Refuge House

Programmatic Policies and Procedures

2012

PREFACE

Refuge House Programmatic Policies and Procedures were developed in accordance with the Minimum Standards for Child Placing Agencies adopted September 2010 and the Residential Child Care Contract version 2012. Programmatic Policies and Procedures are implemented according to the intention of Refuge House Management to provide excellent care and quality of service to our clients, including children, young adults, and the foster/adoptive parents who provide care to those children/young adults.

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

This document is intended to ensure that all Refuge House locations operate under consistent procedures and guidelines. However, in the event that an operational model, policy, or procedure differs for a particular location, that information will be included in an appendix specific to that location.

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

TERMS

- Refuge House and the Agency may be used interchangeably.
- DFPS and the Department may be used interchangeably.
- Foster, foster/adoptive, straight adopt and, in most cases, caregivers, may be used interchangeably.
- Client refers to a foster or adoptive child, young adult, caregivers, or substitute care giver.
- Case Manager refers a Refuge House employee member, Caseworker refers DFPS personnel.
- Unless otherwise notes, Child refers to a person eligible for foster care services throughout these policies from birth through his/her eighteenth birthday.
- Young Adult refers to a foster care placement that is between the ages of 18 and 22, not under the guardianship of DFPS nor monitored by RCCL. .
- Employee refers to any member employed through Refuge House.
- Staff refers to a Foster/Adoptive Parent assisting a licensed foster home in order to maintain ratio.
- A Managing Conservator refers to a person responsible for a child as a result of a District Court order pursuant to the Texas Family Code.
- A client is a foster or adoptive child, a foster parent, adoptive parent, or foster/adoptive parent.

ADMINISTRATION

GOVERNING BODY

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

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

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

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

The Executive Director/CEO reports directly to the Board of Directors and is responsible for the overall operation of the Refuge House's programs.

Refuge House, after obtaining board approval, will notify RCCL and Contracts within seven days prior to implementing any changes to these policies.

References

§749.101(1-5), §749.103(2), §749.103(14), §749.131(2-4), §749.131(5)(A), §749.131(6), §749.331(f), Contract Term 43.A(i)

CHANGES TO GOVERNING BODY

Refuge House will notify Residential Child Care Licensing (RCCL) and Contract Manager(s) of changes to the Governing Body or significant controlling person in the organization within 2 days after a person becomes a Controlling Person, according to the Refuge House Notifications Guidelines.

Refuge House will notify Contracts by email at (Residential_Contracts@dfps.state.tx.us) and RCCL in writing with any updated email address for a controlling member or changes in the governing body's composition within 2 days of change. Refuge House's Governing Body may include, but is not limited to: officers, an executive committee, or members.

Refuge House will notify RCCL and Contracts of changes in the agency's legal structure 7 days prior to the changes taking effect. Changes to Refuge House legal structure may include, but are not limited to:

- Any change in ownership of the agency (requires DFPS Form 1513)
- A change in the agency's non-profit status
- Any change in the agency's admission policy, significant changes to scope and coverage of services
- Change of adoption personnel
- Change of Payee Identification Number

Refuge House will notify RCCL and Contracts within seven days of the addition, replacement, or termination of the Administrator or Board President.

References

§749.103(14), §749.507(3), Contract Term 43.A(vii), Contract Term 60, Adoption Contract Term VII.D

Offices, License

Refuge House will not operate a branch office within the Arlington Region of Texas and San Antonio Region under their current licenses.

A copy of the RCCL License will be maintained and displayed at all offices. Refuge House will observe any conditions noted on the license issued by RCCL. Refuge House will comply with all laws, regulations, requirements and guidelines applicable to providing services to the State of Texas as said laws, regulations, requirements and guidelines currently exist and as they are amended by Contracts.

Additionally, with regards to adoption, Refuge House will ensure that Contracts will be governed by and construed in accordance with Texas state and federal laws and regulations. In accordance with other licensing states, Refuge House will follow all applicable state laws and regulations.

References

§749.103(8), §749.103(9), §749.301, §749.303, Contract Term 40.A-G, Adoption Contract Term III, Adoption Contract VII.I

Accounting, Planning, Budgeting

Refuge House will adhere to Generally Accepted Accounting Principles promulgated by the Financial Accounting Standards Board (http://www.fasb.gov/accepted.html) and follow Department fiscal management policies and procedures in maintaining financial records.

Refuge House maintains responsibility for all payroll taxes and benefits for its employees and indemnifies the Department of all costs, penalties, or losses occasioned by omission or breach of this responsibility.

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

In any instance in which Refuge House is responsible for a child/young adult's money, Refuge House will account for that child/young adult's money separately from the funds of Refuge House or those designated for a foster/adoptive parent.

Refuge House will ensure that an annual review/audit of fiscal performance is conducted by an outside entity. Refuge House will ensure that the cost report is completed and submitted annually to the Health and Human Services Commission, as prescribed in the Residential Child Care Contract and will be kept within Refuge House records for a minimum of 5 years.

Refuge House will be responsible for the timely and proper collection and reimbursement to the Department of any amount paid in excess of the proper payment amount within 90 days of determination of overpayment.

References

§749.161(a-b), §749.163(4-5), §749.165, Contract Term 35, Contract Term 36, Contract Term 38, Contract Term 39, Contract Term 40.B, Contract Term 40.C(i), Contract Term 41.A, Contract Term 44, Contract Term 45, Adoption Contract Term V.I, Adoption Contract Term V.J, Adoption Contract Term V.M, Adoption Contract Term V.N, Adoption Contract Term V.O

PLANNING AND BUDGETING

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

References

§749.103(15), §749.131(a)(1)

INSURANCE

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

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

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

References

§749.103(11), Contract Term 37, Adoption Contract Term V.K

Background Checks

All agency-sponsored individuals over the age of 14 (excluding foster children) who have regular, intermittent, or consistent contact with Refuge House foster children/young adults are required to have a background check conducted by Refuge House prior to having contact with foster children/young adults. Unless they are transferring from another agency, foster/adoptive parents must have an FBI and fingerprinting check. Refuge House will request a fingerprint-based criminal history check for any agency-sponsored individual requiring a background check, who has lived outside of Texas any time during the previous five years (prior to date of employment) or there is reason to believe other criminal history.

All young adults participating in the Voluntary Return to Care foster care program will have a criminal background central registry check run prior to his/her admission into the program and agency.

Role in the home	DPS and DFPS background check required?	FBI fingerprint check required?
Foster parent	Y	Y*
Adult resident	Y	Y*
Non-client child resident, 14 years old or older	Y	N
Person regularly or frequently present in the home (discussed below)	Y	N

* For foster homes verified after September 1, 2006, and adult residents who move into any foster home after September 1, 2006.

These words have the following meanings:
(1) Frequently--More than two times in a 30-day period.
(2) Regularly--On a scheduled basis.

References

§745.601, §745.615, §749.105(4), Contract Term 7, Contract Term 24, Adoption Contract Term VII.M

Agency Conflict of Interest

Refuge House Code of Conduct and Conflict of Interest Policy addresses the relationships amongst employees, contract service providers, children/young adults in foster/adoptive placement, foster/adoptive parents, children/young adults' families, Governing Board, executive personnel, and related parties and includes required parameters for entering into independent financial relations or transactions. A related party is anyone who is an immediate relative or other relation

of an individual who can directly influence the operations in order to benefit from the decision-making process at Refuge House.

Code of Conduct

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

Related Party Transactions

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

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

References

§749.107, Contract Term 23.I

OPERATIONS

Refuge House Personnel and Programmatic Policies and Procedures will be maintained at Refuge House and made available to all employees and agency-sponsored individuals of Refuge House at any time. Upon request, Refuge House Personnel and Programmatic Policies and Procedures will be made available for review by RCCL representatives. Copies of all current and previous policies will be maintained by Refuge House for a minimum of 5 years.

PERSONNEL POLICIES AND PROCEDURES

Refuge House Personnel Policies and Procedures may be revised and adopted as necessary. Personnel Policies and Procedures are approved by the Executive Director/CEO or designee as representative of the Board of Directors.

Employees are required to acknowledge receipt of, and adhere to, Personnel Policies and Procedures on or before their first day of employment. Employees will be formally evaluated on their knowledge and understanding of Refuge House Personnel Policies and Procedures at any time.

PROGRAMMATIC POLICIES AND PROCEDURES

Refuge House operates according to written policies and procedures adopted by the governing body that observes the conditions of our license and meets the most stringent guidelines set forth by all applicable monitoring entities. Refuge House Programmatic Policies and Procedures may be revised at set times throughout the year as approved by RCCL, Contracts, and YFT. Programmatic Policies and Procedures will be initially approved by Executive Director/CEO. Upon approval from Executive Director/CEO, Programmatic Policies and Procedures will be submitted to the Board of Directors for approval. Once the Executive Director/CEO and Board of Directors have approved the document(s), Refuge House will submit its Programmatic Policies and Procedures to all applicable monitoring entities. No publication or implementation of the Programmatic Policies and Procedures will take place prior to approval from applicable monitoring entities.

Procedures may be revised and approved by Refuge House Executive Director/CEO or designee, provided the procedures do not conflict with the policy and meet the minimum requirements established by the policy.

Refuge House Programmatic Policies and Procedures will be developed in accordance with the Minimum Standards of Child-Placing Agencies, DFPS Contract Requirements and YFT Standards and will comply with the law, including Chapters §42 and §43 of the Human Resource Code and Chapter §745 of DFPS and any other applicable rules of the Texas Administrative Code (TAC). In regards to adoption, Refuge House will comply with applicable federal and state regulations and

policies. Refuge House will deliver services and meet all requirements in a manner that meets the highest standards of professional quality.

Employees are required to acknowledge receipt of and adhere to Refuge House Programmatic Policies and Procedures on or before their first day of employment. Employee will be formally evaluated on their knowledge and understanding of Refuge House Programmatic Policies and Procedures at any time.

References

§749.103(2), §749.131(2-4), §749.331(b,c,d,e,g), §749.423(1), §749.2813, Contract Term 5.C, Contract Term 22.(A-C), Contract Term 48, Contract Term 50, Adoption Contract Term V.N, Adoption Contract Term VIII.1

Review of Policies and Procedures

Refuge House will conduct ongoing evaluation of both policies and procedures with regards to the effectiveness of meeting the rules of Chapter §749 of the Minimum Standards for Child-Placing Agencies. The following are mechanisms which trigger an assessment of policies and procedures:

- Yearly full scale review of Programmatic Policies and Procedures manual by the Management Team, which may include the Administrator, CPMS, Treatment Director, Quality Assurance and Executive Director/CEO.
- On-going review by Quality Assurance employees to ensure on-going compliance.
- A Trend Analysis that reveals a deficiency in compliance with a particular standard.
- A Monitoring Entity (RCCL, Contracts, and YFT) identifies an agency-wide deficiency.

In the event that a problem is identified with regard to the effectiveness of the system for meeting a standard, Refuge House may employ any or all of the following procedures to address the problem:

- Implement additional procedures to provide clearer and more structured management of the process(es) related to the standard.
- Establish new and/or revised policies to provide clearer guidelines to employees or other related personnel.
- Conduct employee reviews to assess if the issue is personnel-related.
- Solicit feedback from Monitoring Entities to incorporate into problem resolution.
- In the event that immediate action is required, Management will take action necessary to ensure the safety and well-being of all children placed in care, the Agency will address the immediate issues on an as necessary basis, prior to implementing official updates to policy or procedure.

References

§749.101(6)(F), Contract Term 49.A, Adoption Contract Term V.O

RECORDS

Refuge House will maintain a complete set of current and accurate master records for employees, contractors, foster/adoptive families, children and young adults in either printed or electronic format. Physical records will be maintained for 7 years for discharged or inactive entities (with the exception of inactive employees whose files are retained for a 12 month period), contractors, foster/adoptive families, children and young adults, unless otherwise noted. The Refuge House Records Department ensures that all records for Inactive entities are appropriately archived and catalogued. Electronic records for both active and inactive entities will be maintained in perpetuity and may be archived to electronic media for ongoing storage.

PROTECTING CONFIDENTIAL INFORMATION

All information pertaining to clients of Refuge House is considered confidential and falls under the jurisdiction of the Confidentiality Agreement signed by all employees, contractors, volunteers, and foster/adoptive parents. Refuge House will take all reasonable steps and precautions to safeguard this information both in electronic and/or physical form. This information is privileged and limited to those individuals with whom Refuge House has a signed Confidentiality Agreement and those who are legally authorized to have access to this information, specifically DFPS and its designees, court and legal representatives. Refuge House may provide de-identified data for informational and/or aggregation purposes assuring that the information cannot be tied to an individual or individuals by a person not associated with Refuge House. Confidentiality will be a priority, and any information shared with outside entities will be properly de-identified with a system of using first name and last initial.

Physical Files

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

Electronic Files

Refuge House stores all files in electronic format, except in the following instances: 1) an electronic format is not technologically possible, 2) when Refuge House is required to maintain paper files by a monitoring entity.

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

a. All access to Refuge House electronic files is governed by individual logins and passwords. Passwords expire per Refuge House policy and comply with Refuge House 'hard-to-guess' rules for all logins.
b. Refuge House does not provide 'generic' or 'multi-user' login accounts.
c. Network and data access logins are authorized by the Executive Director/CEO.
d. Refuge House network is protected from the outside world by an electronic firewall.

e. Confidential information is not accessible by a public means.
f. Anti-virus software is installed and maintained on all Refuge House servers and workstations. Virus definitions are updated as they become available to the anti-virus vendor and pushed to workstations when connected to the network.
g. Workstation data is synchronized and backed up to network servers upon connection to the network.
h. Nightly incremental and Weekly/Monthly full backups are made for devices containing electronic files.

