

Secretary of State
Certificate and Order for Filing
TEMPORARY ADMINISTRATIVE RULES
A Statement of Need and Justification accompanies this form.

I certify that the attached copies* are true, full and correct copies of the TEMPORARY Rule(s) adopted on [upon filing] by the
Date prior to or same as filing date
Department of Human Services, Developmental Disabilities **411**

Agency and Division	Administrative Rules Chapter Number
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Rules Coordinator	Address	Telephone
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to become effective [July 1, 2014] through [December 28, 2014].
Date upon filing or later A maximum of 180 days including the effective date.

RULE CAPTION

Foster Homes for Children with Intellectual or Developmental Disabilities

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

List each rule number separately, 000-000-0000.
Secure approval of new rule numbers (Adopted rules) with the Administrative Rules Unit prior to filing

ADOPT:

AMEND:

411-346-0110, 411-346-0150, 411-346-0180, 411-346-0190

SUSPEND:

Stat. Auth.: **ORS 409.050, 443.835**

Other Auth.: **Senate Bill 22 (2013 Regular Session)**

Stats. Implemented: **ORS 430.215, 443.830, 443.835**

RULE SUMMARY

The Department of Human Services (Department) is immediately amending the rules in OAR chapter 411, division 346 for foster homes for children with intellectual or developmental disabilities (CFH).

- OAR 411-346-0110 is being amended to incorporate the general definitions in OAR 411-317-0000, update existing definitions to reflect correct terminology, and include definitions for community nursing services, delegation, hearing, positive behavioral theory and practice, qualified entity initiator, and young adult;
- OAR 411-346-0150 is being amended to include portability of background check approval to allow alternate caregivers, employees of foster providers, and volunteers to have approval to work in multiple foster homes within a county when working in the same employment role at each foster home;
- OAR 411-346-0180 is being amended to incorporate the hearing process for involuntary transfers and exits adopted in OAR 411-318-0030; and
- OAR 411-346-0190 is being amended to clarify nursing services to provide consistency with the rules for community nursing services in OAR chapter 411, division 048.

Signed Lea Ann Stutheit, Deputy Director, Developmental Disabilities

06/25/2014

Signature

Date

STATEMENT OF NEED AND JUSTIFICATION

A Certificate and Order for Filing Temporary Administrative Rules accompanies this form.

Department of Human Services, Developmental Disabilities

411

Agency and Division

Administrative Rules Chapter Number

In the Matter of: The temporary amendment of OAR 411-346-0110, 411-346-0150, 411-346-0180, and 411-346-0190 relating to CFH.

Rule Caption: (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)
Foster Homes for Children with Intellectual or Developmental Disabilities

Statutory Authority:
ORS 409.050, 443.835

Other Authority:
Senate Bill 22 (2013 Regular Session)

Stats. Implemented:
ORS 430.215, 443.830, 443.835

Need for the Temporary Rule(s):

OAR 411-346-0110 needs to be immediately amended to streamline definitions and incorporate definitions for terms created by the temporary rulemaking. OAR 411-346-0110 is being amended to incorporate the general definitions in OAR 411-317-0000, update existing definitions to reflect correct terminology, and include definitions for community nursing services, delegation, hearing, positive behavioral theory and practice, qualified entity initiator, and young adult.

OAR 411-346-0150 needs to be immediately amended to include portability of background check approval to allow alternate caregivers, employees of foster providers, and volunteers to have approval to work in multiple foster homes within a county when working in the same employment role at each foster home. OAR 411-346-0150 is being amended to include portability of background check approval.

OAR 411-346-0180 needs to be immediately amended to implement Senate Bill 22 by creating a consistent dispute resolution process for involuntary transfers and exits. OAR 411-346-0180 is being amended to incorporate the hearing process for involuntary transfers and exits adopted in OAR 411-318-0030.

OAR 411-346-0190 needs to be immediately amended to clarify nursing services to provide consistency with the rules for community nursing services in OAR chapter 411, division 048. OAR 411-346-0190 is being amended to provide guidance regarding the use of community nursing services, delegation, and the documentation and record requirements for community nursing services.

Documents Relied Upon, and where they are available:

1. Senate Bill 22

Available at: <https://olis.leg.state.or.us/liz/2013R1/Measures/Text/SB22/Enrolled>

2. OAR chapter 411, division 048

Available at: http://www.dhs.state.or.us/policy/spd/rules/411_048.pdf

Justification of Temporary Rule(s):

Failure to act promptly and immediately to update the rules in OAR chapter 411, division 346 will result in serious prejudice to the Department, foster providers, and children with intellectual or developmental disabilities and the parents and guardians of children with intellectual or developmental disabilities.

The rules in OAR chapter 411, division 346 need to be updated promptly to:

- Include portability of background check approval to allow alternate caregivers, employees of foster providers, and volunteers to have approval to work in multiple foster homes within a county when working in the same employment role at each foster home;
- Implement Senate Bill 22 by incorporating a consistent dispute resolution process for involuntary transfers and exits adopted in OAR 411-318-0030; and
- Clarify nursing services to provide consistency with the rules for community nursing services in OAR chapter 411, division 048,

Failure to immediately update OAR chapter 411, division 346:

- Prevents the portability of background check approval. Without the portability of background check approval, alternate caregivers, employees of foster providers, and volunteers will not have approval to work in multiple foster homes within a county and will have to complete a new background check for each foster home site before providing services. This may cause delays in providing services, due to providers having to go through the screening process multiple times. This may also create a financial hardship for providers, as providers have to pay fees each time they are screened;
- Prevents the Department from demonstrating compliance with Senate Bill 22. Lack of compliance with these requirements could result in legal action by stakeholders and the public, including Disability Rights Oregon, Developmental Disability Coalition, the Developmental Disabilities Council, foster providers, and parents and guardians of children with intellectual or developmental disabilities; and
- Results in disparities among program rules. Varied requirements among similar program rules increases the likelihood that foster providers will not implement rules effectively, which may pose risks to the health and safety of individuals. Not having consistency among program rules increases confusion for parents and guardians of children with intellectual or developmental disabilities and may reduce the access of a child, and the parent or guardian of the child, to due process.

Signed Lea Ann Stutheit, Deputy Director, Developmental Disabilities

06/25/2014

Signature

Date

DEPARTMENT OF HUMAN SERVICES
DEVELOPMENTAL DISABILITIES
OREGON ADMINISTRATIVE RULES

CHAPTER 411
DIVISION 346

FOSTER HOMES FOR CHILDREN WITH
INTELLECTUAL OR DEVELOPMENTAL DISABILITIES

411-346-0110 Definitions

(Temporary Effective 07/01/2014 to 12/28/2014)

Unless the context indicates otherwise, the following definitions [and the definitions in OAR 411-317-0000](#) apply to the rules in OAR chapter 411, division 346:

(1) "Abuse" means:

(a) "Abuse" as defined in ORS 419B.005 for a child under the age of 18; and

(b) "Abuse" as defined in OAR 407-045-0260 when an [individual young adult](#) between the ages of 18 and 21 resides in a certified child foster home.

~~(2) "Activities of Daily Living (ADL)" means basic personal everyday activities, including but not limited to tasks such as eating, using the restroom, grooming, dressing, bathing, and transferring.~~

~~(3) "ADL" means "activities of daily living" as defined in this rule.~~

(42) "Alternate Caregiver" means any person 18 years of age and older responsible for the care or supervision of a child in foster care.

(53) "Alternative Educational Plan" means any school plan that does not occur within the physical school setting.

(64) "Appeal" means the process for a contested hearing under ORS chapter 183 that a foster provider may use to petition the suspension, denial, non-renewal, or revocation of their certificate or application.

(75) "Applicant" means a person who wants to become a child foster provider, lives at the residence where a child in foster care is to live, and is applying for a child foster home certificate or is renewing a child foster home certificate.

(86) "Aversive Stimuli" means the use of any natural or chemical product to alter a child's behavior, such as the use of hot sauce or soap in the mouth and spraying ammonia or lemon water in the face of a child. Psychotropic medications are not considered aversive stimuli.

(97) "Background Check" means a criminal records check and abuse check as defined in OAR 407-007-0210.

~~(10) "Behavior Support Plan" means the written strategy based on person-centered planning and a functional assessment that outlines specific instructions for a foster provider to follow to cause a child's challenging behaviors to become unnecessary and to change the provider's own behavior, adjust environment, and teach new skills.~~

(118) "Behavior Supports" means the services consistent with positive behavioral theory and practice that are provided to assist with behavioral challenges due to a child's the intellectual or developmental disability of a child that prevents the child from accomplishing activities of daily living, instrumental activities of daily living, health related tasks, and cognitive supports to mitigate behavior. Behavior supports are provided in the home or community.

(9) "BSP" means "Behavior Support Plan". A BSP is the written strategy based on person-centered planning and a functional assessment that outlines specific instructions for a foster provider to follow to cause the challenging behaviors of a child to become unnecessary and to change the behavior of the foster provider, adjust environment, and teach new skills.

(1210) "Case Plan" means the goal-oriented, time-limited, individualized plan of action for a child and the family of the child developed by the child's family and the ~~Department's~~ Children, Adults, and Families Division of the

Department for promotion of the ~~child's~~ safety, permanency, and well-being of the child.

(~~1311~~) "Case Worker" means an employee of the ~~Department's~~ Children, Adults, and Families Division of the Department.

(12) "CDDP" means "Community Developmental Disability Program" as defined in OAR 411-320-0020.

(~~1413~~) "Certificate" means a document issued by the Department that notes approval to operate a child foster home for a period not to exceed two years.

(~~1514~~) "Certifying Agency" means the Department, ~~Community Developmental Disability Program CDDP~~, or an agency approved by the Department who is authorized to gather required documentation to issue or maintain a child foster home certificate.

(~~1615~~) "Child" means:

(a) An individual who is less than 18 years of age who has a provisional determination of an intellectual or developmental disability by the ~~CDDP-Community Developmental Disability Program~~; or

(b) A young adult age 18 through 21 with an intellectual or developmental disability who is remaining in the same foster home for the purpose of completing their ~~IEP-Individualized Education Plan~~, based on ~~their Individual Support Plan team~~ the recommendation of the ISP team and an approved certification variance.

(~~1716~~) "Child Foster Home" means a home certified by the Department that is maintained and lived in by the person named on the foster home certificate.

