIDING LIGHT, taking appropriate measures to protect such equipment. In the event of theft, vandalism or damage to such equipment, GUIDING LIGHT will provide the Department with a written report of the circumstances of such theft, vandalism or damage and as well as report such to the appropriate local law enforcement authorities as per Section 31.03 of the Texas Penal Code. GUIDING LIGHT will comply with 40 TAC §732.240 and other state and federal rules and statutes concerning transactions with related parties.
10. Account for a child's money separately from the funds of GUIDING LIGHT and the foster home. 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 parent approves it in writing. GUIDING LIGHT must give or send the child's money to the child, parent, or next placement within 30 days of the child's discharge.
11. GUIDING LIGHT will make one of the following available for RCCR review:
 - a. Annual review of financial records conducted by an independent CPA with Generally Accepted Accounting Principles or
 - b. Proof of reserve funds equal to at least three months of operating expense for your agency.
12. Conditions of Payment: DFPS will authorize payments to be made to GUIDING LIGHT after deducting any known previous overpayment made to DFPS to GUIDING LIGHT. DFPS is not obligated to pay for unauthorized services or to pay more than is consistent with federal and state regulations.
13. DFPS may pay the Service Level daily rate for a Child who has returned to a foster home placement during college winter or summer semester break. DFPS will not pay the Service Level daily rate for a Child who is living in a college dorm or in some other non-foster care living arrangement.
14. DFPS Information Security Requirements:
 - a. GUIDING LIGHT will comply with the following:
 - i. DFPS Contractor Information Security Standards located at: http://www.dfps.state.tx.us/documents/PCS/Contractor_Information_Security.pdf
 - ii. Health and Human Services Enterprise Information Security Standards and Guidelines, Title 1,
 - iii. Texas Administrative Code, Sections 202.1 and 202.3-.28.
 - iv. Texas Human Resources Code, Section 40.005;

- v. Texas Family Code, Section 161.006(a)-(b);
 - vi. Texas Family Code, Section 162.018;
 - vii. Texas Family Code, Subchapter C, Sections 261.201-.203;
 - viii. Texas Family Code, Section 264.408;
 - ix. Texas Family Code, Section 264.511;
 - x. Texas Health and Safety Code, Section 85.115;
 - xi. Title 40, Texas Administrative Code, Subchapter B, Sections 700.201-.209.
- b. GUIDING LIGHT will comply with the following, as applicable:
- i. The Federal Information Security Management Act of 2002 (FISMA);
 - ii. Publication 1075 – Tax Information Security Guidelines for Federal, State and Local Agencies;
 - iii. NIST Special Publication 800-53 Revision 3 – Recommended Security Controls for Federal Information Systems and Organizations; and
 - iv. NIST Special Publication 800-47 Security Guide for Interconnecting Information Technology Systems.
 - v. HHS EIR Accessibility Requirements of Sections 504 and 508 of the Rehabilitation Requirements. If GUIDING LIGHT must comply with HHS EIR Accessibility Requirement, GUIDING LIGHT must follow terms and conditions at:
<http://www.dfps.state.tx.us/policies/accessibility.asp>.
- c. In addition to the requirements expressly stated in this Section, GUIDING LIGHT will comply with any other State or Federal law, regulation, or administrative rule relating to the specific DFPS program area that GUIDING LIGHT supports.
- d. Upon reasonable notice, GUIDING LIGHT must provide, and cause its subcontractors and agents to provide, DFPS or its designee, prompt, reasonable, and adequate access to any information security records, books, documents, and papers that are directly pertinent to the performance of the DFPS Contract including, but not limited to:
- i. GUIDING LIGHT information security policies, procedures, standards and guidelines;
 - ii. GUIDING LIGHT security plan in compliance with NIST Special Publication 800-53 Revision 3;
 - iii. GUIDING LIGHT security violation reports;
 - iv. GUIDING LIGHT employee security acknowledgement agreements; and
 - v. Lists of GUIDING LIGHT employees, subcontractors, and agents with authorized access to DFPS confidential information.
- e. Items Dii. and D.iii. above are subject to DFPS’s review and approval. Neither DFPS’s review or approval, nor its failure to review or approve, will relieve, waive, or satisfy any of GUIDING LIGHT’S obligations under the DFPS Contract Agreement.
- f. GUIDING LIGHT will provide, and will cause its subcontractors and agents to provide, to DFPS, upon reasonable notice, written certifications of compliance with controls and provisions relating to information security, including but not limited, those related to confidential data transfers and the handling and disposal of Personally Identifiable Information (PII). Acceptable forms of written compliance may be, but are not limited to:
- i. Statement on Auditing Standards No. 70, Service Organizations (SAS-0) Report;
 - ii. General Security Controls Audit;
 - iii. Application Controls Audit;
 - iv. Vulnerability Assessment; and
 - v. Network/Systems Penetration
 - vi. Test. The link is at:
http://www.dfps.state.tx.us/documents/PCS/Contractor_Information_Security.pdf.
15. GUIDING LIGHT will notify the Residential Contract Manager within 10 calendar days if there are payment issues which cannot be resolved by the applicable regional foster care billing coordinator.

220 | BRANCH OFFICES

1. GUIDING LIGHT will have a Main office and any branch office opened in the future will have a Licensed Child Placing Administrator assigned in each branch office and a Child Placement Management Staff that will be responsible for the ongoing supervision and support to the employees.
2. In the event of an emergency or placement crisis, during office hours the caregivers will contact their main or branch office assigned to. After hours the families will contact the Executive Director.
3. GUIDING LIGHT child placement management staff will have and document at least 10 monthly supervision conferences per year with a main or branch-office employee who performs child-placing activities.
4. At least 30 days prior to the opening of a branch office, GUIDING LIGHT will provide RCCR the following information with the request to amend the GUIDING LIGHT license:
 - a. The address, telephone numbers (if available), and office hours for the branch office;
 - b. The name, qualifications, and contact information of the administrative staff person who will be primarily responsible for the day-to-day operation of the branch office;
 - c. The name(s), qualifications, and contact information of the child placement management staff that will be responsible for child-placing activities of the branch office;
 - d. The name(s) and qualifications of other employees who will be involved in child placing activities at the branch office; and
 - e. A written plan describing how child placement staff will supervise child-placement activities provided from the branch office. The plan will describe:
 - i. Who will be responsible for the on-going supervision and support to the employees;
 - ii. How often there will be in-person contact and supervision of the employees;
 - iii. Who will be responsible for providing support in case of emergencies or placement crises; and
 - iv. How employees will be provided with reasonable access to their supervisor(s).
5. GUIDING LIGHT Main office will verify homes within 150 miles of their office. Each office Main or branch office based on Minimum Standards, there will be one Licensed Administrator (LCPAA) to oversee the Main or branch office. GUIDING LIGHT does not provide Treatment Services to 30 or more children at any one time, or to more than 50% of the children in care, and therefore the requirement for a Treatment Director is not applicable. However, should the number of children receiving Treatment Services reaches 30 or more children, or reaches more than 50% of the total children in care at one time, a Treatment Director will be applicable. Caseload limits will not be applicable, but GUIDING LIGHT will ensure that all caseloads allow child placement staff to meet the needs of children in care and adequately support foster and adoptive homes. GUIDING LIGHT must verify Foster Home information and availability via the Texas Provider Gateway. Failure to update will result in loss of placements for families.
6. Information regarding specific crimes that may affect a person's ability to be a Licensed Administrator (LCPAA) and whether the person is eligible for a risk evaluation will be available on DFPS website at www.dfps.state.tx.us/Child_Care/. The Texas Abuse/Neglect database finding may affect a person's ability to be a Licensed Administrator (LCPAA).

230 | AGENCY POLICIES

- The license must be displayed at the Guiding Light Foster Care & Adoption agency.
- Copies of policies required by minimum standards must be made available to Child Placing Agency (CPA) staff and any other person legally authorized to place the child.
- GUIDING LIGHT will fully cooperate with the Department and its authorized representatives in developing and carrying out corrective action plans which the Department deems necessary because of
- GUIDING LIGHT's failure to provide satisfactory services, or
- GUIDING LIGHT's noncompliance with any contract terms, or federal or state laws and regulations governing the services provided under the contract.
- The Department will report to GUIDING LIGHT any deficiencies noted in writing.
- GUIDING LIGHT will ensure that its employees and subcontractors appear and testify in judicial proceedings, depositions and administrative hearings relating to a placed child requested by the Department or a Court. However, if the Department calls a GUIDING LIGHT employee or a subcontractor medical doctor as an expert witness, then expert witness fees may be billed to the Department.
- GUIDING LIGHT will permit DFPS employees and DFPS service level monitoring third-party contract employees' access, at any time, to all children placed by DFPS in our care. DFPS agrees to exercise this right in a reasonable manner and to make attempts to plan and coordinate such visits in cooperation with GUIDING LIGHT staff and in a manner that minimizes disruption of the care of children placed with GUIDING LIGHT. GUIDING LIGHT will ensure this access allows the Department to visit with the Child privately, without any Caregivers or staff present, and during the time the Child is not monitored by an open intercom, video, or other monitoring system. These individuals will be properly identified appointed by a court, CASA, guardian and attorney ad litem, foster care ombudsman officer, staff with the Texas Juvenile Justice Department (TJJJ) or a county Juvenile Probation Department (JPD); and Individuals on the Child's contact list as follows:
- DFPS or its designees are allowed to make unannounced visits to GUIDING LIGHT facilities or foster home.
- GUIDING LIGHT will assess that an individual is appointed by a court order by:
- If CASA employee, review for a valid court order
- If CASA volunteer, review for a valid court order and notification letter of volunteer assignment that clarifies the individual's appointment to the child.
- Review that the individual is named on the child's contact list.
- If GUIDING LIGHT cannot readily determine the authority of the individual, then GUIDING LIGHT or foster parent will obtain approval from the child's CPS Worker or chain of command before granting access to the child.
- GUIDING LIGHT will provide Licensing and the Residential Contract Manager with the location of all agency staff, records, offices and agency homes, and any changes in agency personnel and professional staffing within 10 working days of the changes.
- GUIDING LIGHT will continually evaluate the effectiveness of our verification and monitoring systems. Random samples of records pertaining to staff, families, children and training undergo annual peer reviews overseen by the designee of the Executive Director. Problems are presented to the Executive Director for resolution. Conclusions are documented and are electronically filed in the corporate office.
- GUIDING LIGHT will ensure that there is a person designated in each location who is qualified to carry out responsibilities designated to Child Placement Management Staff. These responsibilities include: approval of admission of a child, the intake study and initial and subsequent placements; approval of studies on foster and adoptive families; supervision of less qualified or experienced staff; planning for staff development and conducting or supervising Internal Investigations and creating needed corrective actions.
- GUIDING LIGHT will proceed to settle any disputes alleging breach of contract by the Department, if not resolved in the ordinary course of business, per Chapter 2260, subchapter B, of the Texas Government Code as a condition precedent to proceeding under Chapter 2260, subchapter C. Neither the occurrence of any event nor the pendency of a claim will permit GUIDING LIGHT to suspend performance under its contract.
- GUIDING LIGHT will report any significant change to the policies to the Department at least 7 days before implementing the change.
- GUIDING LIGHT will maintain electronic copies of all current and previous policies for at least two years.
- All subcontracts have expiration dates placed in the contract and renewals are not automatically renewed.
- GUIDING LIGHT shall comply with HUB requirements identified in the Provider Enrollment under which GUIDING LIGHT applied for this DFPS Contract, if applicable.

ORGANIZATION AND ADMINISTRATION

AGENCY POLICIES

230

- DFPS will not accept new applications for Residential Child Care Services from providers whose entire placement capacity is located solely in a Community Based Care catchment areas.
- GUIDING LIGHT may not develop any policies that prohibit a child's placement based upon the amount of medication the child has at the time of placement. GUIDING LIGHT must work with the caseworker and Star health to obtain medications prescribed to the child.

ORGANIZATION AND ADMINISTRATION

GUIDING LIGHT PLAN FOR COMPLIANCE WITH MINIMUM STANDARDS AND RESIDENTIAL CONTRACTS

240

240 | GUIDING LIGHT PLAN FOR COMPLIANCE WITH MINIMUM STANDARDS AND RESIDENTIAL CONTRACTS

The following information has been requested by TDFPS Licensing to provide details regarding the agency's plan to ensure ongoing compliance.

The Executive Director is responsible for informing the licensing representative of the location of all agency staff records, offices and agency homes and any changes in agency personnel and professional staffing and/or governing body.

Guiding Light operates one main office at this time located in Belton Texas. Any changes to future offices or the addition of offices will be communicated in a timely manner to TDFPS Licensing. Each office location is rented by GUIDING LIGHT.

Caregiver and Children's records are maintained at the main office. Agency, family, children, babysitters, overnight care, respite providers and employee records are compiled in a centralized database tracking due dates, audit mechanisms and statistical information. A database is updated automatically and is accessible to all staff, documenting caregiver home locations, phone numbers and current capacity. Archived files are kept in the Main office and storage facilities. Information on agency personnel and professional staff is maintained in the Main office. The Human Resources Department will produce any personnel files to RCCR or RCM upon request. A staff phone number directory is updated as changes are made and distributed to staff. The staff phone number directory includes the daytime office number/extensions and cell phone numbers of each staff. Serious incident reports and investigations are filed in the electronic files database, a copy is also sent to the Executive Director for compilation and continuous quality monitoring. The Main office is the repository for policies (agency & personnel). Policies originate from continual review of service provision. The Executive Director aids in development of policy revision with emphasis of RCM, RCCR, YFT and COA correlation.

1. Ensuring Child Placement Management Staff services are provided to all staff and foster homes and documented as required in the agency's records.

The provision of Child Placement Management Staff services is monitored by the Executive Director. The Executive Director/Child Placement Management Staff reviews and approves as required. Qualified Child Placement Management Staff is assigned to the main office. The Executive Director reviews documents for Child Placement Management Staff approval. All submissions will be sent through the Case Management Software for Social Service Agencies.

2. Plan to ensure that all agency staff meets standards prior to employment.

Applicants to the agency must meet pre-determined job qualifications appropriate to the position and in compliance with minimum standards for hiring agency staff. Resumes are reviewed initially, a screening process evaluates educational and background experience as well as findings from reference checks to help determine emotional maturity, and interview is conducted, followed by the necessary criminal history checks. New hires' information is filed in Personnel Records maintained in the Main office. Additionally agency staff qualification and job responsibilities are documented in the Professional Staffing Plan and filed in the Main Office HR Files. The Professional Staffing Plan is updated monthly by the Human Resource Department to reflect any changes in job responsibilities, qualifications, or employment and is accessible via e-mail to all office locations.

3. Plan to ensure that all agency homes meet the standards prior to verification.

Prospective Caregivers complete an initial application and questionnaire. Additional information is obtained according to Minimum Standards requirements, such as CANRIS/Criminal History, Tuberculosis Screening, etc. Prospective Caregivers must then attend pre-service training. These individuals are carefully observed during training and the presenter's comments and impressions are documented in the foster home training and the presenter's comments and impressions are documented in the foster home study. The foster home study documents the completion of the above requirements; it also includes personal interviews. Child Placement Management Staff review the home study to ensure the prospective caregivers and home meet Minimum Standards prior to verification. The home study, along with other pertinent documentation, is filed in Family

Board Approved

Effective 12/1/2023

ORGANIZATION AND ADMINISTRATION

GUIDING LIGHT PLAN FOR COMPLIANCE WITH MINIMUM STANDARDS AND RESIDENTIAL CONTRACTS

240

Records under Home File. These records are compiled in a centralized database/ Case Management Software for Social Service Agencies.

4. Evaluating for on-going compliance with Minimum Standards.

Child Placement Staffs evaluate foster homes for on-going compliance with Minimum Standards. The Child Placement Staff brings any noncompliance with Minimum Standards to the attention of the caregivers immediately upon observation during regular monthly site reviews in the home. Any noncompliance is documented on a Corrective Action Plan indicating staff and caregiver agreement on the Plan. Quarterly Standard Reviews document on-going compliance.

On-going monitoring of Child Placement Staff evaluation for compliance is provided by Child Placing Management Staff and placed on file at the GUIDING LIGHT main office. The Child Placing Management Staff provides supervision to direct care staff to ensure compliance with Minimum Standards and in documentation. As part of this monitoring activity, the Child Placing Management Staff reviews staff records and interviews staff. The Child Placing Management Staff's job responsibilities also include the review and screening of all information for compliance with Minimum Standards, including monitoring record keeping to ensure consistency with TDFPS regulations, Youth For Tomorrow Guidelines, and a consistent format utilized by all GUIDING LIGHT offices. In addition, Child Placement Management Staff review and give final approval for documents such as CPOS's, Diagnostic Assessments, 72-hour Service Plan, Intake Study and Home Studies. Monitoring activities include the GUIDING LIGHT foster home Quarterly Standard Review during which interviews with caregivers and children are conducted. The physical environment of the facility is also inspected at this time.

5. Plan to ensure that agency homes meet standards after verification.

GUIDING LIGHT Child Placement Staff monitors agency foster homes on a regular basis (once per month) effectively making verification an on-going process. Foster homes may also be visited unannounced at random, should the Child Placement Staff and Executive Director/CPMS feel the need to more closely monitor compliance in the home. GUIDING LIGHT Child Placement Staff formally evaluates agency homes every three months to ensure that standards are continually met. This evaluation is documented quarterly in the Foster Home Quarterly Standard Review. The Foster Home Quarterly Standard Review is assessed and signed by the Child Placement Management staff person. Non-compliances are communicated to the individual foster homes with a written Corrective Action Plan. The Child Placement Staff verbally reviews the Corrective Action Plan with the caregivers and obtains their signatures. The Corrective Action Plan is also reviewed and signed by the Treatment Team. The Corrective Action Plan is followed up by the Child Placement Staff and Child Placement Management Staff at time intervals determined by the Treatment Team and tailored to the situation. All Treatment Team decisions are subject to the Executive Director's approval and are handled according to Executive Director discretion. Documents are kept in the Foster Family Records and a copy sent to the Executive Director for compilation and continuous quality monitoring.

6. Documenting and correcting all non-compliances with Minimum Standards.

The TDFPS Licensing Division's Report of Findings indicating any alleged non compliances with Minimum Standards is directed to the Executive Director/ Child Placing Management Staff at the Main Office. The Executive Director/Child Placing Management Staff respond to citations by creating a Corrective Action Plan appropriate to the alleged noncompliance. The implementation of the Corrective Action Plan ensures resolution internally and prevents patterns of noncompliance. When the Corrective Action Plan has been completed within 30 days, the documentation is then placed in the Family Records Home File and the Executive Director/Child Placing Management Staff submits to Licensing documentation substantiating all corrections have been made. The Executive Director/Child Placing Management Staff continues to ensure quality monitoring.

7. Responding to patterns of noncompliance with Minimum Standards.

If a pattern of noncompliance is alleged, the Executive Director/Child Placing Management Staff will meet with the Child Placing Staff to review citations in question. The designee of the Executive Director will research the history of similar citations in the agency and provide copies of the citations to the Executive Director/Child Placing Management Staff. A Corrective Action Plan will be recommended during meetings regarding the non-

Board Approved

Effective 12/1/2023

ORGANIZATION AND ADMINISTRATION

GUIDING LIGHT PLAN FOR COMPLIANCE WITH MINIMUM STANDARDS AND RESIDENTIAL CONTRACTS

240

compliance pattern issue. The Plan of Correction is implemented and monitored for continuous compliance by Executive Director/Child Placing Management Staff. If the pattern of noncompliance is considered extensive the team will provide staff training and/or family training as well as periodic review of records to ensure the pattern is not repeated.

8. Plan to continually evaluate the effectiveness of our verification system.

Minimum Standards are met 100% of the time at the point a foster home is verified by GUIDING LIGHT. Foster families are evaluated to ensure that they meet standards after verification as described above. Specific criteria are applied to determine the effectiveness of our verification system, are incorporated into the home study, as well as the Foster Home Standards Quarterly Review.

GUIDING LIGHT foster Family Records (as well as children, personnel and training records) undergo annual peer review. Random samples of 10% of the records for the agency are reviewed by the Executive Director/Child Placing Management Staff. Any non-compliances identified by the GUIDING LIGHT Child Placement Staff, Child Placement Management Staff, RCCR, RCM, YFT or Caregiver should immediately be reported to the Executive Director. Problems identified are assessed by the Executive Director for resolution. Documented conclusions are filed in the main office.

9. Plan to continually evaluate the effectiveness of our monitoring system.

The Child Placement Staff monitors to ensure on-going compliance via regular home visits and regular face-to-face visits with the foster child), Quarterly Foster Home Standard Reviews, and contact logs. The Executive Director/Child Placing Management Staff ensures that the monitoring is effectively carried out. Criteria for determining the effectiveness include an annual evaluation of the number of times a family was cited for noncompliance in an investigation or when the Foster Home Quarterly Standard Review failed to flag that noncompliance. Problems this evaluation system identifies are addressed in staff training and if necessary, with a change in the Foster Home Quarterly Standard Review form so that it better addresses areas of possible noncompliance. Continued noncompliance of a foster home, or a serious violation of standards are addressed by the Treatment Team, (Executive Director/Child Placing Management Staff &

Child Placement Staff) and considered for the possibility of closing the home. This concern and/or decision is documented on the form "Complaints and/or Concerns" and filed in the Foster Family Record under Home File.

10. Statement on adoption services.

The agency is licensed for adoption at this time. Guiding Light Executive Director/Child Placing Management Staff will monitor for compliance with Minimum Standards. Findings will be documented and evaluated using procedures as described above, to determine the effectiveness of the monitoring system.

11. Contact Statewide Texas Abuse and Neglect Hotline to report Serious Incidents and allegations of abuse neglect at (800) 252- 5400.

The Executive Director/Child Placing Management Staff is responsible for contacting SWI (Statewide Intake) to report Serious Incidents and allegations of abuse and neglect. The designee of the Executive Director will research the history of similar Serious Incidents and allegations of abuse/neglect and report patterns to the Executive Director. If a pattern of Serious Incidents and allegations of abuse/neglect is identified additional training will be provided to the staff and/or foster families.

To ensure compliance, DFPS may take action that is included, but not limited to the following:

A. Informal Remedies: Used to address minor performance issues.

- i. Technical Assistance- DFPS will offer technical assistance via phone, email, and fax to resolve minor compliance issues. GUIDING LIGHT will follow up on all instances of technical assistance in writing to ensure compliance.
- ii. Technical Resolution- This is a joint process where DFPS and GUIDING LIGHT will meet face to face or via a scan call where both parties will discuss issues, barriers, potential solutions, and implementation strategies to resolve noncompliance issues. DFPS will document and provide GUIDING LIGHT with a final technical guidance document/ Technical Assistance Plan to aid in implementation.

ORGANIZATION AND ADMINISTRATION

GUIDING LIGHT PLAN FOR COMPLIANCE WITH MINIMUM STANDARDS AND RESIDENTIAL CONTRACTS

240

- iii. Continuous Quality Improvement (CQI)- DFPS and GUIDING LIGHT will participate in the CQI process in order to obtain measurable improvement over a mutually agreed period of time. GUIDING LIGHT will document each step listed below and provide written updates to the Residential Contract Manager. DFPS and GUIDING LIGHT will:
 - 1. Identify the issue and develop a problem statement.
 - 2. Define the current issue by breaking down the problem into component parts;
 - 3. Identify major problem areas and develop an achievable target improvement goal;
 - 4. Analyze the problem and identify the root causes of the identified major problem areas;
 - 5. Develop an action plan to correct the root causes of the problem, including specific actions taken that identify who, what, when, and where;
 - 6. Look at the results and confirm that the root causes and the problem have decreased;
 - 7. Identify if the target improvement goal has been met.
- B. Formal Remedies- Used to address serious issues of noncompliance. DFPS may require specific corrective actions. Failure to comply may be grounds for suspension or termination of the Contract, in whole or in part.
 - i. Corrective Action Plan (CAP)- DFPS will provide GUIDING LIGHT a Corrective Action Plan that identifies areas of noncompliance. The Executive Director will provide a response in writing that will address the deficiencies within the timeframes required in the CAP. GUIDING LIGHT will implement and maintain compliance with the corrective action. Failure to comply will result in further remedies under the Contract;
 - ii. Placement Action- DFPS can temporarily or permanently removed any or all Children and/or limit further placements. DFPS also reserves the right to place conditions on any such suspensions and/or limitations of placement.
- C. Financial Remedies- Based on findings of Contract violations, DFPS reserves the right to implement fiscal remedies including recovery for any and all actual damages DFPS accrues as a result of GUIDING LIGHT's noncompliance with the Contract.
- D. Suspension- As a formal remedy, DFPS could suspend any of GUIDING LIGHT's contractual rights.
- E. Abeyance of Staff- DFPS reserves the right to require GUIDING LIGHT to remove any employee, volunteer, agent, or subcontractor of GUIDING LIGHT from the provision of services under this contract or prohibit the employee or volunteer from having direct contact with DFPS clients and/or records.
 - i. Termination for Convenience- In the best interest of the State of Texas, DFPS may terminate the Contract with GUIDING LIGHT at its sole discretion. DFPS's notice of termination will include the effective date of the termination of GUIDING LIGHT's contract.
 - ii. Termination for Cause- DFPS may terminate in whole or in part, upon either of the following conditions (except otherwise provided by the U.S. Bankruptcy Code or any successor law):
 - 1. Material Breach- DFPS can terminate GUIDING LIGHT's contract in whole or in part if it is determined that GUIDING LIGHT has materially breached the Contract or has failed to adhere to any laws, ordinances, rules, regulations or orders of any public authority having jurisdiction that prevents or impairs GUIDING LIGHT's performance of duties under the Contract. GUIDING LIGHT's misrepresentation in any aspect of GUIDING LIGHT Solicitation Response, if any, or GUIDING LIGHT's addition to the Excluded Parties List System (EPLS) will also constitute a material breach of Contract.
 - 2. Failure to Maintain Financial Viability- DFPS may terminate the Contract if there is a good faith belief that GUIDING LIGHT no longer maintains the financial viability required to complete the Services and Deliverables or otherwise fully perform its responsibilities under the Contract.

250 | CLIENT RIGHTS & APPEALS (CAREGIVERS)

- GUIDING LIGHT Foster Homes will have information readily accessible to them when making informed decisions about the child(ren) in their care.
- The Handbook for Foster Homes of Guiding Light Foster Care & Adoption
- Orientation and Pre-Service Training Literature
- The caregivers will provide written verification they have received and reviewed items A and B.
- The Foster Homes can review the following information with a verbal or written request.
- The Minimum Standards and Guidelines for Child-Placing Agencies as developed by the Texas Department of Protective and Regulatory Services Licensing Division (a copy of this information will be provided to the parents and they will provide written verification that they have received and reviewed the information).
- Compliance Status reports
- Guiding Light Agency Policies
- Appeal Process
- Appeals requested by a child in care
- The child must be informed of his/her right of appeal upon placement.
- If the child has a problem he/she should discuss it with the caregivers. If the child feels he/she is unable to do so, she/he should discuss the problem with his/her Child Placement Staff or therapist.
- If the child feels as though the problem is unresolved, she/he may contact the Executive Director/Child Placing Management Staff at Guiding Light.
- There are no time limits to any of these steps and the youth are permitted to contact the Managing Conservator at any time it is felt that the process has not been effective.
- Appeals requested by the Foster Home (Parent or Support Staff)
- Upon deciding to appeal, the client will first notify, in writing, the Guiding Light Child Placement Staff at the GUIDING LIGHT office that provides services for the children in their care. The written appeal notice should include the basis for the complaint, the parties involved, and the dates and times of occurrences. This notice must then be delivered via Certified Mail with a Return Receipt requested. The GUIDING LIGHT Child Placement Staff has ten (10) working days to respond to the appeal in writing. The response will be delivered to the client via Certified Mail with a Return Receipt requested.
- If the matter is not resolved following the GUIDING LIGHT Child Placement Staff's response, the client may send a copy of the written appeal to the Child Placing Management Staff in their local GUIDING LIGHT office. The Child Placing Management Staff has ten (10) working days to respond. All communications are to be delivered via Certified Mail with a Return Receipt requested.
- If the matter is not resolved following the GUIDING LIGHT Child Placement Management Staff response, the client may send a copy of the written appeal to the Executive Director. The Executive Director has ten (10) working days to respond. All communications are to be delivered via Certified Mail with a Return Receipt requested.
- The final interagency appeal would then be made to the Guiding Light Board of Directors. The President and the Vice-President of the Board will review the appeal. The President and the Vice-President have ten (10) working days to respond. All communications are to be delivered via Certified Mail with a Return Receipt requested.

Note: Persons making decisions regarding an appeal shall, in each case, notify the Executive Director of the decision.

- Complaints requested by a Child in care or Foster Family against GUIDING LIGHT Child Placement Staff or subcontract staff
- If the child has a problem with the GUIDING LIGHT Child Placement Staff or contract therapist he/she should:
- Discuss it with the Caregivers. The Caregiver is responsible for informing the Executive Director/CPMS of the complaint within 72 hours.
- If the child feels she/he is unable to discuss the problem with the Caregivers, he/ she may contact the Executive Director/Child Placing Management Staff directly.
- Youth are permitted to contact the Managing Conservator at any time it is felt that the process has not been effective.
- If a Caregiver, Child in Care, or Employee/Contract Staff makes a complaint against an employee/Contract Staff to the Executive Director, the following steps must be taken:
- The Executive Director/Child Placing Management Staff must assist the Child or Foster Family write a written complaint against Employee/Subcontract Staff. The written complaint notice should include the basis for the complaint, the parties involved, and the dates and times of occurrences. This notice must be delivered to the Employee/Contract staff within 10 business days.

Board Approved

Effective 12/1/2023

ORGANIZATION AND ADMINISTRATION

CLIENT RIGHTS & APPEALS (CAREGIVERS)

250

- The GUIDING LIGHT Child Placement Staff/Subcontract Staff has ten (10) working days to respond to the complaint in writing to the Executive Director/Child Placing Management Staff. The Executive Director/Child Placing Management Staff will determine if the complaint is valid and if employee/subcontractor counseling is necessary. If the matter is not resolved following the GUIDING LIGHT Child Placement Staff's/Subcontractor's response, the Executive Director and/or Board Members would then discuss the complaint to resolve.
- The Executive Director/Child Placing Management Staff is responsible for ensuring that all complaints are filed in the employee/subcontractor's file. All valid complaints will be considered during annual performance appraisals and determining if subcontracts are to be renewed.
- The Child Placement Staff/Subcontract Staff has the right to appeal the Executive Director's decision to the Guiding Light Board of Directors. The President and the Vice-President of the Board will review the appeal. The President and the Vice-President have ten (10) working days to respond. All communications are to be delivered via Certified Mail with a Return Receipt requested.
- Questions, concerns, or disagreements regarding policies, interpretations or determinations made by the Department of Family & Protective Services will be brought to the attention of that agency in accordance with established administrative procedures, if any, or otherwise as appropriate.

In no event shall complaints or appeals be filed with TDFPS without express prior approval by the GUIDING LIGHT Executive Director.

System Administration

In accordance with appropriate standards of management and security, Information Technology personnel of the Agency shall, at a minimum, maintain the following at a level relative to the associated risks:

1. Firewalls and general network access security devices and software
2. Anti-virus/Anti-malware devices and software on all supporting access devices and any system capable of storing confidential information.
3. Back-ups of all servers and key information systems are completed nightly and data is taken offsite weekly to ensure protection from destruction or loss.
4. Logs and monitoring systems
5. Inventory of physical and electronic assets as required for accounting purposes
6. Security configuration on devices and systems limiting risk of exposure while allowing for the timely access of information by authorized individuals and organizations
7. GUIDING LIGHT employs password protection on all of its electronic systems (including clinical, medical records, email, and accounting). Password policies require renewal of passwords on a regular schedule and follow typical security password protocols.

Employee Access

Security of individual accounts shall be the responsibility of the named person as defined in the Personnel Policy

SERIOUS INCIDENTS

REPORTS AND RECORD KEEPING

300 | *SERIOUS INCIDENTS*

The GUIDING LIGHT Child Placement Staff (or GUIDING LIGHT emergency service if it is after regular work hours) must be contacted immediately when a serious incident occurs. If the GUIDING LIGHT emergency line is contacted, the GUIDING LIGHT Child Placement Staff must also be contacted the next business day. GUIDING LIGHT staff or the caregiver must notify the managing conservator and chain of command within 24 hours of the incident.

The Texas Abuse and Neglect Hotline must be contacted at 1-800-252-5400 within 24 hours to report serious incidents. Foster parents must report any serious incidents directly to the Texas Abuse and Neglect Hotline if the incident involves a child under the care of the foster parent. GUIDING LIGHT staff may report non-emergency situations of Texas Abuse & Neglect online at TxAbuseHotline.org. Users will be prompted for a user name and a password. An email response will acknowledge receipt of the report.

Within 24 hours of any Serious Incident, the caregiver must fill out a Serious Incident Report Form. If it is a Serious Incident, it must be submitted to GUIDING LIGHT within 24 hours. The GUIDING LIGHT Child Placement Staff will log the incident online through Casebook as soon as s/he is aware of the incident. The GUIDING LIGHT Child Placement Staff will review and edit any written serious incident report to ensure that all information that was given verbally is documented accurately. Weekend serious incidents must be reported to the Executive Director and the serious incident report complete online through Social Service Software Database (Casebook) utilized within 24 hours of the serious incident.

- The following serious incidents must be reported immediately to GUIDING LIGHT. If the Child Placement Staff cannot be reached, the office must be called. If it is after hours, the Executive Director must be notified and the GUIDING LIGHT Child Placement Staff contacted, by the caregiver, the next business day. The following Chain of command must also be contacted: DFPS managing conservator caseworker, caseworker supervisor, residential contract manager assigned to the agency, and the HHS residential child care licensing representative for the agency. All must be contacted per the Chain of Command, and the Texas Abuse and Neglect Hotline must be notified within 24 hours unless otherwise stipulated below
- A substantial physical Injury or critical illness that a reasonable person would conclude needs treatment by a medical professional or hospitalization as soon as possible, but no later than 24 hours after the incident occurred such as:
- Dislocated, fractured, broken bones, concussions, lacerations requiring stitches, second & third degree burns, and damages to internal organs. If a child requires stitches at a clinic, the hotline needs to be called. It is the nature of the child's condition not the venue that determines whether it is reportable.
- For Primary Medical Needs children with a substantial physical injury or contracts a critical illness.

Hospitalizations that you would not report include:

- a. Visits to the emergency room for common illnesses like the flu and/or ear infection
 - b. Acute Chronic Conditions/Diagnosis or illness such as asthma, etc.
 - c. Planned admissions for PMN children
 - d. If there is a medically pertinent incident, such as a seizure, g-button dislocated, or G-JButton dislodge that requires the radiology department/emergency room or hospital visit, that does not rise to the level of a serious incident, GUIDING LIGHT does not have to report the incident, but it must be documented on an incident report, but it must be documented on an incident report.
 - e. If there is a medically pertinent incident, such as a seizure, that does not rise to the level of a serious incident, GUIDING LIGHT does not have to report the incident to the Hotline, but it must be document on an incident report.
- Suicide attempt by a child is any attempt by a child to take his own life, using means or methods capable of causing serious injury or means or methods that the child believes capable of causing serious injury. Must be reported to the

SERIOUS INCIDENTS

Managing Conservator Caseworker, Caseworker Supervisor, Residential Contract Manager, and Residential Child Care Licensing as soon as you become aware of the incident

- Allegations of abuse, neglect, or exploitation. RCCR (Residential Child Care Licensing), RCM (Residential Contract Manager) & the Managing Conservator Caseworker and Supervisor are all identified as the chain of command that must be notified as soon as GUIDING LIGHT becomes aware of the allegation and GUIDING LIGHT must inform whether there is a plan to move the child until an investigation is complete.
- Any incident where there are indications that a child in care may have been abused, exploited, or neglected.
- Abusive activity among children:
- Sexual abuse committed by a child against another child. Sexual abuse is conduct harmful to a child's mental emotional or physical welfare, including:
- Non-consensual sexual activity between children of any age.
- Consensual sexual activity between children more than 24 months of age or when there is a significant difference in the developmental level of the children; or
- Failure to make reasonable effort to prevent sexual conduct harmful to a child.
- Physical abuse committed by a child to another child - if it results in substantial physical injury excluding any accident; or failure to make a reasonable effort to prevent an action by another person that results in substantial physical injury to the child.
- Death of a child must be reported within 2 hours after the child's death to RCCR, Managing Conservator Caseworker, Caseworker Supervisor, and RCM as the identified chain of command and immediately, but no later than 1 hour after the child's death to Law Enforcement
- Arrests not including being issued a ticket at school by law enforcement or another citation that does not result in the child being detained or when law enforcement responds to an alleged incident at the foster home. Must notify Managing Conservator Caseworker, Caseworker Supervisor, RCCR & RCM as soon as you become aware of it. Reasons for arrest include:
 - Stealing
 - Unauthorized possession of a firearm
 - Allegations of assault
 - Threats of life endangerment (murder or suicide)
 - Terroristic Threats; and/or
 - Any other violations of the Law that warrant an arrest.
- Admission to an emergency shelter, emergency respite care, or alternate placement
- Admission to psychiatric hospital, if admission is precipitated by a reportable incident listed in this section. Notify the CPS Caseworker, CPS Caseworker Supervisor, RCM, RCCR, and the Regional Placement Unit for the Child's legal region within 24 hours when GUIDING LIGHT is aware that a child requires hospitalization.
- A child or an adult who has contact with a child in care contracts a communicable disease that the law requires you to report to the Department of State Health Services (DSHS), you must report to the hotline no later than 24 hours after you become aware of the communicable disease unless it is confidential. You must notify the Managing Conservator Caseworker, Caseworker Supervisor, RCCR & RCM as the chain of command if their child has contracted the communicable disease or has been exposed to it no later than 24 hours after you become aware of the communicable disease.

COMMUNICABLE DISEASES

Types of reportable communicable diseases include the following:

Acquired Immune Deficiency Syndrome (AIDS), Amebiasis, Amebic Meningitis and Encephalitis, Anaplasmosis , Anthrax, Arboviral Infections caused by California Serogroup virus, Asbestosis, Ascariasis/Babesiosis, Botulism-adult and infant, Brucellosis, Campylobacteriosis, Cancer, Carbapenem-resistant Enterobacteriaceae, Chagas' disease, Chancroid, Chickenpox (varicella), Chlamydia Trachomatis Infection, Contaminated sharps injury, Controlled Substance overdose, Coronavirus novel, Cryptosporidiosis, Cyclosporiasis, Cysticercosis, Cytogenetic result (fetus & infant only), Diphtheria, Echinococcosis, Ehrlichiosis, Fascioliasis, Gonorrhea, Hansen's disease (leprosy), Haemophilus Influenzae type B infection, Invasive, Hantavirus infection, Hemolytic uremic syndrome (HUS), Hepatitis A, B, C, and E, (acute), Hepatitis B, (acute and chronic) identified prenatally or at delivery, Perinatal Hepatitis B infection, Hepatitis B, C, & E (acute), Hook worm, Human Immunodeficiency Virus (HIV) infection, Influenza-associated pediatric mortality, Influenza novel, Lead, child blood, any level & adult blood, any level, Legionellosis, Leishmaniasis, Listeriosis, Lyme disease, Malaria, Measles

Board Approved

Effective 12/1/2023

SERIOUS INCIDENTS

(rubeola), Meningococcal infection, Invasive, Multidrug-resistant Acinetobacter (MDR-A) Mumps, Paragonimiasis, Pertussis, Plague, Poliomyelitis, Acute Paralytic, Poliovirus infection, Non-Paralytic, Q fever, Rabies, Rubella (including congenital), Salmonellosis, including Typhoid fever, Shigellosis, SmallPox, Spotted Fever Group Rickettsioses (such as Rocky Mountain spotted fever), Streptococcal disease: Invasive group A, Invasive group B, or Invasive Streptococcus Pneumonia; Syphilis, Taenia solium & Undifferentiated Taenia infections, including Cysticercosis, Tetanus, Trichinosis, Tuberculosis, Tularemia, Typhus, Vibrio infection, including Cholera (specify species), Viral Hemorrhagic fevers, Yellow Fever, Yersiniosis, Vancomycin-Intermediate Resistant Staphylococcus Aureus (VISA), Vancomycin-Resistant Staphylococcus Aureus (VRSA), Yersiniosis

Precautions to take if a child in care, employee, caregiver, someone else in one of the foster homes, or someone else in GUIDING LIGHT has a communicable disease:

- a) The Department of State Health Services (DSHS) must be notified after GUIDING LIGHT is aware that someone has contracted a communicable disease that the law requires you to report.
 - b) If a person in GUIDING LIGHT's care has symptoms of a communicable disease that is reportable to the DSHS, GUIDING LIGHT must:
 1. Consult a health care professional about the person's treatment;
 2. Follow the treating physician's orders, which may include separating the person from others;
 3. Notify the person's parent, if applicable; and
 4. Sanitize all items used by the sick person before another person uses one of them;
 5. These requirements must be documented in the person's record.
 - c) If a person in GUIDING LIGHT's care is diagnosed by a health care professional with a communicable disease that is reportable to DSHS, a health care professional must authorize the person's participation in routine activities in the foster home. The health care's authorization must:
 1. Be in the person's record;
 2. Include a written statement that the person will not pose a serious threat to the health of others; and
 3. Include any specific instruction and precautions to be taken for the protection of others, if necessary.
 - d) If an employee, a contract service provider, a caregiver, volunteer, or someone else in one of GUIDING LIGHT's foster homes that is reportable to DSHS, GUIDING LIGHT must obtain a written authorization from a health care professional before the person is allowed 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. The written statement must be documented in the child, staff, and/or family record, as applicable.
 - e) Any written instructions and precautions specified by a health care professional must be followed and a safety plan must be implemented as necessary based on the recommendations.
- Abusive treatment by caregiver, including actions which, if chronic or intensified, could cause substantial harm to a child. This includes, but is not limited to:
 - A slap to the face
 - Sexual verbalizations
 - Exposing the anus, breast, or any part of the genitals
 - Inappropriate kissing
 - Provision of sexually oriented material to a child other than that used for appropriate sex education or counseling
 - Touching a child in inappropriate ways
 - Providing drugs or alcohol to a child
 - Any allegation that any person who directly cares for or has access to a child in the operation (including caregivers) has abused drugs within the past seven days must be reported to licensing within 24 hours of learning of the allegation
 - The following incidents, if they would have an impact on the care, supervision, and/or treatment of a child or children, should be considered serious and reported to GUIDING LIGHT immediately.
 - Fire setting
 - Cruelty to animals
 - Criminal activity which does not lead to arrest (stealing, drug usage)
 - Sexual incidents
 - The following serious incidents must be reported to GUIDING LIGHT and the managing conservator as soon as possible:
 - Disasters to the caregiver home such as air raid, severe storm
 - Fires in the home
 - Psychiatric hospital admission

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Effective 12/1/2023

SERIOUS INCIDENTS

- The caregiver or designated GUIDING LIGHT staff will complete written reports for serious incidents involving staff or children within 24 hours of learning about the occurrence. Each report must include the following:
 - The date and time of the occurrence
 - The staff or children involved
 - The nature of the incident
 - The surrounding circumstances
- The GUIDING LIGHT Child Placement Staff or other designated staff will make an oral report within 24 hours of the serious incident to the Executive Director/Child Placing Management Staff. A written report must be made within (24) twenty-four hours to the Managing Conservator. For non-serious Incidents the Caregiver will provide a written Incident Report at time of the monthly paperwork submission.

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

Any substantial physical injury that resulted from a short personal restraint requires documentation of the short personal restraint, including precipitating circumstances and specific behaviors that led to the EBI.

For all reports of physical or sexual abuse committed by a child against another child, the report needs to include the difference in size, age, and developmental level of the children involved in the physical or sexual abuse.

- The following incidents must be reported to the Executive Director during and after business hours to make a clinical evaluation of the child:
 - Suicidal ideation/threats
 - Homicidal threats
- If an allegation, suspicion or rumor of an adult to child sexual abuse allegation has been made, all GUIDING LIGHT staff that heard the report, through first hand knowledge or hearsay, must report their information to the hotline, this is including but not limited to Foster Parents, Child Placement Staff, Child Placement Management Staff, and/or Executive Director.

Unauthorized Absences

1. For each unauthorized absence of a child, GUIDING LIGHT must:
 - a. Document the unauthorized absence in an annual summary log
 - b. Debrief the child
2. If a child has three unauthorized absences within a 60-day timeframe, GUIDING LIGHT must conduct a triggered review of the child's unauthorized absences.
3. GUIDING LIGHT must conduct an overall agency evaluation for unauthorized absences every six months. Documentation that must be included in an annual summary log for a child who has an unauthorized absence.
4. For each unauthorized absence during the relevant year, GUIDING LIGHT must document the following information in an annual summary log:
 - The name, age, gender, and date of admission of the child who was absent;
 - The time and date the unauthorized absence was discovered;
 - How long the child was gone or if the child did not return;
 - The name of the caregiver responsible for the child at the time the child's absence was discovered;
 - The intake report number, if a report was made to Licensing or the Department of Family and Protective Services;
 - Whether law enforcement was contacted, including the name of any law enforcement agency that was contacted and the number of the police report, if applicable.
 - a. GUIDING LIGHT must maintain each annual summary log for **five years**.
 - b. GUIDING LIGHT must make the annual summary logs available to Licensing for review and reproduction, upon request.

DEBRIEFING A CHILD AFTER AN UNAUTHORIZED ABSENCE

1. After a child returns to the foster home from an unauthorized absence, the foster parent, or other appropriate person, must conduct a debriefing with the child as soon as possible, but no later than 24 hours after the child's return.
2. The purpose of the debriefing is for the child and the foster parent, or other appropriate person, to discuss the following:
 - a. The circumstances that led to the child's unauthorized absence;

Board Approved

Effective 12/1/2023

SERIOUS INCIDENTS

- b. The trauma informed strategies the child can use to avoid future unauthorized absences and how the foster parent can support those strategies;
 - c. The child’s condition;
 - d. What occurred while the child was away from the foster home, including where the child went, who was with the child, the child’s activities, and any other information that may be relevant to the child’s health and safety.
3. The foster parent must allow the child to return to routine activities, excluding any activity that the foster parent determines would be inappropriate because of the child’s condition following the unauthorized absence or something that occurred during the unauthorized absence.
 4. The debriefing must be documented in the child’s record, including any routine activity that would be inappropriate for the child to return to and the explanation for why the activity is inappropriate.

When a child is absent without permission (unauthorized absence), including the removal of a child by an unauthorized person, the following notifications must be taken:

Children	Guiding Light Staff Notification	Hotline Notification	Law Enforcement Notification	CPS Caseworker Notification	Serious Incident Report
If the child with intellectual disabilities or has suicide ideation	Immediately	Immediately	Immediately	Immediately	Within 24 hours of child missing
Developmentally or chronologically underage of 6 years old	Immediately	Within 2 hours of notifying law enforcement	Immediately upon determining the child is not on the premises and the child is still missing	Within 2 hours of notifying law enforcement	Within 24 hours of child missing
Developmentally or Chronologically ages 6-12	Immediately	Within 2 hours of notifying law enforcement if the child is still missing	Within 2 hours of determining the child is not on the premises, if the child is still missing	Within 2 hours of determining the child is not on the premises, if the child is still missing	Within 24 hours of child missing
A child 13 years or older	Immediately	No later than 6 hours from when the child’s absence is discovered, and the child is still missing. However, you must report the child’s absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you believe the child has been abducted or has no intention of returning to the foster home.	No later than 2 hours from when the child’s absence is discovered, and the child is still missing. However, you must report the child’s absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you	No later than 6 hours from when the child’s absence is discovered, and the child is still missing. However, you must report the child’s absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you believe the	Within 24 hours of child missing

SERIOUS INCIDENTS

			believe the child has been abducted or has no intention of returning to the foster home.	child has been abducted or has no intention of returning to the foster home.	
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- A. If a child has been absent without permission, the caregiver should contact the GUIDING LIGHT Child Placement Staff immediately. The child will be considered an Unauthorized Absence at this point. If after 5 p.m., the Guiding Light Executive Director crisis line, 254-379-1853. If the GUIDING LIGHT crisis line is utilized, the GUIDING LIGHT Child Placement Staff must also be notified the following business day. Refer to the above chart to determine when the CPS Hotline must be called when it is determined that the child will not return.
- B. Refer to the above chart to determine when the law enforcement should be contacted. Refer to the above chart to determine when the Managing Conservator and chain of command must be contacted to inform them of the unauthorized absence of the child.
- C. If the whereabouts are known, every attempt will be made to bring the child home by the caregivers/care giver or the GUIDING LIGHT Child Placement Staff. If GUIDING LIGHT and TDFPS agree to return the child to the same home, the placement shall be kept open. However, if the caregiver does not agree to allow the youth to return, the caregiver possibly could be cited for abandonment. The Managing Conservator will decide alternate placement arrangements.
- D. If the child returns to the home, contact GUIDING LIGHT, the managing conservator, law enforcement, and the hotline to notify them of the child’s return.
- E. If a child is absent without permission, the circumstances surrounding his absence, efforts to locate the child, and notification of the child’s Managing Conservator and the appropriate law enforcement agency must be documented.
- F. An Incident Form must be filled out within 24 hours of reporting the absence of the child
- G. GUIDING LIGHT must document an unauthorized absence that does not meet the reporting time requirements within 24 hours after becoming aware of the unauthorized absence.
 - a. GUIDING LIGHT must document the absence:
 - i. In the same manner as for a serious incident
 - ii. Complete an addendum to the serious incident report to finalize the documentation requirements, if the child returns to a foster home after 24 hours.

UNAUTHORIZED ABSENCE/RUNAWAY POLICIES MUST INCLUDE:

- 1. An evaluation of behaviors indicating a higher likelihood of running away to identify children at risk of running away.
- 2. Treatment planning which includes a discussion and documentation of efforts to prevent the child or youth from running away when they have risk factors that indicate they are at a higher risk for running away.
- 3. Strategies for working with the child or youth to prevent runaway behaviors.
- 4. The use of de-escalation techniques for staff and foster parents when working with a child or youth who have risk factors for running away behaviors.

Runaway Prevention must be:

- 1. Trauma Informed;
- 2. Use reasonable and prudent parent standard for decision making about the child or youth;
- 3. Use a Runaway Prevention Plan when a child or youth:
 - a. Has a recent episode of running away or human trafficking victimization or
- 4. Has verbalized a serious desire to run away or their behaviors have escalated indicating the need for intervention.

GUIDING LIGHT will utilize the DFPS FORM 2882 for the Runaway Prevention Plan.

Runaway Prevention Plans must:

- 1. Be completed within 48 hours of identification of a child or youth who is at higher risk of running away as indicated by:

Board Approved

Effective 12/1/2023

SERIOUS INCIDENTS

- a. A history of running away within in the last 6 months,
- b. Recent threats to run away, or
- c. Human trafficking history
2. Be child-centered;
3. Be strengths-based;
4. Be proactive in planning for if the child does run away
5. Present alternatives for the child to use as an outlet for frustrations that are a result of the risk factors for running away;
6. Plan for the child's safety and well-being;
7. Explore reasons for past runaway episodes and triggers;
8. Be evaluated monthly to ensure updates are made or if the plan can be ended due to runaway risk being mitigated;
9. Include the child's input;
10. Have Caseworker invited to contribute to the plan. GUIDING LIGHT can continue without caseworker if GUIDING LIGHT is unable to get a hold of the caseworker or if caseworker is unable to attend.
11. When a Runaway Prevention Plan is implemented, the child's assigned caseworker, caseworker supervisor and RCM needs to be informed in writing and provided a copy of the Runaway Prevention Plan within 24 hours.
12. Anyone providing supervision need to be informed of child's risk of running away.
13. Training should be provided to staff and foster parents that build skills in de-escalation.

GUIDELINES FOR REPORTING

GUIDING LIGHT must report and document the following types of serious incidents involving a Caregiver, Employee, Contract Staff, or a volunteer as soon as possible, but no later than 24 hours after the staff becomes aware to the chain of command including, RCCR, the Case Worker, the Caseworker Supervisor, and RCM.

- A. Any incident that renders all or part of the office/Caregiver home unsafe or unsanitary for a child, such as fire or flood.
- B. A disaster or emergency that requires the office/Caregiver home to close.
- C. An adult who has contact with a foster child contracts a communicable disease noted in previous section regarding communicable disease reporting.
- D. Allegation that the Direct Care Staff or Caregiver has abused drugs within the past seven days.
- E. 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.
- F. An arrest, indictment, or a county or district attorney accepts "Information" regarding an official complaint against an employee, professional level service provider, volunteer, or other adult at the agency alleging commission of any crime as provided in 745.651; or when law enforcement responds to an alleged incident at the foster home.

If there is a serious incident involving an adult resident, GUIDING LIGHT does not have to report the incident to licensing, but they must document the incident on an incident report and they must report the incident to:

- A. Law Enforcement
- B. The Managing Conservator, Caseworker, Caseworker Supervisor and RCM, if the adult resident is not capable of making decisions about the resident's own care
- C. Adult Protective Services through the Texas Abuse and Neglect Hotline if there is reason to believe the adult resident has been abused, neglected, or exploited.

Triggered Review

1. A triggered review of a child's unauthorized absences must occur as soon as possible, but no later than 30 days after the child's third unauthorized absence within a 60-day timeframe.
2. A regularly scheduled review of the child's service plan can serve as the triggered review of a child's unauthorized absences, if the regularly scheduled review:
 - a. Takes place no later than 30 days after the child's third unauthorized absence within a 60-day timeframe.
3. The triggered review of a child's unauthorized absences must include the following participants:
 - a. The child;
 - b. The foster parent;
 - c. Child placement staff.

Board Approved

Effective 12/1/2023

SERIOUS INCIDENTS

- d. GUIDING LIGHT must notify the child's parent at least two weeks before the triggered review of a child's unauthorized absences, so the parent will have an opportunity to participate in the review.

A triggered review for a child's unauthorized absences must include the following:

1. A review of the child's records documenting previous unauthorized absences, including previous debriefings;
2. A review of service plan elements
3. An examination of trauma informed alternatives to minimize the unauthorized absences of the child;
4. A written plan to reduce the unauthorized absences of the child, which you must document in the child's record.

Overall Agency Evaluation for Unauthorized Absences:

1. Every six months, GUIDING LIGHT must conduct an overall agency evaluation for unauthorized absences that have occurred at the foster homes during that time period.
2. The objectives of the evaluation are to:
 - a. Develop and maintain a trauma informed environment that supports positive and constructive behaviors by children in care;
 - b. Ensure the overall safety and well-being of children in care.
3. The evaluation must include:
 - a. The frequency and patterns of unauthorized absences of children from your foster homes;
 - b. Specific trauma informed strategies to reduce the number of unauthorized absences from your foster homes.

310 | CLIENT RECORDS

1. GUIDING LIGHT will maintain an active master case record for a child to be accessible at the main office where the child placement staff that is managing the child's placement is located.
2. GUIDING LIGHT will maintain the active master record for a foster or adoptive home to be accessible at the office where the child placement staff that is managing the home is located.
3. GUIDING LIGHT Main office will maintain a master list of active client records and their location.
4. An active child record consists of the child's record for the most recent 12 months of service.
5. For each child, the active record must include:
 - A. The child's full name and another method of identifying the child, such as a client number;
 - B. Documentation of known allergies and chronic conditions on the exterior of the child's record or in another location where the information is clearly visible to persons with access to the record, including a notation of "no known allergies or chronic conditions" if there are none.
6. On an on-going basis, GUIDING LIGHT will ensure that each child's record is:
 - A. Kept accurate and current;
 - B. Locked and kept in a safe location or locations; and
 - C. Kept confidential as required by law.
7. GUIDING LIGHT will maintain archived client records at the agency and/or in a central administratively designated location.
8. GUIDING LIGHT may archive entire closed client records electronically.
9. GUIDING LIGHT will ensure the system for maintaining all client records must be uniform throughout the agency.
10. GUIDING LIGHT Main office will maintain a master list of archived client records and their location.
11. For children placed in adoption, GUIDING LIGHT will maintain complete child, birth parent, and adoptive family records permanently or transfer them, as appropriate, to the Bureau of Vital Statistics.
12. GUIDING LIGHT will maintain complete child records for a child placed in foster care:
 - A. For at least two years after the child is discharged; and
 - B. Until the resolution of any investigation of a serious incident that occurred while the child was in care with GUIDING LIGHT.
13. GUIDING LIGHT will maintain records for verified foster homes for at least five years after the foster home is closed. This includes foster homes that did not receive placements.
14. GUIDING LIGHT will maintain records for approved adoptive applicants with whom GUIDING LIGHT did not place a child for at least five years after the family withdraws or GUIDING LIGHT closes consideration of the family for a placement.
15. GUIDING LIGHT will maintain records for applicants for foster or adoptive homes whom were not verified or approved for at least one year after denial of the application.
16. GUIDING LIGHT is not required to maintain records of foster or adoptive home applicants who drop out before the completion of a home screening.
17. CPS workers are not authorized to sign non-DFPS forms unless approved by DFPS attorney with the exception CPOSSs.
18. CPMS is responsible for approving and reviewing all FPPW. GUIDING LIGHT case managers are responsible for supervising and ensuring that foster parents complete and submit all FPPW on time as well as any corrections.

Record Keeping & Access

1. For the purpose of these rules Record will be defined as information stored in any form (physical or electronic) that is collected and arranged for the purpose of managing the welfare of children in care or documenting the agencies compliance with state and federal law, regulations and internal policies. GUIDING LIGHT will maintain complete individual files on each child for which they are providing foster care services to include financial, programmatic, and supporting documents, statistical reports, documentation to support performance measures and other records.
2. GUIDING LIGHT will ensure that client records are kept confidential and inaccessible to unauthorized persons.
3. Information in records may only be disclosed to the treatment team for direct and authorized services of the child or family, or as part of the professional administration of the agency.
4. Each child's records must be available to the Department for review. The Executive Director will assign temporary authorization for the individuals to access GUIDING LIGHT's electronic record portal Guiding Light's records must

REPORTS AND RECORD KEEPING

CLIENT RECORDS

310

be available at the agency offices and open for review by the Licensing Branch of Protective and Regulatory Services during the hours of operation. GUIDING LIGHT will allow periodic assessments of its physical facilities and operations, which may include specific foster homes, by Department employees. The assessment shall include safety and security issues, usable square footage, proximity, or access to needed client resources and appropriate client services.

8. GUIDING LIGHT will provide access to all records and information concerning the child properly identified individuals appointed by a court, Volunteers or employees of Court Appointed Special advocates (CASA), guardian ad litem, attorney ad litem, Staff with the Texas Juvenile Justice Department (TJJD) or a county Juvenile Probation Department.
9. Such records and information may include, but is not limited to, documentation of face-to-face visits with the child by the GUIDING LIGHT CM staff, the child's service plan, documentation of services provided to a child, discipline logs, medical and dental information, educational documentation, and narratives.
10. GUIDING LIGHT will assess that an individual is appointed by a court order by:
 - a. If CASA employee, review for a valid court order
 - b. If CASA volunteer, review for a valid court order and notification letter of volunteer assignment that clarifies the individual's appointment to the child.
11. If GUIDING LIGHT cannot readily determine the authority of the individual, then GUIDING LIGHT or foster parent will obtain approval from the child's CPS Worker or chain of command before granting access to the child.
12. In the event that Guiding Light ceases placing children, the agency must advise Department of Family and Protective Services Licensing Branch concerning the arrangements made to safeguard the records. Record storage must be arranged with the Department mentioned above or with another child-placing agency, or some other department-approved arrangement must be made for the safekeeping of the records.
13. If the Electronic System is inaccessible or not functioning properly, the procedure for obtaining assistance involves:
 14. Contacting the Help Desk online for immediate assistance
 15. Or call IT staff, to alert IT staff that assistance is needed.
 - a. Assistance is required If documents are missing when accidentally uploaded incorrectly (such as inputting a document in the wrong folder.)
 - b. Assistance is required If current and archived records are not separated by the electronic system.
16. The Electronic System is designed to separate active records from archived records, routinely archiving records from the prior year.
17. All documentation must be in the record:
18. No later than 30 days after the occurrence or event.
19. Foster parents must submit copies of any records they keep to GUIDING LIGHT within 15 days from the end of the month. GUIDING LIGHT will file these records in the child's record.
20. GUIDING LIGHT must not dispose of records before providing the DFPS's Residential Contract Manager (RCM) written notice of its intent to dispose of records and reviewing written approval from the DFPS's RCM.

Document Retention and Destruction Policy

RULES

1. The agency staff, volunteers, members of the Board of Directors and outsiders (i.e., Independent contractors via agreements with them) are required to honor these rules:
2. Paper or electronic documents indicated under the terms for retention below will be transferred and maintained by the Human Resources, Legal or Administrative staffs/departments or their equivalents;
3. A physical record may be maintained for documents and materials that contain irreproducible features (original seals, notary stamps, etc.) or are of other individual significance (original birth certificates, social security cards, etc.)
4. No paper or electronic documents will be destroyed or deleted if pertinent to any ongoing or anticipated government investigation or proceeding or private litigation.
5. Paper copies that are not online are listed as follows:
 - a. Human Resources drug testing results
 - b. Human Resources criminal history match letters
 - c. Accounting records that are maintained in QuickBooks.
 - d. Accounts payable
6. Electronic records are online, but paper copies are kept until the completion of routine audits for:

Board Approved

Effective 12/1/2023

REPORTS AND RECORD KEEPING

CLIENT RECORDS

310

- a. Bank reconciliation documents
- b. Remittance documents
- c. Account receivable documents

Terms For Retention

Retain Permanently:

- *Governance records* – Charter and amendments, Bylaws, other agency documents, governing board and board committee minutes.
- *Tax records* – Filed state and federal tax returns/reports and supporting records, tax exemption determination letter and related correspondence, files related to tax audits.
- *Intellectual property records* – Copyright and trademark registrations and samples of protected works.
- *Financial records* – Audited financial statements, attorney contingent liability letters.

Retain for 10 years:

- *Pension for ten years* – Pension (ERISA) plan participant/beneficiary records, actuarial reports, related correspondence with government agencies, and supporting records.
- *Government relations records* – State and federal lobbying and political contribution reports and supporting records.

Retain for five years:

- GUIDING LIGHT will maintain complete case records for at least 5 years after the child is discharged from care to be accessible from the main office. After 5 years only the health records are required to be maintained for medical purposes and any information concerning the parental rights or court order. GUIDING LIGHT will notify the Department of its intention to dispose of client records.
- GUIDING LIGHT will maintain verified agency foster home records for at least 5 years after an agency home is closed.

Retain for three years:

Employee/employment records

Employee names, addresses, social security numbers, dates of birth, INS Form I-9, resume/application materials, job descriptions, dates of hire and termination/separation, evaluations, compensation information, promotions, transfers, disciplinary matters, time/payroll records, leave/comp time/FMLA, engagement and discharge correspondence, documentation of basis for independent contractor and for three years after departure of each individual.)

Lease, insurance, and contract/license records

Retain for two years:

5. *All other electronic records, documents and files* – Correspondence files, past budgets, bank statements, publications, employee manuals/policies and procedures, survey information.
6. GUIDING LIGHT will continue to maintain a paper copy of records until the electronic portal system transition is completed and a thorough audit has been conducted in each office. Paper copies will be discarded after the audit is complete.
7. Time frame for uploading documents to the electronic system include:
8. Within 15 days of the document creation

Exceptions:

Exceptions to these rules and terms for retention may be granted only by the agency's Executive Director or Board President.

Board Approved

Effective 12/1/2023

320 | INTERNAL INVESTIGATIONS

1. The Managing Conservator usually obtains the required documentation from the prior agency when a child is transferring to our agency. However, if the procedures are not efficiently completed, the Child Placement Staff/Foster Home Developer is required to obtain a release of information form and send it to the transferring agency.
2. The transferring agency should forward the information in a timely manner. If not, the Child Placement Staff/Foster Home Developer may contact the agency directly and request that they handle the transfer of information through their office by obtaining a release of information from the Managing Conservator. Following the receipt of the release of information form, the information can be mailed or emailed immediately.
3. GUIDING LIGHT must include any corrective action plans, developmental plans, or service limitations imposed on the foster home when a foster home transfers to another CPA.
4. GUIDING LIGHT will investigate reports of standards violations, excluding abuse and neglect, when requested by licensing.
5. The TDFPS Licensing Division’s Report of Findings indicating any alleged non-compliances with Minimum Standards is directed to the Executive Director of the indicated regional GUIDING LIGHT office.
6. The Child Placement Management Staff for that office will conduct a review and sign off (as approved) on the Internal Investigation once completed.
7. The GUIDING LIGHT Child Placement Management Staff will submit the findings of the Internal Investigation to the requesting licensing representative within 30 days of the initial report or by due date provided by RCCR.
8. A documented Corrective Action Plan appropriate to the alleged non-compliances will be created.
9. When the Corrective Action Plan has been completed the documentation is filed in GUIDING LIGHT Family Records and documentation is submitted to Licensing to substantiate all corrections.
10. If a pattern of noncompliance is alleged, the Executive Director and Child Placement Staff will review the citations in question. If they situation is determined to be difficult, the GUIDING LIGHT attorney will be included in the review.
11. The designee of the Executive Director will research the history of similar citations in the agency and copies of the citations are presented to the Executive Director.
12. A Corrective Action Plan will be recommended by the Executive Director. The Executive Director/ Child Placement Management Staff and the Child Placing Staff will implement the Plan and monitor it for continuous compliance. If a pattern of noncompliance is considered extensive, the team will provide staff training and/or family training as well as periodic review of records to ensure the pattern is not repeated.
13. Refer to investigation procedure.

STAFF CONCERNS ABOUT A FOSTER FAMILY (CONCERNS ARE DEFINED AS POTENTIALLY PROBLEMATIC ISSUES THAT ARE NOT ABUSE OR NEGLECT):

- i. Immediately discuss the problem with the family.
- ii. If necessary, develop the Corrective Action Plan with the family.
- iii. After this point, obtain input from other treatment team members.

STAFF WHO PRESENT THEIR OPINION AS REPRESENTING GUIDING LIGHT:

- i. Staff who provide derogatory and negative comments are to clearly state that it is their “personal opinion” unless that opinion is corroborated with factual evidence or authorized in writing by the Executive Director.
- ii. Failure to adhere to this policy could result in a Corrective Action Plan against staff.

REPORTS AND RECORD KEEPING

NOTIFICATIONS

330

330 | NOTIFICATIONS

1. Guiding Light must submit reports to the Licensing Branch, Residential Child Care Licensing (RCCR) of the Department of Family & Protective Services (DFPS) concerning any impending change in the legal basis for operation or conditions impacting the license, i.e., type of child-placing activity licensed for or changes to legal name, at least 5 working days before the change is made.
2. If the Department notifies GUIDING LIGHT of a reduction or elimination of funds for this contract, GUIDING LIGHT may terminate the contract by notifying the Department within fifteen days of receipt of such notification and not later than the third day after the date a child has been placed with it.
3. If the child is three years of age or older, GUIDING LIGHT will notify the school district, in writing, in which the GUIDING LIGHT residential facility is located or if the child is younger than three years of age, GUIDING LIGHT will notify in writing a local early intervention program in the area of the GUIDING LIGHT residential facility. Documentation of notifications will be included in the children’s files under “notifications”.
4. Guiding Light must ensure that case records are kept confidential and inaccessible to unauthorized persons. Information in case records must only be disclosed for direct and authorized services to the child or the administration of the agency. GUIDING LIGHT will provide any requested information concerning a child within 14 calendar days to the Department upon request. This information could include, but is not limited to, the Plan of Care/Treatment Plan, therapy notes, discipline logs, medical and dental logs and narratives. DFPS may make a verbal emergency request to submit all records and information within DFPS’ specified time. Emergency requests for records can include, but not limited to:
 - a. The need to review the Child’s service level in order to make a placement change;
 - b. Emergency Behavior Intervention (EBI) Reports and Serious Incident Reports;
 - c. Court ordered requests; or
 - d. Attorney requests.
5. Licensing and Residential Contract Manager (RCM) must be notified within 24 hours in the event that key personnel, executive staff and direct service Executive Director/CPMSs, are involved in emergency situations, such as hospitalization, death, Disability, or death of immediate family member, etc.
6. The Executive Director’s staff will notify residential.passportaccess@dfps.state.tx.us via email within 48 hours of any additions or deletions of health passport authorized users. Authorized users currently include Executive Director’s staff, Child Placement Managing Staff and Child Placing Staff.

NOTIFICATION TABLE

Item Requiring Notification	Notification Due by	Notification to
GUIDING LIGHT moving to another location	At least 15 days prior to move	RCCR
Impending change in the legal basis for operation or conditions impacting the license, i.e., type of child-placing activity licensed for or changes to legal name	5 days prior to the change	Licensing Branch of TDFPS
Terminate the contract	Within 15 days of notification by Dept. of a reduction or elimination of funds for the contract	TDFPS
GUIDING LIGHT will provide any requested information concerning a child	within 14 calendar days	TDFPS
Key personnel, executive staff and direct service Executive Director/CPMSs, are involved in emergency situations, such as hospitalization, death, Disability, or death of immediate family member, etc.	Within 24 hours	RCCR and RCM

Board Approved

Effective 12/1/2023

REPORTS AND RECORD KEEPING

NOTIFICATIONS

330

Child 3 or older placed	No later than 3 rd day of placement	School District
Child 2 or younger	No later than 3 rd day of placement	Early Intervention Program
Significant change in policy	7 days prior to change	TDFPS
Child is a danger to self or others and requires placement in another setting	24 hours	TDFPS
Child requires hospitalization	24 hours	TDFPS
Serious Incident	Varies depending on the incident. See Serious Incident section for specifics	TDFPS
Discharge	30 days	TDFPS
Additions or deletions of health passport authorized users	48 hours	Residential.passportaccess@dfps.state.tx.us
Foster Home Application is submitted to GUIDING LIGHT by a relative or fictive kin family.	2 business days	https://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp
Relative or fictive kin family is not verified with the agency	2 business days	https://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp
Relationship of relative, fictive kin, or unrelated foster parent and foster children verified by GUIDING LIGHT.	2 business days	https://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp
Verification of a relative or fictive kin family and submit a copy of the home study	2 business days	Child's caseworker
If GUIDING LIGHT does not verify the relative or fictive kin, an explanation of why the person was not verified must be submitted	2 business days	Child's caseworker & https://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp

REPORTS AND RECORD KEEPING

NOTIFICATIONS

330

		are/ppFacilityLogin.asp
Any change that will affect the Child’s attendance at school, and where possible the length of time a Child may be absent	The same day	School officials
Upcoming ARD team meeting	Within 3 business days of the date that GUIDING LIGHT or the foster parent initially receives notice of the meeting	CPA Caseworker or Caseworker’s Chain of Command
Any meetings regarding student disciplinary actions that may lead to in-school or out-of-school suspension, expulsion, or placement at an alternative education setting.	Within 3 business days of the date that GUIDING LIGHT or the foster parent initially receives notice of the meeting.	CPA Caseworker or Caseworker’s Chain of Command
A significant event in school performance, including a failing grade that jeopardized the student’s advancement to the next grade level; & a serious disciplinary event	Within 24 hours	TDFPS
A significant change in medical or behavioral condition of the child; the enrollment or participation in a drug research program under Section 266.0041 of the Texas Family Code; and an initial prescription of a psychotropic medication	Within 24 hours	TDFPS
The addition, replacement, or termination of the administrator or board president	Within 10 calendar days	RCM
Any change in ownership	Within 10 calendar days	RCM
A change in GUIDING LIGHT’s status as a for-profit or non-profit entity	Within 10 calendar days	RCM
Any change to GUIDING LIGHT’s admissions policy	Within 10 calendar days	RCM
Significant changes to the scope and coverage of the services provided by GUIDING LIGHT or subcontractors	Within 10 calendar days	RCM
If there are payment issues, which cannot be resolved by the applicable regional foster care billing coordinator.	Within 10 calendar days	RCM

340 | PERFORMANCE MEASUREMENT EVALUATION TOOL (PMET)

GUIDING LIGHT will be responsible for meeting all performance measures established by DFPS. GUIDING LIGHT will meet established targets and manage residential child care services in a manner which achieves the purpose of each measure for outcome measures outlined below and in Attachment F of the DFPS Contract, which include:

9. Safety

Outcome #1: Children are safe in care of GUIDING LIGHT

DFPS will collect data to determine the number of children who are not determined to be Designated Victim resulting in a Reason to Believe (RTB) disposition upheld through IMPACT. The purpose of this measure is to evaluate GUIDING LIGHT's success protecting children in its care. This outcome directly relates to DFPS' mission to protect Children from abuse/neglect and to one of the federal outcomes measured by the Child and Family Services Review (CFSR) of the US Health and Human Services Administration for Children and Families. The Target Goal is 100%. Children in DFPS conservatorship placed with GUIDING LIGHT during the reporting period will be monitored and reported if any were Designated Victims as determined by a Residential Child-Care Licensing (RCCR) investigation, for which a disposition of RTB was made, during the reporting period, either through an administrative review or through waiving the appeal process.

10. Well-being

Outcome #2: Health & Wellness Assessments for Children in Foster Care

11. Percent of children under age 18 in GUIDING LIGHT's care who received an initial Texas Health Steps Medical Checkup within 30 calendar days of entry into DFPS conservatorship and remain in care for 30 days or more. Baseline will be collected to establish future targets.
12. Intake Worker will receive confirmation that a child is new to care prior to placement.
13. GUIDING LIGHT staff will inform Foster Parent that an Initial Medical Exam is needed.
14. GUIDING LIGHT staff will follow up to ensure the Exam has been completed on or before the 30th calendar day.
15. Upon completion, GUIDING LIGHT staff will review the documentation and ensure the foster parents are following all recommendations made from the physician.
16. GUIDING LIGHT will collect data for the total number of youth new to care with an Initial Medical Checkup.
17. Percent of children who are six months or older, and under age 18, in GUIDING LIGHT's care who received an initial Texas Health Steps Dental Checkup within 30 calendar days of entry into DFPS conservatorship. Baseline will be collected to establish future targets.
18. Intake Worker will receive confirmation that a child is new to care prior to placement.
19. GUIDING LIGHT staff will inform Foster Parent that an Initial Dental Exam is needed.
20. GUIDING LIGHT staff will follow up to ensure the Exam has been completed on or before the 30th calendar day.
21. Upon completion, GUIDING LIGHT staff will review the documentation and ensure the foster parents are following all recommendations made by the dentist.
22. GUIDING LIGHT will collect data for the total number of youth new to care with an initial Dental Checkup.
23. Percent of all children removed on or after 09/01/16 who received a Child and Adolescent Needs and Strengths assessment (CANS) within 30 calendar days of entry into DFPS conservatorship. Baseline data will be collected to establish future targets. The children that qualify for a CANS assessment for PMET are children between ages 3 and 17 years old, who are new to DFPS conservatorship when placed in GUIDING LIGHT's care and remain in GUIDING LIGHT's care for 30 calendar days or more during the reporting period. The CANS must be conducted by a Licensed professional approved by Star Health. A list of appropriate licensed professionals that can conduct the CANS is on the Star Health Website.
24. Intake Worker will receive confirmation that a child is new to care prior to placement.
25. GUIDING LIGHT staff will inform the Foster Parent that the child qualifies for a CANS assessment and will provide the foster parent with the name and number of a qualified licensed professional to conduct the CANS by the 7-day contact after placement so the foster parent can schedule.
26. GUIDING LIGHT staff will follow up to ensure the CANS assessment has been scheduled and completed on or before the 30th day of placement.
27. GUIDING LIGHT ensures the caregiver provides transportation to the CANS appointment.
28. Upon completion, GUIDING LIGHT staff will obtain the CANS results from Health Passport, DFPS, and/ or the CANS@DFPS.STATE.TX.US email address.

Board Approved

Effective 12/1/2023

REPORTS AND RECORD KEEPING

PERFORMANCE MEASUREMENT EVALUATION TOOL (PMET)

350

29. GUIDING LIGHT will review the results and follow up to make sure the foster parent follows up on all recommendations made by the License Star Health Provider.
30. GUIDING LIGHT will collect data for the total number of youth new to care with a CANS assessment.
31. CANS re-assessment must be completed annually from the initial assessment date while the eligible child remains in DFPS.
32. Permanency

Outcome #3: Children/Youth Experience Placement Stability While in Foster Care.

33. Children placed with GUIDING LIGHT remain in the care of GUIDING LIGHT. DFPS will collect data in IMPACT to determine the number of children who do not experience a discharge initiated by the GUIDING LIGHT, with the exception of specific reasons determined to be generally, in the best interest of the child. The purpose of this measure is to reduce unplanned discharges initiated by GUIDING LIGHT. Baseline data will be collected statewide to establish future targets. Children in care less than 8 days and Youth 18 years or older at the time of placement or at the time of discharge are excluded.