Records for Active Entities

All active records will be updated no later than 30 days after an occurrence or event, within 15 days from the end of the month for monthly summaries, or as otherwise specified by monitoring entities. If an active file is requested by a monitoring entity, Refuge House will make the record available for immediate review and reproduction.

Records for Inactive Entities

Once the record for an inactive entity is complete, a Refuge House employee will notify the Refuge House Records Department. The record will be copied in its entirety to a back-up device, such as a CD, DVD, tape or other media. A complete list of archived records will be maintained by the Records Department. If an inactive file is requested by RCCL, Refuge House has 48 hours to provide the RCCL representative access and/or a copy.

- **Personnel Records** – Prior to authorizing records to archive, Treatment Director ensures that all pertinent documentation is included in the personnel record. This information may include training, correspondence, exit interview, Texas Workforce Commission (TWC) correspondence, separation follow-up, timesheets, etc.
- **Foster/Adoptive Home Records** – Prior to authorizing records to archive, QA ensures that all pertinent documentation is included in the foster/adoptive home record. This information includes, but is not limited to training, investigations, quarterly reviews and logs, letters to the foster/adoptive parent(s), etc. For foster/adoptive applicants who completed the home screening process but were not approved for verification by the Agency, their records will be maintained for at least one year.
- **Foster/Adoptive Child/Young Adult Records** - Prior to authorizing records to archive, QA ensures that all pertinent documentation is included in the child/young adult record. This information includes, but is not limited to discharge paperwork, service plans, monthly foster/adoptive parent paperwork case management narrative, and school records. In the event of Agency closure, records will be transferred to the appropriate entity.

For straight adoption records, on-going and consummated child/young adult adoption records, please see Refuge House Policy and Procedure, "Adoption Records."

References

§749.103(3,4), §749.531, §749.533, §749.535, §749.537, §749.551(c-d), §749.555(a), §749.579, §749.581(a-c), §749.583, §749.585(e), Contract Term 41.H, Contract Term 41.I, Adoption Contract Term VII.J

PERSONNEL RECORDS

Personnel records shall accurately reflect an employee's information, qualifications, status and training. Electronic records are maintained in accordance with the Refuge House records policy. Personnel records are maintained for the current year and prior calendar year for any discharged employees. Refuge House will maintain a master list of all active and archived personnel records. When a person formerly employed by the Department is hired, Refuge House will complete the Department's form 4732 within ten calendar days.

PERSONNEL RECORDS PROCEDURE

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

- Documentation of employment date, how the individual meets minimum age and qualification requirements
- Current Job Description
- Copy of license, certification, registration when applicable
- Copy of TB screening conducted prior to having contact with children/young adults showing that they are free of contagious TB
- Signed and notarized Affidavit for Applicants for Employment
- Signed/dated statement indicating the individual has read Personnel/Operational Policies
- Signed/dated statement indicating the individual has read and agrees to the Reporting Abuse and Neglect Policy
- Completed Criminal History Request and Proof of cleared background check
- Copy of valid driver's license and auto liability insurance
- Record of training and training hours (which will include at least the last full year of training and the current training year)
- Negative drug screen results and signed Drug Testing Policy
- Documentation of Refuge House employment history/tenure
- Date and details of separation from Refuge House, if applicable

References

§749.551(a-b), §749.551(e), §749.553, §749.555, Contract Term 24, Contract Term 43.A(vi), Contract Term Attachment C

CLIENT RECORDS

Client records shall accurately reflect information available to Refuge House. Every client record shall be individualized, current, and complete according to specified timeframes. Documentation shall be filed in the client's record no later than 30 days after the event or occurrence and within 15 days from the end of the month for monthly summaries or as otherwise required by the type of documentation. An accurate master list of all current and former foster/adoptive homes and children/young adults placed in care is maintained electronically. Client records which are kept in physical form are maintained in the office where the client's case is managed, electronic records

are made available to case managers from any location. Information contained in client records is considered confidential and is safeguarded according to the Refuge House records (Protecting Confidential Information) policy.

Child and Young Adult Records

A child/young adult record is initially the responsibility of the Refuge House Intake Department, who is responsible for creating the file and incorporating the elements from the placement. After placement, the Intake Department works in conjunction with the case manager to ensure ongoing maintenance of the record.

Each child's and young adult's active record will include at minimum:

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

Foster/Adoptive Home Records & Other Foster/Adoptive Parent Records

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

References

§749.535, §749.571, §749.573, §749.575, §749.577, §749.581(d)

Communicable Diseases

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

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

When a Refuge House employee becomes aware that a Refuge House Related Party (employee, service provider, foster parent, foster child/young adult, associate, volunteer, or person in a foster home) is found to have symptoms or verified diagnosis of a communicable disease that is reportable to the Department of State Health Services (DSHS), a Refuge House employee will take appropriate measures to ensure that the appropriate information is reported to DSHS within two

business days of becoming informed of the symptoms. The employee will ensure that the appropriate reporting procedure is followed according to the Texas Administrative Code (25 TAC 97 Subchapter A). The procedures in this policy are inclusive of the procedures contained in the Texas Administrative Code effective 02/19/2007. Refer to Refuge House reference document RHRef-TAC-25-97_3.doc for a list of reportable diseases and the requirements.

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

Communicable Diseases Procedure

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

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

References

§749.609, §749.1415, §749.1417, Contract Term 7

MONITORING ENTITIES

RESIDENTIAL CHILD CARE CONTRACTS (CONTRACTS):

Residential Child Care Contracts conducts reviews of Refuge House operational systems, compliance with contract terms, contractual outcome measures and staffing plans. Reviews are conducted at a frequency to be determined by Contracts, taking place either annually or every three years. Contracts, in conjunction with Health and Human Services Commission HHSC review and audit the Agency's cost reports.

YOUTH FOR TOMORROW (YFT)

YFT Monitoring Procedure

Refuge House will request an Initial Authorized Service Level within the first 45 days of admitting a child/young adult. Refuge House expects children/young adults needing Moderate care to be reviewed yearly, Specialized every three months, and children/young adult needing Basic care to be reviewed when submitting for an increase in level of care or when expired.

Initial Service Level Submissions:

- Upon placement of a child/young adult in the Agency, Refuge House will determine whether a child/young adult qualifies for the submission of a service level raise. This may occur for children/young adults new to the foster care system and/or new to Refuge House.
- Once that is determined, Refuge House will submit to YFT for level of care review. This must occur within 45 days of the child/young adult's placement with Refuge House. Based on the Agency's submission, YFT may choose to maintain, lower, or raise a child/young adult's level of care.
- If Refuge House disagrees with the service level determined by YFT, members of the *Refuge House Management Team may appeal YFT's decision within 10 days of the service level review.
- All other requests (ongoing maintenance and submissions) for a child/young adult's service level must be directed to the child/young adult's DFPS caseworker, who will then forward any approved requests to the Service Level Monitor.

Ongoing Service Level Maintenance and Submissions:

- If a child/young adult's service level expires within the first thirty days of placement, Refuge House will submit to YFT for level of care review. Based on the Agency's submission, YFT may choose to maintain, lower, or raise a child/young adult's level of care.
- If Refuge House determines the need for a child/young adult's service level to be reviewed during an unofficial review period, Refuge House will direct a service level request to the child/young adult's DFPS caseworker, who will then forward any approved requests to the Service Level Monitor. Once Refuge House receives approval from DFPS caseworker, Refuge House will submit the child/young adult to YFT for service level review. YFT may choose to maintain, lower, or raise a child/young adult's level of care.
- If Refuge House disagrees with the service level determined by YFT, members of the Refuge House Management Team may appeal YFT's decision within 10 days of the service level review.

*Refuge House Management Team includes: Executive Director/CEO, Treatment Director, and Department Supervisors.

Residential Child Care Licensing (RCCL):

Refuge House will allow RCCL to conduct an inspection at our offices during our hours of operation. RCCL conducts both announced and unannounced inspections at Refuge House, at a frequency determined by RCCL.

Refuge House will allow the inspections of Refuge House foster/adoptive homes at any time for the purpose of investigations or random sampling visits.

References

§749.103(5,6)

Contact Availability

At all times, Refuge House will maintain at least one active electronic mail (e-mail) address for the receipt of contract-related communications from the Department of Family and Protective Services. If Refuge House's e-mail address changes for any reason, RCCL, DFPS Contract Manager and YFT will be notified in writing. The e-mail address is as follows: mgorman@refugehouse.org

Contact Availability Procedure

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

References

Contract Term 44

Notifications

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

Refuge House will notify DFPS of changes in the following:

- Location of Refuge House records, office, agency homes (as soon as possible but at least 15 days prior)
- Change in Agency Home Verification
- Changes to Written Professional Staffing Plan

Refuge House will also notify the child/young adult's CPS Caseworker by e-mail:

- Six months prior to the child turning 18 to initiate plan regarding voluntary extended foster care
- When the young adult's Voluntary Extended Foster Care Agreement or Voluntary Return to Foster Care Agreement has not been received for a young adult 18 to 22 years of age participating in either one of these programs. Efforts made to obtain copies of these agreements will be documented in the young adult's record.
- If, during the review of a child/young adult's service plan, the Contractor is not aware of a plan for a child/young adult (16 years of age or older) for the child/young adult to enroll in or receive PAL life skills training classes.

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

References

§749.101(6)(A), §749.103(17), Contract Term 7, Contract Term 43.A(xiii)(xiv)

Responding to Complaints and Allegations

Refuge House will make every effort to respond to all complaints and allegations and perform due diligence and investigations to all reasonable complaints and allegations within the scope of our responsibilities regarding the safety and well-being of the children/young adults in our care in accordance with Minimum Standards, DFPS Contract Terms and YFT requirements. Refuge House will not retaliate against any party for a complaint or allegation made in good faith and prohibits a negative action such as discharge or retaliation for filing a complaint about violation of policy or procedure.

References

§749.341(8), Contract Term 43.A(xii)

Reporting to DFPS

Refuge House shall provide any records and information concerning the child to the Department upon request. Refuge House will forward legible records and information to the Department within fourteen calendar days. It has been the policy of Refuge House to ensure that all of the following are electronically submitted (via e-mail) to the CPS caseworker of each child by the 15th of each

month. A printout of the sent e-mail will be filed in the child's record.

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

The above reporting to DFPS policies do not apply to young adults, ages 18-22.

References

Contract Term 41.C

Reporting Serious Incidents

An incident is a non-routine occurrence that has or may have dangerous or significant consequences on the care, supervision and/or treatment of a child. Refuge House will provide the foster/adoptive parents with specific instructions for writing incident reports and determining which incidents are serious incidents and to provide a procedure for reporting. Incidents involving young adults (18-22) in care will not be reported to the RCCL unless the incident involves a child 17 years or younger. However, an incident should always be reported to law enforcement and/or the CPS worker if appropriate, regardless of the child/young adult's age. Serious incident reports for young adults involving their death while in care, abuse to a minor child, and allegations of abuse and neglect against the foster/adoptive parent(s) will be reported to Statewide Intake, in addition to the young adult's CPS caseworker. Serious incidents must be reported to RCCL within 2 hours according to the reporting chain below: caregiver > staff > Treatment Director and Administrator > RCCL.

Per Occurrence, Refuge House Responsibility & Procedure

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

b. The Supervisor notifies the Administrator and Treatment Director to report a serious incident.
    i. Administrator and Treatment Director determines what additional notifications are necessary according to minimum standards and contract terms, such as notifying the RCCL Hotline, RCCL, or law enforcement. Administrator and Treatment Director will ensure that recommendations of RCCL and/or law enforcement are followed.
    ii. Serious Incidents are reported to RCCL Hotline at 1-800-252-5400, Licensing Representative and/or to the child's DFPS caseworker according to the Reporting Matrix in Minimum Standard §749.503 and §749.507.
    iii. In the event of a child/young adult's death, RCCL is notified as soon as practical for a given situation.
c. Documentation of incidents are completed by Refuge House case manager or on-call worker within 24 hours of notification.
d. Administrator and Treatment Director signatures are obtained, and the incident report is filed in the child/young adult's record and in the Serious Incident Report File by the next business day.
e. Copies of reportable incidents are maintained in the Serious Incident Report File in a secure location for a minimum of two years. Upon request, Refuge House will provide copies of incident reports to RCCL.

Per Occurrence, Foster/Adoptive Parent Responsibility & Procedure

In any case that a foster/adoptive parent is uncertain regarding the type of incident, the foster/adoptive parent should err on the side of caution and contact their Refuge House case manager or on-call worker.

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

1. Foster/adoptive parent must report incident to RH case manager or on-call worker immediately.
2. Foster/adoptive parent must provide detailed information when reporting incidents to Agency employee
3. Foster/adoptive parent must follow recommendations made by the RH case manager, Administrator and/or Treatment Director.
4. If a child/young adult has 3 or more non-reportable incidents of a given type in one (1) day or 5 in one week, the Foster/Adoptive Parent must contact the case manager (or on-call worker) within 2 hours of the last incident so that a safety plan can be completed by the Refuge House treatment team.

Reportable Incidents – The below 'Serious Incidents- Report and Documentation Charts' lists incidents which are required to be reported to the Department in accordance with RCCL Minimum Standards. The entities/individuals to whom the report should be made and the timeframe in which the report must be made is specified below according to the particular incident.