(~~1817~~) "Child Foster Home Contract" means an agreement between a foster provider and the Department that describes the responsibility of the foster ~~care~~ provider and the Department.

(1918) "Child Placing Agency" means the Department, ~~Community Developmental Disability Program CDDP~~, or the ~~OYA Oregon Youth Authority~~.

(2019) "Commercial Basis" means providing and receiving compensation for the temporary care of individuals not identified as members of the household.

~~(21) "Community Developmental Disability Program (CDDP)" means the entity that is responsible for plan authorization, delivery, and monitoring of developmental disability services according to OAR chapter 411, division 320.~~

(20) "Community Nursing Services" mean the nursing services that focus on the chronic and ongoing health and safety needs of a child. Community nursing services include an assessment, monitoring, delegation, training, and coordination of services. Community nursing services are provided according to the rules in OAR chapter 411, division 048 and the Oregon State Board of Nursing rules in OAR chapter 851.

(21) "Delegation" means that a registered nurse authorizes a foster provider or alternate caregiver to perform nursing tasks in selected situations and confirms that authorization in writing. Delegation may only occur after a registered nurse follows all steps of the delegation process as outlined in OAR chapter 851, division 047. Delegation by a physician is also allowed.

(22) "Denial" means the refusal of the certifying agency to issue a certificate of approval to operate a child foster home because the certifying agency has determined that the home or the applicant is not in compliance with one or more of these rules.

(23) "Department" means the Department of Human Services.

~~(24) "Developmental Disability" means a neurological condition that originates in the developmental years, that is likely to continue, and significantly impacts adaptive behavior as diagnosed and measured by a qualified professional-~~"developmental disability" as defined in OAR 411-320-0020 and described in OAR 411-320-0080.

(25) "DHS-CW" means the child welfare program area within the ~~Department's~~ Children, Adults, and Families Division of the Department.

(26) "Direct Nursing Services" means the provision of individual-specific advice, plans, or interventions by a nurse at a home based on the nursing process as outlined by the Oregon State Board of Nursing. Direct nursing service differs from administrative nursing services. Administrative nursing services include non-individual-specific services, such as quality assurance reviews, authoring health related agency policies and procedures, or providing general training for the foster provider or alternate caregivers.

(27) "Director" means the ~~d~~Director of the Department's of Human Services, Office of Developmental Disability Services or the ~~director's~~ designee of the Director.

(28) "Discipline" means "behavior supports" as defined in this rule.

(29) "Domestic Animals" mean the animals domesticated so as to live and breed in a tame condition, such as dogs, cats, and domesticated farm stock.

(30) "Educational Surrogate" means the person who acts in place of a parent in safeguarding ~~a child's~~ the rights of a child in the special-public education decision-making process:

(a) When the ~~child's~~ parent of the child cannot be identified or located after reasonable efforts;

(b) When there is reasonable cause to believe that the child has a disability and is a ward of the state; or

(c) At the request of the ~~child's~~ parent of the child or young adult student.

(31) "Emergency Certificate" means a foster home certificate issued for 30 days.

(32) "Exit" means termination or discontinuance of a Department-funded developmental disability service by a Department licensed or certified provider.

(33) "Foster Care" means a child is placed away from their parent or guardian in a certified child foster home.

(34) "Foster Provider" means the certified care provider who resides at the address listed on the foster home certificate. A foster provider is considered a private agency for purposes of mandatory reporting of abuse.

(35) "Founded Reports" means the determination by the Department's or Law Enforcement Authority's (LEA) determination, based on the evidence, that there is reasonable cause to believe that conduct in violation of the child abuse statutes or rules has occurred and such conduct is attributable to the person alleged to have engaged in the conduct.

(36) "Functional Needs Assessment":

(a) mMeans a the comprehensive assessment or re-assessment that documents:

(aA) Documents Pphysical, mental, and social functioning; and

(bB) Identifies Rrisk factors, choices and preferences, service and support needs, strengths, and goals; and

(C) Determines the service level.

(b) The functional needs assessment for a child residing in a foster home is known as the Support Needs Assessment Profile (SNAP).

(37) "Guardian" means a child's the parent of a child or a person or agency appointed and authorized by a court to make decisions about services for a child in foster care.

~~(38) "Health Care Provider" means the person or health care facility licensed, certified, or otherwise authorized or permitted by Oregon law to administer health care in the ordinary course of business or practice of a profession.~~

(38) "Hearing" means a contested case hearing subject to OAR 137-003-0501 to 137-003-0070, which results in a final order.

(39) "Home Inspection" means the on-site, physical review of ~~an applicant's the~~ home of an applicant to assure the applicant meets all health and safety requirements within these rules.

(40) "Home Study" means the assessment process used for the purpose of determining ~~an applicant's abilities~~ the ability of an applicant to care for a child in need of foster care placement.

(41) "ICWA" means the Native American Child Welfare Act.

(42) "IEP" means "Individualized Education Plan" ~~as defined in this rule.~~ An IEP is a written plan of instructional goals and objectives developed in conference with a teacher, student, the guardian of the student, and a representative of the school district.

(43) "Incident Report" means the written report of any injury, accident, act of physical aggression, use of protective physical intervention, or unusual incident involving a child in foster care.

(44) "Individual" means a person with an intellectual or developmental disability applying for, or determined eligible for, developmental disability services.

~~(45) "Individualized Education Plan (IEP)" means the written plan of instructional goals and objectives developed in conference with a teacher, a student, the student's parent or guardian, and a representative of the school district.~~

~~(46) "Individual Support Plan (ISP)" means the written details of the supports, activities, and resources required for a child to achieve and maintain personal outcomes. The ISP is developed at minimum annually to reflect decisions and agreements made during a person-centered process of planning and information gathering. Individual support needs are identified through a functional needs assessment. The manner in which services are delivered, service providers, and the frequency of services are reflected in an ISP. The ISP is the child's plan of care for Medicaid purposes and reflects whether services are provided through a waiver, state plan, or natural supports.~~

~~(48) "Instrumental Activities of Daily Living (IADL)" means the activities other than activities of daily living required to continue independent living, including but not limited to:~~

- ~~(a) Meal planning and preparation;~~
- ~~(b) Budgeting;~~
- ~~(c) Shopping for food, clothing, and other essential items;~~
- ~~(d) Performing essential household chores;~~
- ~~(e) Communicating by phone or other media; and~~
- ~~(f) Traveling around and participating in the community.~~

(4945) "Intellectual Disability" means "intellectual disability" as defined in OAR 411-320-0020 and described in OAR 411-320-0080.

(5046) "Involuntary Transfer" means a foster provider has made the decision to transfer a child and the child or the ~~child's~~ parent or guardian of the child has not given prior approval.

~~(5147) "ISP" means "Individual Support Plan" as defined in this rule. An ISP includes the written details of the supports, activities, and resources required for a child to achieve and maintain personal goals and health and safety. The ISP is developed at least annually to reflect decisions and agreements made during a person-centered process of planning and information gathering. The ISP reflects the services and supports that are important for an individual to meet the needs of the individual identified through a functional needs assessment as well as the preferences of the individual for service providers, delivery, and frequency of services and supports. The ISP is the plan of care for Medicaid purposes and reflects whether services are provided through a waiver, state plan, or natural supports.~~

~~(4748) "Individual Support Plan (ISP) Team" means a team composed of the child in foster care (when appropriate), parent or guardian of the child, CDDP services coordinator, and others chosen by the child or the parent or~~

guardian of the child, such as the foster provider or family members of the child. ÷

~~(a) The child in foster care (when appropriate);~~

~~(b) The foster provider;~~

~~(c) The child's parent or guardian;~~

~~(d) The Community Developmental Disability Program services coordinator;~~
~~and~~

~~(e) Others chosen by the child or the child's parent or guardian.~~

(5249) "Licensed Medical Professional" means a person who meets the following:

(a) Holds at least one of the following valid licensures or certifications:

(A) Physician licensed to practice in Oregon;

(B) Nurse practitioner certified by the Oregon State Board of Nursing under ORS 678.375; or

(C) Physician's assistant licensed to practice in Oregon; and

(b) Whose training, experience, and competence demonstrate expertise in children's mental health, and the ability to conduct a mental health assessment, and provide psychotropic medication management for a child in foster care.

(5350) "Mandatory Reporter":

(a) mMeans any public or private official as defined in OAR 407-045-0260 who:

(aA) Is a foster provider, staff, or volunteer ~~working with a child~~ who, comes in contact with a child with or without an intellectual or developmental disability and has reasonable cause to believe a the child ~~with or without an intellectual or~~

~~developmental disability~~ has suffered abuse, or comes in contact with any person whom the public or private official has reasonable cause to believe abused a child ~~with or without an intellectual or developmental disability~~, regardless of whether or not the knowledge of the abuse was gained in the reporter's official capacity of the public or private official. ~~Nothing contained in ORS 40.225 to 40.295 affects the duty to report imposed by this section of this rule, except that a psychiatrist, psychologist, clergy, attorney, or guardian ad litem appointed under ORS 419B.231 is not required to report if the communication is privileged under ORS 40.225 to 40.295.~~

(~~bB~~) Is a foster provider, staff, or volunteer working with individuals 18 years and older who, while acting in an official capacity, comes in contact with an adult individual with an intellectual or developmental disability 18 years and older and has reasonable cause to believe an the adult individual with an intellectual or developmental disability has suffered abuse, or comes in contact with any person whom the public or private official has reasonable cause to believe abused an the adult individual with an intellectual or developmental disability.

(b) Nothing contained in ORS 40.225 to 40.295 affects the duty to report imposed by this definition section of this rule, except that a psychiatrist, psychologist, clergy, ~~or attorney,~~ or guardian ad litem appointed under ORS 419B.231 is not required to report if the communication is privileged under ORS 40.225 to 40.295.

(5451) "MAR" means medication administration record.

(5552) "Mechanical Restraint" means any mechanical device, material, object, or equipment that is attached or adjacent to an individual's the body that ~~the individual~~ cannot be easily removedd or easily negotiated around that restricts freedom of movement or access to the ~~individual's~~ body.

(5653) "Member of the Household" means any adults ~~and or~~ children living in the home, including any employees or volunteers assisting in the care provided to a child placed in the home. A child in foster care is not considered a member of the household.