The following reasons for GUIDING LIGHT initiated discharges are not considered to be in the best interest of the child:

34. Child's/Youth's Behavior (unmanageable behaviors)
35. Risk (or actual) abuse or neglect
36. Child/Youth hospitalized (medical/psych) [Out of placement less than 14 days]
37. Child/Youth Ran Away [Out of placement less than 14 days]
38. Refused to Stay in Placement
39. Unable to meet Child's/Youth's needs
40. Children in substitute care experience minimum moves. The number of children where the child has been in two or fewer placements will be monitored through the IMPACT system. The purpose of this measure is to evaluate GUIDING LIGHT's effectiveness to provide the Child stability by working with the Child, DFPS, and foster family to minimize placement changes. Data will be collected statewide during the contract period to establish future targets. Children in care less than 8 days and Youth 18 years or older at the time of placement or at the time of discharge are excluded.
41. Normalcy

Outcome #4: Youth Are Prepared For Adulthood

42. GUIDING LIGHT youth must complete PAL Life Skills Training before his/her 18th birthday. DFPS will collect data on the percentage of all youth who turned 18 at any time within GUIDING LIGHT during the report period through IMPACT. Baseline data will be collected during the Contract period to establish future targets. GUIDING LIGHT will request updated information about the progress of PAL at placement. GUIDING LIGHT CM will record a child's progress of completing PAL ongoing in the child's treatment plan. If the child completes PAL during a period of time that an CPOS is not due then the GUIDING LIGHT CM will complete an addendum to the CPOS. CPMS will monitor the child's progress for completing the PAL program and ensure the most updated information is provided in the child's treatment plan.
43. The Case Manager must collect data and input onto GUIDING LIGHT Online Forms for all Outcome Measures. The EXECUTIVE DIRECTOR/CPMS must monitor for 98% on a quarterly basis. The EXECUTIVE DIRECTOR/CPMS is responsible for reporting their regional data per performance period. The Executive Director (ED) must report data into the PMET system within 30 days of the end of the Performance Period in accordance with the table below:

PERFORMANCE PERIOD	EXECUTIVE DIRECTOR/CPMS REPORTING PERIOD	ED ENTERS DATA INTO PMET
First Quarter	Sept., Oct., Nov.	December 1- 30
Second Quarter	Dec., Jan., Feb.	March 1 - 30
Third Quarter	Mar., Apr., May	June 1- 30

REPORTS AND RECORD KEEPING

PERFORMANCE MEASUREMENT EVALUATION TOOL (PMET)

Fourth Quarter	Jun., July, Aug.	September 1 - 30
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- 44. The Executive Director/CPMS is responsible for ensuring that the Target Goal established by DFPS is being met. The Executive Director will request documentation from the Case Managers if the Target Goals are not met during the performance period. The Executive Director will determine if a Corrective Action Plan is necessary for the non-compliance.

AGENCY STAFF AND CAREGIVER

400 | GENERAL REQUIREMENTS

1. FBI, DFPS & DPS Criminal Background Check Requirements:

FBI, DFPS, and DPS criminal background checks must be submitted prior and results must be received prior before promising the job to any applicant. Effective 01/7/18, any individual requiring an FBI fingerprint check with no longer need a DPS name-based criminal history check. For individuals that require an FBI fingerprint check, the background check is considered complete when you receive the results for both the FBI check and the Central Registry check. For individuals that do not require an FBI fingerprint check, the background check is considered complete when you receive the results for both the DPS check and the Central Registry check. When you submit a request for a background check for a subject who has previously undergone a fingerprint-based criminal history check, the CBCU will determine whether the previous fingerprint-based criminal history check remains valid or whether the subject must resubmit fingerprints for a new fingerprint-based criminal history check. If a previously completed fingerprint-based criminal history check remains valid, and Licensing will waive the requirement to submit new fingerprints, if Licensing has an active subscription or can reactivate a subscription to the FBI's national rap back service for the subject. In addition, GUIDING LIGHT will conduct a national sex offender registry check using the United States Department of Justice National Sex Offender Website at <https://www.nsopw.gov>. Any admission of a history of child abuse on the application must be explored and a determination must be made regarding whether to hire the applicant. The agency will prevent or remove any employee who is alleged to have committed child abuse or neglect; or an offense against the person, an offense against the family, or an offense involving public indecency or violation of the Texas Controlled Substance Act or any similar offense under the laws of jurisdiction. Any case of suspected abuse or neglect would be reported to the Department Statewide Intake Program at 1-800-252-5400. If it is determined that the employee has not committed such offense(s), the employee may again be assigned to direct client contact; however, GUIDING LIGHT will notify the Managing Conservator of its intent to do so 24 hours prior to the reassignment. Licensing is to be notified within 24 hours of removal. Criminal History checks will be done a minimum of every two years after hire dates.

- a. An initial or renewal background check must be submitted for a person when:
 - i. The application for a permit is submitted.
 - ii. When someone is hired
 - iii. When contracting work with someone
 - iv. When a person applies to be a foster or adoptive parent
 - v. When a resident 14 years or older moves into the home
 - vi. Between 90 days before and 90 days after a resident living in the home or operation becomes 14 years old
- b. GUIDING LIGHT must submit a request for a renewal background check for each person required to have a background check under §745.605 of this division:
 - i. When GUIDING LIGHT become aware that the subject of a background check has had a change in the subject's state of residence.
 - ii. When there is a change in the subject's role at the operation that requires the person to have a fingerprint-based criminal history check instead of a previously conducted name-based Texas criminal history check
 - 1. And No Later Than:
 - a. Five years from the date GUIDING LIGHT last submitted a request for an initial or renewal background check on the subject of a background check who had a fingerprint-based criminal history check
 - b. Two years from the date GUIDING LIGHT last submitted a request for an initial or renewal background check on the subject of a background check who only had a name-based Texas criminal history check
- 2. GUIDING LIGHT will have a Licensed Child-Placing Agency Administrator assigned to the Main Office and any applicable future branch office.
- 3. Communication Plan

The GUIDING LIGHT Child Placement Staff can be reached by phone during office hours, 8:00 a.m. until 5 p.m., Monday through Friday. If the Child Placement Staff is not available, the caregiver(s)/staff can speak with the Executive

Board Approved

Effective 12/1/2023

AGENCY STAFF AND CAREGIVERS

GENERAL REQUIREMENTS

400

Director/CPMS. Foster parents who are providing services to children who are receiving Treatment Services can reach GUIDING LIGHT staff by phone during the hours of 8:00am-5:00pm Monday through Friday. The Executive Director is available to assist and support the foster parents after hours. The Caregivers will be provided with the following:

- a. Foster Parent Handbook that include updates from Minimum Standards and Residential Contracts, Notices from DFPS, training opportunities.
 - b. Any updates to the Foster Parent Handbook and Notices from DFPS will be distributed within 30 days of revisions, notices of trainings will be mailed/mailed to Caregivers 30 days prior to the training dates, routine notices of expiring items will be mailed/mailed to Caregivers once a month, and Emergency Notices will be emailed/mailed as soon as possible but no later than the end of the following business day.
 - c. The methods of communication will be emailed, unless the Caregiver does not have access to email, the notice will be mailed or hand delivered by the Case Manager.
 - d. The Quality Assurance Team, EXECUTIVE DIRECTOR/CPMS, will evaluate the implementation of any required actions that must be taken in accordance with the Communication Plan Notices, annually.
4. The on-call system will be in place between the hours of 5:00 p.m. until 8:00 a.m. on business days and all weekend. The Child Placement Staff can be contacted by their cell phone unless other arrangements have been made. At all times, the local office number will provide the cell phone number for the Executive Director.
 5. Before having contact with children in care, all caregivers, employees, contract staff, volunteers, foster home household members, and employees in foster homes must be screened for tuberculosis.
 6. Regardless of whether the employee is counted in the child/caregiver ratio, each employee must:
 - a. Demonstrate competency, prudent judgment, and self-control in the presence of children and when performing assigned responsibilities;
 - b. Report suspected abuse, neglect, and exploitation to the Child Abuse Hotline and to the designated administrator or supervisor; and
 - c. Know and comply with applicable Minimum Standards
 7. Related Parties
 - a. Pre-Authorization from the Executive Director will be necessary for the hiring of family members.
 - b. The Executive Director will implement nepotism safeguards to avoid any conflicts of interest.
 8. GUIDING LIGHT shall comply with all applicable federal and state laws. Including the multiethnic Placement Act, as amended by the Interethnic Adoption Act of 1996, The Indian Child Welfare Act, the Adoption and Safe Families Act of 1997, the Adam Walsh Child Protection and Safety Act of 2006 and comparable state laws regarding placement of children.
 9. Background History Checks and DFPS Right of Removal: GUIDING LIGHT will ensure initial and subsequent 24-month Background History Checks are performed in compliance with Minimum Standards, including:
 - a. Submitting initial Checks timely,
 - b. Submitting subsequent 24-month Checks before their due date
 - c. Ensuring employees, volunteers, contractors, Sub-contractors, and caregivers are not present at the facility if the Checks are submitted past the due date
 - d. Timely complying with any HHSC Centralized Background Check Unit requirements when there is a relevant Check for a particular employee, volunteer, Contractor, Sub-contractor, or caregiver, which includes but is not limited to restrictions on employee actions like not transporting Children or not being the sole caregiver for Children, or submitting complete requests for risk evaluations timely.
 - e. In addition, GUIDING LIGHT will conduct a national sex offender registry check using the United States Department of Justice National Sex Offender Website at <https://www.nsopw.gov>.
 10. If during a Federal audit there is a finding that Checks are not being performed by GUIDING LIGHT within the timeframes required by Minimum Standards and DFPS Contract, this finding can result in a disallowance of Title IV-E funds claimed on behalf of the Child. In addition to any other remedy under the DFPS Contract, DFPS can require GUIDING LIGHT to reimburse DFPS for such disallowances, including disallowed costs related to foster care maintenance payments, administrative costs, and interest. Administrative penalties will be applied if any of the following occur:
 - a. Failure to report hospitalization is a \$500 penalty: The timely reporting of a child injury requiring medical treatment or hospitalization or an illness requiring hospitalization and;
 - b. Fail to timely submit information required to conduct a background check on two or more occasions;

AGENCY STAFF AND CAREGIVERS

GENERAL REQUIREMENTS

400

- c. Fail to timely submit information required to conduct a background check before the 30th day after the operation is notified that the information is overdue;
 - d. Knowingly allow a person to be present in the operation before receiving the results of the person's background check;
 - e. Knowingly allow a person to be present in the operation after receiving the results of the person's background check, if the results contain criminal history or central registry findings that preclude the person from being present in the operation; or
 - f. Violate a condition or restriction placed by Licensing on a person's presence at the operation as part of a pending or approved risk evaluation.
 - g. \$50 for each day the CPA or FF fails to report:
 - i. Violation of Abuse, Neglect or exploitation;
 - ii. Violation of Safe Sleep Standard; or
 - iii. Lack of Liability Insurance
 - h. Administrative Incentives are as follows:
 - i. Older Youth Placements: Agencies get monetary incentives for placing older children.
 - ii. Sibling Placements: Agencies get monetary incentives for placing siblings together.
11. GUIDING LIGHT will use the U.S Department of Homeland Security's E-Verify system. Access to this system is at the following website: <http://www.uscis.gov/e-verify>. GUIDING LIGHT will need to provide a copy of the confirmation to DFPS upon request. If it is found that the confirmation is false, actions could be sought by DFPS including termination of our contract.
 12. GUIDING LIGHT will include a notarized Licensing Affidavit for Applicants for Employment form prior to being hired as specified in Human Resources Code.
 13. GUIDING LIGHT must submit Controlling Person Form 2760 to Licensing within 2 days after a person becomes a controlling person, or ceases to be a controlling person.

Child Placement Staff

1. Child placement staff are responsible for:
 - a. Deciding whether to admit a child for placement, including completion of an admission assessment and any other evaluation of a child for placement;
 - b. Placing a child into a foster home, adoptive home, or any other substitute living arrangement;
 - c. Managing the case of a child in any substitute living arrangement, including:
 - i. Developing and updating of service plans;
 - ii. Maintaining direct contact with the child and the adoptive parents, caregivers, or other caregivers; and
 - iii. Performing any additional case management activities, including conducting and documenting supervisory visits for compliance;
 - d. Case management and service delivery to birth parents;
 - e. Orientation, assessment, and verification of caregivers;
 - f. Orientation, assessment, and approval of adoptive parents; and
 - g. Monitoring and providing support services to caregivers, including the initiation of development plans, corrective actions, or adverse actions.
2. Child placement management staff may directly perform any of these responsibilities (e.g. the child placement staff is absent or unavailable).
3. Child-placement staff must have monthly face-to-face contact with a child in care. However, staff can miss two visits per year, provided a child does not go longer than 60 days without a visit. Additional visits are required for PMN children (See Specialized Foster Care Section). These contacts are to ensure the:
 - a. Needs of a child are being met;
 - b. Placement continues to be appropriate;
 - c. Child is safe
4. The Child Placement Staff will have visits with each child according to the following guidelines:
 - a. Home visits
 - i. Basic Care youth; at least once a month
 - ii. Moderate youth: at least once a month
 - iii. Specialized Service Level and Intense youth at least twice a month
 - iv. The contacts must be documented in the child’s record
 - v. As a safety precaution to prevent SIDS for infants, If the child is non-verbal (0-24 months), staff will visit the home at least twice a month.
 - vi. As a safety precaution due to a recent concern with gun safety, for children ages 3-17, Child Placement Staff will consult with CPMS during monthly CPMS meetings that occur at least 10 months per year. Recommendations will be documented on the CPMS meeting form.
 - vii. CPMS will follow up to ensure all issues are addressed.
 - b. Face-to-face visits with the child
 - i. Basic Care youth; at least monthly
 - ii. Moderate Service Level youth; at least once a month
 - iii. Specialized Service Level youth and Intense; at least twice a month and one must be in the foster home
 - iv. The contacts must be documented in the child’s record
 - v. At least half of the contacts must be in the foster home.
 - vi. As a safety precaution to prevent SIDS, If the child is non-verbal (0-24 months), staff will visit the home at least twice a month. As a safety precaution due to a recent concern with gun safety, for children ages 3-17, Child Placement Staff will consult with CPMS during monthly CPMS meetings that occur at least 10 months per year. Recommendations will be documented on the CPMS meeting form.
 - vii. CPMS will follow up to ensure all issues are addressed.
5. If the child is able to communicate in a meaningful way, the contact with the child must:
 - a. Be for a length of time sufficient to address the child’s needs and determine the appropriateness of the placement;

- b. Provide an opportunity to meet in private; and
- c. Provide an opportunity for the child to express his feelings about how the placement is working out.
 - i. If the child is non-verbal or pre-verbal, the contact with the child must be for a length of time sufficient for an appropriate observation of the child’s placement, including an assessment of changes in behavior or developmental progresses or delays as well as verification that the placement is meeting the child’s needs as specified in the service plan.
 - ii. The required contacts must be significant and must be documented in the child’s record. The documentation in the child’s record must be sufficient to address the requirements of subsections (b) and (c) of this section.
- 6. Child placement management staff must review and approve documentation of contacts.
- 7. With any identified safety concern, Child Placement Staff will conduct face to face interviews off site, away from the foster home, in the event the child may not feel they can talk freely in the presence of the caregivers. If the concern is confirmed, A CAP will be created which may include increased CM visits with these children.
- 8. Child Placement Staff will ask specific questions with the use of a checklist as a guide regarding gun safety, trauma informed care, and infant care to assist staff with recognizing risk to the home and to educate foster parents on using tools they have learned during previous trauma informed care training. Their findings will be documented in the GUIDING LIGHT record.
- 9. Child Placement Staff will train and monitor Caregivers to use a “Reasonable and Prudent Parent Standard” to decide whether a Child may participate in an unsupervised activity and intervene as necessary, to reduce the risk of injuries. Activities can include, but are not limited to:
 - a. Participating in academic and non-academic extracurricular activities within the Child’s school;
 - b. Allowing the Child to visit with friends or attend regular social events;
 - c. Support a Child’s employment efforts & volunteering in the community; and
 - d. Participating in other activities agreed upon by the Caregiver and the Child, without the need to seek initial approval from the Department.

Child placement management staff (Level I) must:

- 1. Review and approve:
 - a. All child placement activities;
 - b. Investigation findings; and
 - c. Corrective and adverse action plans involving foster families; and
- 2. Supervise less qualified or experienced employees, if any, including planning for the employee’s professional development and taking any other appropriate action in regard to their child-placing decisions.
- 3. Child placement management staff must review and approve by signing and dating the following documents:
 - a. Assessment/admission forms;
 - b. Initial and subsequent placement documents;
 - c. Foster and adoptive home screenings;
 - d. Investigation reports of minimum standards deficiencies that Licensing requested GUIDING LIGHT to conduct;
 - e. Foster home development and/or corrective action plans;
 - f. Initial and updated child plan of service;
 - g. Discharge or transfer plans and summaries;
 - h. Any restrictions GUIDING LIGHT imposes on the child for more than 14 days that the treatment director or service planning team has not approved, and that continues for more than 14 days must be re-evaluated by CPMS;
 - i. Any restrictions to communication and visitation with family imposed on a child;
 - j. Any restrictions to a particular room or building for more than 24 hours imposed on a child; and
 - k. Child placement staff contacts with children.
- 4. GUIDING LIGHT will have a child placement management staff assigned to perform the child-placement activities.
- 5. GUIDING LIGHT child placement management staff will have and document at least 10 monthly supervision conferences per year with any employee who performs child-placing activities.
- 6. Child Placement Management Staff will have conversations with the Case Manager each time a situation arises involving gun safety, infant care, and questionable disciplinary methods that may not include Trauma-sensitive

AGENCY STAFF AND CAREGIVERS

CHILD PLACING STAFF

410

reactions by Caregivers. These discussions are designed to determine the need for revisions to agency Policy or Procedures. Follow up reviews by CPMS, within a maximum of 5 days of the recorded discussions. Recommendations for policy or procedure changes will be communicated to the Executive Director.

Treatment Director Responsibilities:

GUIDING LIGHT will have a treatment director at such time that GUIDING LIGHT is providing treatment services to 30 or more children at any one time, or to more than 50% of the children in GUIDING LIGHT's care. The treatment director will be a full-time employee of GUIDING LIGHT. If the treatment director provides or oversees treatment services for trafficking victims, the Treatment Director must be a psychiatrist or psychologist; have a master's degree in human services field from an accredited college or university and three years of experience providing treatment services for trafficking victims or children with emotional disorder, including one year in a residential setting or be LMSW, LPC, or LMFT and have three years of experiences providing treatment services for trafficking victims or children with an emotional disorder, including one year in a residential setting.

1. Treatment director responsibilities:
 - a. Is responsible for the overall treatment program, including clinical responsibility for the management of the agency's therapeutic interventions; and
 - b. Provides direction and overall management of the treatment program.

Licensed Child Placing Agency Administrator

1. The Executive Director, who is a Licensed Child Placing Agency Administrator, has daily supervision and overall administrative responsibility for all of the agency's offices including the corporate office and any branch.
2. (Each branch) is required to have a Licensed Child Placing Agency Administrator assigned.
3. The Executive Director, who is an LCPAA, is responsible for assigning responsibility for:
 - a. Administering and managing the agency according to the policies adopted by the Board of Directors;
 - b. Ensuring that the agency complies with applicable minimum standards;
 - c. Personnel matters including hiring, assigning duties, training, supervision, evaluation of employees and terminations;
 - d. Ensuring persons whose behavior or health status presents a danger to children are not allowed at agency or foster homes.
 - e. Signing contracts on behalf of GUIDING LIGHT, as authorized by the Board of Directors.
 - f. GUIDING LIGHT shall comply with HUB requirements identified in the Provider Enrollment under which GUIDING LIGHT applied for this DFPS Contract, if applicable.
 - g. Administering and managing approved agency plans including:
 - i. Evaluating the effectiveness of GUIDING LIGHT's system for compliance; and
 - ii. Ensuring the investigation of reports of minimum standards violations, upon the request of DFPS.
4. Licensing has the authority to take action against an administrator's license if the individual has a criminal history that conflicts with duties as an administrator.

420 | *CONTRACT STAFF / VOLUNTEERS AND STUDENT INTERNS*

1. GUIDING LIGHT does not utilize volunteers, except for special projects.
2. GUIDING LIGHT does not utilize student interns.
3. A volunteer or contractor that performs any employee or caregiver function must meet the same requirements as an employee or caregiver who performs that function. GUIDING LIGHT will maintain records documenting how these requirements are met.
4. GUIDING LIGHT will be responsible to DFPS for any subcontractor's performance under this contract.
 - a. Subcontractors providing services under this contract will meet the same requirements and level of experience as required by GUIDING LIGHT. No subcontract under the contract will relieve GUIDING LIGHT of responsibility for ensuring the requested services are provided. If GUIDING LIGHT uses a subcontractor for any or all of the work required, the following conditions will apply:
 - i. GUIDING LIGHT will identify the proposed subcontractors and keep a record available to DFPS upon request for all or any work performed.
 - ii. Subcontracting will be solely at GUIDING LIGHT's expense (or reimbursed by Medicaid.)
 - iii. DFPS retains the right to check subcontractor's background. GUIDING LIGHT will be the sole contact for DFPS and GUIDING LIGHT will list a designated point of contact for all DFPS inquires.
 - b. DFPS retains the right to disapprove of the use of any subcontractor.
 - c. GUIDING LIGHT will make any payments owed to subcontractors within 10 calendar days of GUIDING LIGHT's receipt of funds from DFPS.
 - d. GUIDING LIGHT will not knowingly enter into any subcontract with an entity whose principals are on the specially designated nationals list or debarred, suspended, declared ineligible, or voluntarily excluded from participation

TRAINING AND PROFESSIONAL DEVELOPMENT

500 | *ORIENTATION*

All prospective caregivers and childcare staff will be provided an “Orientation” to Guiding Light’s policy and the services the agency provides. This “Orientation” will occur prior to pre-service training and does not count towards pre-service training or annual training requirements.

1. Prior to beginning job duties or having contact with children in care, each caregiver or employee must have orientation that includes:
 - a. An overview of the relevant and applicable policy’s;
 - b. GUIDING LIGHT’s philosophy, organizational structure, policies, and a description of the services and programs GUIDING LIGHT offers; and
 - c. The needs and characteristics of children that GUIDING LIGHT serves.
2. GUIDING LIGHT will document the completion of the orientation in the appropriate personnel record.
3. A person who has been a caregiver or employee at GUIDING LIGHT during the past 12 months will not be required to have Orientation. However, before this person can be the only caregiver for a group of children, GUIDING LIGHT will:
 - a. Discuss with the employee any changes in GUIDING LIGHT’s services or programs that have occurred since the previous employment; and
 - b. Ensure the employee has received training during the past 12 months from GUIDING LIGHT on preventing, identifying, treating, and reporting child abuse, neglect, and exploitation.
 - c. This discussion and the previous training must be documented in the person’s personnel record.

TRAINING AND PROFESSIONAL DEVELOPMENT

ORIENTATION

500

510 | PRE-SERVICE & ANNUAL TRAINING

Caregivers and Direct Care Staff are required to complete the following Pre-Service Hours. All preservice hours must be instructor led including the DFPS online topics.

Type of Caregiver Verification/Direct Care Staff	Type of Pre-Service Training	Hours	Total Hour (s)	Training Completion Date
Caregivers verified for Child Care Services - BAS & MOD	45. General ----- 46. DFPS Normalcy ----- 47. Trauma Informed Care (TIC) ACE’s ----- Compassion Fatigue 48. DFPS Trauma Informed Care ----- 49. DFPS Mandatory Reporting Community Response for Youth and Families (DFPS Learning Hub)----- ----- 50. DFPS Runaway Prevention ----- 51. Recognizing & Reporting Youth Sexual Abuse – (DFPS Caregiver Training Hub) 52. DFPS Administration of Medication ----- 53. DFPS Medical Consenter ----- 54. Medication Policy (Agency Instructed) ----- 55. * Safe Sleeping / Shaken Baby Syndrome / SIDS / Brain Development ----- 56. Developmental Stages ----- 57. Self- Esteem ----- 58. Discipline Policy-Behavior Management ----- 59. Water Safety ----- 60. EBI ----- 61. Role of the Caregiver ----- 62. Disaster Emergency Plan & Procedures ----- 63. Communicable Diseases ----- 64. Suicide Prevention & Intervention ----- 65. Infant, Child, Adult CPR & First Aid * Only for caregivers licensed for children younger than 2 years of age	8.0 2.0 6.0 2.0 1.0 1.0 1.0 2.0 2.5 1.0 2.0 0.5 0.5 1.0 1.0 8.0 1.0 2.0 0.5 2.0	45.0	Prior to Verification
Caregivers verified for Treatment Services - SPE	66. Same as outlined above. ----- 67. Observation(s) -----	45.0 40.0	85.0	Prior to Verification
Caregivers verified for Treatment Services Children - Primary Medical Needs Only	68. Same as outlined above. ----- 69. Observation(s) ----- 70. PMN Training(s) -----	45.04 0.0 4.0	89.0	Prior to Verification
Caregivers verified for Treatment Services Children	71. Same as outlined above. ----- 72. Observation(s) ----- 73. PMN Intense Training(s) -----	45.04 0.0 4.0	89.0	Prior to Verification

TRAINING AND PROFESSIONAL DEVELOPMENT

ORIENTATION

500

- Primary Medical Needs Only - Intense Verified PMN Only				
Direct Care Staff	74. Same as outlined above. -----	45.0	Prior to direct contact with children.	

*** Indicates that the Caregiver may be exempt from training if they meet the qualifications listed in the Exemptions category.**

Note: Additional curriculum is necessary for families/staff participating in Specialty Programs.

TRAINING AND PROFESSIONAL DEVELOPMENT

PRE-SERVICE & ANNUAL TRAINING

510

General Pre-Service Curriculum

1. Topics Appropriate to the Needs of Children for whom the Caregiver will be Providing Care, including:
 - a. Strategies and Techniques for monitoring and working with these children (Policy Review, Role of the Caregiver, and Group Study Process.)
 - b. Developmental Stages of Children/Early Childhood Brain Development
 - c. Fostering Children's Self Esteem/Effective Communication
 - d. Constructive Guidance & Discipline Techniques
 - e. Normalcy 2 hours must include:(DFPS Need For Normalcy can be used) 2 hours
 - i. A discussion of definitions of normalcy and the reasonable and prudent parent standard;
 - ii. The developmental stages of children, including a discussion of the cognitive, social, emotional, and physical development of children;
 - iii. Age appropriate activities for children, including unsupervised childhood activities;
 - iv. The benefits of childhood activities to a child's well-being, mental health, and social, emotional, and developmental growth;
 - v. How to apply the reasonable and prudent parent standard to make decisions; and
 - vi. The child's and the caregiver's responsibilities when participating in childhood activities.
 - f. Trauma Informed Care (TIC) 2 hours (DFPS) & TIC ACE's 6 hours
 - g. Recognizing & Reporting Youth Sexual Abuse (**DFPS Required Caregiver Training Hub**)
 - h. Mandatory Reporting Community Response for Youth and Families (**DFPS Learning Hub**)
 - i. DFPS Psychotropic Medication Administration
 - j. Safe Sleep/SIDS/Shaken Baby Syndrome
 - k. Emergency Behavior Intervention (EBI) 8 hours- PMN Homes are Exempt from EBI
 - l. Gun Control (Homes with Firearms or Weapons Only)
 - m. Adoption
 - n. Cultural Competence
 - o. Disaster Emergency Plan: Procedures to Follow in Emergencies, such as Weather Related Emergencies, Volatile Persons, Severe Injury or Illness of a Child or Adult (1 hour); and
 - p. Intense Training (PMN Only Homes Verified & Approved by state office for Intense LOC)
 - q. Communicable & Sexually Transmitted Diseases: Prevention
 - r. Water Safety
 - s. Suicide Prevention & Intervention 2 hours- Completed during pre-service
2. Pre-service must include a total of 8 hours of Trauma Informed Care as listed above and must include:
 - a. At least one of the DFPS approved Trauma Informed Care Trainings (2 hours);
 - b. A component on Adverse Child Experiences (ACEs), and;
 - c. Training and resources related to prevention and Management of Secondary Traumatic Stress (Compassion Fatigue).

DFPS approved Trauma Informed Care Training can be found at:

http://www.fostercaretx.com/content/fostercaretx/en_us/for-members/resources/training.html and
http://www.dfps.state.tx.us/training/trauma_informed_care/.

Trauma Informed Care should provide practical information that prepares the Caregiver to put into practice what they have learned. The training must be-child-centered, strength-based instruction that considers the unique culture, experiences and beliefs of the child and ensures that training participants understand and can apply the following:

- a. The impact that traumatic experiences have on the lives of Children.
- b. The symptoms of childhood trauma;
- c. How to understand a Child's personal trauma history;
- d. How to recognize the Child's trauma triggers;
- e. How to respond in ways that improve a Child's ability to trust, to feel safe, and to adapt to changes in the Child's environment.

Additional Trauma Informed Care options can be found at: National Child Traumatic Stress Network- Child Trauma Home 1 and Texas Health Steps if more training is required to support the family.

GUIDING LIGHT staff such as a Foster Home Developer FHD or Administrator must be available during the online DFPS approved Trauma Informed Care training to allow the presentation to be instructor led.

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Effective 12/1/2023

TRAINING AND PROFESSIONAL DEVELOPMENT

PRE-SERVICE & ANNUAL TRAINING

510

ADDITIONAL GENERAL PRE-SERVICE CURRICULUM

- a. Recognizing and prevention shaken baby syndrome, preventing sudden infant death syndrome, safe sleep, and understanding early childhood brain development (1 hour)
- b. Medication Policy (0.5 hour)
- c. DFPS Psychotropic Medication Administration (2 hours) to be conducted online:
http://www.dfps.state.tx.us/Training/Psychotropic_Medication/default.asp

This training includes the following:

- i. Identification of psychotropic medications
 - ii. Basic pharmacology
 - iii. The actions and side effects of, and possible adverse reactions to, various psychotropic medications.
 - iv. Techniques and methods of administering medications.
 - v. Who is legally authorized to provide consent for the psychotropic medication; (A Medical Provider such as a psychiatrist or RN needs to be able to be available to answer questions during the presentation to allow the online training to be instructor led)
- d. DFPS Medical Consenter (2.5 hours) to be conducted online at:
http://www.dfps.state.tx.us/Child_Protection/About_Child_Protection/medical-consent-training.asp
 - e. DFPS Recognizing and Reporting Youth Sexual Abuse Training for Caregivers (2 hours) to be conducted online annually at: <https://traininghub.dfps.texas.gov/>
 - f. DFPS Mandatory Reporting Community Response for Youth and Families (1 hour) to be conducted online annually at: <https://learninghub.dfps.texas.gov/>

Caregivers/staff must print the DFPS certificate after completion of the training and a copy must be placed in the Caregiver/Employee file. All Caregivers must acknowledge in writing and complete form 2759.

GUIDING LIGHT staff such as the FHD or EXECUTIVE DIRECTOR/CPMS will be available to answer questions during the presentation to all the online training to be instructor led.

3. PMN- Treatment Services- 4 hours
 - a. Additional Training required for each child placed in the home to include competency training specific to each child placed in the home. This ensures each caregiver specifically knows the needs of each child with regard to medical treatment, medications, therapy, diet/nutrition, range of motion, and body positioning for non-ambulatory children.
 - b. Intense Training needs to be completed to inform caregivers of the additional requirements for capacity for intense populations, supervision requirements, additional details on support systems and additional caregivers needed for the home to manage PMN children safely.
 - i. Intense Training/PMN- 4 hours
 1. For Families exclusively caring for PMN children are Exempt from EBI, but must have training in medically fragile children.

PRE-SERVICE TRAINING PROCEDURES:

There are four (4) types of Certificates for Pre-Service Training including:

1. BAS & MOD
2. BAS, MOD & SPE
3. Primary Medical Needs- BAS, MOD, SPE
4. Primary Medical Needs- BAS, MOD, SPE, & INT

There are five (5) types of Pre-Service Training requirements that can be found in **GUIDING LIGHT** Policies, including:

1. Caregivers verified for Child Care Services children that are BAS & MOD.
2. Caregivers verified for Treatment Services children that are SPE.
3. Caregivers verified for Treatment Services children that are PRIMARY MEDICAL NEEDS
4. Caregivers verified for Treatment Services that are INT PMN Only.
5. Direct Care Staff

Board Approved

Effective 12/1/2023

TRAINING AND PROFESSIONAL DEVELOPMENT

PRE-SERVICE & ANNUAL TRAINING

510

There are seven (7) types of curricula involved in Pre-Service Training that can be found in **GUIDING LIGHT** Policy, including:

1. General (Including 2 hours of Trauma Informed Care)
2. Additional General
3. EBI – 8 hours
4. CPR & First aid
5. 40 hours Observation- 8 hours must include interactions with children receiving similar treatment services as the prospective foster parent would be providing.
6. Intense-PMN Homes

Each Certificate listed above must contain all the required hours specific to certificate types, for example:

1. BAS & MOD must contain 35 hours for General; Including 8 hours for EBI; and 0 hours for CPR & First Aid
2. The Foster Home Developer (FHD) must collect information from all presenters to complete the final Certificate Review and Training Approvals to ensure all are on file and documented.

The Certificates will be electronically generated in the database once the test is completed online, scored and approved. Outside source Certificates will be uploaded and added to the electronic database.

Before Pre-Service Training, the FHD must determine the type of verification each PFP will desire and communicate that information to the EXECUTIVE DIRECTOR/CPMS. This would ensure the required topics and number of hours would match the Certificate requirements.

EMERGENCY BEHAVIOR INTERVENTION CURRICULUM

Is conducted by the EXECUTIVE DIRECTOR/CPMS or another approved designee. Guiding Light does not allow the use of emergency behavior intervention. The pre-service training for Emergency Behavior Intervention focuses on early identification of potential problem behaviors and strategies and techniques for less restrictive interventions including the following components.

1. The following training categories are included in Emergency Behavior Intervention
 - a. Developing and maintaining an environment that supports positive and constructive behaviors.
 - b. The causes of behaviors potentially harmful to a child, including aspects of the environment.
 - c. Early signs of behaviors that may become dangerous to a child or others.
 - d. Strategies and techniques a child can use to avoid harmful behaviors.
 - e. Teaching a child to use the strategies and techniques of your agency's de-escalation protocols to avoid harmful behavior and supporting the children's efforts to progress into a state of self-control.
 - f. Less restrictive strategies caregivers can use to intervene in potentially harmful behaviors.
 - g. Less restrictive strategies caregivers can use to work with an oppositional child.
 - h. Addressing circumstances when all de-escalation strategies fail
 - i. The risks associated with the use of prone or supine restraints, including positional, compression, or restraint asphyxia.

OBSERVATION CURRICULUM

The foster home developer will assist the Caregiver arrange:

1. 40 hours Observation in a GUIDING LIGHT verified foster home.
2. Direct supervision from direct care staff.
75. - OR -
3. Have 6 months experience as a foster parent.
4. If the foster parent wants to work with children receiving treatment services, the foster parent must have experience to care for the child's treatment needs. If the caregiver does not have the necessary experience, CPMS must prescribe a regimen of specific child-care experience that the caregiver must complete before GUIDING LIGHT places a child with treatment needs in the caregiver's home, including a minimum of 8 hours of observation of interactions with

Board Approved

Effective 12/1/2023

TRAINING AND PROFESSIONAL DEVELOPMENT

PRE-SERVICE & ANNUAL TRAINING

510

children receiving similar treatment services as the prospective foster parent would be providing. This observation can be in person or via video interfaces/platforms. Additional hands-on training will be completed specifically to each child placed when placements are identified, and the home is selected. This allows the foster parents to demonstrate competency in person prior to placement that is individualized and signed off by a medical professional prior to placement.

CPR & FIRST AID CURRICULUM

1. First-aid, with rescue breathing and choking; and
2. CPR for infants, children, and adults.
3. Approved Certifications: The American Red Cross, American Heart Association, or a training program that has been approved by the local Emergency Medical Services Authority or is offered through a local hospital; or A person with a current certification to provide the training.
4. A caregiver may not obtain first-aid or CPR certification through exclusive self-instructional training.
5. First-aid and CPR training and re-certification must consist of a curriculum that includes both written and hands-on skill-based instruction, practice (for CPR, the practice is through the use of a CPR mannequin), and testing. The course can be a combination of online course curriculum however must include hands on demonstration.
6. The completion of each training requirement must be documented in the appropriate caregiver/personnel records. The documentation may be a certificate, letter, or a statement of successful completion that is signed and dated, from the training source. A photocopy of the original first-aid and/or CPR certificate or letter may be maintained in the caregiver/personnel record, as long as the employee can provide an original document upon request by Licensing. The cost of this training is responsibility of the Caregiver. GUIDING LIGHT will reimburse Direct Care Staff for the cost of this training.

WATER SAFETY CURRICULUM

1. All Caregivers are required to complete a Water Safety Course to be prepared in the event that the caregiver owns a pool, has other bodies of water on their property, or takes their foster child to a water activity.
2. Caregiver must be able to carry out a water rescue and be prepared to do so in an emergency.
3. There are no minimum hour requirements for water safety certification.
4. GUIDING LIGHT provides a water safety training, but the Caregiver can also obtain water safety using the Red Cross, or another water safety course approved by GUIDING LIGHT Executive Director/CPMS.

EXEMPTIONS TO PRE-SERVICE CURRICULUM

Caregivers are exempt from this requirement.

1. **General Pre-Service & Additional General Pre-Service:** if the Caregiver has been a caregiver for another residential child-care operation (*Transfer Families*) during the past 12 months. Caregivers are exempt from completing the pre-service curriculum as the agency they are transferring from must provide copies of the completed pre-service training as well as detail the training in the home screening/home.
2. **40 Hours of Observation:** if the Caregiver has documented verification of a minimum of one year relevant experience to the population that the caregiver would serve, such as children with primary medical needs, autism spectrum disorders, intellectual disabilities, trafficking victims, emotional disorders, and physical disabilities.
3. Pre-Service Emergency Behavior Intervention: if the Caregiver
 - a. Has been a Caregiver (Transfer Family) for or employed by a residential child care operation during the past 12 months;
 - b. Has received training during the past 12 months in the types of Emergency Behavior Intervention used by GUIDING LIGHT; and
 - c. Can demonstrate knowledge and competency of the training material, both in writing and in physical techniques.
 - d. Caregivers caring for Primary Medical Needs only are exempt from this EBI requirement
4. **CPR and First Aid:** If the Caregiver has completed the CPR and First Aid and it is not expired.

Board Approved

Effective 12/1/2023

TRAINING AND PROFESSIONAL DEVELOPMENT

PRE-SERVICE & ANNUAL TRAINING

510

- a. Is a health professional (including CPR Instructors) can use documentation of the following in lieu of these certifications:
 - b. The training to be a health professional includes the knowledge covered in first aid and/or CPR training; and
 - c. The person's employment ensures that these skills are kept current.
5. Psychotropic Medication Administration:
- a. GUIDING LIGHT Direct Care Staff and Foster Parents may obtain Psychotropic Medication Administration through DFPS's online training website at www.dfps.state.tx.us/Training/Psychotropic_Medication/default.asp
 - b. Complete the entire training
 - c. Make a 70% on the post test
 - d. Print and provide a copy of the training certificate to GUIDING LIGHT
 - e. The training must be instructor led by a medical professional such as an RN or psychiatrist.
6. **Normalcy:** A CPA administrator, treatment director, child placement staff, child placement management staff, or full time professional level service provider are exempt from completing the preservice training for normalcy if the person:
- a. Has been employed by a residential child care operation during the past twelve months;
 - b. Has received training during the past 12 months on normalcy; and
 - c. Can document the training has been received.
 - d. You must document the exemption factors in the appropriate personnel record.
7. All Exemptions must be documented in the employee/Caregiver records.

SPECIALTY PROGRAMS

Caregivers and Direct Care Staff participating in GUIDING LIGHT Specialty Programs are required to complete additional training prior to the placement of the specialty child. Specialty Programs include:

1. Adoption-Refer to GUIDING LIGHT Adoption Policies
2. PMN Homes: Professionals who complete CEU for their professional license can provide their CEU to be placed on file for training credit. There will also be training specific to the PMN population served that will be completed annually. Examples of those trainings could be the following based on population served: G-Tube Training, Tracheostomy Care, Ventilator & DME Equipment instructional guides, Wound Care.
3. The Pre-Service training (including infant/child CPR & First Aid) must be completed no more than one year prior to verification. If a caregiver completes pre-service training, but does not complete all other verification requirements within the following year, the caregiver will be required to complete the pre-service training again before GUIDING LIGHT will issue verification.

INSTRUCTOR REQUIREMENTS

1. The training(s) must be instructor led.
2. The qualified instructor must hold a generally recognized credential or possess documented knowledge and/or experience relevant to the training the instructor will provide.
3. A health care professional or a pharmacist must provide training Psychotropic Medication Administration and it must be obtained online at: www.dfps.state.tx.us/Training/Psychotropic_Medication/default.asp
 - a. The trainer must assess each participant after training to ensure that the training to ensure that the participant has learned the course content.
4. To provide training in Emergency Behavior Intervention the Instructor must be certified in a recognized method of emergency behavior intervention or be able to document the knowledge of:
 - a. The Emergency Behavior Intervention.
 - b. The course material.
 - c. Training delivery methods and techniques; and
 - d. Training evaluation or assessment methods and techniques.
5. Instructor-led training and self-instructional training, excluding self-study training must include:
 - a. Specifically stated learning objectives.
 - b. A curriculum, which included experiential or applied activities.

Board Approved

Effective 12/1/2023

82

TRAINING AND PROFESSIONAL DEVELOPMENT

PRE-SERVICE & ANNUAL TRAINING

510

- c. An evaluation/assessment tool to determine whether the person has obtained the information necessary to meet the stated objectives; and
- d. A certificate, letter, or a signed and dated statement of successful completion from the training source.

CERTIFICATION OF COMPLETED PRE-SERVICE TRAINING

Must be placed in staff and foster parent records containing training staff signature, completion date and number of hours. The curriculum must include specifically stated learning objectives, curriculum, which includes experiential or applied activities, an evaluation/assessment tool to determine whether the person has obtained the information necessary to meet the stated objectives.

Pre-Service Training will not be counted towards annual hours unless the foster family is transferring from another Child Placing Agency.

ANNUAL TRAINING PLAN

- A. At the conclusion of Pre-Service training, the foster home developer must create an individualized annual family training plan based on the population of children the Caregiver serves and document this plan in the home study.
 - B. Before a Caregiver can provide care to child receiving treatment services, the foster home developer must ensure the caregiver has the experience to care for the child’s treatment service needs. If a Caregiver does not have the necessary experience, the CPMS must prescribe a regimen of specific child-care experience that the caregiver must complete before a child with treatment needs in the Caregiver’s home.
 - C. The Case Manager must update the Caregiver’s Annual Training Plan during caregiver’s 1st calendar year quarterly review (ASR). The Case Manager will evaluate the Caregiver’s experience and recommend trainings based on the needs of the child/children placed in the Caregiver’s home.
1. **Advanced training:** Caregivers and Direct Care Staff Employees are required to receive advanced training annually.
- a. GUIDING LIGHT requires Caregivers/Employees to complete training within a calendar year (Jan 1-Dec 31)
 - b. New GUIDING LIGHT Caregivers/Employees annual training hours will be pro-rated from the date of verification/employment to the end of the calendar year.
 - c. Emergency Behavior Intervention and Psychotropic Medication Administration training must be obtained no later than 12 months after his/her last Emergency Behavior Intervention or Psychotropic Medication Administration.

Type of Caregiver Verification / Direct Care Staff	Required Annual Training Topics	Hour(s)	Total Required Hours
Caregiver Training	76. * Emergency Behavior Intervention (EBI)	4.0	41.5
	77. EBI for Caregivers licensed to care for children receiving treatment services for emotional disorders, intellectual disabilities, or autism spectrum disorders.	8.0	
Caregiver Training (Continued)	78. DFPS Normalcy -----	2.0	
	79. DFPS Trauma Informed Care -----	2.0	
	80. DFPS Recognizing & Reporting Youth Sexual Abuse ---	1.0	
	81. DFPS Administration of Medication -----	2.0	
	82. DFPS Medical Consenter -----	2.5	
	83. DFPS Runaway Prevention -----	2.5	
	84. DFPS Mandatory Reporting Community Response for Youth and Families -----	1.0	
	85. Medication Policy (Agency Instructed) -----	1.0	

TRAINING AND PROFESSIONAL DEVELOPMENT

PRE-SERVICE & ANNUAL TRAINING

510

	<p>86. Fostering Children’s Self Esteem ----- 0.5 87. Water Safety ----- 0.5 88. Role of the Caregiver ----- 1.0 89. Disaster Emergency Plan & Procedures ----- 1.0 90. Communicable & Sexually Transmitted Diseases: Prevention --- ----- 0.5 91. Suicide Prevention & Intervention ----- 1.0 92. Annually for Staff and Every 2 years for foster parents and caregivers 93. Infant, Child, Adult CPR & First Aid ----- 2.0 94. Certification must be current. 95. Human Trafficking (SSCC Required) ----- 2.0 96. Cultural Competence ----- 3.0 97. Developmental Stages of Children ----- 0.5 98. Child Passenger Safety ----- 1.0 99. Prevent, Identify and Report Abuse ----- 1.0 100.Gun Control & Storage ----- 1.0 101.Separation and Placement ----- 1.0 102.Prevention of Communicable Disease ----- 0.5 103.Medications Management (Agency Instructed) ----- 2.0</p> <p>Optional, Additional Training Topic(s):</p> <p>104.** Safe Sleeping / Shaken Baby Syndrome / SIDS / Brain Development ----- 1.0</p> <p>* No hours for homes exclusively caring for only primary medical needs. There are no annual training requirements for emergency behavior intervention for direct care staff or employees unless there has been a substantial change to the policy.</p> <p>** Only for caregivers licensed for children younger than 2 years of age</p>		
<p>Caregivers verified for Treatment Service: Primary Medical Needs Only</p> <p>Treatment Service: Primary Medical Needs Only (continued)</p>	<p>105.Same as outlined above. ----- Additional four Required Hours for Primary Medical Needs Children: 106.Medical-related training to help children receiving treatment services for primary medical needs. Topics & Suggestions as follows: 107.Gastric Tube Care/ (G-Button Care) ----- 108.G-J Tube Care ----- (1.0) 109.Trache/ Ventilator Care & Support ----- (1.0) 110.Trache/ Ventilator Wound Care ----- (1.0) 111.TPN Care ----- (1.0) 112.Additional Topics applicable that pertain to specific medical needs of the population the home serves. (1.0)</p>	<p>41.5 4.0</p>	<p>45.5</p>
<p>Caregivers verified for Treatment Service: Intense Primary Medical Needs Only</p>	<p>113.Same as outlined above. ----- 114.Primary Medical Need Treatment Services Intense -----</p>	<p>45.5 4</p>	<p>49.5</p>
<p>Direct Care Staff with less than one year of child- placing experience</p>	<p>115.DFPS Normalcy ----- 116.DFPS Trauma Informed Care ----- 117.DFPS Recognizing & Reporting Youth Sexual Abuse --- 118.DFPS Administration of Medication -----</p>	<p>2.0 2.0 1.0 2.0</p>	<p>18</p>

TRAINING AND PROFESSIONAL DEVELOPMENT

PRE-SERVICE & ANNUAL TRAINING

510

	119.DFPS Medical Consenter ----- 120.DFPS Runaway Prevention ----- 121.DFPS Mandatory Reporting Community Response for Youth and Families ----- 122.Human Trafficking (SSCC Required) ----- 123.Suicide Prevention ----- 124.Infant, Child, Adult CPR & First Aid ----- 125.Certification must be current. Other than mandated topics, annual training for employees must be in areas appropriate to the needs of children for whom the child-placing agency provides care.	2.5 2.5 1.0 2.0 1.0 2.0	
Direct Care Staff with at least one year’s experience - Executive Directors - Treatment Directors - Fulltime professional service providers who do not hold a relevant professional license.	126.Same Required Topics listed above for Direct Care Staff - less than one year’s experience.		18
Child Placing Administrators - Executive Directors - Treatment Directors - Fulltime professional service providers who hold a relevant professional license.	127.DFPS Recognizing & Reporting Youth Sexual Abuse --- 128.DFPS Runaway Prevention ----- 129.DFPS Mandatory Reporting Community Response for Youth and Families ----- 130.Human Trafficking (SSCC Required) ----- 131.Suicide Prevention ----- 132.Infant, Child, Adult CPR & First Aid ----- 133.Certification must be current. May include annual training hours that the employee completes to maintain a relevant professional license.	1.0 2.5 1.0 2.0 1.0 2.0	9.5

2. The Caregivers are required to complete the following Annual Required Training:
 - a. Abuse and Neglect Awareness and Prevention-regarding the recognition of symptoms of abuse and neglect, the responsibility and procedure for reporting suspected abuse and neglect, and presenting community resource information to staff, children, and parents. Training will include:
 - i. Factors indicating a child is at risk for abuse or neglect.
 - ii. Warning signs indicating a child may be a victim of abuse or neglect and prevention techniques for abuse and neglect.
 - iii. Internal procedures for reporting child abuse or neglect
 - iv. Community organizations that have training programs available to staff, children, and parents
 Recognizing & Reporting Abuse & Neglect: DFPS: Mandatory Reporting Community Response for Youth and Families: <https://learninghub.dfps.texas.gov/>
 - b. CPR & First Aid-Certification must be current and meet same requirements Pre-Service.
 - c. Cultural Competence-GUIDING LIGHT will provide on-going education in the form of training, workshops, and other educational opportunities to help staff understand the impact race, culture, ethnic identity has on themselves and others, and how it impacts services to children and families.
 - d. Disaster Emergency Plan
 - e. Emergency Behavior Intervention
 - i. Reinforces basic principles covered in Pre-Service Training- Restraints not allowed.
 - ii. Training may repeat Pre-Service Training components if needed to cover required curriculum.
 - f. Medication Policy

TRAINING AND PROFESSIONAL DEVELOPMENT

PRE-SERVICE & ANNUAL TRAINING

510

- g. Psychotropic Medication Administration-Must be taken on the DFPS website and instructor-led. Foster Parents and staff must meet same requirements listed in Pre-Service.
 - h. Trauma Informed Care- Require two hours of annual training on the DFPS website or select their own curriculum for the refresher training. The training must prepare the caregiver to put into practice and build on what they have learned. Available Training websites are the same as listed in Pre-Service.
 - i. Water Safety-If Caregiver owns a pool, must have at least one Caregiver certified in water safety.
 - i. * Must meet same requirements listed in Pre-Service
 - j. Medical Consent Training
 - i. *Must meet same requirements listed in Pre-Service
 - k. Normalcy- Same requirements as Pre-Service but should further develop and refine the knowledge and understanding of normalcy and how it should be implemented.
 - l. Gun Control (If their home has Firearms or weapons)
 - m. Recognizing and prevention shaken baby syndrome, preventing sudden infant death syndrome, safe sleep, and understanding early childhood brain development
 - n. Communicable & Sexually Transmitted Diseases: Prevention
 - o. Recognizing and Reporting Sexual Abuse must be taken on the DFPS website.
 - p. Mandatory Reporting Community Response for Youth and Families must be taken on the DFPS website.
 - q. Suicide Prevention & Intervention Training (Required every 2 years for caregivers)
 3. Additional annual training topics must be in areas appropriate to the needs of children for whom the caregiver provides care, which may include, but is not limited to:
 - a. Developmental stages of children.
 - b. Constructive guidance and discipline of children.
 - c. Fostering children's self-esteem.
 - d. Positive interaction with children.
 - e. Strategies and techniques for working with the population of children served.
 - f. Supervision and safety practices in the care of children, including making reasonable and prudent parenting decisions regarding a fosters child's participation in childhood activities.
 - g. Cognitive Distortions.
 - h. The needs & care of medically fragile children; and
 - i. Maintaining documentation of consultations with medical professionals routinely occurring to care for a specific diagnosis, as well as documentation of on-going training required to maintain a nursing license for PMN homes.
 4. When a Caregiver is absent from the home for an extended time for military service or employment training requirements may be adjusted. Upon his return from home, his annual training requirements are prorated and he must obtain 1st aid and CPR within 60 days of returning from the home.
 5. Caregiver and Employee training records will be evaluated in quarterly audits. If hours are not completed by December 31st, the Executive Director may deem it necessary to give the family 30 days to find another agency before their verification is rescinded.
 6. Excess Training Hours - when caregivers or staff, complete training hours in excess of the minimum requirement the person may carry over to the next year a maximum of 15 training hours.
 7. All the above requirements can be met by attending training sessions offered by GUIDING LIGHT or by attending classes in the community that have been approved by the Executive Director/CPMS of GUIDING LIGHT. Training provided by GUIDING LIGHT is available to therapeutic caregivers at no charge; training provided outside the agency is the therapeutic foster family's responsibility unless prior arrangements have been made with the GUIDING LIGHT staff. Travel expenses and childcare costs are the responsibility of the Caregiver.
 8. Annual training may include hours or CEUs earned through:
 - a. Workshops or courses offered by local school districts, colleges or universities, or Licensing;
 - b. Conferences or seminars;
 - c. Self-instructional training, excluding training on emergency behavior intervention, first-aid, and CPR;
 - d. Planned learning opportunities provided by child-care associations or Licensing; or
 - e. Planned learning opportunities provided by a child-placing agency administrator, professional contract service provider, professional service provider, treatment director, child placement management staff, child placement staff, contractor, or caregiver who meets minimum qualifications; or

TRAINING AND PROFESSIONAL DEVELOPMENT

PRE-SERVICE & ANNUAL TRAINING

510

- f. The hours attending college or a professional credentialing or registry program. 3 passing college credits are equal to 50 clock hours of advanced training. (College courses cannot substitute for required CPR, first aid, emergency behavior intervention, psychotropic medication, or transportation training).
9. For annual training hours, the following may be counted:
 - a. The hours of annual training that a person received at another residential childcare operation, if the person:
 - i. Received the training within the time period GUIDING LIGHT uses to calculate the person's annual training; and Provides documentation of the training.
 - ii. Annual emergency behavior intervention training that covers strategies and techniques for any child who needs de-escalation for dangerous behaviors.
 - iii. First-aid and CPR training (online CPR training is not acceptable);
 - iv. The hours of pre-service training that the person earns in addition to the required pre-service hours. For example, if a person completes 24 hours of pre-service emergency behavior intervention training, and is required to obtain 16 hours, that person may count eight of the hours toward annual training requirements (this would apply to transfer families);
 - v. Employees Only-Half of the hours spent developing initial training curriculum that is relevant to the population of children served. No additional credit hours for training curriculum development are permitted for repeated training sessions; and
 - vi. Employees Only-One-fourth of the hours spent updating and making revisions to training curriculum that is relevant to the population of children served.
10. For annual training hours, the following may not be counted:
 - a. Orientation training;
 - b. Pre-service training;
 - c. The hours involved in case staffing and conferences with the supervisor; or
 - d. The hours presenting training to others.
 - e. Explaining documentation procedures
11. No more than one-half of the required annual training hours may come from self-instructional training. No more than three of those self-instructional hours may come from self-study training.
12. Documentation will be kept verifying completion of annual training in the appropriate personnel record. The documentation must include the following information:
 - a. The participant's name;
 - b. Date of the training;
 - c. Title or subject of the training;
 - d. The trainer's name and qualifications, or the source of the training for self-instructional training; and
 - e. Length of the training in hours.
 - f. If training is completed through self-instruction, the Caregiver/Employee must complete GUIDING LIGHT's self-instruction form and the EXECUTIVE DIRECTOR/CPMS must verify the training source, curriculum, and number of hours.
13. GUIDING LIGHT will ensure that employees and caregivers receive reliable training relevant to the population of children served, which includes for both instructor-led & self-instructional training:
 - a. Specifically stated learning objectives;
 - b. A curriculum, which includes experiential or applied activities;
 - c. An evaluation/assessment tool to determine whether the person has obtained the information necessary to meet the stated objectives; and
 - d. A certificate, letter, or a signed and dated statement of successful completion from the training source.
 - e. College transcript
 - f. Continuing Education Units (CEU)- Obtained to Maintain professional licenses for any medical professional license held by foster parents, respite, babysitters, overnight care providers or full time caregivers.
14. Caregiver Support Meeting - The agency allows time at each training seminar for caregivers to meet and discuss their concerns and share accomplishments. The agency staff is available to facilitate the meetings.
15. Additionally, GUIDING LIGHT will implement strategies to coordinate between the agency and appropriate community organizations for Abuse & Neglect Prevention & Awareness. Direct care staff can research the online site at www.dfps.state.tx.us to find local training resources. GUIDING LIGHT will incorporate in annual staff training actions that the parent of a child who is a victim of abuse or neglect should take to obtain assistance and intervention, including referral to community resources. The EXECUTIVE DIRECTOR/CPMS will maintain a list of community resources for this purpose.

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CHILDREN'S RIGHTS

600 | GENERAL RIGHTS

1. Guiding Light is responsible for protecting the rights of the child(ren) placed in foster homes through their agency. The rights are as follows but are not limited to:
 - a. Safety and Care, including:
 - i. Children must have good care and treatment that meets the child's needs in the most family-like setting possible;
 - ii. Children must not be abused, neglected or exploited; and
 - iii. Children have the right to fair treatment.
 - b. Children must have the opportunity for sibling and family visits and contact when a sibling group is not placed in the same home or facility unless restrictions are necessary because of the child's best interest, the decision of an appropriate professional, or court order.
 - c. Children must receive an appropriate education based on the child's age and developmental level.
 - d. Children must have opportunities to have normal interactions and experiences within the foster family and participate in foster family activities, engaging in age, maturity, and developmentally appropriate childhood activities away from the foster home such as extracurricular activities, social activities in and out of school, and employment opportunities.
 - e. Children have the right to privacy, including sending and receiving unopened mail, making and receiving phone calls, keeping a personal journal, and having visitors, unless the child's best interest, appropriate professionals, or court order necessitates restrictions.
 - f. Children must have personal comfortable clothing suitable to their age and size and similar to the clothing of other children in the community. Children must have reasonable opportunities in selecting their clothing. GUIDING LIGHT and Foster Parents must make reasonable efforts to ensure the Child wears Appropriate Clothing that protects against the weather.
 - g. Children must be given the right to appropriate equipment and supplies and training in how to use them and training in personal care, hygiene and grooming. Each child must be supplied with equipment and products for personal care, hygiene and grooming and must be encouraged to use their personal hygiene and grooming products and ensure the grooming products meet the child's ethnic hygiene and individual hair care needs. GUIDING LIGHT will ensure hot water is available for daily baths or showers.
 - h. The money a child earns or is given as a gift or allowance must be his personal property.
 - i. A child's money must be accounted for separately from the agency's funds or the funds of the facility or family with whom he is placed.
 - j. A child must not be required to use personal money to pay for room and board, unless it is a part of the service plan and approved in writing by the parents or Managing Conservator and the child-placing agency. Paying for transportation out of a child's allowance is prohibited. If noted in the CPOS, the money can be withheld from the child's allowance only if the amount is set aside to be returned to the child at discharge.
 - k. Children have a right to personal items at the child's home and to get additional things within reasonable limits. A child must be allowed to bring personal possessions to the agency home and allowed to acquire other personal possessions. Any limits on the kinds of possessions a child may or may not receive must be discussed with the child and the Managing Conservator.
 - l. Children will be disciplined according to the guidelines of GUIDING LIGHT policies. They will never be physically disciplined. They will be allowed to appropriately express feelings, as long as they do not hurt themselves or others. Children have a right to discipline that is appropriate to the child's age, maturity, and development level; and the right to have restrictions or disciplinary policies explained to the child at admittance and when the measures are imposed.
 - m. Children have the right to confidentiality within the Treatment Team. The information is not presented to others outside of the Treatment Team. GUIDING LIGHT medical and agency records will be kept private and only discussed when it is about the child's care. (For example, a respite, babysitter, or overnight care provider will need to be provided allergy information or prescribed medication to help meet the needs of the children.)
 - n. Children will not be coerced into participation in public events.

CHILDREN'S RIGHTS

GENERAL RIGHTS

600

- o. GUIDING LIGHT may release or otherwise use a photo or image of a Child under the following circumstances: Before GUIDING LIGHT may release or otherwise use a photo or image of a Child, the following conditions must occur:
 - i. It is in the best interest of the Child, poses no threat to the Child's health or safety, and the use is not for any commercial use, publicity, pecuniary benefit, or similar gain for GUIDING LIGHT or any other party.
 - ii. No reference is made to the fact the Child is in the conservatorship of DFPS, and the use does not stigmatize the Child in any way,
 - iii. The Child approves of the release or use if old enough and developmentally able to read and write,
 - iv. Permission is received prior to release or otherwise use of a photo or image of a Child
 - v. GUIDING LIGHT is not required to receive prior written permission from the Caseworker or Chain of Command when the following conditions are in effect: The photo or image is released or otherwise used by the Child or Caregiver to the Child's friends or to the caregiver's friends or family, including but not limited to school pictures traded with peers or a family photo sent in a holiday card.
 - vi. The photo or image is released by the Child or Caregiver to the Child's biological family, The photo or image is used as a normal part of a school or extracurricular activity, including but not limited to photos published in the school yearbook or a church newsletter, photos of Honor Roll students published in the local newspaper, a group photo of a scout troop distributed to all the troop members and posted on a community youth center bulletin board, photos of the sports team posted in a school showcase, or other similar publication. Any other release or use of photo or images of a Child, must be approved in writing by the Caseworker or Chain of Command.
- p. Guiding Light will consider children for placement into foster homes without discrimination against because of the child's race, color, age, sex, national origin, disability, political beliefs or religion.
- q. Children have the right to hire independent mental health professionals, medical professionals, and attorneys at his own expense;
- r. Depending on the child's age and maturity, children have the right to seek employment, keep their own money, and have a bank account in the child's name. Children have the right to be compensated for any work done for the agency or home as part of the child's service plan or vocational training, with the exception of assigned routine duties that relate to the child's living environment, such as cleaning his room, or other chores, or work assigned as a disciplinary measure. Work done for the agency or at home can also be considered volunteer work according to Residential Contracts.
- s. Children have the right to be able to communicate in a language or any other means that is understandable to the child, including Braille if the child is blind or sign language if the child is deaf at admission or within a reasonable time after an emergency admission of a child, if applicable. GUIDING LIGHT will make every effort to place a child with caregiver(s) who can communicate with the child. If these efforts are not successful, it will be documented in the preliminary service plan the plan to meet the communication needs of the child;
- t. Children have the right to receive appropriate treatment for physical problems that affect his treatment or safety;
- u. Children have the right to be free from pressure to get an abortion, relinquish her child for adoption, or to parent her child, if applicable; and
- v. Children have the right to report abuse, neglect, exploitation, or violation of personal rights without fear of punishment, interference, coercion, or retaliation by calling Abuse/Neglect Hotline at 1-800-252-5400.
- w. Children have the right to have their physical, emotional, developmental, educational, social and religious needs met. Children have the right to choose a church or not practice a religion.
- x. Children have the right to be free of unnecessary or excessive medication.
- y. Children have the right to actively participate in the development and review of their child plan of service within limits of the child's comprehension and ability to manage the information. Children have the right to a comprehensive child plan of service that addresses their needs, including transitional and discharge planning. Children have the right to a copy or summary of the child plan of services. Children 14 years of age or older have the right to review and sign the child plan of service.
- z. Children have the right to receive, refuse, request treatment for physical, emotional, mental health, or chemical dependency treatment separately from adults (other than young adults between the ages of 18-

CHILDREN'S RIGHTS

GENERAL RIGHTS

600

- 22) who are receiving services. Example: A foster child has the right to receive, refuse, request treatment and/or therapy with adults older than 22.
- aa. Children have the right not to be required to make public statements acknowledging his gratitude to the foster home or agency.
 - bb. Children have the right to be free from any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment, which includes:
 - i. Shaking the child
 - ii. Subjecting the child to corporal punishment, including spanking or hitting the child
 - iii. Threatening the child with corporal punishment
 - iv. Any unproductive work that serves no purpose except to demean the child such as moving rocks from one pile to another or digging a hole and then filling it.
 - v. 5) Subject the child to remarks that belittle or ridicule the child or child's family.
 - vi. 6) Threaten the child with loss of placement or shelter as punishment
 - vii. 7) Rejecting, shaming, screaming, or yelling at the child

Note: The *CPS Rights of Children and Youth in Foster Care* form must be read to the child or the child can read the information and the GUIDING LIGHT Child Placement Staff can check for comprehension. The child must sign the form stating they have read the information along with the GUIDING LIGHT Child Placement Staff, the GUIDING LIGHT caregiver and the Managing Conservator/parole officer. Within seven days after GUIDING LIGHT admits a child, GUIDING LIGHT Child Placement Staff will review the child's rights with the child and a child's parent, unless the parent's consent is not required. GUIDING LIGHT will provide the child and a child's parent with a written copy of the child's rights. The child rights will be written in simple, non-technical terms; and English, unless the person does not understand English. The child's rights will be written in the person's primary language, if possible. If the person GUIDING LIGHT is informing has a visual or auditory impairment, GUIDING LIGHT will explain the child's rights in a manner that is understandable to the person. The person GUIDING LIGHT is informing of the child's rights must sign a statement indicating that the person has read and understands these rights. GUIDING LIGHT will put the signed copy in the child's record. (It is GUIDING LIGHT and the Caregiver's responsibility to review the CPS Rights of Children and Youth in Foster Care upon placement, not the CPS Caseworker, who reviews it with the child at other times.)

- At the time of placement, and/or
 - At the time of any placement changes to a new foster home.
 - GUIDING LIGHT will also ensure that CPS has a signed copy of the CPS Rights of Children and Youth in Foster Care.
 - A copy of a timely signed copy of "CPS Rights of Children & Youth in Foster Care" will meet this MS requirement for the rights.
2. Caregivers must give children food of adequate quality and in sufficient quantity to supply the nutrients necessary for proper growth and development.
 - a. Caregivers must feed an infant whenever the infant is hungry.
 - b. Caregivers must provide a toddler or school age child with three meals and at least one snack a day.
 - c. 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.
 - d. Caregivers must provide fresh fruits, vegetables, and dairy products to the children at least once a day.
 - e. Children are to have an input in meal planning
 3. The Foster Home Parents and Staff will adhere to the Discipline Policy. The child will be disciplined in a way that is appropriate to the child's age and developmental level. Restrictions or disciplinary consequences will be explained to the child at admittance and when imposed.
 4. Children will be placed and supervised appropriately in the least restrictive GUIDING LIGHT foster home that is capable of meeting their needs. The foster home will meet the child's physical and emotional needs which provide reasonable protection from harm and appropriate privacy for personal needs.
 5. Children will receive appropriate educational and vocational services according to their age and developmental level:
 - a. Officially enrolled in school and records will be transferred from the child's previous school.
 - b. Receive interventions through formal liaisons with the school when necessary (I.E.P., private school, tutoring, etc.)
 - c. Will not be spanked by school personnel. The school personnel must be referred to the Child Placement Staff concerning such matters.

CHILDREN'S RIGHTS

GENERAL RIGHTS

600

- d. Enrolled into the school lunch program for which meals are free. However, until you are accepted into the program, money will be provided by the caregiver to purchase meals.
 - e. Will have all supplies necessary according to the school guidelines.
 - f. GUIDING LIGHT will cooperate with the Department in providing Preparation for Adult Living (PAL) services to all children identified by the Department as needing such services.
 - g. Foster parents must (as applicable) attend and participate in school staffing, conferences, and education planning meetings.
6. Children will have opportunities to participate in community functions, religious services, recreational activities leisure activities, and school extracurricular activities to the extent of his interest and abilities in accordance with the service plan, and discussed by the caregiver and caseworker as well as agreed upon at pre-placement in order to have their social and therapeutic needs met. Under the reasonable and prudent parent standard, a caregiver must include the child in normal interactions and experiences within the foster family and allow the child to participate in foster families activities, to the same extent as a similarly situated child born to the family.
 - a. The activities should be both spontaneous and planned. The activities will address their therapeutic needs, provide an outlet for stress, and/or allow them to enjoy themselves given their interests and aptitudes.
 - b. The schedule and child's participation in the activities should be documented daily by the foster family and submitted to the GUIDING LIGHT office monthly. The documentation should also include their response to the activities and the explanation of how it collaborates with their treatment plan.
 - c. Documentation for social/recreational activities will include the frequency of the activities with the kind of staff involved and supervision. For Specialized Service Level children, the therapeutic value of each activity will be documented in the CPOS.
 - d. For the small percentage of GUIDING LIGHT children who are limited by developmental disability, Intellectual Disabilities, or medical condition, activities must fit the child's needs or be modified. If a Specialized Service Level child has primary medical needs or requires services that help a person keep, learn or improve skill and functioning for daily living, medical and/or physical supports may be required.
 - e. Relationship to the community - GUIDING LIGHT participates and collaborates with other social agencies and planning groups in the community for the purpose of coordinating, planning and expanding services concerned with strengthening family life and services for children and their families.
 - f. A written consent must be obtained from the child (if the child is able to give consent) and from the parents or the Managing Conservator prior to involving you in any fund raising or publicity for the child-placing agency, including the use of the child's photograph.
 - g. There is no exception for participation in Normalcy activities. This expectation applies to all children.
7. Children's mail (including electronic mail), incoming and outgoing must not be opened or read and children's telephone calls, incoming and outgoing, must not be monitored unless the need for such restriction is determined by the Child Placement Management Staff or a court determines restrictions are necessary. The child should be informed of the reasons why a search is conducted. Reasons for any restrictions on mail or telephone calls and the mail or calls so restricted must be documented in the child's record. If restrictions continue longer than one month, the Child Placement Management Staff must re-evaluate the restrictions at least monthly. Reasons for the continued restriction must be explained to the child and documented in the child's record.
8. GUIDING LIGHT expects foster children to maintain their placement by working towards discussing incidents of negative behaviors. All foster children are expected to attend school, attend medical, dental, vision, mental health care, developmental services including therapy appointments that adequately meet the child's needs, and to follow the rules of the foster home. Children can request that the care or services are separate from adults (other than young adults) who are receiving services.
9. A child's possessions must be free of unreasonable searches and unreasonable removal of personal items.
 - a. GUIDING LIGHT may search a child, his possessions, or his room only when there is reasonable suspicion:
 - i. Of the presence of a prohibited item or an item that endangers the child's safety;
 - ii. That the child made suicidal threats or threatened to hurt himself or others; or
 - iii. That the child or children was involved in theft.
 - b. Only a caregiver may conduct searches that involve the removal of clothing, other than outer clothing, such as coats, jackets, hats, gloves, shoes, or socks.
 - c. If a search of a child who is five years old or younger involves the removal of clothing (other than outer clothing), another adult must witness the search.

Board Approved

Effective 12/1/2023

CHILDREN'S RIGHTS

GENERAL RIGHTS

600

- d. If a search of a child who is over the age of five involves the removal of clothing (other than outer clothing), an adult of the same gender must witness the search.
 - e. The caregiver must ensure that other children do not witness a search that involves the removal of clothing, other than outer clothing.
 - f. With the exception of a child's mouth, a caregiver may not conduct a body cavity search of a child in care.
 - g. The caregiver must document the following in the child's record when conducting a search if it results in the removal of personal item or clothing worn by the child:
 - i. The date of the search
 - ii. The name of the child
 - iii. Reason for the search
 - iv. A description of what was searched
 - v. Articles of clothing removed, if applicable
 - vi. The name of person conducting the search
 - vii. The name of the witness, if applicable
 - viii. The results of the search
 - ix. The resolution of the issue with the child or children involved.
10. GUIDING LIGHT is required to ensure effective communication with children who are deaf or hard of hearing. Case manager can contact a Deafness Resource Specialist from the Department for Assistive and Rehabilitative Services (DARS) for assistance in determining how best to ensure effective communication is being achieved at www.dars.state.tx.us/dhhs/providers/specialists.asp
11. Children have the right to tell his/her caseworker if having problems in the foster home or being abused and/or neglected. The child can call his/her caseworker, send a letter or email them.
12. Children have the right to have a lawyer and CPS worker or GUIDING LIGHT Case Manager give them his or her name and phone number. Children have the right to call the attorney if the caregivers don't keep you safe. Children may contact their caseworker, attorneys, ad litem, probation officer, CASA and Advocacy, Inc. at any time without limits with a cell phone provided by the CPS worker who will absorb the monthly charges.
13. Guiding Light is a restraint free agency, and only a caregiver qualified and trained in emergency intervention may administer any form of emergency behavior intervention, except for short person restraint of a child.
- a. In situations where a child is significantly damaging property, such as breaking a car window or putting a hole into the walls, but is not posing a risk of harm to himself or others, a **short personal restraint may be used to intervene only to immediately prevent the damage and only if less restrictive techniques have been attempted and failed.
 - b. The following criteria apply to a **Short Personal Restraint:
 - i. The restraint lasts no longer than 1 minute;
 - c. Situations appropriate for use of Short Personal Restraints:
 - i. To prevent imminent significant risk (a risk that is immediate; a situation where bodily harm will occur to the child or another person if there is no immediate intervention);
 - ii. To protect a child from immediate danger (ex: preventing a toddler from running into the street or coming into contact with a hot stove). The restraint must end immediately after danger is averted;
 - iii. To intervene when a child who is age 5 or under demonstrates disruptive behavior in a public place (i.e., a temper tantrum);
 - d. To prevent significant damage to valuable property; or
 - e. An active attempt to run away may be considered an emergency situation when the following is a factor:
 - i. The child is developmentally or chronologically age 5
 - ii. The child is suicidal
 - iii. The operation is located near a high traffic area
 - iv. Adverse weather conditions pose a clear safety risk to the child or
 - v. Other clear safety risks are present.
14. A short personal restraint is permitted when a child is attempting to run away only if the child is age 5 or under or is mentally incapable of determining imminent danger. De-escalation techniques must be attempted prior to the decision to restrain the child.
15. Caregivers will not use a short personal restraint as a form of punishment, as a substitute for effective treatment or program, or for the caregiver's convenience.

Board Approved

Effective 12/1/2023

CHILDREN’S RIGHTS

GENERAL RIGHTS

- 16. At admission, the Child Placement Staff will explain to children who are able to understand, GUIDING LIGHT’s policies and practices on the use of short personal restraint. The explanation will include the following:
 - a. Only adult caregivers are permitted to do a short personal restraint
 - b. The steps that must be taken to defuse the situation and to avoid using a short personal restraint and it must be in the situations listed above.
- 17. At admission each child is to be informed of their right to voluntarily provide comments on any short personal restraint. The child can report an inappropriate restraint to the Child Placement Staff, the GUIDING LIGHT therapist or another trusted adult. This explanation will be documented in the child’s record on the GUIDING LIGHT Children’s Rights and Privileges form.
- 18. An “Allowed Behavior Intervention” list will be posted in each foster home or given to the child and Managing Conservator at the time of placement. Allowable Behavior Intervention includes:

<ul style="list-style-type: none"> - Identify Escalating Hostility - Private Discussions: <ul style="list-style-type: none"> 1. Reflective Listening 2. Determine Reason for underlying Anger 3. Resolve Underlying Issue - Rewards or Consequences/Loss of Privileges - Verbal Redirection - Time Out - Cooling Off Period or Location - Separate the Children in Conflict 	<ul style="list-style-type: none"> - Remove the Audience - Isolation Time to Think Things Through Before Meeting w/ the Parent - Quiet Time - Call a Family Meeting - Go For a Private Walk - Escorting-Short Personal Restraint for safety - Call 911 (Police Intervention) - Only Short Personal Restraints Permissible when warranted as identified above: <ul style="list-style-type: none"> 1. Short Personal Restraint
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- 19. A person who presents information relating to the misuse of any type of unapproved restraint or prohibited seclusions at the facility or a client or resident of the facility that presents information relating to the misuse of a short personal restraint will not be discharged or retaliated against.
- 20. The following techniques may not be used on a child:
 - a. Personal Restraints, Chemical restraints, mechanical restraints, and seclusion.
 - b. Aversive conditioning, which includes, but is not limited to, any technique designed to or likely to cause a child physical pain, the application of startling stimuli, and the release of noxious stimuli or toxic sprays, mists, or substances in proximity to the child’s face;
 - i. Pressure points;
 - ii. Rebirthing therapy;
 - iii. Hug and/or holding therapy; and
- 21. Personal Restraint are prohibited including Prone or supine positionsGUIDING LIGHT has attempted to place each child into a home that matches his/her religious beliefs. All children in the home are expected to participate in activities that are a part of the regular family routine such as attending the same church or family devotionals. The foster parents will allow the foster children to express their religious beliefs and demonstrate a willingness to respect and encourage a child’s religious affiliation. In addition to providing the child the opportunity for religious spiritual development if desired.
- 22. Children are expected to abide by the rules of the foster home which are listed on the daily schedule.
- 23. Children may see their CPS caseworker at least monthly and in private if necessary.
- 24. Children may go to court hearing and speak to the judge that affects where they have been placed including status of hearings, permanency hearings or placement review hearings.
- 25. Children have the right to make calls, reports, or complaints without interference, coercion, punishment, retaliation, or threats of punishment or retaliation. The child may make a call anonymously and in private (free from observation). The Foster Case Ombudsman poster will be posted in two languages, English and Spanish in a location visible and

Board Approved

Effective 12/1/2023

CHILDREN'S RIGHTS

GENERAL RIGHTS

600

easily accessible and legible to children. Children can make a report with the Foster Care Ombudsman if they feel their rights have been violated at:

- 1-844-286-0769
- [Hhs.texas.gov/foster-care-help](https://hhs.texas.gov/foster-care-help)
- Foster Care Ombudsman
- P.O. Box 13247, Austin, Texas 78711-3247
- Fax: 888-780-8099

26. The DFPS Statewide Intake hotline's phone number must be readily available and displayed prominently in all foster homes. (Note: This number is currently provided on the English and Spanish Ombudsman poster.)
27. Children will be told in writing of the name, address, phone number and purpose of the Texas Protection and Advocacy System for disability assistance.
28. Children will be free from harassment from anyone who resides with the child.
29. To have contact with persons outside the foster care system who are pre-approved for contact by CPS.
30. GUIDING LIGHT will refrain from restricting any of the rights listed in the CPS Rights of Children and Youth in Foster Care or the Extended Foster Care Rights and Responsibilities.