Serious Incidents- Report and Documentation Charts

Report Chart

Serious Incident:	**Report:** **(i) To Licensing?** **(ii) If so, when?**	**Report:** **(i) To Parents?** **(ii) If so, when?**	**Report:** **(i) To Law Enforcement?** **(ii) If so, when?**
1) A child/young adult dies while in your care.	(A)(i) YES (A)(ii) Report as soon as possible, but no later than 24 hours after the incident or occurrence.	(B)(i) YES (B)(ii) Immediately.	(C)(i) YES (C)(ii) Immediately.
2) A critical injury or illness that warrants treatment by a medical professional or hospitalization, including dislocated, fractured, or broken bones; concussions; lacerations requiring stitches; second and third degree burns; and damage to internal organs.	(A)(i) YES (A)(ii) Report as soon as possible, but no later than 24 hours after the incident or occurrence.	(B)(i) YES (B)(ii) Report as soon as possible, but no later than 24 hours after the incident or occurrence.	(C)(i) NO (C)(ii) Not Applicable.
3) Allegations of abuse, neglect, or exploitation of a child; or any incident where there are indications that a child in care may have been abused, neglected, or exploited.	(A)(i) YES (A)(ii) As soon as you become aware of it.	(B)(i) YES (B)(ii) As soon as you become aware of it.	(C)(i) NO (C)(ii) Not applicable.
4) Physical abuse committed by a child/young adult against another child. For the purpose of this subsection, physical abuse is: physical injury that results in substantial bodily harm and requiring emergency medical treatment, excluding any accident; or failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial bodily harm to the child.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after the occurrence or incident.	(B)(i) YES (B)(ii) As soon as possible, but no later than 24 hours after the occurrence or incident.	(C)(i) NO (C)(ii) Not applicable.

5) Sexual abuse committed by a child/young adult against another child. For the purpose of this subsection, sexual abuse is: conduct harmful to a child's mental, emotional or physical welfare, including nonconsensual sexual activity between children of any age, and consensual sexual activity between children with more than 24 months difference in age or when there is a significant difference in the developmental level of the children; or failure to make a reasonable effort to prevent sexual conduct harmful to a child.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after the occurrence or incident.	(B)(i) YES (B)(ii) As soon as possible, but no later than 24 hours after the occurrence or incident.	(C)(i) NO (C)(ii) Not applicable.
6) A child is indicted, charged, or arrested for a crime.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after you become aware of it.	(B)(i) YES (B)(ii) As soon as you become aware of it.	(C)(i) NO (C)(ii) Not applicable.
7) A child developmentally or chronologically under 6 years old is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.	(A)(i) YES (A)(ii) Within 2 hours of notifying law enforcement.	(B)(i) YES (B)(ii) Within 2 hours of notifying law enforcement.	(C)(i) YES (C)(ii) Immediately upon determining the child is not on the premises and the child is still missing.
8) A child developmentally or chronologically 6 to 12 years old is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.	(A)(i) YES (A)(ii) Within 2 hours of notifying law enforcement, if the child is still missing.	(B)(i) YES (B)(ii) Within 2 hours of determining the child is not on the premises, if the child is still missing.	(C)(i) YES (C)(ii) Within 2 hours of determining the child is not on the premises, if the child is still missing.
9) A child 13 years old or older is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.	(A)(i) YES (A)(ii) No later than 24 hours from when the child's absence is discovered and the child is still missing.	(B)(i) YES (B)(ii) No later than 24 hours from when the child's absence is discovered and the child is still missing.	(C)(i) YES (C)(ii) No later than 24 hours from when the child's absence is discovered and the child is still missing.

10) A child/young adult in your care contracts a communicable disease that the law requires you to report to the Department of State Health Services (DSHS) as specified in 25 TAC Chapter 97, Subchapter A, (relating to Control of Communicable Diseases).	(A)(i) YES, unless the information is confidential. (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.	(B)(i) YES, if their child has contracted the communicable disease or has been exposed to it. (B)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.	(C)(i) NO (C)(ii) Not applicable.
11) A suicide[1] attempt by a child/young adult.	(A)(i) YES (A)(ii) As soon as you become aware of the incident.	(B)(i) YES (B)(ii) As soon as you become aware of the incident.	(C)(i) NO (C)(ii) Not applicable.

Documentation Chart

Serious Incident:	**Documentation:**
1) Child/young adult death, suicide attempt, or a critical injury reportable under §749.503(a)(1), and (11) of this title (relating to When must I report and document a serious incident?).	Any emergency behavior interventions implemented on the child/young adult within 48 hours prior to the serious incident.
2) Any critical injury reportable under §749.503(a)(2) of this title that resulted from a short personal restraint.	Documentation of the short personal restraint, including the precipitating circumstances and specific behaviors that led to the emergency behavior intervention.
3) Child absent without permission.	(A) Any efforts made to locate the child; (B) The date and time you notified the parent(s) and the appropriate law enforcement agency and the names of the persons with whom you spoke regarding the child's absence and subsequent location or return to the foster home; and (C) If the parent cannot be located, dates and times of all efforts made to notify the parent regarding the child's absence and subsequent location or return to the foster home.
4) Any abusive behavior among children/young adults reportable under §749.503(a)(4) or (5) of this title.	The difference in size, age, and developmental level of the children involved in the abusive behavior.

[1]A suicide attempt includes a child's attempt to take his own life using means or methods for causing his death, including a means or method that the child believes is capable of causing death.

1) Foster/adoptive parent must report incident to Refuge House case manager or on-call worker immediately.
2) Foster/adoptive parent must provide detailed information when reporting incidents to Refuge House employees.
3) Foster/adoptive parent must follow recommendations made by the Refuge House employee.

Incidents Not Involving Children/Young Adults In Care

Following are incidents that may not directly involve children/young adults in care, but will be reported according to RCCL Minimum Standard §749.503(c):

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

Report Chart

Serious Incident:	**Report:** **(i) To Licensing?** **(ii) If so, when?**	**Report:** **(i) To Parents?** **(ii) If so, when?**
1) Any incident that renders all or part of your operation unsafe or unsanitary for a child/young adult, such as a fire or a flood.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after the incident.	(B)(i) YES (B)(ii) As soon as possible, but no later than 24 hours after the incident.
2) A disaster or emergency that requires your operation to close.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after the incident.	(B)(i) YES (B)(ii) As soon as possible, but no later than 24 hours after the incident.

3) An adult who has contact with a child/young adult in care contracts a communicable disease noted in 25 TAC 97, Subchapter A, (relating to Control of Communicable Diseases).	(A)(i) YES, unless the information is confidential. (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.	(B)(i) YES, if their child has contracted the communicable disease or has been exposed to it. (B)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.
4) An allegation that a person under the auspices of your operation who directly cares for or has access to a child/young adult in the operation has abused drugs within the past seven days.	(A)(i) YES (A)(ii) Within 24 hours after learning of the allegation.	(B)(i) NO (B)(ii) Not applicable.
5) An investigation of abuse or neglect by an entity (other than Licensing) of an employee, professional level service provider, volunteer, or other adult at the operation.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the investigation.	(B)(i) NO (B)(ii) Not applicable.
6) An arrest, indictment, or a county or district attorney accepts an "Information" regarding an official complaint against an employee, professional level service provider, or volunteer alleging commission of any crime as provided in §745.651 of this title (relating to What types of criminal convictions may preclude a person from being present in an operation?).	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the situation.	(B)(i) NO (B)(ii) Not applicable.

Incident Documentation and Review Procedure

Non-Reportable and Reportable Incident reports include the following:

- Name, physical address, telephone number of the foster/adoptive home;
- Date and time of the occurrence;
- Name, age, gender, date of admission of child(ren)/young adults involved;
- Adult individuals involved and relation to the child(ren);
- Names or other means of identifying witnesses to the incident, if any;
- Nature of the incident;
- Surrounding circumstances;
- Interventions made during and after the incident, such as medical interventions, contacts made, and other follow-up actions;
- Details of any medical treatments, including physician's info;
- Resolution of the incident; and

- Additional documentation for child/young adult death, suicide attempt, critical injury, child absent without permission or runaway, abusive behavior among children/young adults will be recorded according to RCCL Minimum Standards §749.513

1) The completed incident report forms will be kept in the child/young adult and/or foster/adoptive family file, as appropriate, with a copy kept in a locked file in the office of the Administrator and/or Treatment Director for at least 5 years.
2) Quarterly foster/adoptive home reviews will include a summary of foster/adoptive family incidents to identify opportunities for improvement and set action plans. The case manager will also review and discuss incident reports specific to the child/young adult at monthly face-to-face meetings.
3) All incident reports will be reviewed for patterns and trends monthly by the Administrator and again quarterly. Any trends noted will be discussed at the quarterly Quality Assurance Meeting. Action plans will be reviewed and agreed upon. The Administrator, Treatment Director, and/or Executive Director/CEO may call a meeting at any time a trend is noted and prompt action is needed.

References

§749.501, §749.503, §749.505, §749.507(1), §749.509, §749.511, §749.513, §749.515, Contract Term 24.A, Contract Term 43.A(iii, iv, v), Adoption Contract Term VII.K

PROGRAM ADMINISTRATION

STATEMENT OF SERVICES

Refuge House will provide a full spectrum of appropriate foster care services to children ages 0-17 and young adults ages 18-22 referred to this agency in the following areas: Basic and Therapeutic Service Levels, Child Care Services and Treatment Services (Mental Retardation, Pervasive Developmental Disorders, and Emotional Disorders), Voluntary Extended Foster Care, Voluntary Return to Foster Care, and Adoption Services. Refuge House will provide services in accordance with the DFPS Minimum Standards as determined by each child's service level and will follow all Service Level requirements indicated by the Department, unless a documented contraindication is approved by qualified personnel and is deemed necessary by the child/young adult's treatment team. Specific policies and procedures wherein these requirements are met are defined throughout this manual and referenced by Attachment C and Contract. Refuge House will not offer unrelated types of services that conflict or interfere with the best interest of a child/young adult in care, a foster/adoptive parent's responsibilities or space in the home, this includes prohibition of a Refuge House home providing day care services. In the event that Refuge House offers more than one type of service, Refuge House will determine and document that no conflict exists.

CHILDREN/YOUNG ADULTS WITH DUAL DIAGNOSIS (BEHAVIORAL AND DEVELOPMENTAL)

Refuge House will place children and young adults in care who have been diagnosed with both behavioral and developmental disorders. Placements that are dually diagnosed will only be placed in homes where the foster/adoptive parents have appropriate training or experience to adequately manage their placement's care and any resulting behaviors. Refuge House identifies and/or provides additional training to foster/adoptive parents who have placements with special needs in the areas of behavioral and/or mental retardation or autistic features.

CHILDREN WITH DRUG USE OR CHEMICAL DEPENDENCY

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

References

§749.103(10), §749.345(5), §749.2493, Contract Term 6.A, Contract Term 7, Contract Term Attachment C

Pre-service Orientation

Refuge House provides valuable information to individuals who will come into contact with the children/young adults we serve. Pre-service orientation provides an overview of Refuge House philosophy, organizational structure, policies and a description of services and programs we offer, along with the needs and characteristics of the children/young adults we serve. Pre-service orientation is provided to Refuge House employees and foster/adoptive parent candidates prior to caring for children and young adults. Procedures surrounding this orientation may be found in Employee Training and Professional Development and Training Requirements for Foster/Adoptive Homes. Orientation does not count towards pre-service training hours.

If an employee returns to Refuge House within a time period of less than twelve months, the employee's supervisor will determine on a case by case basis the type of orientation necessary and will document this in the employee's personnel record.

References

§749.831, §749.833, §749.865, Contract Term Attachment C Section 502

Staffing Plan

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

- Agency Organizational Chart
- Personnel Job Descriptions
- Demonstration of how the number, qualifications, and responsibilities of employees are adequate to meet the needs of the children/young adults in care
- Detailed qualifications, duties, responsibilities, and authority of professional positions
- Documentation of the nature of each position (full-time, part-time, consultative) and the expected hours and frequency for non full-time personnel
- Description of how employees or service providers support clients through branch offices.

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

Job Descriptions

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

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

Procedures for ensuring that Refuge House employees meet the necessary qualifications are found in the Professional Staffing Plan.

References

§749.105(1-2), §749.553(3), §749.601, Contract Term 43.A(vi, vii), Contract Term Attachment C Section 503

EMPLOYMENT PREREQUISITES

Prior to acceptance as a Refuge House employee, applicants must meet the following requirements or prerequisites:

- Behavior and health status must not present a danger to children/young adults in care;
- Meet the following background check requirements according to the Texas Administrative Code Subchapter F of Chapter 745, which includes, but is not limited to DPS and DFPS background check (which will be submitted every two years after the initial). Employee will be reimbursed for expense fingerprinting if required and result does not disqualify them from employment. Expense report must be submitted within first month of employment;
- Have a record of demonstrating the employee is free of the TB Contagion. Refuge House will reimburse applicant cost of TB test (not to exceed $20) if results do not disqualify applicant from employment;
- Be physically, mentally and emotionally capable of performing assigned task and have the skills necessary to perform assigned tasks;
- Complete a notarized Licensing Affidavit for Applicants for Employment; and
- Successfully pass a pre-employment drug screening.

References

§749.605, §749.609, Contract Term 24, Adoption Contract Term VII.M

CULTURAL COMPETENCE/DIVERSITY

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

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

Cultural Competency & Diversity Training Procedure

Employees

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

Foster/Adoptive Parents and Caregivers

Foster/adoptive parents and caregivers receive cultural competence training as a component of the PRIDE course as a requirement of pre-service training. Each foster/adoptive Parent must participate in one authorized cultural competence and/or diversity course per year as a requirement of in-service training.

In the event that a foster/adoptive parent receives placement of a child or young adult with a significantly different cultural or ethnic background, Refuge House will ensure that the foster/adoptive parent(s) is able to meet their specific needs through additional training, education or mentoring by Refuge House employees or another experienced foster/adoptive parent.