(~~5754~~) "Mental Health Assessment" means the ~~determination of a child's assessment used to determine the~~ need for mental health services by interviewing ~~the a~~ child and obtaining all pertinent biopsychosocial information as identified by the child, the ~~child's~~ family of the child, and collateral sources ~~that~~. A mental health assessment:

- (a) Addresses the ~~current complaint or~~ condition presented by the child;
- (b) Determines a diagnosis; and
- (c) Provides treatment direction and individualized services and supports.

(~~5855~~) "Misuse of Funds" includes, but is not limited to, a foster provider or staff person:

- (a) Borrowing from, or loaning money to, a child in foster care;
- (b) Witnessing a will in which the foster provider or a staff person is a beneficiary;
- (c) Adding the ~~provider's~~ name of the foster provider or staff person to ~~a child's the~~ bank account of a child or other titles for personal property without approval of the child when of age to give legal consent, or the child's guardian of the child and authorization of the ISP child's Individual Support Plan team;
- (d) Inappropriately expending or theft of ~~a child's the~~ personal funds of the child;
- (e) Using ~~a child's the~~ personal funds of a child for the ~~provider's or staff's own~~ benefit of the foster provider or staff person; or
- (f) Commingling ~~a child's the~~ funds of a child with the funds of the foster provider's or the funds of another child's funds.

(~~5956~~) "Monitoring" means the observation ~~by the Department or the Department's designee~~ of a certified child foster home by the Department

or the designee of the Department to determine continuing compliance with these rules.

~~(60) "Natural Supports" means the parental responsibilities for a child who is less than 18 years of age and the voluntary resources available to a child from the child's relatives, friends, neighbors, and the community that are not paid for by the Department.~~

~~(61) "Nurse" means a person who holds a current license from the Oregon Board of Nursing as a registered nurse (RN) or licensed practical nurse (LPN) pursuant to ORS chapter 678.~~

~~(6257) "Nursing Care Service Plan" means the plan that is developed by a registered nurse that describes the medical, nursing, psychosocial, and other needs of a child and how those needs are met. The Nursing Care Plan includes the tasks that are taught or delegated to the foster provider and alternate caregivers. When a Nursing Care Plan exists, it is a supporting document for an Individual Support Plan. based on an initial nursing assessment, reassessment, or an update made to a nursing assessment as the result of a monitoring visit.~~

~~(a) The Nursing Service Plan is specific to a child and identifies the diagnoses and health needs of the child and any service coordination, teaching, or delegation activities.~~

~~(b) The Nursing Service Plan is separate from the ISP and any service plans developed by other health professionals.~~

~~(6358) "Occupant" means any person having official residence in a certified child foster home.~~

~~(6459) "OIS" means "Oregon Intervention System" as defined in this rule. OIS is the system of providing training to people who work with designated individuals to provide elements of positive behavior support and non-aversive behavior intervention. OIS uses principles of pro-active support and describes approved protective physical intervention techniques that are used to maintain health and safety.~~

~~(65) "Oregon Intervention System (OIS)" means the system of providing training to people who work with designated individuals to provide elements~~

~~of positive behavior support and non-aversive behavior intervention. OIS uses principles of pro-active support and describes approved protective physical intervention techniques that are used to maintain health and safety.~~

~~(66) "Oregon Youth Authority (OYA)" means the agency that has been given commitment and supervision responsibilities over youth offenders by order of the juvenile court under ORS 137.124 or other statute, until the time that a lawful release authority authorizes release or terminates the commitment or placement.~~

~~(6760) "OYA" means "Oregon Youth Authority" as defined in this rule. OYA is the agency that has been given commitment and supervision responsibilities over a youth offender by order of the juvenile court under ORS 137.124 or other statute, until the time that a lawful release authority authorizes release or terminates the commitment or placement.~~

~~(6861) "Permanent Foster Care" means the long term contractual agreement between a foster provider and the ~~Department's~~ Children, Adults, and Families Division of the Department, approved by the juvenile court that specifies the responsibilities and authority of the foster provider and the commitment by the permanent foster provider to raise a child until the age of majority or until the court determines that permanent foster care is no longer the appropriate plan for the child.~~

~~(62) "Positive Behavioral Theory and Practice" means a proactive approach to behavior and behavior interventions that:~~

~~(a) Emphasizes the development of functional alternative behavior and positive behavior intervention;~~

~~(b) Uses the least intervention possible;~~

~~(c) Ensures that abusive or demeaning interventions are never used; and~~

~~(d) Evaluates the effectiveness of behavior interventions based on objective data.~~

(6963) "Protected Health Information" means any oral or written health information that identifies a child and relates to the ~~child's~~ past, present, or future physical or mental health condition of the child, health care treatment, or payment for health care treatment.

(7064) "Protective Physical Intervention" means any manual physical holding of, or contact with, a child that restricts ~~the child's~~ freedom of movement.

(7165) "Psychotropic Medication" means a medication the prescribed intent of which is to affect or alter thought processes, mood, or behavior, including, but not limited to, anti-psychotic, antidepressant, anxiolytic (anti-anxiety), and behavior medications. The classification of a medication depends upon its stated, intended effect when prescribed.

(66) "Qualified Entity Initiator" has the meaning set forth in OAR 407-007-0210 (Criminal Records and Abuse Checks for Providers).

(7267) "Qualified Mental Health Professional" means a licensed medical practitioner or any other meeting the minimum qualifications specified in OAR 309-019-0125. ~~person who meets both of the following:~~

~~(a) Holds at least one of the following educational degrees:~~

~~(A) Graduate degree in psychology;~~

~~(B) Bachelor's degree in nursing and licensed in Oregon;~~

~~(C) Graduate degree in social work;~~

~~(D) Graduate degree in a behavioral science field;~~

~~(E) Graduate degree in recreational, art, or music therapy;~~

~~(F) Bachelor's degree in occupational therapy and licensed in Oregon; and~~

~~(b) Whose education and experience demonstrates the competencies to:~~

~~(A) Identify precipitating events;~~

~~(B) Gather histories of mental and physical disabilities, alcohol and drug use, past mental health services, and criminal justice contacts;~~

~~(C) Assess family, social, and work relationships;~~

~~(D) Conduct a mental status examination;~~

~~(E) Document a multi-axial DSM diagnosis;~~

~~(F) Write and supervise a treatment plan;~~

~~(G) Conduct a mental health assessment; and~~

~~(H) Provide individual, family, or group therapy within the scope of his or her practice.~~

(7368) "Relief Care" means the intermittent services that are provided on a periodic basis ~~of not more than 14 consecutive days~~ for the relief of, or due to the temporary absence of, a person normally providing supports to a child in foster care individual. Relief care may include 24-hour relief care or hourly relief care.

(7469) "Revocation" means the action taken by the certifying agency to rescind a child foster home certificate of approval after determining the certifying agency has determined that the foster provider or the child foster home is not in compliance with one or more of these rules.

(7570) "Services Coordinator" means "services coordinator" as defined in OAR 411-320-0020. ~~an employee of the Department, Community Developmental Disability Program, or other agency that contracts with the county or Department, who is selected to plan, procure, coordinate, and monitor services, and to act as a proponent for individuals with intellectual or developmental disabilities. A services coordinator is a child's person-centered plan coordinator as defined in the Community First Choice state plan.~~

(7671) "Significant Medical Needs" includes, but is not limited to, total assistance required for all activities of daily living, such as access to food or fluids, daily hygiene that is not attributable to a child's the chronological age

of a child, and frequent medical interventions required by a care plan~~Nursing Service Plan or ISP~~ for health and safety of a the child.

(~~7772~~) "Special Diet" means the specially prepared food or particular types of food that are specific to the medical condition or diagnosis of a child and in support of an evidence-based treatment regimen. ~~that the amount, type of ingredients, or selection of food or drink items is limited, restricted, or otherwise regulated under a physician's order, such as low-calorie, high fiber, diabetic, low salt, lactose free, or low-fat diets.~~

(~~7873~~) "Substantiated" means an abuse investigation has been completed by the Department or the ~~Department's~~ designee of the Department and the preponderance of the evidence establishes the abuse occurred.

(~~7974~~) "~~Suspension of Certificate~~" means an immediate temporary withdrawal of the approval to operate a child foster home after the certifying agency determines that the foster provider or the child foster home is not in compliance with one or more of these rules or there is a threat to the health, safety, or welfare of a child.

(~~8075~~) "These Rules" mean the rules in OAR chapter 411, division 346.

(~~8176~~) "Transfer" means movement of a child from one home to another home administered or operated by the same foster provider.

(~~8277~~) "Unauthorized Absence" means any length of time when a child is absent from a foster home without prior approval as specified in the ISP for the child~~child's Individual Support Plan~~.

(~~8378~~) "Unusual Incident" means any incident involving a child that includes serious illness or an accident, death, injury or illness requiring inpatient or emergency hospitalization, a suicide attempt, a fire requiring the services of a fire department, an act of physical aggression, or any incident requiring an abuse investigation.

(~~8479~~) "Urgent Medical Need" means the onset of psychiatric or medical symptoms requiring attention within 48 hours to prevent a serious deterioration in a child's the mental or physical condition of a child.

(8580) "Variance" means the temporary exemption from a regulation or provision of these rules that may be granted by the Department upon written application by the certifying agency.

~~(86) "Volunteer" means any person assisting in a child foster home without pay to support the services and supports provided to a child placed in the child foster home.~~

(81) "Young Adult" means an individual age 18 through 21 who resides in a child foster home.

Stat. Auth.: ORS 409.050, ~~and~~ 443.835

Stats. Implemented: ORS 430.215, 443.830, ~~and~~ 443.835

411-346-0150 General Requirements for Certification

(Temporary Effective 07/01/2014 to 12/28/2014)

(1) An applicant or foster provider must participate in certification and certification renewal studies and in the ongoing monitoring of their homes.

(2) An applicant or foster provider must give the information required by the Department to verify compliance with all applicable rules, including change of address and change of number of ~~persons~~ people in the household, such as relatives, employees, or volunteers.

(3) An applicant seeking certification from the Department must complete the Department application forms. When two or more adults living in the home share foster provider responsibilities to any degree, each adult must be listed on the application as applicant and co-applicant.

(4) An applicants must disclose each state or territory they ~~have~~ applicant has lived in the last five years and for a longer period if requested by the certifying agency. The disclosure must include the address, city, state, and zip code of previous residences.