YOUTH 16 AND OLDER

1. Must be told about educational opportunities when they leave care.
2. Told where they can get help in obtaining an independent residence when aging out.
3. Should attend one or more Circle of Support Conferences or Transition Planning Meetings.
4. Must be told they can request a hearing from a court to determine if they have the capacity to consent to medical care to become their own Medical Consenter. Children ages 16 and 17 who have been designated by the court as their own Medical Consenter must complete Medical Consent Training and Form 2759 within 7 days of the court designation or if the child has a non-emergency appointment with the Child's Behavioral Healthcare provider within those seven days, but prior to such appointment. If taking psychotropic medication, the child must also complete the online DFPS Psychotropic Medication training. The GUIDING LIGHT Case Manager must submit documentation of successful completion of training(s) and Form 2759 within 5 days of completion to the Caseworker.
5. Each child must complete Medical Consent Training and Form 2759 within 120 days prior to their 18th birthday. If taking psychotropic medication, the child must also complete the online DFPS Psychotropic Medication training. The GUIDING LIGHT Case Manager must submit documentation of successful completion of training(s) and Form 2759 within 5 days of completion to the Caseworker.
6. Allowed to get necessary personal information within 30 days of leaving care, including birth certificates, immunization records, and information contained in their education portfolio as well as health passport.
7. GUIDING LIGHT will assist each child with obtaining a driver's license and/or state identification card at age 16 or before by:
 - a. Documentation required by the Department of Public Safety (DPS) for state identification card.
 - b. A DFPS Foster Youth Driver License Fee Waiver Letter
 - c. A Texas Department of Public Safety (DPS) Texas Residency Affidavit (Form DL-5), which is completed and signed by the Child and a Representative; and
 - d. Inform child who applied for a driver's license of the need to notify DPS of a new address change within 30 days of a change of placement.
8. Each child must complete PAL training including Financial Literacy Education Services by their 18th birthday.
9. Any child aged 16 or older should attempt to seek employment unless otherwise specified in the CPOS.

610 | MAINTAINING CONNECTIONS

1. Children will have the opportunity for sibling visits with siblings who are in care (including Kinship) and contact when a sibling group is not placed in the same home or facility.
2. Family Contact (biological family members, adoptive family members, previous foster family members)
 - a. Visits to and from biological family members, adoptive family members or previous adoptive family members.
 - i. In order to allow aforementioned family members the opportunity for regular visits with their children as a means to maintain or improve the relationship between the family and child and prepare for family reunification, regular visits will be considered as often as possible in the least restrictive way desirable. Unless parental rights have been terminated or relinquished, or unless contacts are not in the child's best interest, contacts between children and their parents must be allowed.
 - ii. The child's first visit with their biological family is required within 5 days of admission to a foster home including transportation to the visit, provided by foster/adoptive parents.
 1. GUIDING LIGHT will initiate personal contact between a Child and a child's sibling(s) who is/are in foster care at least monthly in a meeting face-to-face if siblings are placed within 100 miles of each other, or by twice monthly telecommunication (if separated by regions) during which the parties discussion and actions are not directed by GUIDING LIGHT. GUIDING LIGHT will initiate personal contact with a relative or fictive kin that is a DFPS approved contact quarterly. This contact is someone other than their sibling or parent and has a significant relationship with the child.
 2. Exceptions to this requirement include when the contact is:
 - a. Prohibited by court order;
 - b. Contrary to the best interest of the children as reflected in the plans of service of the siblings;
 - c. For reasons determined and documented by a DFPS Caseworker or Caseworker's Chain of Command. (Includes all siblings in any DFPS placement.);
 - d. Sibling, Relatives and Fictive Kin contact information has not been made known to GUIDING LIGHT staff by CPS; or
 - e. Children, Sibling, Family Member and /or Fictive Kin who refuse contact. GUIDING LIGHT will need to obtain documentation by email showing DFPS approval/acknowledgement.
M 1620.2, 3100.6.b, 3100.6.c
 3. If restricted contact is deemed necessary (for reasons such as: expense considerations, the behavior of the child following the visits, visits are deemed inappropriate for other reasons), it will be determined in consultation with the child and the Managing Conservator, Child Placement Management Staff, parole officer, or parent. The Managing Conservator must make the final decision regarding the restrictions. *M 1620.2.d*
 - a. This determination will be documented in the child's record. Exceptions to this policy standard shall be made in individual cases where circumstances necessitate less frequent and more structured visits. In those cases, reasons will be given to the clients and documented in the Plan of Service.
 - b. If restrictions continue longer than one month and the child or his family continues to request contact, Child Placement Management Staff must evaluate these restrictions at least monthly. The reasons for continued restrictions must be explained to the child and documented in his/her record.
 - c. Plans for sibling visits and contacts must be documented in the child's record. When contact is restricted or not allowed the CPMS must include justification in the child's record. If the restriction lasts for more than 60 days, the CM must document the justification for continuing the restriction in child's record at least every 60 days.

- d. If barriers to visits exist, such as unavoidable geographic distance and expense issues, the agency must make provisions for sibling contact through letters, telephone calls, or some other means.
 4. An attempt will be made to provide or arrange a visiting site that will allow the aforementioned family members and the child to interact in a relaxed manner. The CPS caseworker will attend the visits if his/her presence will assist the family with reunification (unless otherwise determined or arranged).
 5. The permission for aforementioned family members (including siblings) to visit the child can be arranged only by Guiding Light in cooperation with the foster home and the referring agency. The day and hours of the visits will be agreed upon by the caseworker, aforementioned family members and the foster home.
 6. The visits with the aforementioned family members (including siblings) may not be withheld as a discipline matter in any circumstance.
- b. Contact with biological family members, adoptive family members or previous foster family members via mail or telephone conversations.
- i. The foster home parents or staff may be authorized (with an evaluation from the Treatment Team and approval from Child Placement Management Staff) to open children's mail without violating standards pertaining to the child's privacy.
 1. The Managing Conservator will be informed of this at the time of placement.
 2. The child will be informed of this at the time of placement.
 - ii. If it is deemed necessary by the Treatment Team to open the child's mail prior to giving it to him, it must be documented if the following occurs,
 1. The mail is opened and withheld from the child
 2. The mail is altered prior to being given to the child.
 - a. A list of mail or telephone calls that are restricted will be kept in the child's file.
 - b. GUIDING LIGHT will document all efforts to gather the names and contact information for Child's family member and potential permanency resources and provide that information to the Department, as requested.
 - iii. Maintaining connections with friends, peers, and organizations through on-site or off-site means, and other people or groups to which a child is bonded, and which will help the child have normal interactions and experiences.
 1. GUIDING LIGHT will document efforts to ensure that Children are able to preserve desired connections with friends and peers. This includes allowing the Child to communicate and socialize with friends and peers.
 2. GUIDING LIGHT shall make and document efforts to gather the names and contact information for the Child's friends, peers, and potential permanency resources and provide that information to the Department as requested.
 3. GUIDING LIGHT will need to provide a list of these contacts to CPS for approval prior to any contact with friends, peers, or any other group or organization to which the child has a bond.

ADMISSION AND PLACEMENT

ADMISSIONS POLICY

700

ADMISSIONS AND PLACEMENTS

700 | *ADMISSIONS POLICY*

Guiding Light is a non-profit agency incorporated under the laws of Texas providing services in foster home settings for dependent, neglected, adjudicated delinquent and maladjusted children - age's birth to 18 and those approved in the extended foster care program.

Therapeutic Foster Care Services - for Basic Foster Care services (BFC) offered: (to Basic Service Level children)

1. Family Living.
2. Planning, with the child and his family, for goals and services to meet those goals (in the community or from Guiding Light)
3. Individual counseling and social services with members of child care staff.
4. Psychological and diagnostic appraisal to determine basic abilities and appropriate treatment goals, conducted by Guiding Light worker utilizing consultant psychologists.
5. Public school education in local foster home school districts. Youth are encouraged to participate in healthy extracurricular activities.
6. Private tutoring as needed, special educational program as needed and available through the community.
7. Recruiting, screening and preparing foster families to help meet the child's physical, social, emotional and educational needs.

Therapeutic Foster Care Services - for Moderate, Specialized. & Intense Service Level children

All aspects of the Basic Foster Care Services (BFC) apply with the exception of the following modifications:

YOUTH SERVED: exceptionally hard-to-place children who:

1. Can function in a specially trained foster family.
2. Can function in the community.
3. May need special education resources.
4. GUIDING LIGHT will not accept or allow to remain in the program anyone who is life threatening to self or others.

710 | GENERAL REQUIREMENTS

1. At the time of placement the following documents must be provided to GUIDING LIGHT before placement can be completed:
 - a. 2085-FC or 2085-LR TDFPS completed Placement Authorization;
 - b. 2085-B Designation of Medical Consenter;
 - c. 2085E Education Decision Maker;
 - d. 2279 Placement Summary

At the time of placement and when an updated 2279 is updated, the foster parent(s) must sign and GUIDING LIGHT will provide to CPS case worker within 3 business days.

- e. 2087 Common Application
 - f. 2089 Youth for Tomorrow Request for Initial Level of Care Authorization
 - g. Attachment A – Child Sexual History Report, which provides any history of sexual victimization or sexual aggression for each child upon placement. Note: When a history of sexual victimization or sexual aggression is identified after placement, DFPS will provide an updated Attachment A to the child’s placement to ensure that they address the child’s safety and any therapeutic needs and other children’s safety.
 - i. At the time of placement and when the Attachment A is updated, the foster parent(s) must sign, and GUIDING LIGHT will return the Attachment A to the CPS case worker within 3 business days.
 - h. All emails sent to the foster parent as proof documentation was provided will be uploaded in the child’s record.
2. In the event an unaccompanied child (such as an Unauthorized Absence who has been in the conservatorship of DFPS) asks for emergency placement, GUIDING LIGHT may accept the child for placement. GUIDING LIGHT will immediately notify TDFPS Case Worker and the abuse hotline to determine instructions and to initiate documentation. TDFPS may immediately move the child. If TDFPS has not completed the required forms within the next working day, GUIDING LIGHT staff should contact the Residential Contract Manager.
3. If GUIDING LIGHT contracts with a foster home from another agency, there must be a written agreement between the agencies specifying the roles and responsibilities of each agency.
4. When a child’s unauthorized absence may result in holding the placement open for the child, the Managing Conservator will, on occasion, pay for a specified period of time as if the child had been present. At the time the unauthorized absence is discovered, the agency’s policy regarding notifications shall be followed. If the child’s Managing Conservator verbally requests that the bed be held available and the caregiver agrees verbally, this request by the Managing Conservator and agreement by the caregiver shall be documented in the Child Placement Staff’s notes and placed in the child’s record. Copies of any written requests and/or agreements that placements be held open shall be placed in the child’s record by the Child Placement Staff. Prior to the return of the child to the foster family home, the case manager shall ensure that the GUIDING LIGHT Treatment Team or the Executive Director agrees with the caregiver and the Managing Conservator that the placement continues to be appropriate for the child and place documentation of such agreement in the child’s record.
5. GUIDING LIGHT is responsible for the provision of travel as necessary to accomplish any services delivered under the contract with the Department including behavioral health, medical, dental, vision, and pharmacy services. Recreational, educational, after-school activities, and other normal childhood activities, sibling visits, family visits, court hearings, PAL activities, Aging Out Seminars, Youth Leadership Council, Permanency Conferences, CPS Transition Plan Meetings, Family Group Conferences, Circles of Support, local Texas Workforce Solutions offices, Transition Centers (if available in the area), youth’s place of employment, or anything as specified in the child’s service plan. Online PALS training courses are not acceptable.
6. GUIDING LIGHT will provide behavior management and supervision of daily living skills, therapy (when the treatment team determines it is necessary), crisis intervention, case planning and coordination, and diagnostic assessment. Therapy may include individual, group, equestrian, and/or family therapy. For children with a substance abuse history or discovered to have a substance use or abuse problem while in care, GUIDING LIGHT, in coordination with the treatment team, will evaluate the need and arrange for assessment and treatment, if necessary, in a substance abuse treatment program or with a qualified drug counselor. For children qualifying for substance abuse services, GUIDING LIGHT, with CPS, will arrange for treatment in a substance abuse treatment program. For Specialized Service Level children, this may be a nonresidential program.

ADMISSION AND PLACEMENT

GENERAL REQUIREMENTS

710

7. When the Department makes the decision that it's in the child's best interests to secure therapeutic services outside the services provided by GUIDING LIGHT, the Department is responsible for securing the therapy notes. When those therapy notes are needed by GUIDING LIGHT, it will document efforts to obtain those notes from the Department caseworker. These efforts will be included in the child's record and the third party contractor may not hold GUIDING LIGHT responsible for the absence of such notes. GUIDING LIGHT caregivers will provide transportation to and from the outside therapeutic services.
8. GUIDING LIGHT will obtain written approval from Residential Contract Manager before sub-contracting for basic/routine childcare services or therapy (counseling) services and when requesting Department staff to sign GUIDING LIGHT-developed forms. GUIDING LIGHT will abide and will require all subcontractors to abide by the provisions of the contract GUIDING LIGHT has with the Department. The Executive Director is responsible for ensuring that there are as no conflicts of interests with the subcontractor. The CPMS is responsible for ensuring that no conflicts of interest arise on an ongoing basis.
9. GUIDING LIGHT shares the responsibility with the Managing Conservator of caring for the child placed with our caregivers in a 24-hour substitute care setting and shall comply with 24-hour residential childcare licensing standards. All staff providing treatment and reviewing plans of care shall meet the service level standards for provider credentials. The purpose of residential care placement with GUIDING LIGHT is to protect the well-being of the child, enhance the child's functional abilities in a 24-hour substitute care setting, and prepare the child for his/her permanency planning goal.
10. GUIDING LIGHT may admit a young adult into care:
 - a. From another residential child-care operation if the reason for admittance is the child continues to need the same level of care and is unlikely to physically and/or intellectually progress over time;
 - b. If the child is in the care of the Texas Department of Family and Protective Services.
11. A child must not be placed in therapeutic foster care if the child's behavioral patterns and current needs indicate the need for a closed setting.
12. No GUIDING LIGHT home that provides therapeutic care may provide any other type of care if it conflicts with the children's best interests or with the use of staff or space in the home.
13. GUIDING LIGHT must document in the child's record if the child has special needs. The documentation must state that the foster home or facility is capable of meeting the special needs or that there is another placement being arranged to meet those needs.
14. If the child is three years of age or older, the GUIDING LIGHT Child Placement Staff is responsible for notifying in writing the school district in which the GUIDING LIGHT residential facility is located or if the child is younger than three years of age, the GUIDING LIGHT case manager will notify a local early intervention program in the area of the GUIDING LIGHT residential facility.
15. If a child is placed without an adequate amount of prescribed medication, or incomplete instruction the caregivers must do the following:
 - a. Contact the pharmacy on the medication bottle to request a refill, instructions on obtaining an emergency dose, or confirmation on health risks of medication if not continued as prescribed, or
 - b. Contact the prescribing doctor on the bottle to request a refill, instructions on obtaining an emergency dose if necessary, or confirmation on health risks of medication if not continued as prescribed.
 - c. Contact the Executive Director if steps 1 & 2 are unsuccessful to obtain further instruction for obtaining medical consultation for medication prescribed.
16. If there is reason to believe that the child has been abused prior to being placed with GUIDING LIGHT the following guidelines must be followed:
 - a. Immediately, follow GUIDING LIGHT policy for serious incidents including abuse or neglect
 - b. If there is suspected sexual abuse GUIDING LIGHT will contact the TDFPS Regional Director to obtain authorization for a medical assessment within 24 hours of being informed.
 - c. GUIDING LIGHT Child Placement Staff will contact the child's CPS worker within 24 hours of being informed of the suspected abuse.
17. Each child admitted to a facility or agency at an appropriate age must be immunized against invasive pneumococcal disease, and hepatitis A as recommended by the Department of State Health Services.
18. GUIDING LIGHT must comply with the Department's placement processes including the following federal and state laws:
 - a. The Multiethnic Placement Act, as amended by the Interethnic Adoption Act of 1996;
 - b. The Indian Child Welfare Act;
 - c. The Adoption and Safe Families Act of 1997;

Board Approved

Effective 12/1/2023

ADMISSION AND PLACEMENT

GENERAL REQUIREMENTS

710

- d. The Adam Walsh Child Protection and Safety Act of 2006; and
 - e. Comparable state laws regarding the placement of children.
19. When GUIDING LIGHT accepts a child, GUIDING LIGHT represents that it has the expertise and is licensed to provide Programmatic Services to meet the child's current needs based on the background information provided by DFPS. GUIDING LIGHT will accept the service level unit rate as payment and meet the service level unit rate requirements. GUIDING LIGHT will deliver services and meet requirements in a manner that meets high standards of professional quality.
 20. If a child is placed with runaway history, GUIDING LIGHT will utilize the DFPS FORM 2882 for the Runaway Prevention Plan.

RUNAWAY PREVENTION PLANS MUST:

1. Be completed within 48 hours of identification of a child or youth who is at higher risk of running away as indicated by:
 - a. A history of running away within in the last 6 months, ^[1]_[SEP]
 - b. Recent threats to run away, or
 - c. Human trafficking history
2. Be child-centered;
3. Be strengths-based;
4. Be proactive in planning for if the child does run away
5. Present alternatives for the child to use as an outlet for frustrations that are a result of the risk factors for running away;
6. Plan for the child's safety and well-being;
7. Explore reasons for past runaway episodes and triggers;
8. Be evaluated monthly to ensure updates are made or if the plan can be ended due to runaway risk being mitigated;
9. Include the child's input;
10. Have Caseworker invited to contribute to the plan. GUIDING LIGHT can continue without caseworker if GUIDING LIGHT is unable to get a hold of the caseworker or if caseworker is unable to attend.
11. When a Runaway Prevention Plan is implemented, the child's assigned caseworker and supervisor needs to be informed in writing and provided a copy of the Runaway Prevention Plan within 24 hours.

ADMISSION AND PLACEMENT

ADMISSION REQUIREMENTS

720

720 | ADMISSION REQUIREMENTS

1. The following must be documented in the child's record at the time of placement:
 - a. The child's name, gender, race, religion, and date of birth;
 - b. The name, address, and telephone number of the managing conservator(s), the primary caregivers for the child, any person with whom the child is allowed to leave the foster home, and any other individual who has the legal authority to consent to the child's medical care;
 - c. The names, addresses, and telephone numbers of biological or adoptive parents, unless parental rights have been terminated;
 - d. The names, addresses, and telephone numbers of siblings;
 - e. The date of admission;
 - f. Medication the child is taking;
 - g. The child's immunization record;
 - h. Allergies, such as food, medication, sting, and skin allergies;
 - i. Chronic health conditions, such as asthma or diabetes;
 - j. Known contraindications of the use of restraint;
 - k. Identification of the child's treatment needs, if applicable, and any additional treatment services or programmatic services the child is receiving;
 - l. Identification of the child's high-risk behavior(s), if applicable, and the safety plan staff and caregivers will implement related to the behavior(s); and
 - m. A copy of the placement agreement, if applicable.
 - n. 2089-A (YFT Utilization Review & Reauthorization Form or YFT Service Level Authorization) In a placement where the child's service level not determined, where it is Basic, or when GUIDING LIGHT accepts placement of the child at the Basic rate, GUIDING LIGHT will only accept children for placement by CPS after receiving the following forms:
 - i. Form 2085-FC or Form 2085-LR, Form 2085-B/or 2085C or 2085D as appropriate and if Moderate Service Level or higher, Form 2087 and Form 2089. If the Caseworker attempts to place the child at Moderate Service Level or higher without a copy of the current 2089, GUIDING LIGHT may but is not required to, accept the child for 72 hours after having the Caseworker sign the Department 2089-C. If GUIDING LIGHT accepts Form 2087ex, it may request in writing for CPS to complete and furnish Form 2087 (Common Application), and CPS is required to do so within 30 days. For Basic Service Level children, GUIDING LIGHT can complete the Common Application and submit it to YFT within 30 days of placement.
 - ii. If required the Executive Director/CPMS will assign a GUIDING LIGHT employee to complete the Common Application within 30 days of placement. If the child is new to the CPS system, unleveled, and requires more than Basic care, GUIDING LIGHT must submit a 2089c directly to YFT within the first 45 days of placement. If GUIDING LIGHT disagrees with the Service Level determination by YFT and chooses to appeal, GUIDING LIGHT must utilize the administrative and peer review processes through YFT. These process are outlined @ www.yft.org. GUIDING LIGHT must notify the DFPS residential contract manager within 10 calendar days if there are Service level issues that cannot be resolved with YFT. If there is a delay in a service level evaluation due to the DFPS case worker, DFPS is required to notify the provider within 10 calendar days when a request for a service level evaluation will not be forwarded to YFT.
2. The Placement Agreement is GUIDING LIGHT's agreement with the managing conservator or the child and must contain the following:
 - a. Authorization permitting GUIDING LIGHT to care for the child;
 - b. A medical consent form signed by a person authorized by the Texas Family Code to provide consent The GUIDING LIGHT Case Manager must submit FORM 2759 and Medical Consent Training Certificate to the Caseworker each time a child is placed or a Caregiver is designated a Medical Consenter ;
 - c. The reason for placement and anticipated length of time in care; and
 - d. The placement agreement signed by the managing conservator except for a transitional living program which allows the children 16 years or older sign the placement agreement if the child:
 - i. Resides separate and apart from the child's parent and manages the child's own financial affairs;
 - ii. Is unmarried & pregnant; or

Board Approved

Effective 12/1/2023

101

ADMISSION AND PLACEMENT

ADMISSION REQUIREMENTS

720

- iii. Is unmarried and a parent.
 - e. If the child signs the placement agreement for a transitional living program then, GUIDING LIGHT will:
 - i. Share the policies with the child instead of the parent;
 - ii. Provide and explain to the child GUIDING LIGHT policies regarding the:
 1. Use of volunteers or sponsoring families;
 2. Involvement of the child in any publicity and/or fund raising activity for the agency;
 - f. The child's right to refuse to or withdraw consent to participate in research programs, publicity and/or fundraising for the agency; and
 - g. GUIDING LIGHT will attempt to notify the child's parent of the child's location if the child was admitted without the consent of the parent.
3. The following orientation must be provided within seven days to each newly admitted child who is five years old or older. The orientation must be geared to the intellectual level of the child.
 - a. For a child functioning at a school age level, orientation must include information regarding the following policies:
 - i. Visitation, including family visitation and overnight visitation;
 - ii. Mail;
 - iii. Telephone calls;
 - iv. Gifts;
 - v. Personal possessions, including any limits placed on the possessions the child may or may not have;
 - vi. Emergency behavior intervention, including GUIDING LIGHT policies and practices on the use of personal restraint;
 - vii. Discipline;
 - viii. The religious program and practices;
 - ix. The educational program;
 - x. Trips away from the home;
 - xi. Program expectations and rules;
 - xii. Internal grievance procedures;
 - xiii. How to make complaints to outside agencies;
 - xiv. How to contact parties to the child's case including, but not limited to the case worker, attorney ad litem, guardian ad litem, CASA, etc.; and
 - xv. Any other GUIDING LIGHT policies upon the department's request.
 - b. For a child functioning above a toddler age and below school age, orientation must include as many of the items listed above as possible.
 - c. The date the orientation occurred must be documented in the child's record along with any item that the orientation did not include, and the reason the orientation did not include that item.
 - d. GUIDING LIGHT orientation must include medications prescribed to the child to ensure the foster parents reviewed the medication at each child's admission to ensure all medications are current as prescribed.
4. At admission, GUIDING LIGHT will provide & explain the following written information and policies to Managing Conservator placing the child;
 - a. Information about the policies that will be presented to a child during orientation including:
 - i. Fee Policies;
 - ii. Emergency behavior intervention policies;
 - iii. Discipline policies;
 - iv. Adoption policies, if applicable; and
 - v. Any other policies required by DFPS, upon request
 - b. Policies regarding the:
 - i. Use of volunteers or sponsoring families;
 - ii. Type and frequency of notifications made to parents; and
 - iii. Involvement of the child in any publicity and/or fund raising activity for the agency;
 - c. Information about the parent's right to refuse to or withdraw consent for a child to participate in:
 - i. Research programs; and/or
 - ii. Publicity and/or fund raising activities for the agency.
5. The following information must be provided to caregivers when a child is admitted:

ADMISSION AND PLACEMENT

ADMISSION REQUIREMENTS

720

- a. By the day the child is admitted, the caregivers must be provided with information about the child's immediate needs, such as enrolling the child in school or obtaining needed medical care or clothing.
 - b. Any special needs, such as medical, dietary, or supervision needs or conditions.
 - c. Any information shared with the caregiver will be documented in the child's record.
6. GUIDING LIGHT will make reasonable efforts to obtain all required information.
 7. If it is determined that attempting to get information at the time of placement would not be in the child's best interests, the intake worker may postpone attempting to acquire the information.
 8. In the child's admission assessment, it must be documented why a:
 - a. Particular piece of information is unavailable; or
 - b. Delay obtaining a piece of information is necessary, including efforts made to obtain the information.
 9. Within 5 calendar days of placement, GUIDING LIGHT can provide the child's previous agency with a written request for any documentation not already received at placement. GUIDING LIGHT must provide a copy of the 2085-FC or 2085-LR when the request has been submitted. In addition, DFPS authorizes that the previous agency can communicate with GUIDING LIGHT about the child's needs, if necessary, within 3 days of the request.
 10. For re-admission, GUIDING LIGHT will complete the admission documentation as if the child was never in GUIDING LIGHT's care; or for children that were discharged from GUIDING LIGHT within the last 12 months, the previous admission documentation may be updated.
 11. GUIDING LIGHT staff will review the homestudy of all available families prior to making a decision on what family is an appropriate match for the child. Reviewing the homestudy will help prevent placement disruption.
 12. GUIDING LIGHT will ensure that intake and admission services are available after normal working hours (including holidays and weekends).
 13. GUIDING LIGHT must update the vacancy status on the DFPS website each business day.
 14. If a child's behavioral history fits in the category of Sexual Behavior Problem or Sexually Aggressive Behavior, DFPS will have the history listed in the following documents:
 - a. Section 2 of the Common Application
 - b. The Placement Summary, and
 - c. The CPOS, to include services and support.

This includes victims of children that are characterized with Sexually Aggressive Behavior. If the Common ap indicates Sexually Aggressive Behavior, GUIDING LIGHT Intake Workers must make an assessment to ensure the proper placement for the child and develop a safety plan in the Admission Assessment.

Please review the DFPS resource guide for more information:

https://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Child_Sexual_Aggression_Resource_Guide.pdf

NON-EMERGENCY ADMISSION

1. An admission assessment must provide an initial evaluation of the appropriate placement for a child, and ensure that the information necessary to facilitate service planning is obtained.
2. Prior to a child's non-emergency admission, an admission assessment must be completed, by child placement staff, which includes:
 - a. The child's legal status;
 - b. A description of the circumstances that led to the child's referral for substitute care;
 - c. A description of the child's behavior, including appropriate and maladaptive behavior, and any high risk behavior; if applicable, a safety plan for staff and caregivers will implement related to the behaviors.
 - d. Any history of physical, sexual, or emotional abuse or neglect;
 - e. Current medical status, including the available results of any medical and dental examinations;
 - i. GUIDING LIGHT must ensure that every child entering DFPS has a Medical Exam within 3 business days.
 - ii. However, this DOES NOT replace the 30 day Texas Health Steps Medical Checkup which is also required.
 - iii. GUIDING LIGHT will ensure that the child has a medical examination by a health-care professional within 30 days after the date of admission, unless there is documentation that the child has had a medical examination within the past year.
 - iv. If a child with primary medical needs is admitted, the child must be provided with a medical examination by a health-care professional within seven days before or three days after admission.
 - v. If a child admitted shows symptoms of abuse or illness, a health-care professional must examine the child immediately.
 - f. The reports and findings of any medical examination must be signed and dated by the health-care professional who performed the examination and must be documented in the child's record.
 - i. Current dental status, including the available results of any medical and dental examinations;
 - ii. If the child is younger than three years old and a physician recommends a dental examination, then GUIDING LIGHT will ensure that a dentist examines the child.
 - iii. A 6 months or older must have a dental appointment scheduled with a dentist within 30 days after the date of admission, and the examination must occur within 60 days after the date of admission. A dental examination is not required if there is documentation that the child has had a dental examination within the past year.
 - iv. The report and findings of the dental examination must be signed and dated by the dentist and must be documented in the child's record.
 - g. Dental checkups must be conducted by a licensed dentist enrolled as a Texas Health Steps provider or a dental hygienist working under the supervision of a licensed dentist enrolled in Texas Medicaid as a Texas Health Steps provider
 - h. Current mental health and substance abuse status, including available results of any psychiatric examination, psychological evaluation, or psychosocial assessment;
 - i. The child's current developmental level of functioning;
 - j. The child's educational level, and any school problems;
 - k. Documentation indicating efforts to obtain any of the information that is not obtainable.
 - l. The services GUIDING LIGHT plans to provide to the child;
 - m. Immediate goals of placement;
 - n. The parent's expectations for placement, duration of the placement, and family involvement;
 - o. The child's understanding of the placement;
 - p. A determination of whether and how GUIDING LIGHT can meet the needs of the child; and
 - q. Additional admission assessments are required for children receiving treatment services for Autism Spectrum Disorder, Intellectual Disabilities, Sex Trafficking Victims and PMN refer to Specialized Foster Care Services for details.
3. Prior to completing a child's initial service plan, the following information must be added to the admission assessment; Board Approved

ADMISSION AND PLACEMENT

ADMISSION ASSESSMENT

730

- a. The child's social history. The history must include information about past and existing relationships with the child's birth parent, siblings, extended family members, and other significant adults and children, and the quality of those relationships with the child;
 - b. A description of the child's home environment and family functioning;
 - c. The child's birth and neonatal history;
 - d. The child's mental health and substance abuse history;
 - e. The child's school history, including the names of previous schools attended and the dates the schools were attended, grades earned, and special achievements;
 - f. The child's history of any other placements outside the child's home, including the admission and discharge dates and reason for placement;
 - g. Documentation of efforts made to obtain any of the information, that is unobtainable;
 - h. The services GUIDING LIGHT plans to provide to the child, including long-range goals of placement;
 - i. Recommendations for any further assessments and testing;
 - j. A recommended behavior management plan;
 - k. A determination of whether and how GUIDING LIGHT can meet the needs of the child, based on an evaluation of the child's special strengths and needs; and
 - l. The caregiver's plan to address basic living skills and normalcy.
4. The Intake Worker must attempt to obtain a signed authorization, to request in writing materials from the child's current or most recent placement, such as the admission assessment, professional assessments, and the discharge summary. This information must be considered in the admission assessment if they are made available.
 5. In a non-emergency placement, the Intake Worker must share all information from the admission assessment with the caregivers or caregiver responsible for the child's care prior to placement.
 6. GUIDING LIGHT will document the following in the admission assessment:
 - a. The information shared with the caregiver;
 - b. Any information not shared and the reason why the information was not shared; and
 - c. How the placement is capable of meeting the child's needs.
 7. If the child's behavior indicates within the last two months the child is an immediate danger to himself or others. The Admission Assessment must include the following:
 - a. A written, dated, and signed psychiatric, psychological, or psychosocial diagnostic assessment including
 - i. Child's diagnosis, if applicable
 - ii. The assessment of the child's needs and potential danger to self or others; and
 - iii. Recommendations for care, treatment, and further evaluation. If the child is admitted the further recommendations must become part of the child's service plan and must be implemented.
 - b. If the child is
 - i. Coming from another regulated placement, the evaluation must have been completed within 14 months of the date of admission.
 - ii. Not coming from another regulated placement, the evaluation must have been completed within six months of admission.
 8. Within 72 hours of admission, the Caregiver must review the house rules with the child. Documentation of this will be provided in the child's record.

ADMISSION AND PLACEMENT

ADMISSION ASSESSMENT

730

EMERGENCY ADMISSION

1. GUIDING LIGHT may admit a child on an emergency basis if the child:
 - a. Is placed within 72 hours;
 - b. Is being removed from a situation involving alleged abuse or neglect;
 - c. Is an alleged perpetrator of abuse and cannot be served in the child's current placement due to his perpetrating behaviors;
 - d. Displays behavior that is an immediate danger to himself or to others and cannot function or be served in his current setting;
 - e. Is abandoned and after exercising reasonable efforts the child's identity cannot be immediately determined. The efforts made to obtain information on the child's identity must be documented in the child's record;
 - f. Is removed from his home or placement, and there is an immediate need to find a residence for the child;
 - g. Is released to GUIDING LIGHT by a law enforcement or juvenile probation officer; or
 - h. Is without adult care.
2. GUIDING LIGHT will accept Form 2087 which may be incomplete or 2087ex. GUIDING LIGHT will accept children for placement only after receiving completed form 2085-FC or Form 2085LR, completed Form 2085-B, and or 2085C and or 2085-D, and complete or incomplete 2087 or 2087ex) For an emergency admission, GUIDING LIGHT will complete all the for an admission assessment within 30 days from the day of the child's admission.
3. In an emergency admission of a child receiving treatment services, the child must not continue in care for more than 30 days after the date of admission unless the child has received the required psychological, psychiatric, psychosocial, or physician's evaluation and the evaluation indicates manifestations of the disorder requiring treatment services. All evaluations must be signed, dated, and documented in the child's record.
4. At the time of the emergency admission GUIDING LIGHT will document in the child's record:
 - a. A brief description of the circumstances necessitating the emergency admission;
 - b. The date and time of admission;
 - c. Allergies, such as food, medication, sting and skin allergies;
 - d. Chronic health conditions, such as asthma or diabetes;
 - e. Known contraindications to the use of restraint;
 - f. For the purpose of providing treatment services:
 - i. A brief description of the child's history;
 - ii. The child's current behavior; and
 - iii. An evaluation of how the placement will meet the child's needs and best interests; and
 - g. Identification of the child's high-risk behavior(s), if applicable, and the safety plan staff and caregivers will implement related to the behavior(s).
 - h. If a suicide risk screening is required at admission and the child is screened as having a high or potential risk of suicide the following must be documented:
 - i. The identification of any risk factors or warning signs of suicide.
 - ii. The safety plan must be documented and implemented related to the risk factors and warning signs.
 - i. The results of the suicide screening at admission, if required.
5. In an emergency placement, the Intake Worker will share with the caregivers or caregiver responsible for the child's care:
 - a. At the time of placement, all available information relating to the child's needs and the plans for care and management; and
 - b. Within 10 days of completing the admission assessment, all information from the admission assessment.
6. GUIDING LIGHT will document the following in the admission assessment:
 - a. The information shared with the caregiver;
 - b. Any information not shared and the reason why the information was not shared; and
 - c. How the placement is capable of meeting the child's needs.
7. For the purpose of providing treatment services: If the child's behavior indicates within the last two months the child is an immediate danger to himself or others. The Admission Assessment must include the following:
 - a. A written, dated, and signed psychiatric or psychological diagnostic assessment including

Board Approved

Effective 12/1/2023

ADMISSION AND PLACEMENT

ADMISSION ASSESSMENT

730

- i. Child's diagnosis, if applicable
 - ii. The assessment of the child's needs and potential danger to himself or others; and
 - iii. Recommendations for care, treatment, and further evaluation. If the child is admitted the further recommendations must become part of the child's service plan and must be implemented.
 - b. If the child is:
 - i. Coming from another regulated placement, the evaluation must have been completed within 14 months of the date of admission.
 - ii. Not coming from another regulated placement, the evaluation must have been completed within six months of admission.
 - c. A brief description of the child's history and current behavior. An evaluation if the Caregiver is able to provide services and safeguards appropriate to the child's needs, including direct and continuous supervision, if needed.
8. GUIDING LIGHT case managers are to complete a face to face visit to complete the Foster Parents Individual Needs Regarding Placement of a Child form within seven days of placement. This form cannot be filled out the day of placement. GUIDING LIGHT case manager will assess if the foster child's needs are being met in the home and document how the child is adjusting to the foster home.
 - a. A child over six months of age must visit the foster home at least once before placement.
 - b. There must be a meaningful interval between the pre-placement visit and the placement. This interval must be at least sufficient to allow a child and caregivers to have privacy, an opportunity to discuss and consider placement, and to have their questions, opinions, and concerns addressed.
 - c. The pre-placement visits must be documented in the child's record.
 - d. Pre-placement visits are not required for emergency admissions.
 - e. The child-placement staff must discuss with the child the circumstances that make the placement necessary, as appropriate to the child's age and ability to respond orally and behaviorally to such a discussion. The discussion must take place prior to or at the time of the placement of a child.
 - f. The following must be documented in the child's record:
 - i. That the discussion occurred; and
 - ii. The child's understanding of and response to the discussions and the placement.
 - g. The following must be documented in the child's record:
 - i. The information shared with the caregiver;
 - ii. Any information not shared and the reason why the information was not shared; and
 - iii. How the placement is capable of meeting the child's needs.
9. At admission, GUIDING LIGHT obtains each child's input on preferred de-escalation techniques that caregivers can use to assist the child in the de-escalation process, and revisiting this information with the child and caregivers during each post emergency behavior intervention discussion; this information will initially be documented on the Child's Rights and Privileges Form and on each Restraint Form.
10. Within 72 hours of admission, the foster parent must review the house rules with the child. Documentation of this will be provided in the child's record.

ADMISSION AND PLACEMENT

YOUNG ADULT IN CARE

740

740 | YOUNG ADULT IN CARE

1. A Child who turns 18 years of age while in the conservatorship of DFPS, is eligible for Extended Foster Care services through the end of the month in which the Child reaches the age limit referenced in A) through F), so long as sufficient documentation is provided on a periodic basis as required by the terms of the Child's Extended Foster Care Agreement to demonstrate that the Child is:
 - a. Regularly attending high school or enrolled in a program leading toward a high school diploma or GED up to the Child's 22nd birthday.
 - b. Regularly attending an institution of higher education or a post-secondary vocational or technical program up to the Child's 21st birthday. These Children can remain in care to complete vocational-technical training classes regardless of whether or not the Child has received a high school diploma or GED certificate. (40 TAC §700.316)
 - c. Actively participating in a program or activity that promotes, or removes barriers to employment up to the Child's 21st birthday;
 - d. Employed for at least 80 hours per month up to the Child's 21st birthday;
 - e. Incapable of doing any of the above due to a documented medical condition up to the Child's 21st birthday; or (40 TAC §700.316)
 - f. Accepted for admission to a college or vocational program that does not begin immediately. In this case, the Child's eligibility is extended three and a half months after the end of the month in which the Child receives his/her high school diploma or Graduate Equivalency Diploma (GED) certificate.
2. Before an adult resident who has turned 18 years old while placed in his current foster home can share a bedroom with a minor resident, the child placement management staff 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.
3. The assessment must be filed in each child's file.
4. Children 18 to 21 years of age who meet eligibility criteria and voluntarily agree to participate in the Extended Foster Care and return for Extended Foster Care programs are also eligible for the Former Foster Care Children (FFCC) Health Care Program.
5. Notify the child's CPS Worker within 48 hours when a Voluntary Extended Foster Care Agreement or Voluntary Return for Extended Foster Care Agreement has not been completed within 10 days prior to the child's 18th birthday for a child 18 to 21 years of age participating in either of these programs. Document efforts made to obtain copies of these agreements in the child's record.
6. If a child seeks to return for Extended Foster Care during or after participating in a Trial Independence period and has not yet turned 21 years of age, CM will assist the child to contact their regional DFPS Preparation for Adult Living (PAL) staff located at http://www.dfps.state.tx.us/child_protection/preparation_for_adult_living/PAL_coordinators.asp
7. Notify the child's CPS worker or chain of command within 30 days when a child 18-21 years of age is not participating in school, work, or other activity that qualifies the child for extended foster care.
8. Adults in care have the right to appeal agency actions and decisions that affect them and the procedures for making an appeal, the procedures for making a complaint to DFPS, and of other entities where it is appropriate to file complaints, such as the board of state agency that professionally licenses individuals whom GUIDING LIGHT employs or contracts with, and the procedures for making complaints to those entities.
9. Assist youth who have an income obtain a savings or checking account with a Financial Institution.

TREATMENT SERVICE PLANNING AND DISCHARGE

800 | SERVICE PLANS

72 HOUR PLAN

1. GUIDING LIGHT will complete a preliminary service plan that addresses the immediate needs of the child, such as supervision requirements, enrolling the child in school or obtaining needed medical care or clothing, within 72 hours of the child's admission.
2. In addition, the preliminary service plan (including when a child has a history of sexual victimization or sexual aggression) must include:
 - a. A description of the child's immediate treatment and care needs;
 - b. A description of the child's immediate, educational, medical, and dental needs, including possible side effects of medications or treatment prescribed to the child;
 - c. A description of how GUIDING LIGHT will meet the child's needs, including any necessary increased supervision or follow-up actions of possible side effects of medication or treatment provided to the child, any therapeutic needs and address other children's safety;
 - d. The identification of any issues or concerns the child may have that could escalate a child's behavior. Identification of a child's issues or concerns must serve to avoid the use of unnecessary emergency behavior interventions with the child. Child concerns may include issues with food, eye contact, physical touch, personal property, or certain topics; and
 - e. A designation of who will be responsible for meeting each of the child's needs.
 - f. The caregiver's plan to address basic living skills and normalcy.
3. The plan must be compatible with the information included in the child's admission assessment.
4. GUIDING LIGHT will document the plan in the child's record.
5. GUIDING LIGHT will inform each professional service provider and caregiver working with a child about the child's preliminary service plan. GUIDING LIGHT will implement and follow the preliminary service plan.

INITIAL CHILD PLAN OF SERVICE

1. Within 30 days after the placement, the Child Placement Staff will have completed an initial child plan of service for each child based on the child's plan for permanency. The initial plan will be implemented and followed as soon as all of the service planning team members have reviewed and signed the plan, but no later than 10 days after the date of the service-planning meeting involving the parents, foster parents, and the child. The child's initial service plan will be documented in the child's record and include items listed in the preliminary plan and the items notes below for each specific type of service the child qualifies for.
2. A child's plan of service will be reviewed whenever the child's placement changes because of a change in the child's needs. The service planning team must meet (e.g. face-to-face, video conference, or teleconference) to discuss and develop the service plan. The service planning team may meet in one meeting, two or more meetings, or in separate meetings, provided that each service planning team member is informed of the discussions and comments regarding the child's plan of service that were made at each meeting.
3. If the child's placement changes for another reason:
 - a. The child's service planning team must approve the decision not to review the plan; and
 - b. The decision not to review the plan must be documented.
4. The Service Planning Team for each child consists of the Managing Conservator, Executive Director/CPMS, GUIDING LIGHT Child Placement Staff, Therapist, Caregivers, and Child Placement Management Staff. Additional persons may include, but are not limited to, biological family members (as approved by CPS), the child's psychiatrist, the Executive Director, Executive Administrator, school personnel, and pastor.
5. GUIDING LIGHT staff must make diligent efforts to involve the following persons in the service planning process through a phone call or a formal letter at least 2 weeks prior to the date of the child plan of service staffing:
 - a. The child (as appropriate)
 - b. The parents or Managing Conservator
 - c. The caregivers or childcare facility

Board Approved

Effective 12/1/2023

- d. Child-placing agency staff
 - e. Families and supportive adults including extended and supportive network members, such as teachers, coaches, scout leaders that can contribute to a child's permanency and well being.
6. Each person participating in the plan development, including discussions regarding the child's participation in childhood activities must sign and date the signature page of the child plan of service. All children 14 years old or older must review and sign the child plan of service. If the child disagrees with the plan or refuses to sign the plan, GUIDING LIGHT must document this information. All child plan of service shall be approved and signed by the authorized GUIDING LIGHT staff as per the 24-hour childcare minimum standards. Within fifteen days after GUIDING LIGHT's Child Plan of Service is approved, GUIDING LIGHT will provide a copy to the CPS caseworker for signature.
7. GUIDING LIGHT must make a reasonable effort to participate in DFPS Permanency Planning meetings. The child plan of service must incorporate and be consistent with the Child's CPS Plan of Service in addition to basic needs related to daily care and development.
- a. The child's needs identified in the admission assessment, in addition to basic needs related to day-to-day care and development, including:
 - i. Medical needs, including scheduled medical exams and plans for recommended follow-up treatment;
 - ii. Dental needs, including scheduled dental exams and plans for recommended follow-up treatment;
 - iii. Intellectual functioning, including any testing and plans for recommended follow-up;
 - iv. Developmental functioning, including any developmental delays and plans to improve or remediate developmental functioning;
 - v. Educational needs and how those needs will be met, including planning for high school completion and post-secondary education and training, if appropriate, and any school evaluations or recommendations; Child's Individual Education Plan, Individual Transition Plan that are both developed by the school's Admission, Review, and Dismissal committee, if appropriate.
 - vi. Plans for normalcy, including child like activities including, but not limited to: social, extracurricular, recreation, and leisure activities, and integrating the child into the community, and community activities, as appropriate. Any decision making regarding the child's need for supervision, must include discussions on how normalcy for the child can be achieved, and discussions, if applicable, regarding a child's refusal to participate in childhood activities. The child's plan must specify whether there are any restrictions on the child's participation in these activities and whether the activities may extend into sleeping hours. GUIDING LIGHT will request information from DFPS on any recommended or prohibited activities;
 - vii. Therapeutic needs, including plans for psychological/psychiatric testing and follow-up treatment and use of psychotropic medications; and
 - viii. Cultural identity needs, including assisting children in connecting with their culture in the community;
 - ix. Any special medical needs; GUIDING LIGHT must collaborate with STAR Health and other Medical Professionals to ensure the medical information is accurate.
 - x. The caregiver's plan to address basic living skills and normalcy.
 - b. Plans for maintaining and improving the child's relationship with family members, including recommendations for visitation and contacts between the child and the child's parents, the child and the child's siblings, and the child and the child's extended family;
 - c. Recent information from the current caregiver's evaluation of the child's behavior and level of functioning
 - d. Specific goals and strategies to meet the child's needs, including instructions to caregivers responsible for the care of the child. Instructions must include specific information about:
 - i. The child's personal trauma history; identifying the trauma in the admission assessment and integrating the trauma informed care in the care, treatment and management of the child. If for any reason the service planning team prioritizes the child's service planning goals and objectives based on the admission assessment, and service plan components are not initially addressed there must be justification for the delay in addressing the needs.
 - ii. Level of supervision required;
 - iii. The child's trauma triggers;
 - iv. Methods of responding that improve a child's ability to trust, to feel safe, and to adapt to changes in the child's environment;

- v. Discipline techniques;
 - vi. Behavior intervention techniques;
 - vii. Plans for trips and visits away from the foster home; and
 - viii. Any actions the caregivers must take or conditions the caregivers must be aware of to meet the child's special needs, such as medications, medical care, dietary needs, therapeutic care, how to communicate with the child, and reward systems;
- e. If the child is 13 years old or older, a plan for educating the child in the following areas:
- i. Healthy interpersonal relationships;
 - ii. Healthy boundaries;
 - iii. Pro-social communication skills;
 - iv. Sexually transmitted diseases; and
 - v. Human reproduction;
- f. If the child is 14 years old or older, plans for the caregivers to assist the child in obtaining experiential life-skills training to improve his transition to independent living. Plans must:
- i. Be tailored to the child's skills and abilities; and
 - ii. Include training in practical activities that include, but are not limited to, grocery shopping, meal preparation, cooking, using public transportation, performing basic household tasks, balancing a checkbook, Establishing a savings plan and savings account to manage independently, if the youth has a source of income. GUIDING LIGHT will coordinate with DFPS for a PAL contract provider for completion of the Casey Life Skills Assessment by child's caregiver.
- g. For children 14 years old and older, Preparation for Adult Living (PAL) or children as identified by DFPS as needing such services, including experiential life skills must include maintaining personal hygiene, mental health services, doing laundry, grocery shopping, meal preparation and cooking, nutrition education that promotes healthy food choices, using public transportation (when appropriate), performing basic household tasks, balancing a checkbook, and managing personal finances (in accordance with the Financial Literacy Educational Program Expectations.), establishing a savings account for youth and young adults who have a source of income, and vocational activities at the placement home. GUIDING LIGHT will maintain a copy of the Child's Voluntary Extended Foster Care Agreement Form 2540 and Trial Independence: Ability to Return for Extended Foster Care Form 2532 in the child's record: The provision of information available for child records is located at: http://www.dfps.state.tx.us/Child_Protection/Transitional_Living/default.asp is related to:
- i. Aftercare services, benefits and provider contacts
 - ii. Educational Supports, Services and Benefits
 - iii. Extended Care and Return for Extended Care information
 - iv. Preparation for Adult Living (PAL) Services
 - v. Texas Foster Care Handbook for Youth
 - vi. Former Foster Care Children (FFCC) Health Care Program and STAR Health
 - vii. Information related to the Child's Special Immigrant Juvenile Status, if applicable; and
 - viii. Other region-specific services available.
- h. For children who exhibit high-risk behaviors, such as self-harm, sexual aggression, Unauthorized Absence, or substance abuse:
- i. Plans to minimize the risk of harm to the child or others, such as special instructions for caregivers, sleeping arrangements, or bathroom arrangements; and
 - ii. A specific safety contract developed between the child and staff that addresses how the child's safety needs or the safety needs of others will be maintained;
- i. Expected outcomes of placement for the child and estimated length of stay in care;
 - j. Plans for discharge;
 - k. The names and roles of persons who participated in the development of the child's plan of service;
 - l. The date the child plan of service was developed and completed;
 - m. The effective date of the child plan of service; and
 - n. The signatures of the service planning team members that were involved in the development of the Child Plan of Service.
8. The Child Placement Staff will arrange for professional consultation for children with developmental disabilities or with problems adjusting to the social, home, or school environment. All professional treatment arranged for children must be documented in the individual case files.

TREATMENT SERVICE PLANNING AND DISCHARGE

SERVICE PLANS

800

SERVICE PLANNING

1. Provide guidance and support to children 14 to 18 years to enable them to assume progressively greater responsibility for implementing Service Plan strategies designed to meet their needs and achieve their goals;
2. Provide guidance and support to children 18 to 22 years to assume primary responsibility for implementing Service Plan strategies designed to meet their needs and achieve their goals
3. Ensure the Service Plan incorporates and is consistent with the child's:
 - a. The Child's Plan of Service
 - b. Permanency Planning and Permanency Goals identified by DFPS,
 - c. Any short and long term behavioral goals established by the child's therapist
 - d. Components of Individual Education Plan (IEP) and (ITP) Individual Transitional Plan are both developed by the school's Admission Review and Dismissal (ARD) committee, if appropriate;
 - e. Components of CPS Transition Plan for children 14 to 22 years to include the Casey Life Skills Assessment when applicable
 - f. The Early Childhood Intervention (ECI) and Individual Family Service Plan (IFSP) if applicable.

810 | SERVICE PLAN REVIEW AND UPDATES

1. The Child Placement Staff must develop a Child Plan of Service (CPOS Form 3300) and according to the following guidelines:
 - a. Childcare Services 180 days from the previous staffing date or from the Initial Service Plan.
 - b. Treatment Services for Emotional Disorders, Primary Medical Needs, and Autism Spectrum Disorder, Sex Trafficking Victims, Intense level of care, and SSCC children every 90 days
 - c. Treatment Services for Intellectually Disabilities 180 days from previous staffing date Thereafter, the child plan of service must be reviewed at least annually from the date of the child's last child plan of service plan review.
 - d. The child plan of service must be staffed and completed by the date that is noted in the GUIDING LIGHT database. The child plan of service must be approved and filed in the child's file no later than 10 days after the staffing date. If the case manager chooses to staff the CPOS earlier than the date noted in the database, the CPOS still must be approved and filed in the child's file no later than 10 days after the staffing date.
 - i. According to 2ingage, OCOK, St. Francis Ministries, Belong & 4Kids4Families; New Placement's CPOS plans must be completed within 30 days of placement.
2. The Managing Conservator must be notified of a service plan review in advance and documentation of the notice must be included in the child's record.
3. GUIDING LIGHT staff must make diligent efforts to involve the following persons in the service planning process through a phone call or a formal letter at least 2 weeks prior to the date of service plan staffing:
 - a. The child (as appropriate)
 - b. The parents or Managing Conservator
 - c. The caregivers or childcare facility
 - d. Child-placing agency staff
 - e. Families and supportive adults including extended and supportive network members, such as teachers, coaches, scout leaders that can contribute to a child's permanency and well being.
4. Each person participating in the child plan of service development must sign and date the signature page of the plan within 10 days of the staffing date.
5. The Child Plan of Service must include the following:
 - a. An evaluation of the progress made towards meeting the identified goals
 - b. Any new needs identified since plan was developed or last reviewed and strategies to meet these needs, including instructions to caregivers or staff responsible for the child's care
 - c. Any changes to the expected outcomes of placement, the permanency plan, and the estimated length of time in care and reasons for continued placement if the review shows no progress towards meeting the identified needs of the child. GUIDING LIGHT must make a reasonable effort to participate in DFPS Permanency Planning meetings and any changes to the permanency plan must reflect the CPS Plan of Service, which should be included in the child's file.
6. Professional Consultation Procedure

The Child Placement Staff

1. The Child Placement Staff is responsible for submitting the completed CPOS to the Child Placement Management Staff person for review. They are also responsible for making any corrections as noted by the Child Placement Management Staff.
2. If an addendum is necessary following the Professional Consultants' review, (Consultants consisting of a certified psychologist or Registered Nurse), the Child Placement Staff is responsible for writing the Addendum within two days after receiving the Professional Consultants' recommendations.
3. Once the addendum is completed and approved by the Child Placement Management Staff person, it is to be signed by the Treatment Team and distributed again to the Managing Conservator, caregivers and other involved parties.
4. This Professional Consultations procedure apply to Primary Medical Needs Children and those meeting the Treatment Services Criteria.
5. When Applicable the Professional Consultants' names are to be listed in the child plan of service identifying their participation in the plan review.

TREATMENT SERVICE PLANNING AND DISCHARGE

SERVICE PLAN REVIEW AND UPDATES

810

6. The Child Placement Staff can proceed with the distribution of the CPOS to the Managing Conservator, the caregivers and other involved persons once the plan is staffed and approved. Any recommendations received after the CPOS will require an Addendum to be completed to the child's CPOS.
7. GUIDING LIGHT will provide a copy of the Service Plan to DFPS, OCOK, 2ingage, and within 5 days of completion and approval.

Child Placement Management Staff Responsibilities

1. The Child Placement Management Staff person will review the CPOS and note any corrections needed. The Child Placement Management Staff will review the CPOS and return it to the Child Placement Staff for any corrections.
2. Once the CPOS has been finalized it is distributed for review by the Treatment Director when applicable for Professional Consultation. The Treatment Review form for Treatment Services Children and Primary Medical Needs Children will be sent directly to the Treatment Director/Professional Consultant to include the following:

Treatment Services for non PMN children will have the following Reviewed by the Professional Consult:

1. Permanency Plan/Discharge Plan page of the CPOS
2. Psychological Evaluation summary page of the CPOS
3. Psychiatric Evaluation summary page of the CPOS
4. Medical Review/Goals of the CPOS
5. Behavioral Review/Goals of the CPOS
6. Emotional Review/Goals of the CPOS
7. Social Review/Goals of CPOS(Including Age Appropriate Sex Education)
8. Additional Information page

Treatment Services for PMN Children will have the following Review by the Professional Consultant/RN

1. Perform a nursing assessment of the child to include documentation of the child's diagnosed medical needs and selection of placement
 2. Lead or participate in the service planning process for the child's care
 3. Review medical records, including compliance with written physician orders
 4. Contact other professionals, as needed, for the child's care.
 5. Monitor the implementation of the child's service plan
 6. Document outcomes for interventions used in the child's care.
3. The Child Placement Management Staff will review the Consultation form once it is reviewed and completed and submitted to the CPMS for final review and approval/completion status.
 4. Once the Child Placement Management Staff has received the Psychologist Consultation Form a determination of whether or not an addendum to the CPOS is warranted is based upon the Professional Consultant review.
 - a. If an addendum is necessary, the Child Placement Management Staff will discuss the need for the addendum with the Child Placement Staff for completion.
 - b. The Child Placement Management Staff will oversee the completion of the Addendum and will review it upon completion, making any corrections as needed prior to approval.

The Professional Consultants

1. The Professional Consultant have a maximum of two days to submit a review of the child's information and to complete the Consultation Form, which includes:
 - a. The child's name, date of the CPOS, date of the consultation
 - b. Summary of Recommendations
 - c. Addendum summary if required.
 - d. Additional information
2. The Case Worker reviews and updates the CPOS based on the following:
 - a. The child's legal status
 - b. The child's service level
 - c. Any significant changes in the child's situation

Board Approved

Effective 12/1/2023

114

820 | TRANSFER AND DISCHARGE PLANNING

Transfer (Subsequent Placement)

If a child is removed from a GUIDING LIGHT home and placed in another GUIDING LIGHT foster home, this is a subsequent placement. If a GUIDING LIGHT home is not available, this is called a discharge. The steps involved in removing the child are the same but the time involved may be different. GUIDING LIGHT will attempt to provide, a *subsequent placement* within ten days from the request to be moved.

For *discharge* from the GUIDING LIGHT system, the time frames for removing a child range from immediately for a psychiatric hospital emergency, to as long as 30 days to go into the CPS system.

1. The following persons must be involved in planning the child's nonemergency discharge or transfer:
 - a. At least one of the child's current caregivers; and
 - b. At least one professional service provider involved in the child's service planning.
2. The following persons must be invited to participate in planning the child's nonemergency discharge or transfer, if appropriate:
 - a. The child;
 - b. The child's parent(s); and
 - c. Any other person pertinent to the child's care.
3. If GUIDING LIGHT is unable to plan the transfer or discharge with the persons required in 1 and 2 of this section, the reason why must be documented in the child's record.
 - a. If a child is not receiving treatment services, the Child Placement Staff must inform him of his non-emergency discharge or transfer at least four days prior to the date of the discharge or transfer, unless the licensed child-placing agency administrator or child placement management staff has clear justification for not giving him such notice. The licensed child-placing agency administrator or child placement management staff who determines the justification for the child not having the advance notice of the discharge or transfer, must put the justification in writing and sign and date it. The justification must be in the child's record.
 - b. If a child is receiving treatment services, GUIDING LIGHT must inform him of his non-emergency discharge or transfer at least four days prior to the date of the discharge or transfer, unless the treatment director, three members of the child's service planning team, or the child's psychiatrist or psychologist has a justification for not giving him such notice. Whoever determines the justification for the child not having the advance notice of the discharge or transfer must put the justification in writing and sign and date it. The justification must be in the child's record.
4. Non-Emergency Subsequent Placement
 - a. When a foster family realizes that they cannot care for a child, the treatment team must try to address all the problems leading to this realization. If the treatment team agrees that the move is in the best interest of the child and the family, the Child Placement Staff or person designated by the Executive Director/CPMS shall:
 - i. Document efforts and attempts to prevent placement disruptions.
 - ii. Determine if there is another GUIDING LIGHT foster home for the child or if the child needs to be discharged from GUIDING LIGHT. If the child is to be discharged.
 - iii. Obtain approval for the transfer from the CPMS or the GUIDING LIGHT Executive Director. Approval from within the agency will be obtained from a Child Placement Management Staff, with recommended time frames contingent upon whether it is an emergency or non-emergency move.
 - iv. Submit Form 2109 for a subsequent move from one foster home to another within GUIDING LIGHT to DFPSdischarge@dfps.state.tx.us. Written approval from the Managing Conservator must be received before moving a child from one facility to another facility or foster home and documentation of the approval must be in the child's record prior to the move. When verbal approval has been received and documented in the child's file, written approval of the move shall be requested in a timely manner to allow for review by the Managing Conservator. Failure to receive written approval of the move in a timely manner from the Managing Conservator shall not be construed as failure to receive approval.

- v. If written approval for the move is received, place a copy of the approval in the child's record and make the transfer in accordance with the written request for approval from the Managing Conservator.
 - vi. If verbal, but not written approval is obtained, document the date and time of the approval and the name of the Managing Conservator representative providing the approval, attach a copy of the documentation to the original request, place both in the child's record, and implement the transfer in accordance with the written request for approval by the Managing Conservator.
 - vii. If the Managing Conservator does not respond to the written request for approval of a move within ten calendar (10) days of the request, notify the Executive Director.
- b. The GUIDING LIGHT Child Placement Staff or therapist must discuss the circumstances that make the move necessary with child, as appropriate to the child's age and ability to respond orally and behaviorally to such a discussion. The discussion must take place prior to the move and must be documented in the child's record.
 - c. The child's understanding of, and response to, the move must be documented in the child's record.
 - d. Prior to placement, social, medical, psychological, and school history as it relates to the child's needs and plans for care and management must be shared with the caregivers or child-care facility staff. The information provided must be documented in the child's record.
 - e. GUIDING LIGHT must arrange for at least one pre-placement visit in the childcare facility or foster home before moving a child over six months of age. This must be documented in the child's record.
 - f. Before a GUIDING LIGHT placement facility is to be sold or operated by another entity, written approval must be obtained from the Managing Conservator of any child(ren) placed there. This written approval from the Managing Conservator will be in the form of two documents.

Emergency Subsequent Placements

- 1. The same procedures outlined for Subsequent Placements are followed for Emergency Subsequent Placements. If the child can be placed in another GUIDING LIGHT home, the GUIDING LIGHT Child Placement Management Staff must approve the move within 10 working days of the request for the transfer.
 - a. The GUIDING LIGHT Child Placement Staff or therapist must notify the Managing Conservator when it is determined that a child placed is consistently exhibiting behavior that cannot be managed in any of our verified foster homes.
 - b. Admittance to a psychiatric hospital, RTC, or into custody of law enforcement, or a physician's written warning that the child is a danger to self or others serves as documentation to the Managing Conservator for removal of a child within 24 hours. GUIDING LIGHT will immediately inform the Managing Conservator of the admission and whether the foster family is willing to accept placement of the child upon discharge from the hospital or more secure setting.
 - c. In the case of an emergency placement that does not work out in the first 30 days of placement, the child will be removed in not more than 10 days whether the child goes to subsequent placement or is discharged.

Discharge

The GUIDING LIGHT Child Placement Staff must make diligent efforts to involve the following persons (the Treatment Team) in addressing the problems leading to discharge of a child:

- a. The child
 - b. The child's Managing Conservator
 - c. Child-placing agency staff
 - d. Caregivers or child-care facility staff
- 1. GUIDING LIGHT must make all reasonable attempts to meet the needs of the child in order to prevent placement disruption. Reasonable attempts included, but not limited to:
 - a. GUIDING LIGHT provided services to the child and foster family by a therapist to prevent discharge;
 - b. GUIDING LIGHT has utilized all Star Health resources available through targeted case management and crisis intervention; and
 - c. Intermittent Alternative Care efforts have been met.

TREATMENT SERVICE PLANNING AND DISCHARGE

TRANSFER AND DISCHARGE PLANNING

820

2. The Managing Conservator may remove a child whenever the Department determines it is in the best interest of the child.
3. The treatment team must agree that the move is in the best interests of the child. CPMS staff is to approve and sign the 2109 Discharge form and email to the case worker, case worker chain of command (CPS Supervisor), GUIDING LIGHT intake, and Regional Placement Unit as soon as GUIDING LIGHT determines that it is no longer in the child's best interest to remain in the foster home.

Placement Unit Mailbox links by region:

- Region 01 (Panhandle) : PLAREQ1@dfps.state.tx.us
- Region 02 (FT Worth) : DCPlacementReq0209@dfps.state.tx.us
- Regions 03 (Arlington) : PLREQR03@dfps.state.tx.us
- Region 04 (Dallas) : PLREQR04@dfps.state.tx.us
- Region 05 (Nederland): PLACEREQ05@dfps.state.tx.us
- Region 06 (Houston) : PLREQR06@dfps.state.tx.us
- Region 07 (Austin) ; R07PLACE@dfps.state.tx.us
- Region 08 (San Antonio/Kerrville) : PLACER08@dfps.state.tx.us
- Region 09 (Amarillo) : DCPlacementReq0209@dfps.state.tx.us
- Region 10 (El Paso): PLAREQ10@dfps.state.tx.us
- Region 11 (Corpus Christi) : PLACER11@dfps.state.tx.us

4. The Form 2109 must include.
 - a. Reasons why it is no longer in the child's best interest to remain in the foster home.
 - b. Attempts made to prevent placement disruption as stated above.
 - c. Recommendations for future placement. This can include child's triggers, type of placement, level of supervision, or special services.
 - d. Type of Discharge (24 hour, 14 day, or 30 Day)

5. Prior to contacting the child's Managing Conservator to discharge the child from GUIDING LIGHT, the GUIDING LIGHT Intake Worker must contact the Executive Director/CPMS to inform them that a placement into a subsequent GUIDING LIGHT foster home is not possible. CPS will then remove the child within not more than 30 days but as quickly as is necessary. During the interim when a foster parent is waiting for a 30-day removal, the foster parent sometimes requests that the child be placed in respite before the 30 day deadline because of problem behavior. In the event that there are no beds available within the GUIDING LIGHT system, staff can contact other agencies to request respite services in verified foster homes. Because GUIDING LIGHT is not "placing" the child, there is no need to go through CPU. Time frames for these services can be between 72 hours to 14 days maximum. GUIDING LIGHT foster parents are responsible to pay for these respite services in the other agency. In the event a GUIDING LIGHT foster family refuses to pay the respite family after services are rendered, the Executive Director will consult with the EXECUTIVE DIRECTOR/CPMS to authorize the most appropriate consequence.

Emergency Discharge

The GUIDING LIGHT Child Placement Staff must notify the Managing Conservator when it is determined that a child placed consistently exhibits behavior that cannot be managed in any of our verified foster homes. Upon receipt of a note describing the danger from either a psychiatrist, psychologist, physician, licensed therapist, LMSW-ACP, or EXECUTIVE DIRECTOR/CPMS the child will be removed within 14 calendar days.

Admittance to a psychiatric hospital, RTC, or into custody of law enforcement, or a physician's written warning that the child is a danger to self or others serves as documentation to the Managing Conservator for removal of a child within 24 hours. GUIDING LIGHT will immediately inform the Managing Conservator of the admission and whether the foster family is willing to accept placement of the child upon discharge from the psychiatric hospital or more secure setting.

Board Approved

Effective 12/1/2023

TREATMENT SERVICE PLANNING AND DISCHARGE

TRANSFER AND DISCHARGE PLANNING

820

CPMS must complete FORM 2109 and email to the case worker, case worker chain of command (CPS Supervisor), GUIDING LIGHT intake, and Regional Placement Unit as soon as GUIDING LIGHT determines that it is no longer in the child's best interest to remain in the foster home.

**The CPS Caseworker and Supervisor need to be notified if an onsite psychiatrist evaluates a child for concerns of needing acute psychiatric hospitalization, and determines that a hospital assessment is not necessary.

Placement Unit Mailbox links by region:

- Region 01 (Panhandle) : PLAREQ1@dfps.state.tx.us
- Region 02 (FT Worth) : DCPlacementReq0209@dfps.state.tx.us
- Regions 03 (Arlington) : PLREQR03@dfps.state.tx.us
- Region 04 (Dallas) : PLREQR04@dfps.state.tx.us
- Region 05 (Nederland): PLACEREQ05@dfps.state.tx.us
- Region 06 (Houston) : PLREQR06@dfps.state.tx.us
- Region 07 (Austin) ; R07PLACE@dfps.state.tx.us
- Region 08 (San Antonio/Kerrville) : PLACER08@dfps.state.tx.us
- Region 09 (Amarillo) : DCPlacementReq0209@dfps.state.tx.us
- Region 10 (El Paso): PLAREQ10@dfps.state.tx.us
- Region 11 (Corpus Christi) : PLACER11@dfps.state.tx.us

Unauthorized Absence

1. GUIDING LIGHT may submit a 72-hour notice when a child or youth is absent from the home without permission, and it is not suspected that the Child will return in the foreseeable future. If the child or youth returns to the operation before the 72-hour discharge expires, then the provider must allow the child to remain at the operation and the discharge notice is no longer in effect. If the child or youth returns prior to the 72 hours, the 72-hour discharge is voided.
2. At discharge, the agency must include the following in a child's record and items that belong to the child:
 - a. A discharge summary showing the services provided during care, the growth and accomplishments, assessment of needs that remain to be met, and recommendations about the services needed to meet these needs.
 - b. The date of discharge, reason for discharge, and the name and relationship of the person(s) or agency to whom the child was discharged.
 - c. Aftercare recommendations
 - d. Upon the effective date of any type of discharge the Childs:
 - i. Medications
 - ii. Medical, Healthcare items, and Medicaid Card
 - iii. CPOS
 - iv. Clothing and Personal Items, the foster parent is to complete the discharge inventory and have the foster child sign the discharge inventory, if possible
 - v. Most recent clinical records such as psychological evaluations and psychological testing
 - vi. Education Portfolio
 - vii. ECI (IFSP) if applicable
3. To discharge a child who is an immediate danger to himself or others:

The child's caregiver(s) or the child placement staff must accompany the child to the receiving operation, agency, or person unless the child's parent or law enforcement transports the child.
4. On or before the child's discharge, GUIDING LIGHT will attempt to obtain legal consent to release the discharge summary and the information. If consent is not obtained, the attempt to obtain consent will be documented in the child's record. If consent is obtained, the information will be provided to the receiving operation within 15 days of the date the child is discharged.

Board Approved

Effective 12/1/2023

118

TREATMENT SERVICE PLANNING AND DISCHARGE

TRANSFER AND DISCHARGE PLANNING

820

5. Copies of the following information from the child's record must also be released with the discharge summary:
 - a. The child's background information, including progress notes for the past 60 days if applicable;
 - b. Any unresolved incidents or investigations involving the child, if applicable;
 - c. Assessments and/or evaluations that have been performed for the child, including the child's admission assessment, diagnostic assessment, educational assessment, neurological assessment, and psychiatric or psychological evaluation;
 - d. The child's plan of service for the past 12 months;
 - e. A list of medications the child is taking, the dosage, frequency, and reason the medication was prescribed; and
 - f. Any treatment for a physical condition that is in progress and requires continuing or follow-up medical care.
 - g. For emergency discharge or transfer, the explanation given to the child regarding the reason for the discharge or transfer and the child's reaction to the discharge or transfer.
6. A copy of the discharge summary not provided in the Placement Summary form must be sent to the child's parent within 15 days after discharge of the child, education records received after the child's discharge and any other information or items that belong to the child that was not provided to the department at the time of discharge.
7. DFPS authorizes that GUIDING LIGHT must provide discharge information to the receiving agency upon discharge if GUIDING LIGHT staff receives a copy of the 2085-FC or 2085- LR authorizing the placement. GUIDING LIGHT has 15 calendar days to provide this information to the Receiving agency. GUIDING LIGHT must provide the Receiving agency the opportunity to communicate with the previous foster parents and/or GUIDING LIGHT staff about the child's needs within three days of the request. The Receiving agency must submit the request within 5 calendar days after they received the 2085-FC or 2085-LR. Information provided to the Receiving agency may include, but is not limited to:
 - a. Documentation of Face-to-Face visits with the Child by GUIDING LIGHT's Child Placement Staff.
 - b. The child's plan of service.
 - c. Documentation of services provided to the child.
 - d. Discipline logs.
 - e. Medical and dental information.
 - f. Educational documentation; and
 - g. Narratives
8. A copy of the completed Placement Summary (Form 2279) and items that belong to the child as referenced in Form 2279 will be provided upon discharge to the Caseworker or Caseworker's designee.
9. For Children with Primary Medical Needs, GUIDING LIGHT must provide the child's CPS Caseworker with the following information about the child:
 - a. Medical conditions and diagnoses.
 - b. Current health care needs.
 - c. Current services in place that must be continued at the new placement (for example, private duty nursing, personal care services, speech therapy, physical therapy, occupational therapy, etc.).
 - d. Standing or scheduled future appointments, including those with any specialist providers.
 - e. Special transportation requirements.
 - f. A list of purchased or rented durable medical equipment (DME) or supplies to ensure all purchased equipment goes with the Child to the new placement and rented equipment is returned to the durable medical equipment provider. Notification to CPS in writing must be provided when the equipment is returned; and
 - g. Information on any training the next caregiver will require.
10. GUIDING LIGHT will participate in a PMN staffing facilitated by the CPS regional Well-Being Specialist to ensure that all information needed for safe transition of the child has been provided. GUIDING LIGHT will ensure there is a plan to address any unmet medical needs and provide information about services to support the new Caregiver in meeting the Child's special health care needs including the requirement to provide the child with a medical exam by a health care professional within 7 days before or three days after admission.

830 | CHILD PLACEMENT REMOVAL

1. DFPS will provide notification 30 calendar days before discharging a child from placement. No notification is provided when the removal is:
 - a. Court ordered;
 - b. There is immediate threat to the health, safety or well-being of a child; and
 - c. After the provider requests removal,
2. If DFPS discharges a child within less than 30 days' notice, GUIDING LIGHT may request a discharge document signed by the DFPS program director responsible for the child. At DFPS' discretion, the discharge document may be signed by a higher management level if the discharge is not for one of the reasons above. The discharge document describes DFPS' reasons for the discharge and the reasons for discharging with less than 30 days' notice.
3. Exceptions to this rule include:
 - a. An emergency
 - b. Court order
 - c. Agreed upon by RCC facility or GUIDING LIGHT
4. If a child is placed in jail or juvenile detention facility, within 24 hours GUIDING LIGHT shall:
 - a. Notify the CPS Caseworker and Caseworker's Chain of Command; and
 - b. Provide whether GUIDING LIGHT is willing to accept return of the Child upon the Child's release from jail or juvenile detention.
 - c. Payments shall be made to GUIDING LIGHT for up to 14 days of the child's absence.
5. GUIDING LIGHT will provide to DFPS the following information and items that belong to the Child for each discharge:
 - a. Medications
 - b. Medical/Healthcare items
 - c. Child Plan of Service (CPOS)
 - d. Clothing and personal items
 - e. Most recent clinical records such as psychological evaluations and psychological testing
 - f. Updated clothing and personal items inventory
 - g. Up-to-date Education Portfolio, and
 - h. ECI Individual Family Service Plan (IFSP), if applicable.
6. Within 15 calendar days after the discharge, the Child's:
 - a. Discharge summary
 - b. Updates to the Child's Education Portfolio; and
 - c. Any other information or items that belong to the Child that were not provided to DFPS at the time of discharge.

MEDICAL, VISION, DENTAL, PSYCHOLOGICAL AND PHARMACY

900 | MEDICAL, VISION, DENTAL AND PHARMACY SERVICES

GUIDING LIGHT will provide written policies and procedures for routine emergency diagnosis and for treatment of medical and dental problems to each foster home. GUIDING LIGHT will distribute Don't Miss a Beat, Check-ups Help Children Stay Healthy, Good Health Takes More than an Apple a Day, Case Management, Medicaid Medical Transportation Program Brochures to foster parents annually (in English & Spanish). Foster parents will sign a checklist form annually to confirm they have received the materials. Foster Parents will receive the materials upon verification and by January 15th of each New Year.