For Children and Young Adults

Children and young adults in the care of Refuge House will receive ongoing training in cultural competency and diversity. Children and young adults will experience cultural diversity through participation in community activities, exposure to culturally relevant literature, school education, and placement in a foster/adoptive home with parents trained in cultural diversity.

References

Contract Term 17, Contract Term 19

Training and Professional Development

The training schedule for Child-Placing Staff, Administrators, Treatment Directors, Child Placement Management Staff, Quality Assurance (QA), and full-time professional service providers is outlined below. Beginning April 10, 2010, Refuge House will keep on file resources related to training programs as applicable.

Before Beginning Job Duties

- Employee Orientation
- SAMA – 8 hours

Within 30 Days of Start Date or the Next Scheduled Caregiver Pre-Service Training

- Foster/Adoptive Parent and Caregiver Orientation
- Psychotropic Medications Training
- CPR/First Aid Training
- PRIDE (Includes: *Constructive Guidance And Discipline Of Children, Developmental Stages Of Children, Fostering Children's Self Esteem, Positive Interaction With Children, Strategies And Techniques For Working With The Population Of Children Served, Supervision And Safety Practices In The Care Of Children, Cultural Competency And Diversity, Different Roles Of Foster/Adoptive Parents, Measures To Prevent, Identify, Treat And Report Suspected Occurrences Of Child Abuse, Neglect And Exploitation, Connecting With PRIDE, Teamwork Towards Permanency, Attachment, Losses, Strengthening Family Relationships, Discipline, Signs Of Sexual Abuse, Continuing Family Relationships, Planning For Change)*
- Online Medical Consenter Training

Within 90 Days of Assuming Adoption Related Responsibilities

- The Special Needs Adoption Curriculum

Annual Training Requirements Per Calendar Year

(pro-rated from the date of employment)

- First Year with Agency – 30 hours of ongoing training
- All Subsequent Years – 30 hours of ongoing training

Training Topics

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

- Developmental Stages of Children
- Constructive Guidance and Discipline of Children
- Fostering Children's Self-Esteem
- Positive Interaction With Children
- Strategies and Techniques for Working With the Population of Children Served
- Supervision and Safety Practices in the Care of Children
- Preventing the Spread of Communicable Diseases

Training Instructor Requirements

1) A qualified instructor must deliver training.
2) The training must be instructor led.
3) A health-care professional or a pharmacist must provide training in administering psychotropic medications training. The trainer must assess each participant after the training to ensure that the participant has successfully learned the course content.
4) To provide training in emergency behavior intervention:
   - The instructor must be certified in a recognized method of emergency behavior intervention, or be able to document knowledge of:

i) The emergency behavior intervention;
ii) The course material; and
iii) Training delivery methods and technique.

- The training evaluation or assessment methods and techniques, and
  i) Training must be competency-based and require participants to demonstrate skill and competency at the end of the training.

Documentation of Annual Training

Annual training is documented in the appropriate employee, caregiver, staff, and or foster/adoptive parents' record, and may be in the form of a certificate, letter, or signed and dated statement of successful completion. The documentation must include the following:

- Participant name;
- Date of training;
- Title or subject of training;
- Trainer's name and qualification or source of training for self-instructional training; and
- Training hours.

References

§749.863(a)(4), §749.863(b), §749.869, §749.931.(3-7), §749.933, §749.935, §749.937, §749.939, §749.941, §749.949, Contract Term 27.F, Contract Term 17, Adoption Contract Term VIII.8

STAR/Superior Health Service Management

The Refuge House case manager shall contact the STAR/Superior Health contractor (Superior/Integrated Mental Health Services) and/or DFPS worker the first three days of placement to ensure that every child and young adult is enrolled in service management, and case manager will document in monthly notes and contact logs all attempts to obtain verification that child or young adult has been enrolled in STAR/Superior. If and when the STAR/Superior Health contractor determines the child and young adult meets the criteria for the service management program, the case manager will ensure that every child, young adult and foster/adoptive parent participates in service management. All children and young adults enrolled in the STAR/Superior Health Service Management program will participate in the program throughout their care in Refuge House, regardless of placement changes within the agency.

Refuge House ensures that all children and young adults whose psychological assessment recommends behavioral health services are enrolled with a therapist contracted through this Agency. All therapists are required to have a verified enrollment through STAR/Superior. Each year as a subcontractor's contract is renewed, STAR/Superior enrollment is verified on the website in addition to other relevant information and documentation. By this process, Refuge House is able to ensure that all children and young adults for whom behavioral health services are prescribed are being served by a STAR/Superior Health contractor.

The Refuge House Foster Parent Agreement specifies that each foster/adoptive parent is to participate in the service planning and service management as prescribed by the child or young adult's treatment team. Refuge House requests and reviews monthly notes from each child and young adult's therapist in order to ensure quality of service delivery and attendance at therapy sessions. In the event that there is a breakdown in the service management, Refuge House (by either Quality Assurance or the child's case manager) is able to monitor and remedy the situation.

STAR/Superior Health sub-contractors are required to document services on the child or young adult's health passport in addition to providing detailed documentation to Refuge House. Documentation of services is maintained in the child or young adult's Refuge House record. Intermittently, Refuge House employees will conduct reviews of documentation in the child or young adult's passport to ensure appropriate documentation. In the event that there is a gap in documentation, Refuge House employees will coordinate with the service provider to ensure appropriate documentation is completed.

SUB-CONTRACTORS FOR THERAPEUTIC SERVICES

Refuge House utilizes sub-contractors for a variety of services provided within the program including, but not limited to therapists, psychologists and psychiatrists. In order to be eligible to provide the services for children and young adults in the care of Refuge House (Agency), the sub-contractor must have the appropriate degree or credentials, be properly licensed and/or certified by the appropriate licensing entity to practice and provide the service. Additionally, for therapeutic sub-contracts, Refuge House will obtain verification that the sub-contracted therapist is enrolled with STAR/Superior Health through the STAR/Superior Health website or Cenpatico. All sub-contractors agree to comply with the standards and requirements in the signed Professional Service Agreement between Refuge House and the sub-contractor.

In cases where the service provided is a Medicaid supported service, the sub-contractor agrees to bill Medicaid for the services. However, if the Professional Service Agreement specifies that Refuge House will bill Medicaid on behalf of the sub-contractor, the sub-contractor will not be held responsible for billing Medicaid for provided services.

All sub-contractors agree to abide by the required terms set forth by DFPS in accordance with Refuge House Programmatic Policies and Procedures governing the services provided by the sub-contractor. The sub-contractor certifies that he/she will abide by the terms and conditions imposed under the prime contract.

Contracts with sub-contractors will be renewed under the following conditions:

1. Sub-contractor is current with licensures/certifications and liability insurance;
2. Sub-contractor has observed the terms of the expiring contract, including DFPS requirements and terms;
3. Review of sub-contractor performance has met Refuge House standards and requirements (Refuge House will conduct an annual review of the sub-contractors contract by choosing a random sampling of each sub-contractor's caseload to ensure all behavioral health services through Texas Health Passport are documented appropriately);

4. Feedback from sub-contractor requirements meets or exceeds Refuge House expectations; and
5. Refuge House clients continue to present a need for sub-contractor services.

Therapeutic Subcontractors Procedure

Before signing a contract:

1. Refuge House interviews potential sub-contractor to confirm qualifications, licensure/certification (if applicable), and availability.
2. Upon receipt of authorization to submit, and upon receiving cleared Criminal Background and Central Registry check, the following items will be collected:
    a. License (including documentation of the current status of the license with the respective licensing board)
    b. Certifications
    c. Copy of Professional Liability Insurance
    d. Résumé
    e. Driver's License
    f. Diploma (unless sub-contractor declines to submit one)
3. Treatment Director or assigned Refuge House employee submits Criminal History Background Check and Central Registry Background Check (Form 2791) and sends to Residential Child Care Licensing.
4. Treatment Director verifies participation in STAR/Superior program using the appropriate website(s).
5. Upon receipt of Cleared Background and Central Registry Check, Treatment Director prepares a file and contract for the sub-contractor.
6. Treatment Director provides the contract to the sub-contractor for signature.
7. Refuge House completes Sub-Contractor Documentation form (Form 2033RCC) and submits to Contract Manager for approval prior to using new sub-contractor.

Once a contract is signed:

1. Refuge House Intake Department or Refuge House case manager makes referrals to the sub-contractor via written communication using the sub-contractor form letter.

Performance Monitoring:

1. Treatment Director maintains a database containing the following sub-contractor information:
    a. Licensure & Expiration
    b. Professional Liability Insurance & Expiration
    c. Contract Expiration
    d. Driver's License
    e. Criminal Background Expiration
    f. Ensure current STAR/Superior Health provider status
2. Treatment Director informs sub-contractors of upcoming expirations

3. Sub-contractor provides, per occurrence, documentation of services provided to Refuge House. Frequency of service and documentation specifications is indicated in the contractual agreement, typically the 5th day of each month for the prior month's services.
4. Refuge House confirms appointments by comparing sub-contractor documentation with Refuge House records.
5. Documentation of occurrences are stored in the appropriate records at Refuge House:
    a. Child or young adult records are stored in the appropriate file
    b. Foster/adoptive family records are stored in the foster/adoptive family file
    c. Other records are filed as appropriate

Contract Renewals:

1. Contracts between Refuge House and sub-contractor are renewed yearly.
2. Based upon feedback from the clients to whom the service(s) is provided, the appropriate Refuge House employee determines whether to request a renewal of the contract from the sub-contractor.
3. Refuge House will ensure that all contract requirements are met.
4. Treatment Director provides new contracts to sub-contractors the month prior to contract expiration.

References

Contract Term 10.C(i-ii), Contract Term 11.B(i,ii,vi,vii), Contract Term 11.B(viii)(b), Contract Term 24, Contract Term 52.C, Contract Term 59

EMPLOYEE RESPONSIBILITY

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

Employees are responsible for ensuring that they maintain their requirements according to Contract Terms, RCCL Minimum Standards, and Refuge House Programmatic Policies and Procedures.

References

Contract, §749.607

VOLUNTEER POLICY

Refuge House may utilize volunteers for several purposes:

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

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

1. Volunteer application
2. DPS/DFPS background check
3. Refuge House Orientation
4. Expectations/Duties (i.e. job description)
5. 3 References
6. Negative drug screening
7. Valid Identification
8. Signed Confidentiality Agreement
9. Signed Reporting Abuse and Neglect Agreement
10. Photograph
11. Cleared TB Screening

If a volunteer will be transporting or providing oversight for children/young adults without additional Refuge House personnel present, the following must be completed:

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

Refuge House does not use volunteers who are on probation/parole or referred for community service by the courts.

References

§749.359, §749.609, §749.761, §749.769, Contract Term 24, Contract Term 40.D, Contract Term 41.I

ADMISSION AND DISCHARGE

NOTIFICATION OF VACANCIES/AVAILABILITIES

Refuge House Intake Director or designated employee updates the DFPS Extranet Data System daily to ensure the Department is fully advised of all Refuge House home vacancies.

References

Contract Term 25.B, Contract Term 32.A(i), Contract Term Attachment F

ADMISSION POLICY SCOPE OF SERVICE

Refuge House accepts referrals for foster care (including foster and adoptive placements) from DFPS and may provide adoption services to private entities, children, and young adults not referred through DFPS. Refuge House accepts child referrals from ages birth to 17 and young adult referrals ages 18-22, male and female, regardless of race, creed, or ethnicity. We provide foster care and adoptive services for children/young adults in both Child Care Services and Treatment Services at Basic and Therapeutic (Moderate and Specialized) levels and Voluntary Return to Foster Care and Voluntary Extended Foster Care for young adults. Refuge House does accept placement of sibling groups of one or more children and maintains capacity for placement of sibling groups. Refuge House does accept placement of pregnant children and young adults parenting their children, provided a home suitable for the child or young adult and his/her child is available. Refuge House admits children and young adults on a routine and emergency basis, 24 hours a day, 7 days a week. Refuge House does not accept children with primary medical needs. Refuge House is committed to compliance with all applicable federal and state laws regarding placement of children and young adults.[2]

Refuge House foster homes and adoptive homes are trained to care for children classified as child care services and/or treatment services and young adults. Children and young adults admitted into the care of Refuge House and a Refuge House agency home may require care for emotional disorders that include, but are not limited to mood disorders, anxiety disorders, obsessive compulsive disorders, personality disorders, conduct disorders, disorders of concentration and hyperactivity. Refuge House admits children and young adults diagnosed with mental retardation, provided the child is ambulatory and does not require care for primary medical needs. Refuge House does admit children/young adults diagnosed with some forms of Pervasive Developmental

[2] Multiethnic Placement Act, as amended by the Interethnic Adoption Act of 1996 (42 USC Chapter. 21 §1996b), the Indian Child Welfare Act (25 USC Chapter 21 §1915), the Adoption and Safe Families Act of 1997 (42 USC Sec. 629 et seq. and Sec. 670 et seq.); the Adam Walsh Child Protection and Safety Act of 2006 (42 USC §671) and comparable state laws.

Disorder. All children and young adults will have the ability to benefit from individualized treatment services.

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

Refuge House utilizes professional staff and community resources to provide both stimulation and treatment. The needs of the whole child/young adult are assessed, then intensive planning incorporates the specific programs related to the individual needs of each child and young adult. The program is designed to meet the needs of all children and young adults (young adults who meet eligibility criteria and voluntarily agree to participate in the Voluntary Extended Foster Care* or Return to Foster Care) within the care of Refuge House and includes the following by age group:

For all children and young adults in Refuge House care **ages 0-22**:

- Providing services in an integrated fashion for body, mind and spirit;
- Ensuring that the basic needs of food, clothing and shelter are provided in the least restrictive environment;
- Ensuring that opportunities for spiritual growth and development are provided to each child/young adult;
- For those individuals whose permanency plan is emancipation from foster care, independent living skills will be initiated on an age-appropriate level;
- For those individuals whose permanency plan is adoption, perform preparation and planning to ensure successful consummation;
- Agency may provide post-adoption services and/or referrals; and
- Provide opportunities for each child/young adult to gain basic living and social skills and use experiential learning activities to appropriately care for themselves and function in the community.