(5) An applicants must provide the following information:

(a) Names and addresses of any agencies in the United States where any occupant of the home has been licensed or certified to provide care to children or adults and the status of such license or

certification. ~~This may include but is not limited to, such as~~ licenses or certificates for residential care, nurse, nurse's aide, and foster care;

(b) Proposed number, gender, age range, disability, and support needs of children to be served in foster care;

(c) School reports for any child of school age living in the home at the time of initial application. School reports for any child of school age living in the home within the last year may also be required;

(d) Names and addresses of at least four ~~people~~ ~~persons~~, three of whom are unrelated, who have known each applicant for two years or more and who can attest to the ~~applicant's~~ character ~~of the applicant~~ and ~~the~~ ability ~~of the applicant~~ to care for children. The Department may contact schools, employers, adult children, and other sources as references;

(e) Reports of all criminal charges, arrests, or convictions, including the date of offense and the resolution of those charges, for all employees or volunteers and ~~persons~~ ~~people~~ living in the home. If ~~an applicant's~~ ~~the~~ minor children ~~shall be of the applicant are~~ living in the home, the applicant must also list reports of all criminal or juvenile delinquency charges, arrests, or convictions, including the date of offense and the resolution of those charges;

(f) Founded reports of child abuse or substantiated abuse, including dates, locations, and resolutions of those reports, for all ~~persons~~ ~~people~~ living in the home, as well as all applicant or provider employees, independent contractors, and volunteers;

(g) Demonstration, upon initial certification, of successful completion of 15 hours of pre-service training.

(h) Demonstration, upon initial certification, of income sufficient to meet the needs and to ensure the stability and financial security of the family independent of the foster care payment;

(i) All child support obligations in any state, including whether the obligor is current with payments or in arrears, and whether any

~~applicant's or foster provider's~~ wages of the applicant or foster provider are being attached or garnished for any reason;

(j) A ~~physician's~~ statement from a physician, on a form provided by the Department, that each applicant is physically and mentally capable of providing care;

(k) A floor plan of the house showing the location of:

(A) Rooms, indicating the bedrooms for the child in foster care, caregiver, and other occupants of the home;

(B) Windows;

(C) Exit doors;

(D) Smoke alarms and fire extinguishers; and

(E) Wheel chair ramps, if applicable; and

(l) A diagram of the house and property showing safety devices for fire places, wood stoves, water features, outside structures, and fencing.

(6) Falsification or omission of any of the information for certification may be grounds for denial or revocation of the child foster home certification.

(7) Applicants must be at least 21 years of age. Applicants who are "Native American" as defined in the Native American Child Welfare Act ICWA may be 18 years of age or older if a Native American child to be placed is in the legal custody of DHS-CW.

(8) Applicants, foster providers, alternate caregivers, ~~providers'~~ employees of foster providers, volunteers, other occupants in the foster home who are 18 years of age or older, other adults having regular contact in the foster home with a child in foster care, and any subject individual as defined in OAR 407-007-0210 must consent to a background check by the Department, in accordance with OAR 407-007-0200 to 407-007-0370 (Background Check Rules) and under ORS 181.534. The Department may require a background check on members of the household less than 18

years of age if there is reason to believe that a member of the household may pose a risk to a child placed in the home. All ~~persons~~ people subject to a background check are required to complete an Oregon background check and a national background check as described in OAR 407-007-0200 to 407-007-0370, including the use of fingerprint cards.

(a) Alternate caregivers, employees of foster providers, and volunteers may be approved to work in multiple homes within a county only when working in the same employment role at each home. The indication of worksite location must be included by a qualified entity initiator for each alternate caregiver, employee of the foster provider, or volunteer who intends to work at various child foster homes within the licensing jurisdiction of the county.

(ab) Effective July 28, 2009, public funds may not be used to support, in whole or in part, a person described in section (8) of this rule in any capacity who has been convicted of any of the disqualifying crimes listed in OAR 407-007-0275.

(bc) A person does not meet qualifications as described in this rule if the person has been convicted of any of the disqualifying crimes listed in OAR 407-007-0275.

(ed) Section (8)(a) and (b) of this rule do not apply to employees hired prior to July 28, 2009 that remain in the current position for which the employee was hired.

(de) Any person as described in section (8) of this rule must self-report any potentially disqualifying condition as described in OAR 407-007-0280 and OAR 407-007-0290. The person must notify the Department or the ~~Department's~~ designee of the Department within 24 hours.

(9) The Department may not issue or renew a certificate if an applicant or member of the household:

(a) Has, after completing the ~~Department's~~ background check, a fitness determination of "denied".

(b) Has, at any time, been convicted of a felony in Oregon or any jurisdiction that involves:

(A) Child abuse or neglect;

(B) Spousal abuse;

(C) Criminal activity against children, including child pornography; or

(D) Rape, sexual assault, or homicide.

(c) Has, within the past five years from the date the background check was signed, been convicted of a felony in Oregon or any jurisdiction that involves:

(A) Physical assault or battery (other than against a spouse or child); or

(B) Any drug-related offense.

(d) Has been found to have abused or neglected a child or adult as defined in ORS 419B.005 or as listed in OAR 407-045-0260.

(e) Has, within the past five years from the date the child foster home application was signed, been found to have abused or neglected a child or adult in the United States as defined by that jurisdiction or any other jurisdiction.

(10) An applicant or foster provider may request to withdraw an application any time during the certification process by notifying the certifying agency in writing. Written documentation by the certifying agency of ~~verbal~~oral notice may substitute for written notification.

(11) The Department may suspend or revoke a certificate or may not issue or renew a certificate for a minimum of five years, if an applicant is found to have a license or certificate to provide care to children or adults suspended, revoked, or not renewed by other than voluntary request. ~~This shall be grounds for suspension and revocation of the certificate.~~

(12) The Department may not issue or renew a certificate based on an evaluation of any negative references, school reports, ~~physician's~~ statement of a physician, or previous licensing or certification reports from other agencies or states.

(13) A Department employee may be a foster provider, or an employee of an agency that contracts with the Department as a foster provider, if the ~~employee's~~ position of the employee with the Department does not influence referral, regulation, or funding of such activities. Prior to engaging in such activity, the employee must obtain written approval from the ~~Department's~~ Director of the Department. The written approval must be on file with the ~~Department's~~ Director of the Department and in the ~~Department's~~ certification file maintained by the Department.

(14) An application is incomplete and void unless all supporting materials are submitted to the Department within 90 days from the date of the application.

(15) An application may not be considered complete until all required information is received and verified by the Department. ~~Within 60 days upon receipt of the completed application, a~~ A decision shall be made by the Department to approve or deny certification is made by the Department within 60 days from the receipt of the completed application.

(16) ~~The Department shall determine~~ Compliance with these rules is determined by the Department based on receipt of the completed application material, an investigation of information submitted, an inspection of the home, a completed home study, and a personal interview with the provider. A certificate issued on or after February 1, 2010 is valid for a maximum of two years unless revoked or suspended.

(17) The Department may attach conditions to ~~the~~ a certificate that limit, restrict, or specify other criteria for operation of the child foster home.

(18) A condition may be attached to ~~the~~ a certificate that limits a foster provider to the care of a specific child. ~~No other referrals shall be made to~~ a foster provider with this limitation does not receive referrals.

(19) A child foster home certificate is not transferable or applicable to any location or ~~persons~~ people other than those specified on the certificate.

(20) A foster provider who cares for a child funded by the Department must enter into a contract with the Department and follow the Department rules governing reimbursement for services and refunds.

(21) A foster provider may not be the parent or legal guardian of any child placed in their home for foster care services funded by the Department.

(22) If an applicant or foster provider intends to provide care for a child with significant medical needs, at least one provider or applicant must have the following:

(a) An equivalent of one year of full-time experience in providing direct care to individuals;

(b) Health care professional qualifications, such as a registered nurse (RN) or licensed practical nurse (LPN), or the equivalent of two additional years full-time experience providing care and support to an individual who has a medical condition that is serious and may be life-threatening;

(c) Copies of all current health related licenses or certificates and provide those documents to the certifying agent;

(d) Current certification in First Aid and Cardiopulmonary Resuscitation (CPR). The CPR training must be done by a recognized training agency and the CPR certificate must be appropriate to the ages of the child served in the foster home;

(e) Current satisfactory references from at least two medical professionals, such as a physician and registered nurse, who have direct knowledge of the applicant's ability of the applicant and past experiences as a caregiver. The medical professional references may serve as two of the four references in section (5)(d) of this rule; and

(f) Positive written recommendation from the Department's Medically Fragile Children's Unit (MFCU) of the Department if the foster provider or applicant has provided services through the MFCU or if the foster provider or applicant has a child in the family home or

foster home that has historically received services through the MFCU ~~for a child in their family home or foster home.~~

(23) A foster provider may not accept a child with significant medical needs unless an initial ~~care plan~~Nursing Service Plan for the child is in place at the time of placement that addressing-addresses the health and safety supports ~~for the child is in place at the time of placement.~~

Stat. Auth.: ORS 409.050, ~~and~~ 443.835

Stats. Implemented: ORS 430.215, 443.830, ~~and~~ 443.835

411-346-0180 Professional Responsibilities of the Foster Provider
(Temporary Effective 07/01/2014 to 12/28/2014)

(1) TRAINING AND DEVELOPMENT.

(a) The foster provider must complete a minimum of 15 hours of pre-service training prior to certification and 10 hours annually for certification renewal. The Department or the certifying agency may require additional hours of training based on the needs of the child served in the home.

(b) The foster provider must participate in training provided or approved by the Department or the certifying agency. Such training must include educational opportunities designed to enhance the ~~foster provider's~~ awareness, understanding, and skills of the foster provider to meet the special needs of a child placed in ~~their~~the home of the foster provider.

(c) The foster provider must complete mandatory reporter training prior to initial certification and annually thereafter.

(d) Mandatory reporter training must be appropriate to the ages of the individuals living in the child foster home.

(2) RELATIONSHIP WITH THE CHILD PLACING AGENCY. The foster provider must:

(a) Take part in planning, preparation, pre-placement activities, and visitation for the child placed in their home;

(b) Participate as team members in developing and implementing the ISP when initiated by the CDDP services coordinator for the child placed in their home;

(c) In advance or within one working day, notify the certifying agency of changes likely to affect the life and circumstances of the foster family or the safety in the home, including, but not limited to, the following:

(A) Foster family illness;

(B) Divorce, legal separation, or loss of a household member;

(C) Significant change in financial circumstances;

(D) New household members or placement of a child in foster care by another agency, including relief care;

(E) Arrests or criminal involvement;

(F) The addition of hunting equipment and weapons;

(G) The addition of a swimming pool; or

(H) The addition of a pet.