1. **STAR Health Network Providers-** The GUIDING LIGHT case manager will ensure that all medical, dental, and Behavioral Health services are available and provided to each foster child as needed by STAR Health Network Provider
 - a. GUIDING LIGHT shall access Medicaid through STAR Health for Medicaid
 - b. GUIDING LIGHT Executive Director or Executive Administrator will request access to Health Passport for employees that are non-network providers, but need access (such Level One or Executive Director/CPMSs)
 - c. Foster parents are to contact Superior at 866-912-6283 if unable to locate a provider
 - d. No later than the third business day after a Child's Caregiver receives a STAR Health Denial Letter, the GUIDING LIGHT case manager will email a scanned copy of the denial letter and the date of such receipt to the Case Worker or Caseworker's Chain of Command and the Regional Well Being Specialist.
2. Medical/Dental Procedures at the time of placement in a GUIDING LIGHT foster home.
 - a. GUIDING LIGHT shall ensure access to necessary Medical, Dental, Vision care for each child:
 - i. GUIDING LIGHT will send OCOK, 2ingage, St. Francis, Belong, 4Kids4Families and DFPS Medical/Dental/Vision Examination Form 2403 within 72 hours of placement
 - ii. For New to Care Children:
 1. A 3-day assessment within 3 business days
 2. THSteps Medical services within 30 days of placement of children ages one year and older
 3. THSteps Dental Services within 60 days of placement required for all children aged 6 months or older
 - iii. THSteps Medical services according to the Texas Health Steps periodicity for children under age 36 months
 - iv. Provide THSteps annual medical exam, which includes a well-child exam each year which includes a vision & hearing screening according to: <http://www.dshs.state.tx.us/layouts/contentpage.aspx?pageid=29814&id=2609&terms=Texas+Health+Steps+periodicity+schedule>.
 - v. GUIDING LIGHT shall access Medicaid through STAR Health for covered Medical, Dental, and Vision services to the children.
 - vi. In the event that neither the community or Medicaid resources are available to fund recommended Medical, Dental, or Vision services, Contractor shall notify the CPS worker or chain of command for assistance, Star Health and/or the regional Well-Being Specialist can be utilized as resources.
 - b. The GUIDING LIGHT Child Placement Staff shall ensure that each child receives a THSteps medical evaluation, which includes a well-child exam and vision screening within 30 days of the child's admission by a licensed physician to foster family care and a dental exam by a licensed dentist within 60 days of the child's admission to foster family care with the exception of the following circumstances.
 - i. The child has had an evaluation within the last 30 days and the results of the evaluation are available.
 - ii. The child is being transferred from another agency and has had an examination within the preceding year.
 - iii. GUIDING LIGHT is not required to repeat information that is already in the child's health passport.

Note: The GUIDING LIGHT Child Placement Staff shall arrange for immediate medical/dental attention when a medical problem is recognized at the time of the referral and ensure that each child receives additional evaluations and/or follow-up treatments as recommended by the physician/dentist as a result of the initial evaluation.

- c. The GUIDING LIGHT Child Placement Staff shall ensure that each child has been immunized against disease and screened for tuberculosis. In accordance with Texas Department of Health guidelines for tuberculosis testing, GUIDING LIGHT requires all foster children to be tested for TB upon entering the foster care system. If a child has left foster care for a period of six months and returns to TDFPS, they must be retested. Any foster infant must be tested when they turn one year of age. If the child is a new placement, then the child must receive the TB test within 30 days of placement.
 - i. Confirmation of the immunization record must be received within 30 days of placement.
 - ii. An appropriate immunization schedule must be established for the child based on his immunization status.
 - iii. Confirmation of the tuberculosis screening must be received prior to placement in a GUIDING LIGHT foster home.
 - iv. Appropriate documentation for an immunization record on file may include an original or photocopy of:
 1. The immunization record;
 2. An official immunization record generated from a state or local health authority, such as a registry;
 3. A record received from school officials, including records from other states; or
 4. Health Passport
 - v. Immunization documentation must include:
 1. Child's name & date of birth;
 2. Type of vaccine and number of doses administered;
 3. Month, date, and year the child received each vaccination; and
 4. Name, address, and signature of the health care professional that administered the vaccine. The following are acceptable as a signature:
 - a. A rubber stamp signature or electronic signature from the health care professional who administered the vaccine; or
 - b. Another health care professional's documentation of the immunization that is provided, as long as the name and address of the health care professional that administered the vaccine is documented.
 - c. Clinic contact information, if the immunization record is generated from an electronic health record system.
 - vi. Documentation of the current immunization record must include any immunization exemptions or exceptions. A child may be exempt from immunization requirements for medical reasons and reason of conscience, including a religious belief. For some diseases, a child who previously had a disease and is accordingly naturally immune from it may qualify for an exception to the immunization requirements for the disease. Before a child is exempt from an immunization, GUIDING LIGHT must ensure the child meets the criteria specified in the Human Resources Code or The Department of State Health Services.
 1. The record of the initial evaluation for each child will have documentation of the following:
 - a. The name of the child
 - b. The date of birth of the child
 - c. The name and address of the attending physician.
 - d. The type of examination
 - e. The findings, medication prescribed, condition for which prescribed medication and the dosage and the recommendations for follow-up treatment.
 - f. Any known allergies or chronic illnesses must be documented clearly on the outside of the child's medical record. If the child does not have any known allergies or chronic illnesses it must state "No allergies or chronic illness".
3. Medical/Dental Procedures while the child is in a GUIDING LIGHT foster home
 - a. The GUIDING LIGHT Child Placement Staff will ensure through the foster home that each child 3 years old and older has a medical evaluation according to the Texas Health Steps Medical Checkups. For children

(already in the system) unless required more frequently by the child's medical provider, a subsequent THSteps Medical checkup must be scheduled one year after the previous checkup and no later than the child's next birthday. *EXAMPLE: If a child was placed on January 1, 2021 requiring a medical exam within 30 days of placement and his birthday was May 1, 2010, the foster parent must take the child for another medical exam by the child's birthday May 1, 2021. The foster parent must request from the doctor that the foster child's next annual exam be scheduled in May 1, 2022 or a few days before his birthday.*

Children under 3 years old require more frequent Texas Health Steps Checkups as follows or as directed by health care provider:

- i. 3 to 5 days after birth;
- ii. 2 weeks after birth; and
- iii. 2 months, 4 months, 6 months, 9 months, 1 year, 15 months, 18 months, 2 years & 2 ½ years (30 months).

It is recommended that adults in Extended Foster Care get regular check-ups, but if the young adult refuses, this refusal must be documented and on file.

- b. GUIDING LIGHT Child Placement Staff will ensure through the foster home that each child has a dental examination at every 6 months from the date of the Child's last Dental Checkup, unless otherwise specified by the dentist through STAR Health for Medicaid.
 - i. Dental examinations for all children who are under 6 months upon entry into DFPS conservatorship, or within 30 days of becoming 6 months.
 - ii. For all children a subsequent checkup must be obtained 6 months after the month in which the child received the previous checkup.
 - iii. For children with Primary Medical Needs (PMN), request written documentation from the child's doctor if the child is unable to attend Texas Health Steps Dental Checkups in accordance with required timeframes.
- c. The GUIDING LIGHT Child Placement Staff will ensure through the foster home that each child receives all necessary medical/dental care when problems arise.
- d. The GUIDING LIGHT Child Placement Staff will encourage the foster home parents and/or staff to participate in the program of regular and appropriate medical/dental care for each child in their foster home.
- e. In the event of an emergency, the caregiver will be expected to act with sound judgment and take the child to the nearest hospital emergency room or dentist office. The caregiver will notify the agency as to the nature of the emergency, the diagnosis, and prognosis as soon as possible. The agency will, in turn, notify the Managing Conservator/parent/probation officer within 24 hours. BEFORE the foster child is taken out of state, the foster parent must call Superior at 1-866-912-6283 and ask what clinics or hospitals accept the Texas Medicaid Program. Prior to treatment, show your Texas Medicaid ID Card and Superior ID card BEFORE being seen. Have the doctor call Superior for an authorization number. The phone number is on the back of the Superior ID card. If pre authorization is not received, the expenses of emergency room are the responsibility of the foster parent.
 - i. GUIDING LIGHT must use the Turning Point mobile crisis service before hospitalization of OCOK children. The mobile crisis service can be accessed by calling **(817) 909-1171**.
 - ii. GUIDING LIGHT's CM must complete the OCOK Residential Child-Care Disruption/Discharge Form, then forward it to discharge@oc-ok.org.
- f. If a child is hospitalized for medical needs, GUIDING LIGHT will provide support for the child in accordance with the child's medical needs and supervisory requirements, including arranging for relief as needed for the child's foster parent. The foster parent must not leave the child at the hospital unsupervised.
- g. The GUIDING LIGHT Child Placement Staff will document any seizures, injuries, and medically pertinent incidents in the child's medical records, including the date and time the incident occurred, type of incident, and action taken.
- h. Each visit to the doctor or dentist must be documented in the child's record and reported to the child-placing agency. Foster parent must attach all medical records from the appointment to the appropriate form or may document information that was provided verbally by the healthcare provider on the medical and dental forms. Retain the original copy in the child's folder and submit a copy of the completed forms to the child's CPS caseworker. The documentation must include:
 - i. The name of the child
 - ii. The date of birth of the child

- iii. The name and address of the attending physician or dentist
 - iv. The type of examination and reason for the visit
 - v. A copy of the results of the medical examination
 - vi. Follow up treatment recommendations and any appointments rescheduled
 - vii. Medications and changes to medications
 - viii. A notation of the child's refusal of the examination, if applicable
 - ix. If the medical examination is a result of an injury or illness, the documentation of the circumstances surrounding the incident, including the date and time of the incident.
 - x. Any other documentation provided by the health-care professional who performed the examination.
 - xi. Documentation of whether the appointment was a Texas Health Steps Medical or Dental Checkup
 - xii. That a child with Primary Medical Needs (PMN) had a medical examination within 7 days before or 3 days after the date of placement.
- i. If a child is prescribed psychotropic medications, the physician, physician assistant, or advanced practice nurse in the STAR Health Network must evaluate the need for continued treatment with the medication at a minimum of every 90 days.
 - j. Psychotropic Medication Reports:
 - i. Foster parent/medical consenter and the Prescribing Provider or Designee must sign FORM 4526 for each new psychotropic medication or dosage change. The foster parent must send the form as soon as possible, and the GUIDING LIGHT Case Manager must send to the Child's Caseworker no later than 1 business day of any prescribed psychotropic medication and dosage changes. If the psychiatrist refuses to fill out the Psychotropic Medication Form, foster parent/medical consenter should still fill out the top of the report and attach the doctor's report and attach it to the GUIDING LIGHT Medication Report. In the middle of the page write "see attached report" and the foster parent/medical consenter should sign the form.
 - k. Arrangements will be made, as necessary, for an on-call nurse to be available for children with Developmental Disabilities, Intellectual Disabilities, Primary Medical Needs (PMN) or requires services that help a person keep, learn or improve skills and functioning for daily living needs.
 - l. Major Medical Care: The foster parent must have consent from the child's Case Worker or Case Worker Supervisor before consenting to major medical care including:
 - i. Any surgical procedure (including dental)
 - ii. Any treatment the child's physician considers dangerous or
 - iii. Any other medical treatment that may be threatening to the child's long-term health.
4. **Infectious Disease Precautions-** It is generally accepted by medical authorities that the AIDS virus dies easily and quickly outside of the body. Therefore, clothing, bedding and food utensils, if properly cleaned, pose no long-term threat. GUIDING LIGHT recommends that foster home caregivers care for all foster children using the above stated infectious disease precautions. Children may enter the foster care program with an infectious disease that is unknown.
- a. Physical Contact - Persons who care for infectious disease patients and who may come in contact with their body fluids should take the usual precautions practiced with any infectious disease, such as wearing gloves and washing hands (particularly if the patient is secreting fluids and the caregiver has any open cuts on the hand).
 - b. Spills - Blood or body fluids spilled on environmental surfaces should be cleaned with a 50-50 mix of water and common household bleach. The cleaning rag should be properly disposed of in the trash.
 - c. Clothing - The Center for Disease Control recommends no special treatment of clothing contaminated by the AIDS virus and suggests a normal laundry cycle with regular bleach concentration.
5. GUIDING LIGHT will ensure that each child admitted is screened for possible vision and hearing problems annually. If problems are detected, the child will have a professional vision and hearing examination.
- The following will be kept in each child's record.
- a. The individual vision and hearing screening results;
 - b. A signed statement from the child's parent that the child's screening records are current and on file at the program or school the child attends away from the agency. The statement will be dated and include the name, address, and telephone number of the program or school; or
 - c. An affidavit from the child's parent stating that the vision or hearing screening and/or examination conflicts with the tenets or practices of a church or religious denomination of the parents.

6. HIV

A child in DFPS conservatorship must be tested for HIV infection in accordance with the Texas Health Steps Medical Checkup Periodicity Schedule — Comprehensive Health Screening External Link, or at any other time the child’s health-care provider determines the test is medically indicated.

If the child has a history of sexual abuse or other risk factors, or if the child requests to be tested then GUIDING LIGHT will notify the CPS worker so a request can be made for testing. When a child in DFPS conservatorship has HIV, counseling, treatment, and medical management is provided through STAR Health.

If a child in DFPS conservatorship is tested for HIV infection, the caseworker is responsible for notifying the following parties of the child’s condition:

- the child’s legal parents (if parental rights have not been terminated and their whereabouts are known);
- current and prospective foster parents, 24-hour child-care providers, prospective adoptive parents or relatives with whom the child has been placed or with whom DFPS plans to place the child; and
- the medical consenters.

GUIDING LIGHT is aware of the testing and have not received the results, they must request up the chain of command in writing.

7. WHEN A CHILD COMES INTO CARE WITHOUT A MEDICAID CARD, AND/OR IF THE FOSTER PARENTS ARE UNABLE TO LOCATE A MEDICAL PROVIDER WILLING TO ACCEPT MEDICAID:

GUIDING LIGHT case managers will notify the child’s case worker or chain of command if neither community nor Medicaid resources are available to fund recommended medical, dental, or vision services, as soon as possible, but no later than 3 business days.

For a child recently placed into foster care, foster parents may need to secure medical and dental services before the Medicaid Card arrives.

- a. **For Medical Service:** Foster parents are to contact “Superior – Foster Care Plan” at 1-866-912-6283 if services are needed before the Medicaid Card is provided. “Superior Health Plan – Foster Care Plan” can verify eligibility and fax an approval to the willing medical provider.
- b. **For Delta Dental Services:** Foster Parents are to contact (866) 287-3419 “for approval for emergency dental procedures. A fax should be sent to 1-281-313-7150 with the willing dentist’s recommendation for services needed.
- c. **For Vision Services:** Foster Parents are to contact “TVHP (Vision Services)” at 1-866-642-8959 if a foster child arrives to placement without his prescribed corrective eyewear. TVHP Vision Services will check the child’s eligibility and locate a willing appropriate provider.
- d. **For Vendor Drug Pharmacy Services:** Foster Parents are to contact (**VENDOR DRUG PHARMACY RESOLUTION DESK:** 1.800.435.4165 www.txvendordrug.com). Vendor Drug can also be accessed through the main STAR Health provider number (866) 912-6283. If a pharmacy refuses to accept Form 1027A, Medical Eligibility Verification, the medical consentor should request that the pharmacy contact the Vendor Drug Help Desk. The pharmacy should be aware of the phone number for the Vendor Drug Help Desk. The pharmacy may submit claims using the child’s DFPS IMPACT Person Identification (PID) number to submit pharmacy claims, if the child has not yet been assigned a Medicaid number.
- e. No later than the 3rd business day after the foster parent receives a STAR denial letter, the case manager must email a scanned copy of the denial letter and date of such receipt of the denial letter to CPS case worker, or chain of command, and the Regional Well Being Specialist.
- f. In the event that community and Medicaid denies funding for recommended Medical, Dental, Vision, or Pharmacy services, as soon as practicable but no later than the 3rd business day, GUIDING LIGHT will notify CPS Worker or CPS Worker’s Chain of Command for assistance
- g. In the event that GUIDING LIGHT has questions regarding the prescribed recommendations for follow-up treatment, GUIDING LIGHT will raise these questions with CPS and CPS will assist GUIDING LIGHT with a resolution.

8. Health Passport is a patient centered internet based health record that gives Star health medical and Behavioral Health professional’s information about care received outside their office to coordinate care and make the best decisions for each Child. Health Passport is available to the person authorized to consent to Medical Care for a child in DFPS Managing Conservatorship as well as the providers of Medical Care, DFPS workers and authorized Superior Health

Plan staff. The Authorized User assigned by GUIDING LIGHT must comply with all operative restrictions of the Health Passport user agreement as it exists now or later amended including:

- a. The authorized user must not share information from Health Passport with anyone who does not have a direct need to know the information for purposes of providing health care to the child, including Behavioral Health care;
- b. The Authorized user shares the minimum amount of information required;
- c. The Authorized user must maintain the physical security and confidentiality of Health Passport information including information that can be viewed on a computer, print to paper, copy, and download to other formats;
- d. The Authorized user does not allow physical access to people who do not need the information. This may involve locking the computer, blanking the screen, and picking up printed material promptly from shared printers;
- e. The Authorized user must not share passwords. If GUIDING LIGHT becomes aware that a password has been shared, he or she is required to change their password through the Forgot Password/Unlock Account on the Health Passport sign in page;
- f. The Authorized user is limited to accessing records to children who are served under GUIDING LIGHT and children with whom the Authorized User has a relationship for which Health Passport access is authorized. DFPS may restrict or deny access to Health Passport if GUIDING LIGHT is in violation of the user agreement or terms and conditions.

910 | ADMINISTRATION OF MEDICATIONS

1. The record of each child will have documentation of the evaluations which includes the following:
 - a. The name of the child
 - b. The date of birth of the child
 - c. The name and address of the attending physician.
 - d. The type of examination
 - e. The findings, medication prescribed, condition for which prescribed medication and the dosage and the recommendations for follow-up treatment.
2. Any changes in the medication level will be made based upon the quarterly evaluation. The rest of the Inter-Disciplinary Team will be advised of the results of the evaluation. The Child's Plan of Service will address the medication evaluation. If special procedures are required for the administration of medicine or drugs, the foster caregiver shall be trained in this procedure prior to the necessity of administering that procedure.
3. GUIDING LIGHT must obtain a general written consent to administer routine, preventive, and emergency medications.
4. GUIDING LIGHT must obtain a written, signed, and dated consent, specific to the psychotropic medication to be administered, from the person legally authorized to give medical consent before administering a new psychotropic medication to a child.
5. To the best of their knowledge, caregivers must inform the person legally authorized to give medical consent of the benefits, risks, and side effects of all prescription medication and treatment procedures used and the medical consequences of refusing them, and/or provide the name and telephone number of the prescribing health-care professional for more information.
6. Caregivers must:
 - a. Be informed about possible side effects of medications administered to the child;
 - b. Store all medication in the original container unless there is an additional container with the same label and instructions;
 - c. Administer all medications according to the instructions on the label or according to a prescribing health-care professional's subsequent signed orders;
 - d. Administer each child's medication within one hour after preparation;
 - e. Ensure the child has taken the medication as prescribed;
 - f. Ensure a person trained in and authorized to administer prescription medication administers the medication to a child in care unless the child is on a self-medication program;
 - g. Maintain any documentation provided by the health-care professional on the administration of current prescription medication;
 - h. Not physically force a child to take prescription medication;
 - i. Ensure that employees do not provide any prescription medication or treatment to a child except on written orders of a health-care professional;
 - j. Not borrow or administer prescription medication to a child that is prescribed to another person;
 - k. Not administer prescription medication to more than one child from the same container. Only the child for whom the prescription medication was prescribed may use the medication.
 - l. If GUIDING LIGHT staff has questions / concerns about the medication regimen for the child, GUIDING LIGHT will request assistance from the health care professional who prescribed the medication, additionally, a STAR Health Service Manager by calling 1-866-912-6283. For addition clarification, GUIDING LIGHT will contact the CPS Worker or the Chain of Command.
 - m. Maintain annual training as a Medical Consenter that is authorized by the court to access, receive, and review all of the child's medical records. Medical Consentors may also authorize the release of the child's medical records to obtain services for the child under the Texas Family Code 266.010.
 - n. Follow the requirements and responsibilities of the Medical Consenter listed in the Designation of Medical Consenter (Form 2085B),
7. The caregiver must follow the label and ensure the nonprescription medication and supplements are not contraindicated with any other medication prescribed to the child or the child's medical conditions. The caregiver must inform the child's physician of the administration and dosage of any nonprescription medication or supplements to ensure the nonprescription medication and/or supplements are not contraindicated with any other medication prescribed to the child or the child's medical condition. This must be documented in the child's record.
8. The caregiver may give nonprescription medication or supplements to more than one child from one container.

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9. A child should have a DSM-IV psychiatric diagnosis before the prescribing of psychotropic medications.
 - a. GUIDING LIGHT must ensure that all medical consentors for a child who is prescribed psychotropic medication attend an office visit with the physician, physician's assistant, or advanced practice nurse in the STAR Health Network.
10. Each child's medical record should contain defined target symptoms and treatment goals for the use of psychotropic medications. These target symptoms and treatment goals should be assessed at each clinic visit with the child and caregiver. Whenever possible, recognized clinical rating scales or other measures should be used to quantify the response of the child's target symptoms to treatment and the progress toward treatment goals.
11. In making a decision regarding whether to prescribe a psychotropic medication in a specific child, the clinician should carefully consider potential side effects, including those that are uncommon but potentially severe, and evaluated the overall benefit to risk ratio of pharmacotherapy.
12. Appropriate monitoring of indices such as height, weight, blood pressure, or other laboratory findings should be documented.
13. Doses should usually be started low and titrated carefully as needed.
14. Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record.
15. If a medication is being used in a child for primary target symptom of aggression associated with a DSM-IV non-psychotic diagnosis (e.g., conduct disorder, oppositional defiant disorder, intermittent explosive disorder), and the behavior disturbance has been in remission for six months, then serious consideration should be given to slow tapering and discontinuation of the medication. If the medication is continued in this situation, the necessity for continued treatment should be evaluated at a minimum of every six months.
16. The following situations indicate a need for further review of a child's case. The current Parameters may be accessed at http://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-psychotpic.asp. These parameters do not necessarily indicate that treatment is inappropriate, but they do indicate a need for further review:
 - a. Absence of thorough assessment of DSM-IV diagnosis in the child's record.
 - b. Five or more psychotropic medications prescribed concomitantly.
 - c. Prescribing of:
 - i. Two or more concomitant antidepressants
 - ii. Two or more concomitant antipsychotic medications
 - iii. Two or more concomitant stimulant medications
 - iv. Three or more concomitant mood stabilizer medications
 - d. The prescribed psychotropic medication is not consistent with appropriate care for the patient's diagnosed mental disorder or with documented target symptoms usually associated with a therapeutic response to the medication prescribed.
 - e. Psychotropic medication dose exceeds usually recommended doses.
 - f. Psychotropic medications are prescribed for children of a very young age, including children receiving the following medications with an age of:
 - i. Antidepressants: Less than four years of age
 - ii. Antipsychotics: Less than four years of age
 - iii. Psycho stimulants: Less than three years of age
17. The caregiver and child placement staff are responsible for insuring that each child is informed regarding the types of psychotropic medications they are being given, dosage, what the medication is for and why they need the medication. The discussion regarding this should be documented in the child's CPOS/contact logs.
18. GUIDING LIGHT will provide the STAR Health contractor the following information for specific children for the purposes of a Psychotropic Medication Utilization Review (PMUR)
 - a. Upon written request by STAR:
 - i. Physician notes (last 3 months)
 - ii. Medication logs (last 3 months)
 - iii. and the most recent psychological evaluation
 - b. In the event GUIDING LIGHT receives a written request for information from the STAR Health contractor that does not involve PMUR, GUIDING LIGHT will advise the STAR Health contractor to contact the child's CPS Worker or chain of command for assistance.

920 | *SELF ADMINISTRATION OF MEDICATIONS*

1. Unless otherwise specified in a medically approved self-medicating program, prescription drugs shall be administered by an adult only to the foster child for whom the medication was prescribed and according to the prescribing physician's instructions on the label.
2. For a child to be on a self-medication program:
 - a. The child's health-care professional must give written authorization for the child to be on the program.
 - b. The child's service plan must include the self-medication program and any requirements for caregiver supervision; and
 - c. GUIDING LIGHT must notify the parent and the person legally authorized to give medical consent that the child is on the program.
3. When a child who is on a self-medication program takes a dosage of the medication, GUIDING LIGHT must ensure there is a system for reviewing the child's medication each day and that the child either:
 - a. Records the daily dosage; or
 - b. Reports the medication to a caregiver, who will then do the actual daily recording.
4. If the foster parent has concerns regarding the self-administration of medications, the health care professional who prescribed the medication must be consulted and any concerns of the health care professional must be documented in the child's record.

930 | MEDICATION STORAGE AND DESTRUCTION

1. Prescription drugs shall be kept in the original container labeled with the foster child's name, the correct dosage and relevant instructions, name of medication, name of prescribing physician, and number or code identifying the written order.
2. Medications must always be securely locked and controlled medications double locked with supervision and access by authorized persons only.
3. Medications requiring refrigeration must be locked, separated from food in a designated container.
4. Documented destruction of out-of-date medication or medication prescribed for persons served and proper disposal of unused medication, syringes, and medical waste.
5. All discontinued, medication of a discharged child, or deceased child should be immediately disposed of safely or locked in a separate area until it is destroyed within 30 days.

940 | *MEDICATION RECORDS*

1. Caregivers must maintain a cumulative record of all prescription/non-prescription medication dispensed to a child and how often the child receives the medication or supplement. Caregivers must update the medication record within 24 hours of administering medication to the child. This record must include the:
 - a. Child's full name;
 - b. Prescribing health-care professional's name, if applicable;
 - c. Medication name, strength, and dosage;
 - d. Date (day, month, and year) and the time the medication was administered;
 - e. Name and signature of the person who administered the medication;
 - f. Child's refusal to accept medication, if applicable; and
 - g. Reasons for administering the medication, including the specific symptoms, condition, and/or injuries of the child that the caregiver is treating, for PRN prescriptions and nonprescription medications including supplements.
2. Caregivers must document any prohibited prescription medications (for example, medication allergies or contraindications) or prohibited nonprescription medications and supplements in the medication record.
3. The medication records of prescription, nonprescription, and supplements and how often the child receives the medication or supplement must be incorporated into the child's record.
4. The caregivers must maintain at the foster home the child's medication records for the current month.
5. Caregivers must submit copies of the child's medication records to their Child Placement Staff each month. These records must be filed in the child's record.
6. Copies of all foster children's medication records must be maintained while the child is in GUIDING LIGHT care.
7. GUIDING LIGHT Case Manager will review medications and medication logs on a monthly basis in the foster home and upon receipt at the beginning of the following month. The monthly review in the foster home will be documented in the case manager contacts including any errors found by the reviewer and efforts made to fix the errors. GUIDING LIGHT CPMS will review and approve all medication logs to ensure accuracy prior to uploading in Social Service Online Database/Software.

950 | MEDICATION LABEL ERRORS

1. A medication error includes, but is not limited to, the following:
 - a. A child receives the wrong medication;
 - b. A child receives medication prescribed to someone else;
 - c. A child receives the wrong dosage of medication;
 - d. A child receives medication at the wrong time;
 - e. A medication dose is skipped or missed;
 - f. A child receives expired medication;
 - g. Not following the medication administration instructions, such as giving a child medication on an empty stomach when the medication should be given with food; and
 - h. A child receives medication that was not stored as required to maintain the effectiveness of the medication, such as refrigerating or not refrigerating the medication or exposing the medication to heat or sunlight.
2. If a caregiver finds a medication error regarding a prescribed medication, the caregiver must contact a health-care professional immediately, unless the error is due to the child receiving the medication at the wrong time or a medication dose being skipped or missed, and follow the health-care professional's recommendations.
3. If a caregiver finds a medication error regarding an over-the-counter medication, the caregiver must take the appropriate and necessary actions as required by the circumstances.
4. For all medication errors, a caregiver must document the following within 24 hours:
 - a. The time and date of the error;
 - b. The medication error;
 - c. The time and date of the call(s) to the licensed health-care professional, if applicable;
 - d. The name and title of the health-care professional contacted, if applicable; and
 - e. The health-care professional's medical recommendations for ensuring the child's safety, if applicable.
5. If a caregiver finds a medication label error, the caregiver must:
 - a. Report the error to the pharmacist; and
 - b. Have the label on the medication container corrected as soon as possible but no later than the next business day.

MEDICAL, VISION, DENTAL, PSYCHOLOGICAL AND PHARMACY
SIDE EFFECTS AND ADVERSE REACTIONS

960

960 | *SIDE EFFECTS AND ADVERSE REACTIONS*

1. If a child has an adverse reaction (unexpected or dangerous reaction) to a medication, the caregiver must:
 - a. Immediately report the reaction to a health-care professional and the child's parent;
 - b. Follow the health-care professional's recommendations;
 - c. Seek further medical care for the child if the child's condition appears to worsen; and
 - d. Document in the child's medical record the:
 - e. Adverse reactions that the child had to the medication;
 - i. Time and date of call(s) to the health-care professional;
 - ii. Name and title of the health-care professional contacted; and
 - iii. Health-care professional's medical recommendations for ensuring the child's safety.
2. A side effect from any medication is an effect of medication in addition to the medication's intended effect, often an undesirable effect. If a child experiences side effects from any medication, the caregiver must:
 - a. Document the observed and reported side effects;
 - b. Immediately report any serious side effects to the child's physician and the child's parent; and
 - c. Report any other side effect to the prescribing health care professional within 72 hours.

970 | USE OF PSYCHOTROPIC MEDICATIONS

1. Any mind-altering or behavior modifying medications ordered for a child must:
 - a. Be administered according to the physician's directions.
 - b. Each dose administered must be documented in the child's medical record at the time the medication is administered.
 - c. Documentation must include the medications given, the dosage, the time and the name of the person administering the medication.
 - d. The foster parent or assigned Medical Consenter will attend the office visit Be re-evaluated for appropriateness for continuation by the prescribing physician, physician assistant, or advanced nurse practitioner in the STAR Health Network every 90 days to allow the practitioner to appropriately monitor the side effects of the drug and determine whether the drug is helping the Child achieve the treatment goals and whether continued use of the drug is appropriate. This evaluation must be documented on the medical examination form. Any phone contact with the doctor regarding the medication must be documented on a Psychiatric Call Log. This documentation will be monitored by the case manager and will be included in the child's file.
 - e. The foster parent must discuss risk and benefits with the prescribing doctor. If foster parent has questions/concerns about the medication regimen of the child, the foster parent shall request assistance from a STAR Health Manager by calling 1-866-912-6283, notify GUIDING LIGHT treatment team, DFPS caseworker or the case worker's chain of command.
 - f. The Psychotropic Medication Utilization Parameters for Foster Children developed by the Department of State Health Services shall be used where applicable in the treatment and care of the children served. The parameters may be accessed at http://dfps.state.tx.us/Child_Protection/Medical_Services/guide-psychotropic.asp _
 - g. Be provided appropriate psychosocial therapies, behavior strategies, and other non-pharmacological interventions.
 - h. The foster parent or GUIDING LIGHT case manager must notify the child's Caseworker by close of the next business day if the child is prescribed psychotropic medications and any side effects by email and copy their CPMS. CPMS will monitor for compliance. If foster parent does not notify the GUIDING LIGHT case manager of a medication change the day of the appointment and the GUIDING LIGHT case manager does not notify CPS within 24 hours of the appointment, then CPMS will remind staff and/or foster parent of the GUIDING LIGHT policy regarding psychotropic medications and/or provide a corrective action plan.

980 | *PROTECTIVE AND SUPPORTIVE DEVICES*

Protective Devices

1. Physician's orders are required for use of a protective device on a child.
2. Protective devices are to be used only to prevent involuntary injury, to permit wounds to heal, and to administer medication or other medical treatment prescribed by a physician.
3. The use of protective devices must be documented in the child's record and must be part of the child's plan of service when developed and reviewed; ways to reduce the need for protective devices must be discussed and recorded.
4. Protective devices may not be used as punishment, a convenience for caregivers or as a substitute for program treatment.

Supportive Devices

1. Supportive devices may be utilized to postural support a child or assist in obtaining and maintaining normal body functioning (for example: posity vests to help support children not able to postural support themselves).
2. Supportive devices are considered as adjuncts to a child's proper care and may not be used as a substitute for appropriate nursing care.
3. A physician must prescribe the use of a supportive device, indicating the circumstance under which it is permitted.
4. The use of supportive devices must be documented in a child's plan of service both when developed and reviewed and must include a discussion of ways to reduce the need for supportive devices.
5. If not specifically for assisting with sleep or safety during sleep, the prescribed device must be removed during the night and other rest periods.
6. Supportive devices may not be used as punishment, as a convenience for staff or other individuals or as a substitute for effective treatment or habilitation.

990 | *PSYCHOLOGICAL EXAMINATIONS*

1. Each child's intellectual functioning must be re-evaluated at least every three years by a psychologist qualified to provide psychological testing; or
2. A psychologist must determine the need and frequency for a specific child's intellectual functioning to be re-evaluated, such as a young child who may require more frequent testing. This determination, including justification for the time frame, must be documented in the child's record annually by the service planning team.

991 | BEHAVIORAL HEALTH AND HEALTHCARE SERVICES (THERAPY)

GUIDING LIGHT will ensure that Behavioral Health and Healthcare Services are available and provided to each child as needed by a STAR Health Network provider.

1. GUIDING LIGHT will provide access to a Child and Adolescent Needs and Strengths Assessment (CANS) in the following manner:
 - a. For all children ages three through seventeen, placed on or after 09/01/16, need an initial CANS assessment completed within 30 days of entry into DFPS conservatorship. Children already in DFPS care prior to placement do not require an initial cans assessment by a Star Health clinician.
 - b. When a child turns three years old, GUIDING LIGHT will have 30 days after the child's birthday to complete an initial CANS Assessment.
 - c. The child will follow the scheduled reviews according to their service level. For OCOK, GUIDING LIGHT is required to complete CANS assessments in the following timeframes:
 - i. Standard LOC: Initial required within 21 days of OCOK Placement - update annually
 - ii. Therapeutic LOC: Initial required within 21 days of OCOK Placement - update every 90 days.
 - d. GUIDING LIGHT and/or foster parent will schedule the CANS appointment with a Star Health clinician that is certified in the use of the CANS and will be responsible for transporting to the scheduled appointment.
 - e. The foster parent will be available at the time of the appointment to be interviewed by the Star Health Clinician.
 - f. A subsequent CANS assessment must be scheduled one year after the previous CANS assessment.
 - g. The final CANS summary report will reside in the child's Health Passport record, these recommendations should be included in the child's plan of service.
 - h. GUIDING LIGHT can obtain certification for a clinician they have on staff to administer the CANS assessment by:
 - i. Setting up the staff to become a Star health clinician;
 - ii. Contact CBHNetworkDev@cenpatico.com or the Star Health customer service team at 1-866-218-8263 with questions related to the CANS certification process.
 - i. GUIDING LIGHT will upload all required documents for 2ingage to Box.com by the 15th of the following month.

An agreement between GUIDING LIGHT and Behavioral Health Provider will be signed prior to providing services to GUIDING LIGHT children. The Behavioral Health Provider must agree to provide GUIDING LIGHT therapy notes to GUIDING LIGHT on a monthly basis.

1. The GUIDING LIGHT Case Manager will request Access through STAR Health for Medicaid Coverage Behavioral Health, unless the court orders DFPS to a Non-Network Provider.
2. The GUIDING LIGHT Case Manager or Foster parent will provide the Behavioral Health Clinician with relevant plans and information within 3 business days of receipt from the case worker.
3. Although GUIDING LIGHT must use community resources to obtain Behavioral Health Services not covered by Medicaid, therapy is covered by Medicaid and the Behavioral Health Clinician is responsible to bill Medicaid directly.
4. In the event that community resources are not available for Behavioral Health Services and/or Medicaid does not cover the services, GUIDING LIGHT shall be financially responsible for providing Behavioral Health Services

Medical, Dental, Vision and Pharmacy Services

1. A, GUIDING LIGHT case manager must ensure access to necessary Medical, Dental, Vision and Pharmacy services.
2. GUIDING LIGHT case manager must provide access to Texas Health Steps Dental Checkups in the following manner:
3. GUIDING LIGHT will provide access to Texas Health Steps Medical Checkups in the following manner:
 - a. For all Children, an initial Texas Health Steps Medical Checkup with 30 days of entry into DFPS conservatorship;
 - b. For all Children, unless required more frequently by the Child's medical provider, a subsequent Texas Health Steps Medical Checkup must be scheduled one year after the previous checkup and no later than the child's next birthday.

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- c. For Children under 36 months of age, Texas Health Steps Medical Checkups in accordance with the Texas Health Steps Periodicity Schedule:
<http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589962005>
 - d. For all Children six to 35 months of age who have been determined by a Texas Health Steps provider to be at risk for early tooth decay, dental checkups as frequently as required, as determined by the Child's Texas Health Steps provider.
 - e. GUIDING LIGHT will access Medicaid through STAR Health for covered Medical, Dental, Vision and Pharmacy services available to Children.
4. In the event that neither community nor Medicaid resources are available to fund recommended Medical, Dental, Vision or Pharmacy services, as soon as practical but no later than the third business day, GUIDING LIGHT case manager will notify the CPS Case Worker or Case Worker's Chain of Command for assistance.

GUIDING LIGHT will provide written documentation of Health Care appointments for Children. This documentation must include the following minimum information:

1. Name and date of birth of Child
2. Reason for the visit
3. Date of examination
4. Procedures completed.
5. Examination results
6. Recommended follow up treatment and scheduled appointments, if any
7. Medications and changes to medications
8. The Child's refusal to accept medical treatment, if applicable.
9. Documentation of the circumstances of an injury or medical incident, including date and time of the incident.
10. Documentation of whether the appointment was a Texas Health Steps Medical or Dental Checkup, CANS, or a 3 Day Appointment as described in "Medical, Dental, Vision and Pharmacy Services."
11. Documentation that a Child with Primary Medical Needs (PMN) had a medical examination within seven (7) days before or three (3) days after the date of placement; or
12. GUIDING LIGHT has the option of using the DFPS template for this purpose, which can be accessed on the Residential Child Care Contracts and Required Forms page of the DFPS website.

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

GENERAL REQUIREMENTS

1000

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

1000 | GENERAL REQUIREMENTS

1. The caregivers will have a written copy of GUIDING LIGHT'S discipline policy in the Caregiver Handbook, and they will sign documents stating they have received the policy. The policy includes measures for positive responses to appropriate behavior.
 - a. Placing value on the child as an individual.
 - b. Showing faith in the child, thus enabling the child to have faith in self.
 - c. Sincerely believing in the child's ability, gaining the child's confidence, and building the child's self-respect.
 - d. Recognizing a job "well-done" and giving recognition for the effort.
 - e. Utilizing the interest of the child to motivate changes.
 - f. Issuing responsibilities and privileges in accordance with individual development level.
 - g. Immediately pointing out and praising a child when they have exercised good judgment or behavior.
 - h. Redirecting children with positive statements that give alternatives when their behavior is unacceptable.
 - i. Caregivers shall not use "unproductive work" as a form of punishment.

1010 | COURT HEARINGS

1. Foster parent must ensure the child is available to meet with the child's attorney ad-litem in sufficient time before a court hearing.
2. The meeting must take place in a private setting allowing confidentiality.
3. The attorney ad-litem must have access to the client and may wish to speak to the caregiver.
4. The foster parent must provide the child with a copy of court hearing notices.
5. The foster parent must ensure Children ages four and older attend permanency and placement court hearings to the extent possible, unless prohibited by court order. If the Child cannot attend the court hearing in person, GUIDING LIGHT case manager will request. Through the court if the child can participate through Telecommunication, or other means allowed by the court. GUIDING LIGHT Case Manager will confirm with the child's caseworker that participation is allowed by the court prior to each hearing.

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

TEEN DATING VIOLENCE

1020

1020 | TEEN DATING VIOLENCE

1. Any child who commits teen dating violence is required to participate in 12-week program that includes:
 - a. Prevention measures and
 - b. How to get out of teen dating violence situation
2. Foster parent is required to ensure child has transportation to required meetings.
3. Foster parent will notify child's DFPS caseworker so they can attend court hearing with child and ensure compliance with the program.

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

ENDANGERED MISSING PERSONS ALERT (EMPA)

1030

1030 | ENDANGERED MISSING PERSONS ALERT (EMPA)

1. Young adults diagnosed with IDD (Intellectual Disability) and/or Autism Spectrum Disorder who are in Extended Foster Care who are found missing must be reported to law enforcement within 72 hours of disappearance.
2. Some of the disabilities include: Asperger's Disorder, Autistic, Autistic Spectrum, Rhett's Disorder, Intellectual or Developmental Disability (IDD)
3. Law enforcement will require a written diagnosis from a physician or licensed psychologist and there must be sufficient information available that could assist in locating the missing person before an Endangered Missing Persons Alert (EMPA) will be activated.
4. Once an investigation has been confirmed, law enforcement may request an EMPA.

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

OFFENSIVE ELECTRONIC TRANSMISSIONS

1040

1040 | OFFENSIVE ELECTRONIC TRANSMISSIONS

1. Any child who receives or sends text, email or any other electronic form of visual material depicting a minor in sexual activities may be court-ordered to complete an educational course concerning prevention and awareness of this offense known as “sexting”.
2. A child commits an offense if they: Originate the material; Passes it on to another minor child; or Child in possession of material
3. Child may either be a victim or a perpetrator.
4. A child that receives this material is to report it immediately to CPS caseworker.
5. CPS caseworker will need to attend all court hearings with youth.

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

ADDITIONAL REQUIREMENTS FOR INFANT CARE

1050

1050 | ADDITIONAL REQUIREMENTS FOR INFANT CARE

1. Each infant must receive individual attention, including playing, talking, cuddling, and holding.
2. A caregiver must provide prompt attention to an infant's physical needs, such as feeding and diapering.
3. Items necessary for diaper changing must be kept out of reach of children, but do not need to be in a locked storage.
4. An infant's caregiver must ensure that the environment is safe. For example, free the area of objects that may choke or harm the infant, take measures to prevent electric shock, free the area of furniture that is in disrepair or unstable, and allow no unsupervised access to water to prevent the risk of drowning.
5. An infant's caregiver must never leave the infant unsupervised. A sleeping infant is considered supervised if the caregiver is within eyesight or hearing range of the child and can intervene as needed, or if the caregiver uses a video camera or audio monitoring device to monitor the child and is close enough to the child to intervene as needed. For short periods of time in the course of routine household activities, the infant may be out of the caregiver's eyesight as long as the infant is within hearing range, infant's environment is free of any safety hazards, and the caregiver is able to intervene immediately, as needed.
6. An infant care area must at a minimum include the following furnishings and equipment:
 - a. An individual crib for each infant; and
 - b. A sufficient number of toys to keep each child engaged in activities.
7. All cribs must have:
 - a. A firm, flat mattress that snugly fits the sides of the crib. The mattress must not be supplemented with additional foam material or pads;
 - b. Sheets that fit snugly and do not present an entanglement hazard;
 - c. A mattress that is waterproof or washable;
 - d. Secure mattress support hangers, no loose hardware or improperly installed or damaged parts;
 - e. A maximum of 2 3/8 inches between crib slats or poles;
 - f. No corner posts over 1/16 inch above the end panels;
 - g. No cutout areas in the headboard or footboard that would entrap a child's head or body; and
 - h. Drop rails, if present, which fasten securely and cannot be opened by a child.
8. Caregivers must sanitize each crib when soiled and before reassigning the crib to a different child.
9. Caregivers must never leave children in the crib with the side down.
10. The foster home must not have stackable cribs.
11. A foster home may use a full-size, portable, or mesh-side crib if:
 - a. Caregivers follow the manufacturer's instructions;
 - b. The crib has:
 - i. Mesh that is securely attached to the top rail, side rail, and floor plate; and
 - ii. Folded sides that securely latch in place when raised;
 - c. Caregivers never leave a child in a mesh-sided crib with a side folded down; and
 - d. If the caregiver becomes aware of a recall for the port-a-crib used, the caregiver will discontinue its use.
12. A highchair, swing, stroller, infant carrier, rocker, bouncer seat, or a similar type of equipment that a foster home uses for an infant must be equipped with safety straps; and
13. The safety straps must be fastened whenever the infant is using the equipment.
14. A foster home may not use any of the following types of equipment with infants:
 - a. Baby walkers;
 - b. Baby bungee jumpers;
 - c. Accordion safety gates; and
 - d. Toys that are not large enough to prevent swallowing or choking.
15. Children may not sleep on bean bags, waterbeds, or foam pads.
16. A crib must be bare with a tight fitted sheet for infants younger than twelve months of age. Foster homes may not use soft or loose bedding, sleep positioning devices, stuffed toys, quilts, pillows, bumper pads including mesh bumpers, and comforters in a crib for an infant 12 months old or younger.
17. A crib mattress cover may also be used to protect against wetness, but the cover must:
 - a. Be designed specifically for the size and type of crib and crib mattress that is being used;
 - b. Be tight fitting and thin;
 - c. Not be designed to make the sleep surface softer.

Board Approved

Effective 12/1/2023

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

ADDITIONAL REQUIREMENTS FOR INFANT CARE

1050

18. Caregivers must place an infant not yet able to turn over on his own in a face-up sleeping position unless a health-care professional orders otherwise. All orders from a health care professional will be in the child's record.
19. An Infant must not have his head, face, or crib covered at any time by an item such as a blanket, linen, or clothing.
20. Caregivers must feed an infant based on the recommendations of the infant's health care professional.
21. Unless recommendations from the service team are contrary, caregivers must hold the infant while feeding him if the infant is:
 - a. Birth through six months old; or
 - b. Unable to sit unassisted in a high chair or other seating equipment during feeding.
22. Caregivers must never prop a bottle by supporting it with anything other than the infant or adult's hand.
23. A caregiver who cares for more than one infant must:
 - a. Sterilize shared bottles or training cups between uses by different infants
 - b. Clean high chair trays before each use.
24. An infant may not sleep with a sleeping adult at any time, including in the adult's bed, on the couch, etc.
25. An infant receiving treatment services for primary medical needs may have special items that assist with safe sleep at the written recommendation of a health-care professional. The recommendation must be filed in the child's record.

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

ADDITIONAL REQUIREMENTS FOR TODDLER CARE

1060

1060 | ADDITIONAL REQUIREMENTS FOR TODDLER CARE

1. Each toddler must receive individual attention, including playing, talking, and cuddling.
2. A toddler's caregiver must ensure that the environment is safe. For example, free the area of objects that may choke or harm the toddler, take measures to prevent electric shock, free the area of furniture that is in disrepair or unstable, and allow no unsupervised access to water to prevent the risk of drowning.
3. A toddler's caregiver must never leave the toddler unsupervised. A sleeping toddler is considered supervised if the caregiver is within eyesight or hearing range of the child and can intervene as needed, or if the caregiver uses a video camera or an audio monitoring device to monitor the child and is close enough to the child to intervene as needed.

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

ADDITIONAL REQUIREMENTS FOR PREGNANT CHILDREN

1070

1070 | ADDITIONAL REQUIREMENTS FOR PREGNANT CHILDREN

1. Information to provide to pregnant foster child within 7 days of admission or upon learning of the pregnancy:
 - a. Ensure information, training, and counseling is available regarding health aspects of pregnancy, preparation for child birth, and recovery from child birth;
 - b. Ensure the pregnant child receives nutritional counseling and guidance that meets generally accepted standards, including nutrition during pregnancy, lactation, and foods to avoid; and
 - c. Inform the child of her right to be free from pressure to get an abortion, relinquish her child for adoption, or to parent her child.
2. Use of personal restraints on a pregnant child:
 - a. The health-care professional attending to the child's pregnancy must document whether any type of emergency behavior intervention that GUIDING LIGHT policies allow is inadvisable; and
 - b. GUIDING LIGHT will not use any emergency behavior intervention that the child's healthcare professional attending to her pregnancy finds inadvisable.
3. When an adolescent parent with their child(ren) are admitted:
 - a. An adolescent parent must provide most of the care for her child;
 - b. Caregivers must be available to the adolescent parent as a resource and support; and
 - c. When the 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 their care.
4. Syphilis testing is required in pregnant women:
 - a. At first prenatal care examination
 - b. During 3rd trimester (no earlier than 28 weeks gestation)
 - c. At delivery

1080 | EDUCATIONAL SERVICES

1. GUIDING LIGHT will arrange an appropriate education for each child, including:
 - a. Ensuring the child in care attends an educational facility or program that is approved or accredited by the Texas Education Agency, the Southern Association of Colleges and Schools, Home Schooling, and the Texas Private School Accreditation Commission unless approved by the child's service planning team with documented justification; Documentation of the planning team's justification will be in the child's record. If the caregiver plans to educate the child in a home setting, GUIDING LIGHT must contact the CPS Caseworker within one business day of receiving notification from the Caregiver.
 - b. Ensuring a school-age child receives education and training in the least restrictive setting necessary to meet the child's needs and abilities;
 - c. For a child attending an accredited elementary, middle school, or secondary school within the community or home school, ensuring the facility or program that implements a special education student's individual education plan (IEP); and
 - d. Advocating that a school-age child receives the educational and related services to which he is entitled under provisions of federal and state law and regulations.
 - e. Notify the child's caseworker or chain of command of upcoming ARD meetings within 5 business days of the ARD meeting notice.
 - f. GUIDING LIGHT will provide or facilitate access to vocational training by the child's CPOS and CPS Transition Plan at age 14 and/or as developmentally appropriate. GUIDING LIGHT will coordinate with CPS for Children 14 years of age and older regarding supporting and facilitating computer access required for job search activities, career research, Texas Youth Connection and approved social media.
 - g. For children under age 3, GUIDING LIGHT will:
 - i. Notify the child's CPS Worker and primary care physician of the mental development of the child
 - ii. Ensure that a referral to ECI is made within 3 days of placement.
 - h. Children age 3,4, & 5 must attend free a pre-kindergarten or early childhood education program unless CPS provides a written exception or no program is available in the Caregiver's community. A pre-school program may be provided by a school district, Head Start, or some other early childhood program provider. The child may attend a private early childhood education program or pre-kindergarten program paid for by the Caregiver if an exception has been granted by CPS. Pre kindergarten Verification Letter can be obtained, if required by DFPS.
2. School Requirements: GUIDING LIGHT must ensure that:
 - a. Each School-Aged Child is enrolled in a Public School within two (2) school days of placement unless an exception has been granted in writing by the Child's Case Worker or Case Worker's Chain of Command. The Caregiver will provide the Placement Authorization Form (Form 2085) and Education Decision Maker Form (Form 2085-E) to the public school at the time of the Child's enrollment and at the beginning of each school year.
 - b. GUIDING LIGHT must notify, in writing by email, the Child's caseworker of a major change in the child's school performance or a serious disciplinary event at school within two business days of learning of the change or event.
 - c. If a Child has to withdraw from a Public School due to a change in placement that results in the Child being discharged, The Caregiver must notify the Public School within three (3) school days of this discharge by providing the GUIDING LIGHT notice of DFPS charge or receiving the discharge notice from DFPS, unless an exception has been granted in writing by the Child's Caseworker or Caseworker's Chain of Command.
 - d. Each School-Aged Child attends a Public School or is educated in a home environment unless the Contractor has received a written exception to this requirement by the Child's Caseworker or Caseworker's chain of command. If the foster parent plans to educate the child in a home setting, GUIDING LIGHT will contact the CPS Caseworker within 1 day of receiving notification from the foster parent.
 - e. In compliance with the Texas Education Code 29.012, (if the Child is three (3) years of age or older,) GUIDING LIGHT will provide written notice to the school district in which the Facility is located, not later than the third (3rd) calendar day after the date a Child is placed in a residential Facility.
 - i. For this written notice, GUIDING LIGHT should reference the Texas Education Code 29.012 and include the following minimum information:
 1. Name and date of birth of Child

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

EDUCATIONAL SERVICES

1080

2. Name of GUIDING LIGHT and foster family
 3. Address of location where child resides
 4. Contact information for the representative of GUIDING LIGHT who is submitting such notice, or
 5. GUIDING LIGHT also has the option of using the DFPS template:
 6. DFPS may at any time require that a Child attend the local Public School.
 7. For children receiving treatment services the child placement staff will be designated as the liaison between the agency and the child's school.
3. Caregivers must:
- a. Review report cards and other information received from teachers or school authorities with the child and provide necessary information to agency staff;
 - b. Counsel and assist the child regarding adequate classroom performance;
 - c. Permit, encourage, and make reasonable efforts to involve the child in extracurricular activities as determined by a reasonable and prudent parent standard to the extent of the child's interests and abilities and in accordance with the child's service plan;
 - d. Provide a quiet, well-lighted space for the child to study and allow regular times for homework and study;
 - e. Know what emergency behavior interventions are permitted and being used with the child;
 - f. Request ARD (admission, review, and dismissal), IEP (individual education plan) and ITP(individual transitional planning) meetings if concerned with the child's educational program or if the child does not appear to be making progress;
 - g. Provide notice to the Managing Conservator of the child of any scheduled ARD, IEP, or ITP meetings; and
 - h. Attend ARD, IEP, ITP meetings, other school staffing, and conferences to represent the child's educational best interests, including the child being evaluated for and provided with services needed for the child to benefit from educational services, and positive behavior supports designed to decrease the need for negative disciplinary techniques or interventions.
4. GUIDING LIGHT will maintain and update an Education Portfolio for each school age child. If the child's Education Portfolio is not provided at placement, the GUIDING LIGHT case manager shall retain the documentation by requesting the information from the child's Case Worker or Caseworker's Chain of Command. .
- a. The Education Portfolio will be available to the TDFPS caseworker on any visit with the child.
 - b. The Education Portfolio will be maintained in the foster home and will be reviewed by the case manager each quarter that school is in session to ensure that it is up to date. A copy of the child's Education Portfolio will be maintained in the child's records.
 - c. The Case Manager will ensure that the Education Portfolio is provided to the TDFPS caseworker at the time a child is discharged from GUIDING LIGHT. All Current school withdrawal records will be included.
 - d. Caregivers are to update children's education portfolios within 30 calendar days of all events requiring a portfolio change.
 - e. GUIDING LIGHT will **not** provide the Common Application for Placement of Children in Residential Child Care (Form 2087), or the Alternative Application for Placement of Children in Residential Care (Form 2087ex) to a Public School and will ensure that documents and information in the Educational Portfolio are kept confidential and only shared with school personnel as necessary to facilitate school activities.
 - f. The Education Portfolio contents must include where appropriate:
 - i. Form 2085 Placement Authorization
 - ii. Form 2085-E Designation of Education Decision-Maker
 - iii. School enrollment documentation; Birth Certificate, immunizations, school withdrawal
 - iv. Special education documentation: Referral Forms, admission review and dismissal (ARD) team meeting notes, Individual Education Plan (IEP), documents related to Sections 504 and 508 of the Rehabilitation Act of 1973 regarding reasonable accommodations, Full Individual Evaluations, and or other diagnostic assessments.
 - v. Report cards, progress notes, notes excusing school absences, or correspondences
 - vi. Certificates of achievement.
 - vii. School Pictures
5. Children will receive appropriate educational and vocational services
- a. The child will be officially enrolled in school and his records will be transferred from his previous school. GUIDING LIGHT will ensure that each school aged child enrolls the child in an accredited Texas public

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

EDUCATIONAL SERVICES

1080

- school within 3 school days of placement, unless an exception is granted by DFPS; and provides written verification of the child's enrollment to the CPS Worker within 5 calendar days of the enrollment.
- b. The child will receive interventions through formal liaisons with the school when necessary (I.E.P., private school, tutoring, etc.)
 - c. The child will not be spanked by school personnel. The school personnel should be referred to the Child Placement Staff concerning such matters.
 - d. The child will be enrolled into the school lunch program for which meals are free. However, until the child is accepted into the program, money will be provided by the caregiver to purchase meals.
 - e. The child will have all supplies necessary according to the school guidelines.
 - f. GUIDING LIGHT shall ensure that each school aged child attends an educational program accredited by the Texas Education Agency (TEA). GUIDING LIGHT may request an exception to this requirement from the CPS caseworker. The Commissioner for CPS, or his/her designee may approve the exception request, and such approval must be in writing.
 - i. Therapy, visitations, or other appointments at all times possible are to be scheduled outside of school hours to minimize disruptions to a child's education. The CPMS is responsible for monitoring that therapy sessions and visitations are not occurring during school hours on a monthly basis. Exceptions to this policy, must be noted in the child's file. For example, therapist is building rapport with the school, child participates in extra-curricular activities that prohibit therapy after school or weekends.
 - g. Excused Absences
 - h. Foster children can receive an excused absence from school for participating in an activity required by the child's service plan and/or court order. All schools have been directed to accept this student absence as an excused absence and will not penalize the student as missing a class day. All students are allowed to make up the work missed on these days. A copy of this letter must be in the child's Educational Portfolio.
 - i. GUIDING LIGHT will cooperate with the Department in providing Preparation for Adult Living (PAL) services to all children identified by the Department as needing such services.
 - i. GUIDING LIGHT will obtain written prior approval from DFPS PAL Staff to utilize the PAL Life Skills Independent Study Guide for a child in substitute care and in order for the child to receive credit for completion of the guide.
 - ii. GUIDING LIGHT will notify a child's CPS Worker when a child is 16 years of age or older, if at the time of updating the child's service plan, GUIDING LIGHT is not aware of a plan for the child to enroll in or receive PAL Life Skills training classes. PAL training must be completed before the child's 18th birthday.
 - j. GUIDING LIGHT will inform, provide, and facilitate vocational training programs, employment opportunities, support services and activities, including job readiness and skills training apprenticeships and trade skills, and vocational training, and internship program opportunities that are required at 14 years of age and/ or as developmentally appropriate, or as approved by the Child's CPS including services provided by the local Texas Workforce Solutions offices if available in the area, Transition Centers (where available), and if applicable, vocational rehabilitation services for individual with disabilities provided by the local Department of Assistive and Rehabilitative Services (if available in the area) and post-secondary education programs including dual college credit courses, so each child:
 - i. Has access to appropriate vocational activities and community education programs, technical training programs and volunteer opportunities; and
 - ii. Receives the assistance needed to maximize the benefit of these activities.
 - iii. The progress of the child's vocational activities will be documented in their CPOS if 14 years or older.
- Any child age 16 or older should seek employment unless otherwise specified in the CPOS. GUIDING LIGHT will assist the child as needed to obtain paid or unpaid work that occurs on a weekly basis.
- k. GUIDING LIGHT must inform, guide, and assist the child in accessing and completing documents when required and requested for the College Tuition Fee Waiver and Education and Training Voucher (ETV) Program. In addition, GUIDING LIGHT must guide and assist the child in accessing and completing documents and applications for employment.

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

EDUCATIONAL SERVICES

1080

- l. GUIDING LIGHT will ensure the caregiver fully participates in the child ECI evaluation and process for developing and Individualized Family Service Plan (IFSP) for ECI services for each child younger than 3 years of age, and ensure the caregiver performs the following duties:
 - i. To the extent the caregiver consents to the child's recommended and additional ECI Program services, the caregiver fully participates in and supports these services.
 - ii. GUIDING LIGHT will ensure the caregiver provides written consent for the child's ECI information to be entered into the child's Health Passport.
 - iii. GUIDING LIGHT will refer each child to ECI services when the foster parent has concerns about the child's developmental needs.
 - iv. Facilitate the continuation of ECI services to each child who was receiving ECI services prior to placement.
 - v. Provide (in compliance with the Texas Education Code 29.012) written notice to the local ECI Program not later than the third (3rd) calendar day after the date a Child is placed in a residential facility. The this written notice, GUIDING LIGHT must reference the Texas Education Code 29.012 and include the following minimum information:
 1. Name and date of birth of Child
 2. Name of GUIDING LIGHT and foster family
 3. Address of location where Child resides
 4. Contact information for the representative of GUIDING LIGHT who is submitting such notice
 5. GUIDING LIGHT has the option of using the DFPS template for this purpose which can be accessed at:
http://www.dfps.state.tx.us/documents/PCS/CPA_notice_to_ECI_sample_letter.doc.
 6. Ensure the caregiver provides written consent for:
 - a. The Child's ECI information to be entered into the Child's Health Passport; and
 - b. The Child's Caseworker and Caseworker's Chain of Command to directly access ECI records from the ECI program if necessary.
 7. If the child was receiving ECI services before placement, GUIDING LIGHT must ensure that services continue.
- m. Each child between 3 and 5 years of age
 - i. Attends a pre-kindergarten program offered through public school or an early childhood education program offered through Head Start; if available, in the local community of the Child's caregiver, unless an exception has been granted from CPS worker or Case worker's chain of command.
 - ii. May attend a private, early childhood education program or prekindergarten program or pre-kindergarten program paid for by the contractor or caregiver if an exception, has been granted by CPS case worker.
- n. If the caregiver declines to consent to the recommendations, the caregiver must immediately submit a detailed written report to DFPS explaining why such declined services are not in the best interest of the child. The caregiver has the right to file a complaint, participate in mediation, and / or request a due process hearing.

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

DISCIPLINE POLICY

1090

1090 | DISCIPLINE POLICY

1. Caregivers must provide opportunities for Children to participate in community and school recreational activities that are age appropriate such as indoor, outdoor, school, community and religious or spiritual activities for Children that are age or developmentally appropriate, varied, interactive with peers, and are of interest to the Child; this should include appropriate activities for youth with Primary Medical Need, intellectual or developmental disabilities and other special medical needs or physical disabilities. Caregivers should use a “Reasonable and Prudent Parent Standard” to decide whether a Child may participate in an unsupervised activity.
 - a. Except for written medical orders to the contrary, programs for non-ambulatory children to include:
 - i. Physical fitness development that prescribes a variety of body positions; and
 - ii. Changes in environment.
 - b. Each child must have individual free time as appropriate to the child’s age and abilities.
 - c. Caregivers must provide the following types of recreational activities based on each individual child’s needs:

Types of service	The caregivers must:
(1) Child-care services	(A) Ensure that opportunities to participate in community activities, such as school sports or other extracurricular school activities, religious activities, or local social events, are available to the child; and (B) Organize family activities, religious activities, or local social events that are available to the child.
(2) Treatment services	(A) Meet the requirements in paragraph (1)(A) of this chart (B) Ensure that each child receiving treatment services has an individualized recreation plan designed by the service planning team or professionals who are qualified to address the child’s individual needs, that the plan is implemented, and that the plan is revised by the service planning team or qualified professionals, as needed; and (C) Ensure that medical and physical support are given if the recreational and leisure-time activities require it for a child who is receiving treatment services for primary medical needs, Autism Spectrum disorder, or intellectual disabilities .

2. Children must have opportunities to participate in community and/or school functions, recreational activities and leisure activities to have their social and therapeutic needs met.
 - a. Foster Parents should have planned activities and also engage in activities with foster children that are spontaneous. The activities should address the child’s therapeutic needs, provide an outlet for stress, and/or allow the child to enjoy him/herself given the child’s interests and aptitudes. Caregivers should intervene as necessary to reduce the risk of and occurrence of any and all injuries during recreational activities. Activities must be interactive with peers, and are of interest to the Child.
 - b. The schedule and the child’s participation in the activities should be documented daily by the foster family and submitted to the GUIDING LIGHT office monthly. The documentation should also include the child’s response to the activities and the explanation of how it collaborates with the child’s treatment plan. The child should have input into the types of recreational activities in which they plan to participate.
 - c. Documentation for social/recreational activities will include the frequency of the activities with the kind of staff involved and supervision. For Specialized Service Level children, the therapeutic value of each activity will be documented in the CPOS.
 - d. For the small percentage of GUIDING LIGHT children who are limited by developmental disability, Intellectual Disabilities , or medical condition, activities must fit the child’s needs or be modified. If a Specialized Service Level child has primary medical or requires services that help a person keep, learn or improve skills and functioning for daily living, medical and/or physical supports may be required.

Board Approved

Effective 12/1/2023

- e. Relationship to the community - GUIDING LIGHT participates and collaborates with other social agencies and planning groups in the community for the purpose of coordinating, planning and expanding services concerned with strengthening family life and services for children and their families.
 - f. A written consent must be obtained from the child (if the child is able to give consent) and from the child's parents or the Managing Conservator prior to involving the child in any fund raising or publicity for the child-placing agency.
 - g. Cultural Competence-Children should participate in the activities to preserve a child's cultural identity and community.
 - i. Foster families are to provide activities and information that promote the foster children's culture, race, ethnic background, and religion.
 - ii. GUIDING LIGHT will provide services and activities to children of various cultures, races, ethnic backgrounds, and religions in a manner that recognizes and affirms their worth, protects and preserves their dignity, and ensures equity of service delivery.
 - h. Foster families are to encourage child's religious affiliation and provide opportunities for religious and spiritual development. Foster families are to endeavor to ensure that children are able to preserve desired and appropriate connections to religious and spiritual affiliations through onsite or offsite means. As well making good faith efforts to ensure children are able to make connections to school, community, family members, religious groups, and other people or groups to which a Child is bonded and which help the Child maintain Normalcy.
 - i. GUIDING LIGHT must ensure that Children have input into the types of normal childhood activities in which they wish to participate. Documentation of normal childhood activities and activities the child declined or was not approved by the caregiver will be in the child's plan of service.
3. Parties, Entertainment, Recreational Activities and Gifts
- a. The purpose of the gifts is to fulfill emotional and spiritual needs of the children being served, and to establish accounting and control of recreational activities and gifts for foster children.
 - b. GUIDING LIGHT will provide an annual birthday, a high school graduation gift and an annual Christmas gift to each foster child in care, to help enhance the child's self-value by giving them a personal gift item. GUIDING LIGHT limits the value of the annual birthday gift allowance to a maximum of \$30, and a maximum of \$50 for the high school graduation gift allowance. The Christmas gift allowance is \$50 for children age 12 and under and \$75 for children age 13 and older.
 - i. The Christmas gifts are distributed by way of a meeting in each region, called a Christmas Gathering, to enable each child to receive their gift simultaneously with the other foster children in the region (For Children who are homebound a special gathering at their home to share the gifts will be arranged). Caregivers are expected to attend in order to supervise their foster children in care. Child Placement Staff, therapist and some administrative staff are asked to attend to help provide coordination of the distribution of gifts, take photographs for foster children's Life Books, and food preparation/serving; and to communicate to the foster children the inclusiveness of belonging to a larger family of the agency.
 - ii. CPS Workers, who are the Managing Conservators to the foster children, and CASA Workers, who are the advocates for the foster children, are invited to encourage a sense of belonging to significant others in the children's lives. All other recreational activities, entertainment, parties and gifts provided to children in care are the responsibility of the foster parent and shall be made available in accordance with the children's plan of service and other applicable standards.
 - iii. No agency funds will be spent for parties, gifts, recreation or entertainment for agency staff or caregivers, except in accordance with the agency's policy on Employee Relations.
4. Discipline properly administered should promote a value of self-control, hence positive regard from others and for self. One should be able to see him/herself as valuable even when fulfilling a lesser role than others in a given situation. The Discipline Policy is as follows
- a. The caregivers and staff are expected to be consistent with GUIDING LIGHT's discipline policy. Parental discipline of children is necessary to instill self-discipline and a proper role in relation to authority. The assumption here is that man is naturally interested in the self, without regard for others. Therefore, the purpose of discipline is to teach a child to practice sharing, not selfishness; to be cooperative, not defiant; to be respectful, not disrespectful; and to be considerate of others, not inconsiderate.

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

DISCIPLINE POLICY

1090

- b. The discipline must not be physically or emotionally damaging to the child. Personal physical restraint is the only allowable method of restraining a child. All direct caregivers must be trained in Behavior Intervention of children prior to caring for a child.
 - c. The caregivers must make a concerted effort to determine which disciplinary measure is effective for each child. The measures must be individualized to meet the needs of the child. The GUIDING LIGHT staff assigned to the foster home will assist in determining this for each child.
 - d. The caregivers must use Trauma Informed Care Principles by ensuring discipline methods are child-centered and considers the culture, experiences, and beliefs of the child. TIC takes into consideration
 - i. The impact that traumatic experiences have on the lives of children;
 - ii. Symptoms of childhood trauma
 - iii. An understanding of a child's personal trauma history
 - iv. The recognition of a child's trauma triggers
 - v. Methods of responding that improve the child's ability to trust, to feel safe, and adapt to changes
5. Only adult caregivers may discipline a child. All direct caregivers must be trained in Behavior Intervention of children prior to caring for a child. Other adult caregivers include, but are not limited to, teachers, Sunday school teachers, coaches, and police.
6. Children must not be subjected to any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. Guiding Light stands firmly against abusive punishment; punishment administered in anger, punishment that will break the child's spirit (personal worth); punishment administered in a fashion that implies that the child is unwanted, unnecessary, foolish, ugly, dumb, a burden, an embarrassment or a disastrous mistake. GUIDING LIGHT is interested in teaching caregivers effective parenting techniques and healthy family relationships that will obviate the use of physical punishment. All of the following practices are prohibited:
- a. Pinching or twisting the skin
 - b. Forcing the child to smoke several cigarettes or swallow chewing tobacco
 - c. Pulling hair
 - d. Washing the inside of the mouth with soap or any substance considered foreign to the mouth
 - e. Pulling the ears
 - f. Forcing the child to eat food, withholding food, or using food as a reward. We are not under any obligation to replace the food with items that the child enjoys/wants more than what is being prepared on a menu that meets standards
 - g. Forcing a child to perform work tasks that are beyond their capabilities and physical abilities
 - h. Delegating a child to discipline another child
 - i. Assigning physically strenuous exercise or work only for punishment
 - j. Requiring a child to remain silent for long periods of time
 - k. Disciplining the group for the misbehavior of an individual child
 - l. Shaking or pushing the head
 - m. Slapping of the child in any manner, including birthday spankings
 - n. Using ridicule, verbal abuse or threats, derogatory or humiliating remarks
 - o. Inflicting harsh, cruel, unusual, unnecessary, demeaning punishment, or physical punishment inflicted upon the body
 - p. Denying food, water, shelter, sleep, a bathroom, clothing, mail or bed
 - q. Denying elements of the Treatment Plan
 - r. Refusing communication or visiting with the family, including birth family members.
 - s. Threatening foster children with removal from the foster home
 - t. Placing a child alone in a locked room (Seclusion)
 - u. Restricting a child to the foster home for more than 24 hours without consent of GUIDING LIGHT Child Placement Staff and the Placing Agency Representative. If a child is restricted to a foster home for more than 24 hours, the restrictions must be recorded in the children's record.
 - v. Caregivers will not spit on the foster children
 - w. Caregivers will not bite the foster children
 - x. Discipline of any type is inappropriate and not permitted for infants.
 - y. Using sarcastic or cruel humor and verbal abuse;
 - z. Maintaining an uncomfortable physical position, such as kneeling, or holding his arms out;
 - aa. Putting anything in or on a child's mouth, such as soap or tape;

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Effective 12/1/2023

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

DISCIPLINE POLICY

1090

- bb. Demeaning behavior to embarrass, control, harm, intimidate, or isolate the child. “Demeaning behavior” may include using physical force, rumors, threats, or inappropriate comments.
 - cc. Humiliating, shaming, ridiculing, rejecting, screaming, or yelling at a child;
 - dd. Subjecting a child to abusive or profane language;
 - ee. Placing a child in a dark room, bathroom, or closet;
 - ff. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child’s age;
 - gg. Confining a child to a highchair, box, or other similar furniture or equipment as discipline or punishment;
 - hh. Denying basic child rights as a form of discipline or punishment;
 - ii. Caregivers shall not use “unproductive work” as a form of punishment
7. The reasons for any punishment or restriction must be explained to the child when the measures are imposed.
 8. Physical punishment must not be used with any child placed in substitute care.
 9. If a child is put in time out, he must comply on a voluntary basis. If force is used to physically place the child in time out or prevent the child from leaving time out, this action becomes a restraint and must be documented on the restraint form.

DAILY CARE, PROBLEM MANAGEMENT & DISCIPLINE POLICY

RESTRICTIONS

1100

1100 | RESTRICTIONS

1. Within limits, a caregiver may restrict a child's activities as a behavior management tool.
2. Restrictions of activities, other than school or chores, which will be imposed on a child for more than 14 days, must be reviewed with and approved by the child placement management staff or treatment director prior to or within 24 hours of imposing the restriction.
3. Restrictions to a particular room or building that will be imposed on a child for more than 24 hours must have approval from the service planning team, a professional service provider, or treatment director prior to or within 24 hours of imposing the restriction.
4. GUIDING LIGHT will inform the child and parent about any such restrictions placed on the child.
5. Documentation of all approvals, justification for the restriction, and informing the child and parents must be in the child's record.

EMERGENCY BEHAVIOR INTERVENTION: RESTRAINT FREE / ACE’S

GENERAL REQUIREMENTS

2000

EMERGENCY BEHAVIOR INTERVENTION:
RESTRAINT FREE / ACE’S

2000 | GENERAL REQUIREMENTS

1. GUIDING LIGHT uses trauma focused techniques developmentally and age appropriate as necessary to set limits for behavior and help each Child develop the capacity for self control. The use of trauma informed interventions needs to be used in all behavior management de-escalation and crisis management techniques to resolve emergencies and manage the home in a manner that minimizes disruption during a crisis.
2. Guiding Light is a restraint free agency, and only a caregiver qualified and trained in emergency intervention may administer any form of emergency behavior intervention, except for short person restraint of a child.
 - a. In situations where a child is significantly damaging property, such as breaking a car window or putting a hole into the walls, but is not posing a risk of harm to himself or others, a **short personal restraint may be used to intervene only to immediately prevent the damage and only if less restrictive techniques have been attempted and failed.
 - b. The following criteria apply to a **Short Personal Restraint:
 - i. The restraint lasts no longer than 1 minute;
 - c. Situations appropriate for use of Short Personal Restraints:
 - i. To prevent imminent significant risk (a risk that is immediate; a situation where bodily harm will occur to the child or another person if there is no immediate intervention);
 - ii. To protect a child from immediate danger (ex: preventing a toddler from running into the street or coming into contact with a hot stove). The restraint must end immediately after danger is averted;
 - iii. To intervene when a child who is age 5 or under demonstrates disruptive behavior in a public place (i.e., a temper tantrum);
 - d. To prevent significant damage to valuable property; or
 - e. An active attempt to run away may be considered an emergency situation when the following is a factor:
 - i. The child is developmentally or chronologically age 5
 - ii. The child is suicidal
 - iii. The operation is located near a high traffic area
 - iv. Adverse weather conditions pose a clear safety risk to the child or
 - v. Other clear safety risks are present.
3. A short personal restraint is permitted when a child is attempting to run away only if the child is age 5 or under or is mentally incapable of determining imminent danger. De-escalation techniques must be attempted prior to the decision to restrain the child.
4. Caregivers will not use a short personal restraint as a form of punishment, as a substitute for effective treatment or program, or for the caregiver’s convenience.
5. At admission, the Child Placement Staff will explain to children who are able to understand, GUIDING LIGHT’s policies and practices on the use of short personal restraint. The explanation will include the following:
 - a. Only adult caregivers are permitted to do a short personal restraint
 - b. The steps that must be taken to defuse the situation and to avoid using a short personal restraint and it must be in the situations listed above.
6. At admission each child is to be informed of their right to voluntarily provide comments on any short personal restraint. The child can report an inappropriate restraint to the Child Placement Staff, the GUIDING LIGHT therapist or another trusted adult. This explanation will be documented in the child’s record on the GUIDING LIGHT Children’s Rights and Privileges form.
7. An “Allowed Behavior Intervention” list will be posted in each foster home or given to the child and Managing Conservator at the time of placement. Allowable Behavior Intervention includes:

<ul style="list-style-type: none"> - Identify Escalating Hostility - Private Discussions: 	<ul style="list-style-type: none"> - Remove the Audience
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EMERGENCY BEHAVIOR INTERVENTION: RESTRAINT FREE / ACE'S

GENERAL REQUIREMENTS

2000

<ul style="list-style-type: none"> 1. Reflective Listening 2. Determine Reason for underlying Anger 3. Resolve Underlying Issue - Rewards or Consequences/Loss of Privileges - Verbal Redirection - Time Out - Cooling Off Period or Location - Separate the Children in Conflict 	<ul style="list-style-type: none"> - Isolation Time to Think Things Through Before Meeting w/ the Parent - Quiet Time - Call a Family Meeting - Go For a Private Walk - Escorting-Short Personal Restraint for safety - Call 911 (Police Intervention) - Only Short Personal Restraints Permissible when warranted as identified above: <ul style="list-style-type: none"> 1. Short Personal Restraint
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- 8. A person who presents information relating to the misuse of any type of unapproved restraint or prohibited seclusions at the facility or a client or resident of the facility that presents information relating to the misuse of a short personal restraint will not be discharged or retaliated against.
- 9. The following techniques may not be used on a child:
 - a. Personal Restraints, Chemical restraints, mechanical restraints, and seclusion.
 - b. Aversive conditioning, which includes, but is not limited to, any technique designed to or likely to cause a child physical pain, the application of startling stimuli, and the release of noxious stimuli or toxic sprays, mists, or substances in proximity to the child's face;
 - i. Pressure points;
 - ii. Rebirthing therapy;
 - iii. Hug and/or holding therapy; and
 - iv. Personal Restraint are prohibited including Prone or supine positions.