All children in Refuge House care **ages 0-17**:

- Developing an integrated, individualized plan of service for each child in accordance with the permanency plan by a professional treatment team that meets regularly to assess the child's ongoing needs and progress;
- Providing for social and recreational needs through home, school, and community activities with goals emanating from the individualized service plan; and
- Ensuring that the medical, emotional, psychological and psychiatric needs of the child are met through a variety of services.

All young adults in Refuge House care **ages 18-22**:

- Developing a simplified individualized plan of service for each young adult in accordance with their CPS Transition Plan and/or active IEP by a professional treatment team that meets regularly to assess the young adult's ongoing needs and progress;
    - Basic Level of Care (LOC) young adults will receive a service plan that remains in effect until they emancipate from Refuge House care. This plan will be updated is the CPS transition plan or the IEP are updated or changed in any way.
    - Moderate LOC young adults with receive a yearly service plan with an update every six months and or the month prior to a LOC read.
    - Specialized LOC young adults will receive a new service plan every 90 days.
- Attempting to provide resources for social and recreational opportunities;
- Attempting to support a young adult to meet his/her medical, emotional, psychological and psychiatric needs through a variety services;
- Transitioning to independence including attending college or vocational or technical training; and
- Attending high school, a program leading towards a high school diploma, or GED classes.

*As defined in applicable sections of TAC §700.316. Those participating in the Voluntary Extended Foster Care or Return to Foster Care programs are also eligible for forms of Medicaid which may include traditional Medicaid, STAR, and/or STAR/Superior Health Network)

References

§749.333, §749.1101, §749.1103, §749.1105, Contract Term 6.A, Contract Term 7, Contract Term 8, Contract Term 25.C

ADMISSION POLICY

Refuge House maintains an on-call Intake Department employee (Child Placement Management Staff) and accepts placement requests and makes placements (children and young adults) 24 hours a day, 7 days a week. Refuge House coordinates with the Centralized Placement Unit (CPU) to ensure placements provide the least restrictive environment for a child or young adult. For routine placements, if possible, Refuge House coordinates with DFPS to arrange a placement time that is the least disruptive for the child/young adult. In the case of emergency placements, Refuge House makes every attempt to place the child/young adult as soon as possible, in order to minimize the length of time the child/young adult is without a safe family environment.

Refuge House does not make any placement decisions on behalf of foster/adoptive parent(s). Refuge House will make every effort to ensure that each placement referral is evaluated to determine the most appropriate placement within an agency home based upon the known factors at the time of referral. Refuge House provides all known information to the foster/adoptive parent(s) in order for all parties to make the most appropriate placement decision, and each conversation with prospective foster/adoptive parents is documented on the Initial Intake Information Form. Every placement decision involves information about a child, young adult, or sibling group, in addition to family dynamics and foster/adoptive parent experience. Foster/adoptive parents are expected to be available to participate in the matching process and must be present at all placements. Refuge House attempts to conduct the matching discussions

and secure placement approval from foster/adoptive parents within 20-30 minutes of receiving a placement request.

Refuge House gathers and documents known information to be included in the Initial Intake Information Form in order to make better matching decisions and provide the most accurate and pertinent information to the foster/adoptive parents. Refuge House will initiate an admission assessment that includes an initial evaluation of an appropriate placement for a child/young adult and will ensure that the information necessary to facilitate service planning is obtained, including information that may not have been available at the time of placement.

Refuge House only accepts placements of children through the contracts issued by DFPS and children of ages and genders requiring the service types specified on the license issued by RCCL. If information indicating that the services or other attributes of the child becomes known at a later date, are not within the agency's license, and was not available to Refuge House prior to placement, Refuge House will contact DFPS immediately and determine on a case by case basis if removal from the agency home is necessary.

Young adults will also be considered for placement under the RH contract issued by DFPS. This population is not regulated by RCCL

Routine Placements

Routine placements are arranged in advance between DFPS, Refuge House, and foster/adoptive parents. Every attempt is made to schedule routine placements in a manner that is the least disruptive to the child's or young adult's schedule. Routine placements are reviewed and approved by CPMS in advance. Refuge House prepares the child's or young adult's file in advance of the placement and coordinates the time and location of placement with the DFPS worker. A routine Full Admission Assessment must be completed by the time of placement, with an Updated Admission Assessment being completed within 15 days of placement.

For routine placements, Refuge House provides opportunity for a child/young adult and foster/adoptive parent(s) to meet prior to placement and to have meaningful interaction with an opportunity to ask questions and exchange information about rules and expectations in the home. Children/young adults and foster/adoptive parents are given the opportunity to meet individually and privately with the case manager to determine if this is a good fit. The discourse is appropriate to the intellectual age of the child/young adult. Refuge House case manager will discuss with the child/young adult, in a fashion appropriate to the child/young adult's intellectual and emotional age, the circumstance that made the placement necessary. The pre-placement visit and discussion is documented and recorded in the client's record, including the child/young adult's understanding why in foster care and response to the placement and the discussions about the placement. Documentation of the information shared with foster/adoptive parents, information that was not shared and the justification for not sharing, and how the placement is capable of meeting the child's or young adult's needs will be kept in the child/young adult's file.

Emergency Placements

Refuge House accepts placement calls 24 hours per day, 7 days a week. When a placement call or e-mail is received, Refuge House assesses the availability of beds and appropriateness of placement for a given child, young adult, or sibling group as soon as possible, regardless of time, day or night. If a potential family is identified, the Refuge House Intake Department attempts to contact the family immediately and discuss the potential placement(s) and available information with the family to determine a potential match for placement. When a placement is secured, Intake On-Call Department arranges placement between foster/adoptive family, DFPS caseworker, and Refuge House on-call worker. The child/young adult's file is prepared the first business day after emergency placement. The Emergency Admission Assessment must be completed the day of the child/young adult's admission, Full Admission Assessment within 10 days of admission, and an Updated Admission Assessment being completed within 15 days of admission. Refuge House will share any additional information obtained regarding the child/young adult with the foster/adoptive parents within 10 days of completing the Full Admissions Assessment. Documentation of the information shared with foster/adoptive parents, information that was not shared, a justification for information not shared, and how the placement is capable of meeting the child's or young adult's needs will be kept in the child/young adult's file.

Children receiving treatment services who came into the care of Refuge House as an emergency placement may not continue in Refuge House care for more than 30 days after the date of their admission, unless the child has received the required psychological, psychiatric, psychometric, or physician's evaluation. The completed evaluation must indicate manifestations of the child's disorder requiring treatment services. All evaluations must be signed, dated, and documented in the child's record.

Unaccompanied Emergency Placement

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

Voluntary Extended Foster Care Placement

A Voluntary Extended Foster Care placement applies to a child/young adult that is currently receiving foster care services prior to their eighteenth birthday who wishes to extend foster care services as a young adult. To accommodate children/young adults who wish to voluntarily extend their foster care services on their eighteenth birthday, Refuge House maintains policies to guide and educate children/young adults about the Voluntary Extended Foster Care Program. Refuge House case manager will communicate with the child/young adult and DFPS to determine if Voluntary Extended Foster Care is applicable. If the child/young adult wishes to extend foster care services, Refuge House case manager will obtain the required Voluntary Extended Care Agreement from CPS, which must be signed by the young adult applicant.

Voluntary Return to Foster Care Placement

On a case by case basis, Refuge House may care for young adults ages 18-21 who meet eligible criteria for Voluntary Return to Foster Care services. Refuge House Intake Department will

communicate with the young adult, his/her caseworker, and Refuge House treatment and management employees to determine if the Voluntary Return to Foster Care program is applicable for the young adult. If it is applicable, Intake Department or designated employee will obtain a Voluntary Return to Foster Care Agreement signed by the young adult and proceed with placement as appropriate.

References

§749.335(1)(2), §749.1101, §749.1107, §749.1133, §749.1181, §749.1185, §749.1187, §749.1189, §749.1251, §749.1253, §749.1255, Contract Term 5.A, Contract Term 7, Contract Term 12.C(iii), Contract Term 21, Contract Term 25.A, Contract Term 27.C

ORIENTATION AND CHILD/YOUNG ADULT RIGHTS

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

For a child/young adult functioning above toddler age and below school age, orientation will include as many of the above items listed as is age appropriate. Documentation of the child/young adult's participation in the orientation process will be included on Orientation and Child/Young Adult Rights form and included in the child/young adult's records. Justification for any omissions will also be documented on the form and kept in the record.

Refuge House supports the rights listed in the CPS Rights of Children and Youth in care and will cooperate with CPS to ensure all children/young adults have been give a written copy of these at the time of placement and at subsequent placements. Refuge House will review the CPS Child Rights and Youth in Foster Care with both the child/young adult and foster/adoptive Parent, as well as maintain a signed copy of these forms in the child/young adult's file. Refuge House will not deny or restrict through action or policy, and of the rights listed in the CPS Rights of Children and Youth in Foster Care.

Refuge House will provide services to children/young adults who are deaf or hard of hearing that ensure effective communication for children/young adults in care. In the case that a deaf or hard-of-hearing child/young adult is placed in Refuge House care, the agency will contact a Deafness Resource Specialist from the Department for Assistive and Rehabilitative Services (DARS) for assistance in determining how best to ensure effective communication is being achieved between a child/young adult and foster/adoptive parent and/or Refuge House employee.

(http://www.dars.state.tx.us/dhhs/providers/specialists.asp)

References

§749.1111, Contract Term 9, Contract Term 27.D(iii)

Program Expectations

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

References

§749.339(11), Contract Term 10, Contract Term Attachment C Section 501

Placement Procedure for DFPS Referrals

General Procedure

1) RH Intake Department receives a referral either by phone or via e-mail from DFPS.
2) Intake Department assesses availability within Refuge House homes and compatibility with known child/young adult needs based upon the information provided by the Centralized Placement Units (CPU) in each region.
3) The information assessed includes but is not limited to:
   a) Child or young adult's appropriateness for placement in foster/adoptive home;
   b) Appropriate and compatible agency home;
   c) If siblings can be placed together; and
   d) If siblings need to be separated, the Intake Department will, through documentation and discussions with each foster family, ensure contact and properly justify the separation of considered sibling group. The plan for contact will be documented in both the Admission Assessment and the 72 Hour Plan.
4) Intake Department completes the Initial Intake Information Form (IIIF), including a primary and secondary (when available) recommendation for placement.
5) CPMS reviews and approves placement.
6) If approved, the Intake Department will schedule the placement with the DFPS caseworker and notify him/her of all paperwork that is needed prior to placement.
7) By the time of placement, Refuge House will share any information pertaining to the child/young adult's immediate needs to the foster/adoptive parent(s), including any special medical conditions or dietary needs.

On-call Process (after hours placement)

1) Intake On-Call Department receives placement referral from DFPS.
2) Intake On-Call Department assesses availability and confers with foster/adoptive parent(s) to determine willingness to accept placement.
3) Intake On-Call Department shares known information of the potential placement(s) with foster/adoptive parent(s) for potential placement and completes IIIF by the next business day.
4) If the foster/adoptive parent(s) accepts potential placement(s), Intake On-Call Department confers with DFPS to confirm match.

5) CPMS reviews and approves placement.
6) If DFPS approves placement, Intake On-Call Department contacts foster/adoptive parent(s) to arrange placement as soon as possible.
7) By the time of placement, Refuge House will share any information pertaining to the child/young adult's immediate needs to the foster/adoptive parent(s), including any special medical conditions or dietary needs.
8) Intake On-Call Department completes required paperwork for an Emergency Admission.

References

§749.335(3-4), §749.1011, §749.1115, §749.1461, Contract Term 12.C(iii), Contract Term 19, Contract Term 21

PLACEMENT PAPERWORK PROCEDURE

PROVIDED TO MANAGING CONSERVATOR:

1) The Intake Department sends the following Refuge House documentation to the child/young adult's Managing Conservator via e-mail prior placement and prints confirmation of the sent e-mail in the child's or young adult's record. The Refuge House documentation includes:
   a) Emergency Behavior Intervention Policies;
   b) Discipline Policies;
   c) Treatment Service Policies;
   d) Adoption Policies;
   e) Orientation and Child/Young Adult Rights;
   f) Volunteer Policy;
   g) Notification Schedule; and
   h) Upon request, any other Refuge House policies that are required by RCCL.
2) At placement, a copy of the above e-mail showing it sent to the CPS caseworker is also provided in a hard copy to obtain the CPS caseworker's signature on the Placement Information Acknowledgment Form.
3) If the DFPS placement worker provides only a Alternative Application for Placement of Children in Residential Child Care (Form 2087ex), the Intake Department requests in writing a full Common Application for Placement of Children in Residential Child Care (Form 2087), or within the first 24 hours of the child/young adult being placed with Refuge House. This is required if the child/young adult is going to be considered for Level of Care (LOC) or is Moderate or Specialized at time of placement.

COLLECTED FROM MANAGING CONSERVATOR:

1. DFPS Placement Authorization (2085-FC).
2. DFPS Medical Consent (2085-B,C,or D):
   a. On the DFPS Medical Consent form, the Primary Medical Consenter is the foster/adoptive parent(s);
   b. The Back-up Medical Consenter is the child/young adult's Refuge House Case Manager Supervisor;

c. If the Refuge House placement worker is not the child/young adult's Refuge House Case Manager Supervisor on record, the Refuge House placement worker will provide the name of the child/young adult's Refuge House Case Manager Supervisor as the Back-up Medical Consenter, and sign the form as "<RH Placement Worker> for <RH Case Manager Supervisor>"; and
d. Appropriate Medical Consent form for young adults participating in the Voluntary Extended Foster Care or Voluntary Return to Foster Care program.