(d) Immediately notify the ~~child's~~ CDDP services coordinator and guardian of ~~a child's an~~ injury, illness, ~~or~~ accident, of the child or any unusual incident or circumstance involving the child that may have a serious effect on the health, safety, physical, or emotional well-being of the child in foster care;

(e) Notify the guardian and CDDP staff of any unauthorized absence of a child in foster care within 12 hours or other mutually agreed upon time as determined by the ISP team;

(f) Sign and abide by the responsibilities described in the Child Foster Home Contract;

(g) Allow the certifying agency and child placing agency reasonable access to their child foster home and to the child placed in ~~their~~ the care of the foster provider. ~~This includes access by a child's~~ Allow family members of the child reasonable access to the child foster home and the child when placement is voluntary. For the purpose of these rules, reasonable access means with prior-advance notice unless there is cause for not giving such notice;

(h) Allow the Department or certifying agency staff access to:

(A) Investigate reports of abuse and violations of a regulation or provision of these rules;

(B) Inspect or examine the home, the ~~child's~~ records and accounts of a child, and the physical premises including the buildings, grounds, equipment, and any vehicles; and

(C) Interview the child, adult, or alternate caregivers.

(i) Participate in interviews conducted by the Department or the certifying agency; and

(j) Authorize substitute caregivers to permit entrance by the Department or the certifying agency for the purpose of inspection and investigation.

(3) ACCEPTING CHILDREN FOR CARE.

(a) Except as described in section (3)(c) of this rule, a certified provider may not exceed the following maximum number of children in the foster home including the ~~provider's~~ biological children of the provider:

(A) A total of four children when one certified adult lives in the home; or

(B) A total of seven children when two certified adults live in the home.

(b) All homes are limited to two children under the age of three.

(c) Any providers certified prior to July 1, 2007 with a capacity greater than the numbers listed in section (3)(a) of this rule must meet the standard through attrition as children move out of the foster home.

~~(d) Any child foster home provider contracted by a proctor agency to provide proctor care services is limited to serving a total of two children in foster care.~~

(ed) At the time of referral, the foster provider must be given available information about the child, including behavior, skill level, medical status, and other relevant information. The foster provider is obligated to decline the referral of any child based on the referral information, parameters of their certification of the child foster home, or if ~~they the provider~~ feels ~~their~~ his or her skill level may not safely or effectively support the child.

(fe) A foster provider may provide relief care in the provider's child foster home for a child upon approval by the certifying agency or the Department.

(gf) A foster provider must obtain approval from the certifying agency prior to accepting a child for placement.

(hg) A child who turns 18 may continue to reside in their current certified child foster home when ~~it has been the ISP team~~ determines sd by the ISP team it is in the best interest of the child to remain in their ir same current certified child foster home. When ~~it has been the ISP team~~ determines sd by the ISP team a child who is turning 18 may remain in their current certified child foster home, the foster provider must:

(A) Submit a variance request to the Department in accordance with OAR 411-346-0210; and

(B) Submit to the Department and the certifying agency, a copy of the ISP addendum signed by the ISP team noting it is in the best interest of the child to remain in the current certified child foster home.

(h) Any variance to subsections (3)(a) through (3)(h) of this section must take into consideration the maximum safe physical capacity of the home including:

- (A) Sleeping arrangements;
- (B) The ratio of adults to children;
- (C) The level of supervision available;
- (D) The skill level of the foster provider;
- (E) Individual plans for egress during fire;
- (F) The needs of the other children in placement; and
- (G) The desirability of keeping siblings placed together.

(j) The foster provider may not care for unrelated adults on a commercial basis in ~~their own~~ the child foster home or accept children for day care in ~~their own~~ the child foster home while currently certified as a foster provider.

(k) The foster provider must notify the Department prior to a voluntary closure of a child foster home and give the child's parent or guardian of the child and the CDDP 30 day's written notice, except in circumstances where undue delay might jeopardize the health, safety, or well-being of the child or foster provider.

(4) INVOLUNTARY TRANSFERS AND EXITS.

(a) A foster provider must only transfer or exit a child involuntarily for one or more of the following reasons:

- (A) The ~~child's~~ behavior of the child poses an imminent risk of danger to self or others;
- (B) The child experiences a medical emergency;

(C) The ~~child's~~ service needs of the child exceed the ability of the foster provider;

(D) Failure to pay for services; or

(E) The ~~foster provider's~~ certification for the child foster home is suspended, revoked, not renewed, or voluntarily surrendered.

(b) NOTICE OF INVOLUNTARY EXIT. A foster provider must not transfer or exit a child involuntarily without 30 days advance written notice to the ~~child's~~ parent or guardian of the child and the CDDP services coordinator, except in the case of a medical emergency or when a child is engaging in behavior that poses an imminent danger to self or others as described in subsection (c) of this section.

(A) The written notice must be provided on the Notice of Involuntary Transfer or Exit form approved by the Department and include:

(i) The reason for the transfer or exit; and

(ii) The right to a hearing as described in subsection (e) of this section.

(B) A notice is not required when ~~a child's the~~ parent or guardian of a child requests a transfer or exit.

(c) A foster provider may give less than 30 days advanced written notice only in a medical emergency or when a child is engaging in behavior that poses an imminent danger to self or others in the home. The notice must be provided to the ~~child's~~ parent or guardian of the child and CDDP services coordinator immediately upon determination of the need for a transfer or exit.

(d) A foster provider is responsible for the provision of services until a child exits the home.

(e) HEARING RIGHTS. A child and the ~~child's~~ parent or guardian of a child must be given the opportunity for a ~~contested case~~ hearing under ORS chapter 183 to dispute an involuntary transfer or exit as

[described in OAR 411-318-0030](#). If a child or the ~~child's~~ parent or guardian [of a child](#) requests a hearing, the child must receive the same services until the hearing is resolved. When a child has been given less than 30 days advanced written notice of a transfer or exit as described in subsection (c) of this section and the child or the ~~child's~~ parent or guardian [of the child](#) has requested a hearing, the foster provider must reserve the ~~child's~~ room [of the child](#) until receipt of the final order.

(5) RELATIONSHIP WITH THE ~~CHILD'S~~ FAMILY [OF A CHILD](#). In accordance with the ~~child's~~ ISP [for a child](#) and the guardian [of the child](#), the foster provider must:

(a) Support the ~~child's~~ relationship [of the child](#) with ~~the child's~~ family members, including siblings;

(b) Assist the CDDP staff and the guardian in planning visits with the child and the ~~child's~~ family members [of the child](#); and

(c) Provide the child reasonable opportunities to communicate with ~~their~~ [his or her](#) family members.

(6) CONFIDENTIALITY.

(a) The foster provider and the ~~provider's~~ family [of the foster provider](#) must treat personal information about a child or ~~a child's~~ [the](#) family [of a child](#) in a confidential manner. Confidential information is to be disclosed on a need to know basis to law enforcement, certifying agency staff, CDDP staff, DHS-CW child protective services staff, DHS-CW case workers, and medical professionals who are treating or providing services to the child. The information shared must be limited to the health, safety, and service needs of the child.

(b) In addition to the requirements in subsection (6)(a) of this section, the foster provider and the ~~provider's~~ family [of the foster provider](#) must comply with the provisions of ORS 192.518 to 192.523 and therefore may use or disclose ~~a child's~~ [the](#) protected health information [of a child](#) only:

(A) To law enforcement, certifying agency staff, CDDP staff, and DHS-CW staff;

(B) As authorized by the ~~child's~~ personal representative or guardian of the child appointed under ORS 125.305, 419B.370, 419C.481, or 419C.555;

(C) For purposes of obtaining health care treatment for the child;

(D) For purposes of obtaining payment for health care treatment; or

(E) As permitted or required by state or federal law or by order of a court.

(c) The foster provider must keep all written records for each child in a manner that ensures their confidentiality.

(7) MANDATORY REPORTING.

(a) The foster provider and ~~their~~ the employees and volunteers of the foster provider are mandatory reporters of suspected abuse of any child as defined by ORS 419B.005. Upon reasonable cause to believe that abuse has occurred, all adult members of the household and any foster provider, employees, independent contractors, or volunteers must report pertinent information to DHS-CW or law enforcement.

(b) When the certified child foster provider, ~~their~~ employees of the foster provider, independent contractors, or volunteers are providing services to an individual 18 years or older and have reason to believe abuse as defined in OAR 407-045-0260 has occurred, ~~they~~ the foster provider, employees of the foster provider, independent contractors, or volunteers must report the pertinent information to the CDDP or law enforcement in accordance with ORS 430.737.

(c) Any protective physical intervention that results in an injury to the child, as defined in ORS 419B.005, must be reported to DHS-CW and the CDDP services coordinator by the foster provider. Same day

~~verbal oral~~ notification is required. ~~The foster provider must notify DHS-CW and the child's CDDP services coordinator.~~

Stat. Auth.: ORS 409.050, ~~and~~ 443.835

Stats. Implemented: ORS 430.215, 443.830, ~~and~~ 443.835

411-346-0190 Standards and Practices for Care and Services
(Temporary Effective 07/01/2014 to 12/28/2014)

(1) The foster provider must:

(a) Provide structure and daily activities designed to promote the physical, social, intellectual, cultural, spiritual, and emotional development of the child in their child foster home;

(b) Provide playthings and activities in the foster home, including games, recreational and educational materials, and books, appropriate to the chronological age, culture, and developmental level of the child;

(c) In accordance with the ISP and ~~if applicable~~ as defined in the DHS-CW case plan (if applicable), encourage the child to participate in community activities with family, friends, and on their his or her own when appropriate;

(d) Promote the ~~child's~~ independence and self-sufficiency of the child by encouraging and assisting the child to develop new skills and perform age-appropriate tasks;

(e) In accordance with the ISP and ~~if applicable~~ as defined in the DHS-CW case plan (if applicable), ask the child in foster care to participate in household chores appropriate to the ~~child's~~ age and ability of the child that are commensurate with ~~these household~~ chores expected of the ~~provider's own~~ children of the foster provider;

(f) Provide the child with reasonable access to a telephone and to writing materials;

(g) In accordance with the ISP and ~~if applicable~~ as defined in the DHS-CW Case Plan (if applicable), permit and encourage the child to have visits with family and friends;

(h) Allow regular contacts and private visits or phone calls with the ~~child's~~-CDDP services coordinator and ~~if applicable~~ the DHS-CW case worker (if applicable); and

(i) Not allow a child in foster care to baby-sit in the child foster home or elsewhere without permission of the ~~child's~~-CDDP services coordinator and the guardian.