EMERGENCY BEHAVIOR INTERVENTION: RESTRAINT FREE / ACE'S
SHORT PERSONAL RESTRAINTS

2010

2010 | SHORT PERSONAL RESTRAINTS

1. When a caregiver implements a short personal restraint, the caregiver must:
 - a. Minimize the risk of physical discomfort, harm, or pain to the child.
 - b. Use the minimal amount of reasonable and necessary physical force.
2. A caregiver may not use any of the following techniques as a short personal restraint:
 - a. A prone or supine restraint;
 - b. Restraints that impair the child's breathing by putting pressure on the child's torso, including leaning a child forward during a seated restraint;
 - c. 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;
 - d. Restraints that obstruct the caregiver's view of the child's face;
 - e. Restraints that interfere with the child's ability to communicate or vocalize distress; or
 - f. Restraints that twist or place the child's limb(s) behind the child's back.
3. Emergency behavior intervention may never be used as:
 - a. Punishment;
 - b. Retribution or retaliation;
 - c. A means to get a child to comply;
 - d. A convenience for caregivers or other persons; or
 - e. A substitute for effective treatment or habilitation.

Responsibilities During Administration of Any Type Of Emergency Behavior Intervention

1. A child must be released from a short-personal restraint:
 - a. Immediately when an emergency health situation occurs during the restraint. The caregiver must obtain treatment immediately; or
 - b. Within one minute, or sooner if the danger is over or the emergency situation no longer exists.
 - c. The maximum length of time is one minute on a short personal restraint.

No follow-up actions, documentation, reviews, or notices are required for short personal restraints.

2020 | OVERALL AGENCY EVALUATION

1. The overall agency evaluation is an annual review regarding:
 - a. The use and effectiveness of emergency behavior interventions at GUIDING LIGHT; and
 - b. Our emergency behavior intervention policies and procedures, including the training policy and curriculum.
2. The objectives of the evaluation are to:
 - a. Develop and maintain an environment that supports positive and constructive behaviors of children in care;
 - b. Use emergency behavior intervention safely, appropriately, and effectively without personal restraints.
 - c. Eliminate or reduce physical injuries and any other negative side effects on the child's behavior or emotional development resulting from the emergency behavior interventions.
3. One focus of the evaluation must be on:
 - a. The frequency, patterns, and effectiveness of the types of emergency behavior intervention techniques that are used for all children in GUIDING LIGHT foster homes;
 - b. Strategies to reduce the need for emergency behavior interventions for all children in foster homes; and
 - c. Specific strategies to reduce the need for use of specific types of emergency behavior intervention techniques for all children in foster homes.
4. The results of each overall agency evaluation must be made available to TDFPS for review.
5. Quarterly, GUIDING LIGHT will collect, document, and review aggregate numbers of emergency behavior interventions by type of intervention with the exception of short personal restraints unless it requires medical professional care which will need to be documented.
6. This information must be reported to TDFPS quarterly.
7. GUIDING LIGHT will maintain the data for five years.
8. An annual Emergency Behavior Intervention (EBI) evaluation report will be submitted to Licensing by the Executive Director or Executive Administrator by the 5th of January each year, covering data from the previous year. This report includes information regarding the following:
 - a. Aggregate numbers of emergency behavior intervention except for short personal restraints;
 - b. Trends to consider;
 - c. Impacts of EBI's;
 - d. Response to EBI Data and Impact;
 - e. Supervisors and Administrative Staff communication and training issues if any;
 - f. Foster parents ability to identify triggers to avoid restraints, teach self-calming strategies to children, debrief all children, and document accordingly.

Goals for improvement are listed along with strategies for achieving the goals.

FOSTER HOME SCREENING AND VERIFICATION

3000 | GENERAL REQUIREMENTS

1. Criteria for accepting caregiver applications

- a. Guiding Light will consider prospective applicants to the foster care program without discrimination against Foster Family or child care provider because of race, color, age, sex, national origin, disability, political beliefs or religion. Married or single caregivers may apply. Applications will be considered based upon agency need and caregiver's ability to meet the needs of the type of child(ren) served by the agency. In addition:
 - i. Persons representing themselves as a couple (common-law) without an official marriage certification must provide verification of living arrangements for a period of one year or more. They must present themselves as husband and wife.
 - ii. GUIDING LIGHT will verify applicants who are the same gender, living together in the same household if they are related or legally married.
 - iii. Individuals applying to be a caregiver must have a social security number. Applicants who are not U.S. citizens (such as permanent residents or other qualified aliens as defined in 8 U.S.C. 1641(b)) must supply the following additional information:
 1. Copies of the citizenship status; permanent resident, temporary visa, green card, etc.
 2. Length of time residence has been maintained in the U.S.
 3. Reasons for relocating to the U.S.
 4. Plans to return to native country for visits or other reasons. Include explanation of circumstances that would require a return home if they do not have current plans to return.
 5. Where is the extended family located? What type of communication do they have with them? Are they supportive of residency decisions and desire to caregiver?
 6. Evaluation of stability; residence history, employment history
 7. Information regarding cultural customs/practices, beliefs that differ from the U.S. Are these practices appropriate in caring for our children, especially as they relate to medical care, education, discipline, expectations, religious beliefs, etc.
 8. Information on the celebration of holidays, especially the U.S. and/or Christian holiday of the celebration of the birth of Jesus Christ in December. We place emphasis on Christmas as we are a Christian agency.
 - iv. The Executive Director, board members and GUIDING LIGHT employees may not become a verified caregiver for GUIDING LIGHT but may foster children for other child-placing agencies.
- b. The following items are required along with the completion of the Application and Questionnaire
 - i. A copy of the birth certificate
 - ii. A copy of current driver's license, indicating age 21 or more
 - iii. A copy of social security card
 - iv. Proof of citizenship status if not a U.S. citizen
 - v. Copy of vehicle liability insurance
 - vi. Copy of homeowner's or renter's insurance
 - vii. Pet vaccination dates
 - viii. Current marriage license
 - ix. All divorce or spousal death certificates, if married previously
 - x. For both Caregivers: Proof of income for two months (Paycheck stub, Disability, Social Security, and/or other sources of income such as family support, Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF), as applicable), bank statements from all accounts, and tax returns. Documentation provided with only gross income listed is not acceptable.
 - xi. A completed GUIDING LIGHT Health Status form for each adult member of the family
 - xii. Names and addresses for four letters of reference who have known applicant's for an extended period of time (at least one year)

FOSTER HOME SCREENING AND VERIFICATION

GENERAL REQUIREMENTS

3000

- xiii. A detailed description of each applicant's history of work experience and training as it relates to caring for Basic to Specialized service Level children
- xiv. 1. A release from each applicant to conduct a FBI, criminal history check, and child abuse/neglect report. This information is required to rule out any criminal history and/or current felony or misdemeanor indictments and/or official criminal complaints alleging any offenses against a person or family, or of public indecency, or any offense under the Texas Controlled Substance Act (of the Texas Health and Safety Code) or any similar offense under the laws of any jurisdiction. Verification of the above items must be accomplished through use of the forms provided by the Department. FBI, Criminal History, and The Texas Abuse/Neglect Background Checks are required on all members of the family who are 14 years of age or older. Any person who does not meet the requirements must not come into direct contact with children in care. In addition, any person who is indicted for any felony, criminal offense or who is the subject of a criminal complaint that has been accepted by a county or district attorney must not come into direct contact with children in care. Also, persons who are the subject of an investigation by the department for the abuse or neglect of a child must not have contact with children in care. If any applicant does not have a clean record or is under investigation, s(he) must not come into contact with children in care pending resolution of the charges/investigation or until Licensing determines that the person does not pose a risk to the children in care. Law enforcement service call information on addresses for each of the prospective foster parents over the past two years must be obtained and assessed.

2. The specific results of all background checks must be documented and assessed in the foster home screening and the foster home record.

- a. any individual requiring an FBI fingerprint check with no longer need a DPS name-based criminal history check.
- b. For individuals that require an FBI fingerprint check, the background check is considered complete when you receive the results for both the FBI check and the Central Registry check.
- c. For individuals that do not require an FBI fingerprint check, the background check is considered complete when you receive the results for both the DPS check and the Central Registry check

3. Any person listed by the applicant that may provide support as a caregiver during an unexpected event or crisis situation will need a fingerprint-based criminal history check before acting as a caregiver. Unless the person will be a caregiver immediately upon verification, the background check does not have to be completed before verification.

4. These checks will be resubmitted a minimum of every two years on each member of the family while verified with GUIDING LIGHT.

5. In addition, GUIDING LIGHT will conduct a national sex offender registry check using the United States Department of Justice National Sex Offender Website at <https://www.nsopw.gov>.

- xv. A signed and notarized affidavit stating each prospective caregiver has not abused a child sexually, physically and/or emotionally. Failure or refusal to complete and sign the affidavit constitutes a good cause for refusal to verify.

- c. The foster home applicants must provide information regarding any previous verification of the foster home by another child-placing agency and if they have made previous applications with other child placing agencies (transferring families). If a foster family has been verified by another agency in the past or is currently verified by another agency and seeking to move to a new agency, GUIDING LIGHT must request background information about the applicant from any child-placing agency that has previously verified the home or with which they have applied. The background information must include:
 - i. Home studies under which the agency home was verified by all previous child-placing agencies.
 - ii. Records of noncompliance with minimum standards under all previous child-placing agencies and the resolutions of any such noncompliance. If the previous child-placing agency did not resolve a noncompliance, GUIDING LIGHT may choose to resolve the issue(s) with the applicant(s).

- d. Each caregiver must be at least 21 years old.

2. Before Pre-Service training the following must be received for the caregiver file:

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Effective 12/1/2023

FOSTER HOME SCREENING AND VERIFICATION

GENERAL REQUIREMENTS

3000

- a. Four letters of reference (such as family members, friends, supervisor, coworker, etc.)
- b. Basic Competency Assessment (if the applicant does not have a high school diploma or GED)
- c. In accordance with Texas Department of Health guidelines for tuberculosis testing, GUIDING LIGHT requires all prospective caregivers and members of their household to be tested for TB within 30 days prior to verification. TB testing is not mandatory thereafter. Any biological infant must be tested within 60 days after age one.
3. Before the Home Screening can begin, the prospective foster family must complete all components of Pre-Service Training: See Section 510
4. Documentation needed in the home study evaluation and approval process
 - a. Interviews describing individual capabilities, of each person applying, of meeting the needs of children in care. Also, a copy of a satisfactory rating on the pre-service training evaluations.
 - b. A signed agreement from the prospective caregiver(s)/staff stating they will abide by the state minimum standards and GUIDING LIGHT's policies and procedures. The signed agreement will be filed in the family record.
 - c. Determination as to whether the home is an encouraging, safe and healthy environmental milieu, as reflected in the following areas.
 - i. The home study interview describing the attitudes toward family relationships
 - ii. The description of the property based on the observation of the home during the home study process
 - iii. Registered Sanitarian and Fire Department inspections
 - d. Information required of home screenings defined by Minimum Standards.
5. Criteria for making decisions about the number, ages and needs of children who may be placed with caregivers, or in a GUIDING LIGHT foster home where child care staff are employed will be collected from the following:
 - a. Documented preference and experience of the ages in which the prospective caregiver(s)/staff with which they have had prior training.
 - b. Evaluations from the staff conducting the orientation and the pre-service training.
 - c. Recommendations made by the person conducting the home study based upon the evaluation material utilized during the interview process.
6. Caregiver Specialization
 - a. Special Needs: Foster care for children who are medically or mentally disabled. These groups include, but are not limited to, children who are diagnosed to have: HIV, drug and/or alcohol syndrome, EMR, TMR, SMR, or physical disabilities.
 - b. Emotional Therapeutic: Foster care for children who suffer from the effects of emotional setbacks due to sexual and/or physical abuse, as well as other types of trauma.
 - c. Maternity Home: Foster care, counseling, and nurturing for young women who have decided to carry their baby's full-term and to provide continued care for both mother and child after birth. Therapeutic caregivers who provide care for mothers who are pregnant when they enter their facilities or have babies when they enter their facilities, are reimbursed at a rate of 50% of the per diem paid to GUIDING LIGHT (for the mothers only).
 - d. Emergency Foster Care: Immediate care for children in which uncontrollable circumstances require their removal from a threatening situation. Care is not to exceed 30 days.
 - e. Diagnostic Foster Care: Foster care placement to determine the current status of the child's placement needs. Care is not to exceed 40 days.
 - f. Treatment Services: Foster care for children with emotional disorders, Autism Spectrum disorders, intellectual disabilities, trafficking victims, or primary medical needs
 - g. Intense Level of Care: Foster care for children who have severe problems in one or more areas of functioning that present an imminent and critical danger of harm to self or others.

These areas of specialization must be maintained during the current certification period. Caregivers wishing to change or add to their area of specialization must inform the Executive Director/CPMS of their regional office of their intentions prior to the re-certification of their home.

To qualify for re-certification, the foster home must be in compliance with state regulations, as well as requirements established by GUIDING LIGHT, to include, but not limited to, the training requirements. Failure to comply with the requirements will result in the issuance of a provisional certification or de-certification.

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Effective 12/1/2023

7. Foster Parenting is a responsible human service work performed in the community residence for children adjudicated delinquent or deprived. Persons involved in this work operate on the basis of a placement contract with GUIDING LIGHT. These persons exercise general supervision over all phases of the residence program that directly effects the youth placed. They are responsible for providing substantial, direct service with special emphasis on creating a home-like atmosphere with warmth and sufficient structure. Work includes many functions which would ordinarily be done by natural parents; contributing to staff conferences; participating in supervisory conferences and advanced training; planning and supervision of recreational experiences for children; and parent conferences as they relate to the educational programs of children in residence.
- a. General Responsibilities to the foster child:
 - i. Commitment - following through with what is in the best interests of the child, regardless of what happens
 - ii. Acceptance - conveying acceptance of child, if not his/her behavior
 - iii. Family living - teaching the child to participate in normal family life in the home.
 - iv. Health and safety - responsibility for the child's health and safety including sanitary food preparation, proper food storage, disaster and emergency procedures posted, and proof of animal vaccinations..
 - v. Independence - teaching and encouraging behavior necessary for stable employment
 - vi. Communication - counseling with child concerning problems of daily living and interpersonal relations.
 - vii. Recreation- participation in both planned and unplanned recreational activities, including trips away from the residence
 - viii. Carrying out responsibilities listed in each child plan of service of the children in the home.
 - ix. Will hold weekly family council meetings to discuss concerns and problems, and to develop plan of action to eliminate problems.
 - x. Will provide clear rules that are appropriate for developmental levels of children.
 - xi. Will provide a clear system of rewards and consequences.
 - xii. Will have full time caregivers to meet child to staff ratios 24 hours a day. Appropriate childcare must be arranged whenever the full-time caregiver is not present in the home.
 - xiii. For a child who presents a risk of harm to self or others, the foster home will have a plan for the direct, continuous observation of the child and an awake caregiver, if indicated, throughout the night.
 - xiv. A foster child must not be left unsupervised, unless specified in the CPOS. Supervision involves direct monitoring of the child as well as indirect monitoring in which the caregiver is aware of the activity and proximity of the child and can immediately assist him/her if necessary. This does not mean "eyes-on" the child at all times. The caregiver should be aware of the child's whereabouts and activities with "eyes-on" observance within frequent intervals, unless the child is engaged in activities that prohibit periodic "eyes-on" supervision, such as nighttime sleep or private bathroom activity.
 - xv. A child who is younger than five years of age and less than 36 inches in height, must be secured in a child passenger safety seat system according to the instructions of the manufacturer.
 - xvi. Foster parents with sharp fingernails should take special precautions to avoid scratching foster children accidentally, which could result in a citation of physical abuse on the Central Registry, that would prohibit services for any children in the future.
 - xvii. Basic Living and Social Skills- GUIDING LIGHT must ensure the foster parents:
 1. Teach Basic Life Skills and Social Skills;
 2. Provide opportunities for learning through the use of Basic Life Skills Activities;
 3. Provide access to 2 or more Basic Life Skills Activities a month in the home or provided by community resources (to be documented in the CPOS & FPPW);
 4. Promote the ability to appropriately care for themselves and function in the community;
 5. Assist Children ages 14 or older who have a source of income to establish a savings plan and, if available, a savings account to manage independently;
 6. Assist Children ages 18 up to 22 years of age who have a source of income to obtain a savings or checking account with a Financial Institution (in accordance with the Texas Finance Code §201.101); and

FOSTER HOME SCREENING AND VERIFICATION

GENERAL REQUIREMENTS

3000

7. Provide access to age appropriate Normalcy activities which are suitable for the Child's level of maturity and age including activities not listed in the Child's Service Plan.
- b. Responsibilities toward the biological family members of foster children
 - i. Recognize the pain of having their children in substitute parenthood.
 - ii. Be sociable.
 - iii. be realistic - recognize their problems are caused by life circumstances, but they may be willing to change if someone gets positively involved.
 - iv. Cooperate with visitation plan.
 - v. Be aware of competition (child may love both).
 - vi. Encourage children to maintain healthy relationships with their family (letter writing, visiting, etc.)
 - vii. Do not criticize.
 - viii. Although many behaviors of the biological family are not supportable, support the family members.
 - c. Responsibilities to GUIDING LIGHT
 - i. Cooperate with GUIDING LIGHT as the agency bears ultimate responsibility for the child.
 - ii. Accept children from no other agencies for foster care placement.
 - iii. Provide feedback regarding problems and needs of foster children in the home.
 - iv. Participate in the child's treatment plan and carrying out the plan of services for the foster child.
 - v. Attend the advanced training seminars sponsored by GUIDING LIGHT.
 - vi. Adhere to regulatory and agency standards.
 - vii. Be responsible for acquiring the number of training hours needed.
 - viii. Submit the necessary forms for financial reimbursement to the agency bookkeeper at the agreed upon time.
 - ix. Inform GUIDING LIGHT in a timely manner of children whom they are willing to accept for placement
 - x. Work with the entire treatment team should circumstances no longer allow care for a particular child. Recognize that removing a child from a home can take anywhere from 24 hours to document an emergency to 30 days for discharge from the GUIDING LIGHT system.
 - xi. Inform agency staff of any changes in the child's psychological, educational or medical/dental situation.
 - xii. Agree to supervision of their foster home by the agency
 - xiii. On a monthly basis, provide the agency with current, accurate and complete data information concerning the children in their home. Include verbal communication and required caregiver logs, reports, medication records and logs, incident reports, and other required documentation.
 - xiv. The Executive Director may, at his discretion, require a caregiver/child care provider worker to submit to an alcohol or drug screening test. A refusal to submit to an alcohol or drug test or the intentional interference with a test such as switching or altering a urine sample obtained for testing may result in immediate revocation of verification as a GUIDING LIGHT Caregiver.
 - xv. RCCR can refuse to renew a FF permit due to violation not corrected by the due date.
 - d. Responsibilities toward own family
 - i. Foster families should not make a project of the foster child.
 - ii. Should not treat foster child as a guest so that he is treated differently from their own children.
 - iii. Although the foster child, by nature of his problems, may require more time and differential treatment, foster families should not spend more or less time with, or treat better or worse, the foster child than their own child with similar problems.
 - iv. Respect husband's or wife's decisions (avoid playing one parent against the other).
 - e. Required skills, knowledge and abilities
 - i. Ability to show openness, warmth and acceptance in human relationships.
 - ii. Ability to be comfortable with self, child and referring agency staff.
 - iii. Ability to create and continue a mutual trust relationship with children.
 - iv. Skill in enabling children to have confidence in family.
 - v. Understanding of the special need for confidentiality.
 - vi. An understanding of the general principles of human behavior, with special emphasis on the emotional behavior and social problems of troubled children.

- vii. Some knowledge of the dynamics of group behavior
 - viii. Ability to work effectively with a range of professional disciplines such as police, social work, psychology and vocational rehabilitation as well as educational personnel.
 - ix. Knowledge of program objectives and interpretation of governmental rules, regulations, standards, policies, procedures and laws pertaining to children and to a foster home.
 - x. Ability to deal in a firm, yet understanding manner with the turbulent feelings and behavior sometimes shown by residents.
 - xi. Ability to participate meaningfully in training and counseling program.
 - xii. Ability to use a “Reasonable and Prudent Parent Standard” to decide whether a Child may participate in an unsupervised activity.
- f. Responsibilities of Foster Parents and GUIDING LIGHT
- i. Foster parents have the right to be treated with dignity, respect, and consideration of treatment team;
 - ii. Foster parents have the right and responsibility to participate in service planning and implementation of the CPOS;
 - iii. Foster parents have the right and responsibility to obtain training that will assist them in meeting the needs of children placed in their home;
 - iv. GUIDING LIGHT has a responsibility to assist foster parents in identifying training that will enhance the foster parents ability to meet the needs of children placed in their home;
 - v. Foster parents and GUIDING LIGHT have the responsibility to communicate with each other in a timely and effective manner;
 - vi. Foster parents have the right to be reimbursed for care of the children placed in their home in a timely manner according to GUIDING LIGHT policy;
 - vii. GUIDING LIGHT has the responsibility to provide relevant information about a child to foster parents when placing or considering placing the child;
 - viii. Foster parents have the right and responsibility to obtain information and ask questions about children that GUIDING LIGHT would like to place in their home, including requesting a pre-placement visit;
 - ix. Foster parents have the right to know how much discretion they have in declining specific placements without fear of negative repercussions;
 - x. GUIDING LIGHT has the responsibility to provide support to all of their foster parents and inform them of any services available to foster parents;
 - xi. Foster parents have the responsibility to report to GUIDING LIGHT and Licensing information for serious incidents
 - xii. Foster parents have the right to appeal to GUIDING LIGHT and decisions that affect them and to know the procedures for making an appeal;
 - xiii. Foster parents have the responsibility to comply with the Minimum Standards
 - xiv. GUIDING LIGHT has the responsibility to provide foster parents with support, training, and oversight in order to ensure the foster parents are in compliance
 - xv. Foster parents have the right to review their foster home record maintained by GUIDING LIGHT.
 - 1. GUIDING LIGHT and the foster parents must sign a copy of the statement at the time you verify the home.
 - 2. The foster home must have a copy of the signed statement.
 - 3. You must file a copy of the signed statement in the foster home

3010 | FOSTER HOME SCREENING

1. The foster home study process will include all of the following interviews:
 - a. The Foster Home Developer will have at least one individual interview with each prospective caregiver.
 - b. There will be at least one additional interview with both prospective caregivers together.
 - c. There will be at least one interview with each child three years old or older and any other person living full or part time with the prospective family.
 - d. There will be at least one visit in the foster home when all members of the household are present.
 - e. There will be at least one interview with each adult child of the prospective foster family and with each minor child twelve years old or older who no longer lives in the home. These interviews may be conducted by telephone, in person, or IVC Equipment.
 - f. There will be one interview of a family member not in the home.
 - g. There will be two additional interviews of neighbors, school personnel, clergy, or other members in the community.
2. The Foster Home Developer should:
 - a. Contact these persons
 - b. Explain the purpose of the foster care study
 - c. Ask if the adult child or minor child twelve years old or older who does not live in the household has any comment or information relevant to the study. If no reply is received, this should be documented in the home study.
 - d. Document in the record all interviews of persons required to be interviewed for a foster home screening including the dates and methods taken to contact the required persons, the date of the interviews, who was present at the interviews, their relationship to the prospective caregivers, and a summary of the interviews.
3. The Foster Home Developer or other GUIDING LIGHT staff person must conduct a foster home study for all family applicants being considered for verification as an agency foster family home. The interviewer must obtain all available information about the foster home applicants:
 - a. The age of the prospective caregivers.
 - b. The marital status of the prospective caregivers.
 - c. Motivation for providing foster care
 - d. Health status (physical, mental and emotional) of all persons living in the home in relation to the family's ability to provide foster care. Individuals with disabilities will be evaluated on their adjustment to the disability and any limits their disability may impose on caring for foster children. GUIDING LIGHT staff with need to obtain information on what type of disability the prospective foster parent has been diagnosed with and how long they have been on disability. Any person whose behavior or health status presents a danger to children in care will not be allowed at homes verified by GUIDING LIGHT.
 - e. The quality of marital, interpersonal, and immediate family relationships in relation to the family's ability to provide foster care.
 - f. The significant relationships of the prospective caregivers including who supports the family in a time of crisis. Provide information on how they obtain support from extended family, church members, friends, and neighbors.
 - g. The history of the prospective caregivers' residence and their citizenship status
 - h. Caregivers' feelings about their childhood and parents, including any history of abuse or neglect and their resolution of such experience.
 - i. The prospective caregivers' sensitivity toward a foster child's religious affiliation and the parents' willingness to provide a child opportunity for religious development.
 - j. Any religious beliefs that would prohibit therapeutic or medical treatment.
 - k. Values, feelings, and practices in regard to child discipline and care.
 - l. Sensitivity to, and feelings about, children who may have been subjected to abuse, neglect, separation from, and loss of their biological family.
 - m. Sensitivity to, and feelings about, birth families of children in substitute care. GUIDING LIGHT staff will document how the family plans to specifically support the child's connections to the birth family.
 - n. Attitude of the extended family regarding foster care.
 - o. Sensitivity to, and feelings about, maintaining sibling relationships.
 - p. Expectations of, and plans for, foster children.

FOSTER HOME SCREENING AND VERIFICATION

FOSTER HOME SCREENING

3010

- q. The family's ability, based on experience or ability, to work with specific kinds of behaviors and backgrounds.
 - r. The financial status of the prospective foster family.
 - s. Verification that a telephone number was given for the subject of the study to file complaints about how the screening was conducted.
 - t. Verification of the identity and availability of each person that will provide support as a caregiver during an unexpected event or crisis situation.
 - u. Foster Parents understating of the concept trauma informed care and how they will use those concepts in relation to the children in their care.
 - v. Indicators of potential risk to children must be addressed and documented with PFP prior to verification of the home and documented in the home study.
4. The staff responsible for the foster home study must evaluate the information obtained during the study process and must make specific recommendations about the family's capacity to work with children. This must include, but is not limited to, such characteristics as age, sex, special needs, and number of children. The Foster Home Developer must document an assessment that the family is capable of fostering in the home study. The assessment must be located in all summarized sections such as: childhood history, discipline, child care knowledge, motivation to foster, child management, and relationships. Any assessments in the foster home screening must include and assess relevant background check result information (i.e. a perspective foster parent's personal characteristics and financial status should consider and assess a misdemeanor theft by check, even though this crime is not a bar to becoming a foster parent).
5. The Foster Home Developer must obtain the following information prior to approving an agency home for placement:
 - a. In accordance with Texas Department of Health guidelines for tuberculosis testing, GUIDING LIGHT requires all prospective caregivers and members of their household to be tested for TB prior to verification. TB testing is not mandatory thereafter. Any biological infant must be tested within 60 days after age one.
 - b. An approved fire inspection report by the local Fire Department or State Fire Marshall. If this is not possible, and the refusals have been documented, the GUIDING LIGHT Child Placement Staff may use TDFPS's Fire Safety Evaluation Checklist form.
 - c. An approved health inspection report by a Registered Sanitarian.
 - d. Foster homes: A health inspection can be conducted from the local health authority or GUIDING LIGHT staff is authorized to conduct an inspection using TDFPS's Environmental Health Checklist form for foster homes.
 - e. A sketch of the floor plan of the home showing room dimensions and purposes of each room.
 - f. The Child Placement Staff will verify the measurements if the floor plan is not available from the builder of the residence.
 - g. Criminal History Texas Abuse/Neglect Database, and FBI Background Checks on all members of the family who are 14 years of age or older. Any person who does not meet the requirements must not come into direct contact with children in care. In addition, any person who is indicted for any felony, criminal offense or who is the subject of a criminal complaint that has been accepted by a county or district attorney must not come into direct contact with children in care. Also, persons who are the subject of an investigation by the department for the abuse or neglect of a child must not have contact with children in care. All instances must remain in effect pending resolution of the charges/investigation or Licensing determines that the person does not pose a risk to the children in care. If the criminal history background check and the CANRIS report results are positive, but agency staff receives a report to the contrary, then a Risk Evaluation is required. In addition, GUIDING LIGHT will conduct a national sex offender registry check using the United States Department of Justice National Sex Offender Website at <https://www.nsopw.gov>.
 - h. Prospective foster parents are required to indicate if there has been any family violence calls to their place of residence within the previous 12 months. PFP will be required to fill out form 2954. If family violence calls are disclosed, GUIDING LIGHT must follow up with the local law enforcement, that responded to a call disclosed by the prospective foster parent, by filling out form 2946 and share the results of the follow up with Licensing. GUIDING LIGHT must report on the information they obtained about the prospective foster parent's domestic violence history as applicable to RCCR regardless of whether GUIDING LIGHT verifies the home.
6. When conducting a home study for a foster home previously verified by another child-placing agency, the Foster Home Developer must evaluate the information from all previous agencies as part of the new foster care study. The Foster Home Developer must request in writing to the agency the foster home is transferring from for background

Board Approved

Effective 12/1/2023

168

FOSTER HOME SCREENING AND VERIFICATION

FOSTER HOME SCREENING

3010

information. Background information must include if applicable, an annual development plan; any corrective action plans; and a description of any imposed or potential service limitation. In addition:

- a. Approved fire, health and TB documentation must be obtained. Documentation of fire inspection and health inspection performed by fire and health authorities obtained while with previous agency are valid if the dates are within guidelines set in Minimum Standards which is every two years for foster homes., TDFPS Checklists done for foster homes must be re-done before verifying the home.
 - b. If the transferring home already has foster children an intake study must be completed on each child.
 - c. Each child's file must be reviewed and all available information updated. Any required information not present in the child's file must be obtained.
 - d. A home study must be conducted, all verification requirements must be met and documented on a home study form and all intake studies for children being transferred with the home must be complete and in their file before the home can be verified.
7. GUIDING LIGHT will release background information on their caregivers to another agency requesting the information only with a written confirmation of release. The background information will include the following but is not limited to this information:
- a. The home study, pre-adoptive screening, and post placement adoptive report under which the home was verified;
 - b. Documentation of supervisory visits and evaluations for the past year.;
 - c. Records of any noncompliance with minimum standards by the agency home and the resolution of any such noncompliance for the past year including information on any pending investigations and unresolved deficiencies;
 - d. The most current fire and health inspections;
 - e. The transfer closing summary for the foster home;
 - f. Copies of any current or previous plan to achieve compliance or other type of development plans for the past two years, if applicable; and
 - g. Copies of any current or previous corrective action or adverse action plans for the past two years.
 - h. 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
8. GUIDING LIGHT will respond to a written request from another child-placing agency for information about an agency home within 10 working days of receipt of the request and written confirmation of release of information.
9. GUIDING LIGHT must complete and transfer summary and closing summary completed by the 20th day after the foster home is closed. The transfer and closing summary must include:
- a. A copy of the verification certificate;
 - b. Foster home addresses and or location for the past two years;
 - c. The length of time the foster parents have been fostering with GUIDING LIGHT;
 - d. For the children that were care for the last two years;
 - i. The number of children fostered
 - ii. Type of treatment services provided for each child
 - iii. Reason of each child's discharge from care
 - e. A description of any limitations on verification such as age, gender, number of children, treatment services, special needs, or type of abuse or neglect experienced by the child, regardless of whether the limitation was requested by the foster parent or by GUIDING LIGHT;
 - f. The reason the foster home is closing, indicate if GUIDING LIGHT required the home;
 - g. Pending investigations or any unresolved deficiencies that have not been corrected;
 - h. Risk indicators of risk to children at the time of transfer/closing and what those indicators are;
 - i. Any plan to achieve compliance or other type of development plan that was in place within 12 months of the date of transfer/closing;
 - j. Any Corrective Action Plans; and
 - k. A statement concerning whether you would recommend the foster home for verification in the future, including whether you would recommend any limitations or restrictions on the verification and basis of your recommendation or lack thereof.
10. Before verifying a home, a sketch or photo of the outside areas showing buildings, driveways, fences, storage areas, gardens, recreation areas, pools, ponds, or other bodies of water is needed.

FOSTER HOME SCREENING AND VERIFICATION

FOSTER HOME SCREENING

3010

11. GUIDING LIGHT staff, subcontractors, and any other affiliated entities will not contact a verified family of another CPA for the purpose of recruitment or transfer of a foster home. If GUIDING LIGHT staff believes that another contracted CPA has violated this provision, the Executive Director will make good faith efforts to resolve the dispute with the other CPA within 21 business days. If the parties to the dispute cannot resolve the conflict, the Executive Director will request a peer review of the matter with the CPS State Office Specialist. A Peer Review Committee will meet within 30 days and provide their decision to the Office of the Assistant Commissioner of Child Protective Services for review. If no action is made within 10 business days then the recommendation of the Committee is final.
12. If a Foster Home Screening is being completed on a Kinship Caregiver, address the following:
 - a. General Instructions - Address information only if it relates to caring for the kinship children;
 - b. References - If there was a kinship assessment, GUIDING LIGHT must not use prior references. GUIDING LIGHT must use new or updated references;
 - c. Motivation - Describe how long the children have been in the home, why the children are in care, and address each prospective parent's motivation as it relates to the kin of the child;
 - d. Previous child placement experience - If this family is a kinship home and the child already resides in the home, GUIDING LIGHT must already contain the kinship assessment and address the information contained in the assessment. Discuss any concerns noted in the kinship assessment and the resolution of those concerns;
 - e. Sensitivity to biological families - GUIDING LIGHT must explore and describe the prospective parent's feelings regarding both the children's maternal and paternal relatives, including the child's parents;
 - f. Additional information - If the kinship assessment was denied and the denial was not discussed in the child placement experience section above, document the reason for denial here and how the issues were addressed to mitigate the concerns.

Note: GUIDING LIGHT has the option to utilize the DFPS Foster/Adoptive Home Screening kinship homestudy template (Form 2191, with Instructions available on Form 2191ins) as tools for development of the Foster Home Screenings. This will most likely occur in Relative families who already have the Child placed in their home.

FOSTER HOME SCREENING AND VERIFICATION

VERIFICATION OF FOSTER HOME

3020

3020 | VERIFICATION OF FOSTER HOME

GUIDING LIGHT will comply with the 24-hour residential childcare licensing standards and, therefore, has established standards for the certification of its foster homes.

1. Each home must have an inspection conducted by the staff completing the home study to ensure the home meets appropriate minimum standards. This inspection must include the evaluation of firearms in the home. If firearms are present in the home, there must
 - a. Be a locked container in which the firearm is kept at all times.
 - b. A key to the container must be kept away from the locked container and with the caregiver at all times.
2. Child Placement Management Staff must approve the home for placement, including the number, age and sex of the children for whom the home is approved before verifying a foster home. The Child Placement Management Staff will make this decision based on evaluations received from:
 - a. The GUIDING LIGHT staff who conducted the orientation and the pre-service training
 - b. The Executive Director or the Executive Administrator
 - c. The staff conducting the home study
3. The person conducting the home study must ensure that the home has sufficient and appropriately qualified staff to provide proper care and treatment as determined by GUIDING LIGHT standards. The caregivers should be able to protect the health and safety of the children placed in their home. The home study will include, but will not be limited to, the following criteria:
 - a. An evaluation of all areas required for a home study.
 - b. An evaluation of the family's ability to work with specific behaviors based on the family's experience with previous agencies.
 - c. An evaluation and recommendation in regard to the types of children the family is suited to work with (i.e., age, sex, special needs, number of children.)
 - d. Approved fire, health and TB documentation
 - e. If a transferring family already has foster children, an intake study will be completed on each child prior to issuing verification. Each child's file will be reviewed and all available information will be updated. Any required information not present in the child's file will be obtained prior to verification of the family. However, verification may be issued before receiving the results of the Criminal History background check, FBI, and CANRIS results if GUIDING LIGHT has reason to believe that the background checks done at the previous licensing agency are without risk. All other conditions of a new applicant must be met by a transferring family.
4. GUIDING LIGHT staff persons shall not place a child in a home in which a home study has not been conducted and that has not been verified. Neither will GUIDING LIGHT place more children in a home for which it is approved. A variance needs to be approved by the licensing division of the Texas Department of Protective and Regulatory Services Child Placing Division prior to placing a child in the home.
5. A GUIDING LIGHT verification form will be given to each approved agency home following the completion of the foster home study and any change that affects the conditions of the verification certificate. No contingencies should be noted at the time of licensing. Everything must be completed by the family prior to licensing the family. A copy of the current GUIDING LIGHT home verification certificate must be available at the foster home.
6. Upon verification of a home, GUIDING LIGHT must compile a file containing the following:
 - a. Date of verification;
 - b. Documentation that family and home meet the requirements;
 - c. Tuberculosis test reports;
 - d. Reports on the FBI, DPS criminal background check, and the DFPS child abuse/neglect check, national sex offender registry, and documentation that the family meets training requirements.
7. Upon verification of a home, the caregivers must sign the Agency Agreement with Caregivers form and the caregivers and GUIDING LIGHT will each keep a copy of the agreement. GUIDING LIGHT's copy of the agreement will be filed in the foster home record.
 - a. The Guiding Light representative and the caregivers must sign and date the form verifying receipt the information.
 - b. The form includes the following
 - i. The financial schedule on which the home will be reimbursed for services.

FOSTER HOME SCREENING AND VERIFICATION

VERIFICATION OF FOSTER HOME

3020

- ii. The caregiver's agreement that all non-relative children accepted for 24-hour care will be from Guiding Light child-placing agency, and no other source.
- iii. Guiding Light has the right to remove the child at the agency's discretion.
- iv. The child will only be released with the consent of the agency.
- v. Visiting by the child's parents or relatives will be arranged through the agency.
- vi. Guiding Light is responsible for regular supervision of the foster home as agreed by the caregivers.
- vii. TDFPS does not give blanket approval to caregivers for all the children in their care to travel. GUIDING LIGHT's written policy regarding overnight travel will be in effect and followed in all cases. Any visit of the child away from the home will be discussed and agreed upon by the caregiver and the Guiding Light Child Placement Staff.
- viii. Guiding Light agrees to provide a medical consent form to the caregivers at the time of each child's placement. Copies of this medical consent form will be filed in the child's record or in the foster home record.
- ix. Home visits will be made at least monthly to each agency home in which children are placed, as agreed to by the caregivers.
- x. The foster care license may be rescinded only with written pre-authorization from the Executive Director. Inactive homes will be re-evaluated before additional placements are made. The Child Placement Staff must make a home visit, assess the home for compliance with minimum standards, and document the assessment in the quarterly narrative.
 1. If GUIDING LIGHT is unable to refer children to a family (an "empty home"), the caregivers will be notified after 6 months. The foster home will be given the opportunity to continue working with GUIDING LIGHT or to transfer to another agency.
 2. If a foster family requests inactive status, the home does not need current inspections and training requirements are suspended. When the home is ready to become active and accept children, agency staff must visit the home and document that it is in compliance with all standards. The annual training requirement is prorated for the period of time that the home is inactive. If a home remains inactive for more than a year, the caregivers must also complete the 8 hours of pre-service training before any children are placed there.
 3. GUIDING LIGHT will report why a foster home closed and who to contact for the foster home record.
- xi. The caregivers agree to maintain compliance with standards, as reflected in Guiding Light foster home policies and CPS minimum standards.
- xii. The caregivers agree to periodic visits and inspections of the foster home by the Licensing Branch of Protective and Regulatory Services at all reasonable times.
- xiii. The caregiver will accept a child for foster care only from the Guiding Light agency.
- xiv. Guiding Light is responsible for the admission and discharge of all foster children in the home.
- xv. A foster home must not care for more than six children, including the children of the foster family and children for whom the family provides regular part-time day care. If a foster home is granted a variance allowing for the placement of a 7th or 8th child into a foster family home, GUIDING LIGHT must:
 - A. Complete an addendum on the family indicating how the caregiver will meet the additional children's needs including safety and supervision needs;
 - B. Submit the homestudy and the home study addendum to the CPS Director of Placement prior to the placement of additional child(ren) into the foster home;
 - C. Submit a 24 hour awake caregiver supervision plan (form 2128); and
 - D. Obtain approval from CPS prior to the placement of any additional children.

Continuous 24-Hour Awake Supervision (For Foster Homes that contain over 6 children)

GUIDING LIGHT must provide and maintain a current designated emergency on-call contact during the overnight hours. The current contact information must be provided to the DFPS contract manager and must be available to contractor staff

Board Approved

Effective 12/1/2023

FOSTER HOME SCREENING AND VERIFICATION

VERIFICATION OF FOSTER HOME

3020

responsible for supervision. GUIDING LIGHT will ensure the emergency on-call contact is readily accessible and is able to implement an immediate plan for compliance with supervision requirements.

24-Hour Awake Supervision contract violations, subject to liquidated damages, are those violations validated through GUIDING LIGHT self-reported incidents or unannounced monitoring visits. Unannounced monitoring visits will be conducted during the overnight hours

On-site monitoring violations are defined as below:

1. Failure to provide supervision.
 - This is defined as staff assigned to supervise are not awake or supervision is not continuous.
 - This includes but is not limited to, caregiver reported, instances of staff sleeping or having been sleeping, or awake staff not present in the building.
2. Failure to provide access.
 - This includes but is not limited to, DFPS monitoring staff's inability to access the facility. Including access that is denied; access that is delayed by more than 10 minutes; or there is no response to DFPS staff's attempt to obtain access to the facility or foster home.
3. Failure to properly document supervision.
 - This includes, but is not limited to, GUIDING LIGHT staff prefilling or not completing the supervision chart or other system such as an electronic system, that fails to record and therefore support the supervision rounds were conducted as required by the GUIDING LIGHT's supervision policy.

24-Hour Awake Supervision violation identified during a monitoring visit. DFPS staff will:

1. Contact the GUIDING LIGHT's emergency on-call staff and request an immediate plan for ensuring supervision will be in place for the night,
2. Remain on premises until compliance is met,
3. Notify GUIDING LIGHT in writing of the unannounced visit, the nature of the contract violation identified, and they or their designee will be contacted by the DFPS staff and given the option to provide supporting information as to why a noncompliance should not be cited, and
4. Consider any additional information GUIDING LIGHT provides.

Self-Reported 24-Hour Awake Supervision violation.

When GUIDING LIGHT's self-report is received, GUIDING LIGHT will be contacted by the DFPS staff, and given the option to provide supporting information as to why a noncompliance should not be cited, and consider any additional information GUIDING LIGHT provides.

Monitoring Disposition.

DFPS will notify GUIDING LIGHT in writing of:

1. A monitoring disposition of compliance, with no further action needed, or
2. A monitoring disposition of a contract violation, requiring:
 - GUIDING LIGHT's written response within 3 business days of receipt of the written monitoring findings correspondence,
 - GUIDING LIGHT's analysis of the cause of the violation,
 - and a plan for correction and the elimination of the risk for repeat findings."

24-Hour Awake Supervision Supplemental Payment

Payments are quarterly and the reconciliation is after the end of the Fiscal Year.

24-Hour Awake Supervision Progressive Intervention and Liquidated Damages

DFPS will conduct unannounced visits necessary to confirm awake and continuous in person supervision. A finding of noncompliance results from a monitoring visit or a self-reported incident as documented in a DFPS final monitoring report.

Board Approved

Effective 12/1/2023

FOSTER HOME SCREENING AND VERIFICATION

VERIFICATION OF FOSTER HOME

3020

Each instance of a self-reported violation occurring within any one eight-hour sleeping period is equal to one contract violation for failure to maintain awake and continuous supervision.

Non-Consecutive Findings

GUIDING LIGHT will participate as detailed below when non-consecutive monitoring visits or self-reported supervision incidents result in findings subject to liquidated damages.

The period will be a rolling 12-month period beginning with an instance of noncompliance.

Consecutive Findings & Liquidated Damages

GUIDING LIGHT will participate as detailed below when consecutive monitoring visits or self-reported supervision incidents result in findings subject to liquidated damages.

Liquidated damages will be assessed in the state fiscal year in which the first instance of non-compliance was identified and calculated using applicable instances of findings until compliance is satisfied.

Liquidated damages will be collected during the end of year reconciliation process through an adjustment of the 2nd quarter payment or final payment if a contract should terminate prior to the end of the fiscal year.

DFPS staff will conduct the following contract actions associated with the conditions identified below:

Contract Action	Conditions	Process	Liquidated Damages
#1	Four or fewer, nonconsecutive findings of failure to provide 24-hour awake and continuous supervision, are determined during on-sight monitoring visits or self-reported instances.	DFPS staff will: Stay on premises until compliance is met, Contact the facility leadership (ex. Director and Administrator) to address and identify cause contributing to the non-compliance, including challenges and barriers, and to provide technical assistance as needed to assist in identifying a solution, and Provide written notification of a contract violation of the 24-Hour awake and continuous supervision contract term in the form of a final monitoring report.	NA
#2	Five non-consecutive findings of failure to provide 24-hour awake and continuous supervision, are determined during on-sight monitoring visits or self-reported instances	DFPS staff will: Complete the interventions steps identified in Contract Action #1 above, and Meet with GUIDING LIGHT's Board President and contract signatory to address the identification of a pattern of violations and to explain the progressive intervention steps, and Obtain reasonable assurance for compliance from GUIDING LIGHT's representatives	NA

** Placement hold is specific to the foster home in violation of supervision.

Board Approved

Effective 12/1/2023

FOSTER HOME SCREENING AND VERIFICATION

VERIFICATION OF FOSTER HOME

3020

Placement hold will continue through attrition resulting in the number of children to 6 or fewer therefore no longer necessitating awake night supervision.
 Program will discontinue placements that will necessitate 24-Hour Awake Supervision in the specific foster home.”

The foster home may care for no more than two infants less than 18 months of age. If two infants are cared for, not more than two other children under six years of age may be cared for in the home. If the foster home cares for child that is primary medical needs the following applies:

Type of Foster Family Home:	Maximum Number of Children the home can care for:
<p>A one-parent foster family home with one additional full-time, live-in caregiver, or a two-parent Foster Family Home may care for up to six children, except as noted in the chart.</p>	<p>6 with a maximum of three children with primary medical needs requiring total care, unless the placement is necessary to maintain a sibling group of children; or 4, if all placements are children with primary medical needs requiring total care, unless the placement is necessary to maintain a sibling group of children. Foster family homes verified to provide treatment services to children with primary medical needs before January 1, 2015, may continue to care for up to six children with no limitation.</p>
<p>Single Parent Foster Family Home</p>	<p>4, with a maximum of one child with primary medical needs requiring total care, unless the placement is necessary to maintain a sibling group of children; or 2, if all placements are children with primary medical needs requiring total care, unless the placement is necessary to maintain a sibling group of children. Foster family homes verified to provide treatment services to children with primary medical needs before January 1, 2015, may continue to care for up to four children with no limitation.</p>

- xvi. Even during a time that all children in care are away from the home, at least one caregiver must be available by phone to:
 - 1. Respond to emergencies, changes in schedules, or unplanned events; and
 - 2. Provide care and supervision whenever a child needs the attention of a caregiver, including when the child returns to the home.
- xvii. The foster family agrees not to accept any individual eighteen (18) years old or older for care into the home that is not related to the foster family or the children in care.
- xviii. The foster home shall not release a child to any person without the consent of the agency.
- xix. Caregivers agree that they have no serious communicable disease that may prove to be a danger to children in the home.
- xx. Discipline measures must be consistent with the guidelines established in the Minimum Standards and with Guiding Light’s policies on child management and discipline.
- xxi. Caregivers agree that they will provide all required reports to the agency Child Placement Staff, as required by TDFPS Minimum Standards, by the required deadlines. Serious Incidences and Restraints must be reported to the agency within 24 hours or by the next business day.
- xxii. Caregivers agree to maintain compliance with on-going training requirements as described in the caregiver handbook.
- xxiii. Caregivers agree to comply with provisions in the TDFPS Contract.

FOSTER HOME SCREENING AND VERIFICATION

VERIFICATION OF FOSTER HOME

3020

8. A verification certificate will be issued to the caregiver with the following information:
 - 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 that the home is verified for
 - e. Types of services the foster home will provide
9. The Verification Certificate must match the Agency Home Report.
10. Changes in A-E above require a Verification Certificate, Agency Home Report and Addendum, all must match.
11. RCCR must be notified within two working days of the following:
 - a. Verifying a new foster home
 - b. Temporary verification of a foster home and when the verification is no longer temporary
 - c. Putting a foster home on inactive status or taking a foster home off inactive status
 - d. Changing conditions of the verification for existing home Foster parents are to notify GUIDING LIGHT immediately when there is a change in the household composition including marriage, divorce, separation, death, birth, or any other change in household composition. All changes must be assessed by the GUIDING LIGHT Treatment Team prior to the actual change, evaluating the potential impact of the change and whether it conflicts with the best interest of the children in care. The GUIDING LIGHT Treatment Team will determine whether the visit or change will be allowed.
 - e. Closing a foster home, must include;
 - i. The reason the foster home closed
 - ii. The name and contact information of the person who can be contacted by another CPA to obtain records relating to the closed foster home.
12. If the family is verified to accept Intense Level Children it must include:
 - a. Foster Family Homes that serve Emotionally Disturbed Children and Youth:
 - i. GUIDING LIGHT must send foster family's amended or new home study to the State Office Program Specialist.
 - ii. The Program Specialist will log receipt of the home study and forward foster family's home study to YFT within 24 hours.
 - iii. YFT reviews home study and plan for home's service level compliance
 - iv. YFT issues memo of compliance or noncompliance to CPA, YFT Contract Manager, and State Office Program Specialist within 10 working days.
 - v. Primary Medical Needs:
 1. GUIDING LIGHT will email a copy of the home studies for foster families that are verified as Primary Medical Needs
 2. The State Office Program Specialist will maintain a log of all intense foster family
 - vi. Homes and notify eligibility of the change in verification.
13. OVERNIGHT VISITS (APPLICABLE TO SINGLE FOSTER PARENTS WHO DATE):
 - a. Overnight visits in the foster home by non-family members are prohibited, unless approved in advance by the GUIDING LIGHT Treatment Team.
 - b. Non-family members, except for child-care providers are not permitted to care for, supervise, or transport foster children. Processing verification as a child-care provider does not automatically serve as authorization for overnight visits.

The foster home may care for no more than two infants less than 18 months of age. If two infants are cared for, not more than two other children under six years of age may be cared for in the home. If the foster home cares for child that is primary medical needs the following applies:

FOSTER HOME SCREENING AND VERIFICATION

VERIFICATION OF FOSTER HOME

3020

Type of Foster Family Home:	Maximum Number of Children the home can care for:
<p>A one-parent foster family home with one additional full-time or live-in caregiver, or a two-parent Foster Family Home may care for up to six children, except as noted in the chart.</p>	<ul style="list-style-type: none"> • 6 with a maximum of three children with primary medical needs requiring total care, unless the placement is necessary to maintain a sibling group of children; or • 4, if all placements are children with primary medical needs requiring total care, unless the placement is necessary to maintain a sibling group of children. • Foster family homes verified to provide treatment services to children with primary medical needs before January 1, 2015, may continue to care for up to six children with no limitation.
<p>Single Parent Foster Family Home</p>	<ul style="list-style-type: none"> • 4, with a maximum of one child with primary medical needs requiring total care, unless the placement is necessary to maintain a sibling group of children; or • 2, if all placements are children with primary medical needs requiring total care, unless the placement is necessary to maintain a sibling group of children. • Foster family homes verified to provide treatment services to children with primary medical needs before January 1, 2015, may continue to care for up to four children with no limitation.

FOSTER HOME SCREENING AND VERIFICATION

TEMPORARY VERIFICATION

3030

3030 | TEMPORARY VERIFICATION

1. If the foster family moves, Guiding Light will not use that home until temporary verification for the new location can be issued. This approval is valid for only six (6) months from the date of issuance and is not renewable. Verification of the foster home at the new address will be completed before the expiration of the temporary verification or the agency shall not use that home.
2. Verification of the foster home applies only to the location of the residence at the time the home study is completed.
 - a. If the family moves, the agency must not use the home until temporary verification for the new location is issued for new placements. Temporary verification permits the continued care of foster children in an agency home when the foster family moves from one residence to another and fire or health inspections cannot be obtained prior to the move.
 - b. Temporary verification is valid for no longer than 6 months from the date of issuance.
 - c. Temporary verification may not be renewed.
 - d. Verification of the agency home at the new address must be completed before the expiration of the temporary verification, or the foster home must not be used.
3. Verification becomes invalid at the point of:
 - a. The occurrence of any changes that affect a foster home's verification, including the home's address and/or location; or
 - b. The foster home's limited verification expires.

FOSTER HOME SCREENING AND VERIFICATION

CAPACITY AND CHILD CAREGIVER RATIO

3040

3040 | CAPACITY AND CHILD CAREGIVER RATIO

1. A foster family home may care for up to six children, including any biological and adopted children of the caregivers who live in the foster home and any children receiving foster or respite placement child-care, and children for whom the family provides day care.
2. All adults in care must also be counted in the capacity of the home.
3. Capacity of the home is based on the:
 - a. Number of caregivers, and the age of the children in the home and in placement;
 - b. Services being provided and the needs of the children in care;
 - c. Amount of space available for children; and
 - d. Bathroom accommodations in the home.
4. The maximum number of children in a foster home, including the biological and adopted children of the caregivers who live in the foster home, any children receiving foster or respite placement child-care, and children for whom the family provides day care, must not exceed the capacity stated on the home’s verification.
5. The number of children one caregiver may supervise in a foster family home is six, unless the home meets one of the criteria in the chart below:

RATIO	
If the home cares for:	Then the number of children one caregiver may care for is:
One child under age 5	One caregiver to five children
More than two children receiving treatment services (for children with primary medical needs, see below)	One caregiver to four children
CAPACITY FOR A ONE-PARENT WITH ONE ADDITIONAL FULL-TIME, LIVE-IN CAREGIVER OR A TWO-PARENT FOSTER FAMILY HOMES	
If the home cares for:	Then the maximum number of children the home may care for is
Infants	Six, with a maximum of two infants and two more children less than six years old, unless the placement is necessary to maintain a sibling group.
If one or more child is PMN	Six, with a maximum of three PMN children, Four, if all placements are PMN children, unless the placement is necessary to maintain a sibling group. Foster families verified prior to Jan 1, 2015, may continue to care for up to six children with no limitation
CAPACITY FOR SINGLE CAREGIVER FOSTER FAMILY HOMES	
If the home cares for:	Then the maximum number of children the home may care for is
Any child less than five years old	Five

FOSTER HOME SCREENING AND VERIFICATION

CAPACITY AND CHILD CAREGIVER RATIO

3040

Infants	Five with a maximum of two infants and two more children less than six years old, unless the placement is necessary to maintain a sibling group.
Three or more children receiving treatment services	Four
If one or more child is PMN	Four, with a maximum of one PMN child, Two, if all placements are PMN children, unless the placement is necessary to maintain a sibling group. Single Caregivers verified prior to Jan 1, 2015, may continue to care for up to four children with no limitation.

6. A foster family home may only care for two infants at the same time unless more than two infants are placed in a home in order to keep a single sibling group together.
7. If the home cares for two infants or more it can only care for two additional children less than six years of age.
8. These restrictions include the biological and adopted children of the foster family, children in foster or respite placement child-care, and children for whom the family provides day care.
9. During a time that all children in care are away from the home, at least one caregiver must be available by phone to:
 - a. Respond to emergencies, changes in schedules, or unplanned events; and
 - b. Provide care and supervision whenever a child needs the attention of a caregiver, including when the child returns to the home.
10. A child does not count in the caregiver ratio while participating in the unsupervised childhood activity.
11. Children visiting the home or in the home for “infrequent babysitting” are not counted in the capacity of the home. However, the caregivers of the home must ensure that the presence of additional children in the home does not prevent adequate supervision of children in foster and respite care.

3050 | SUPERVISION

1. Child placement management staff must ensure that supervision of children in care adequately accounts for the following:
 - a. Specific needs of the children in care in each home;
 - b. Non-routine events taking place in the lives of individual children, the caregivers, or the group of children in care; and
 - c. The children's history, including background of abuse or neglect by caretakers, sexual or physical abuse against others, fire-setting, maiming or killing animals, suicide attempts, and run-away behaviors.
2. Child placement management staff must also approve a written plan for the increased supervision of a child who presents an immediate harm to himself or others.
3. The caregiver is responsible for:
 - a. Knowing which children they are responsible for;
 - b. Being aware of and accountable for each child's on-going activity;
 - c. Providing the level of supervision necessary to ensure each child's safety and well-being, including auditory and/or visual awareness of each child's on-going activity as appropriate;
 - d. Being able to intervene when necessary to ensure each child's safety; and
 - e. Not performing tasks that clearly impede the caregiver's ability to supervise and interact with the children while being responsible for the supervision of the children and meet any service-planning requirement regarding supervision of any child.
4. In deciding how closely to supervise a child, the caregiver must take into account:
 - a. The child's age;
 - b. The child's individual differences and abilities;
 - c. The indoor and outdoor layout of the home;
 - d. Surrounding circumstances, hazards, and risks; and
 - e. The child's needs, including the physical, mental, emotional, and social.
 - f. Must use a "Reasonable and Prudent Parent Standard" to decide whether a Child may participate in an unsupervised activity.
5. Caregivers counted in the child/caregiver ratio must:
 - a. Be aware of the children's habits, interests, and any special needs, including any special supervision needs;
 - b. Provide a safe environment;
 - c. Cultivate developmentally appropriate independence in children through planned but flexible program activities;
 - d. Positively reinforce children's efforts and accomplishments;
 - e. Ensure continuity of care for children by sharing with incoming caregivers information about each child's activities during the previous shift and any verbal or written information or instructions given by the parent or other professionals; and
 - f. Implement and follow the children's service plans.
6. Caregivers that supervise a child receiving treatment services must maintain progress notes for the child, at a frequency determined by the service planning team. Caregivers must sign and date each progress note at the time the progress note is completed. Progress notes must be available for licensing staff to review.
 - i. Audio/Video Monitoring: continuous, real-time, on-site monitoring by a caregiver during night-time sleeping hours with staff available to meet children's needs or address an emergency as quickly as possible
 - ii. Alarm Monitoring: equipment for continuous, real-time, on-site monitoring by a caregiver during night time sleeping hours with staff available to meet children's needs or address an emergency as quickly as possible
7. Video cameras may be used to supervise infants and toddlers.
8. Video cameras may not be used to supervise children, other than infants and toddlers, unless the:
 - a. Parent, or other person legally authorized to consent, consents to the use of the video camera; and
 - b. Child:
 - i. Is younger than five years old;
 - ii. Has primary medical needs; or
 - iii. Has a service plan that permits the use for purposes of reducing risks of sexually offensive behavior, physical aggression, or other behaviors identified as requiring heightened The child

FOSTER HOME SCREENING AND VERIFICATION

SUPERVISION

3050

placement staff will document the justification for the video camera in the child's service plan, and the child must have other accessible and reasonable locations where he may change his clothing in private.

9. Video cameras may stay mounted to the wall, but they are only used to protect all the children in the home. There may not be any intentional recording of misbehavior that can be reviewed later. Cameras may only be used to view, not intentionally record behavior. Video cameras may not be used to tape the child, and images may not be accessible except to the foster home's caregivers.
10. Even during a time that all children in care are away from the home, at least one caregiver must be available by phone to:
 - a. Respond to emergencies, changes in schedules, or unplanned events; and
 - b. Provide care and supervision whenever a child needs the attention of a caregiver, including when the child returns to the home.
11. Children in care must participate in childhood activities, including unsupervised childhood activities, as much as possible.
 - a. A child may be away from the foster home and caregivers in order to participate in an unsupervised childhood activity, as appropriate based on the assessment of the caregiver and GUIDING LIGHT treatment team in order to support normalcy. The Child's CPOS must specify that unsupervised activities are allowed, and under what circumstances. Caregivers using the reasonable and prudent parent standard must take the following into consideration when deciding whether a child may participate in normal childhood activities including:
 - i. The child's age and level of maturity;
 - ii. The child's cognitive, social, emotional, and physical development level;
 - iii. The child's behavioral history and ability to safely participate in a proposed activity;
 - iv. The child's overall abilities;
 - v. Whether the activity is a normal childhood activity for a child of that age and level of maturity;
 - vi. The child's desires;
 - vii. The surrounding circumstances, hazards, and risks of the activity
 - viii. Outside supervision of the activity, if available and appropriate;
 - ix. The supervision instructions in the child's service plan; and
 - x. The importance of providing the child with the most normal family-like living experience possible.
 - b. If the child is participating in an unsupervised childhood activity, the caregiver must:
 - i. Know where the child will be
 - ii. Give specific time to return to the foster home or caregiver's location
 - iii. Provide, arrange, or confirm an appropriate method of transportation to and from the activity
 - iv. Give the child a way to contact the caregiver in an emergency
 - v. Be available to respond if the child contacts the caregiver and needs immediate assistance
 - c. The Caregiver must make decisions regarding a child's participation in childhood activities using the reasonable prudent parent standard and by consultations with the GUIDING LIGHT treatment team during the child's service plan meeting. The child's service plan will document approved supervised and unsupervised activities. If DFPS provides advance notice that a child is prohibited from participating in a specific activity then the foster parent must follow DFPS' decision.
12. Children may also be away from the foster home and caregivers in order to participate in an activity supervised by adults not affiliated with the agency or foster home, such as church youth groups, Boy Scouts, School Social events, etc.
13. Caregivers that supervise a child receiving treatment services must maintain progress notes in the foster parent paperwork for the child, at a frequency determined by the service planning team. Caregivers must sign and date each progress note at the time the progress note is completed. Progress notes must be available for Licensing staff to review.

DEFINITIONS OF CAREGIVERS AND CHILD-CARE PROVIDERS: Two categories are “caregivers” and “Child-care providers” and the following titles identify each under one of these 2 categories.

1. **Caregivers** are verified individuals, including:
 - a. Foster Parents
 - b. Foster Parents providing respite placements
 - c. Foster Parents providing respite placements verified with other agencies
 - d. Full Time Caregivers providing routine assistance to foster families.
 - i. If providing Respite Placements in their own home, including completing a verification certificate, home study, agency home report, and information on all other household members living in the home.
 - ii. If verified to provide care in the foster home only are exempt from requirements related to the home environment. If providing the respite in their own home they must meet the requirements of a verified foster parent. The full time Caregiver will not be listed on the verification certificate of the foster parent.
 - iii. Examples of Routine Assistance include but are not limited to:
 1. Lives in the home to assist the caregiver on a daily basis
 2. Does not live in the home, but cares for the children in the foster home for 3 hours every day after school, until the Verified Caregiver is home from work
 3. Performs direct care duties such as transporting the child to school on a daily basis or transporting to medical visits
2. **Child-Care Providers:** complete the approval process within the agency but are not verified including:
 - a. Babysitters
 - b. Overnight Care Providers
 - c. Full time Caregiver

TYPES OF CARE:

1. **Babysitting-** Temporarily caring for a child in foster care for **no more than 12 consecutive hours**.
 - a. **Emergency Babysitter:** In the event of an extreme emergency, babysitting for foster children may be obtained by neighbor or friend without having any of the above requirements. The choice of selecting the emergency babysitter will be at the discretion of the foster parents. The foster parent must give GUIDING LIGHT staff the contact information for the emergency babysitter as soon as possible within an hour after leaving the children. If the foster parent has to attend a funeral or has to travel because a family member is seriously ill, this does not constitute approval to use an emergency babysitter. Examples of Emergency situations include the Caregiver or foster child living in the home have to be taken to the hospital.
2. **Overnight care** – Temporary care provided for a child in foster care by someone other than the foster parents with whom the child is placed for **more than 12 consecutive hours, but no more than 72 consecutive hours**
3. **Intermediate Alternative Care (IAC)** is also known as **Respite Placements**. Respite placements are a planned alternative 24-hour care that has the purpose of providing relief to the child’s primary caregiver, provide foster parents additional supports for child care responsibilities, increase retention of foster parents, decrease the number of moves children experience, and promote permanency needs for children in foster care. Respite Placement (IAC) is a placement that **lasts more than 72 hours, less than 14 days, and up to 40 days annually per child**. A Respite Placement (IAC) that is made because a child’s foster home is under investigation for abuse or neglect does not count toward nor is it limited by the time frames noted. However, these placements are limited to a maximum of 60 days.
 - a. **Non-Emergency Respite Placements-**Guiding Light strongly supports and encourages caregivers to take a break from their responsibilities as caregivers each quarter. Therefore, caregivers serving Basic Children are provided with payment up to \$140 each quarter. Those caregivers serving Moderate, Specialized & Intense Service Level children are provided with payments up to \$200 each quarter for this “get-away.” Unused dollars may not be accumulated each month. Payment does not exceed actual expenses incurred. Respite placement is provided for caregivers in which it is intended that the client will return. In situations in which the foster child does not return, “respite placement” does not apply; the receiving facility is either a subsequent placement and/or emergency placement. Payments are arranged and provided by the GUIDING

FOSTER HOME SCREENING AND VERIFICATION

AGENCY FOSTER FAMILY RELATIONSHIP

3060

LIGHT caregivers hiring the respite provider. Payment to the respite placement is NOT the responsibility of GUIDING LIGHT and is NOT made directly to the respite placement by GUIDING LIGHT. Caregivers who wish to seek reimbursement for respite placement expenses incurred, must submit appropriate documentation to the Executive Director/CPMS within 30 days of the respite placement in order to be reimbursed.

- b. **Emergency Respite Placements** require the foster children to be immediately removed from the Primary Caregiver, the GUIDING LIGHT Executive Director/CPMS will arrange respite for the family. The GUIDING LIGHT EXECUTIVE DIRECTOR must approve Emergency Respite. The EXECUTIVE DIRECTOR/CPMS will arrange respite in a verified Caregiver's home. The verified Caregiver will receive reimburses from GUIDING LIGHT according to the child's LOC for a maximum of 14 days or 60 days if emergency removal was requested due to an investigation.
 - i. **MINIMUM AGE:**
 1. Babysitter (Less than 12 hours) - Age 18
 2. Overnight Care Provider- Age 21
 3. Respite Provider/IAC Provider- Age 21
 - ii. **MINIMUM CHILD CARE EXPERIENCE:** Babysitters, Overnight Care Providers, and Respite Providers must have a minimum of six month experience providing child care or related experience. Documented in an observation form applicable for Specialized and Intense level of care children. In addition to training orientation applicable for PMN children only.
 - iii. **PRE SERVICE TRAINING:** Babysitters, Overnight Care Providers, and Respite Providers must complete the following training:
 1. Agency Orientation
 2. DFPS Required Training Topics: Trauma Informed Care, Recognizing & Reporting Youth Sexual Abuse, Administering Psychotropic Medications, Reporting Abuse & Neglect Caregivers, Need for Normalcy, Medical Consent.
 3. Guiding Light Medication Policy Training
 4. Adult, Child, and Infant CPR and First Aid (LVN, RN or medical license current can be used for the First Aid Portion of the Requirement)
 5. Additional training required for Respite Providers and Overnight Care Providers:
 - a. 8 hours of EBI if caring for childcare services, BAS, MOD children
 - b. 16 hours of EBI if caring for treatment services, SPE, INT children. Respite Providers caring for PMN only are exempt from this requirement.
 6. Exemptions applicable if a Provider has documented experience from specific trainings, if experience and justification is documented in the record.
 - iv. **ANNUAL TRAINING:** Upon completion of initial certification requirements, each Provider must remain in "good standing" with the agency, demonstrating understanding and adherence to agency policies and procedures and compliance with TDFPS Minimum Standards Babysitters, Overnight Care Providers, and Respite Providers must complete the following training:
 1. Adult, Child, and Infant CPR and First Aid (LVN, RN or medical license current can be used for the First Aid Portion of the Requirement)
 2. Additional training required for Respite and Overnight Care Providers:
 - a. 2 Hour Medication Administration, 2.5 hours of Medical Consent and 1 hour Medication Policy
 - b. 8 Hours EBI (Providers caring for PMN only are exempt from this requirement)
 - c. Treatment Team may exempt a Provider from specific trainings, if experience and justification is documented in the record.
 - v. **REFERENCE & BACKGROUND INFORMATION:** Babysitters, Overnight Care Providers, and Respite Providers must complete and provide agency with documentation of:
 1. Driver's license
 2. Vehicle Liability Insurance
 3. Social Security Number
 4. A release to conduct a criminal history check, child abuse/neglect
 5. FBI fingerprint- CBCU Eligible or Eligible with Provisional
 6. TB Skin Test or Chest X-ray if applicable

FOSTER HOME SCREENING AND VERIFICATION

AGENCY FOSTER FAMILY RELATIONSHIP

3060

- vi. **NUMBER OF CHILDREN AND TYPE OF PROVIDER:** The number of children that a Babysitter, Overnight Care Provider, and Respite Provider can care for must be within child/caregiver ratios applicable to the foster home.
 1. Babysitters can babysit for:
 - a. Children (ages 0-17) that are receiving child care services with BAS and MOD LOC.
 - b. Children (ages 0-17) who are treatment services, SPE, or INT LOC must use a verified Babysitter, Overnight Care, or Respite Provider to provide babysitting.
 2. Overnight Care Providers can provide overnight care for:
 - a. Children (ages 0-17) that are receiving child care and treatment services children with BAS, MOD, SPE LOC.
 - b. Children (ages 0-17) who are treatment services INT level of care must use a verified Overnight Care Provider to provide overnight care.
 3. Respite Providers can provide respite care
 - a. Children (ages 0-17) that are receiving child care and treatment services children with BAS, MOD, SPE LOC.
 - b. Children (ages 0-17) who are treatment services INT level of care must use a verified Caregiver or Respite Provider to provide respite care (IAC).
- vii. **INFORMATION SHARING:** To ensure continuity of care, the caregiver will share the following information with the respite provider before placing the child in the home:
 1. Specific needs of a child, including:
 - a. All psychiatric or medical treatment currently being provided;
 - b. Medication regimen and medication instructions;
 - c. Authorization for medical treatment;
 - d. Psychological care
 - e. Sleeping Information
 - f. Discipline Information
 - g. Relevant Appointments such as family and sibling visits
 - h. Safety Plans
 - i. History of sexual victimization or sexual aggression as identified in 2279 and Attachment A.
 - j. Any other needs or expectations including treatment needs of a child that should be addressed by the respite child-care services provider;
 2. Non-routine events taking place in the life of the child
 3. Emergency contact information, including the:
 - a. Child's physician(s);
 - b. Child's parent; and
 - c. GUIDING LIGHT's telephone number; and
 - d. GUIDING LIGHT Crisis telephone number, Executive Director, Janelle Holland 254-379-1853
 4. The 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 and attempts; and
 - f. Run-away behaviors
- viii. **TREATMENT SERVICES:** Specific care instructions for children with treatment services must be shared with all providers, including each child's supervision plan.
- ix. **METHOD OF CONTACT:** The Caregiver must provide the Babysitter, Overnight Care Provider, or Respite Provider with a cell phone number to be reached during the times of services.
- x. **GUIDING LIGHT REVIEW AND APPROVAL OF ARRANGEMENTS:**

1. Babysitters- CPMS must review and approve each babysitter that the Caregiver utilizes in the foster home. CPMS will document the approval of the arrangements in the foster home record. Foster parent must give GUIDING LIGHT a 24-hour notice prior to using a Babysitter.
 - a. A Babysitter must not administer any form of emergency behavior intervention (restraints); only qualified Caregivers are allowed to restrain a child.
 - b. Only a person trained in and authorized to administer prescription medications are allowed to administer medication to a child in care. Therefore, if a Babysitter administers medication, the Babysitter must be trained in Medication Administration and Medication Policy prior to babysitting. This training must be current and is required annually.
2. Overnight Care Providers- CPMS must review and approve each Overnight Care Provider that the Caregiver utilizes in the foster home. CPMS will document the approval of the arrangements in the foster home record. GUIDING LIGHT Caregivers must give GUIDING LIGHT a 24 hour notice prior to using an Overnight Care Provider.
3. Respite Providers- CPMS must review and approve each Overnight Care Provider that the Caregiver utilizes in the foster home to ensure the health and safety of all children in respite placement care.
 - a. GUIDING LIGHT Caregivers (foster parents) are to notify GUIDING LIGHT two weeks in advance prior to taking a respite break.
 - b. The GUIDING LIGHT case manager will notify and obtain written approval from the child's CPS caseworker before leaving children in the care of a respite provider, even if the respite occurs in the home of the primary Caregiver.
 - c. GUIDING LIGHT must inform the child of the plan for respite, including the intended time of stay.
 - d. GUIDING LIGHT CPMS must determine that the respite placement will not cause a conflict in care for any child that has already been placed in the foster home. This includes ensuring appropriate sleeping arrangements, comfortable bedding and living arrangements that are behavioral, gender, and age appropriate. The record of the foster home providing respite placement services must include documentation of this determination.
 - e. If a child needs Respite Placements (IAC) for more than 14 consecutive days or more than 60 days for an abuse or neglect investigation, this is considered a new placement and will not be respite placement. With TDFPS written approval a child may stay in respite placement longer than 14 days.
 - f. When a child finishes a Respite Placement (IAC), he may not return to respite placement for at least 10 days.
 - g. Respite Placement (IAC) must not be used if it could be detrimental to the child.
 - h. The verified foster home may not provide respite placement for more than:
 - i. 14 consecutive days; or
 - ii. 60 days annually (unless meets the qualifications of Section M)
 - iii. This rule does not apply to foster homes that exclusively provide Respite Child Care Services.
 - i. When a region is using a respite placement in another region the Executive Director/CPMS needs to be contacted by the Executive Director/CPMS for the region needing respite placement to insure that the home is in compliance and able to provide respite placement. Background checks must be completed in the Region that services are being provided.
4. Therapeutic Caregivers verified with Other Child-Placing Agencies who provide Respite Placements (IAC):
 - a. GUIDING LIGHT caregivers may use caregivers from other child-placing agencies for respite placement if pre-authorized by the other agency's CPMS and GUIDING LIGHT CPMS.
 - b. The GUIDING LIGHT caregiver must notify their Child Placement Staff of this request at least two weeks in advance of each utilization of the non-GUIDING LIGHT caregiver. This will allow the GUIDING LIGHT Child Placement Staff

- sufficient time to contact the other child-placing agency to get verbal approval from the other agency and confirmation that the non-GUIDING LIGHT foster home is in “good standing” with its respective agency, and ensure that the home is an appropriate respite situation for the children in GUIDING LIGHT care.
- c. GUIDING LIGHT Child Placement Staff will then notify the GUIDING LIGHT foster family of GUIDING LIGHT’s decision regarding the authorization of use. The GUIDING LIGHT Child Placement Staff will document the contact and verification of non-GUIDING LIGHT foster home’s” good standing” on agency contact log.
 - d. Guidelines for provision of respite services when verified homes from other agencies provide respite care for GUIDING LIGHT homes include: verified homes providing respite placements will be expected to complete forms for documentation of behavior and administration of medication according to the policies of GUIDING LIGHT, such as recreation logs, behavior logs, incident reports and medication logs.
 - e. GUIDING LIGHT foster home requesting respite placement will provide all necessary forms for documentation reports and medication logs.
 - f. Verified homes providing respite placement, as well as GUIDING LIGHT homes requesting respite, will provide telephone to each other and their respective agencies of an on-call staff person who may be reached in case of an emergency.
 - g. GUIDING LIGHT foster families who provide respite placements (IAC) for other agencies must first obtain approval GUIDING LIGHT Child Placement Management Staff 2 weeks prior to accepting the respite placement.
 - h. If Therapeutic Caregivers verified with Other Child-Placing Agencies who provides respite in the home of the GUIDING LIGHT foster parent, GUIDING LIGHT must complete background checks on the family of the outside agency. This is not required if the child is being cared for in the other agency’s verified home
5. If Babysitting, Overnight Care, or Respite Care is provided to a foster child outside of the foster home, the following must be completed:
 - a. FHD developer must complete the fire and health inspection checklist (minus the gas inspection);
 - b. Background checks must be completed on all other household members of the family age 14 and up.
 6. Foster homes may accept adults into the home for care if the adult:
 - a. Is related to the foster family;
 - b. Is a client in the Department of Aging and Disability Services, Community Based Services Program
 - c. Is participating in the Extended Foster Care Program
 - d. Adults in care must be counted in the capacity of the home.
 - e. A release to conduct a criminal history check, Texas Abuse/Neglect Database, and FBI report must be completed. Subsequent checks must be processed every two years.
 7. Before a foster home may add a new member to the household:
 - a. A cleared criminal History, Texas Abuse/Neglect Database, National Sex Offender Registry, and FBI Background Checks 14 years of age or older must be received prior to moving into the foster home. Subsequent checks must be processed every two years.
 - b. The home must notify Child Placement Staff of the potential new member of the household;
 - c. The home must comply with TB test requirements;
 - d. GUIDING LIGHT will evaluate the effect that the adult will have on the foster children in the home. The evaluation must include the following considerations:
 - e. The needs of the foster children in care;
 - f. The impact the adult will have in the foster family and for the foster children; and
 - g. Whether the change in household will conflict with the children’s best interest.