3. Common Application- Form 2087 for Routine Placements or Form 2087ex for Emergency Placements:
    a. Non-Emergency Placements- For children/young adults at the Moderate Service Level or higher, the Department shall complete and provide to Refuge House at, or prior to placement, the Common Application for Placement of Children in Residential Care (Form 2087) as the uniform assessment form and application for admission. Refuge House shall only accept children/young adults for placement by the Department only after receiving completed Form 2085-FC, Form 2085-B, and/or 2085-C and/or 2085-D as appropriate, and if at the Moderate Service Level or Higher, Form 2087 and Form 2089. If the Managing Conservator attempts to place a child/young adult at the Moderate Service Level or higher without a copy of a current Form 2089, Refuge House may, although not required to, accept the child/young adult for 72 hours after having the Treatment Director sign the Form 2089-C.
    b. Emergency Placements- The Department shall attempt to complete and provide to Refuge House at, or prior to placement, the Common Application for Placement of Children in Residential Child Care (Form 2087) as the uniform assessment form and application for admission. The form may be incomplete, but shall contain all available information. Alternatively, the Department may provide to Refuge House the Alternative Application for Placement of Children in Residential Child Care (Form 2087ex). In either case, Form 2087 shall be completed and provided to Refuge House at the time the child/young adult's placement is changed from an emergency to a non-emergency placement. Refuge House shall accept Form 2087 or Form 2087ex as the uniform assessment form and application for admission for placement of Department children/young adults. Refuge House shall accept children/young adults for placement by the Department only after receiving completed Form 2085-FC, completed Form 2085-, and/or 2085-C and/or 2085-D, and (complete or incomplete) Form 2087 or 2087ex.
4. Current YFT Service Level Authorization (Form 2089)– All children placed with Refuge House should enter care with a current YFT Service Level Authorization form with the exception of children/young adults that are new into foster care or basic level of care. Children/young adults new into foster care or basic level, will have the IMPACT printout from DFPS showing current basic level of care.
5. CPS Placement History– This can be found in the full Common Application, however, it can also be printed from the DFPS IMPACT program. The CPS caseworker must provide a reason for each placement listed on the placement history.
6. Communication Restrictions on the child/young adult in writing from the CPS caseworker prior to or at placement.
7. Court Affidavit of Fact regarding the child/young adult
8. All current Court Orders– Must at a minimum obtain the Court Order establishing the managing conservator of the child/young adult.
9. Court Order Notification Regarding Consent for Medical Care of the child/young adult
10. Attorney Ad-Litem– Name, address, and phone number of child/young adult's attorney and/or guardian ad-litem

11. Current Educational Portfolio– Must be provided at placement in a DFPS formatted green, three ring binder, with required dividers
12. STAR/Superior Health Care Cards
13. Medical Exam (if conducted within 12 months of placement)
14. Dental Exam (if conducted within 12 months of placement)
15. CPS Rights of Children and Youth in Foster Care
16. CPS Service Plan (applicable to children 0 to 15 years of age, and within 45 days of placement)
17. CPS Transition Plan (if child/young adult is over 16 years of age, and within 45 days of placement)
18. For a child who qualifies for Treatment Services a psychiatric, psychological, or psychological with psychometric evaluation as required in Minimum Standard §749.1135
19. Signed Voluntary Return to Care Agreement or Voluntary Extended Foster Care Agreement (if applicable)

Refuge House will make reasonable efforts to obtain all required information for the admission of a child/young adult. Refuge House will document all initial attempts to obtain the above mentioned information prior to the placement of the child/young adult on the IIIF. Post-placement contact attempts to DFPS to obtain the information still needed will be conducted in writing and filed in the child's or young adult's record.

References

§749.337(a-b), §749.1009(a)(2), §749.1109, §749.1113, §749.1135, §749.1151(a), §749.1153(b), §749.1461, Contract Term 6.B, Contract Term 9, Contract Term 27

DISCHARGE POLICY

Refuge House supports the health, safety and well-being of a child/young adult at discharge to ensure that critical information is available to other agencies or individuals who may be responsible for the child/young adult's later care and treatment. Refuge House makes every attempt to meet the needs of children and young adults placed in care, however, in cases when this is not possible, Refuge House will follow discharge procedures according to the type and nature of the reason for discharge. Refuge House employee completes a Notification of Discharge form and submits it to the appropriate DFPS parties (DFPS Program Director, DFPS Caseworker). Refuge House CPMS and Treatment Director approve the discharge and sign the Notification of Discharge form.

The Department shall:

- Provide the Contractor with thirty (30) calendar days written notice when planning a discharge from placement except as provided below or in the case of a Contractor providing emergency care services where a five (5) calendar day notice is required;
- Provide the Contractor, upon request, with a discharge document signed by the DFPS Program Director responsible for the child/young adult, or at the Department's discretion, a higher management level if the Department wishes to discharge a child/young adult without giving (30) calendar days.
- Notify the Contractor within ten (10) calendar days when a request for a Service Level evaluation will not be forwarded to the Service Level Monitor.

- Remove a child/young adult within thirty (30) calendar days when provided with documentation signed by the Executive Director/CEO or designated employee (other than the assigned Refuge House case manager). Immediate communication will begin to determine a plan to best meet the needs of the child/young adult.

Non-Emergency Discharge

Non-Emergency Discharge Planning must involve at least one of the child's or young adult's foster/adoptive parent(s), the child's or young adult's Refuge House case manager, and Refuge House Treatment Director. The child/young adult, the child/young adult's Managing Conservator, and any other person pertinent to the child's or young adult's care must be invited to participate in the planning of the child's or young adult's discharge. If for any reason the aforementioned participants are not able to participate in the discharge planning, documentation of why they were unable to attend will be placed in the child's or young adult's record. If a child is not receiving Treatment Services then the child will be informed of the discharge at least four days prior to the discharge. If the child will not be informed of the discharge, justification must be documented on the Discharge Summary and authorized by the CPMS and Treatment Director, including the signature and date. If a child is receiving Treatment Services and is not informed of the discharge in advance, 3 members of the child's service planning team, OR the Treatment Director OR a psychiatrist/psychologist must provide written justification as to why the child was not informed in advance. This will be included in the child's discharge summary, including the signature and date of the person(s) providing the justification. Discharge summaries are incorporated into the child/young adult's record.

Refuge House foster/adoptive parent(s) may not release a child/young adult to any person without Refuge House consent. A child/young adult may only be discharged to the Managing Conservator of the child/young adult or a legally authorized person.

Emergency Discharge

If a child/young adult is an immediate danger to themselves or others, the child/young adult must be accompanied to the receiving operation, agency, or person by the foster/adoptive parent or Refuge House case manager, unless the child/young adult is being transported by DFPS personnel or law enforcement. Emergency discharges do not require 4 day notification of the child/young adult.

Following are scenarios that constitute an emergency discharge: DFPS-initiated discharge, medical emergency requiring inpatient care of a child/young adult, runaway, immediate danger to the child/young adult or others, and/or it being determined by Refuge House that the agency is unable to care for the child/young adult adequately.

If Refuge House provides the Department with documentation from a physician that the child/young adult poses a danger to self or others, to facilitate admission to a hospital, the Department shall remove the child/young adult within twenty-four(24) hours. Admission of the child/young adult to a hospital by Refuge House serves as documentation of the need for a more secure setting. Refuge House shall immediately inform the Department's caseworker of the admission and shall state whether Refuge House is willing to accept placement of the child/young

adult upon discharge from the hospital. The Treatment Director at Refuge House notify DFPS and the foster/adoptive family in written form via e-mail if Refuge House is not accepting a child/young adult back from the hospital. This must be done within 24 hours of the child/young adult being admitted to a hospital.

If Refuge House provides the Department with documentation from a psychiatrist, licensed psychologist, physician, LCSW, or LPC showing that the child/young adult consistently exhibits behavior that cannot be managed within the licensed programmatic services, the Department shall remove the child/young adult from the care of Refuge House within fourteen (14) calendar days. The Department shall immediately communicate with Refuge House and staff the child's or young adult's circumstances to determine a plan for moving the child/young adult to ensure the safety of the child/young adult and others.

Subsequent Placement

When a child/young adult is moved from one Refuge House home to another, the Refuge House case manager must complete the Movement Within Agency form, a Subsequent Placement Summary, and a new 72 Hour Plan addressing all changes and needs. All forms must be reviewed and signed by the Treatment Director and CPMS prior to the move and incorporated into the child/young adult's record.

- If a child/young adult is transferring to another Refuge House home due to behavioral issues in an emergency scenario, a 72 Hour Plan must be completed within 24 hours of the subsequent placement.
- If a child/young adult is transferring to another Refuge House home in a planned scenario, a 72 Hour Plan review must be completed prior to the date of the subsequent placement.

References

§749.1281, §749.1333, §749.1363, §749.1365, §749.1367, §749.1369, §749.1377, Contract Term 26.A-D, Contract Term 26.F, Contract Term 43.A(ii-iii), Contract Term 43.A(vi), Contract Term 43.B(i,iii,vi)

Discharge Procedure

Documentation Requirements for a Discharge

In any instance in which a child/young adult is discharged from the care of a Refuge House foster/adoptive home, the Refuge House case manager will document the details of the discharge on the Discharge Summary, including:

- Services provided to the child/young adult, accomplishments of the child/young adult, assessment of the child/young adult's remaining needs, and recommendations about the services to meet the child/young adult's needs;
- Date and circumstances of discharge or transfer;
- Medications and/or prescriptions for medications;
- Support resources for the child/young adult, including telephone numbers, and addresses;

- After care plans and recommendations, including medical, psychiatric, psychological, dental, educational, and social appointments;
- Date and time the child/young adult was informed discharge/transfer; and
- Name, address, phone number, and relationship of the person to whom the child/young adult is discharged.

Refuge House case manager will provide a copy of the discharge summary to the child/young adult's DFPS caseworker at the time of the discharge. Refuge House will also make the following available to the Managing Conservator on the effective day of discharge:

The following items, if applicable will be provided on a CD.

- **All Assessments** in the child's record including but not limited to:
  - Child's Admission Assessment
  - Psychological Assessments
  - Annual Psychiatric Assessments
    - If a child is prescribed a controlled substance, then include his or her most recent psychiatric med check with the annual psychiatric assessment.
  - Ansell-Casey Life Skills Assessments
  - ECI Evaluations
  - ARD / IEP Evaluations
  - Neurological Evaluation
  - Sibling and Bonding Assessments
  - Therapy Notes (for the last sixty days prior to discharge)
- All Service Plans for the last 12 months (including the most current one)
- ECI Individual Family Service Plan (IFSP), if applicable
- Immunization records (most current record)

Items and paper documents provided to child or child's conservator at discharge will include the following:

- Medications
- Medical / Healthcare Items (walking aids, medical equipment, etc)
- Clothing and personal items (including books, toys, money, and personal items of sentimental value)
- Updated clothing and personal items inventory
- Immunization records (most current record)
- Discharge Summary
- Updated Education Portfolio (Include ARD/IEP, Educational/Diagnostic Assessments)
- A disk containing the assessments, service plans, ECI IFSP and immunization records as listed above

Documentation Requirements For An Emergency Discharge

In the event of an Emergency Discharge, all discharge information may not be readily available depending upon the nature of the discharge (specifically, DFPS-initiated discharges where a

child/young adult is removed without Refuge House involvement). The following information should be included in the Discharge Summary:

- Circumstances necessitating the emergency discharge;
- Explanation given to the child/young adult regarding the reason for the discharge, if known;
- Child/young adult's reaction to the discharge, if known;
- Date of discharge; and
- Name, address, phone number, and relationship of the person to whom the child/young adult is discharged.

Conservator Information Authorization

When a child/young adult is discharged to another agency or residential child care operation, Refuge House will draft a letter on Refuge House letterhead and submit to the child's Managing Conservator or young adult's DFPS caseworker requesting legal authorization to release discharge and discharge-related information to the receiving agency. Refuge House will document requests to obtain authorization to release discharge information in the child/young adult's record. If the consent is approved by the Managing Conservator or DFPS caseworker, Refuge House has 30 days to provide this information to the receiving operation. The requested information includes:

- Discharge Summary
- Child's or young adult's background information, including progress notes for the past 6o days
- Unresolved incidents or investigations involving the child/young adult
- Assessment/evaluations for the child/young adult, including admission assessment, diagnostic assessment, educational assessment, neurological assessment, psychiatric or psychological evaluation
- Service plans for the past 12 months
- Medications the child/young adult is taking (including dosage, frequency, reason for the med)
- Treatment for a physical condition that is in progress and requires continuing or follow-up medical care

References

§749.1371, §749.1373, §749.1375, §749.1377, §749.1379, Contract Term 12.B(i)(d-e), Contract Term 14.A(vii), Contract Term 26.G, Contract Term 26.H and I

DISCIPLINE AND BEHAVIOR MANAGEMENT

DISCIPLINE POLICY

The Discipline Policy will be provided to child/young adult's Managing Conservator. Refuge House will emphasize the importance of nurturing behavior, use of positive reinforcement, and promptly meeting each child/young adult's needs as a measure of promoting positive behaviors and avoiding negative consequences.