(2) RELIGIOUS, ETHNIC, AND CULTURAL HERITAGE.

(a) The foster provider must recognize, encourage, and support the religious beliefs, ethnic heritage, cultural identity, and language of a child and the ~~child's~~ family of a child.

(b) In accordance with the ISP and ~~guardian~~ the preferences of the guardian of the child, the foster provider must participate with the ISP team to arrange transportation and appropriate supervision during religious services or ethnic events for a child whose beliefs and practices are different from those of the foster provider.

(c) The foster provider may not require a child to participate in religious activities or ethnic events contrary to the ~~child's~~ beliefs of the child.

(3) PUBLIC EDUCATION. The foster provider:

(a) Must enroll each child of school age in public school, within five school days of the placement, and arrange for transportation;

(b) Must comply with any Alternative Educational Plan described in the ~~child's~~-IEP for the child;

(c) Must be actively involved in the ~~child's~~ school program for the child and must participate in the development of the ~~child's~~-IEP. The foster provider may apply to be the ~~child's~~ educational surrogate of the child if requested by the ~~child's~~ parent or guardian of the child;

(d) Must consult with school personnel when there are issues with the child in school and report to the guardian and CDDP services coordinator any serious situations that may require Department involvement;

(e) Must support the child in his or her school or educational placement;

(f) Must assure the child regularly attends school or educational placement and monitor the ~~child's~~ educational progress of the child; and

(g) May sign consent to the following school related activities:

(A) School field trips within the state of Oregon;

(B) Routine social events;

(C) Sporting events;

(D) Cultural events; and

(E) School pictures for personal use only unless prohibited by the court or legal guardian.

(4) ALTERNATE CAREGIVERS.

(a) The foster provider must arrange for safe and responsible alternate care.

(b) A child care plan for a child in foster care must be approved by the Department, the CDDP, or DHS-CW before it is implemented. When a child is cared for by a child care provider or child care center, the provider or center must be certified as required by the State Child Care Division (ORS 657A.280) or be a certified foster provider.

(c) The foster provider must have a Relief Care Plan approved by the certifying agency or the Department when using alternate caregivers.

(d) The foster provider must assure the alternate caregivers, consultants, and volunteers are:

(A) 18 years of age or older;

(B) Capable of assuming foster care responsibilities;

(C) Present in the home;

(D) Physically and mentally capable to perform the duties of the foster provider as described in these rules;

(E) Cleared by a background check as described in OAR 411-346-0150, including a DHS-CW background check;

(F) Able to communicate with the child, individuals, agencies providing care to the child, [the](#) CDDP services coordinator, and appropriate others;

(G) Trained on fire safety and emergency procedures;

(H) Trained on the [child's](#)-ISP, [Behavior Support PlanBSP](#), and any related protocols [for the child](#);

(I) Able to provide the care needed for the child;

(J) Trained on the required documentation for health, safety, and behavioral needs of the child;

(K) A licensed driver and ~~with~~ vehicle insurance in compliance with the Oregon DMV laws when transporting children by motorized vehicle;

(L) Not be a person who requires care in a foster care or group home; and

(M) Not be the ~~child's~~ parent or guardian [of the child](#).

(e) When the foster provider uses an alternate caregiver and the child ~~shall be is~~ staying at the ~~alternate caregiver's~~ home [of the alternate](#)

caregiver, the foster provider must assure the alternate caregiver's home of the alternate caregiver meets the necessary health, safety, and environmental needs of the child.

(f) When the foster provider arranges for social activities of the child for less than 24 hours, including an overnight arrangement, the foster provider must assure that the person is responsible and capable of assuming child care responsibilities and is present at all times. The foster provider still maintains primary responsibility for the child.

(5) FOOD AND NUTRITION.

(a) The foster provider must offer three nutritious meals daily at times consistent with those in the community.

(A) Daily meals must include food from the four basic food groups, including fresh fruits and vegetables in season, unless otherwise specified in writing by a licensed medical professional or qualified health care provider ~~physician or physician assistant~~.

(B) There must be no more than a 14-hour span between the evening meal and breakfast unless snacks and liquids are served as supplements.

(C) Consideration must be given to cultural and ethnic background in food preparation.

(b) Any home canned food used must be processed according to the guidelines of Oregon State University extension services (<http://extension.oregonstate.edu/fch/food-preservation>).

(c) All food items must be used prior to the ~~item's~~ expiration date.

(d) The foster provider must implement special diets only as prescribed in writing by a licensed medical professional or qualified health care provider ~~the child's physician or physician assistant~~.

(e) The foster provider must prepare and serve meals in the foster home where the child lives. Payment for meals eaten away from the

foster home (e.g. restaurants) for the convenience of the foster provider is the responsibility of the foster provider.

(f) When serving milk, the foster provider must only use pasteurized liquid or powdered milk for consumption by a child in foster care.

(g) A child who must be bottle-fed and cannot hold the bottle, or is 11 months or younger, must be held during bottle-feeding.

(6) CLOTHING AND PERSONAL BELONGINGS.

(a) The foster provider must assure that each child has his or her own clean, well-fitting, seasonal clothing appropriate to age, gender, culture, individual needs, and comparable to the community standards.

(b) A school-age child must participate in choosing ~~their~~ his or her own clothing whenever possible.

(c) The foster provider must allow a child to bring and acquire appropriate personal belongings.

(d) The foster provider must assure that when a child leaves the child foster home the ~~child's~~ belongings of the child, including all personal funds, medications, and personal items, remain with the child. This includes all items brought with the child and obtained while living in the child foster home.

(7) BEHAVIOR SUPPORT AND DISCIPLINE PRACTICES.

(a) The foster provider must teach and discipline a child with respect, kindness, and understanding, using positive behavior al theory and practice management techniques. Unacceptable practices include, but are not limited to:

(A) Physical force, spanking, or threat of physical force inflicted in any manner upon the child;

(B) Verbal abuse, including derogatory remarks about the child or the ~~child's~~ family of the child that undermine ~~a child's~~ the self-respect of the child;

(C) Denial of food, clothing, or shelter;

(D) Denial of visits or contacts with family members, except when otherwise indicated in the ISP or ~~if applicable~~ the DHS-CW case plan (if applicable);

(E) Assignment of extremely strenuous exercise or work;

(F) Threatened or unauthorized use of protective physical intervention;

(G) Threatened or unauthorized use of mechanical restraints;

(H) Punishment for bed-wetting or punishment related to toilet training;

(I) Delegating or permitting punishment of a child by another child;

(J) Threat of removal from the child foster home as a punishment;

(K) Use of shower or aversive stimuli as punishment; and

(L) Group discipline for misbehavior of one child.

(b) The foster provider must set clear expectations, limits, and consequences of behavior in a non-punitive manner.

(c) If time-out separation from others is used to manage behavior, ~~it~~ time-out must be included on the ~~child's~~ ISP for the child and the foster provider must provide ~~it~~ time-out in an unlocked, lighted, well-ventilated room of at least 50 square feet.

(A) The ISP must include whether the child needs to be within hearing distance or within sight of an adult during the time-out.

(B) The time limit must take into consideration the child's chronological age, emotional condition, and developmental level of the child.

(C) Time-out is to be used for short duration and frequency as approved by the ISP team.

(d) No child in foster care or other child in a child foster home shall is to be subjected to physical abuse, sexual abuse, sexual exploitation, neglect, emotional abuse, mental injury, or threats of harm as defined in ORS 419B.005 and OAR 407-045-0260.

(e) BEHAVIOR SUPPORT PLAN (BSP). For a child who has demonstrated a serious threat to self, others, or property and for whom it has been decided a BSP is needed, the BSP must be developed with the approval of the ISP team.

(f) PROTECTIVE PHYSICAL INTERVENTION. A protective physical intervention must be used only for health and safety reasons and under the following conditions:

(A) As part of the child's ISP team approved BSP.

(i) When protective physical intervention is employed as part of the BSP, the foster provider and alternate caregivers must complete OIS training prior to the implementation of the BSP.

(ii) The use of any modified OIS protective physical intervention must have written approval from the OIS Steering Committee in writing prior to their implementation. Documentation of the approval of the OIS Steering Committee must be maintained in the child's records for the child.

(B) As in a health-related protection prescribed by a physician or qualified health care provider, but only if absolutely necessary during the conduct of a specific medical or surgical

procedure, or only if absolutely necessary for protection during the time that a medical condition exists.

(C) As an emergency measure if absolutely necessary to protect the child or others from immediate injury and only until the child is no longer an immediate threat to self or others.

(g) MECHANICAL RESTRAINT.

(A) The foster provider may not use mechanical restraints on a child in foster care other than car seat belts or normally acceptable infant safety products unless ordered by a physician or health care provider and with an the agreement of the ISP team.

(B) The foster provider must maintain the original order of the physician or health care provider in the child's records for the child and forward a copy to the CDDP services coordinator and guardian.

(h) DOCUMENTATION AND NOTIFICATION OF USE OF PROTECTIVE PHYSICAL INTERVENTION.

(A) The foster provider must document the use of all protective physical interventions or mechanical restraints in an incident report. A copy of the incident report must be provided to the CDDP services coordinator and guardian.

(B) If an approved protective physical intervention is used, the foster provider must send a copy of the incident report within five working days to the CDDP services coordinator and guardian.

(C) If an emergency or non ISP team approved protective physical intervention is used, the foster provider must send a copy of the incident report within 24 hours to the CDDP services coordinator and guardian. The foster provider must make verbal oral notification to the CDDP services coordinator and guardian no later than the next working day.

(D) The original incident report must be on file with the foster provider in the ~~child's~~ records for the child.