FOSTER HOME SCREENING AND VERIFICATION

AGENCY FOSTER FAMILY RELATIONSHIP

3060

8. The Child Placement Staff must document the following in the foster home record for new members to the household:
 - a. The results of the background check and the tuberculosis screening;
 - b. Evaluation; and
 - c. The approval of the child placement management staff.
9. A foster home must notify their Child Placement Staff (GUIDING LIGHT Case Manager) of any of the following changes as follows:

Change:	Time for notification:
1. In the location of the foster home.	Before moving.
2. Major life changes in household composition: <ol style="list-style-type: none"> a. Marriage, divorce, separation, death, birth, or any other change in household composition. b. Any physical or mental health problem or significant change in work schedule that affects the ability of the caregiver 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. When employment and income change occur	Before the change occurs, if possible; otherwise immediately upon discovery.
4. A change affecting a condition of the verification.	Before the change occurs, if possible; otherwise, immediately upon discovery.
5. You receive a family violence report from DFPS	Immediately upon discovery

FOSTER HOME SCREENING AND VERIFICATION

DAYCARE

3070

3070 | DAYCARE

1. A foster home may provide day care in addition to foster care under the following conditions:
 - a. The number and ages of children in both types of care must meet all relevant laws;
 - b. The caregivers can supervise all children appropriately, can meet all children's' needs, and can protect all children in both foster and day care;
 - c. There is adequate space and there is adequate staff or caregivers to meet all applicable rules;
 - d. The agency completes a written assessment, signed by child placement management staff, of the:
 - i. Needs of the children in foster care and how the needs of the children in day care may impact the foster children; and
 - ii. Basis for determining no conflict of care exists in providing the two types of care; and
 - e. Both the Residential Child -Care and Child Day-Care Divisions of Licensing approve

3080 | PERMANENCY CARE ASSISTANCE

The Fostering Connections Act of 2008 stemmed a new DFPS program called the Permanency Care Assistance Program (PCA) in September 2010. This is a financial assistance program to help kinship foster parents who sign an agreement with DFPS and subsequently take permanent, legal custody of a child.

Eligibility Requirements

1. To be eligible to sign a PCA agreement with DFPS and receive PCA benefits, kinship families must:
 - a. Be a verified foster parent.
 - b. Serve as the child’s caregiver for a least six consecutive months prior to the transfer of PMC. If a break in placement occurs in the six-month period, the breaks in placement are subtracted from the total placement time.
 - c. DFPS must determine that reunification and adoption are not viable permanency options for the child.
 - d. The child must demonstrate a strong attachment to the Kinship Caregiver.
 - e. The Kinship Caregiver must have a strong commitment to caring permanently for the child.
 - f. Older youth must be consulted about the PCA plan.
 - g. The caregiver negotiates and signs a PCA agreement, which takes effect on the date that PMC is transferred.
 - h. The child must be in the temporary or permanent managing conservatorship of DFPS on the day prior to the day before PMC is transferred.
 - i. Subsequent to signing the PCA agreement, the Kinship Caregiver is named in court as the permanent managing conservator for the child.
 - j. The Kinship Caregiver cannot be named as a joint managing conservator with DFPS or the biological parents, and the final order cannot award possessory conservatorship to a parent in a manner that affects a reunification.

Sibling Group Eligibility

2. If a family is already receiving PCA benefits for one child, the family will be able to receive PCA benefits for a sibling if the sibling is in DFPS conservatorship and placed with the family by CPS.
 - a. CPS must rule out reunification and adoption for the sibling.
 - b. The sibling can become eligible without having to meet most of the other eligibility criteria for the program.
 - c. The family must sign a new PCA agreement on behalf of the sibling *prior to* obtaining PMC of the sibling.
3. Children in PCA do not have to meet the same “special needs” criteria that are required to receive adoption assistance.
4. DFPS does not require that both Kinship Caregivers (if married) be listed on the PMC order for both individuals to receive PCA benefits. GUIDING LIGHT requires married Kinship Caregivers to both be verified as foster parents. GUIDING LIGHT does not license roommates as Caregivers.
5. Statement of Intent: Within 30 days of CPS ruling out reunification and adoption, the CPS Worker will locate a Kinship Caregiver and decide if the child’s permanency goal should be PMC with the support of PCA. The CPS worker will discuss the Kinship Caregiver’s intent to pursue PMC with PCA support and obtain a signed PCA Statement of Intent. Kinship Caregivers can decide not to pursue PMC with PCA after the Statement of Intent is signed.
 - a. If the Kinship Caregiver does not want to commit to adoption or PMC, DFPS will search for another kinship family or foster family willing to adopt or take PMC of the child.
 - b. If the Kinship Caregiver wants to continue to be a verified foster home and DFPS and the court agrees that it is in the child’s best interest, the child can continue to remain in foster care. The Kinship Caregiver must meet all the requirements of verified GUIDING LIGHT foster family. GUIDING LIGHT must re-submit any time limited variances that were specifically for the Kinship home.

Temporary Assistance for Needy Families (TANF) program

1. If the Kinship Caregiver is related to the child by blood, marriage, or adoption, TANF may provide financial assistance and Medicaid for the child.
2. If they qualify for TANF and are a grandparent, great-grandparent, or great-great-grandparent, they may be eligible for an additional one-time payment of \$1,000 (called a “TANF Grandparent Grant”) to help buy initial items for the child.

Women, Infants, and Children (WIC) program

FOSTER HOME SCREENING AND VERIFICATION

PERMANENCY CARE ASSISTANCE

3080

1. Can help grandparents and other relatives buy nutritious food for the children in their care. WIC offers food assistance and nutritional screening to low-income pregnant women, women with infants 11 months or younger, and children younger than 5.
 - a. Apply for WIC at (800) 942-3678 or at a local WIC office.

Earned Income Tax Credit (EITC)

1. Helps working people with children.
 2. It is available to grandparents and other relatives if they work and have at least one “qualifying child” living with them.
 3. To qualify, the relative and child must live in the same home in the United States for more than six months of the year. This tax credit is particularly useful because the relative can get a refund even he or she does not owe income tax.
6. PCA Monthly Payments in Foster Care- Once a child has been placed with the Kinship Caregiver as a GUIDING LIGHT verified foster home placement, the CPS case worker must make the determination about when and if to submit the PCA application to the eligibility specialist as a GUIDING LIGHT verified foster home placement, the CPS case worker must make the determination about when and if to submit the PCA application to the eligibility specialist.
- a. The eligibility specialist must review and approve the application
 - b. The PCA negotiator must contact the kinship family to complete the PCA agreements
 - c. The PCA agreement must be signed by the Kinship Caregiver
 - d. A court hearing must be held to name the Kinship Caregiver as the managing conservator for the child.
 - e. A Kinship Caregiver who has signed the PCA agreement will continue to receive foster care payments until PMC is transferred to the family.
 - f. The Kinship Caregiver will receive the same foster care daily reimbursement rates they would receive if they were unrelated to the child. YFT determines the LOC for each child in foster care.
 - g. The child’s social security income and child support income must go to DFPS, since the Kinship Caregiver is receiving foster care reimbursements.
 - h. PCA benefits will begin in the month following the award of PMC to Kinship Caregiver.
 - i. The family is not allowed to sign a PCA agreement after PMC is awarded to the kinship caregiver.
7. PCA Monthly Payments After Signing PMC- After PMC is awarded the Kinship Caregiver, the Kinship Caregiver can choose to rescind their GUIDING LIGHT foster home verification. The GUIDING LIGHT Case Manager is no longer responsible for managing the child in PCA. All GUIDING LIGHT and DFPS supported child benefits will end, such as day care, mileage, case management etc. DFPS will make all payments to the family, not GUIDING LIGHT. DFPS will disburse the funds as follows:
- a. MONTHLY PAYMENTS:
 - i. The Kinship Caregiver will receive PCA payments effective the first of the following month.
 - ii. Monthly payments will continue the first of each month for that month.
 - iii. DFPS will make payments by check or automatic deposits, similar to the process experienced by families receiving monthly adoption subsidies.
 - b. RATE OF PAY:
 - i. The maximum pay rate for basic level of care is \$400 per month
 - ii. The maximum for Mod, Spec, and Intense is \$545 per month.
 1. DFPS has not identified a minimum rate of PCA Payments. The family’s income (including child support income) is taken into consideration in the PCA negotiations as to the amount of PCA payments, however if the family’s income changes later on, PCA amounts can be renegotiated.
 2. The Kinship Caregiver will receive this payment until the child’s 21 birthday, so long as certain educational or employment eligibility requirements are made from the youth.
 - c. **ADDITIONAL REMBURSEMENTS:** The Kinship Caregiver can also be reimbursed for up to \$2000 per child for nonrecurring expenses such as expenses occurred during the verification process such as fire and health inspections, cost of CPR/First Aid, FBI checks, Pet vaccinations. The Kinship Caregiver will be able to qualify for this reimbursement after the PCA requirements were met.
 - d. **MEDICAID:** The child will be eligible for Medicaid, regardless the kinship caregiver’s income. A child is eligible for Title IV-E PCA benefits categorically for Medicaid, even if he or she moves to another state. A child who is state paid receives Medicaid under state provisions. If the youth moves out of state, it may or may not accept the Texas Medicaid for that such youth.

FOSTER HOME SCREENING AND VERIFICATION

PERMANENCY CARE ASSISTANCE

3080

- e. **SOCIAL SECURITY:** The relationship between Social Security benefits and PCA benefits, in particular Supplemental Security Income, should be the same as it is for adoption assistance. The only exception is that it remains to be clarified whether the Social Security Administration will count the income of a child's Permanent Managing Conservator toward SSI eligibility, or if the child's income will be considered on a stand-alone basis. Case specific questions should be directed to the assigned eligibility specialist.
 - f. **TUTION FEE WAIVER:** PCA youth exiting to PMC qualify for a tuition fee waiver as long as the youth is in DFPS conservatorship the day preceding in which the Kinship Caregiver takes PMC. The youth must enroll in an institute or higher learning prior to his or her 25th birthday and the implementation of the waiver is ultimately up to the institution where the child enrolls.
8. Verification of PCA/Kinship Caregivers: In order qualify for the PCA program Kinship Caregivers must be verified foster parents and serve as the child's caregiver for at least six consecutive months. The Kinship Caregiver must contact and indicate to the Foster Home Developer (FHD) that a letter of intent has been signed to pursue kinship care under the PCA program. The FHD must complete the following procedures:
- a. Document the date of the Kinship Caregiver contacted GUIDING LIGHT on the GUIDING LIGHT application
 - b. Complete PCA information on a shared spreadsheet located on the One Drive Access titled "PCA"
 - c. Complete a Background Check on the DFPS website within 2 business days of contact.
 - i. Check "relative" or "fictive kin" as the Foster Parent's or Adoptive Parent's Relationship to Children being Placed at time of Background Check
 - ii. If a cleared background check is received, create an agency home report and check "home in applicant status" checkbox in order to indicate that the home is an applicant. The FHD must enter the "date verification process started" field to list the date the home applied with GUIDING LIGHT. Many fields will be disabled when you check the "home in applicant status" checkbox. This is only used for PCA not for regular foster parents.
 - iii. If a founded background check is received, FHD must complete risk evaluations in order to receive a cleared background check.
 - d. Submit variances on the DFPS website and receive RCCR approvals prior to verification, if necessary. Kinship Caregivers must meet ALL REQUIREMENTS of regular GUIDING LIGHT foster parents, however DFPS promotes GUIDING LIGHT to submit time limiting variances for non-safety issues. The FHD must indicate that the variance is specifically for kinship foster children only, if the kinship caregiver chooses to accept regular foster children, the variances may/may not be approved by RCCR. At any time the Kinship Caregiver chooses to accept regular foster children, the variances must be evaluated by GUIDING LIGHT and RCCR. Examples of non-safety variances can include:
 - i. Home only has 30 square feet per child & less than 40 square feet per child of recreational space.
 - ii. Home only has one bathroom for 8 people
 - iii. There is no fence around the pool if they are accepting teens
 - iv. The kinship caregiver does not have a high school diploma
 - v. The child is sleeping in the living room
 - e. Prioritize Kinship/PCA Caregiver home studies over regular home studies. The goal is to verify Kinship Caregivers within 30 days of application.
 - f. Complete agency home report upon verification. Attach any variances or waivers requested in order to verify the home on the agency home report.
 - g. Submit a copy of the home study to the child's caseworker
 - h. Update the agency home report within in two business days, if the Kinship Caregiver drops out of the verification process. Check the "reason process not completed" drop down box field used to indicate the reason why a relative and fictive kin family that applied with GUIDING LIGHT was not verified.
 - i. Log the verification date/denial on the "PCA" spreadsheet on the One Drive Access.

Permanent Managing Conservatorship (PMC) vs Permanency Care Assistance (PCA)

Permanent Managing Conservatorship (PMC)

1. When someone other than a parent is named as permanent managing conservator, he or she is given the right or duty to:
 - a. Physically possess the child.

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Effective 12/1/2023

FOSTER HOME SCREENING AND VERIFICATION

PERMANENCY CARE ASSISTANCE

3080

- b. Choose moral and religious training.
 - c. Provide clothing, food, shelter, and education.
 - d. Provide and consent to medical, psychiatric, psychological, dental, and surgical care.
 - e. Get the child's medical records.
 - f. Receive money that supports the child.
 - g. Hold or give out money that benefits the child.
 - h. Consent to get married.
 - i. Consent to join the armed forces.
 - j. Represent the child in legal issues.
 - k. Make legal decisions.
 - l. Decide where the child lives and goes to school.
 - m. Make other decisions that the child's parent would normally make
2. Once the court names you permanent managing conservator, the judge will dismiss DFPS from the case and DFPS will no longer be involved with the child or your family.
 - a. This also means DFPS will not provide services such as: case management, day care, and post-placement services.
 - b. If you are the child's kinship foster parent, you will not continue to receive foster care payments after you become permanent managing conservator.

Permanency Care Assistance (PCA) Program

1. Helps children and youth who could not be reunited with their parents or adopted.
2. Gives another permanent option to children who might otherwise grow up in foster care.
3. Provides financial support to kinship caregivers who want to give a permanent home to children.
4. It also includes healthcare for the child.

FOSTER HOME SCREENING AND VERIFICATION

4000 | FOSTER HOME MANAGEMENT

1. The GUIDING LIGHT Child Placement Staff will evaluate all minimum standards and conduct ongoing assessments of the Caregivers abilities to meet the children's needs for each foster home quarterly in the form of a Foster Home Review.
 - a. Documentation must include the names of all household members present during the visit.
 - b. At least once every 6 months a quarterly home review must be conducted in which both caregivers are at home.
 - c. During one quarterly review home visit during the year all household members must be present.
 - d. Two quarterly review home visits will be unannounced per year. The quarterly reviews are to be completed within 90 days of the last review.
 - e. At least one unannounced visit will be conducted by Child Placement Management Staff and/or Executive Director/CPMS. The unannounced visits will be conducted randomly throughout the year.
 - f. Non-compliances are communicated to the caregivers in the form of a written Plan of Correction. The caregivers are required to complete this Plan in order to correct any non-compliances noted.
 - g. Certain changes in a foster family's circumstances, challenging behavior of children in care, and the level of foster parent's stress (including any significant change in finances) must be evaluated and documented at each supervisory visit.
 - h. GUIDING LIGHT Case Manager will assist Caregivers that exhibit signs of needing a break from fostering with locating emergency Caregivers or Intermittent Alternative Care. Caregivers must identify back-up Caregivers and support systems available during an emergency.
 - i. CPMS must review and approve the documentation of supervisory visits.
 - j. Whenever a change occurs in the home that affects the conditions of the verification certificate or the composition of the foster family or major life change, an Addendum to the home study will be completed. These changes include allowing any new household member to reside or frequently visit the foster home.
2. Ongoing licensing requirements for caregivers who care for children in their home:
 - a. Annual Trainings (See Section 520)
 - b. Health and fire inspections current for two years for a foster family home unless otherwise stated in the report or unless the TDFPS Checklist is used. The TDFPS Checklist is current for one year.
 - c. Vehicle Liability Insurance
 - d. Homeowner's/ Renter's Insurance
 - e. Pet vaccinations as recommended by a licensed veterinarian
 - f. A copy of current GUIDING LIGHT home verification certificate must be available at foster home.
 - g. Provide travel necessary to ensure a child's access to all necessary Medical, Dental, Vision and Pharmacy Services, recreational, educational, after-school activities, other normal childhood activities, sibling visits, family visits, court hearings, PAL activities, Ageing-Out Seminars, Permanency Conferences, Youth Leadership Council activities, CPS Transition Plan Meetings, Family Group conferences, Circles of Support Conferences, local Texas Workforce Solutions offices, Transition Centers (if available in the area), youth's place of employment, and any other services necessary to fulfill the tasks on a child's CPOS.
3. GUIDING LIGHT will post information on how to access the Consumer Product Safety Recalls list in a publicly prominent place, for foster parent and case manager review. Case managers will check the CPSC recall list on a quarterly basis and ensure that recalled items will no longer be accessible to children in care. GUIDING LIGHT will make best efforts to ensure in, quarterly that all CPSC recalls are no longer accessible to children in all agency foster homes. GUIDING LIGHT will document this confirmation quarterly.
4. GUIDING LIGHT staff should call the Executive Director for authorization to put a caregiver on placement suspension as a result of a noncompliance. Written authorization from the Executive Director is then required.
5. Supervisory visits must be made at least quarterly to each foster home in which children are placed. Documentation must include notes on standards evaluated for compliance and noncompliance found, and plans for correction. The Child Placement Staff must follow-up on any noncompliance and document that corrections have been made within 10 business days.

FOSTER HOME SCREENING AND VERIFICATION

FOSTER HOME MANAGEMENT

4000

- a. Child Placement Staff services will help the family assess and monitor their need for support services (i.e., family therapy, respite placement)
 - b. Support groups will be offered to the families through the regional trainings or local affiliations with other foster care agencies.
 - c. New therapeutic caregivers with Moderate to Specialized Service Level youth and no previous experience working with therapeutic children, will have a Child Placement Staff available to them at all times. Supervised childcare experience by the staff must be documented.
 - d. Supervisory/case management services will be available 24 hours a day to direct caregivers to support and direct parenting efforts; through the crisis line (after hours phone number).
6. Supervisory and monitoring visits are required for homes in which no children are placed.
7. The GUIDING LIGHT Child Placement Staff must ensure that each foster home has sufficient adult caregivers or staff with required qualifications to protect the health and safety of the children in care.
8. The Child Placement Staff must ensure that all verifications and revocations are reported to the Licensing Division within 24 hours.
9. Any visit of the child away from the home will be discussed and agreed upon by the caregiver and the Guiding Light Child Placement Staff. GUIDING LIGHT must have the name and a phone number where the child can be reached at all times. All trips and visits must be documented to provide written contact information for GUIDING LIGHT and CPS on the Trips Away From Home form.
- a. The GUIDING LIGHT Child Placement Staff must obtain written pre-approval before a child leaves the foster home for a trip, activity, or visit of 48 hours or longer to the home of a non-related person. If the visit is to a court appointed individual or verified caregiver, written approval from the Managing Conservator is not necessary but the Managing Conservator should be notified by phone of where the child will be. The agreement will be documented in appropriate log notes and included in the child's file along with the Managing Conservator's written approval if required as defined above. Written approval by CPS is not required if the child is participating in normal childhood activities.
 - b. If the child leaves the home for an overnight visit (less than 48 hours), written approval from TDFPS is not required but the authorization must be written in the CPOS. Basic Care children may spend the night with friends on a case by case basis with GUIDING LIGHT and CPS approval as written in the CPOS. All other children are required to be cared for with adults trained to deal with the recurring issues of these children.
 - c. On a case by case basis with GUIDING LIGHT and CPS approval, children may go to a friend's home after school. This must be in the child's CPOS.
 - d. The caregivers agree to notify Guiding Light and the Managing Conservator two weeks to two months in advance when they wish to take a foster child out of the country for an extended period of time. GUIDING LIGHT will complete and submit Form 2069, Caregiver Declaration Regarding out of Country Travel, to the child's case worker. The CPS State Office and court approval are both required prior to the child leaving the country. If traveling outside of Texas in the bordering states and if the travel is less than 72 hours, the Caregiver is not required to obtain Caseworker approval. The caregiver must notify the Caseworker of the travel by text, phone, or email. If the child is traveling outside of Texas in the bordering states for more than 72 hours, Caseworker or supervisor approval is required. If the child is traveling outside the states that do not border Texas, GUIDING LIGHT must obtain prior written approval from the child's case worker and notice to the court, or the courts written approval if the court that has jurisdiction over the case requires it, or both for the child to be able to travel. If the travel is within the State of Texas and for more than 72 consecutive hours, the Department caseworker must provide the caregiver written approval for the trip. Written approval is not required, however, when the Department caseworker arranges for the child to visit with the child's own family or with relatives. If the travel is with the caregiver, routine, and fewer than 48 hours, approval is not required. If travel more than 48 hours with a person who is not a Caregiver or Relative, written approval is required by Caseworker or supervisor.
 - e. At the time of any child's placement, the child's TDFPS caseworker may authorize the child to travel within the State of Texas on routine trips and visits. These include but are not limited to trips to relatives of the caregiver(s), monthly overnight camping trips, participation in sport games such as soccer/baseball/basketball league, or participation in karate, cheerleading, debate or swimming meets. This must be recorded on the Child's Rights Form at placement.
10. GUIDING LIGHT will monitor foster homes for compliance with Minimum Standards as follows:
- a. When there is an allegation of a deficiency, GUIDING LIGHT will evaluate the rule and any rules related to the deficiency;

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Effective 12/1/2023

FOSTER HOME SCREENING AND VERIFICATION

FOSTER HOME MANAGEMENT

4000

- b. When a change in the conditions of the verification or a major life change occurs, GUIDING LIGHT will evaluate the rules related to the conditions or change;
 - c. The rules that were evaluated will be documented and the determination of the evaluation;
 - d. During any contact with the foster family, including routine supervisory contacts, home screening issues, quarterly supervisory visits, and investigations, GUIDING LIGHT will cite and address any deficiencies noted;
 - e. Documentation of deficiencies must include plans for achieving compliance; and
 - f. The Child Placement Staff will document a plan for follow-up to ensure compliance was achieved will be documented.
 - g. Quality assurance staff will routinely monitor citations to revise forms, as needed, to prevent future citations. Percentages of the citations based on home study screening and supervisory visits will be analyzed per family to determine the accuracy and effectiveness. This data will be collected annually.
11. The plan for achieving compliance must include:
 - a. Specific actions or changes needed for the foster home to achieve compliance;
 - b. Time frames for corrections and consequences for failure to achieve compliance;
 - c. A determination of whether children can remain in the foster home before the home achieves compliance; and
 - d. A determination whether new placements will be made in the home before the home achieves compliance.
 12. GUIDING LIGHT will:
 - a. Re-inspect the foster home or receive documentation from the home showing that all deficiencies have been corrected; and
 - b. Document that the foster home has corrected all deficiencies in the foster home's record

FOSTER HOME SCREENING AND VERIFICATION

CAREGIVER FINANCES

4010

4010 | CAREGIVER FINANCES

1. Financial Reimbursement
 - a. Contract Agreement
 - b. Allowances and moneys earned.
 - c. The caregivers shall regulate spending allowances as the child shows ability to handle money. Moneys earned by children will be handled under the supervision of the caregivers, i.e., savings, personal spending, gifts, etc., but remain the property of the child along with proceeds of any investments by the child and are to be returned to the child at discharge.
 - d. Insurance and medical assistance and expenses
 - e. When the child needs medical attention, s/he should be taken to a physician and GUIDING LIGHT is to be notified at once. Payment will be through insurance or Medicaid. If the physician recommends a special course of treatment, the caregivers shall discuss it with the Child Placement Staff and secure authorization by the Managing Conservator and the GUIDING LIGHT Executive Director.
 - f. Clothing
 - i. Children must have personal clothing suitable to their age and size. Children must have some choice in selecting their clothing.
 - ii. The following procedure is required for initial clothing allowances, IF at placement a child lacks necessary clothing, and IF at placement the child was not coming from another GUIDING LIGHT foster home.
 1. A Clothing/Personal item Inventory form will be given to the foster parent(s) at the time of the child's placement.
Form – Clothing Inventory Form
 2. The foster parent(s) should complete the Clothing/Personal item Inventory and return the form, with original receipts attached, to the Executive Director/CPMS..
 3. Upon receipt, the Executive Director/CPMS will immediately review and mail the completed Clothing/Personal Item Inventory, along with original receipts, to GUIDING LIGHT Bookkeeping.
 4. GUIDING LIGHT Bookkeeping will reimburse a maximum of \$150, upon receipt of the completed Clothing/Personal item Inventory form, with attached original receipts.
- iii. On-going clothing purchases: (These are purchases routinely paid for by the foster family.) As foster parents purchase new clothing for the foster child, these items are to be considered his possessions and may not be retained by the foster family when the child is discharged. All clothing receipts must be saved (this does not include “initial clothing allowances” paid for by GUIDING LIGHT, as described above.) Write the child's name at the top of the receipt. Each new clothing/personal item of substantial medical or monetary value and/or sentimental value that is purchased or given to the child should be added to the child's clothing/personal item inventory as the items are purchased or provided.
- iv. Each quarter the case manager will monitor a child's inventory. The child if they are age appropriate and developmentally able should sign and date each clothing/personal item inventory, the GUIDING LIGHT case manager and foster parent also need to sign and date the clothing/personal item inventory. GUIDING LIGHT will maintain a copy of the quarterly clothing inventory in the child's file.
- v. Each child shall be able to have their clothes labeled with their name or initials.
- vi. Discharge: Foster parents should complete the Clothing/Personal item Inventory form at discharge that will be sent with the TDFPS caseworker. The foster parent, GUIDING LIGHT case manager, and foster child (age appropriate) should sign and date the clothing and personal inventory. GUIDING LIGHT case manager will ensure that the child's clothing and personal inventory is sent with the CPS casework or other department designees at discharge for discharges.
- g. CPS Clothing Vouchers: GUIDING LIGHT is not included in these transactions.
- h. GUIDING LIGHT will reimburse for transportation for Treatment Plan requirements only, including but not limited to PAL classes and family visits. Foster parents will be reimbursed at a rate established by GUIDING

Board Approved

Effective 12/1/2023

FOSTER HOME SCREENING AND VERIFICATION

CAREGIVER FINANCES

4010

LIGHT for approved mileage accrued beyond 25 miles from the foster home for each round trip for a maximum of 175 miles round trip for sibling visits and 275 miles roundtrip for family visits.

- i. MTP (Medical Transfer Program) will pay for travel expenses for medical and dental visits. Medicaid pays for this transportation at \$.50 per mile without subtracting the first 25 miles from home. Medicaid will pre-pay gas money for routine trips to medical, dental and therapy appointments, including stopping by the pharmacy to fill scripts. Foster parents must notify MTP at 1-877-633-8747 at least 2 business days prior to the appointment; However, the family can notify MTP up to 30 days in advance of the appointment. When calling in advance the caregiver will need to have the child's Medicaid number, date, time and address of the appointment handy. For non-routine medical appointments, follow the same procedure. If the psychiatric hospital physician mandates that the foster parent travel to the hospital to attend Family Therapy or Day Treatment sessions for a foster child who was admitted during a crisis, MTP will reimburse the foster parent even if the child is not being transported when the trips are made. Foster parents must keep proof that the appointment took place, and made available upon MTP request. Additional details may be found at <http://www.dshs.state.tx.us/cshcn/mtp.shtm>.

MTP will require an acknowledgement/approval from STAR that it is medically necessary for the foster parent to use a provider that is not in their county or surrounding counties close in proximity to them. Foster parents can call STAR at 866-912-6283 and request an acknowledgement/approval to transport a child to another county and STAR will fax/email the form to them.

- j. School Tuition
 - i. Private school tuition will not be reimbursed by GUIDING LIGHT unless the need is indicated and requested by the GUIDING LIGHT Treatment Team.
- k. Property Damage
 - i. Property damage by a foster child is to be submitted to the caregiver's home insurance agency. GUIDING LIGHT is not responsible for replacing the damaged property

Criminal History, Texas Abuse/Neglect Database and FBI Background Check

1. FBI, HHSC, and DPS criminal background checks must be submitted prior and results must be received prior before hiring an employee or verifying a Caregiver. Effective 01/7/18, any individual requiring an FBI fingerprint check with no long need a DPS name-based criminal history check. For individuals that require an FBI fingerprint check, the background check is considered complete when you receive the results for both the FBI check and the Central Registry check. For individuals that do not require an FBI fingerprint check, the background check is considered complete when you receive the results for both the DPS check and the Central Registry check. In addition, GUIDING LIGHT will conduct a national sex offender registry check through the United States Department of Justice National Sex Offender Website at <https://www.nsopw.gov>. Any admission of a history of child abuse on the application must be explored and a determination must be made regarding whether to hire the applicant or verify the Caregiver This information is required to rule out any criminal history and/or and current felony or misdemeanor indictments and/or official criminal complaints alleging any offenses against a person or family, or of public indecency, or any offense under the Texas Controlled Substance Act (of the Texas Health and Safety Code) or any similar offense under the laws of any jurisdiction. Verification of the above items must be accomplished through use of the forms provided by the Department. Specific Criminal History Convictions and Requirements are located at http://www.dfps.state.tx.us/child_care/child_care_standards_and_regulations/default.asp
2. Criminal History and The Texas Abuse/Neglect Database Background Checks are required on anyone that visits the home three or more times a month, who are 14 years of age or older. A person who currently resides outside of the state of Texas, or the person has lived in another state any time during the previous five years, or about whom we have a reason to believe other criminal history exists must also complete a FBI Check.
3. Any person 14 years or older living or moves into the home of a foster or adoptive applicant will need a Criminal History Background, Child Abuse/Neglect, and FBI check submitted and cleared results must be received prior to moving into the home.
4. Any person 14 years or older, who has unsupervised access in the foster parents who is not providing professional services to a foster child in their home (Physician, Therapist, Nurse) must have a Criminal History Background, Child Abuse/Neglect, and FBI check submitted and cleared results must be received prior to unsupervised access. This includes any child or adult that is related to the foster parent, babysitter/respite worker, or close friend or neighbor who would have unsupervised access to the foster children. Examples Unsupervised Access includes but is not limited to:
 - a. If the Caregiver leaves the visitor alone with the children while in another room.
 - b. If the Caregiver runs to the store for 20 minutes
 - c. If the Caregiver is supervising foster children outdoors, while visitor supervises indoors
 - d. Relatives or Friends of the Caregiver that have the freedom to come and go at will or who are comfortable taking naps in the foster home.
5. A Criminal History and Texas Abuse/Neglect Database Background Checks are required for all purchased services including those that have access to confidential DFPS client records, including but not limited to the following Name, Address, Date of Birth Social Security number, educational records, medical records, financial records, case information, school attendance records, access to DFPS information. Examples include financial auditors, Information Technology consultants, and attorneys.
6. A Criminal History and Texas Abuse/Neglect Database Background Check are required for any person that has the ability to make unilateral fiscal decisions on behalf of GUIDING LIGHT, including GUIDING LIGHT Board Members.
7. All persons who require a background check must sign and agree to DFPS FORM 2970c that requires disclosure and consent to release of information regarding criminal history or Abuse/Neglect history.
8. If a person is charged with a criminal complaint or been investigated for allegedly abusing, neglecting, or exploiting a child, an elderly person, or person with disabilities (non-foster client) after the initial 2970c was completed, the individual must notify Executive Director/CPMS/Human Resource Director immediately of the charges and new 2970c must be completed.
9. Any person who does not meet the requirements must not come into direct contact with children in care and are not allowed to be present if the checks are submitted past the due date.
10. Any person who is indicted for any felony, criminal offense or who is the subject of a criminal complaint that has been accepted by a county or district attorney must not come into direct contact with children in care.

FOSTER HOME SCREENING AND VERIFICATION

BACKGROUND CHECKS

4020

11. Any person who is the subject of an investigation by the department for the abuse or neglect of a child must not have contact with children in care. If any applicant does not have a clean record or is under investigation, s(he) must not come into contact with children in care pending resolution of the charges/investigation or until Licensing determines that the person does not pose a risk to the children in care.
12. These checks will be resubmitted every 24 months “on or before their due date” on each person who requires a background check.
13. DFPS no longer accepts FBI Checks from other entities.

Out-Of-State Abuse/Neglect Checks

GUIDING LIGHT and independent foster homes who accept the placement of children from DFPS must request an out-of-state Abuse/Neglect check for a foster or adoptive parent applicant who has lived outside the state *any time during the previous 5 years* preceding the person’s application to become a foster or adoptive parent.

****NOTE:** When submitting background checks to HHSC, you should select the “FBI” checkbox every time a background check is submitted for individuals required by statute to have a fingerprint check.

However, individuals who have previously submitted their fingerprints for an FBI check and have completed a name-based background check (DPS criminal history and Abuse/Neglect) at least every 24 months thereafter do not need to get fingerprinted again, regardless of whether they have moved to a different DFPS office and as long as they have not lived out of state during that time.

For employees, in addition to complying with the background check requirements found in Minimum Standards, for each person who is required to have a background check, the Contractor must provide written documentation of the individual’s hire date and date of access to the children. This documentation must be maintained within individual staff records and available upon request.

FOSTER HOME HEALTH & SAFETY:
REQUIREMENTS, ENVIROMENT, SPACE & EQUIPMENT

5000 | HEALTH AND SAFETY

1. Documentation of current and approved fire, health and safety inspections for the foster home must be on file in the caregiver record at the local GUIDING LIGHT administrative office. The original should be in the caregiver home.
 - a. **Fire inspections** must meet requirements set by the state or local fire authority. The GUIDING LIGHT Child Placement Staff will schedule first with the state or local fire authority. If inspections by these authorities are not possible and the refusals to inspect are documented, GUIDING LIGHT staff may use TDFPS's Fire Safety Evaluation Checklist. Inspections are required every 2 years for family homes unless the TDFPS Checklist is used. The TDFPS Checklist is current for one year. Foster family homes not serving children receiving treatment services for primary medical needs can have a fire safety evaluation conducted by Child Placement Staff using the State Fire Marshal's fire prevention checklist for foster homes. A gas inspection is necessary if required by the fire inspection form.
 - i. If a foster family changes their verification to accept primary medical needs, they must meet the fire safety measures prior to verification:
 - ii. An inspection by the state or local fire authority. Documentation of efforts to obtain a fire inspection must include each date, the name of the person contacted, and the person's response to the request to complete an inspection. If one cannot be obtained by a state or local fire authority, then;
 - iii. A Fire Safety evaluation may be conducted by GUIDING LIGHT staff using the State Fire Marshal's fire prevention checklist.
 - iv. Once it is determined that a fire inspection is not available in a particular area and documented, that document is valid for one year.

Deficiencies found by the state or local fire authority or through the State Fire Marshal's checklist must be corrected, and the foster home must comply with any conditions or restrictions specified by the inspector or GUIDING LIGHT staff.

- b. **Health inspections** must meet regulations set by local health ordinances and the Texas Department of Health. Inspections are required by a Registered Sanitarian every 2 years for family homes unless the TDFPS Health Inspection Checklist is used. The TDFPS Checklist is current for one year.
 - i. Foster homes are required to have a health inspection from the local health authority or by the GUIDING LIGHT Child Placement Staff using the TDFPS Environmental Health Checklist for foster homes.
 - ii. GUIDING LIGHT must document each health inspection or health and safety evaluation, including the name and telephone number of the person who conducted the inspection or evaluation; and
 - iii. The foster home must correct any deficiencies documented during any inspection or evaluation and must comply with any conditions or restrictions specified by the inspector or evaluator.
- c. **Medical Emergency Procedures**
 - i. Appropriate first aid should be administered.
 - ii. If the emergency is beyond the scope of general first aid, the resident should be transported to his/her physician or to the emergency room as indicated.
 - iii. It is the caregiver's responsibility to contact the Child Placement Staff at the local GUIDING LIGHT office immediately so that they may contact the legal guardian and/or Managing Conservator within 24 hours.
 - iv. If a child is admitted and/or surgery is to be performed, the GUIDING LIGHT Child Placement Staff must be notified immediately by the caregiver or childcare staff.
 - v. An incident report must be completed the same day as the emergency by the caregiver or a childcare staff.
- d. **Death or Serious Injury**
 - i. Deaths of children receiving services from GUIDING LIGHT shall be reported immediately to GUIDING LIGHT and shall be reported orally to the Texas Abuse & Neglect Hotline and the Managing Conservator within 2 hours.

- ii. Injuries which, in the opinion of the physician may cause death, serious disability, or disfigurement of the body, follow the same procedure described above.
- iii. The report shall include a full description of the circumstances leading to the death or injury, including time, place, apparent cause and the actions taken or proposed in response to the incident. Such oral reports shall be followed by written reports to the Managing Conservator within (24) twenty-four hours.
- e. **Supervision Plan** for a Child at Risk of Harm to Self or Others
 - i. Children who are suicidal or a serious threat toward others must have immediate and continual supervision. The caregiver must engage the child in a supportive discussion to identify their reasons and alternatives to resolving the problem. The caregiver should encourage the child to ventilate, absorb the hostility, and use “mirror language” (reflective listening). A genuine caring attitude is very important.
 - ii. If a child seems exhibits suicidal ideation, the following measures should be taken:
 - 1. Involve and engage the child as much as possible.
 - 2. Monitor him/her closely and frequently (for high risk, every 3 minutes)
 - 3. Keep him/her from isolation.
 - iii. GUIDING LIGHT must be notified immediately, either through the GUIDING LIGHT Child Placement Staff or the Executive Director on the GUIDING LIGHT hotline. In a crisis, the caregiver, babysitters, GUIDING LIGHT Child Placement Staff, or therapist may be called upon by GUIDING LIGHT to monitor the child while GUIDING LIGHT takes the necessary steps to seek more restrictive and appropriate placement. If the child is removed to a more restrictive setting, the return of the child to the foster family after the crisis is resolved is desired whenever possible.
 - iv. Caregivers or other staff must be able and willing to provide 24-hour care and supervision for youth at risk for suicide until the crisis has been resolved as defined by GUIDING LIGHT staff.

HEALTH & SAFETY: REQUIREMENTS, ENVIRONMENT, SPACE & EQUIPMENT

TOBACCO

5010

5010 | TOBACCO

1. A child may not use or possess tobacco products and e-cigarette, or any type of vaporizers.
2. Caregivers and other adults may only smoke tobacco products, e-cigarettes, and vaporizers outside.
3. No one may smoke tobacco products, e-cigarettes, and vaporizers in a motor vehicle while transporting children in care.
4. Smoking is illegal for minors. Due to documented health hazards of secondhand smoke, smoking in a foster home is prohibited.

5020 | WEAPONS, FIREARMS, EXPLOSIVE MATERIALS, & PROJECTILES

1. Generally, weapons, firearms, explosive materials, and projectiles (such as darts or arrows), are permitted, however, there are some specific restrictions:
 - a. Weapons, firearms, explosive materials, and projectiles are permitted at a foster home providing treatment services if approved by the treatment team and storage requirements are met.
 - b. Explosive materials, firearms and projectiles such as darts, arrows and B-B's must be stored out of the reach of children, including locked storage for the weapons and ammunition. Locked storage must be made of strong, unbreakable material. If the locked storage has a glass or another breakable front or enclosure, the guns must be secured with a locked cable or chain placed through the trigger guards.
 - c. Ammunition may be stored with weapons in the same location, such as a gun cabinet, provided they are securely locked in the same location.
 - d. Foster children are not routinely given permission to use weapons or firearms for hunting. The decision will be made by the following individuals:
 - i. The child's birth parents.
 - ii. The child's caregivers.
 - iii. GUIDING LIGHT Child Placement staff.
 - iv. CPS worker/probation officer.

All four parties must agree that the foster child is mature enough and responsible enough to be given the privilege of hunting with a weapon.

- v. In addition, the foster child must fulfill the following requirements.
 1. Be at least twelve years of age.
 2. Must be accompanied by an adult.
 3. Must have successfully completed the hunter's safety course.
 4. Must have current hunter's license.
 5. Must have "hunting with a weapon" included in service plan
 - e. No child may use a weapon, firearm, explosive material, projectile, or toy that explodes or shoots, unless the child is directly supervised by an adult knowledgeable about the use of the weapon, firearm, explosive material, projectile, or toy that explodes or shoots that is to be used by the child.
 - f. Caregivers must notify their child placement staff if there is a change in the type of or an addition to weapons, firearms, explosive materials, or projectiles.
 - g. Firearms which are inoperable and solely ornamental are exempt from the storage requirements.
2. When determining if these items are stored adequately, GUIDING LIGHT will consider the age, history, emotional maturity, and background of the children in the home.
3. When GUIDING LIGHT completes a foster home screening, the foster home developer must ask whether weapons, firearms, explosive materials, or projectiles are present in the home. If these items are present, the foster home developer must review GUIDING LIGHT policies and requirements with the prospective caregivers.
4. The foster home record must include documentation on the:
 - a. Items present in the home; and
 - b. Specific precautions the caregivers must take to ensure that children do not have unsupervised access.
5. A caregiver may transport a child who is receiving child-care services in a vehicle where a firearm (other than handguns), other weapons, explosive materials, or projectiles is present if;
 1. All firearms are not loaded
 2. The firearms, other weapons, explosive materials, or projectiles are inaccessible to the child
 3. Possession of the firearm is legal and not prohibited by law to carry.
 4. If the caregiver has the handgun in their possession and in control of the handgun, then he/she may do so when transporting the child as long as:
 - a. All firearms are not loaded
 - b. The firearms, other weapons, explosive materials, or projectiles are inaccessible to the child

HEALTH & SAFETY: REQUIREMENTS, ENVIRONMENT, SPACE & EQUIPMENT

ENVIROMENT

5030

5030 | *ENVIROMENT*

1. Each GUIDING LIGHT foster home will be maintained, repaired and cleaned both inside and outside so that there are no hazardous situations to the children in care.
 - a. Outdoor areas must be well drained
 - b. Windows and doors used for ventilation must be screened.
 - c. Equipment and furniture must be safe for the children.
 - d. Children must be protected from inflammable and poisonous substances, unless caregivers have evaluated a child as capable and likely to use such items responsibly
 - e. Explosive materials, firearms and projectiles such as darts, arrows and B-B's must be stored out of the reach of children.
 - f. All homes will be kept clean, have an adequate water supply and sanitation, and be well lighted and heated.
2. Any animal on the premises of a foster home must be free of disease and must not create health problems or a health risk for children. Each animal must be vaccinated and treated as recommended by a licensed veterinarian. Documentation of vaccinations and treatment must be on file in the agency home. The caregivers must have documentation at the home showing that dogs, and cats have been vaccinated for rabies as required by Texas Health and Safety Code, Chapter 826.
3. The caregivers must take measures to keep the house and grounds free of rodents, insects, and stray animals.
4. GUIDING LIGHT staff will ensure the physical environment of the foster home is free from dogs in the neighborhood who play rough to prevent injury to a child.

5040 | SPACE AND EQUIPMENT

1. Children must have indoor areas for their use. There must be at least 40 square feet per child in living areas for foster homes. Living space is anything enclosed within the home that is not counted toward bedroom space. This does not include bedrooms, kitchens, bathrooms, utility rooms, unfinished attics, or hallways.
 - a. A foster home must identify indoor areas that children can use.
 - b. GUIDING LIGHT must approve the indoor space that a home designates for the children's use
 - c. Sketches of the floor plans showing the measurements and purposes of rooms must be filed in the foster home record.
 - d. Furniture in living areas must not block exits.
2. A sleeping room must have at least 40 square feet for agency foster homes for each child occupant. Single occupant bedrooms must have at least 80 square feet of floor space.
 - a. Sketches of floor plans showing the measurements and purposes of rooms must be filed in the foster home record.
 - b. Sleeping rooms must provide adequate opportunities for rest and privacy.
 - c. A child may share a bedroom with an adult caregiver if:
 - i. In the best interest of the child;
 - ii. The child is under three years old and sleeps in the bedroom of the caregiver; and
 - iii. Approval is documented and dated in the child's service plan by the service planning team.
 - iv. An exception for a child to share a bedroom with an adult caregiver may be made during specific travel and camping situations if no other more reasonable provision is available to the child and other requirements are met.
 - v. 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 must provide comfortable sleeping arrangements for the child.
 - vi. Children may not sleep in the same bed with an adult in care unless the adult resident is the child's parent and the child is between the ages of one year and 10 years old.
 - vii. Children may not sleep in the same bed with an adult caregiver at any time.
 - d. The floor space requirement must not include closets or other alcoves.
 - e. Floor space must be space that children can use for daily activities.
 - f. If a foster home was verified before January 1, 2007, then a foster home is exempt from the maximum bedroom occupancy of 4 children per room requirement until:
 - i. The foster family moves to a new home;
 - ii. The foster home is structurally altered by adding a new room; or
 - iii. The foster home's verification is no longer valid
3. Each child must have his or her own bed, sheets, towels, blankets, bedspread, pillows, mattress, and other furnishings to meet the child's needs. This does not prevent a child receiving respite care or requiring closer supervision from sleeping on a couch, sleeping bag, for fewer than 7 days.
 - a. Beds must be clean and comfortable.
 - b. Mattresses must be off of the floor and have covers or protectors. Mattress covers are not required to be plastic. There are many different types of mattresses covers including water proof, as needed.
 - c. Linens must be changed when soiled, and no less often than once a week.
 - d. All items must remain clean and in good repair.
4. Only rooms that provide adequate opportunities for rest and privacy may be used as a bedroom.
 - a. Foster children or any other household members may not use any of the following as a bedroom:
 - i. A room commonly used for other purposes, including dining rooms, living rooms, hallways, or porches;
 - ii. A passageway to other rooms;
 - iii. A room that does not have doors for privacy; or
 - b. A foster child may use a basement as a bedroom if there is:
 - i. A second fire escape route from the basement; and
 - ii. Natural lighting.
 - c. A foster child may not use a basement as a bedroom if there is no natural lighting:
 - i. Unless the home was verified prior to January 1, 2007; and

HEALTH & SAFETY: REQUIREMENTS, ENVIRONMENT, SPACE & EQUIPMENT

SPACE AND EQUIPMENT

5040

- ii. Until the verification is no longer valid, or the home is structurally altered through the addition of a new room.
 - d. A foster child may use a detached structure as a bedroom if:
 - i. The child is 16 years or older
 - ii. The treatment team approves
 - iii. The detached structure is included in required fire and health inspections for the foster home.
5. Each child must have individual storage space in the child's bedroom for clothing and personal possessions.
6. GUIDING LIGHT caregivers must provide behavioral, gender, and age appropriate living arrangements for each child. Exceptions may be made for Sibling Groups to keep them together.
7. A child six years old or older must not share a bedroom with a person of the opposite sex except for:
 - a. A child sharing a bedroom with his minor parent or
 - b. Non-ambulatory children receiving treatment services for primary medical needs.
8. A young adult resident who has turned 18 years old while placed in his current foster home can share a bedroom with a minor resident 16 years of age and older as long as the age difference does not exceed 24 months.
9. A foster home must have one lavatory, one tub or shower, and one toilet for every eight household members. A foster home verified before January 1, 2007, is exempt from this requirement until it is no longer verified by the agency under which it is currently verified, or it makes structural changes to the home by adding additional bathrooms.
 - a. All lavatories, tubs and showers must have hot and cold running water.
 - b. Bathrooms must be near the sleeping area.
 - c. Bathrooms must be thoroughly cleaned daily.
 - d. For foster homes that care for primary medical needs children, the child's bedroom and the child's bathroom must be located on the same floor. A foster home verified before January 1, 2007, is exempt from this requirement until it is no longer verified by the agency.
 - e. Bathrooms must allow for privacy.
10. It is recognized and acknowledged that the use of audio/visual monitors in this agency's foster homes may be warranted under certain circumstances. Audio/visual monitors may be used to provide protection for the children from activities that may be potentially harmful or dangerous to self or others. The audio component is utilized to alert the parent during sleep and wake time activities; the video display is to be located in the parents' bedroom for confidentiality purposes.
 - a. The children must be advised that the monitors are in use and where they are located. The children must also be advised of the purpose and capability of the monitors and the monitors must be plainly visible to the children.
 - i. The children must be advised of the house rules indicating either:
 - ii. Which separate rooms contain no monitors and are to be utilized for privacy in dressing
 - b. The hours the monitors will be turned off to allow for privacy in dressing. Taping of activities observed is not allowed, unless prior authorization is obtained from the Treatment Team and the Executive Director.
 - c. A form must be signed by each child residing in a home in which monitors are in use or proposed for use.
11. The foster home will have a radio available in the event of a communication blackout involving telephone lines. Caregivers may choose not to have a television set in the home if it conflicts with their lifestyle.
12. The foster home will provide operating air conditioning and heating units to provide a comfortable and safe environment.
13. Each home must have an installed and maintained smoke detector in the following areas:
 - a. In hallways or open areas outside sleeping rooms; and
 - b. On each level of a home with multiple levels.
 - c. Depending on the size and layout of the home, additional smoke detectors may be required based on manufacturers or state or local fire authority's instructions.
14. A foster home must have a fire extinguisher:
 - a. In each kitchen; and
 - b. On each level of the home.
15. The fire extinguisher(s) must be:
 - a. Serviced or replaced after each use; and
 - b. Have a maintenance check once a year by a person qualified to inspect fire extinguishers.
16. Equipment must not have openings, angles, or protrusions that can entangle a child's clothing or entrap a child's body or body parts.

HEALTH & SAFETY: REQUIREMENTS, ENVIRONMENT, SPACE & EQUIPMENT

SPACE AND EQUIPMENT

5040

- a. Equipment must be securely anchored according to manufacturer's specifications to prevent collapsing, tipping, sliding, moving, or overturning.
- b. Climbing equipment, swings, and slides must not be installed over asphalt or concrete.
- c. Equipment must be appropriate, cleaned, maintained, and repaired.
- d. Trampolines may be used at the foster home if:
 - i. The number of children allowed on the trampoline at one time meets the manufacturer's instructions;
 - ii. Shock absorbing pads cover the springs, hooks, and frame;
 - iii. Ladders are removed from the trampoline when the trampoline is not in use;
 - iv. A caregiver provides supervision as follows:
 1. For children under 12 years old, the caregiver must be immediately present, watching the children at all times, enforcing safety rules, and manufacturer's instructions, and able to respond in an emergency.
 2. For children 12 years old and older, the caregiver must be on the premises, visually check on the children at frequent intervals, and able to respond in an emergency.

5050 | NUTRITION AND FOOD PREPARATION

1. All food and drink must be safe, and must be prepared and served in a sanitary manner.
 - a. Any person preparing food or drinks must thoroughly wash their hands before beginning.
 - b. Animals must be kept out of the cooking area during preparation.
2. Food preparation, dining, and storage areas, equipment, and furniture must be clean and in good repair.
3. All food must be stored off the floor. All food items, except those which are to be washed or peeled, must be stored in covered containers that are insect - and rodent- proof or refrigerated.
4. Food items must be protected from contamination:
 - a. Refrigerated immediately after use and after meals, if the food requires refrigeration; and
 - b. Covered when stored in the refrigerator
5. Utensils and containers intended for one-time use (for example, paper and plastic dishes) must not be used more than once.
6. All alcoholic beverages [as with all drugs] must be locked and access prohibited to the foster children in the home.
7. When feeding children in care, Caregivers must:
 - a. Feed an infant whenever the infant is hungry;
 - b. Provide a toddler or school age child with three meals and at least one snack a day; and
 - c. 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.
8. Caregivers must provide a child with food that is:
 - a. Of adequate variety, quality, and in sufficient quantity to supply the nutrients needed for proper growth and development according to the United States Department of Agriculture guidelines; by providing fresh fruits, vegetables, and dairy products to the children at least once a day.
 - b. Appropriate for the child's age and activity level. Children should be included in the meal planning process.
9. Caregivers must not serve a child nutrient concentrates and supplements, such as protein powders, liquid protein, vitamins, minerals, and other nonfood substances in lieu of food to meet the child's daily nutritional need, except with written instructions from a licensed health-care professional.
10. Caregivers must ensure drinking water is always available to each child and is served in a safe and sanitary manner. Children must be well hydrated and must be encouraged to drink water during physical activity and in warm weather.
11. 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.
12. A caregiver must offer a child in care food choices that are at least comparable to what the adults in the home are eating, unless medically contraindicated for the child
13. The caregiver must offer a child a meal or snack according to this division, but the caregiver may not force the child to eat. The caregiver does not have to offer other food to a child who:
 - a. Refuses a meal or snack; or
 - b. Chooses not to be present when a meal or snack is scheduled.
 - c. The caregiver must discuss recurring eating problems with child placement staff and the child's parent.
 - d. If a meal or snack is not appropriate to meet a child's individual needs, for example food allergies or religious reasons, then the caregiver will offer the child an appropriate nutritional substitute.

HEALTH & SAFETY: REQUIREMENTS, ENVIRONMENT, SPACE & EQUIPMENT

TRANSPORTATION

5060

1. Vehicles used to transport foster children must be:
 - a. Maintained in safe operating conditions at all times; and
 - b. Inspected and registered according to federal, state, and local laws.
2. The driver and all passengers must follow all federal, state, and local laws when driving, including laws on the use of a child passenger safety seat systems, seat belts, and liability insurance.
 - a. Check the expiration date that the manufacturer placed on the car seat. A new car seat must be purchased by the foster parent prior to expiration.
 - b. If a foster parent wants to purchase a used car seat, they must ask if the car seat was involved in a collision. If a car seat has been involved in a collision then it should not be purchased because it could malfunction.
3. Other children in the foster home may transport a foster child if the:
 - a. Child driving has a valid driver's license; and
 - b. Service planning teams for the foster children being transported and the foster child transporting, if applicable, approve of the transportation arrangements. The approval must be documented in the child's treatment plan that they are able to ride in a car with a driver that is not an adult.
4. With treatment team approval, caregivers may teach or supervise foster children in learning to drive. The child placement staff will document the treatment team approval in the child's record.
5. Only the caregiver responsible for instruction and the child learning to drive may be present in the vehicle.
6. A sufficient number of caregivers to meet the child's needs must accompany the child.
7. Special provision(s) must be made for transporting non-ambulatory and non-mobile children. When necessary, this must include locks for wheelchairs and hydraulic lifts.
8. Children must be inside the vehicle when transported. The back of a pick-up truck is not considered inside the vehicle. Children must never be transported in the bed of a pick-up truck, while standing on runners, or while on the hood or trunk of any vehicle.
9. Children under age 5 may not be transported on a motorcycle unless the child is riding in a side car and secured in a child safety seat or seat belt.

Texas Department of Public Safety regarding child passenger safety seat systems (MS 749.3103)

Child Passenger Recommendations

Phase 1	Rear-Facing Seats	Infants: Birth- 35+ pounds, 2+ years old. Rear-facing infant or rear-facing convertible safety seat as long as possible, up to the rear-facing height or weight limit of the seat. Properly install according to instructions in owner's manual, rear-facing in the back seat.
Phase 2	Forward-facing Seats	When children outgrow the rear-facing safety seat (2+ years), they should ride in a forward-facing safety seat as long as possible, up to the upper height or weight limit (40-80+ pounds) of the harnesses. Usually 4+ years old. Properly installed forward-facing in the back seat. Never turn forward-facing before child meets all: AGE/HEIGHT/WEIGHT requirements set by safety seat manufacturer for forward facing.
Phase 3	Booster Seats	Age 4 and 40+ pounds, children can ride in a booster seat with the adult lap and shoulder belt until the adult safety belt will fit them properly (usually when the child is 4'9" tall, 10-12 years old. MUST have a lap/shoulder belt to use a booster seat.
Phase 4	Adult Safety Belt	Once children outgrow their booster seat (usually 4'9", 10-12 years) they can use the adult lap/shoulder safety belt if it fits them properly. Lap portion low over the hips/tops of thighs and shoulder belt crosses the center of the shoulder and center of the chest.

Children are better protected the longer they can stay in each phase. Keep children in each seat up to the **maximum** age/weight/height limits before moving to the next phase. **ALL** children younger than age 13 years should ride properly restrained in the back seat.

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210

5070 | SWIMMING POOLS, BODIES OF WATER, SAFETY

1. Outdoor swimming pools must have fences. When not in use, entrance and exits to outdoor and indoor pools must be locked. Machinery rooms must be locked to keep children out.
 - a. A certified lifeguard or person certified in water safety must be on duty when the home's swimming area is in use.
2. Caregivers must use prudent judgment and ensure children in GUIDING LIGHT care who are younger than 12 years old, children of any age who are not competent swimmers, and children receiving treatment services are protected from unsupervised access to water such as a swimming pool, hot tub, fountain, pond, lake, creek, or other body of water. If a child is allowed to swim in a body of water such as a river, creek, pond, or lake, the supervising adult must clearly designate swimming areas. The caregivers must inform children about house rules for use of the pool and appropriate safety precautions. The dangers of the body of water must be explained to participants in a manner that is clearly understood prior to participation. Adult supervision and monitoring of safety features must be adequate to protect children younger than 12 years of age and children of any age who are not competent swimmers from unsupervised access to the pool.
3. The 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 four feet high must enclose the pool area. The fence must be well constructed and be installed completely around the pool area. A backyard fence may serve as the pool fence wall if the meets all the requirements, however the foster home must be willing to consider the entire back yard as the pool area, and treat it as such. This means that children may not have unsupervised access to the back yard and that doors leading to the back yard must comply. If the entire backyard is serving as the pool area, children may not be in the backyard without direct caregiver supervision.
5. Fence gates leading to the outdoor pool area must be self-closing and self-latching. Gates must be locked when the pool is not in use. Keys to open the gate must not be accessible to children under the age of 12 years old, children any age who are not competent swimmers, or any children receiving treatment services.
6. Doors that lead from the home to the pool area must have a lock that only adults or children over 10 years old can reach. The lock must be completely out of the reach of children younger than 10 years old.
7. 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 a lock.
8. 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. One additional life-saving device must be available for each 2,000 square feet of water surface, so a pool of 2,000 square feet would require three life saving devices.
9. Drain grates must be in place, in good repair, and capable of being removed only with tools.
10. Caregivers must be able to clearly see all parts of the swimming area when supervising activity in the area.
11. The bottom of the pool must be visible at all times.
12. Pool covers must be completely removed prior to pool use.
13. An adult must be present who is able to immediately turn off the pump and filtering system when any child is in the pool.
14. Pool chemicals and pumps must be inaccessible to all children.
15. Machinery rooms must be locked to keep children out.
16. For above Ground Pools: A fence/wall is not required if the structure/height of the aboveground pool meets the requirements:
 - a. Have a barrier that prevents a child's access to the pool;
 - b. Be inaccessible to children under the age of 12 years old, children of any age who are not competent swimmers, or any children receiving treatment services when it is not in use; and
 - c. Meet all other pool safety requirements.
17. The maximum number of children one adult can supervise during swimming activities is based on the age of the youngest child in the group and is specified in the following chart:
18. In addition to meeting the required swimming child/adult ratio there must be at least two adults to supervise the children.
 - a. In addition to meeting the required swimming child/adult ratio, if four or more children are actually in water, then there must be at least two adults supervising the children.
 - b. When a child who is non-ambulatory or who is subject to seizures is engaged in swimming activities, will be assigned one adult to that one child. This adult must be in addition to any lifeguard on duty in the swimming

HEALTH & SAFETY: REQUIREMENTS, ENVIRONMENT, SPACE & EQUIPMENT

SWIMMING POOLS, BODIES OF WATER, SAFETY

5070

area. This requirement does not have to be met if a licensed physician writes orders in which the physician determines that the child:

- i. Is at low risk of seizures and that special precautions are not needed; or
- ii. Only needs to wear an approved life jacket while swimming and additional special precautions are not needed.
- c. A lifeguard who is supervising the area where the children are swimming may be counted in the child/adult ratio; however, one caregiver must always be present and the lifeguard may not be the only person counted in the child/adult ratio.
- d. The ratios in the chart below do not include children over the age of 12 years old who are competent swimmers; however, the caregiver must still comply with the child/caregiver ratio.

If the age of the youngest child is...	Child: Adult Ratio
0 to 23 months old	1:1
2 years old	2:1
3 years old	3:1
4 years old	4:1
5 years old or older in foster family home; and either: one child is receiving treatment services for PMN; or three or more children are receiving treatment services	4:1
5 years old or older in a foster home in which no children are receiving treatment services for primary medical needs, and no more than two children are receiving treatment services	6:1

19. To meet the swimming child/adult ratio, adult volunteers and adult relatives who do not meet the minimum qualifications for caregivers may be included provided:
 - a. There are enough caregivers to meet the child/caregiver ratio;
 - b. Persons in your care do not supervise swimming activities; and
 - c. Compliance with all other policies, including, but not limited to, rules relating to supervision and discipline are ensured.
20. A child must wear a life jacket when:
 - a. Participating in boating activities.
 - b. The child is in more than two feet of water and does not know how to swim; or
 - c. Ordered by a physician for a child with a medical problem or disability
21. At all times during a swimming activity, at least one adult counted in the swimming child/adult ratio must be able to swim, carry out a water rescue, and be prepared to do so in an emergency
22. Wading/splashing pools (less than two feet of water) must be:
 - a. Stored out of children's reach, when not in use;
 - b. Drained at least daily; and
 - c. Stored, so it does not hold water
23. A hot tub must be covered with a locking cover when not in use or enclosed per pool requirements (refer to 4 & 5 above)
24. Regarding a body of water that is on or adjacent and accessible to the premises of a foster home, the following must be documented:
 - a. Type, location, and size of the body of water; and
 - b. Barriers between the foster home and the body of water

A foster parent using the prudent parent standard may approve a child to participate in unsupervised childhood activities (activities away from the foster home and the foster parents) involving swimming that do not comply with the rules of GUIDING LIGHT policy 5700 and MS Subchapter O Division 7. However, depending upon the background of the child (for example the child's age, level of maturity and responsibility, and proficiency in swimming, such an approval may or may not require limitations like other adult supervision or the need for a life jacket when boating.

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SPECIALIZED FOSTER CARE SERVICES

GENERAL REQUIREMENTS FOR TREATMENT SERVICES

6000

SPECIALIZED FOSTER CARE SERVICES

In addition to all GUIDING LIGHT policies the following policies will be enforced for foster families providing Treatment Services (in accordance with Residential Child Care Contract Attachment C and Minimum Standards for a Child Placing agency). In order to receive payment for Specialized and Intense Service Levels, families must be verified to provide treatment services to children.

1. A child is eligible for Treatment Services according to the following criteria:
 - a. Emotional Disorders, who have a current DSM-5 diagnosis, such as mood disorders, psychotic disorders, or dissociative disorders, and demonstrate two or more of the following:
 - i. Major self-injurious actions, including a suicide attempt within the last 12 months;
 - ii. Difficulties that present a significant risk of harm to self or others, including frequent or unpredictable physical aggression; or
 - iii. An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment;
 - b. With a DSM-5 diagnosis of Intellectual Disability that is characterized by prominent, severe deficits and pervasive impairment in one or more of the following areas:
 - i. Conceptual, social, and practical adaptive skills to include daily living and self-care;
 - ii. Communication, cognition, or expressions of affect;
 - iii. Self-care activities or participation in social activities;
 - iv. Responding appropriately to an emergency; or
 - v. Multiple physical disabilities, including sensory impairments
 - c. With a DSM-5 diagnosis of Autism Spectrum Disorder that is that is characterized by prominent, severe deficits and pervasive impairment in one or more of the following areas of development:
 - i. Conceptual, social, and practical adaptive skills to include daily living and self-care;
 - ii. Communication, cognition, or expressions of affect;
 - iii. Self-care activities or participation in social activities;
 - iv. Responding appropriately to an emergency; and
 - v. Multiple physical abilities including sensory impairments; or
 - d. Primary Medical Needs, who cannot live without mechanical supports or the services of others because of non-temporary, life-threatening conditions, including the:
 - i. Inability to maintain an open airway without assistance. This does not include the use of inhalers for asthma;
 - ii. Inability to be fed except through a feeding tube, gastric tube, or a parenteral route;
 - iii. Use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown; or
 - iv. Multiple physical disabilities including sensory impairments.
 - e. Determined to be a trafficking victim, including a child:
 - i. Determined to be a trafficking victim as the result of a criminal prosecution or who is currently alleged to be a trafficking victim in a pending criminal investigation or prosecution;
 - ii. Identified by the parent or agency that placed the child with the child placing agency as a trafficking victim;
 - iii. Determined by the GUIDING LIGHT to be a trafficking victim based on reasonably reliable criteria, including one or more of the following:
 1. The child's own disclosure as a trafficking victim;
 2. The assessment of a counselor or other professional; or
 3. Evidence that the child was kidnapped, recruited, harbored, transported, provided to another person, or obtained for the purpose of forced labor or commercial sexual activity.
2. For caregivers that provide treatment services, GUIDING LIGHT will provide the following:
 - a. Ongoing assessments of the caregiver's abilities to meet the needs of the children in care; in the form of quarterly reviews;
 - b. Safeguards for protecting the children and caregivers;
 - c. Emergency back-up and support systems for the caregivers

SPECIALIZED FOSTER CARE SERVICES

GENERAL REQUIREMENTS FOR TREATMENT SERVICES

6000

3. Before a caregiver can provide care to a child receiving treatment services, GUIDING LIGHT will ensure that the caregiver has the experience to care for the child's treatment needs. If a caregiver does not have the necessary experience, the child-placement management staff must prescribe a regimen of specific child-care experience that the caregiver must complete before GUIDING LIGHT will place a child with treatment needs in the caregiver's home including a minimum of eight hours of observations of interactions with children receiving similar treatment services as the prospective foster parent would be providing.
4. Caregiver Training Requirements See Section 510 & 520
5. Admission Requirements
 - a. Document in child's record at time of admission, identification of the child's treatment needs, if applicable and any additional treatment services or programmatic services the child is receiving
 - b. For an emergency admission, the Intake Worker must complete all of the requirements for an admission assessment within 30 days from the date of the child's admission history of inpatient or outpatient treatment.
 - c. For children receiving treatment services for PMN the Admission Assessment must include:
 - i. A Licensed physician's signed, written orders as the basis for the child's admission. The physician's evaluation must confirm that the child can be cared for appropriately in a foster home setting and that the foster parents have been trained to meet the needs of the child and demonstrated competency
 - ii. Written orders must include orders for:
 1. Medications
 2. Treatments
 3. Diet
 4. Range of motion program at stated intervals
 5. Habilitation, as appropriate
 6. Any special medical or developmental procedures
 - iii. Include the reasons for choosing treatment services for the child.
 - iv. Consideration given to any history of inpatient or outpatient treatment
 - d. When a child's behavior and/or history within the last two months indicates that the child is an immediate danger to himself or others
 - i. The admission assessment must include a written, dated, and signed psychiatric, psychological or psychosocial diagnostic assessment, including the child's diagnoses, if applicable;
 1. If the child is coming from another regulated placement, the evaluation must have been completed within 14 months of the date of admission.
 2. If the child is not coming from another regulated placement, the evaluation must have been completed within 6 months of the date of admission.
 3. The assessment of the child's needs and potential danger to himself or others must be included in the psychiatric, psychological, or psychosocial assessment; and
 4. Recommendations for care, treatment, and further evaluation. If the child is admitted, the recommendations must become part of the child's service plan and must be implemented.
 - ii. The staff completing the admission assessment must evaluate GUIDING LIGHT's ability to provide services and safeguards appropriate to the child's needs, including direct and continuous supervision, if needed.
6. Initial Child Plan of Service for TS
 - a. The Initial CPOS Plan must address and include the child care services planning requirements noted in GUIDING LIGHT Policy 810 and include:
 - i. Address all of the child's waking hours
 - ii. A description of the emotional, behavioral, and physical conditions that require treatment services
 - iii. A description of the emotional, behavioral, and physical conditions the child must achieve and maintain to function in a less restrictive setting, including any special treatment program and/or other services and activities that are planned to help the child achieve and to function in a less restrictive setting
 - iv. A list of emotional, physical, and social needs that require specific professional expertise, and plans to obtain the appropriate professional consultation and treatment for those needs. Any specialized testing, recommendations, and/or treatment must be documented in the child's record

SPECIALIZED FOSTER CARE SERVICES

GENERAL REQUIREMENTS FOR TREATMENT SERVICES

6000

- b. For children receiving treatment services for Intellectual Disabilities the plan must include requirements noted above and include:
 - i. Above requirements
 - ii. Minimum of one hour per day of visual, auditory and tactile stimulation to enhance the child's physical, neurological, and emotional development
 - iii. Educational or training plan encouraging normalization appropriate to the child's functioning
 - iv. Career planning for older adolescents who are not receiving treatment services for severe or profound Intellectual Disabilities

7. Child Plan of Service Update

For children receiving treatment services for emotional disorders, Autism Spectrum disorder, primary medical needs or Trafficking Victim the plan must be updated at least 90 days from the date of the child's last service plan.

- 8. The review and update of Child Plan of Service in addition to requirements of GUIDING LIGHT policy 810 must:
 - a. Evaluate the use and effectiveness of emergency behavior intervention techniques, if used, since the last service plan. If applicable, this evaluation must focus on:
 - i. The frequency, patterns, and effectiveness of types of emergency behavior interventions;
 - ii. Strategies to reduce the need for emergency behavior interventions overall; and
 - iii. Specific strategies to reduce the need for use of personal restraints or emergency medication, as applicable;
 - b. Document in the child's record the review and update of the plan; and
 - c. Document the names of the persons participating in the review and update.
- 9. Responsibility of FP for providing a child with opportunities for recreational activities
 - a. Ensure that each child receiving treatment services has an Individualized recreation plan designed by the service planning team or professionals who are qualified to address the child's individual needs, that the plan is implemented, and that the plan is revised by the service planning team or qualified professionals, as needed
 - b. Ensure that medical and physical support are given if the recreational and leisure time activities require it for a child who is receiving treatment services for PMN, Autistic or ID
 - c. Physical fitness activities caregivers must provide for TS for PMN or ID
 - i. A minimum of one hour of physical stimulation each day
 - ii. Training programs for non-mobile children must include development of physical fitness. This must include a variety of body positions and changes in environment
 - d. A child receiving treatment services for PMN or ID must have a schedule that is based on the normalization principle. In order to help the child obtain an existence as normal as possible, the daily schedule must:
 - i. Demonstrate an understanding of normal child development
 - ii. Enhance the child's physical, emotional, and social development.
- 10. A child receiving TS for PMN or ID must have surroundings and experiences that reflect normal patterns of community living as closely as possible and as appropriate for the child's special needs.
- 11. A child needing treatment services may only be placed in a foster home that is verified to provide the treatment services needed by that child. If the treatment service needs of any of the children in a foster home changes and the home is not verified to provide that particular treatment service, the foster parent must notify the child placement staff and a new assessment of the home must be completed, signed, and dated by the child placement management staff. If the foster home is not approved to provide the services after the assessment, then the child must be moved to a placement that can provide the needed services.
- 12. Ratio: Ratio for foster family home if more than 2 children receiving treatment services the ratio is 1:4.
- 13. Caregivers that supervise a child receiving treatment services must maintain progress notes for the child, at a frequency determined by the service planning team. Caregivers must sign and date each progress note at the time the progress note is completed. Progress notes must be available for licensing staff to review.
- 14. Food service practices: Caregivers must encourage self-help and development when feeding children receiving treatment services for primary medical needs or intellectual disabilities, including non-mobile children.
- 15. Swimming Pools: Fence gates leading to the outdoor pool area must be self-closing and self-latching. Gates must be locked when the pool is not in use. Keys to open the gate must not be accessible to children under the age of 16 years old or children receiving treatment services.

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215

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH DEVELOPMENTAL DISABILITIES OR INTELLECTUAL DISABILITIES

6010

6010 | REQUIREMENTS FOR CARE OF CHILDREN WITH DEVELOPMENTAL DISABILITIES OR INTELLECTUAL DISABILITIES

In addition to all GUIDING LIGHT policies the following policies will be enforced for foster families providing Treatment Services (in accordance with Residential Child Care Contract Attachment C and Minimum Standards for a Child Placing agency).

1. A child will not be placed in a home that only serves children with Intellectual Disabilities unless the child is below average in intellectual functioning and has deficits in adaptive behavior. Intellectual functioning must be determined by standardized testing. The deficits in adaptive behavior must be determined by published scales or a licensed psychologist who has experience with Intellectual Disabilities.
2. The Child Plan of Service must include:
 - a. Any record of specialized testing or treatment
 - b. Instructions for the Caregiver to provide a minimum of one hour per day of visual, auditory, and tactile stimulation to enhance the child's physical, neurological, and emotional development.
 - c. Educational or training plan encouraging normalization appropriate to the child's functioning; and
 - d. Career planning for older adolescents who are not receiving treatment services for severe or profound intellectual disabilities.
3. The caregiver will provide an on-call licensed nurse to be available on site. Specialized Service Level children with developmental disabilities or Intellectual Disabilities will require consistent and frequent medical attention by a skilled caregiver. The caregiver may be asked to provide medical assistance such as administering of life-support and medications and treatments.
4. The GUIDING LIGHT treatment team will ensure that recreation and activities are designed to meet the child's developmental needs as defined by a medical or psychological assessment.
5. Foster families will provide specialized equipment as recommended by a physician or other health professionals. Caregivers are also responsible for routine adjustment or replacement of this equipment.
6. If necessary, caregivers will provide assistance with mobility to normalize functioning of the child.
7. Close daily supervision is required for children at the Specialized Service Level who have developmental disabilities or Intellectual Disabilities.
8. The admission assessment must include:
 - a. A psychiatric evaluation, psychological evaluation, or psychosocial assessment, including the child's diagnosis; completed within 14 months of admission.
 - i. A licensed psychologist who has experience with intellectual disabilities or published scales must determine and document the child's level of adaptive functioning.
 - ii. Standardized tests must be used to determine the intellectual functioning of the child. The test results must be documented in the evaluation.
 - iii. The evaluation must include the manifestations of intellectual disabilities as defined in the current edition of DSM.
 - b. Reasons for choosing treatment services
 - c. Consideration given to any history of inpatient or outpatient treatment.
9. A child receiving treatment services for Intellectual Disabilities should experience normalcy as much as possible and as appropriate for the child's special needs. Caregivers must be routinely and personally involved including:
 - a. Daily one-on-one interaction between the child and the foster parent primarily responsible for the child's care;
 - b. Participation in everyday family activities to the extent the child is able, such as having meals together, participating in family time, and participating in family outings;
 - c. Sensory stimulation for the child, such as the child being held, being read to, being played with, and being talked to, and the foster family watching television and listening to music together;
 - d. Actively participating in the child's medical care, including appointments and hospitalizations;
 - e. Actively participating in the child's educational needs

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH DEVELOPMENTAL DISABILITIES OR INTELLECTUAL DISABILITIES

6010

In addition to all GUIDING LIGHT policies the following policies will be enforced for foster families providing Treatment Services (in accordance with Residential Child Care Contract Attachment C and Minimum Standards for a Child Placing agency).

1. child will not be placed in a home that only serves children with Intellectual Disabilities unless the child is below average in intellectual functioning and has deficits in adaptive behavior. Intellectual functioning must be determined by standardized testing. The deficits in adaptive behavior must be determined by published scales or a licensed psychologist who has experience with intellectual disabilities.
2. Any record of specialized testing or treatment must be documented in the CPOS.
3. The caregiver will provide an on-call licensed nurse to be available on site. Specialized Service Level children with developmental disabilities or intellectual disabilities will require consistent and frequent medical attention by a skilled caregiver. The caregiver may be asked to provide medical assistance such as administering of life-support and medications and treatments.
4. The GUIDING LIGHT treatment team will ensure that recreation and activities are designed to meet the child's developmental needs as defined by a medical, psychological with a psychometric evaluation, or psychosocial assessment.
5. Foster families will provide specialized equipment as recommended by a physician or other health professionals. Caregivers are also responsible for routine adjustment or replacement of this equipment.
6. If necessary, caregivers will provide assistance with mobility to normalize functioning of the child.
7. Close daily supervision is required for children at the Specialized Service Level who have developmental disabilities or intellectual disabilities.

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH AUTISM SPECTRUM DISORDERS 6020

6020 | REQUIREMENTS FOR CARE OF CHILDREN WITH AUTISM SPECTRUM DISORDERS

In addition to all GUIDING LIGHT policies the following policies will be enforced for foster families providing Treatment Services (in accordance with Residential Child Care Contract Attachment C and Minimum Standards for a Child Placing agency).