Refuge House will use appropriate authority and discipline practices as necessary to set limits for behavior and help each child and young adult develop the capacity for self-control. All discipline efforts should be provided in a way that is guidance and teaching that is constructive in nature and directed towards shaping and changing behaviors as necessary. Refuge House shall ensure that all least restrictive measures (e.g. verbal de-escalation, time away, redirection, etc) of behavior intervention have been exhausted before utilizing more restrictive and/or intrusive behavior management techniques. Foster/adoptive parents will make sure to manage the home environment in a way that minimizes disruption during a crisis.

All types of discipline and limit-setting must be age appropriate. Discipline shall be individualized and related to the misbehavior, the child/young adult's age, developmental level, previous experience, and the child's or young adult's previous reactions to discipline. Discipline of any type is not appropriate or permitted for infants. Great care and caution must be exercised when disciplining an abused child/young adult. Only foster/adoptive parents or adult caregivers may discipline a child/young adult. All children and young adults must be advised of the reason they are being disciplined. It is important that families nurture a child's or young adult's positive behaviors, provide reinforcement to that end, and promptly meet each child's or young adult's need according to age and developmental level.

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

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

Only a trained foster/adoptive parent who is known to and knowledgeable of the child/young adult is authorized to discipline a foster/adoptive child or young adult, and may utilize only approved methods of discipline according to Refuge House guidelines. These measures of discipline will be

applied by the foster/adoptive parent consistent with discipline policies and procedures. Discipline shall be recorded in the Discipline Log section of Caregiver Log. In a instance where a child presents as a risk of imminent threat of harm to themselves or others the use of physical restraints are permitted and may only be administered by foster/adoptive parent trained/approved by Refuge House in the proper techniques for its use. For more information, refer to the Emergency Behavior Intervention Policy.

Prohibited Forms of Punishment

- Physical punishment inflicted on any part of the body;
- Ridicule, verbal abuse or threats, or derogatory or humiliating remarks directed at either the foster/adoptive child/young adult or his/her family;
- Rejecting, shaming or yelling at a child/young adult using abusive or profane language;
- Punishment for bedwetting or actions related to toilet training;
- Delegation of punishment to another child/young or group of children/young adults;
- Denial of nutritious food, water, shelter, sufficient sleep, clothing, or bedding;
- Denial of any elements of the Individualized Service Plan (ISP);
- Denial of mail, communication, or visits with their biological family as punishment;
- Assignment of physically strenuous exercise or work solely as punishment;
- Pinching, pulling hair, biting or shaking of a child/young adult, no matter what age;
- Requiring the child/young adult to remain silent or inactive for inappropriately long periods of time for the child's or young adult's age;
- Non-productive work– physical or mental (i.e., moving rocks from one location to another then back to the original location);
- Maintaining and uncomfortable position for an length of time, such as kneeling or holding out arms;
- Placement of a child/young adult in a locked room;
- Group punishment for the misbehavior of an individual child/young adult;
- Delegation of discipline to persons not known by the child/young adult;
- Threats of removal from the foster/adoptive home;
- Threats of loss of visits with family or siblings as a punishment;
- Threats of the use of corporal punishment;
- Putting anything in or on the child/young adult's mouth as a form of punishment, such as soap, hot sauce or adhesive tape;
- Children/young adults must not be threatened with the loss of foster home placement as punishment;
- A child/young adult must not be confined/restricted to a particular room or isolated building for more than 12 hours as a form of discipline;
- A child/young adult must not be confined in a locked room, dark room, bathroom, closet, high-chair, box or similar furniture or equipment as a form of punishment;
- If a child/young adult is restricted to a foster/adoptive home for more than 24 hours, the restrictions must be recorded in the child's or young adult's record;
- A child/young adult may not be threatened with the use of emergency behavior intervention techniques; and
- Physical, mechanical or chemical restraints of any kind may not be used in home verified by Refuge House.

Acceptable Forms of Discipline

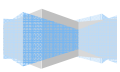
- Praise, positive reinforcement and encouragement should be used as the primary motivation;
- Development and communication of a clear system of rewards and consequences shall be presented to each child/young adult based on their level of age and understanding;
- Time out periods;
- Withholding privileges for short periods;
- Use of reminders or prompts of behavioral expectations;
- Talking to the child/young adult about the situation and helping them prepare for future incidents;
- Using redirection personal time outs or time away;
- Offering the child/young adult acceptable choices or alternatives to their behavior;
- Use of natural and logical consequences to address the behavior; and
- Through the use practice and repetition helping a child/young adult learn the importance of, reasons behind and benefits of making positive choices.

Restriction of Privileges

A foster/adoptive parent may restrict activities as a behavior management tool within reason. Any restrictions of activities should not exceed 30 days in duration nor interfere with structure and/or unstructured activities as required by a child/young adult's individual service plan. If a restriction is to last longer than 30 days, it must be reviewed with and approved by an agency CPMS or Treatment Director within 24 hours of imposing the restriction. Restrictions to a particular area such as a room or building that will be imposed for more than 24 hours will require review and approval by the treatment team, professional service provider, or Treatment Director prior to or within 24 hours of imposing the restriction. Children and their Managing Conservator's or young adults must be informed of any restrictions that are imposed and the reason for such restrictions. All documentation of approvals, justifications for the restriction and informing the child/young adult and Managing Conservator or DFPS caseworker must be included in the child/young adult's record.

References

§749.43(14), §749.339(6-7), §749.343, §749.1951, §749.1953, §749.1955, §749.1957, §749.1959, §749.1961, Contract Term 9.A, Contract Term 9.B, Contract Term 13, Contract Term 41.C



EMERGENCY BEHAVIOR INTERVENTION POLICY

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

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

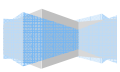
Refuge House does not administer emergency medication, chemical restraint, mechanical restraint or seclusion as forms of behavior management. Refuge House does not use aversive conditioning techniques or pressure points as part of its behavior management program. Prone or supine restraints are prohibited. None of the behavior intervention techniques used by Refuge House require Orders, nor does Refuge House permit successive emergency behavior interventions. Refuge House will ensure that all de-escalation techniques are exhausted before exercising more restrictive/intrusive behavior intervention or Emergency Behavior Intervention (EBI). Only a caregiver qualified in Emergency Behavior Intervention may administer any form of EBI, except for short personal restraint of a child. Refuge House shall ensure that all de-escalation techniques of behavior intervention have been exhausted before utilizing more restrictive and intrusive behavior management or behavior management intervention. In the event that intramuscular medication is required by a physician and the child refuses to allow medication to be administered, caregivers are directed to take the adult to the emergency room for treatment. In an event where a child is causing significant damage to property or in an instance where a child behavior cannot be managed by the authorized techniques, caregivers are directed to contact 9-1-1.

The following are NOT valid reasons to initiate Emergency Behavior Intervention:

- Punishment
- Retribution or retaliation
- A means to get the child to comply
- A convenience for caregivers or other persons
- A substitute for effective treatment or habilitation
- A method to demonstrate a user's authority over the child
- If another less restrictive alternative is available

Prohibited forms of restraints include:

- Any type of restraint for a young adult, including short personal restraints and personal restraints.
- Any form of supine or prone restraint



Personal Restraints are permitted in the following situations:

- You may use a personal restraint only if the child is an imminent threat of danger to himself or to others. The child must be released from restraint as soon as he is no longer a danger to himself or others.
- The caregivers must use the least restrictive personal restraint necessary to control the situation.
- The caregivers must explain the reason for any restraint to the child when the measures are imposed.
- The caregivers must notify Refuge House immediately following the use of a personal restraint.
- The caregivers are required to submit details of the incident to the RH Case Manager or on-call worker, using the Personal Restraint Form within twenty-four (24) hours following the use of a personal restraint.
- Details of a personal restraint will be reviewed with the child and the caregiver(s) during each post emergency behavior intervention, as soon as reasonably practicable after the event.

Short Personal Restraints are permitted in the following situations:

- To protect the child from external danger that causes imminent significant risk to the child, such as preventing the child from running into the street, or coming in contact with a hot stove. The restraint must end immediately after the danger is averted.
- If other efforts to deescalate the child's behavior have failed, to intervene when a child under the age of 5 (chronological or developmental age) demonstrates disruptive behavior.
- When a child over 5 years old demonstrates disruptive behavior to the environment or milieu such as disrobing in public, provoking others that creates a safety risk, to intervene to prevent a child from physically fighting, or to disengage child from a physical altercation when other measures have failed.

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

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

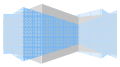
References

§749.341(4), §749.1021(1-3), §749.2001, §749.2051, §749.2053, §749.2055, §749.2059, §749.2061, §749.2063, §749.2101-2107, §749.2151, §749.2201, §749.2205, §749.2233, Contract Term 13.B

BEHAVIOR INTERVENTION PROCEDURES

1) Refuge House recognizes Satori Alternatives to Managing Aggression (SAMA) as its authorized emergency behavior management program.
2) Refuge House employees, foster/adoptive parents, and caregivers will be trained in the use of behavioral intervention techniques to address crisis management prior to being responsible for the care of children. This training must be provided as outlined in Texas Administrative Code (TAC) §720.1012(a-d). All foster/adoptive parents and caregivers licensed for Child Care Services ONLY, must complete 8 pre-service hours and 8 hours annually thereafter of SAMA training. Foster/adoptive parents and caregivers licensed for Treatment Services must complete 16 pre-service hours and 8 hours annually thereafter of SAMA. If a Refuge House home licensed for Child Care Services only wishes to receive placement of a Treatment Services child, they must complete a full 16 hours of behavior management training (SAMA) for their current year. The training will be competency based and will require participants to demonstrate skill competency. Annual training will focus on reinforcing basic principles covered in the initial training and developing and refining the foster/adoptive parent's, mini-break staff parent's, or caregiver's skills. All Refuge House employees providing direct care must complete 8 hours of SAMA training prior to beginning job duties.
3) Prior to a child's admission to a Refuge House home, the Refuge House case manager with the foster/adoptive parent(s) must explain to the child, based on their level of functioning and comprehension, the policies and practices on the use of restraint. This explanation must include who can use a restraint, the actions foster/adoptive parents must first attempt to defuse the situation and avoid the use of restraint, the kinds of situation in which restraint may be used, the types of restraints authorized by Refuge House, when the use of restraints must cease, what action the child must exhibit to be released from a restraint, and the way to report an inappropriate restraint, the way to provide voluntary comments on any emergency behavior intervention and the process for making comments on any emergency behavior intervention, such as comments regarding the incident that led to the EBI, the manner in which a foster/adoptive parent or caregiver intervened and the manner in which the child was subject or to which they were a witness. This explanation must be documented in the child's record. At time of placement, Refuge House will obtain the child's input on preferred de-escalation techniques.
4) For each child in care, the treatment team must evaluate the use and effectiveness of behavior intervention techniques as part of each child's individual service plan, to be assessed at each review period. The evaluation must focus on the frequency, patterns, and effectiveness of specific behavior interventions; strategies to reduce the need for behavior interventions overall; and specific strategies to reduce the need for use of personal restraint.
5) Personal restraint may only be used in emergency situations and may be used only to protect the child from injury to self or others. Prone or supine restraints are prohibited. Physical holding must not be used as a form of punishment, as a substitute for effective treatment or programming, or for the foster/adoptive parent, mini-break provider, or caregiver's convenience. It may only be used as an absolute last resort for crisis intervention. The child must be engaging in behaviors that meet one of the following criteria:

    a) Imminent harm to self;

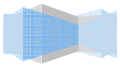


b) Imminent harm to others;
c) Imminent harm to significant property. (Significant property damage is defined as damage to property that a responsible person would deem irreplaceable or that would carry a significant replacement cost. A short personal restraint may be used to intervene only to immediately prevent damage and only if less restrictive techniques have been attempted and have failed.); and
d) Child whose service plan describes situations the treatment team has approved as requiring restraint in order to protect the child. Generally these will fall in the categories listed above.

6) Whenever possible, foster/adoptive parents or caregivers must attempt to use less restrictive and intrusive behavior interventions as preventive measures and de-escalating interventions to avoid the need for the use of restraint. The foster/adoptive parent, mini-break provider, or caregiver must attempt and prove ineffective preventive, de-escalative, and less restrictive techniques before the emergency use of restraint. Less restrictive measures include, but are not limited to, quiet time and time out. Time out is defined as allowing the child a set amount of time to calm down away from the other stimuli, such as going to his/her bedroom alone in order to remove himself/herself from the situation which is causing agitation.
7) Prior to implementing a behavior intervention, a foster/adoptive parent or caregiver must take into consideration the immediate physical environment to ensure the safety of the child, as well as others in the environment. The amount of personal restraint used will be the minimum dictated by the situation. Foster/adoptive parents or caregivers must evaluate the risks of harm in implementing the personal restraint versus calling emergency personnel and make every attempt to preserve the privacy and personal dignity of the foster child.
8) Short Personal Restraints are not subject to the requirement in RCCL Minimum Standards, which address more than three (3) personal restraints of the same child within a seven (7) day period.

a) Short personal restraints that last no longer than one (1) minute.
b) Short personal restraint used to intervene in a situation of imminent significant risk when a child's behavior is being restrained because of an external hazard and foster/adoptive parent(s), caregiver(s), or mini-break provider(s) must protect the child, particularly a young child, from immediate danger– for example, preventing a toddler from running into the street or coming in contact with a hot stove. The restraint must end immediately after the danger is averted.
c) Short personal restraint used as a physical response to intervene when a child under the age of five (5) (chronological or developmental age) demonstrates disruptive behavior, such as a tantrum in a public place. The physical response must be an appropriate response to the disruptive behavior and efforts to de-escalate the behavior must have failed. The restraint must end as soon as the disruptive behavior has been de-escalated.