(E) The incident report must include:

(i) The name of the child to whom the protective physical intervention was applied;

(ii) The date, location, type, and duration of entire incident and protective physical intervention;

(iii) The name of the provider and witnesses or ~~persons~~ people involved in applying the protective physical intervention;

(iv) The name and position of the person notified regarding the use of the protective physical intervention; and

(v) A description of the incident, including precipitating factors, preventive techniques applied, description of the environment, description of any physical injury resulting from the incident, and follow-up recommendations.

(8) MEDICAL AND DENTAL CARE. The foster provider must:

(a) Provide care and services as appropriate to the ~~child's~~ chronological age, developmental level, and condition of the child, and as identified in the ISP;

(b) Assure that ~~physician or qualified health care provider the~~ orders ~~and those of~~ a physician, qualified health care provider, or other licensed medical professionals are implemented as written;

(c) Inform the ~~child's~~ physicians or qualified health care providers of current medications and changes in health status and if the child refuses care, treatments, or medications;

(d) Inform the guardian and CDDP services coordinator of any changes in the ~~child's~~ health status of the child except as otherwise

indicated in the DHS-CW Permanent Foster Care contract agreement and as agreed upon in the ~~child's~~ ISP;

(e) Obtain the necessary medical, dental, therapies, and other treatments of care, including, but not limited to:

(A) Making appointments;

(B) Arranging for or providing transportation to appointments; and

(C) Obtaining emergency medical care.

(f) Have prior consent from the ~~child's~~ guardian of the child for medical treatment that is not routine, including surgery and anesthesia, except in cases where a DHS-CW Permanent Foster Care contract agreement exists;

(g) Keep current medical records. The records must include when applicable:

(A) Any history of physical, emotional, and medical problems, illnesses, and mental health status;

(B) Current orders for all medications, treatments, therapies, use of protective physical intervention, special diets, adaptive equipment, and any known food or medication allergies;

(C) Completed medication administration record (MAR) from previous months;

(D) Pertinent medical and behavioral information, such as hospitalizations, accidents, immunization records, including Hepatitis B status and previous TB tests, and incidents or injuries affecting the health, safety, or emotional well-being of the child;

(E) Documentation or other notations of guardian consent for medical treatment that is not routine including surgery and anesthesia;

(F) Record of medical appointments;

(G) Medical appointment follow-up reports provided to the foster provider; and

(H) Copies of previous mental health assessments, assessment updates including multi-axial DSM diagnosis and treatment recommendations, and progress records from mental health treatment services.

(h) Provide, when requested, copies of medical records and medication administration records to the ~~child's~~ legal guardian of the child, CDDP services coordinator, and DHS-CW caseworker; and

(i) Provide copies, as applicable, of the medical records described in subsection (8)(g)(H) of this section to ~~the a~~ licensed medical professional prior to ~~the a~~ medical appointment or no later than the time of the appointment with the licensed medical professional.

(9) MEDICATIONS AND PHYSICIAN OR QUALIFIED HEALTH CARE PROVIDER ORDERS.

(a) There must be authorization by a physician or qualified health care provider in the ~~child's~~ file for the child prior to the usage of, or implementation of, any of the following:

(A) All prescription medications;

(B) Non-prescription medications except over the counter topicals;

(C) Treatments other than basic first aid;

(D) Therapies and use of mechanical restraint as a health and safety related protection;

(E) Modified or special diets;

(F) Prescribed adaptive equipment; and

(G) Aids to physical functioning.

(b) The foster provider must have:

(A) A copy of the authorization in the format of a written order signed by a physician or a qualified health care provider; or

(B) Documentation of a telephone order by a physician or qualified health care provider with changes clearly documented on the MAR, including the name of the person giving the order, the date and time, and the name of the person receiving the telephone order; or

(C) A current ~~pharmacist~~ prescription or ~~manufacturer's~~ label from the manufacturer as specified by the ~~physician's~~ order of a physician on file with the pharmacy.

(c) A provider or alternate caregiver must carry out orders as prescribed by a physician or a qualified health care provider. Changes may not be made without the authorization of a physician or a qualified health care provider's ~~authorization~~.

(d) Each ~~child's~~ medication for a child, including refrigerated medication, must be clearly labeled with the ~~pharmacist's~~ label of the pharmacist or in the ~~manufacturer's~~ originally labeled container from the manufacturer and kept in a locked location or stored in a manner that prevents access by children.

(e) Unused, outdated, or recalled medications may not be kept in the child foster home and must be disposed of in a manner that prevents illegal diversion into the possession of people other than for which the medication was prescribed.

(f) The foster provider must keep a MAR for each child. The MAR must be kept for all medications administered by the foster provider or alternate caregiver to that child, including over the counter medications and medications ordered by physicians or qualified health care providers and administered as needed (PRN) for the child.

(g) The MAR must include:

(A) The name of the child in foster care;

(B) A transcription of the written order of the physician's or licensed health care provider ~~health practitioner's order~~, including the brand or generic name of the medication, prescribed dosage, frequency, and method of administration;

(C) A transcription of the printed instructions from the package for topical medications and treatments without ~~a physician's an~~ order from a physician or licensed health care provider;

(D) Times and dates of administration or self-administration of the medication;

(E) Signature of the person administering the medication or the person monitoring the self-administration of the medication;

(F) Method of administration;

(G) An explanation of why a PRN medication was administered;

(H) Documented effectiveness of any PRN medication administration;

(I) An explanation of all medication administration or documentation irregularities; and

(J) Any known allergy or adverse drug reactions and procedures that maintain and protect the physical health of the child placed in the foster home.

(h) Any errors in the MAR must be corrected by circling the error and then writing on the back of the MAR what the error was and why.

(i) Treatments, medication, therapies, and special diets must be documented on the MAR when not used or applied according to the order of a physician or licensed health care provider.

(j) SELF-ADMINISTRATION OF MEDICATION. For any child who is self-administering medication, the foster provider must:

(A) Have documentation that a training program was initiated with approval of the ~~child's~~-ISP team or that training for the child was unnecessary;

(B) Have a training program that provides for retraining when there is a change in dosage, medication, and time of delivery;

(C) Provide for an annual review, at a minimum as part of the ISP process, upon completion of the training program;

(D) Assure that the child is able to handle his or her own medication regime;

(E) Keep medications stored in a locked area inaccessible to others; and

(F) Maintain written documentation of all training in the ~~child's~~ medical record for the child.

(k) The foster provider may not use alternative medications intended to alter or affect mood or behavior, such as herbals or homeopathic remedies, without direction and supervision of a licensed health care provider ~~medical professional~~.

(l) Any medication that is used with the intent to alter the behavior of a child ~~with an intellectual or developmental disability~~ must be documented in the ~~child's~~-ISP for the child.

(m) BALANCING TEST. When a psychotropic medication is first prescribed and annually thereafter, the foster provider must obtain a signed balancing test from the prescribing health care provider using the ~~Department's~~ Balancing Test Form from the Department. Foster providers must present the physician or health care provider with a full and clear description of the behavior and symptoms to be addressed as well as any side effects observed.

(n) PRN prescribed psychotropic medication is prohibited.

(o) A mental health assessment by a qualified mental health professional or licensed medical professional must be completed, except as noted in subparagraph (A) of this subsection, prior to the administration of a new medication for more than one psychotropic or any antipsychotic medication to a child in foster care.

(A) A mental health assessment is not required in the following situations:

(i) In a case of urgent medical need;

(ii) For a substitution of a current medication within the same class; or

(iii) A medication order given prior to a medical procedure.

(B) When a mental health assessment is required, the foster provider:

(i) Must notify the DHS-CW caseworker when the child is in legal custody of DHS-CW; or

(ii) Must arrange for a mental health assessment when the child is a voluntary care placement.

(C) The mental health assessment:

(i) Must have been completed within three months prior to the prescription; or

(ii) May be an update of a prior mental health assessment that focuses on a new or acute problem.

(D) Whenever possible, information from the mental health assessment must be communicated to the licensed medical professional prior to the issuance of a prescription for psychotropic medication.

(p) Within one business day after receiving a new prescription or knowledge of a new prescription for psychotropic medication for the child in foster care, the foster provider must notify:

(A) The CDDP services coordinator; and

(B) The ~~child's~~ parent of the child when the parent retains legal guardianship or the person who has legal guardianship; or

(C) DHS-CW when DHS-CW is the legal guardian of the child.

(q) The notification from the foster provider to the legal parent or guardian and the CDDP services coordinator must contain:

(A) The name of the prescribing physician or qualified health care provider;

(B) The name of the medication;

(C) The dosage, any change of dosage, suspension, or discontinuation of the current psychotropic medication;

(D) The dosage administration schedule prescribed; and

(E) The reason the medication was prescribed.

(r) The foster provider must get a written informed consent prior to filling a prescription for any new psychotropic medication except in a case of urgent medical need from DHS-CW when DHS-CW is the legal guardian.

(s) The foster provider must cooperate as requested, when a review of psychotropic medications is indicated.

(10) DIRECT NURSING SERVICES. ~~(a)~~ When direct nursing services are provided to a child, the foster provider must:

(Aa) Coordinate with the registered nurse and the ISP team to ensure that the nursing services being provided are sufficient to meet the ~~child's~~ health needs of the child; and

(Bb) Implement the Nursing Care-Service Plan, or appropriate portions therein, as agreed upon by the ISP team and the registered nurse.

~~(b) Nursing tasks must be delegated by a licensed nurse in accordance with OAR chapter 851, division 047.~~

(11) COMMUNITY NURSING SERVICES.

(a) Community nursing services include:

(A) Nursing assessments, including medication reviews;

(B) Care coordination;

(C) Monitoring;

(D) Delegation and training of nursing tasks to a foster provider or alternate caregiver;

(E) Teaching and education of the foster provider and identifying supports that minimize health risks while promoting the autonomy of a child and self-management of healthcare; and

(F) Collateral contact with a services coordinator regarding the community health status of a child to assist in monitoring safety and well-being and to address needed changes to the ISP for the child.

(b) After an initial nursing assessment, a nursing reassessment must be completed every six months or sooner if a change in medical condition requires an update to the Nursing Service Plan.

(c) Community nursing services exclude direct nursing care.

(d) A Nursing Service Plan must be present when Department funds are used for community nursing services. A services coordinator must

authorize the provision of community nursing services as identified in an ISP.