1. A Treatment Team Coordinator will be assigned to be responsible for the treatment program for children diagnosed with Autistic Disorder or other advance developmental disorders: Rhett's Disorder), Childhood Disintegrative Disorder Asperger's Disorder) and Autism Spectrum Disorder NOS (Including Atypical Autism) must have a minimum of a master's degree in a behavioral science, special education, or a related field and at least one year of experience working with such children. The GUIDING LIGHT behavior therapy program will fall under the supervision of the treatment coordinator who will assume professional responsibility therefore, that person will approve all training for caregivers and child-care worker in the autistic-like behavior program for the children who are so diagnosed and in GUIDING LIGHT's care.
2. GUIDING LIGHT's Treatment Team will be responsible for the evaluation, diagnosis and treatment of those children with Autism Spectrum who are in its care. The team will include a licensed physician who is a psychiatrist or who specialized in the treatment of children with psychiatric disorders who has had at least one year of experience working with children with Autism Spectrum disorders. The team will also include at least one of the following:
 - a. A psychologist, as defined by the psychologists' certification and licensing act, who has a minimum of one year's experience working with children with Autism Spectrum disorders.
 - b. A master's level social worker with a degree from a school accredited by the council of social work education who has a minimum of one year working with children with Autism Spectrum disorders.
 - c. An education diagnostician certified by the Texas Education Agency or a person with a master's degree in special education or a related field. The person must have a minimum of one year's experience working with children with Autism Spectrum disorders.
3. No GUIDING LIGHT caregiver or childcare worker will directly supervise more than four Autism Spectrum children, to include outings away from the home.
4. Any GUIDING LIGHT home that provides care for children with Autism Spectrum will not provide any other type of care if it conflicts with the children's best interests or with the use of staff or space in the home.
5. The Admission Assessment must include the following:
 - a. A written, dated, and signed psychiatric or psychological diagnostic assessment, including the child's diagnoses.
 - i. If the child is coming from another regulated placement, the evaluation must have been completed within 14 months of the date of admission.
 - ii. If the child is not coming from another regulated placement, the evaluation must have been completed within six months of the date of admission.
 - b. Reasons for choosing treatment services for the child
 - c. Consideration given to any history of inpatient or outpatient treatment.
6. The D&E will be documented in the child's record and reflect that the Treatment Team responsible for it meets all the requirements.
7. Initial treatment plans will be developed within 30 days of the child's admission. Each Treatment Team member must agree to the plan in writing within the 30-day time limit.
8. The treatment plan will include:
 - a. The child's physical, family, social, educational and other pertinent needs and how they will be met.
 - b. The child's developmental and educational levels.
 - c. The child's intermediate and long-term goals, expressed in measurable or behavioral terms.
 - d. The strategies or techniques to help the child achieve the treatment plan objectives, including the time frame.
 - e. The services that will be provided to the child and the agencies to provide them.
9. GUIDING LIGHT will ensure that the treatment plan is implemented and that staff working with the child will understand the plan.
10. GUIDING LIGHT will obtain written consent from parents or the Managing Conservator if the child's treatment plan calls for aversive procedure (restraint) and will document it in the child's record.
11. GUIDING LIGHT will provide a copy of the child's treatment plan to the parents or the Managing Conservator.
12. Caregivers or staff supervising the child will keep a log of significant incidents.

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH AUTISM SPECTRUM DISORDERS 6020

13. GUIDING LIGHT will encourage normalization in educational programming and ensure that placed children receive education appropriate for their intellectual and social functioning, including appropriate stimulation, encouragement or self-help skills and normalization.
14. GUIDING LIGHT's behavior therapy program includes:
 - a. Techniques and procedures used;
 - b. The rationale for their use;
 - c. The kinds of behavior for which the behavior therapy program is directed, and;
 - d. The behavioral objectives targeted.
15. Copies of GUIDING LIGHT's policies and procedures will be provided to the child's parents or Managing Conservator before or at the time of placement. A copy will have been submitted to the department with the license application and will be resubmitted whenever changes are made.
16. GUIDING LIGHT will submit policies and procedures for aversive procedures for approval by the department.
17. GUIDING LIGHT will not employ aversive procedures with a child until written consent is obtained from the child's parents or Managing Conservator.
18. Prior to requesting written consent to use aversive procedures with a child, GUIDING LIGHT will provide to the parents or Managing Conservator the following:
 - a. An explanation of the procedures used and their purposes; no experimental procedures will be used.
 - b. A description of any potential discomfort and risk associated with the procedure.
 - c. A description of expected benefits.
 - d. A description of non-aversive techniques previously tried and proven unsuccessful.
 - e. An explanation that the parents or the Managing Conservator of the child may ask questions regarding the child's response to the aversive procedure and may review the child's daily records maintained by GUIDING LIGHT.
 - f. An explanation that the parents or Managing Conservator of the child may withdraw consent and request discontinuance of the aversive procedure at any time. The consent form will include an acknowledgment that this information was provided on the consent form signed by the parents or the Managing Conservator.
 - g. An offer to answer any questions about the aversive procedures or the consent process.
19. Prior to using aversive procedures, GUIDING LIGHT will document in the child's record all instances of the child's dangerous behavior and the failure of other therapeutic approaches or therapies to control such behavior.
20. No aversive procedure will be used unless two of the following criteria have been met and documented in the child's record:
 - a. The child exhibits overt self-injurious behavior or is a danger to others.
 - b. The child's behavior is so severe or the duration so extensive that other therapeutic techniques are precluded or are ineffective.
 - c. Other non-aversive procedures previously used did not substantially reduce the problem behavior.
 - d. GUIDING LIGHT's treatment plan, if aversive procedures are included, will describe specific, targeted behaviors and procedures/techniques to be used. The techniques used to positively reinforce the newly learned behavior will be described.
21. When aversive techniques are used, GUIDING LIGHT staff will document the name of the staff using the aversive procedure, the time and date used and a description of the child's behavioral response to its use.
22. GUIDING LIGHT staff will evaluate the aversive procedure's effectiveness, record such in the child's record, including a daily statement of the effectiveness.
23. If the aversive procedures' effectiveness is not substantiated in 30 days, it must be discontinued.
24. All childcare staff will be thoroughly trained in the behavior therapy program and such training will be documented.
25. No child will be deprived of basic human needs requirements.
26. GUIDING LIGHT will obtain written consent from the child's parents or Managing Conservator prior to administering and mind-altering or behavior-modifying medication.
27. Prior to requesting written consent for the use of a mind-altering or behavior-modifying medication, GUIDING LIGHT will obtain from the prescribing physician the following information and provide it in writing to the child's parents or Managing Conservator:
 - a. The purpose of the medication.
 - b. A description of any accompanying discomforts and risks and long term use risks.
 - c. Whether the medication is habituating.
 - d. A description of expected benefits.
 - e. An offer will be made to answer any questions regarding the medication.

Board Approved

Effective 12/1/2023

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH AUTISM SPECTRUM DISORDERS 6020

- f. GUIDING LIGHT staff will explain that the child's parents or Managing Conservator may ask questions about the child's response to the medication and may review GUIDING LIGHT's records regarding the medication's administration to the child and the responses thereto.
 - g. GUIDING LIGHT staff will explain to and document that the parents and Managing Conservator may withdraw consent for and request that the medication be discontinued at any time. An acknowledgment that this information was provided will be included on the consent form signed by the child's parents or Managing Conservator.
28. If mind-altering or behavior-modification medications are administered, GUIDING LIGHT staff will maintain a daily record that will include a description of the child's response to the medication and an agreement of its effectiveness. This information will be provided to the prescribing physician for use in the evaluation of the appropriateness of continuing the medication. The physician's evaluation and review will be documented in the child's record.
29. Caregivers and staff will be informed about possible side effects of any mind-altering or behavior-modifying medication to be administered to children in their care. Any observed side effects will be reported to the prescribing physician and such side effects and physician report will be documented in the child's record.
30. GUIDING LIGHT staff responsible for the treatment program will ensure that the prescribing physician will evaluate on a monthly basis the use of mind-altering or behavior-modifying medication prescribed for children with autistic-like behavior for appropriateness of the medication continuance. This evaluation will be documented in the child's record.
31. Any mind-altering or behavior-modifying medication that has no substantiated effectiveness within 90 days will be re-evaluated by the prescribing physician who will either:
 - a. Discontinue the medication, or
 - b. Provide a written rationale in the child's record for continuing the medication for an additional period not to exceed 90 days if the effectiveness is still not substantiated.
32. The use of mind-altering or behavior-modifying medication will be discontinued if it interferes with a child's participation in the treatment plan.

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH PRIMARY MEDICAL NEEDS

6030

6030 | REQUIREMENTS FOR CARE OF CHILDREN WITH PRIMARY MEDICAL NEEDS

In addition to all GUIDING LIGHT policies the following policies will be enforced for foster families providing Treatment Services (in accordance with Residential Child Care Contract Attachment C and Minimum Standards for a Child Placing agency).

1. The following instances define children with primary medical needs:
 - a. A child who cannot maintain an open airway without assistance
 - b. A child who needs feeding tubes, or must be fed through a parenteral route to stay alive;
 - c. A child having other life-threatening conditions that require the assistance of others or mechanical supports to stay alive;
 - d. A child needing sterile techniques or special procedures to promote healing, prevent infection or prevent tissue breakdown.
2. A licensed physician must evaluate the child within 72 hours of admission to a foster home. The evaluation must confirm the child can be appropriately cared for in the home and documented in the child's record.
3. Prior to admission, the caregivers accepting the child must be adequately trained in the prescribed medical procedures and medical equipment for the child. This must be documented in the physician's pre-admission evaluation
4. The physician must include written orders for all medication, treatment, diet, range of motion programs at stated intervals, habilitation as appropriate, and any other special medical or developmental procedures.
5. The needs of a child with medical needs must be reviewed by a licensed physician whenever a medical or related problem occurs and no less than every 90 days. This review must be documented in the child's record.
6. The caregiver must arrange, as necessary, for an on-call licensed nurse to be available on site. A child requiring a nasogastric tube feeding must have the tube inserted and removed by a registered nurse or licensed vocation nurse trained in the procedure. The tube must not be left in place more than 7 days.
7. Foster families will provide specialized equipment for primary medical needs children as recommended by a physician or other health professionals. They are also responsible for routine adjustment or replacement of this equipment.
8. If necessary, caregivers will provide assistance with mobility to normalize functioning of the child.
9. There must be sufficient staff to meet the needs of primary medical needs child(ren) when traveling. Locks for wheelchairs, hydraulic lifts, and other special provisions will be provided by the foster family.
10. The caregiver will provide constant supervision and frequent medical attention for Specialized and Intense Service Level children who have primary medical needs. This may consist of extensive physical intervention, assistance, monitoring, and/or administering of life support medications and treatments.
11. GUIDING LIGHT will ensure that the family has access to 24 hour on call medical, nursing and psychiatric services. Foster parents must have appropriate caregivers to maintain a minimum of 4:1 ratio for supervision. An on-duty nurse may not be used to maintain caregiver ratio.
12. GUIDING LIGHT Case Manager will provide the CPS Worker with the following information Prior to requesting a placement change:
 - a. Medical conditions and diagnoses;
 - b. Current health care needs;
 - c. Current services in place to be transitioned (example, private duty nursing, personal care services, speech therapy, physical therapy, occupational therapy, other therapies;
 - d. Standing or scheduled future appointments, including those with specialist providers;
 - e. Special transportation requirements;
 - f. List of purchased or rented Durable Medical Equipment and or Supplies; and
 - g. Training required for selected Caregiver.
13. GUIDING LIGHT Case Manager and Foster Family will participate in a PMN Meeting facilitated by the CPS Well – Being Specialist, to ensure the provision of information for safe transition of a Child with Primary Medical Needs, prior to a placement change. If a PMN Meeting cannot be held prior to a placement change, the Case Manager will coordinate with the child's CPS Worker or caseworker's chain of command to participate in a PMN Meeting as soon as possible, following a placement change.
14. GUIDING LIGHT Case Manager will assist the Caregivers in making annual arrangements for 72 hours of overnight care or longer period time of respite care services for Caregivers that provide treatment services to a child with primary

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH PRIMARY MEDICAL NEEDS

6030

medical needs. If the foster parent refuses, the GUIDING LIGHT treatment team must document that the foster parent's decision is not endangering the PMN child's safety.

15. A registered nurse must be on staff or on contract with GUIDING LIGHT to provide the following:
 - a. Perform a nursing assessment of the child to include documentation of the child's diagnosed medical needs and selection of placement;
 - b. Lead or participate in the service planning process for the child's care;
 - c. Revise medical records, including compliance with written physician orders;
 - d. Contact other professionals, as needed, for the child's care;
 - e. Monitor the implementation of the child's service plan;
 - f. Document outcomes for interventions used in the child's care.
16. The Admission Assessment must include the following:
 - a. A licensed physician's signed, written orders as the basis for the child's admission. There must be an evaluation from the physician, a nurse practitioner, or a physician's assistant that confirms the child can be cared for appropriately in a foster home setting and there must be a documented evaluation from a health care professional that the foster parents have been trained to meet the needs of the child and demonstrated competency.
 - b. The written orders and/or hospital discharge must include orders for:
 - i. Medications;
 - ii. Treatments;
 - iii. Diet;
 - iv. Range of motion program at stated intervals;
 - v. Habilitation, as appropriate, and
 - vi. Any special medical or developmental procedures.
 - c. Reasons for choosing treatment services
 - d. Considerations give to any history of inpatient or outpatient treatment
17. GUIDING LIGHT Case Managers must have face to face contact with a child in care twice every month with no more than 20 days between visits. However, a Case Manager can miss two visits per year, provided a child does not go longer than 30 days with a visit.
18. A child receiving treatment services for primary medical needs should experience normalcy as much as possible and as appropriate for the child's special needs. Caregivers must be routinely and personally involved including:
 - a. Daily one-on-one interaction between the child and the foster parent primarily responsible for the child's care;
 - b. Participation in everyday family activities to the extent the child is able, such as having meals together, participating in family time, and participating in family outings;
 - c. Sensory stimulation for the child, such as the child being held, being read to, being played with, and being talked to, and the foster family watching television and listening to music together;
 - d. Actively participating in the child's medical care, including appointments and hospitalizations;
 - e. Actively participating in the child's educational needs.

6040 | *REQUIREMENTS FOR CARE OF TRAFFICKING VICTIMS' CHILDREN*

Note GUIDING LIGHT is currently not verified to take Trafficking Victims at this time**

In addition to all GUIDING LIGHT policies the following policies will be enforced for foster families providing Treatment Services (in accordance with Residential Child Care Contract Attachment C and Minimum Standards for a Child Placing agency). GUIDING LIGHT must meet the additional rules of this subchapter if GUIDING LIGHT provides trafficking victim services to 30 or more children or it is more than 50% of the children in care.

1. GUIDING LIGHT Case Manager must include in the child's service plan methods for the foster parent to provide a variety of engaging activities to help trafficking victims develop their skills, independence, and gain a sense of personal identity.
2. GUIDING LIGHT Case Manager must include in the child's service plan methods for the foster parent to prevent and discourage running away from the foster home. The case manager will complete an assessment prior to accepting a referral for placement to determine the extent of security measures required to protect each child from perpetrators. The measures may include, but are not limited to:
 - a. Reassurance that the foster home is not a lock-up facility;
 - b. Reminders that the home environment is safe;
 - c. Reassurance that Law Enforcement will be notified in the event the trafficker makes threats to recapture the victim the victim;
 - d. Ensure that the all interactions in the home are respectful and caring;
 - e. Informing the victim of Unauthorized Absence procedures including Law Enforcement returning a victim to the home;
 - f. Reassure the victim that CPS keeps the identity of the foster family confidential.
3. GUIDING LIGHT Case Manager must include in the child's service additional measures to ensure the safety and security of victims, caregivers, and employees, including measures that address both interior and exterior security while promoting a comfortable and nurturing environment. The case manager will complete an assessment prior to accepting a referral for placement to determine the extent of security measures required to protect each child from perpetrators. The measures may include, but are not limited to:
 - a. Self-latching windows and doors;
 - b. Alarms on windows and doors;
 - c. Law Enforcement phone number is posted next to house phone and added to cell phones in case of emergencies;
 - d. Providing direct adult supervision when victims walks to the school bus or in other community settings, such as going to the shopping mall
4. GUIDING LIGHT Case Manager will ensure that each visitor of the foster home be approved by the GUIDING LIGHT treatment team. Each visitor must have cleared background check results, prior to visiting the foster home.
5. GUIDING LIGHT Case Manager will ensure that appropriate safe guards are implemented with trafficking victim's to require the Caregiver to supervise communication with others including telephones, cell phones, computer, internet, mail, and visitors that may pose a risk to further victimization of the child.
6. GUIDING LIGHT Case Manager will ensure confidentiality is met by
 - a. Restricting disclosure of information, both written and oral, that would identify a child as a trafficking victim, or describe the nature of the victim's trafficking history, other than as needed to serve the victim or comply with other laws.
 - b. Requiring GUIDING LIGHT Treatment Team and CPS Case Worker approval to whom and under what circumstances a Caregiver or Employee may disclose the location of a foster home
 - c. Requiring all visitors allowed in the foster home be approved by GUIDING LIGHT treatment team and have completed background check clearance.
7. GUIDING LIGHT Case Manger within 72 hours of placement, screen and determine whether there is an immediate need for any of the following medical services:
 - a. A medical examination by a health care professional; and
 - b. Medical tests for pregnancy and the following infectious diseases:
 - i. Hepatitis B
 - ii. Hepatitis C

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF TRAFFICKING VICTIMS' CHILDREN

6040

- iii. HIV
- iv. Sexually transmitted diseases (STDs); and
- v. Tuberculosis
- c. Individual Screening is not required if
 - i. The child was previously placed in a residential child care operation regulated by DFPS or TJJD
 - ii. There was a previous screening that was completed within the last 12 months
 - iii. There is documentation of the outcome of the screening that was completed
 - iv. The child did not run away from the operation or get discharged from the program since the previous screening was completed
 - v. There is no clear indication that the child has been injured, victimized, or re-victimized since the previous screening.
- d. If the results of the required screening indicate that there is an immediate need for a medical examination or medical tests, GUIDING LIGHT Caregiver must ensure the medical exam and tests occur within 5 days.
- 8. GUIDING LIGHT Case Manager within 72 hours of placement, screen for alcohol and substance abuse.
 - a. Screening is not required if:
 - i. Child's alcohol and substance abuse screening that was conducted within the previous 12 months during the child's placement at a residential child care operation regulated by DFPS or TJJD;
 - ii. A professional assessment that was conducted within the previous 12 months determined whether alcohol and substance abuse services were needed for the child; and
 - iii. There is no clear indication that the child has developed an alcohol or substance abuse dependency since the date of the previous screening or assessment.
 - b. If the results of the required screening indicate that there is an a need for substance abuse treatment the Caregiver must
 - i. Within 14 days, coordinate and schedule the child for a consultation with an alcohol and substance abuse professional
 - ii. Ensure the professional's recommendations are carried out
 - iii. GUIDING LIGHT Case Manager and clinical records staff must ensure that the documentation of the professional assessment, recommendations, and follow up is documented in the child's record.
- 9. GUIDING LIGHT Case Manager within 30 days must ensure the child is assessed for the following:
 - a. Behavior Health Assessments
 - i. Post Traumatic Stress Disorder
 - ii. Depression
 - iii. Anxiety
 - b. GUIDING LIGHT Case Manager and clinical records staff must ensure that the documentation of the professional assessment, recommendations, and follow up is documented in the child's record.
 - c. Screening is not required if:
 - i. Child's behavioral health screening that was conducted within the previous 12 months during the child's placement at a residential child care operation regulated by DFPS or TJJD.
 - ii. A professional assessment that was conducted within the previous 12 months; and
 - iii. There is no clear indication that the child has developed these disorders since the date of the previous screening or assessment.
- 10. GUIDING LIGHT Case Manager must ensure that the child is receiving mental health services provided that include
 - a. Individual counseling to each child receiving trafficking victim services;
 - b. Assessment of the frequency and duration of the counseling;
 - c. GUIDING LIGHT Case Manager and clinical records staff must ensure that the documentation of the counseling notes are in the child's record;
 - d. If a child refuses counseling, Case Manager must document in the child's record.
- 11. The primary service plan must include a description of the child's immediate
 - a. Safety Needs; and
 - b. Behavioral Health and Treatment Care Needs
- 12. The Initial Service Plan must include
 - a. Plans to obtain alcohol treatment, substance abuse treatment, or both for children who require it;

Board Approved

Effective 12/1/2023

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF TRAFFICKING VICTIMS' CHILDREN

6040

- b. A description of any legal services required for the child and how the Caregiver and Case Manager will assist the child in meeting those needs including scheduling consultation appointments and maintaining follow up with the attorney;
 - c. GUIDING LIGHT Case Manager and clinical records staff must ensure a description of all professional consultations, examinations, recommendations, and treatment in the child's record.
13. GUIDING LIGHT Case Manager will assess if a young adult in care can share a bedroom with a child in care receiving trafficking victim services and will re-assess the behaviors, maturity level, and relationship of each resident to determine whether there are risks to either the minor or adult in care anytime a child or young adult:
- a. Runs away from the foster home and returns to care; or
 - b. Is discharged from your program and returns to care
 - c. GUIDING LIGHT Case Manager and clinical records staff must ensure the assessment and re-assessment is documented and dated in the child's record.
14. The treatment director that provides or oversees treatment must be:
- a. Psychiatrist or psychologist;
 - b. Have Master's degree in a human services field and have three years of experience providing treatment services for trafficking victims or children with an emotional disorder, including one year in a residential setting; or
 - c. Be a LPC, LMSW, or LMFT and have three years of experience providing treatment services for trafficking victims or children with an emotional disorder, including one year in a residential setting.
15. Caregivers and direct care staff must complete the following training:
- a. 5 additional hours of pre-service training regarding the complex trauma experienced by trafficking victims
 - b. 4 hours annual trainings
 - i. 1 hour must include preventing compassion fatigue and secondary traumatic stress
 - ii. 3 hours of training in areas appropriate to the needs of children for whom the caregiver will be providing care, which may include:
 - 1. Typology of trafficking victims;
 - 2. Manifestations of trauma and practice in trauma informed care;
 - 3. How trafficking victims are manipulated and controlled;
 - 4. Making informed decisions and setting boundaries for trafficking victims;
 - 5. Understanding and avoiding the triggers of trafficking victims;
 - 6. Creating and maintaining nurturing environments for trafficking victims; and
 - 7. Identifying and responding to internal safety and security risks (e.g. high flight risk, potential self-harm, harm to others, and internal recruitment).

Note GUIDING LIGHT is currently not verified to take Trafficking Victims at this time**

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH HABILITATIVE NEEDS

6050

6050 | REQUIREMENTS FOR CARE OF CHILDREN WITH HABILITATIVE NEEDS

Personnel

- a. Sufficient staff supervision is required to prevent children from abusing or mistreating each other when children of different ages, developmental levels or social needs are grouped together.
- b. Guiding Light has a licensed psychologist available on a consulting basis for diagnosis, treatment and consultation.
- c. Arrangements will be made, as needed, for an on-call licensed nurse to be available on site for a child that requires services that help a person keep, learn or improve skills and functioning for daily living.

Admission

- a. Foster homes providing services that help a person keep, learn or improve skills and functioning for daily living will not provide any other type of care that conflicts with the children's best interest or with the use of staff or space in the home.

Plan of Service F Habilitative Care III

- a. Intellectual functioning will be re-evaluated by a licensed psychologist yearly until the child is ten and every two years after the age of ten.
- b. Special emotional, physical and social needs will be identified and documented in the plan of service. In addition, professional consultation on CPOS's will be obtained for Moderate and Specialized Level children. Any recommended treatment will be acquired.
- c. The plan of service will address an educational or training plan appropriate to the child's level of intellectual and social functioning that encourages normalization. Special educational and remedial resources within the community will be accessed to provide each child with appropriate stimulation, and encourage self-help skills, ego growth and successful experiences when these services are available.
- d. The GUIDING LIGHT treatment team will ensure that recreation and leisure activities are designed to meet the child's needs when they require services that help a person keep, learn or improve skills and functioning for daily living as defined by a medical or psychological assessment.

Daily Care F Habilitative Care IV

- a. A daily schedule based on the normalization principle will be developed demonstrating an understanding of normal child development and use of time to enhance the child's physical, emotional and social development. Specialized Service Level children require constant supervision and frequent medical attention and a skilled caregiver to provide medical assistance such as the administering of life-support medications and treatments.
 - b. Caregivers must provide surroundings and experiences reflecting normal community living as closely as possible that is appropriate for the child's special needs.
 - c. Meal times must promote self-help and development. Unless medical orders state differently, children must eat or be fed in the dining area. Infants must be held during feedings unless there are medical orders to the contrary.
 - d. Supervised indoor and outdoor activities must be provided so that every child can participate.
1. Training programs of non-ambulatory children will include the development of fitness, providing a variety of body positions and changes in environment. Stimulation will be provided to every child for at least one hour every day.
 2. There must be sufficient staff to meet the needs of children that require services that help a person keep, learn or improve skills and functioning for daily living when traveling. Locks for wheelchairs, hydraulic lifts, and other special provisions will be provided by the foster family.
 3. Foster families will provide specialized equipment for children that require a person keep, learn or improve skills and functioning for daily living as recommended by a physician or other health professionals. They are also responsible for routine adjustment or replacement of this equipment.
 4. If necessary, caregivers will provide assistance with mobility to normalize functioning of the child.
 5. 1 to 1 supervision is required for non-ambulatory or seizure prone children when swimming. This is in addition to the lifeguard.

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SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN HARD OF HEARING/DEAF

6060

6060 | REQUIREMENTS FOR CARE OF CHILDREN HARD OF HEARING/DEAF

In addition to all GUIDING LIGHT policies the following policies will be enforced for foster families providing Treatment Services (in accordance with Residential Child Care Contract Attachment C and Minimum Standards for a Child Placing agency).

1. Deaf/hard of hearing children will have access to a sign fluent case manager.
2. GUIDING LIGHT will contract with an interpreter if sign fluent staff is not available. All interpreters' must have a Level III or above certification or equivalent by the Office for Deaf and Hard of Hearing Services' Board for the Evaluation of Interpreters.
3. For children who are hard of hearing assistive listening devices will be provided as needed.
4. GUIDING LIGHT will ensure that effective communication is provided during therapy.
5. GUIDING LIGHT will ensure that children can effectively communicate with a psychiatrist if applicable.
6. GUIDING LIGHT will ensure that a deaf education certified teacher is available at the deaf or hard of hearing student's Admission, Review and Dismissal (ARD) Committee Meetings through a public or private school system or through the Texas School for the Deaf. If necessary GUIDING LIGHT will subcontract with an interpreter that meets the certification standards set by DARS and TEA should the child require the related service of interpreting.
7. Continuing training and development in sign language will be required for a minimum of one hour per week for all staff and employees with direct interaction with the child who is deaf or hard of hearing. Staff may participate in a community-based sign language class, instruction from a person who is fluent in sign language and has showed a capability of instructional skills, video sign language training and on-line sign language training.

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH INTENSE LEVEL OF CARE

6070

6070 | REQUIREMENTS FOR CARE OF CHILDREN WITH INTENSE LEVEL OF CARE

In addition to all GUIDING LIGHT policies the following policies will be enforced for foster families providing care for Intense children (in accordance with Residential Child Care Contract Attachment C and Minimum Standards for a Child Placing agency).

Children's Rights

General Rights

1. Children will receive appropriate educational and vocational services
 - a. Including but not limited to home schooling, private tutoring, and special education provisions.
 - b. 1 to 1 support for educational needs will be provided by caregivers knowledgeable and trained to deal with the child's special needs.
2. Children must have opportunities to participate in community functions, recreation activities and leisure activities to have their social and therapeutic needs met.
 - a. Recreational Activities will be provided to children on a daily basis as appropriate to the child's physical and mental ability, the recreation and/or leisure time may require 1 to 1 medical and physical supports.
 - b. Unless otherwise documented by a doctor.

Family Contact

For homes with medically fragile and immobile children the whereabouts of the biological family visitation must be carefully evaluated by GUIDING LIGHT and the referring agency as to not adversely affect the health or wellbeing of any child(ren) in the home.

Medical and Dental Care

General Medical Requirements & Medical Records

1. Medical Procedures while the child is in a GUIDING LIGHT foster home
 - a. Foster parent must have a written agreement with medical personnel to provide 24 hour, on-call medical, nursing, and psychiatric services based on the needs of the child (as identified in the Child Plan of Service) and include provisions for timely access to services in emergencies including monitoring chronic illnesses as applicable.
 - b. GUIDING LIGHT and Foster Parents will provide necessary procedures and medical equipment in order for the child to obtain normalized functioning
2. Foster parents will provide 1 to 1 supervision during all medical and dental procedures
3. All non-psychotropic medication must be administered according to physician's orders. A nurse licensed and approved to practice in Texas must administer medications given via intravenous needle.
 - a. Destruction of intravenous needles used for medical purposes stated above must be managed by the nurse administering the medication in a manner that does not pose any risk to children in the home.
4. Children with infectious diseases must be protected from any health risk factors in and out of the home to the best of anyone's ability.

Problem Management: General Requirements

Discipline Policy

1. All discipline must be in accordance with GUIDING LIGHT policy and must also take into account the following
 - a. Rewards and consequences must be appropriate for developmental level and medical considerations and physical capabilities
 - b. Otherwise appropriate discipline methods that are not appropriate for a specific child must be documented in the child's service plan and shared with all members of the treatment team.

Restraint and Seclusion

1. For children with physical disabilities and/or medical considerations, the use of restraints must be evaluated by the treatment team to determine appropriateness of approved restraints for the child's condition. Restraints otherwise

Board Approved

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SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH INTENSE LEVEL OF CARE

6070

appropriate, which are deemed inappropriate for a specific child, must be documented in the child's service plan and shared with all members of the treatment team.

For children with decreased mental functioning diligent communication must be made and recorded to ensure that the child is aware of their rights regarding restraints.

Placing a Child in Substitute Care

Foster Care Policies

1. Criteria for accepting Intense Level Children
 - a. Foster parents must have 24 hours availability of nursing, medical and psychiatric services when deemed necessary in the child's Plan of service/72 hour plan/Intake study. Such availability must be put in writing and signed by the designated medical personnel.
 - b. Foster parents must have appropriate caregivers to maintain a minimum of 5:1 ratio for supervision (4:1 if PMN), as well as a written plan for emergency on-call. Caregivers available to provide 1:1 supervision when necessary while complying with the 5:1 ratio (4:1 if PMN) for all other children in the home. This schedule of supervision must be documented in the family file.
 - c. Foster parents must have appropriate means of transportation for children who utilize medical supports.
 - d. Foster Homes must be handicap accessible for children who utilize medical supports in accordance with Fire Department Inspection Standards, including but not limited to, ramps, wide doorways, assisting railings, etc.
2. Training Requirements for foster parents accepting Intense Level Children:

Foster parents wishing to serve Intense Level Children must first attend an orientation training consisting of information on special needs, special provisions, and special supports necessary to provide care to this population

Initial Service Plans

72 Hour Plan

- a. For Intense Children must document how the placement will be able to manage the needs of the child.
- b. Must document the specific medical needs and any emergency plan that may need to be implemented due to the child's current condition.

Initial Service Plan

- c. Must be developed, reviewed and supervised by the GUIDING LIGHT treatment team.
- d. Must include all waking hours as they pertain to the following:
- e. A description of the emotional, behavioral, physical conditions that require Intense services as well as what the child must achieve in these areas in order to decrease to Specialized Level.
- f. A description of the services and special treatment plan that will be implemented to assist the child in achieving a lower Service Level.

Service Plans

1. The GUIDING LIGHT treatment team will develop review and supervise each service plan as it applies to the child.
2. A meeting must be conducted and the service plan reviewed a minimum of 90 days from the previous service plan.
3. The GUIDING LIGHT treatment team must design appropriate recreational and leisure activities, documenting the structured daily routine and activities that address the child's individual needs.
4. The service plan must describe the child's emotional, behavioral and physical conditions which require intense services, what must be achieved and maintained in these areas to be lowered in service level, as well as special treatment programs and services that will be implemented to assist in the child achieving a lower service level.
5. Therapy will be conducted a minimum of once per week unless otherwise documented in the CPOS.
6. If the child has primary medical or requires services that help a person keep, learn or improve skills and functioning for daily living, he/she may require 1 to 1 medical and physical supports. If this applies the requirements must be documented in the child's service plan.
7. The service plan must include the following criteria as it is determined by the treatment team, including the recommendations of Youth for Tomorrow, and must be reviewed at each staffing a minimum of 90 days from the previous service plan, to determine whether the child will:
 - a. Continue the placement at the Intense service level

Board Approved

Effective 12/1/2023

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH INTENSE LEVEL OF CARE

6070

- b. Continue the placement at a lower service level
- c. Transfer the child to a less restrictive environment
- d. Refer the child to an inpatient hospital

Agency Foster Family Home Care

Foster Home Verification

Foster Foster Homes must have a completed addendum to their home study prior to accepting a placement of a child with and intense level. The addendum must include the following:

1. List of all caregivers that will be utilized to care for the Intense children placed in the home, which meet the criteria and have been approved to care for Intense Level children.
2. Supervision schedule with appropriate 5:1 ratio, with identified backup caregivers, if PMN the ratio is 4:1.
3. Emergency plan for the implementation of 1 to 1 supervision for a 24-hour period if necessary. Including on-call available response time.
4. Dates of Intense Level orientation
5. Review of transportation or plan of transportation for children using medical supports.
6. Review of home for handicap accessibility including list of features applicable for children using medical supports.
7. Signed agreement with Medical personnel
8. Types of children designated to serve, include the following:
 - a. Therapeutic
 - b. Primary Medical
 - i. Habilitative
 - ii. Developmentally Delayed/Mentally Retarded.

Intense Primary Medical Needs Approval Process

1. Within 30 days of placement or increase to Intense Service Level for a child who is already placed in a foster home verified for the Intense Level Service and who has Treatment Services as Primary Medical Needs, the GUIDING LIGHT EXECUTIVE DIRECTOR/CPMS must submit the date of the foster home verification and a copy of the foster home study to the Designated CPS State Office Placement Program Specialist (SOPPS)
2. The CPS SOPPS notifies the State Office Foster Care Billing Program Specialist (SOFCBP) notifies the State Office Foster Care Billing Program Specialist who updates the foster home's IMPACT verification.

Pre- Placement Approval Procedures for Children with Intense Emotional Disturbance, Intellectual or Developmental Disability, or Autism Spectrum Disorder.

1. If GUIDING LIGHT wishes to verify a foster home for Intense Services, prior to the placement, in which the child has not been identified.
 - a. The GUIDING LIGHT EXECUTIVE DIRECTOR/CPMS must submit a copy of the foster home verification and a copy of the foster home study to the CPS SOPPS
 - b. The CPS SOPPS will submit the foster home study to YFT within one business day.
 - c. YFT will review the home study to determine if the home study is in compliance in with DFPS Contract Requirements.
 - d. YFT will issue a letter of compliance or noncompliance to GUIDING LIGHT EXECUTIVE DIRECTOR/CPMS and DFPS within 10 business days.
 - e. If GUIDING LIGHT receives a letter of non-compliance, the EXECUTIVE DIRECTOR/CPMS must work to revise the home study and resubmit the application to YFT.
2. If GUIDING LIGHT wishes to verify and the child has been identified for placement at Intense Level Services:
 - a. The GUIDING LIGHT EXECUTIVE DIRECTOR/CPMS must submit a copy of the foster home verification, a copy of the foster home study, amended home study, GUIDING LIGHT Staffing Plan, and name of the Intense Foster Child, to the CPS SOPPS
 - b. The CPS SOPPS will submit the foster home study and information on the child to YFT within one business day.
 - c. YFT will review the home study, GUIDING LIGHT Staffing Plan, Supervision Plan, and the Child's CPOS to determine if the home study is in compliance in with DFPS Contract Requirements.

Board Approved

Effective 12/1/2023

230

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH INTENSE LEVEL OF CARE

6070

- d. YFT will issue a letter of compliance or noncompliance to the GUIDING LIGHT EXECUTIVE DIRECTOR/CPMS and DFPS within 10 business days. The CPS SOPPS notifies the SOFCBP who updates the foster home's Impact verification, DFPS will notify the GUIDING LIGHT EXECUTIVE DIRECTOR/CPMS that the home has been approved to be paid INTENSE LOC.
- e. If GUIDING LIGHT receives a letter of non-compliance, the EXECUTIVE DIRECTOR/CPMS must work to revise the home study and resubmit the application. GUIDING LIGHT and the family will not receive Intense Pay until approved by YFT.

Post Placement Approval Procedures for Intense Children with Emotional Disturbance, Intellectual or Developmental Disability or Autism Spectrum Disorder.

1. The GUIDING LIGHT EXECUTIVE DIRECTOR/CPMS must submit request for approval to the CPS SOPPS within 30 days of the Child's Service Level increase to the Intense Service Level.
2. If the foster home is not verified to accept Intense LOC and is currently caring for an Intense LOC, the EXECUTIVE DIRECTOR/CPMS must
 - a. Within 30 days, submit a copy of the foster home verification, a copy of the foster home study, amended home study, name of the Intense Foster Child, Child's CPOS, and GUIDING LIGHT Staffing Plan to the CPS SOPPS
 - b. The CPS SOPPS will submit the foster home study to YFT within one business day.
 - c. YFT will review the home study, GUIDING LIGHT Staffing Plan, Supervision Plan, and the Child's CPOS to determine if the home study is in compliance in with DFPS Contract Requirements.
 - d. YFT will issue a letter of compliance or noncompliance to GUIDING LIGHT staff and DFPS within 10 business days. The CPS SOPPS notifies the SOFCBP who updates the foster home's Impact verification, DFPS will notify the GUIDING LIGHT EXECUTIVE DIRECTOR/CPMS that the home has been approved to be paid INTENSE LOC. GUIDING LIGHT and the family will receive the Intense LOC back to the date of verification of the verification of the Intense Service Level.
 - e. If GUIDING LIGHT receives a letter of non-compliance, the EXECUTIVE DIRECTOR/CPMS must work to revise the home study and resubmit the application. GUIDING LIGHT and the family will not receive Intense Pay until approved by YFT.
 - f. If the EXECUTIVE DIRECTOR/CPMS fails to submit the request for approval to the Designated CPS SOPPS, GUIDING LIGHT and the home may be paid back to the date of verification if the EXECUTIVE DIRECTOR/CPMS follows the above process (A-D).
3. For a continued placement of an Intense LOC Child who currently resides in a foster home who has been verified for Intense Level Services, the GUIDING LIGHT EXECUTIVE DIRECTOR/CPMS must ensure that the continued placement of the Child has been approved by CPS. The EXECUTIVE DIRECTOR/CPMS must:
 - a. Within 30 days of the child's Service Level Increase to Intense, submit a copy of the foster home verification, a copy of the foster home study, Child's CPOS, and GUIDING LIGHT Staffing Plan to the CPS SOPPS
 - b. The CPS SOPPS will review the documentation and email the GUIDING LIGHT EXECUTIVE DIRECTOR/CPMS if continued placement and payment at the Intense LOC rate will continue.
4. DFPS may recoup payment in the event after review of documentation, it is determined that GUIDING LIGHT did not provide Intense Services to a child placed in an approved Intense Foster Family Care Services Home.

Foster Home Management

1. GUIDING LIGHT Case Managers must make home visits to the foster home twice per month for homes serving Intense Level children. These visits must be documented in the foster home record. These visits must be utilized to ensure that all GUIDING LIGHT requirements of Foster Families taking Intense Level children are abided by.
3. Case Manager must contact foster parents within 7 days of a placement. GUIDING LIGHT case managers are to complete a face to face visit to complete the Foster Parents Individual Needs Regarding Placement of a Child form within seven days of placement. This form cannot be filled out the day of placement. GUIDING LIGHT case manager will access if the foster child's needs are being met in the home and document how the child is adjusting to the foster home.
4. GUIDING LIGHT Case Managers must see the Intense Level child face-to-face twice monthly one visit being in the foster home.
5. GUIDING LIGHT will assign a therapist to each Intense Level child for therapy a minimum of once per week, an assessment and recommendation of the frequency of therapy service to be evaluated by the treatment team.

Board Approved

Effective 12/1/2023

231

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH INTENSE LEVEL OF CARE

6070

6. GUIDING LIGHT will provide emergency on-call service 24-hours a day.

Caregiver Policy

1. GUIDING LIGHT will ensure that any home serving Intense Level Children utilizes a trained Babysitter, Overnight Care Provider, or Respite Provider approved to serve this population of children. Prior to utilizing respite, Foster parents will contact GUIDING LIGHT for approval of the respite provider.
 - a. In addition to the requirements detailed in GUIDING LIGHT policy 3600 verified Foster Parent, Caregiver, Babysitter, Overnight Care Provider, or Respite Provider must adhere to the following qualifications/requirements:
 - i. Foster Parent/Caregiver, Babysitter, Overnight Care Provider, or Respite Provider must provide care to Intense Level children in an approved environment with appropriate assisting devices and transportation available for children using medical supports.
 - ii. Foster Parent/Caregiver, Babysitter, Overnight Care Provider, or Respite Provider must be on site to maintain a minimum of 5:1 ratio for supervision. GUIDING LIGHT will have a written plan for emergency on-call respite staff available to provide 1:1 supervision when necessary while complying with the 5:1 ratio for all other children in the home.
 - iii. Training Requirements for verified Foster Parent/Caregiver, Babysitter, Overnight Care Provider, or Respite Provider providing care for Intense Level Children:
 1. Foster Parent/Caregiver, Babysitter, Overnight Care Provider, or Respite Provider wishing to serve Intense Level Children must first attend an orientation training consisting of information on special needs, special provisions, and special supports necessary to provide care to this population
 2. All verified Foster Parent/Caregiver or Respite Provider workers serving Intense Level children must have specialized training to provide intense therapeutic and habilitative supports and interventions in the foster or respite home.
2. Emergency Respite Placement
 - a. Level children to have identified and approved Babysitter, Overnight Care Provider, and Respite Providers to have respite placements, who satisfy the above criteria, documented Executive Director and will be evaluated on a case by case emergency basis.

Foster Home Requirements

Environment

1. Foster Homes serving Intense Level Children with Medical supports must have a handicap accessible home and transportation appropriate for the child's needs.
2. Homes with swimming pools must have staff available to meet a 1:1 ratio for children with Medical Supports or who are seizure prone in addition to a lifeguard on duty.

Specialized Foster care Services

Requirements for Care of Children with Primary Medical Needs

In addition to the policies for Intense Level Children with Primary Medical needs must adhere to the following requirements.

1. Foster parents must also arrange for 1 to 1 supervision during medical and dental services.
2. Supervised indoor and outdoor activities must be provided as appropriate for the child's abilities, which may include 1 to 1 assistance with the use of medical and physical supports as necessary.
3. If necessary the foster parents must contract for 24-hour medical and nursing supervision. The written contract for medical services will include appropriate monitoring of chronic illness
4. Foster parents must be able to provide 24-hour close supervision, which may include hands on physical intervention, assistance and monitoring.

Requirements for Care of Children with Habilitative Needs

In addition to the policies for Intense Level Children with Habilitative needs must adhere to the following requirements.

1. Foster parents must also arrange for 1 to 1 supervision during medical and dental services.

Board Approved

Effective 12/1/2023

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH INTENSE LEVEL OF CARE

6070

2. Supervised indoor and outdoor activities must be provided as appropriate for the child's abilities, which may include 1 to 1 assistance with the use of medical and physical supports as necessary.
3. If necessary the foster parents must contract for 24-hour medical and nursing supervision.

Requirements for Care of Children with Developmental or Intellectual Disabilities

Requirements for Care of Children with Developmental Disabilities or Intellectual Disabilities

In addition to the policies for Intense Level Children with Developmental disabilities or Intellectual Disabilities needs must adhere to the following requirements.

1. Foster parents must also arrange for 1 to 1 supervision during medical and dental services.
2. Supervised indoor and outdoor activities must be provided as appropriate for the child's abilities, which may include 1 to 1 assistance with the use of medical and physical supports as necessary.
3. If necessary the foster parents must contract for 24-hour medical and nursing supervision.
4. Foster Parents must be able to provide 24-hour supervision.

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH SEXUAL BEHAVIOR PROBLEMS 6080

6080 | REQUIREMENTS FOR CARE OF CHILDREN WITH SEXUAL BEHAVIOR PROBLEMS

1. Children who meet the definition of a child with sexual behavior problems may include those that have been arrested adjudicated or are in litigation regarding their sexual behavior problems.
2. Children receiving services due to sexualized behavior problems will participate in individual and/or group therapy with a Licensed Sex Offender Treatment Provider (LSOTP) or Affiliate Sex Offender Treatment Provider (ASOTP).
3. The Clinical Director will review all sexually problematic children prior to providing the referral for the foster parents to review.
4. GUIDING LIGHT will receive the 2279 and Attachment A from CPS prior to placement and will provide all information received regarding sexualized behavior problems for the foster family to review prior to placement. Emails will be uploaded in the child's record as proof of notification prior to placement or as received by CPS.
5. The Foster Parents must sign the 2279 and Attachment A and provide the documents to CPS within 3 business days of placement or within 3 business days after the documents have been updated and provided to GUIDING LIGHT. **If DFPS staff is having difficulty obtaining foster parent signatures on the 2279/Attachment A, the placement administrator must assist and ensure these documents are returned to the child's DFPS caseworker within three business days of placement or update.**
 - a. GUIDING LIGHT case manager or designee must notify a temporary placement such as respite, psychiatric hospitals, juvenile detention, or similar facilities of a child's history of sexual victimization or sexual aggression as provided in Attachment A and/or 2279. A copy of the Attachment A and/or 2279 placement summary will be provided for the temporary placement to review and a signature page will be provided for the temporary placement to sign prior to the temporary placement. The case manager for the foster home must ensure that any temporary placement is provided the information and that **proof in the form of signed DFPS certification form** is obtained from the temporary caregiver(s). The case manager must retain this documentation in the foster home record and will submit to DFPS upon request.
 - i. For OCOK children, the signed document completed for the temporary placement will be provided to temporaryplacementform@oc-ok.org upon completion.
6. GUIDING LIGHT must ensure a safety plan is provided in the 72 hour plan and CPOS including any goal that would help the child with sexualized behavior problems. CPMS will monitor to ensure effective goals are provided in the child's treatment plans.

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH TRANSITIONAL LIVING NEEDS 6090

6090 | REQUIREMENTS FOR CARE OF CHILDREN WITH TRANSITIONAL LIVING NEEDS

Transitional Living

Program Objective:

The objective is to provide basic life-skills development toward independent living. The program includes basic life skills training and the opportunity for children to practice those skills, with supervision.

Admission:

1. To be eligible for the Transitional Living Program, a foster child must be age 16 or older. For a child to participate in the “Close Proximity” portion of the program, the child must be age 16 or older
2. The Transitional Living Program may not accept emergency admissions
3. A child in the Transitional Living Program must be counted in the foster home’s capacity and in the required ratio of child to caregiver.
4. Caregivers counted in the child/caregiver ratio and responsible for supervising children in the Transitional Living Program must:
 - a. Reside within close physical proximity of the child’s living quarters. This may include the caregiver’s second home located on the same property.
 - b. Be physically available to the children at all times, either face-to-face or available by cell phone;
 - c. Be capable of responding quickly in an emergency; and
 - d. Be capable of monitoring the comings and goings of the children in the program
 - e. The agency Treatment Team will determine eligibility for participants living in “Close Proximity” to the foster home.
5. The GUIDING LIGHT Case Manager must notify the youth’s caseworker or Caseworker’s chain of command, for consent prior to placement into the Transitional Living Program.

Child-care service planning, such as

1. Encouraging the child to participate in community life and to form interpersonal relationships/friendships outside the Transitional Living Program such as community team sports, Eagle Scouts, and employment after school;
2. Encouraging the child to participate in community life and to form interpersonal relationships/friendships outside the Transitional Living Program, such as
3. Consumer education, such as meal planning and preparation, grocery shopping, public transportation, searching for an apartment, and obtaining utility services;
4. Career planning, including assisting the child in enrolling in an educational or vocational job training program
5. Money management and assisting the child in establishing a personal bank account
6. Assisting the child with how to access resources such as medical and dental care, therapy, mental health care, an attorney, the police, and other emergency assistance.
7. Assisting the child in obtaining the child’s social security number, birth certificate, and a driver’s license or a Department of Public Safety identification card, as needed; and
8. Problem-solving, such as assessing personal strengths and needs, stress management, reviewing options, assessing consequences for actions taken and possible short-term and long-term results, and establishing goals and planning for the future.

Training:

The Transitional Living Program includes training to enable the children to demonstrate competency in the following areas:

1. Health, general safety, and fire safety practices;
2. Money management;
3. Transportation skills;
4. Accessing community and other resources; and
5. Child health and safety, child development, and parenting skills, if the child is a parent of a child living with him.
6. GUIDING LIGHT will assist children and support the necessary activities, including on-going computer access required for:

Board Approved

Effective 12/1/2023

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH TRANSITIONAL LIVING NEEDS 6090

- a. Children turning age 17, 19, or 21 will be selected during a certain reporting period (October 1 to March 31 or April 1 to September 30) to complete a survey through the National Youth in Transition Database (NYTD):
 - i. GUIDING LIGHT must maintain contact with regional PAL Staff prior to a child turning 17 to determine if a Child has been selected to take the survey. Pal Staff contact information can be found on the Texas Youth Connection website at: www.texasyouthconnection.org.
 - ii. If the child has been selected, Register with NYTD (National Youth in Transition Database) prior to turning age 17.
 - iii. Maintain an email address for NYTD updates; and
 - iv. Complete the NYTD survey within after the child's 17th birthday within the proper timeframe that is provided on the Texas Youth Connection website at: www.texasyouthconnection.org.
 - b. Assist Children who previously took the NYTD Survey at age 17 and who have been selected to take the survey through a random selection when they turn 19 or 21 years of age to:
 - i. Maintain an email address to receive NYTD updates;
 - ii. Enter NYTD contact updates to the Texas Youth Connection Website at www.texasyouthconnection.org; and
7. [Complete the NYTD survey between October 1, 2015 through March 31, 2016 or April 1, 2016 through September 30, 2016.](#) Caregivers must document the date the child received any one of the above training topics, and submit the documents to the agency. These training records will be kept in the child's file.

Close Proximity Records:

Client files will contain an application to the **Close Proximity** portion of the program, Medicaid information, Client Rights, a Services Agreement, and written permission from CPS for self-medication if necessary. A summary of relevant information extracted from previous history will be recorded in a **Summary of Client**

History, and be used as a reference in the determination of acceptance in the Close Proximity portion of the program. Information regarding the applicant's behavior, experience and capabilities may include extracts from the following documents:

1. CPOS data
2. Foster parent paperwork data
3. CM contact logs
4. Restraint reports information
5. SIR
6. Medical records
7. Investigations
8. Behavior
9. Social skills
10. Academic performance
11. Restraint history
12. Medication issues
13. Law enforcement involvement
14. Psychiatric admissions
15. Foster parent impressions
16. Therapist impressions

Living Arrangements:

The program allows for two types of living arrangements.

1. The youth will reside in a foster home; or
2. The youth will reside in close proximity to a foster home. "Close proximity" includes living quarters such as a mobile home within approximately 100 yards of the foster home, a rent house within an approximate 1/2-block area of the foster home, or a garage apartment attached to the foster home. Close enough for supervision and yet at a distance for daily experience in independence.

Board Approved

Effective 12/1/2023

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH TRANSITIONAL LIVING NEEDS 6090

Supervision:

Foster parents will provide the same supervision described in GUIDING LIGHT Policies to youth who reside in the foster home, and will ensure participation in activities designed to encourage preparation for independent living after emancipation. However for youth who reside in close proximity, supervision will involve the following parameters to ensure safety, a drug and crime-free environment; a clean environment; and to prohibit sexual acting-out:

1. Foster parents will check on youth every day during waking periods when youth is not in school or working hours when the youth returns home from his job.
2. Caregivers will check on youth again at bedtime every evening.
3. Case managers will conduct a home inspection twice per month, one visit being unannounced.

Youth Responsibilities:

Meal-planning responsibilities of youth in care:

1. Participate in meal planning and preparation
2. Prepare a grocery list, subject to foster parent review and approval.
3. Shop for ingredients, with caregiver in attendance
4. Cook meals in the presence of caregiver to ensure safety.
5. Plan menus for the week
6. Clean-up after meals

Basically, rent and utilities are the responsibility of the foster parent. Children ages 16 or older residing in close proximity are not required to pay rent, even if they are employed.

The maximum number of residents in one location is determined by the square footage of bedrooms and living area space, as well as the capacity of the foster home, as described in GUIDING LIGHT Policy. For example, if the foster home is verified for a capacity of 6, then the total number of children/youth residing in both the foster home and the close proximity location cannot exceed 6. This capacity includes biological and adopted children of the foster parents, any day care clients, and any handicapped adult in care.

Responsibilities assigned to children and youth in the Transitional Living Program will be geared toward each individual's capability and experience, as determined by the initial and on-going assessments by the Treatment Team. Foster parents are expected to assist each participant with assigned responsibilities, and decrease oversight gradually as the young person achieves proficiency and independence. Responsibilities of the youth in care, with assistance from the caregivers, include but are not limited to:

1. Creating and updating a resume for job hunting
2. Job-hunting requirements
3. Bank account maintenance (with dual signatures of the caregiver and client required)
4. Bank account reconciliation
5. Opening and maintaining a savings account
6. City-wide transportation arrangements
7. Transportation choices to and from employment
8. Learning how to purchase a vehicle
9. Familiarize with an apartment lease agreement
10. Teen parent responsibilities of baby care
11. Performing assigned cleaning tasks

Teen Drivers:

GUIDING LIGHT will assist each child with obtaining a driver's license and/or state identification card at age 16 or before by:

1. Documentation required by the Department of Public Safety (DPS) for state identification card;
2. A DFPS Foster Youth Driver License Fee Waiver Letter;
3. A Texas Department of Public Safety (DPS) Texas Residency Affidavit (Form DL-5), which is completed and signed by the Child and a Representative; and

Board Approved

Effective 12/1/2023

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH TRANSITIONAL LIVING NEEDS 6090

4. Inform child who applied for a driver's license of the need to notify DPS of a new address change within 30 days of a change of placement.

Youth who are employed will be allowed to purchase their own vehicle with their own savings. They will be allowed to obtain a driver's license when they reach the age limit required by law. They will be allowed to drive to and from work. However, they must request foster parent permission in advance to drive to any other destination other than work. If authorized to drive to another destination, the caregiver must be given the following information by the driver:

1. Destination, such as unemployment agency
2. Address
3. Phone number
4. Time anticipated to spend at each destination
5. Time anticipated returning to the foster home.

Driver's License Fees:

Driver's license fees for youth ages 15 through 17 in DFPS conservatorship or those aged 18 up to age 21 who are residing in a paid DFPS placement may be waived provided the following conditions are met: The youth or young adult must meet the DPS standard requirements for all driver license applicants prior to applying for a Texas driver's license.

1. GUIDING LIGHT must make available to Children a DFPS Foster Youth Driver License Fee Waiver Letter to facilitate the driver license fee waiver-residency affidavit requirements.
2. Texas Residency Affidavit (Form DL-5) must be filled out and signed by both the driver license applicant and a representative (foster parent, kinship caregiver or RCC provider) who provides services to the applicant at the address on the form. This form is available at <http://www.txdps.state.tx.us/Internetforms/>.
3. For youth under 18, the representative must accompany youth to DPS license office and provide acceptable proof of residency. Please follow all directions on Form DL-5.
4. The address where youth resides must also be entered on all DPS forms.

****Note:** Fee waiver does not apply to fees associated with address changes, replacing lost licenses or reinstating a driver license.

DFPS Requirements:

Once the youth/young adult has completed the DPS driver license requirements, DFPS caseworker will:

1. Verify that all DPS license requirements have been completed
2. They will sign the Parental Authorization section on DPS Form DL-14A (for youth under age 18)
3. Ensure TX Residency Affidavit (Form DL-5) is filled out and signed by both the applicant and a representative as noted above.
4. Sign the DFPS conservatorship or Placement Affidavit section (as applicable) on the waiver letter, and,
5. Issue the waiver letter to the youth/young adult.

Revoking/Withdrawing a Driver License:

For youth under 18 years of age, DPS will direct DFPS staff may be revoked. The DFPS Regional Director will have the final authority to approve revocation or withdrawal of youth's driver's license. Discussion must occur with youth, the foster parent and primary caseworker regarding issues leading up to revocation or withdrawal. DFPS caseworker will submit all forms necessary for authorization of withdrawal.

Some examples for license revocation include but not limited to:

- Youth's unauthorized use of caregiver's motor vehicle
- Major traffic violations

Some examples when a license should not be revoked include:

- Youth is not attending school
- Minor placement or program infractions
- Caregivers should not threaten for these reason.

Change of Placement or Address Change:

Board Approved

Effective 12/1/2023

SPECIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN WITH TRANSITIONAL LIVING NEEDS 6090

If a youth/young adult has a placement change or is discharged from DFPS conservatorship, they must notify DPS of a new address change within 30 days. DFPS staff and foster parents must inform them of the address change requirement. Address change information can be found at <http://www.txdps.state.tx.us/DriverLicense/changes/htm> .

Guests:

Guest must be pre-authorized by the caregiver before allowed to be entertained at the foster home, and will be **prohibited at the Close Proximity residence** completely. Guests at the foster home location must be pre-screened for drug possession by the foster parents and must have criminal backgrounds checks completed by GUIDING LIGHT. Any guest entertainment will be time-limited, as determined by the caregiver

Basic Rules for Residents in the “Close Proximity” portion of the GUIDING LIGHT program:

1. Participants will behave as responsible adults
2. Staff and other program participants will be treated with respect
3. No smoking or drugs
4. If there is sufficient reason to believe that a drug or any evidence of illegal activity is in your room, caregivers will search the room with the youth present
5. No physical aggression
6. No sexual contact
7. No breaking the law
8. Curfew is 9:30 pm unless working or have special pre-authorization
9. If the youth leaves with someone, the foster parent must obtain their Driver’s License number.

Violation of these rules will result in immediate dismissal from the Transition Living “Close Proximity” portion of the program, and the youth will be re-assigned to reside in the foster home environment.

Texas Workforce Solutions:

GUIDING LIGHT will encourage youth/young adults, ages 16 and older to local Workforce Solution Offices to ensure youth/young adults in care have access to services and benefits offered through the local Workforce Solutions offices such as:

1. Career fairs;
2. Job readiness;
3. Summer and year round youth employment programs;
4. Career exploration information;
5. Information about career schools and colleges;
6. Employment and training related information;
7. Placement services; and
8. Support services such as child care, transportation and housing referrals.

Referrals to Workforce Solution offices may be made in coordination with youth’s DFPS caseworker, PAL Staff or PAL Contractor if youth/young adult is enrolled in PAL services. GUIDING LIGHT can contact PAL Staff for a referral form or to receive referral information for workforce services. Youth/young adults also have the option to self-refer to Workforce Solutions offices.

Youth are encouraged to register at www.workintexas.com to register at TWC as part of job search, job readiness, and career exploration life skills activities. Registration can take place on any computer, Workforce Solutions offices, transition centers or local libraries that offer internet usage. A directory for local Workforce Solutions offices can be found at <http://www.twc.state.tx.us/dirs/wdas/directory-offices-services.html>

GUIDING LIGHT Case Manager will follow up to determine:

1. What services were received,
2. If the youth/young adult should continue to access workforce services, and
3. Any other identified areas of need such as attending job readiness and job search skills classes.

DFPS PAL coordinators are listed at:

http://www.dfps.state.tx.us/Child_Protection/Preparation_For_Adult_Living/PAL_coordinators.asp

Board Approved

Effective 12/1/2023

SOCIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN IN SSCC REGIONS

6100

6100 | REQUIREMENTS FOR CARE OF CHILDREN IN SSCC REGIONS

The purpose is to continue some of the practices developed in DFPS Regions under the Foster Care SSCC.

1. Placements in Covered Regions
 - a. DFPS will not place any Out-of- Region foster children or youth within Covered Regions foster homes.
 - b. DFPS will only place Covered Regions foster children within Covered Regions foster homes, unless CPU, CPS Chain of Command, and Regional Director determine:
 - i. It's in the best interest of the child, such as placing child with siblings.
 - ii. All alternative placements options pursued were denied and were not appropriate.
 - c. Caregivers/Foster Parents are required to sign off on the OCOK CSA History Form acknowledging receipt of the information on all referrals for a child with sexual abuse, aggression or behavior problems.
2. Initial Coordination Meeting (ICM)
 - a. DFPS Caseworker and GUIDING LIGHT Case Manager will discuss all relevant information and documentation including assessments, evaluations, medical reports, recommended services, and all other information that pertains to the child's individual needs.
 - b. The ICM will be held within 7 days of placement, however DFPS may extend the ICM up to 3 days if new placement occurs on holiday, weekend, or if inclement weather prevents the ICM from occurring.
 - c. The DFPS Investigative PD or designee will coordinate the meeting including:
 - i. Scheduling with participants a meeting date and time
 - ii. Reserving a conference room and scan call time
 - iii. Ensuring all participants are invited to meeting
 - iv. Providing notice 2 business days in advance to all ICM participants
 - d. If DFPS Caseworker does not contact the GUIDING LIGHT Case Manager within 7 days of placement to schedule the ICM, the Case Manager must email the Case Worker Chain of Command and SSCC, that the meeting has not been scheduled.
3. Child and Youth Service Planning
 - a. GUIDING LIGHT Case Manager will complete the DFPS Plan of Service instead of GUIDING LIGHT ISP format for new and current children and youth Covered Regions. GUIDING LIGHT Case Manager will work jointly with DFPS Case Worker, Foster Parent, Child, and all other identified stakeholders to create the Plan of Service. The Initial Plan of Service will be due to DFPS by the 30th day of placement and every 90 days after the initial plan of service.
 - b. GUIDING LIGHT Case Manager will complete the CANS Assessment within 30 days of initial placement and every 90 days after the initial CANS.
 - c. If DFPS Caseworker is unavailable to participate in the Child and Youth Service Planning, the Case Manager must email the Case Worker Chain of Command and SSCC for assistance.
4. Ethical Transfer Process
 - a. No GUIDING LIGHT family or GUIDING LIGHT staff will contact another DFPS Contractor Organization's family for purpose of recruitment to transfer to GUIDING LIGHT, even if the Organization is planning to close its operations or is on placement hold.
 - b. If a (non-GUIDING LIGHT) verified family contacts GUIDING LIGHT for information about a potential transfer, the GUIDING LIGHT FHD must inform the family of the Ethical Transfer Process and direct the family to discuss their concerns with the agency that developed their verification.
 - i. FHD must inform the other agency's Program Director and SSCC within 5 business days by phone or email.
 - ii. FHD and other GUIDING LIGHT staff may have no further contact with the family for at least 30 days, or until a release and closing summary from the verification organization, which is sooner, to discuss outstanding issues.
 - iii. If the family still wishes to transfer, the originating organization will transfer verification information to GUIDING LIGHT with a closing summary and release form signed by the organization's LCPAA (cc to the SSCC), no later than 30 days after having received notification.
5. DFPS Provider Council
 - a. The GUIDING LIGHT Executive Director or Designee will participate in a monthly Provider Council Meeting that is co-chaired by DFPS Regional Directors. The council will develop new policy and processes improving Texas Foster Care in the Covered Regions, including methods to develop additional capacity and

Board Approved

Effective 12/1/2023

240

SOCIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN IN SSCC REGIONS

6100

services, best practices to streamline and coordinate services offered by different communities to participate in and support the foster care system in the Covered Regions. GUIDING LIGHT Executive Director is the single representative who has decision making authority for GUIDING LIGHT to serve on the council.

- b. EXECUTIVE DIRECTOR/CPMS will create GUIDING LIGHT's recruitment plans and patterns in quarterly and annual reviews available to the SSCC that will be disclosed at Provider Council Meetings.

6. Court Participation

GUIDING LIGHT Foster Parent and or GUIDING LIGHT Case Manager will participate and attend all court hearings unless excused from doing so by the court. GUIDING LIGHT Case Manager will confirm with the child's Case Worker to that court participation is allowed by the court prior to the hearing.

OCOK:

If GUIDING LIGHT's performance does not progressively improve quarter over quarter to at least or above 90% completion rate then the agency will be assessed a **financial penalty of \$150.00 per missed EPSDT** for that reported quarter.

If GUIDING LIGHT continues to perform below the 90% minimum benchmark completion rate in the next quarter, the **financial penalty will be increased to \$200.00 per missed EPDST** and will remain there until the next quarter the Network Provider is at or above the 90% completion rate.

SSCC Monitoring Visits

2-Part Process:

1. Records: Client, Caregiver/Foster Parent(s), Personnel, Policies and Procedures
2. Physical Site

Announced or Unannounced:

1. OCOK will notify the Provider of an on-site monitoring review/visit via email and/or phone call at least 24 hours prior to the visit occurring.
2. OCOK has reserves the right to make unannounced visits to the Provider during normal business hours.

The Provider should be prepared to make available the following, including but not limited to:

1. Policy and Procedure Manual
2. Personnel Records
3. Caregiver/Foster Parent Records
4. Client Records
5. Financial Records
6. RCCR History and Documentation

On-site Activities

1. Quality Improvement (QI) and Contracts Specialists (CS) will meet with Provider's staff to go over the purpose, scope and activities planned for the review during the entrance interview.
2. QI and CS may be reviewing a variety of records, including but not limited to client, human resources, and financial records as deemed appropriate in the pre-monitoring activities.
3. Interviews with staff and/or clients may be conducted.
4. A tour of the facility may be requested at the branch office.
5. QI and CS will compile work product papers which are confidential during the review and must be secured daily in the branch office. They may be included as back-up in the OCOK file once the monitoring is concluded.
6. QI and CS may be granted access to the Provider's electronic systems and will follow all guidelines of confidentiality.

Board Approved

Effective 12/1/2023

SOCIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN IN SSCC REGIONS

6100

7. During the review, if a safety concern is apparent it will be addressed immediately with the Provider and will require immediate action and intervention.
8. QI and CS will require a private space to review records.

When the on-site review is completed, QI and CS will review the preliminary results with the Provider during the exit interview. The Provider may have the opportunity to submit missing documents within 72 hours of the exit interview.

Monitoring Report and Follow-up:

Within 30 business days of the exit interview, the assigned QI and CS will compile a final monitoring report and will submit to the Provider along with a request for any necessary Performance and Quality Improvement Plans (PQI Plans).

1. If the Provider disagrees with the Observations, the Provider needs to provide a written response within five (5) business days to the QI and CS.
2. The Director of Quality Improvement and Contracts will review the necessary information and the Provider's response.
3. OCOK will send a written response within ten (10) business days of receipt of the Provider's response with a final decision.

PQI Plans will be due from the Provider within 30 days of receipt of the monitoring report. This timeframe can be extended based on the instance that the Provider and OCOK are discussing an Observation in question.

OCOK may determine that a PQI Plan is not needed or relevant if:

1. The Provider is making the appropriate efforts to meet the requirement,
2. There were one to three (1-3) records reviewed, or
3. If the finding (Observation) is not in the areas of Health and Safety. The Director of Quality Improvement and Contracts will make this determination and OCOK will notify the Provider in writing if the PQI Plan is not needed.
 - a. If PQI Plans are approved OCOK will notify the Provider.
 - b. If PQI Plans corrections and updates are needed the Provider will be notified and a revised PQI Plan will be requested.
 - c. Once the PQI Plan is approved OCOK will follow-up (during the next monitoring review) to ensure progress is made in the specific area.
 - d. If more than three (3) PQI Plans are needed during a monitoring review in the areas of Health and Safety a subsequent monitoring review will be completed within 4-6 months from the last monitoring review.

Contract monitoring file. Monitoring files will be maintained according to published retention schedules, to include:

1. Previous year's monitoring results (tools, exit interviews, notes, etc.) and PQI Plans,
2. Current year's monitoring results with backup documentation (tools, exit interviews, notes, etc.),
3. Current PQI Plans with backup documentation, and
4. Any special reviews, analysis, meeting minutes, or other activities identified in review that relate to the specific Provider's oversight.

If a contracted provider's facility/program is located within an SSCC region that SSCC will conduct the annual monitoring on-site visit, will complete the monitoring report and will complete the (PQI) process.

If a Provider is outside of all SSCC regions but has a contract with multiple SSCC's to provide services, one SSCC will be assigned to complete the annual provider monitoring on-site visit/audit.

On a bi-annual/annual basis, 10% of all cases served during the time period will undergo a compliance monitoring review. SSCC's will provide the sample information to the assigned SSCC for the annual onsite monitoring visit/audit. For those providers that serve less than five (5) children from each SSCC a 100% audit will be completed.

SOCIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN RELATED TO SUICIDE PREVENTION, INTERVENTION & POSTVENTION

6200

6200 | *REQUIREMENTS FOR CARE OF CHILDREN RELATED TO SUICIDE PREVENTION, INTERVENTION & POSTVENTION*

GUIDING LIGHT: has adopted the model suicide prevention, intervention, and postvention policy outlined in DFPS MS749.137:

1. Purpose. The purpose of the model suicide prevention, intervention, and postvention policy is to:
 - a. Protect the health and well-being of children in the care of GUIDING LIGHT by implementing procedures to prevent suicide, including screening and assessment procedures for risk of suicide;
 - b. Require intervention when a child attempts or dies by suicide; and
 - c. Address the needs of the children in care as well as, employees, caregivers, and adoptive parents after a child attempts or dies by suicide.
2. Definitions.
 - a. Postvention--Activities that promote healing and reduce the risk of suicide by a person affected by the suicide of another.
 - b. Protective factors of suicide--Characteristics that make it less likely that a child will consider, attempt, or die by suicide, including:
 - i. Effective behavioral health care;
 - ii. Connectedness to individuals, family, community, and social institutions;
 - iii. Supportive relationships with caregivers;
 - iv. Problem-solving skills, coping skills, and ability to adapt to change;
 - v. Self-esteem or sense of purpose; and
 - vi. Cultural or personal beliefs that discourage suicide.
 - c. Risk factors of suicide--Characteristics or conditions that increase the chance that a child may consider, attempt, or die by suicide, including:
 1. A prior suicide attempt;
 2. Knowing someone who died by suicide, particularly a family member, friend, peer, or hero;
 3. Access to lethal means;
 4. History of childhood trauma, including neglect, physical abuse, or sexual abuse or assault;
 5. A history of being bullied;
 6. A mental health diagnosis, particularly depressive disorders and other mood disorders;
 7. Abuse of alcohol or drugs;
 8. Social isolation;
 9. Severe or prolonged stress;
 10. Chronic physical pain or illness;
 11. Loss of a family member; or
 12. The ending of a relationship.
 - d. Suicide contagion--Exposure to suicide or suicidal behaviors within a family, or from friends or media reports, that can result in an increase in suicide or suicidal behaviors.
 - e. Suicide risk assessment--A comprehensive evaluation of a child by a medical health professional to confirm suspected suicide risk, estimate the immediate danger to the child, and decide on a course of treatment and a plan for intervention to ensure the child's safety.
 - f. Suicide risk screening--A procedure in which a standardized instrument is used to identify children who may be at risk of suicide. The screening may be done orally (with the screener asking questions), with pencil and paper, or using a computer.
 - g. Warning signs of suicide--Indicators that a child may be in danger of suicide and need help, including:
 - i. Talking about wanting to die or to hurt or kill oneself;
 - ii. Looking for a way to kill oneself;
 - iii. Being preoccupied with death in conversation, writing, or drawing;
 - iv. Talking about feeling hopeless or having no reason to live;
 - v. A change in personality;
 - vi. Giving away belongings;
 - vii. withdrawing from friends and family;

SOCIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN RELATED TO SUICIDE PREVENTION, INTERVENTION & POSTVENTION

6200

- viii. Having aggressive or hostile behavior;
 - ix. Neglecting personal appearance;
 - x. Running away from home or a residential placement; or
 - xi. Risk-taking behavior, such as reckless driving or being sexually promiscuous.
3. Prevention—Training
- a. Employees and foster parents must complete at least one hour of suicide prevention training as follows.
 - i. Employees must complete the training annually.
 - ii. Foster parents verified to care for children five years of age or older must complete the training:
 - 1. Within a year of verification and
 - 2. Every two years thereafter and
 - b. The curriculum for the suicide prevention training in paragraph (1) of this subsection must include:
 - i. The risk factors, protective factors, and warning signs of suicide;
 - ii. Understanding safety planning, including:
 - 1. How safety plans are created;
 - 2. How safety plans are shared with employees and caregivers;
 - 3. How safety plans are expected to be implemented by employees and caregivers; and
 - 4. Each employee's or caregiver's role in the prevention of suicide, including never leaving a child alone if the suicide risk screening finds that the child is a high risk for suicide, until a mental health professional conducts a suicide risk assessment; and
 - c. Understanding suicide screening, including clarifying:
 - i. Each person's role in the screening process;
 - ii. When an employee or caregiver should initiate a suicide risk screening for a child; and
 - iii. What actions an employee or caregiver must take to initiate a suicide risk screening for a child.
 - d. The agency must promote suicide prevention training for non-employees, as appropriate.
4. Prevention--Suicide Risk Screening.
- i. The suicide risk screening tool that will be used is the Columbia-Suicide Severity Rating Scale (CSSRS); This tool is supported by evidence-based research that performs reliable results regardless of who administers the tool or performs the scoring or rating.
 - ii. Only trained staff who meet the conditions and training requirements of the screening tool manual or instructions will administer the suicide risk screening to a child. Documentation of training will be kept on file.
 - iii. Staff titles for those who may conduct the Suicide Risk Screening are as follows:
 - a. Case Manager- Trained to meet the conditions and training requirements of the screenings tool manual or instructions.
 - b. Licensed Child Placing Administrator or Level 1/CPMS- Trained to meet the conditions and training requirements of the screenings tool manual or instructions.
 - c. Clinical Director/Treatment Services Director or Registered Nurse- Trained to meet the conditions and training requirements of the screenings tool manual or instructions.
 - iv. For children receiving foster care services, the screening tool must be administered:
 - A. At admission for each child 10 years of age or older.
 - B. At admission for each child younger than 10 years of age if:
 - i. The information provided to the operation at the time of admission indicates that the child has a history of suicide attempts or suicidal thoughts or
 - ii. The parent who admits the child, a foster parent, or child-placing agency requests a screening to be administered because of the child's risk factors or warning signs of suicide;
 - C. Every 90 days after admission for all children 10 years of age or older; and
 - D. Immediately for a child of any age whenever the child exhibits warning signs of suicide that necessitate a suicide screening be conducted, including when requested by a foster parent.

SOCIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN RELATED TO SUICIDE PREVENTION, INTERVENTION & POSTVENTION

6200

E.Primary Medical Needs (PMN) Children who do not meet the functioning levels of their stated chronological age and are developmentally functioning at a level younger than 10 years old due to their medical conditions and/or significant developmental delays will have the Suicide Screening Log completed with notations of why the screening tool is not applicable. This will apply to those who are not cognitively able to understand suicide and/or ambulate on their own due their medical conditions adequately documented.

- iv. For children receiving adoption services, the screening tool will be administered immediately for a child of any age whenever the child exhibits warning signs of suicide that necessitate a suicide screening be conducted, including when requested by an adoptive parent.
 - v. Any screening will be performed in a manner that protects the child's privacy.
 - vi. Each screening will be documented in the child's record.
5. Intervention--Based on the Results of a Suicide Risk Screening.
- i. If the suicide risk screening finds the child to be a high risk for suicide, GUIDING LIGHT, the caregiver, or adoptive parent must:
 1. Immediately refer the child to a mental health professional for a suicide risk assessment;
 2. Not leave the child alone until a mental health professional assesses the child;
 3. Remove any harmful objects, chemicals, or substances that a child could use to carry out a suicide attempt;
 4. Alert each person responsible for the child's care or supervision of the high risk for suicide and any new or updated safety plan; and
 5. Upon conclusion of the risk assessment, follow through on recommendations by the mental health professional and update the child's safety plan and service plan accordingly.
 - ii. If the suicide risk screening finds the child to have a potential for risk of suicide, GUIDING LIGHT, the caregiver, or adoptive parent must:
 1. Refer the child to a mental health professional for a suicide risk assessment within 24 hours;
 2. Closely monitor the child to ensure the child's safety until a mental health professional assesses the child;
 3. Remove any harmful objects, chemicals, or substances that a child could use to carry out a suicide attempt;
 4. Alert each person responsible for the child's care or supervision of the potential risk of suicide and any new or updated safety plan; and
 5. Upon conclusion of the risk assessment, follow through on recommendations by the mental health professional and update the child's safety plan and service plan accordingly.
6. Intervention--Returning Post Hospitalization. To ensure a child's readiness to return to care under the same child-placing agency following a mental health crisis (for example, from a suicide attempt or psychiatric hospitalization):
- i. Child placement management staff must meet with the child within 24 hours of the child's arrival to a home to discuss protocols that would help to ease the child's transition into the home post hospitalization, ensure the child's safety, and reduce any risk of suicide.
 - ii. The protocols must include:
 1. Weekly suicide risk screenings for the first 30 days or until the child is no longer reporting suicidal thoughts, whichever is longer;
 2. Creating or reviewing and updating the child's safety plan; and
 3. Removal of any harmful objects, chemicals, or substances that a child could use to carry out a suicide attempt or self-harm for a period to be determined by the treatment team, but not less than 30 days.
 - iii. The agency must alert any persons responsible for the child's care or supervision of the new protocols and new or updated safety plan.
7. Postvention.
- i. Addressing Suicide Deaths.

SOCIALIZED FOSTER CARE SERVICES

REQUIREMENTS FOR CARE OF CHILDREN RELATED TO SUICIDE PREVENTION, INTERVENTION & POSTVENTION

6200

- a. GUIDING LIGHT will create a Postvention Team with Written Action Plan and Protocols to prevent suicide contagion and offer support to employees, children, caregivers, and adoptive parents. This team is responsible for developing a written action plan with protocols in the event of a death by suicide. The postvention team will consider:
 1. How a death would affect employees, caregivers, adoptive parents, and other children receiving services in the home where the death occurred;
 2. How to provide psychological first-aid, crisis intervention, and other support to the employees, caregivers, adoptive parents, and other children receiving services in the home where the death occurred.
- ii. While the action plan needs to be flexible for varying situations, the written action plan will include:
 1. A communication strategy that does not inadvertently glamorize or romanticize the child or the death; occurs in settings that allow the postvention team to monitor responses of individuals in the home, strives to treat all deaths in the same way (for example, having one approach for honoring a child who dies from cancer, a car accident, or suicide); Emphasizes the importance of seeking help for anyone with an underlying mental health diagnosis, such as a mood disorder; Emphasizes the importance of employees, caregivers, adoptive parents, and children recognizing the signs of suicide; and decreases the stigma associated with seeking help for mental health concerns.
 2. Mental health resources for employees, caregivers, adoptive parents, and children who have a difficult time coping, including: opportunities to debrief to process thoughts and feelings related to the suicide death; and referrals to grief counseling and suicide survivor support groups to the extent possible; and provides a review of lessons learned from the child's death by suicide. All communications regarding lessons learned should be approached in a way that ensures a blame-free environment.
- iii. Addressing Suicide Attempts. In the event of a suicide attempt;
 - a. The caregiver must, as needed, immediately call emergency services and render first aid until professional medical treatment can be provided;
 - b. The caregiver must not leave the child alone until a mental health professional assesses the child;
 - c. The caregiver must move all other children out of the immediate area as soon as possible;
 - d. The agency must report and document the suicide attempt as a serious incident report
 - e. The agency must offer mental health resources for employees, caregivers, and children who have a difficult time coping, including
 1. Opportunities to debrief to process thoughts and feelings related to the suicide attempt; and
 2. Referrals to community services and other resources when a child has attempted suicide.
 - f. The agency must conduct a review of lessons learned from the child's suicide attempt. All communications regarding lessons learned should be approached in a way that ensures a blame-free environment.

REQUIREMENTS FOR INTERMITTENT ALTERNATE CARE

BABYSITTER / OVERNIGHT CARE PROVIDER / RESPITE CARE PROVIDER

7000

REQUIREMENTS FOR RESPITE PLACEMENTS OR INTERMITTENT ALTERNATIVE CARE

7000 | *Babysitters / Overnight Care Providers / Respite Care Providers*

RESPITE PLACEMENTS or Intermittent Alternative Care

1. Respite child-care services are a planned alternative 24-hour care that has the purpose of providing relief to the child's primary caregiver that last more than 72 hours.
2. For the purposes of this chapter, respite child-care placement is a placement that lasts more than 72 hours. The placement of a child in a home for less than 72 hours is not respite child-care.
3. Respite Hours-Services Provided through the Medically Children Dependent Program (MDCP) are NOT the same as respite child-care services referenced in the DFPS Minimum Standards. The respite hours used under the MDCP waiver program are additional services to the children provided through Superior Health Care. Qualifying hours for MDCP or Private Duty Nursing Care do NOT require the training or requirements outlined in section (V)(A) unless they intend to provide services under section (V) and are present without a foster parent at the foster home/operation. Those providing MDCP respite hours or Private Duty Nursing Care can also be verified foster parents or verified/approved babysitter, overnight care provider, or respite care for the foster children if they complete the procedure and requirements outlined in the sections listed below.

Respite Child Care Regulations (Care more than 72 hours)

1. GUIDING LIGHT must obtain written approval from the child's CPS case worker before obtaining respite placement services to the child. The foster parent must notify the GUIDING LIGHT case manager two weeks prior to taking a respite break.
2. A Child can only be in respite placements for 14 consecutive days; or 40 days a year. A child can be in respite for up to 60 days, if in respite placement due to an investigation.
3. A child can remain longer than 14 days with TDFPS written approval.
4. Once a child has been in respite placement, there must be 10 days before the child can go into respite placement again.
5. If the child is in respite placement due to an investigation of a foster home and the respite lasts more than 14 days, it must be made a placement.
6. A foster home can only do respite placement 14 days in a row or 60 days annually, unless the home is licensed to provide respite care only.
7. All respite placements must be pre-approved by Level I staff including documentation that the respite placement will not cause a conflict in care
8. In all non-emergency respite situations, payments are arranged and provided by the GUIDING LIGHT caregivers hiring the respite provider. Payment to the Respite Provider is NOT the responsibility of GUIDING LIGHT and is NOT made directly to the respite worker by GUIDING LIGHT.

Procedure

1. Foster Parents may only use respite placements who are:
 - a. Other GUIDING LIGHT foster parents in "good standing." Foster children going to the care of foster families providing respite placements are temporary visitors to the respite household and included in the child-staff ratio and capacity for the respite home.
 - b. Therapeutic foster parents with other child-placing agencies in "good standing" and approved by GUIDING LIGHT.
 - c. When a region is using a respite placements in another region the Program Director needs to be contacted by the Program Director for the region needing respite to insure that the home is in compliance and able to provide respite placements.
2. GUIDING LIGHT Approval of Respite Placements

Board Approved

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REQUIREMENTS FOR INTERMITTENT ALTERNATE CARE

BABYSITTER / OVERNIGHT CARE PROVIDER / RESPITE CARE PROVIDER

7000

- a. The foster parents must notify and obtain approval from the GUIDING LIGHT Case Manager two weeks in advance for each instance of use (regardless of the type of respite provider or their history of previous use). This will give GUIDING LIGHT the opportunity to ensure that:
 - i. The child is compatible with the respite foster family's home study.
 1. The child is compatible with the current environment of the respite placement home.
 2. The respite placement is in "good standing".

It is GUIDING LIGHT's goal to ensure an appropriate and safe respite environment is provided for the children in their care, thus it is necessary that pre-approval for each respite use be obtained from the GUIDING LIGHT Case Manager by the foster home seeking respite. Foster parents will not be reimbursed if pre-approval is not obtained.

- b. Once the respite placement has been approved by GUIDING LIGHT, the foster parents may make arrangements with them for respite placement.
- c. The foster parents must provide the Case Manager the following information for the respite placement for all children in respite care outside of their home residence:
 1. Full name, including any nicknames that may be used
 2. Full address, including city, state and directions to the home
 3. The phone number plus the area code
 4. The duration of time the child will be in respite placement
- d. To ensure continuity of care, the caregiver will complete the Respite Documentation Form and share the following information with the respite child-care services provider before placing the child in the home:
 - i. Specific needs of a child, including:
 1. All psychiatric or medical treatment currently being provided;
 2. Medication regimen and medication instructions;
 3. Authorization for medical treatment
 4. Psychological Care
 5. Sleeping Information
 6. Discipline Instructions
 7. Relevant Appointments such as family and sibling visits
 8. Any other needs of a child that should be addressed by the Respite child-care services provider;
 - ii. Non-routine events taking place in the life of the child;
 - iii. Emergency contact information, including the:
 1. Child's physician(s);
 2. Child's parent; and
 3. Agency's telephone number; and
 - iv. The child's history that may affect the provider's ability to provide care for the child, including:
 1. Background of abuse and/or neglect;
 2. Physical aggression or sexual behavior problems;
 3. Fire setting;
 4. Maiming or killing animals;
 5. Suicidal ideations and attempts; and
 6. Run-away behaviors.
 - v. The foster parents must provide the following information to the respite placement for each child who is to be in their care:
 1. Medicaid card for the current month
 2. Medication in the original prescribed bottle listing the name of the medication, the dosage amount and the prescribing physician
 3. Instructions for medication administration along with written documentation of the possible side effects
 4. The phone number and address of the prescribing physician

Respite Placement

Respite providers must adhere to the GUIDING LIGHT policies and procedures regarding all areas of documentation and child care, including, but not limited to discipline and behavior management, dispensing of medication, supervision, Behavior Intervention, handling and reporting of emergencies and serious incidents, etc.

Board Approved

Effective 12/1/2023

REQUIREMENTS FOR INTERMITTENT ALTERNATE CARE

BABYSITTER / OVERNIGHT CARE PROVIDER / RESPITE CARE PROVIDER

7000

Emergency Respite Placement

In the event of an emergency, respite placement for a GUIDING LIGHT foster home may be obtained only from another GUIDING LIGHT foster home. In this case, respite Placements payments up to the actual daily reimbursement rate for the particular child, based on their authorized LOC, may be made directly to the respite placement by GUIDING LIGHT. Pre-authorization for emergency respite placement and payment arrangements must be obtained from the local regional Program Director and Executive Director if after hours. Typically, emergency respite placements occur if RCCR mandates the children be removed because of an investigation.

TDFPS must be notified of all emergency respite within 24 hours. The hotline must be contacted along with the child's TDFPS case worker. Written notice via email/fax should be sent to the TDFPS case worker along with a phone call. Written notice should be filed in the child's file.

Additional Child Care Providers

(The placement of a child in a home for less than 72 hours is not respite child-care)

1. **Babysitters or Overnight Care Providers** - do not provide care for foster children in their own homes and assist foster parents in the foster home. The care provided can be up to 72 hours and is not considered respite care. The placement of a child in a home for less than 72 hours is not respite child-care. Babysitters and Overnight Care Providers can be used to count into the child caregiver ratio. Babysitters or Overnight Care Providers can care for children of BAS, MOD, SPE, INT, level of care.

Babysitters or Overnight Care Providers must:

1. Age Requirement: Babysitters (Less than 12 hours) must be a minimum of 18 years of age and must be responsible, mature, healthy adults capable of meeting the needs of children in care. Overnight Care Providers (More than 12 hours and less than 72 hours) must be a minimum of 21 years of age and must be responsible, mature, healthy adults capable of meeting the needs of children in care.
2. Must have prior child-care experience to include basic child care skills. For those providing care to Primary Medical Needs they must be qualified professionals with an active nursing license, or provide documentation they have been trained and competent to meet the needs of the children in the home. References and background information will be documented and on file for each caregiver.
3. Agency Verification for providers will include the full assessment in the Provider Approval form to verify each Babysitter/Overnight Care Providers to include the population and age they can serve based on skills and experience. The Provider Approval will also indicate the number of children
4. Complete the GUIDING LIGHT verification process. Babysitters/Overnight Care Providers that desire to care for children in their own home will follow the same procedures as a foster parent and become a Licensed Foster Parent/Licensed Foster Home.
5. Obtain certification in CPR and First Aid (Infant, Child & Adult) LVN, RN, or equivalent medical professional can use their current and active license in lieu of the First Aid requirement.
6. TB Test- Negative or Chest Xray if applicable. Documented tuberculosis screening that was conducted as recommended by the Center for Disease Control (CDC) within 30 days before or after beginning to live, work, or volunteer at your operation/foster home unless the person
 - a. Has lived, worked, or volunteered at a regulated residential child-care operation/foster home within the previous 12 months. For example, an employee beginning employment in a regulated residential child-care operation/foster home for the first time would need a baseline tuberculosis screening. Employment in a different residential child-care operation/foster home would not require a new screening, as long as documentation in paragraph (2) of this subsection is also provided. If the employee left employment in regulated residential child-care for more than 12 months and then returned, a new screening would be required; and
 - b. Provides documentation of a tuberculosis screening.
7. Must remain in good standing with the agency, demonstrating understanding and adherence to agency policies and procedures and compliance with TDFPS Minimum Standards.

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Effective 12/1/2023

REQUIREMENTS FOR INTERMITTENT ALTERNATE CARE

BABYSITTER / OVERNIGHT CARE PROVIDER / RESPITE CARE PROVIDER

7000

8. Complete FBI, DFPS, and DPS Criminal History Checks: Obtain an Eligible Status or Eligible with approved conditions.
9. Documentation Required:
 - a. Drivers License (Current on File when applicable)
 - b. Social Security Card (Initial Documentation Requirement)
 - c. Background Check Consent Form (Initial Documentation Requirement)
 - d. Auto Insurance (Current on File when transporting children)
 - e. Professional Certification/License (if applicable must maintain current on file)
 - f. Observation Hours (Documented Experience for Initial Verification/Caregiver Approval)
 - g. Centralized Background Check Clearance Eligible Status or Eligible with Provisional
10. Maintain pre-service & annual training/certification requirements including:
 - a. Current CPR and First Aid training (may be included in annual training hours)
 - b. DFPS Required Trainings: (Pre Service- & Annual Requirement)
 - i. DFPS- Recognizing & Reporting Youth Sexual Abuse (Completed through Caregiver Training Hub)
 - ii. DFPS- Medical Consenter
 - iii. DFPS- Reporting Abuse & Neglect
 - iv. DFPS Need for Normalcy
 - v. DFPS Administering Psychotropic Medications
 - vi. DFPS Trauma Informed Care
 - c. Guiding Light Administering Medication Agency Policy (Pre Service- & Annual Requirement)
 - d. Emergency Behavior Intervention (EBI) (Pre Service- & Annual Requirement) Providers providing care for PMN children only are exempt from EBI Training
 - e. PMN Caregiver Competency Training (if applicable if they do not have a professional certification or license that meets the medical qualifications for the child's needs) Not Required for Babysitters less than 72 hours when a nurse MUST be present in the home for all children who are PMN.
11. Foster Parents must ensure babysitters & overnight care providers providing care in the foster home have all the required documentation as follows when providing care in the home for less than 72 hours.
 - a. Reference List for the Child: Includes All Emergency Contact information for the Foster Parents, Medical-Physician Providers, Child's Parent-CPS workers, Attorney and legal parties and Guiding Light Agency Staff including the on-call Registered Nurse contact Information
 - b. Child Plan of Service- Includes all psychological, psychiatric or medical treatment currently being provided.
 - c. Home Health Plan of Care- (PMN when Applicable)
 - d. MAR- Medication Administration Record that includes regimen and instructions.
 - e. Authorization for Medical Treatment
 - f. Safety Plans (if applicable)
 - g. Sleeping Information
 - h. Discipline Instructions
 - i. Any Expectations that the foster parent or agency may have of the provider and any other needs of a child that should be addressed by the provider.
 - j. Any applicable history of the child that may affect the providers ability to provide care for the child, including:
 - i. Background of abuse and/or neglect
 - ii. Physical aggression or sexual behavior problems
 - iii. Fire setting
 - iv. Maiming or killing animals
 - v. Suicidal ideations and attempts
 - vi. Run-away behaviors.

Respite Providers

A respite provider can provide 24-hour care that has the purpose of providing relief to the child's primary caregiver that last more than 72 hours and up to 14 days for a Basic/Moderate/Specialized/Intense child on a case by case basis with GUIDING LIGHT and CPS approval. Respite Providers must follow all of the same requirements listed above in section (V)(A) that are required for the Babysitters & Overnight Care Providers. If Respite Providers are providing respite child care services in their own homes they must be a verified foster parent/verified home. If Respite Providers are providing the

Board Approved

Effective 12/1/2023

REQUIREMENTS FOR INTERMITTENT ALTERNATE CARE

BABYSITTER / OVERNIGHT CARE PROVIDER / RESPITE CARE PROVIDER

7000

respite child care services in the foster home where the child is placed they only need to have Approval/Verification with GUIDING LIGHT and meet all the requirements for Respite Care that last more than 72 hours with all prior approval in place.

Emergency Babysitters

(For Non-PMN Children Only) In the event of an extreme emergency, babysitting for foster children may be obtained by neighbor, friend, or family member without having any of the above requirements. If the foster parent has to attend a funeral or has to travel because a family member is seriously ill, this does not constitute approval to use an emergency babysitter. Examples of Emergency situations include the Caregiver or foster child living in the home have to be taken to the hospital. The choice of selecting the emergency babysitter will be at the discretion of the foster parents. The foster parent must give GUIDING LIGHT staff the contact information for the emergency babysitter as soon as possible within an hour after leaving the children. The emergency babysitter cannot be used for PMN children and must be less than 12 hours to allow for the emergency to resolve with help from the agency staff and CPS if needed for approval or additional notification.

Reimbursement

GUIDING LIGHT strongly encourages foster parents to take babysitting or respite breaks from their responsibilities at least every three months. Therefore, GUIDING LIGHT will reimburse foster parents serving Basic Children are provided with payment up to \$140 each quarter. Those foster parents serving Moderate, Specialized & Intense Service Level children will receive up to \$200 every quarter (per family, not per child) for respite placement or babysitting expenses.

1. Reimbursement may not be accumulated each quarter.
2. Payment does not exceed actual expenses incurred.
3. Payment to the caregiver is not the responsibility of GUIDING LIGHT and is made directly to the Respite Provider, Overnight Care Provider, or Babysitter by GUIDING LIGHT foster parents.
4. Foster Parents must submit the respite Reimbursement form within 30 days of the quarter ending to receive reimbursement payment.

DISASTER EMERGENCY REDINESS PLAN

Types of disasters that could initiate the emergency disaster plan:

1. Fire
2. Flood
3. Tornado
4. Hurricane
5. Infectious Disease Outbreak
6. Other Types of Disasters:
 - Chemical Emergencies, Dam Failure, Earthquake, Hazardous Material, Heat, Landslide, Critical Equipment Failure, Nuclear Power Plant Emergency, Winter Storm, Weapons of Mass Destruction Events, and Acts of Terrorism.

FIRE

Remain calm to avoid panic among family members.

- 1) Evaluate safest means of escape from the home.
- 2) Evacuate all members of the house quickly and safely.
- 3) Check to be sure each person is accounted for that lives in the home.
- 4) One parent will remain with the children outside the home at all times, to assure the children's ongoing safety. (Remain in a safe location, free of traffic and fire).
- 5) As quickly as possible contact the local fire department or 911.
- 6) Contact the Guiding Light Child Placement Staff or the local branch office during business hours, and Janelle Holland after hours, as soon as possible. *M/F/G 4100.3*
- 7) In the event a foster child has suffered serious mental or physical injury, immediately initiate the necessary care plan as outlined in emergency services. The foster child's Managing Conservator must be contacted within a 24 hour period of time from the time the incident is reported to GUIDING LIGHT.
- 8) An incident report must also be completed and turned in to the Guiding Light office within 24 hours.

Fire Prevention & Safety:

Each home maintains the updated information on their specific DEP plans:

Number of Smoke Detectors

Number of Fire Extinguishers

Location of Fire Extinguishers

The safety of all is the most important thing, and the fire extinguisher will only be used if those in the home are trained in its use and can recognize and assess if the fire can be extinguished safely or if immediate evacuation is necessary.

Other precautions the foster families will take are as follows:

- *Check windows regularly to ensure they open easily*
 - *Test smoke detectors monthly*
 - *Never disable a smoke detector when cooking, or remove batteries without replacing immediately*
 - *Maintain a collapsible escape ladder if the home does not have fire escapes and is on the second floor or higher*
 - *Escape through one of the planned routes posted on the Fire Escape Plan*
 - *Exiting through smoke requires those to crawl low on the floor and cover faces*
 - *If escaping through a closed door, feeling the door and handle to determine if there is fire on the other side*
 - *Activate a fire alarm system (if available) to notify other residents of the home/building, or yell/knock (if safe) to notify other of the fire/smoke*
 - *Remain outside of the home until notified by the fire department that it is safe to re-enter*
- In case of a fire, exit the home and go to the identified meeting location outside the home. (*emergency evacuation route is posted in home*):

Severe Weather

Should utilities be disrupted, or damage occurs to the property, follow the plans for sheltering in place or evacuation. Consult with your Case Manager or staff to help determine a plan.

If damaging windstorms, rain, hurricanes or tornadoes have been forecasted, take the following precautions:

- *Continuously monitor the storm by tuning in to the radio, TV or internet for information*
- *Anchor outdoor objects and property that could blow away*
- *Plan to be in a safe location at the time the storm begins*
- *If you have a vehicle, make sure the gas tank is full in case you need to evacuate*
- *Review the contents of your Emergency Kit to ensure you have a flashlight, batteries, ample food, first aid items, etc.*

Additional things we can do to prepare are Once a storm has begun:

- *Seek immediate shelter*
- *Stay away from windows*
- *Stay away from downed power lines*

In case of tornado:

- *Stay away from all windows, doors and outside wall*
- *See shelter in the basement or interior place in the lowest level of the building*
- *Get under something sturdy, lie face down, knees under you. And cover the back of your head with your hands*
- *If you are outside, lie down flat in a ditch, low lying area or ravine*

Home Specific DEP Plans will identify and rehearse the location of the home that is safe to shelter in place in case of a severe storm or tornado. In case of a hurricane and mandatory evacuations, the home identifies an evacuation plan and route on the home specific DEP.

Flood

- 1) Should severe rains continue to an extent that serious flooding is suspected, the Foster Parents should keep their radios tuned to the local stations for up to date forecasts.
- 2) If it is indicated that the chance of flooding is imminent, foster parents should have all children board the vehicles for evacuation.
- 3) Foster Parents/Staff should load all medications and records (med logs, Medicaid Cards, SS card)
- 4) Turn off all lights & unplug all electrical appliances (if time permits)
- 5) Safely transport all children to higher ground.
- 6) Should the entire vicinity be in danger of flooding, children should be transported to a safe place at the foster parent's discretion (Red Cross Shelter, Hotel).
- 7) GUIDING LIGHT office should be notified immediately upon reaching your safe destination.
- 8) *Flooding can occur as a result of rainstorms, hurricane storm surges or damage to an interior water line or pipe. Flooding may happen quickly and without warning, or it may develop more slowly with some warning. The risk of flooding to each foster home and community is identified in each foster home DEP plan.*

In case of flooding:

- *Move to higher ground*
- *Do not walk or drive through moving water*
- *If you must walk through water, use a stick to test the depth and to assist with your balance and stability.*
- *Flood water can be contaminated with oil, debris and sewage waste. If you encounter flood waters, you must clean and disinfect everything that got wet.*
- *Abandon your vehicle if necessary.*

If your home is damaged from water or flooding, a plan for recovery and cleaning must be developed. Contact your Case Manager if the issue is significant and requires evacuation or a period of extensive repairs. If isolated water damage occurs as a result of a burst pipe or damage within your home (and is not a community issue) you may make repairs in a timely fashion to not disrupt the comfort and quality of home life. The foster homes will communicate their plan for recovery and cleaning.

Tornado

- 1) In case of tornado watches declared by the National Weather Service (NWS), Foster Parents should utilize the public information systems (News alerts, Emergency Broadcast System) to monitor the weather.
- 2) All children should be advised to remain indoors and away from windows. If the NWS declares a tornado warning, all children should be gathered in a safe location and remain seated (preferably in an interior room without windows or glass).
- 3) All doors to bedrooms, bathrooms, utility rooms, etc., should be closed.

Hurricane

- 1) When local authorities issue a mandate to evacuate any GUIDING LIGHT offices in the evacuation zone will be closed prior to or on the same day as the evacuation mandate.
- 2) Families with DFPS children in their care are required to evacuate when local authorities issue a mandate to evacuate.
- 3) If the family refuses to evacuate when authorities issue the mandatory evacuation, the DFPS hotline will be called, and GUIDING LIGHT will consult with CPS/DFPS/RCCL to take whatever action is recommended. A corrective action plan will be required because they put wards of the State in danger.

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Procedures for Relocating Children (In the even of an emergency requiring evacuation or quarantine, the provider is responsible for maintaining the safety and placement of all Children in its care.

- 1) Procedures for relocating children to a designated safe area or alternate shelter including specific procedures for evacuating children who are under 24 months of age, who have limited mobility, or who otherwise may need assistance in an emergency, such as children who have mental, visual, or hearing impairment, or a medical condition that requires assistance arrangements for the adequate provision of food, shelter, transportation, medication, supplies, and emergency equipment.
- 2) Each foster parent will identify the specific plan for relocating the children in their home based on their specific needs. Each home will identify prior to verification and each time the DEP is updated the relocation plan.
- 3) Each home will ensure they have an identified plan to ensure adequate supply of food, medications, and supplies are on hand. Depending on the children placed in their home and the transportation needs of each child and transportation of medication and equipment. All homes will identify the equipment needs of the children placed in their home and ensure the equipment is made available to the children with special needs and medical conditions.
- 4) If the PMN homes cannot safely identify a relocation plan due to the high acuity of the PMN child placed in their home such as those requiring EMS transport, hospital beds, and equipment that cannot be maintained in a temporary relocation setting, then the home will contact EMS for the child to be relocated to a nearby hospital during the evacuation.
- 5) All homes have a list of local first responder phone numbers and contact information on their DEP plan they have access to in their homes to notify in the event of any emergency.
- 6) All homes identify in their home specific DEP plans the identified choice of safe relocation address and will communicate during the relocation the address and contact for the alternative relocation address.
- 7) Post-Disaster Needs: The foster family will ensure the children have access to emergency power, food, water, and transportation. In the event the family needs help with anything they must communicate their needs to Guiding Light as soon as possible on the emergency contact numbers.
- 8) Plans to return after an evacuation must be communicated timely by the foster family to Guiding Light staff.

PMN children would require for someone to keep them calm and safe during an evacuation. They would need assistance in evacuating the home due to their medical conditions and limited mobility. Evacuation and relocation is the responsibility of the foster parents due to their medical condition and lack of understanding of what's going on. All vehicles will be full of fuel prior to the evacuation to ensure adequate resources are available in the event the family needs to evacuate. Generators or Welders (used as a resource for power). If the home decides to purchase one they will be full on fuel to ensure the foster home has enough fuel in vehicles to evacuate. Generators must only be used outside the home to ensure they are being used with proper ventilation. The foster family will ensure they are educated on the capacity of the alternate power source they have selected to ensure with the DME supply company it is an ample power source to supply medical equipment for a specified period of time. Surge protectors must be used when using an alternate power source in the even of an emergency to avoid any potential damage to any of the child's equipment with power surges etc. The home will ensure the power source they have on hand has adequate fuel available. Children 24 months of age/non mobile-Car seats and other devices such as strollers for transporting small children under the age of 24 months should be packed in the evacuation vehicle when transporting this population. Children who have special health care or developmental needs such as limited mobility, mental, visual or hearing impairments will continue to need any specialized equipment such as ambulatory devices (wheelchairs, walkers, hearing aid/batteries, eyeglasses etc.) in an emergency. Caregivers will need to ensure that any children in this population continue to have access to the equipment normally used in the event of an evacuation. Freezer/Refrigerator Bags: Families need to purchase insulated bags designed to put food from the refrigerator/freezer and leave in their homes that will ensure that the contents will not leak to ruination of the appliance. The foster parents will notate the time the food is placed in the refrigerated bags or coolers and ensure the food is discarded once past the time frame it has been out of the refrigerator or freezer.

Sheltering in Place:

Many emergencies do not require evacuation but may result in being isolated at home without basic services. In the event of an emergency that reduces basic services, we will contact our Case Manager to help determine the level of safety and to ensure that basic supplies are in place in order to remain in our home.

- If we have no utilities (electricity or gas), the foster family will identify a plan in place to control the temperature: (this may present a need to relocate and they will communicate this to the emergency contact if they need to relocate) If our bathroom is not functioning this may present a need to relocate
-
- This plan will detail procedures for various emergency situations, but the most significant risks for the community we live in are:

Emergency Preparedness Kit Available in each home include the following:

- Foster Homes should have the following items for use in emergency situations:
 - First aid kit
 - Flashlight & extra batteries
 - Fire extinguisher
 - Basic hygiene items (*including hand sanitizer*)
 - Pen and paper
 - Container for the supplies
 - Portable hand crank or battery powered radio
 - A copy of this plan
- Additionally, you should maintain:
 - 3-day supply of water and non-perishable food (*Food and water should be used and replaced every six months.*)
 - Manual can opener
 - Disposable dishes and utensils
 - A five-day supply of medications
 - Supplies of medical supplies or equipment if applicable (*oxygen, syringes, tubing etc.*)
 - Extra blankets
 - Clean, weather appropriate clothing
 - Important personal documents, identification
 - Emergency supply of cash (*should ATMs and credit cards not work due to power outage*)

In case of evacuation, we will make every attempt to bring the following items with us:

- Medications
- MAR
- Medical records & other important personal documents
- A copy of this plan, and/or a list of emergency contact numbers
- Comfort items for children
- Basic Disaster and Emergency Preparation Information: First aid kit, medication box, medication administration records (MAR), and life sustaining medical equipment will be packed along with the other essential items needed for the evacuation to ensure supplies are available while away from the home. All medications used by children in care will be taken in a locked box. Medication logs will be maintained in a binder for each child to ensure proper documentation, since administering medication must continue to be logged daily. Refrigerated medications would have to be stored in portable cooling devices such as coolers in transport until safety and shelter is sought. Primary Medical Needs Children- who are in care and who require specialized medical or ambulatory equipment must continue receiving proper medical care. Specialized equipment that requires power when the power goes out or if they are being transported to safety already have battery backups that last for an extended/identified period of time. In the event the specified time lapses and the equipment no longer has power, Caregivers would be required to seek hospital services and do so to ensure no lapse in power. Caregivers are required to ensure all regularly used, necessary medical equipment is carried with the family in the vehicle during an evacuation.(i.e. nebulizers, wheelchairs, walkers). Foster parents will stay in close contact with the agency to confirm prior, during, and after the emergency that the child are safe and all their needs are being met. Prepared for the evacuation is at minimum, the following

Board Approved

Effective 12/1/2023

items: • at least a two-week supply of medication in its container (if applicable); • other medical supplies and equipment (such as first aid kit, glasses, face masks, gloves, etc.); • important paperwork (such as binders with medication administration records) DFPS Placement Paperwork if medical care must be sought during the evacuation. • contact information is listed in the front of each binder to ensure the family can reach out to the agency or DFPS during the evacuation. Emergency supplies to last the family at least one week. Including supplies such as non-perishable and canned food, water, medicine, first aid supplies, batteries, flashlights, diapers, and a battery-powered radio for information on local emergency services. The family will stay prepared by also looking online at the Red Cross's disaster preparedness website, www.redcross.org/prepare. More information on preparing for a Call 2-1-1 to find out information about shelters as well as emergency and disaster related-related services.

Critical Equipment Failure

The failure of critical equipment may create emergency situations or be the result of a natural or man-made disaster (flood, fire, tornado, hurricane etc.) Critical equipment is defined as any system or equipment that has lives depending on it. This may include power/energy systems, medical equipment, HVAC systems etc. Homes should assess critical equipment in their home and take precautions to ensure it is protected and maintained during a disaster or have a backup plan to evacuate to a facility that can maintain critical equipment during the disaster/emergency period. Families should consider, "What would happen if this component shut down (for a minute, an hour, a day, a week)? Is there a back-up system? What if it failed? Can the system or home function without it?" Families should identify contractors or service providers who have in-depth expertise and experience with the details of the home's HVAC systems and the available alternatives should a failure occur. Contact information will be maintained in this plan.

In cases where there is advanced warning of a disaster, cell phones and electronic equipment may be charged preparing for prolonged outages, generators secured and fuel maintained, electronic and data devices unplugged prior to impact to be protected from power surges, and items moved to higher/dry/ protected areas of the home.

- Critical equipment in each home is identified in the foster home DEP to identify on how they will prepare and respond to critical equipment failure. Homes that will utilize generators for temporary power will only utilize generators outside the home and never inside the home, garages or any area that is not completely outside with adequate outdoor ventilation. The home will have to maintain the generator outside the home and utilize heavy duty extension cords to run necessary equipment for a short period of time until a permanent plan can be identified. Some homes are equipped with commercial generators that are set up professionally by companies that are a professionally installed back up generator to automatically turn on in the event of a power outage and these professional systems or solar power systems can be used at any time. These systems are also checked and inspected by the Fire Marshall during home inspections completed every two years.

Infectious Disease Outbreak

Prevent spread of a communicable disease such as COVID-19 (a respiratory virus). This may include the suspension of non-essential work, travel, suspensions of large gatherings (suggestions of 10 people), social distancing, not visiting anyone for a non-essential purpose, virtual meetings for face to face visits may be required. This will change based on federal and state guidelines (GUIDING LIGHT will keep Policy, Staff, and Foster Parents updated).

- 1) Follow all CDC (Centers for Disease Control and Prevention) recommendations on Travel Health Notices (found at <https://wwwnc.cdc.gov/travel/notices>) regarding staff and child travel and subsequent quarantine.
- 2) All offices Main and any applicable branches will have a sign posted instructing visitors not to visit if they are ill or have symptoms of a respiratory illness.
- 3) Identify a list of key contacts at your local and state health departments.
 - a. GUIDING LIGHT uses the following contacts in order to receive the most accurate information regarding the outbreak including, but not limited to: DFPS, CDC, and COSA.gov
 - b. Maintain ongoing communication with your local public health department to facilitate access to relevant information before and during an outbreak.

- c. Monitor local and state public health sources to understand outbreak activity in your community (the CDC website <https://www.cdc.gov/> and Department of State Health Services website <https://dshs.texas.gov/>).
- d. Be aware of temporary school closures and address how residents will be supervised when local gathering places may be closed for public safety.
- e. If there is transmission in the community, operations should also consult with public health authorities for additional guidance.

4) Branch Office Requirements (When Applicable: At this time there are no Branch Offices)

I. Cleaning and sanitization:

- a. High touch surfaces in common areas will be cleaned once per business day with CDC- approved cleaner for eliminating the COVID-19 virus by GUIDING LIGHT office staff or by cleaning crews.
- b. Common shared devices, including but not limited to:
 - IT keyboards and mouse,
 - desks,
 - chairs,
 - microwaves,
 - coffee makers,
 - door handles
 - light switches
 - and copiers should be cleaned by users, with disinfectant products immediately after using. GUIDING LIGHT will provide disinfectant products for common areas.
- c. Given that cleaning supplies are difficult to purchase, supplies provided by GUIDING LIGHT should always be kept in building areas. If you use them for your individual workstations, please return supplies promptly to the shared space for others to use. Do not take products provided by GUIDING LIGHT home.
- d. Staff will disinfect office space as they are leaving the office location. It is imperative that all above shared spaces listed above are cleaned at the end of every shift.

II. Social Distancing:

- a. Employees should stay at least six (6) feet from other people, and avoid congregating in common areas, such as break rooms and lunch areas.
 - When having meals in the common areas, please clean the space after using it.
- b. Employee workspace will be arranged to provide either 6 feet of space or a physical barrier between coworkers. When offices need modification, the Executive Director/CPMS should submit recommendation for Executive Director approval.
- c. We encourage the use of phone or video conferences for meetings.
 - If in-person meetings are held, social distance should be maintained. When the combination of room size and number of staff doesn't allow for 6 feet separation, then masks are required.
 - In addition, when 10 or more persons are in a room together, everyone is required to wear a mask.
 - Staff will self-monitor temperatures upon entering the office. Employees with a temperature 100° or higher will be sent home immediately and where possible, the employee's work area will be contained and cleaned.
 - Cleaning after use of meeting space is expected to be conducted by the meeting organizer.

- d. Employees must wear masks in common areas such as a hallway, workroom, stairwell, elevator, breakroom, restroom, and especially when social distancing is not possible. GUIDING LIGHT has provided GUIDING LIGHT employee with one reusable cloth mask. Employees may use a mask of their own as long as it covers the mouth and nose.
- e. Masks are required when staff go to outside programs when performing GUIDING LIGHT duties in public.
- f. Flexible Working from home
 - Office Space: when GUIDING LIGHT offices don't provide for social distancing standards, supervisors will work with staff and teams to provide flexible solutions.
 - Personal: As we are facing challenging times employees are encouraged to discuss with their supervisor working from home needs and options for your position.
- g. Non-essential work travel (conference and meetings) should be avoided and will require director's approval.
- h. We encourage all staff to follow CDC guidelines for personal travel and consider country classification levels and restrictions on entry to the US.

III. Visitors

- a. Use of the GUIDING LIGHT offices and facilities by outside groups will be utilized based on the risk to the staff and outside groups to make sure the utilizations of the facility is safe and does not pose a risk to staff or visitors.
- b. There will be times when visitors (anyone who is not an GUIDING LIGHT employee or Board member) need to come to an GUIDING LIGHT property (family visitation, vendor, required meeting etc.). GUIDING LIGHT encourages all visitors to wear masks and disclose any potential direct exposure or refrain from visiting the GUIDING LIGHT offices if ill or experienced a direct exposure and are potentially a risk to others.
- c. Posters will be located in visitor's reception areas with information about safety protocols related to their visit.
- d. When corresponding with potential visitors, please include the message in Section VI, below.

IV. Symptoms:

All staff should continue to self-monitor for those COVID-19 related symptoms and contact your supervisor and stay home (work from home if possible) when exhibiting any of the following:

- Coughing
- Shortness of breath
- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

V. Complaints & EEO

- a. Employees concerned about safety and coworker's compliance with the return to work guidelines may contact their supervisor, or Human Resources.

VI. Message for Visitor Correspondence

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When you visit GUIDING LIGHT, please help us do well and stay well:

- Be prepared to have your temperature taken upon arrival—no temperatures over 100 °F
- Maintain 6-foot social distancing—otherwise, facemasks are required
- Facemasks are required for gatherings of ten people or more

We appreciate your understanding!

- 5) Staff Requirements:
- a. Keep residents and employees informed. Offer to share information about available community resources including areas that provide free WI-FI for distance learning, where to get tested, any other requirements as recommended by CDC, information and referral networks, hotlines, etc.
 - b. Describe what actions the facility is taking to protect them as information evolves and changes from government officials, including answering their questions and explaining what they can do to protect themselves and their fellow residents.
 - c. Notifying via staff email or during a weekly meeting as soon as we are aware of any changes, from the Governor.
 - d. Emailing Foster Parents with any changes.
 - e. Discuss updates regarding Covid-19 every time staff and foster families meet face to face.
 - f. When conducting face-to-face services either in-home or in offices, Staff should contact the Foster Parent by phone prior to in-person contact to inquire if there are currently any illnesses in the home or office. GUIDING LIGHT staff will conduct face to face either in the home or via a virtual system, or meeting on the porch where there is 6 feet distance.
 - g. When planning for or at the time of a home visit, if a client or family member reports being sick, service providers and GUIDING LIGHT staff must plan for alternate arrangements to maintain continuity of services until all members of the household are well.
 - h. To prevent stigma and discrimination, do not make exposure risk determinations based on race, ethnicity or country of origin.
 - i. Ensure confidentiality of people with illness, including those confirmed to have COVID-19.
 - j. Staff will hold themselves accountable, keep social distancing, not come to the office with a fever, and be mindful of other people when in the office.
 - k. Self-check for fever before entering the office, wearing masks until the threat of the virus is completely gone, and/or the government says masks are not needed.
 - l. Plan for the possible need to report cases and transport persons with severe illness to medical facilities.
 - i. When Foster Parents report the infection status of the child, GUIDING LIGHT staff must complete the incident report to document the positive COVID test. .
 - ii. Abuse & Neglect Hotline will be notified within 24 hours as well as the CPS worker and supervisor, Residential Contracts and Residential Child Care Regulations.
 - iii. Guiding Light Medical Director, Case Manager, & Executive Director/CPMS will receive the email.
 - iv. If the child needs to be seen at the emergency room or with primary care physician, the Foster Parent would provide transportation.
 - v. If the child is seriously ill, Foster Parent would dial 911 and go to nearest hospital.
 - vi. An Incident Report will need to be completed with notification to the abuse/neglect hotline due to contracting a communicable disease if the child tests positive. If the foster parent or staff tests positive and exposes the child, then the hotline must be notified.
 - vii. The COVID report will no longer be reported to the Local Health Authorities as the websites and links are no longer available for reporting. DFPS no longer has a DFPS COVID email to report. Only the incident report, review by medical professional and an incident report notifying all parties is needed.
 - m. GUIDING LIGHT Staff must stay in close contact with your local jurisdiction regarding safety protocols to ensure a coordinated approach to service delivery if status or notification requirements change at any time.
 - n. If it is believed that any of these decisions will have a detrimental effect for a child, youth or family, please elevate the concerns as appropriate in discussions on weekly meetings. These decisions will be on a case by case basis, ex: child returning from runaway status, going to parent-child visits
 - o. If GUIDING LIGHT had to make a change in verification, or not take placements, any required changes will be provided to RCCL, DFPS & the Residential Contract Manager.
- 6) Foster Parent Requirements:
- a. Monitor children for symptoms that resemble those of a disease outbreak.

Board Approved

Effective 12/1/2023

- b. Contact healthcare providers for children with fever or respiratory symptoms and follow medical advice; not all children will need to be seen by a health care provider.
 - c. Follow distance learning guidelines from the TEA.
 - d. Follow social distancing as recommended by the CDC.
 - e. Have the kids stay close to home only be in small groups in order to lower the risk of infection.
 - f. If self-quarantine is required, notify the GUIDING LIGHT CM and providing documentation from the medical professional of the requirement for quarantine.
 - g. If kids run away:
 - i. Take temperature upon arrival.
 - ii. Monitor for symptoms.
 - iii. Have the child self-quarantine for 14 days if they are showing symptoms.
- 7) Intake requirements:
- a. Prior to admitting a child to a foster home:
 - i. Ask questions about relevant symptoms, potential contact with a person showing symptoms of a disease outbreak, and/or travel within 14 days to an area with significant community spread of a disease outbreak.
 - ii. Be aware of health conditions that would put the child at greater risk for getting seriously sick if they contract COVID-19 or any variations of the COVID-19. (refer to the following link for more information regarding COVID-19, this can be found at <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>)
 - 1. Primary Medical Needs (PMN) Kids.
 - 2. People with chronic lung disease or moderate to severe asthma.
 - 3. People who have serious heart conditions.
 - 4. People who are immunocompromised.
 - a. Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.
 - 5. People with severe obesity (body mass index [BMI] of 40 or higher).
 - 6. People with diabetes.
 - 7. People with chronic kidney disease undergoing dialysis.
 - 8. People with liver disease.
 - iii. It is at the Foster Parent's discretion whether they want to hold placements during a contagious outbreak.
- 8) Face-to-Face Requirements:
- a. If Face-to-face visits with children are not required to be in person due to an infectious pandemic and doctors order quarantine for health and safety precautions, **Monthly contacts are still required**, but contacts may need to be done through video conferencing.
 - i. Video-conferencing is interpreted to mean communications through technology, such as FaceTime or Microsoft teams, and will be referred to as a "virtual contact".
 - b. In order to decide whether to conduct an in-person face-to-face contact or use technology to conduct a virtual contact, the Case Manager should balance the safety of children while simultaneously taking efforts to reduce possible health risks to those children, their families and caretakers, and themselves.
 - c. When in doubt, please consult your supervisor for the updated protocol as a pandemic can evolve on a daily basis.
 - d. Examples of when an in-person face to face contact should be used include:
 - i. When there have been any previous noted issues or concerns around the safety or quality of care provided in the placement.
 - e. If an in person face-to-face contact is required, the following should be done differently.

Prior to making a home visit, call the family and ask the following:

- i. Have you traveled out of state in the last two weeks?
- ii. Has anyone in the household tested positive for COVID-19?
- iii. Have you had contact with anyone who could have been exposed to COVID-19 in the last two weeks?

- iv. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

If unable to make contact prior to making a home visit:

- v. Knock on the door and ask the above questions while standing at the door/on the porch and maintaining a distance of approximately six feet.
- vi. If the answer to any of the above listed questions is yes, remain outside of the residence and encourage the family to contact a medical provider.
- vii. Staff can assist them with making a call to 2-1-1.
- viii. Staff will provide family with guidance to reassure the family who may be nervous about having someone come into contact with them during this period.

If the answer to all of the above-listed questions is no and both the Case Manager and family are comfortable and in agreement:

- ix. The Case Manager enters the home but maintains a six-foot distance from household members. (Visits may have to be on the porch. Have laptop or notepad in hand while you walk the premises, and then go back outside to review with the family in order not to touch anything.)
 - x. Before the conclusion of the visit, discuss virtual contact options for future contacts during the health crisis, as needed.
- f. All monthly face-to-face contacts for children with primary medical needs or complex medical needs can be done with virtual contacts at the discretion of DFPS. All face-to-face visits must be made in person unless a variance is issued on a case by case purpose to complete the visit virtually.
 - g. How to document a virtual contact: (Only permissible when a variance to complete a virtual contact is approved and justified due to potentially exposure and risk presented)
 - i. Virtual contacts should be documented as a face-to-face contact, not a telephone contact.
 - ii. In the body of the contact it should be documented what kind of system was used to do the visit. Example: Zoom, Skype, Facetime, or Teams Meeting.
 - iii. Do not document the staff location as the location of the visit. In the narrative text field document that the contact was a virtual contact.

9.) If a child on your caseload is sick:

- a. Please continue to have the caregiver reach out to the appropriate medical professional and obtain medical care. There may be telehealth options and the medical professional will guide the caregiver with choices. If they are going to the emergency room, the foster parent can notify the Case Manager during business hours, or Janelle Holland if it is after hours, during holidays, or on the weekend.
- b. If the medical provider contacted says they will not see a sick child who is in DFPS conservatorship during the COVID-19 health crisis:
 - i. The Case Manager can reach out to the Well Being Specialist in your region for assistance or have the caregiver contact the Superior Member Help Line at 866-912-6283.
 - ii. For a severe illness, go to the emergency room or dial 911
- c. The Help Line is available 24/7 and has options for Spanish speakers.

10.) If a child on your caseload has medication issues requiring a doctor visit, such as psychotropic medications:

- a. Contact the prescribing medical provider and discuss options.
- b. There may be telehealth options or refill extensions available.
- c. Follow the prescribing medical provider's guidance.

- d. If the medical provider contacted says they cannot assist with medication issues during the COVID-19 health crisis, Case Manager can reach out to the Well Being Specialist in your region ([link](#)) for assistance or have the caregiver contact the Superior Member Help Line at 866-912-6283.
- e. The Help Line is available 24/7 and has options for Spanish speakers.
- f. Case Manager should recommend to the Foster Parent that they should try to refill prescriptions during the week so that they can reach primary care physician during business hours.

11.) Home Studies:

- a. GUIDING LIGHT staff will conduct Home Studies as recommended by the state.
- b. In cases of crisis they can be postponed or done virtually only when a variance is requested and approved.

12.) CPS meetings, court hearings, family visits, other CPS required mandates:

- a. CPS will conduct visits at their discretion.
- b. GUIDING LIGHT will follow all court ordered requirements.
- c. May include virtual visits and contacts with biological parents.

13.) Any training that is due to expire will be conducted virtually through a live instructor until told otherwise per

state or SSCC requirements. If any training cannot be conducted face to face due to mandated stipulations, the training will be conducted as soon as possible in person.

- a. Ex: If FP has already gone through EBI then they can demonstrate the restraints virtually
- b. If not, we must wait until social distancing is not required anymore.
- c. Important thing is to teach the de-escalation to prevent need for restraints.
- d. If uncertain of the requirements, please consult with the Executive Director/CPMS in your office.

14.) If the state requires visits in person and it would be detrimental to the child due to spread of a highly

contagious disease, GUIDING LIGHT must complete a variance. Child Care Regulation (CCR) may approve a variance request including, but not limited to the following minimum standards that broadly apply to all foster homes:

- 749.1251(a) regarding pre-placements visits of children into a foster home.
- 749.1291(a) and (b) regarding face-to-face contact between the CPMS and children in foster care.
- 749.2815(a)(1) regarding quarterly supervisory visits of the foster home.
- 749.2817(a) regarding supervisory visits of a foster home where no children are placed.

15.) General Precautions:

- a. Wash hands or use hand sanitizer before and after home or office visits in addition to washing hands frequently.
- b. Avoid physical touch (e.g. shaking hands) with others.
- c. Use social distancing:
 1. The practice of maintaining a greater than usual physical distance (such as six feet or more) from other people or of avoiding direct contact with people or objects in public places during the outbreak of a contagious disease in order to minimize exposure and reduce the transmission of infection.
- d. Cover your nose and mouth with a tissue when you cough or sneeze.
- e. Throw the tissue away immediately after you use it.
- f. Wash your hands often with soap and water for at least 20 seconds, especially after you cough or sneeze.
- g. Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick, as well.

- h. Try not to touch your eyes, nose, or mouth. While it may seem simple, germs often spread this way
- i. At the workplace, wash your hands frequently and practice caution when coming into contact with commonly touched surfaces like door handles, handrails, and elevator buttons.

16.) Notification – If a child in care tests positive for COVID-19, GUIDING LIGHT must notify the hotline 800-252-5400 or report on the dfps hotline online reporting <https://www.txabusehotline.org/Login/Default.aspx> the following is the link to the local health authorities however many are no longer taking the COVID reports as of 2023 link: <https://dshs.texas.gov/regions/lhds.shtm>. The foster parent must complete an incident report within 24 hours due to the minimum standards regarding communicable diseases. DFPS and/or the SSCC that placed the child will be notified by way of the following:

a. For DFPS, email the following email address: dfpscovid19testreporting@dfps.texas.gov (It is not confirmed if this email is still monitored so we are pending a response from DFPS)

1. In the subject line: Child's name and Personal Identification Number (PID)
2. In the email, include as much of the following information about the child:
 - Name
 - Date of Birth
 - Medicaid Number
 - PID (if known)
 - CPS Caseworker's name, address
 - Type of placement
 - Name of the person making the report and phone number
 - Date of Testing
 - Testing Site
 - Test Results
3. The CPS CW, RCCR, and RCM will be copied on the notification.

b. For OCOK, email the OCOK Care Coordinator or QI & Contracts Specialist.

1. In the subject line: Child's name and Personal Identification Number (PID)
2. In the email, include as much of the following information about the child:
 - Name
 - Date of Birth
 - Medicaid Number
 - PID (if known)
 - CPS Caseworker's name, address
 - Type of placement
 - Name of the person making the report and phone number
 - Date of Testing
 - Testing Site
 - Test Results

c. For St. Francis:

1. If a staff member or foster parent has tested positive, email the following to txproviderrelations@st-francis.org
 - Facility name/location
 - Staff role (If Foster Parent, are there Region 1 children in their care)
 - Date they tested positive
 - Action taken

2. If a child from Region 1 has tested positive, email the child's St. Francis Case Manager with the following information:

- Child's name
- Location (Facility or Home Name)
- Date tested
- Date results received
- Action taken

3. If a child from another region has tested positive, email txproviderrelations@st-francis.org with the following information:

- Child's Name
- Location (Facility or Home Name)
- Date they tested positive
- Action taken

d. For 2ingage, notify cmd@2ingage.org and quality@2ingage.org.

Pandemic

A pandemic is an epidemic of an infectious disease (flu) that spread across a region. If a pandemic is declared, the most common directive is to shelter in place. By keeping your distance from others, you may avoid falling ill.

Things you can do to prevent illness or spread of illness are:

- *Covering our nose and mouth when coughing or sneezing.*
- *Washing hands frequently with soap and water or using alcohol based sanitary gels.*
- *Avoiding touching eyes, nose or mouth as germs spread this way.*
- *Avoiding contact with sick people.*

Should illness or contact with an infected individual occur you may need to be in isolation or quarantine to prevent exposure to others. Sometimes this is a self-imposed action, at other times you may be required to follow this directive by your doctor or by local, state, tribal or federal directives.

- *Isolation separates sick people with a contagious disease from people who are not sick.*
- *Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick*

During a period of pandemic, it is critical to be in contact with your case manager and to follow the direction and directives of your local department of health, the CDC and any federal directives to ensure you and your family's safety.

In case of Quarantine:

- *Anticipate at least seven to 10 days in isolation at home.*
- *Try to have a two-week supply of non-perishable food items in the pantry. •Stock long-life alternatives to perishable food items, such as powdered and UHT milk, tinned fruit and frozen vegetables.*
- *Have a supply of disposable tissues, antibacterial wipes and latex gloves.*
- *Check that your first aid kit includes a thermometer and paracetamol (to reduce fever).*
- *Make sure you have enough of any prescription and non-prescription medication you need to last a couple of weeks.*
- *Talk with friends and relatives who don't live with you about supporting each other if one household must be quarantined. For example, agree to drop groceries or other supplies at the front door.*

If a family member has an infection and everyone in the household is quarantined, suggestions include:

Family Quarantine at Home:

If a family member has an infection and everyone in the household is quarantined, suggestions include:

- *All family members should stay home. Do not allow any visitors.*
- *Only one adult should look after the sick person. It is best if the caregiver is not pregnant because a pregnant woman is at increased risk of complications from many infections.*
- *Try to keep the sick person away from other members of the household. •For example, they should stay in their bedroom with the door closed, and they should not share a bedroom. If the sick person needs to share a common area with other people, they should try to stay several feet or more from other people to reduce the spread of illness and wear a facemask.*

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Effective 12/1/2023

- *Arrange for the sick person to have exclusive use of one bathroom (if your house has more than one bathroom).*
- *Keep the sick person's items separate from everyone else's. For example, don't share towels or eating utensils, or store toothbrushes in the same holder.*
- *Use disinfectant to clean items touched by the sick person, such as bedside tables and bathroom surfaces.*
- *Keep an eye on the sick person for any signs that they are getting worse, for example, breathing problems, confusion or chest pain. In that case, seek medical attention.*
- *Make sure the sick person gets plenty of rest, drinks plenty of water and maintains a healthy diet. Use facemasks to reduce the risk of infection.*

Face Masks:

- *Facemasks are available from pharmacies and hardware stores. Be guided by your doctor, but general tips for their use include:*
- *Wear a P2 or N95 facemask when helping the sick person with a nebulizer or inhaler.*
- *Check that the mask has been well fitted and a good seal has been achieved. The mask should be sealed over the bridge of the nose and mouth, and there should be no gaps between the mask and face.*
- *Make sure the sick person wears a facemask when they are out of their bedroom.*
- *Throwaway disposable facemasks after one use. (Reusable facemasks can be washed in hot water and tumble-dried.)*
- *Wash your hands thoroughly with soap and water immediately after taking off a facemask and before touching anything else.*

All foster families will maintain contact information for their Case Manager, Case Manager's Supervisor, the Emergency Coordinator and the EC's designee within their DEP. Families may call, email or text to communicate their health status and needs for the duration of the illness, quarantine and/or pandemic event.

In the event of an emergency requiring quarantine, the provider (family) is responsible for maintaining the safety and placement of all Children in its care. You MUST obey all local law enforcement and medical professionals' guidance and instructions during a quarantine.

12 Response plan for pandemics and procedures for isolation and quarantine:

Other Types of Disasters:

Chemical Accident / Explosion / Terrorist Attack/Weapons of Mass Destruction Events

Exposure to chemicals or biological agents can create several health-related issues. In case of a chemical accident or explosion, it is important to follow the guidelines from the local emergency center. Some residents may be evacuated, and others will be told to shelter in place. Other instructions may be to turn off fans, close windows and seal doors with wet towels or blankets.

Terrorist attacks usually occur in highly visible, populated public areas. While there may be no immediate risk for a terrorist attack in our community, it is important to prepare.

- *Terrorists most often strike with little or no warning.*
- *Use caution when you travel.*
- *Observe and report unusual or suspicious activity to the proper authorities.*
- *Always keep your packages with you.*
- *Do not accept packages from strangers. Locate stairways and emergency exits and develop plans for evacuating buildings, subways and crowded public areas.*
- *Always maintain emergency contact information*
- *Be prepared to do without services you normally depend on, such as electricity, telephone, natural gas, gasoline pumps, ATM machines and internet transactions.*
- *Be prepared to shelter in place*

If an attack occurs, stay informed by listening to the radio, TV or internet. Listen to official sources, as rumors can develop quickly in these situations. Maintain contact with your Case Manager.

Each home has their individual response plan notated in their home specific DEP plan for chemical accident/explosions, and weapons of mass destruction or terrorist events:

Intruder

In the event of an intruder entering the home, personal safety is the most important thing.

Precautions:

- *Always lock windows and doors, even when you are in the home.*

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Effective 12/1/2023

- *Never leave keys to your home in obvious places (flowerpot, under the mat.)*
- *Do not give copies of keys to your home to anyone that is not approved and authorized to have them (staff have access to your living space at all times, but will knock, wait 2 minutes and announce themselves before entering your living space).*
- *Keep your phone next to your bed at night*

If an intruder enters:

- *Call 911 immediately. Give your address, name and a quick summary of what is happening. Leave the phone line open so they can listen to what is happening.*
- *Evacuate the home immediately if possible*
- *If you cannot leave, lock or secure yourself in a room or closet*

If an intruder approaches you directly:

- *Speak in a calm and normal voice*
- *Make no sudden moves*
- *Tell the intruder you will cooperate and to take property*
- *Most burglars will flee when they are discovered*

Do not take aggressive action unless your life feels threatened or you need to physically defend yourself.

Chemical Emergencies, Dam Failure, Earthquake, Hazardous Material, Heat, Landslide, Critical Equipment Failure, Nuclear Power Plant Emergency, Winter Storm, Weapons of Mass Destruction Events, and Acts of Terrorism.

- 1) Remain calm to avoid panic among the family members.
- 2) Move all persons to those areas that have no windows. Move as quickly as possible.
- 3) As soon as possible, contact the Guiding Light Child Placement Staff during business hours and Janelle Holland after hours.
- 4) In the event of mental or physical injury to a child, the general procedure outlined in the Medical Emergency Plan will be followed, depending on the extent of the injury and the severity of the disaster.
- 5) In the event of a communication blackout involving telephone lines, tune in to your local radio and/or television stations for further information.
 - a. The foster child's Managing Conservator must be contacted within 24 hours from the time the incident is reported to GUIDING LIGHT.
- 6) An incident report must also be completed and turned in to the Guiding Light office within 24 hours.

Types of Communication:

- 1) The order of the lines of communication is as follows: land lines, cell phones and then satellite phones.
- 2) Office call forwarding: When offices in disaster sites are closed, GUIDING LIGHT has the ability to remotely forward calls to the Main office or other desired location before a storm hits. The Main office staff will be trained to accept these calls. The training will be included in the DEP Training material and will be presented to each receptionist and staff who cover the phones when the receptionist is away from her desk.
- 3) The Disaster Number "800-452-9292" may be used for foster parents to call for navigation and alternate evacuation routes. The Guiding Light Disaster Number is (512) 828-7035. The Texas Department of Transportation website for evacuation preparation is <https://www.txdot.gov/safety/severe-weather/hurricane-preparation.html>
- 4) If families need to reach GUIDING LIGHT by email, they can email assistance@glfca.org.
 - a. It is one designated email for emergencies.
- 5) The two GUIDING LIGHT staff designated to be the DFPS "emergency contacts" are:

Janelle Holland, phone number 254-379-1853 & Katelynn Dyess 214-385-7289

DFPS may always contact either of them for information in the event of an emergency or disaster

Natural Disaster:

When local authorities indicate the possibility of a natural disaster

- 1) Be prepared at ALL TIMES

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- 2) Maps: Flood Plan Zones Map: The quality assurance staff will track natural disasters using the following website: <https://www.twdb.texas.gov/flood/> and will update the Executive Director/CPMS as to which families will be affected by the disaster.
- 3) Emergency Food/Gear: Foster Families should refer to the 72 Hour Caregiver Emergency Support Pack which is a list of items that each family needs to have on hand in case of emergency. In addition, the list the Caregivers are reminded to pay special attention to:
 - a. Medications: for children in their care. The Caregiver must bring a first aid kit with them in the event of an evacuation to ensure supplies are available while away from the home. When securing the home's first aid kit, Caregivers must also bring all medications used by children in care. GUIDING LIGHT recommends obtaining a "tackle box" style first aid kit, large enough to store both the kit contents, medications used by children in care, and medication logs for ensuring proper documentation, since administering medication must continue to be logged daily. Refrigerated medications would have to be stored in portable cooling devices such as coolers in transport until safety and shelter is sought.
 - b. Primary Medical Needs Children- who are in care and who require specialized medical or ambulatory equipment must continue receiving proper medical care. Specialized equipment that requires power when the power goes out or if they are being transported to safety already have battery backups that last for an extended/identified period of time. In the event the specified time lapses and the equipment no longer has power, Caregivers would be required to seek hospital services and do so to ensure no lapse in power. Caregivers are required to ensure all regularly used, necessary medical equipment is carried with the family in the vehicle during an evacuation.(i.e. nebulizers, wheelchairs, walkers) The GUIDING LIGHT Response Team will confirm with the foster parent prior, during, and after the emergency to ensure medications and equipment are available to children with special needs or medical conditions.
 - c. Gasoline: Each family should have a full tank of gas prior to evacuation. Caregivers should NOT to transport extra fuel tanks in their cars.
 - d. Children 24 months of age/non mobile-Car seats and other devices such as strollers for transporting small children under the age of 24 months should be packed in the evacuation vehicle when transporting this population. Children who have special health care or developmental needs such as limited mobility, mental, visual or hearing impairments will continue to need any specialized equipment such as ambulatory devices (wheelchairs, walkers, hearing aid/batteries, eyeglasses etc.) in an emergency. Caregivers will need to ensure that any children in this population continue to have access to the equipment normally used in the event of an evacuation.
 - e. Generators are only to be used completely outside the home. Generators professionally installed or the used of solar panels are evaluated once installed by the professionals to ensure safe and optimal usage in the event of backup power source needed.
 - f. Freezer/Refrigerator Bags: Families need to purchase a plastic bag (home depot) specifically designed to put food from the refrigerator/freezer and leave in their homes that will ensure that the contents will not leak to ruination of the appliance.
- 4) Protection and/or recovery of children's records (including electronic records)- All children documents are scanned into GUIDING LIGHT's electronic portal which automatically backs-up daily and can be recovered after the disaster from a safe branch office. The electronic records include but are not limited to, placement information, medical information, copies of Medicaid and Star Health Cards, and Education Portfolio. GUIDING LIGHT conducts electronic information backups to ensure recoverability on a weekly basis. GUIDING LIGHT uses encrypted transmission over an external network connection as required by rules and laws to ensure confidential DFPS material. Casebook database used ensures the establishment, maintenance, and compliance with the information security plan to ensure the security, integrity, and confidentiality of sensitive information. It also ensures the protection against any known or anticipated threats or hazards to the security or integrity of such information. Casebook protects against unauthorized access of sensitive information including the use of an employee security acknowledgement agreement during the employee onboarding process and with every policy update the agreement is signed. Casebook database ensures a two step secure log on verification when accessing the database. Casebook reduces the risks associated with the access to DFPS information resources through ongoing risk assessments. All restricted access to the records and files of sensitive information is restricted to those with their secure access. All emails sent with sensitive information require encryption and the email accounts assigned to the GUIDING LIGHT staff and users have the encryption feature through Microsoft and the email domains.
 - a. GUIDING LIGHT's electronic portal is in compliance with DFPS's Contractor Information Security Standards to ensure the confidentiality of children's records applicable to federal and state laws. The records will be readily available to the Department upon request. GUIDING LIGHT is on an electronic file system and only a paper copy

of the emergency disaster plan for each family is kept in a binder in the office to review in the event electricity is out and electronic systems are down. GUIDING LIGHT agrees to periodically check for any updates made to the Data and System Security Requirements document and comply with any updates made to these requirements.

- b. 120 hours (5 days) prior to impact storm related and non-storm related disasters upon notification of event
 - 1) The Executive Director will determine area/regions that need to be notified of office closures.
 - 2) The Main office will be the location unless another location is determined. At this site, there will be a coordination of communication for tracking of storms or other catastrophic events and dissemination of agency responses.

Communication between Case Management and Foster Family

- 1) The Case Manager contacts their assigned families to verify their anticipated destination and the vehicle license plate number of the vehicle the family plans to drive when evacuating.
- 2) The Case Manager contacts their Executive Director/CPMS with the above information.
- 3) The Executive Director/CPMS will forward this information to the GUIDING LIGHT Response Team.
- 4) Logistics/routes - Storm/Disaster tracking, the GUIDING LIGHT Response Team will monitor radio, TV stations, and websites regularly to update staff of the status of the disaster.
- 5) Move agency assets that might be affected. This would include heavy equipment, livestock, and possibly records if time allows. A list of such assets will be on file with the Executive Director and should be updated regularly.
- 6) The Executive Director/CPMS can access the database listing of families and children including D.O.B, SS#, and ages using GUIDING LIGHT's electronic Casebook portal. Each family has their individual Disaster Emergency Plan/DEP Plan and a printed paper copy is kept on file in a binder at the main office and reprinted each time it is updated for any reason.
- 7) In the event a family with children in care has no place to go, and has no funds to secure a hotel, the staff person (Executive Director/CPMS, Case Manager, or Tracking Log designee) will negotiate special arrangements, on behalf of the family, with the Executive Director, Janelle Holland, to assist in this financial dilemma. Staff training material will include this information.
- 8) Backup Team: A back-up person will be assigned by the Executive Director in case the primary person responsible for any duty is not available.

Evacuation and post evacuation reporting (destination reporting).

- 1) Families with DFPS children in their care are required to evacuate when local authorities issue a mandate to evacuate
- 2) If the family refuses to evacuate when authorities issue the mandatory evacuation, the hotline will be called, and GUIDING LIGHT will consult with CPS/DFPS/RCCR to take whatever action is recommended. A corrective action plan will be required because they put wards of the State in danger
- 3) The Response Team or their designee will assist families to ensure that medical services, treatment and educational services are continued. Such services include providing children with medication as prescribed (including insulin and asthma related treatments), emergency care, and Medical Care for Children with Primary Medical Needs.
- 4) GUIDING LIGHT staff will assist foster parents with locating medical and dental as necessary in designated areas.
- 5) Staff will also assist as necessary with enrolling foster children in local schools when closed for an extended time due to a disaster.
- 6) GUIDING LIGHT staff will assist the foster family maintain services required by a court order, visitations with biological family and siblings, and any other services required by the child's service plan

Communication Tracking Report

- 1) A Disaster Tracking Report was created for updated information about foster family locations and conditions of the children in care. The GUIDING LIGHT Response Team is designated as the contact person to receive calls from families about their destination location.
- 2) The Disaster Tracking Report is updated each time the Foster Parent updates their Disaster Plan. The Tracking report is on the agency Social Software Database (Casebook) and a paper copy accessible by any GUIDING LIGHT staff member at any time. This Disaster Tracking Report will be used to update the DFPS website.

- 3) This contact information is available in training material as well as DEP for access by staff and foster families. The Disaster Number (254) 379-1853 for families and staff to reach during all hours. Email address: assistance@glfca.org
- 4) Designated GUIDING LIGHT staff will access the online forms that will identify each family and child in care, and provide where the family has temporarily relocated in the event of a disaster. Additionally, GUIDING LIGHT's Casebook portal has contact information for each child's caseworker and caseworker's supervisor. This information will be given to the foster parent upon request.
- 5) Case Managers or Executive Director/CPMSs can re-verify information by calling their assigned foster parents by phone to assure correctness and accuracy on the online form.
- 6) Any new information will be communicated to the assigned Response Team to update the Disaster Tracking Report.
- 7) The GUIDING LIGHT Response Team will collect information directly from families or staff once the family has evacuated to update the DFPS website www.dfps.state.tx.us during mass evacuation in Texas as a method to contact CPS to provide information on the location and condition of children in care who have been evacuated and when they reach their destination. In situations, where online reporting is not enabled or GUIDING LIGHT does not have access to internet the evacuation notification will be made by the Response Team by calling the DFPS abuse/neglect hotline at 1-800-252-5400 once per day at minimum, to provide information concerning the children until all children are accounted for.
- 8) Case Managers will re-inform foster parents to call GUIDING LIGHT Response Team for a prediction of their estimated time of arrival and then to call again once they reached their destination.
- 9) GUIDING LIGHT will use the information on the **Disaster Tracking Report** to determine if they reached their destination in the given timeframe.

Returning home: Post-Disaster Plans

- 1) Members of the GUIDING LIGHT Response *Team* are designated to contact staff and families in remote locations to update them of any notices from local authorities regarding locations without restored power, areas that are safe to return home, etc. Additionally, the Response team will assist foster families if they are having difficulty accessing resources such as power, food, water, and transportation. The destination of some evacuees is in another state, making it difficult to access local information.
- 2) This contact information is available in training material as well as DEP for access by staff and foster families. This information will be posted on the Tracking Report. Lists will be assigned to each team member to avoid duplication.
- 3) GUIDING LIGHT Staff will update the DFPS website or call the DFPS 1-800-252-5400 number once the family returns home.
- 4) Services available to children during and after a disaster: Foster parents are consistently trained to meet the child's emotional needs during stressful periods and will be expected to keep the children calm during evacuation procedures. Should a serious event of injury, trauma, or death occur during the disaster or the evacuation, staff will assist the family in locating a professional to render necessary services, such as medical or counseling. Once the children return home, any trauma they may have experienced or witnessed will be addressed in therapy with a therapist.
- 5) If plans of travel within the United states or out of the country check the following website for Travel Notices: <https://wwwnc.cdc.gov/travel/notices>

DEP Review:

- 1) The DEP (Disaster Emergency Plan) Plan will be reviewed and updated at a minimum of every two years per the Residential Contract and yearly for any SSCC requirements. The DEP is also reviewed when there are changes in administration, construction, or emergency phone numbers occur. In addition to being updated for each foster family if changes occur with the foster home that requires a DEP update.
- 2) Input will be solicited from other staff involved in previous emergency situations and submitted to the review team. Emphasis will be place upon any changes to staffing or construction of the Plan.
- 3) The Tracking Report can be accessed from GUIDING LIGHT's Casebook to review all communication from families, staff, and DFPS, in addition to a paper copy of the tracking report during disasters that affect the power source.

- 4) These reviews will be scheduled on an annual basis.
- 5) Training material will be updated if changes occur during the review.
- 6) The revised Disaster Plan will be given to each foster/adoptive family, and a revised signed plan will also be filed in each home's records. Each time the DEP is reviewed and updated, a new distribution occurs, and signed confirmation is placed in the staff and family records.

Training:

- 1) Tests, outlines, handouts, and sign-off sheets will be pre-prepared for distribution to all Executive Director/CPMS's prior to the training. This material will be updated prior to the training after each DEP review.
- 2) Families will receive copies of the updated DEP during training and it will be available on the Casebook access.
- 3) Disaster/Emergency Plan training will be scheduled as follows:
- 4) New hire Orientation (provided during Pre-service training for new Foster Families)
 - a. Transfer Family Orientation
 - b. Pre-service for new Foster Families
 - c. Staff every two years (annually for SSCC's)
 - d. Advanced FF training every two years (annually for SSCC's)

Practice:

- 1) A foster home must practice disaster and emergency plans each year by:
- 2) Discussing the plans and procedures for handling a fire and weather emergency with children in care;
- 3) Conduct a monthly fire drill, so children are able to safely exit the foster home within three minutes;
- 4) Conduct a severe weather drill
 - a. The Case Manager must document the discussions and the drill, including the date and time of each in a quarterly Supervisory Visit.
 - b. For foster homes treating PMN children, a substitute such as a large body pillow, should be used for each child with PMN if the drill would endanger or overstimulate the child

General Wellbeing in Emergency Situations: Information Provided in each foster home DEP/Disaster Emergency Plan for a Reference.

Emergency situations can create intense stress. These events can impact those directly involved, and in many cases even witnesses from afar are deeply impacted.

Many factors influence how we will react in emergency situations

- *Past traumatic experiences*
- *Ability to handle day to day stressors*
- *Access to support and resources*
- *Level of preparedness*
- *The length and extent of the situation*
- *Ability to have closure to the event*

Common responses to emergency situations are:

- *Shock, disbelief and feeling numb*
- *Inability to concentrate*
- *Feeling scared, angry or depressed*
- *Headaches, migraines*
- *Muscle tension*
- *Loss of appetite, or overeating, general digestion or stomach problems*
- *Excessive use of cigarettes, alcohol, food, drugs of other destructive and addictive behaviors.*

It is important that our physical safety is cared for in emergency situations, but our emotional wellbeing is just as important. Following any emergency event:

- *Talk about your concerns, feelings and experiences with others including your Case Manager to help identify additional resources or support systems for the family.*
- *Assess what happened, and plan for how you could react, or plan better for any future events.*
- *Limit your exposure to coverage of the event. Pictures and sounds may make it difficult to get closure.*

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Effective 12/1/2023

- Go back to your daily routine.
- Do not isolate yourself.
- Take care of your physical health. (eat nourishing foods, exercise)
- Engage in activities that make you happy. (reading, taking walks, going to the movies, listening to music, playing games, etc.)

DFPS Information Security Requirements: Section II of the DFPS Vendor Supplemental and Special Conditions:

- 5) GUIDING LIGHT meets the requirements according to the Data and System Security Requirements: https://www.dfps.texas.gov/Doing_Business/documents/Contractor_Data_and_System_Security_Requirements.pdf
- Protection and/or recovery of children’s records (including electronic records)- All children documents are scanned into GUIDING LIGHT’s electronic portal which automatically backs-up daily and can be recovered after the disaster from a safe branch office. The electronic records include but are not limited to, placement information, medical information, copies of Medicaid and Star Health Cards, and Education Portfolio. GUIDING LIGHT conducts electronic information backups to ensure recoverability on a weekly basis. GUIDING LIGHT uses encrypted transmission over an external network connection as required by rules and laws to ensure confidential DFPS material. Casebook database used ensures the establishment, maintenance, and compliance with the information security plan to ensure the security, integrity, and confidentiality of sensitive information. It also ensures the protection against any known or anticipated threats or hazards to the security or integrity of such information. Casebook protects against unauthorized access of sensitive information including the use of an employee security acknowledgement agreement during the employee onboarding process and with every policy update the agreement is signed. Casebook database ensures a two step secure log on verification when accessing the database. Casebook reduces the risks associated with the access to DFPS information resources through ongoing risk assessments. All restricted access to the records and files of sensitive information is restricted to those with their secure access. All emails sent with sensitive information require encryption and the email accounts assigned to the GUIDING LIGHT staff and users have the encryption feature through Microsoft and the email domains.
- c. GUIDING LIGHT’s electronic portal is in compliance with DFPS’s Contractor Information Security Standards to ensure the confidentiality of children’s records applicable to federal and state laws. The records will be readily available to the Department upon request. GUIDING LIGHT is on an electronic file system and only a paper copy of the emergency disaster plan for each family is kept in a binder in the office to review in the event electricity is out and electronic systems are down. GUIDING LIGHT agrees to periodically check for any updates made to the Data and System Security Requirements document and comply with any updates made to these requirements.

Helpful Websites

Texas Department Emergency Management

<https://tdem.texas.gov>

CDC Travel Health Notices

<https://wwwnc.cdc.gov/travel/notices>

Texas Emergency Portal <http://emergency.portal.texas.gov>

Ready - Prepare, Plan, Stay Informed <http://www.ready.gov/make-a-plan>

American Red Cross <https://www.redcross.org>

Federal Emergency Management Agency <https://www.fema.gov>

Coping with Traumatic Events

<https://www.nimh.nih.gov/health/topics/coping-with-traumatic-events>

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Effective 12/1/2023

9000 |ACKNOWLEDGMENT OF RECEIPT OF UPDATED POLICIES

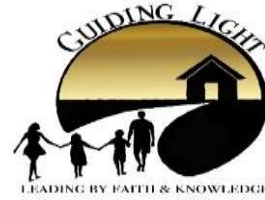
Guiding Light

“Leading by Faith and Knowledge”

Date of Hire: _____

Employee Name: _____

Position: _____



I have received a copy of Guiding Light Policies which covers *Minimum Standards (Effective Changes December 2023) and DFPS Contract, DFPS Residential Child Care Regulations, Residential Contract and board approved dated 12/01/2023.* I have read, understood, and with which I agree to comply during my employment with Guiding Light. I acknowledge responsibility for complying with future changes in such policies, practices, and regulations communicated to employees from to time, whether or not I have signed an acknowledgement of such changes. (Changes are generally sent to each employee), I understand that no supervisor, manager, or representative of Guiding Light, other than the Executive Director of Guiding Light, has any authority to make any arrangement contrary to the terms of the Guiding Light Policies. I have read the Guiding Light Policies herein and understand them.

Guiding Light Foster Care & Adoption Policies & Procedures: I have read a copy of the operational policies and procedures required by §749.103 of the Minimum Standards for Child Placing Agencies (relating to What policies and procedures must I submit for Licensing’s approval as part of the application process?).

Reporting: I understand and agree that I’m required to report serious incidents and suspected abuse, neglect, or exploitation. An employee who suspects abuse, neglect, or exploitation must report the employee’s suspicion directly to the Texas Abuse and Neglect Hotline, as directed by Texas Family Code §261.101(b). An employee may not delegate the responsibility to make a report, and you may not require an employee to seek approval to file a report or to notify you that a report was made.

Confidentiality: I understand my responsibility to maintain child confidentiality.

Job Description: I have read and understand the job description for my job title, and, I agree that no contract is intended.

Employee Handbook: I have received, read, and understand the Guiding Light Foster Care & Adoption employee handbook.

Employee Signature

Date

Supervisor Signature

Date

ENSURE A COPY IS FILED IN THE EMPLOYEE MASTER FILE ELECTRONICALLY