(e) When community nursing services are provided to a child, the foster provider must:

(A) Coordinate with the registered nurse and the ISP team to ensure that the nursing services being provided are sufficient to meet the health needs of the child; and

(B) Implement the Nursing Service Plan, or appropriate portions therein, as agreed upon by the ISP team and registered nurse.

(f) A registered nurse providing community nursing services must comply with:

(A) Provider record and documentation requirements referenced in OAR 407-120-0100 -1505 for financial, clinical, and other records including the Provider Enrollment Agreement and electronic billing procedures;

(B) Department direct contracts (if applicable); and

(C) Service record requirements outlined in this rule.

(12) DELEGATION AND SUPERVISION OF NURSING TASKS. Nursing tasks must be delegated by a registered nurse to a foster provider or alternate caregiver in accordance with the rules of the Oregon State Board of Nursing in OAR chapter 851, division 047.

(a) The delegation process includes:

(A) Assessing a child in a specific situation;

(B) Evaluating the ability of the foster provider or alternate caregiver to perform the nursing task;

(C) Teaching the nursing task;

(D) Ensuring supervision of the foster provider or alternate caregiver; and

(E) Re-evaluating the nursing task at regular intervals.

(b) The foster provider or substitute caregiver performs nursing tasks under the delegated authority of a registered nurse.

(1113) CHILD RECORDS.

(a) GENERAL INFORMATION OR SUMMARY RECORD. The provider must maintain a record for each child in the home. The record must include:

(A) The ~~child's~~ name, date of entry into the foster home, date of birth, gender, religious preference, and guardianship status of the child;

(B) The names, addresses, and telephone numbers of the ~~child's~~ guardian, family, or other significant person of the child;

(C) The name, address, and telephone number of the ~~child's~~ preferred primary health care provider, designated back up health care provider and clinic, dentist, preferred hospital, medical card number and any private insurance information, and Oregon Health Plan choice of the child;

(D) The name, address, and telephone number of the ~~child's~~ school program for the child; and

(E) The name, address, and telephone number of the CDDP services coordinator and representatives of other agencies providing services to the child.

(b) EMERGENCY INFORMATION. The foster provider must maintain emergency information for each child receiving foster care services in the child foster home. The emergency information must be kept current and must include:

(A) The ~~child's~~ name of the child;

(B) The ~~child's~~ address and telephone number of the child;

(C) The ~~child's~~ physical description of the child, which may include a picture and the date it was taken, and identification of:

(i) The ~~child's~~ race, gender, height, weight range, hair, and eye color of the child; and

(ii) Any other identifying characteristics that may assist in identifying the child if the need arises, such as marks or scars, tattoos, or body piercing.

(D) Information on the ~~child's~~ abilities and characteristics of the child, including:

(i) How the child communicates;

(ii) The language the child uses or understands;

(iii) The ability of the child to know how to take care of bodily functions; and

(iv) Any additional information that may assist a person not familiar with the child to understand what the child may do for him or herself.

(E) The ~~child's~~ health support needs, of the child including:

(i) Diagnosis;

(ii) Allergies or adverse drug reactions;

(iii) Health issues that a person needs to know when taking care of the child;

(iv) Special dietary or nutritional needs, such as requirements around textures or consistency of foods and fluids;

(v) Food or fluid limitations due to allergies, diagnosis, or medications the child is taking that may be an aspiration risk or other risk for the child;

(vi) Additional special requirements the child has related to eating or drinking, such as special positional needs or a specific way foods or fluids are given to the child;

(vii) Physical limitations that may affect the ~~child's~~ ability of the child to communicate, respond to instructions, or follow directions;

(viii) Specialized equipment needed for mobility, positioning, or other health related needs;

(ix) The ~~child's~~ emotional and behavioral support needs, of the child including:

(I) Mental health or behavioral diagnosis and the behaviors displayed by the child; and

(II) Approaches to use when supporting the child to minimize emotional and physical outbursts.

(x) Any court ordered or guardian authorized contacts or limitations;

(xi) The ~~child's~~ supervisions requirements of the child and why; and

(xii) Any additional pertinent information the provider has that may assist in the care and support of the child if a natural or man-made disaster occurs.

(c) EMERGENCY PLANNING. The foster provider must post emergency telephone numbers in close proximity to all phones utilized by the foster provider or ~~substitute alternate~~ caregivers. The posted emergency telephone numbers must include:

(A) Telephone numbers of the local fire, police department, and ambulance service if not served by a 911 emergency services; and

(B) The telephone number of any emergency physician and additional [persons-people](#) to be contacted in the case of an emergency.

(d) WRITTEN EMERGENCY PLAN.

(A) Foster providers must develop, maintain, update, and implement a written Emergency Plan for the protection of all children in foster care in the event of an emergency or disaster. The Emergency Plan must:

(i) Be practiced at least annually. The Emergency Plan practice may consist of a walk-through of the [responsibilities of the foster](#) provider's and alternative caregiver's ~~responsibilities~~.

(ii) Consider the needs of the child and address all natural and human-caused events identified as a significant risk for the [child foster](#) home such as a pandemic or an earthquake.

(iii) Include provisions and sufficient supplies, such as sanitation and food supplies, to shelter in place when unable to relocate for a minimum of three days under the following conditions:

(I) Extended utility outage;

(II) No running water;

(III) Inability to replace food supplies; and

(IV) An [alternate](#) caregiver is unable to provide relief care or additional support and care.

(iv) Include provisions for evacuation and relocation that identifies:

(I) The duties of the alternate ~~ive~~ caregivers during evacuation, transporting, and housing of the child, including instructions to notify the ~~child's~~ parent or legal guardian of the child, the Department or the designee of the Department, the CDDP services coordinator, and DHS-CW as applicable, of the plan to evacuate or the evacuation of the child foster home as soon as the emergency or disaster reasonably allows;

(II) The method and source of transportation;

(III) Planned relocation sites that are reasonably anticipated to meet the needs of the child;

(IV) A method that provides ~~persons~~ people unknown to the child the ability to identify each child by the ~~child's~~ name of the child and to identify the name of the ~~child's~~ supporting provider for the child; and

(V) A method for tracking and reporting to the Department or the ~~Department's~~ designee of the Department and the local CDDP, the physical location of each child in foster care until a different entity resumes responsibility for the child_;

(v) Address the needs of the child_; including provisions to provide:

(I) Immediate and continued access to medical treatment, information necessary to obtain care, treatment, food, and fluids for the child during and after an evacuation and relocation;

(II) Continued access to life sustaining pharmaceuticals, medical supplies, and equipment during and after an evacuation and relocation;

(III) Behavior support needs anticipated during an emergency; and

(IV) The supports needed to meet the life-sustaining and safety needs of the child.

(B) The foster provider must provide and document all training to alternate ~~ive~~ caregivers regarding ~~their~~ ~~the~~ responsibilities of the alternate caregiver for implementing the Emergency Plan.

(C) The foster provider must re-evaluate and revise the Emergency Plan at least annually or when there is a significant change in the child foster home.

(D) The foster provider must complete the Emergency Plan Summary, on the form supplied by the Department, and must send ~~it~~ the Emergency Plan Summary to the Department annually and upon change of ~~licensee~~ foster provider or location of the child foster home.

(e) INDIVIDUAL SUPPORT PLAN (ISP). Within 60 days of placement, the ~~child's~~ ISP for a child must be prepared and, ~~at a minimum,~~ updated at least annually.

(A) If requested by the child or guardian, ~~T~~the foster provider must participate with the ISP team in the development and implementation of the ISP to address ~~each child's~~ the behavior, medical, social, financial, safety, and other support needs of the child.

(B) Prior to, or upon entry to, or exit from the child foster home, the foster provider must participate in the development and implementation of a Transition Plan for the child.

(i) The Transition Plan must include a summary of the services necessary to facilitate the adjustment of the child to the [child](#) foster home or after care plan; and

(ii) Identify the supports necessary to ensure the health, safety, and any assessments and consultations needed for ISP development.

(f) FINANCIAL RECORDS.

(A) The foster provider must maintain a separate financial record for each child. Errors must be corrected with a single strike through and initialed by the person making the correction. The financial record must include:

(i) The date, amount, and source of all income received on behalf of the child;

(ii) The room and board fee that is paid to the [foster](#) provider at the beginning of each month;

(iii) The date, amount, and purpose of funds disbursed on behalf of the child; and

(iv) The signature of the person making the entry.

(B) Any single transaction over \$25 purchased with the ~~child's~~ personal funds [of the child](#), unless otherwise indicated in the ~~child's~~-ISP [for the child](#), must be documented in the ~~child's~~ financial record [for the child](#) and include the receipt.

(C) The ~~child's~~-ISP team may address how the ~~child's~~ personal spending money [of a child](#) is managed.

(D) If the child has a separate commercial bank account, records from the ~~child's~~ account must be maintained with the financial record [for the child](#).

(E) The ~~child's~~ personal funds of a child must be maintained in a safe manner and separate from the funds of other members of the household.

(F) Misuse of funds may be cause for suspension, revocation, or denial of renewal of the child foster home certificate.

(g) PERSONAL PROPERTY RECORD.

(A) The foster provider must maintain a written record of ~~each child's~~ the property of a child of monetary value of more than \$25 or that has significant personal value to the child, parent, or guardian, or as determined by the ISP team. Errors must be corrected with a single strike through and initialed by the person making the correction.

(B) Personal property records are not required for children who have a court approved Permanent Foster Care contract agreement unless requested by the ~~child's~~ guardian of the child.

(C) The personal property record must include:

(i) The description and identifying number, if any;

(ii) The date when the child brought in the personal property or made a new purchase;

(iii) The date and reason for the removal from the record;
and

(iv) The signature of the person making the entry.

(h) EDUCATIONAL RECORDS. The foster provider must maintain the following educational records when available:

(A) The ~~child's~~ report cards for the child;

(B) Any reports received from the teacher or the school;

(C) Any evaluations received as a result of educational testing or assessment; and

(D) Disciplinary reports regarding the child.

(i) Child records must be available to representatives of the Department, the certifying agency, and DHS-CW conducting inspections or investigations, as well as to the child, if appropriate, and the guardian or other legally authorized people persons.

(j) Child records must be kept for a period of three years. If a child moves or the foster home closes, copies of pertinent information must be transferred to the child's new home of the child.

Stat. Auth.: ORS 409.050, and 443.835

Stats. Implemented: ORS 430.215, 443.830, and 443.835