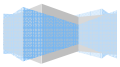
9) For children and adolescents ages 9-17 years, maximum time in a personal restraint must not exceed one (1) hour. For children under age 9, a personal restraint must not exceed 30 minutes.
10) As soon as possible, after personal restraint is started, the foster/adoptive parent(s), caregiver(s), or mini-break provider(s) must explain to the child in restraint the behaviors the



child must exhibit to be released from the restraint or have the restraint reduced and permit the child to make suggestions about what actions the foster/adoptive parent(s), caregiver(s), mini-break provider(s) can take to help the child de-escalate.

11) If the child does not appear to understand what action he/she must take to be released from the restraint or have the restraint reduced, the foster/adoptive parent, caregiver, or mini-break provider must attempt to re-explain it every 15 minutes until understanding is reached or the child is released from the restraint.
12) The child must be released from personal restraint as soon as he/she is no longer a danger to himself/herself or others. Should there appear to be any sign of danger to the child during the restraint (i.e. distressed breathing, disorientation, change in level of consciousness, etc.), the restraint will be immediately terminated and emergency medical care will begin. Persons restraining a child must monitor breathing and respiration and ensure that the child has the ability to communicate throughout the restraint, i.e. deaf children who are limited to communication through sign must be able to communicate in some manner that they are in distress either through sign or vocalization.
13) The immediate goal is ending the restraint to utilize a programmatic intervention (i.e. giving the child a cooling off period, listening to the child's concerns, teaching self-control, using rational problem solving techniques, and prompting skill previously taught to the child). Once the restraint is release, the child should be encouraged to transition into regular activities to include walking and moving around. The child is to be observed for 15 minutes after a personal restraint has been used.
14) After a restraint, the foster/adoptive parent or caregiver is to provide the child with an opportunity to discuss the situation which led to the need for restraint and the foster/adoptive parent's reaction to the situation privately as soon as possible and no later than 24 hours after the release from the restraint. The purpose of the discussion is to allow the child to discuss his/her behavior and the precipitating circumstances that constituted the emergency situation; the strategies attempted before the use of the restraint and the child's reaction to those strategies; the restraint itself and the reaction to the restraint; how foster/adoptive parents or caregivers can assist and what the child can do to regain self-control and avoid future emergency behavior interventions.
15) The foster/adoptive parent(s) or caregiver(s) are not required to return the child to previous activities or place the child in current activities in which the group is participating. Ff the foster/adoptive parent deems the child's participation is not in the best interests of the child or the other children in the group, however, foster/adoptive parent(s) or caregiver(s) must engage the child in an alternative routine activity.
16) Once the situation has stabilized and the child has been able to transition back into his normal routine, the foster/adoptive parent or caregiver will contact Refuge House case manager and/or the on-call worker to debrief from the intervention. Following initial notification of Refuge House employees, the foster/adoptive parent or caregiver will make reasonable efforts to debrief children in care who witnessed the incident.
17) After a personal restraint is used, the foster/adoptive parent will use a form specifically designed for recording and reviewing restraints (Incident Report for Personal Restraint of Children). Documentation includes:

    a) Name of child;

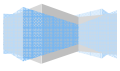


b) Description and assessment of the precipitating circumstances and the specific behaviors, which continued to constitute the emergency situation;
c) Use of alternative strategies attempted before the use of personal restraint and the child's reaction to those strategies;
d) Date/time the restraint began and time the restraint was released;
e) Name of the foster/adoptive parent(s) or caregivers participating in the restraint and persons who observed the intervention;
f) Specific restraint techniques used;
g) De-escalating strategies employed during the restraint;
h) Total length of time the child was restrained;
i) All attempts to explain to the child what behaviors were necessary for release from the restraint;
j) Any injury the child sustained as a result of the incident or the use of restraint, and the care or treatment provided;
k) The actions the foster/adoptive parent or caregiver took to facilitate the child's return to normal activities release from the restraint;
l) The child's reaction to the opportunity to discuss the situation leading up to the need for the personal restraint to include:

i) Date and time discussion was offered
ii) Date and time the discussion took place
iii) The actual discussion
iv) Foster/adoptive parent's or caregiver's reaction to the situation;

This documentation form must be completed by the foster/adoptive parent or caregiver and submitted to the Refuge House case manager within 24 hours of the restraint. The report will be submitted to the child's Managing Conservator within 72 hours of the incident. The original form will be placed in the child's record. Upon request the form will be provided to RCCL as needed, unless a reportable serious event occurred. In the case of a reportable serious event occurrence, the notification will be made in accordance with Minimum Standards. A copy will be kept in a locked file in the office of the Treatment Director.

18) The foster/adoptive parent, caregiver, or mini-break provider will call the Refuge House case manager to report the restraint within two (2) hours of the incident. The Refuge House case manager will ask questions of the foster/adoptive parent or caregiver regarding the possible injury to the child and may choose to speak to the child directly. If the child is reporting any injuries as a result of the restraint, this will be documented and the Refuge House case manager will then determine the necessity of seeking medical care of the child. If medical attention is obtained, physician's orders will then be followed in the care of the child.
19) The Refuge House case manager will ensure that an ISP Review occurs if four (4) or more personal restraints have occurred within a seven (7) day period. The review must be conducted as soon as possible and no later than 30 days after the fourth personal restraint by the persons responsible for the child's service plan. The review must include records and orders of the EBI, potential medical or psychiatric reasons for not using or reducing the use of EBI techniques,



which would include psychiatric contraindications, and exploration or alternatives to manage the child's behavior.

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

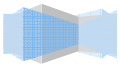
21) All reports of child death, suicide attempts, and incidents in which the child experiences substantial bodily harm must include the complete documentation of any restraints which were implemented within 48 hours prior to the incident.

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

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

   a) Negative impact as a result of the use of a physical restraint including:
      i) Physical injuries– type and seriousness of injury
      ii) Emotional, behavioral or social issues noted with the child due to restraint use.
   b) Were alternative strategies used prior to the personal restraint?
   c) Could the restraint possibly have been avoided?
   d) Any trends noted with a particular foster/adoptive parent, caregiver, and mini-break provider?
   e) Were de-escalating strategies properly used?
   f) Were actions taken in an attempt to return the child to normal activities?
   g) Was the child given an opportunity to discuss the situations which lead to the need for restraint? Did this occur within 48 hours?
   h) Was the foster/adoptive parent, caregiver, or mini-break provider debriefed after using a personal restraint?
   i) Did the treatment team meetings occur with all children who had three (3) or more personal restraints within a seven (7) day period?

24) Reporting of quarterly findings is provided to RCCL through the provider website and is maintained at Refuge House for 5 years.



References

§749.341(2-6), §749.513, §749.863(2-4), §749.931(1), §749.931(2), 749.1301(b)(4), §749.2059, §749.2151, §749.2153, §749.2201, §749.2203, §749.2205, §749.2281, §749.2283, §749.2301, §749.2303, §749.2305, §749.2331, §749.2333, §749.2335, §749.2337, §749.2339, §749.2381, §749.2383, Contract Term 13

EMERGENCY BEHAVIOR INTERVENTION TRAINING

Refuge House will implement emergency behavior plans that employ the least restrictive verbal de-escalation and redirection as their basis for managing behavioral issues. Refuge House will ensure that all de-escalation techniques are exhausted before exercising more restrictive/intrusive behavior intervention or Emergency Behavior Intervention (EBI). When the child is at risk of harm to himself or others, SAMA methods will be employed. The course is designed to teach participants verbal de-escalation skills ("Assisting Process"), protective maneuvers, safe containment procedures, object retrieval techniques. These techniques are designed to ensure minimal risk of physical discomfort, harm or pain to the child and minimal amount of reasonable and necessary physical force to implement the intervention.

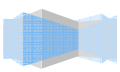
Containments utilized by Refuge House foster/adoptive parents and caregivers are hug containment and elbow-to-hip containment, which are described in detail in Authorized Containment Procedures. The delivery methods include didactic, electronic, practice and certification assessments. Prospective foster/adoptive parents and caregivers are trained and certified in the above mentioned behavior management techniques prior to receiving placement of children/young adults in a Refuge House home. Refuge House Administrator, Treatment Director, Child Placement Staff, Child Placement Management Staff and full-time professional service providers will also complete 8 hours of pre-service training on Emergency Behavior Intervention before beginning job duties.

Individual program procedures will expound on these standards to more effectively ensure these policies are understood and implemented appropriately by foster/adoptive parents and caregivers.

Refuge House has a written Grievance and Appeal Process to address when a foster/adoptive parent, caregiver, employee, client, resident, or behalf of the client or resident, or other person files a complaint relating to the misuse of emergency behavior intervention at the agency or foster/adoptive home. It is a mechanism by which our foster/adoptive parents and or other persons may bring their concerns to Refuge House through an established procedure utilizing a chain of command. Refuge House provides information to foster/adoptive parents, caregivers, employees, clients, or other persons regarding how to activate this process through the Caregiver Handbook, the Foster Parent Agreement, Roles, Rights and Responsibilities, and the Grievance Process and Appeal form.

References

§749.339(6), §749.341(1,2,7,8)



AUTHORIZED CONTAINMENT PROCEDURES

HUG CONTAINMENT

- Approach on body line
- Keep your forearms in front with palms toward the person
- Contact his/her triceps and move his/her arms across his/her chest as you make chest-to-back contact on one side with your head below his shoulder
- Grab your wrist and hold with a sticky grip
- Turn your palms toward the person (to avoid causing discomfort)
- Point your elbows toward the ground
- Spread you feet and bend your knees as though riding a horse

Note: Be sure not to squeeze the person, but hold with a sense of relaxation

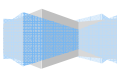
ELBOW-TO-HIP CONTAINMENT

- Approach on the body line
- Keep your forearms in front with palms toward the person
- Contact his/her triceps and move his/her arms across his chest as you make chest-to-back contact on one side with your head below his/her shoulder
- Slide your hands down to secure his/her wrists with a sticky grip
- Keeping chest-to-back contact, slide your elbow to the top of his/her hip (head and elbow on the same side)
- Spread your feet and bend your knees as though riding a horse

Note: There should be enough slack in the person's arms so he/she can move them slightly. His/her arms should not be tight against his/her torso, nor should his/her shoulders be stretched. Use body structure and not muscular force to hold the person.

References

§749.321(2)



FOSTER/ADOPTIVE HOMES

CAREGIVERS

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

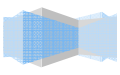
Mini-Break Provider - Must be 21 years of age and meeting the following qualifications:

- Child Care Services: 8 hours of SAMA training in current year and four hours of SAMA training thereafter
- Treatment Services: 16 hours of initial SAMA training and 8 hours of SAMA training thereafter
- 2 hours of Psychotropic Medications training in the current year
- CPR/First Aid training that is current based on documentation
- Valid driver's license and auto liability insurance
- Cleared DPS/DFPS criminal background, central registry, and fingerprint based FBI checks
- Completed and approved Mini-Break Provider application
- Clear TB screening
- 3 references

A mini-break provider must be a verified foster/adoptive parent current and up to date on all training. During mini-breaks, foster child(ren)/young adult(s) are cared for in or out of the home of the mini-break provider. If care to a child/young adult is provided in the home of the mini-break provider, the home must meet all the same requirements as a verified Refuge House foster/adoptive home, including home study, etc.

In-Home Substitute Caregiver – A person who provides substitute care in another Refuge House foster/adoptive home. Must be 21 years of age and meet the following qualifications:

- Child Care Services: 8 hours of SAMA training in current year and four hours of SAMA training thereafter
- Treatment Services: 16 hours of initial SAMA training and 8 hours of SAMA training thereafter
- 2 hours of Psychotropic Medications training in the current year
- CPR/First Aid training that is current based on documentation
- Valid driver's license and auto liability insurance
- Cleared DPS/DFPS criminal background, central registry, and fingerprint based FBI checks
- Completed and approved Mini-Break Provider application
- Clear TB screening
- 3 references
- Signed and approved Substitute Caregiver Agreement



Intermittent Care Provider - An intermittent care provider must be a verified Refuge House foster/adoptive care provider who may or may not have children/young adults in the home. Intermittent child/young adult care placement lasts more than 72 hours and up to 14 days. For other policies regarding intermittent care, refer to the Intermittent Care policy.

Babysitter - A babysitter is not considered a caregiver unless the babysitter is a verified foster/adoptive parent or Refuge House employee. A babysitter cannot care for any child, children or young adult longer than 8 hours or overnight. Following are the qualifications of a babysitter:

- At least 18 years of age
- Current first-aid/CPR based on documentation
- Cleared DPS/DFPS criminal background and central registry check
- Valid driver's license and auto liability insurance
- Clear TB screening

No child or young adult in foster/adoptive care is permitted to supervise other children/young adults in foster/adoptive care, unless documented approved from the child's Managing Conservator.

References

§749.353(1-5), §749.609, §749.2599, §749.2621, Contract Term 24, Contract Term 42, Contract Term Attachment D

Screening and Verification for Foster/Adoptive Homes

General Requirements

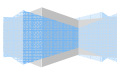
- If a couple wishes to be foster/adoptive parents, both must be verified, trained and licensed to provide foster/adoptive care.
- Each licensed foster/adoptive parent must be at least 21 years old.
- Should a single foster/adoptive parent get married, they must be re-verified in both spouse's names.

Screening

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

- Age of prospective foster/adoptive parent(s)
- Ages of all other household members
- Education of prospective foster/adoptive parent(s)

- Documentation of ability to assimilate requirements and training and provide appropriate care and supervision to meet the needs of children/young adults in care
- Personal characteristics, including but not limited to emotional stability, good character, good health and adult responsibility, as well as the ability to provide nurturing care, appropriate supervision, reasonable discipline and a homelike atmosphere for children/young adults
- History of marital relationships, including any previous marriages, divorces or deaths of former spouses
- Demonstrated ability to form and sustain adult relationships
- History of prospective foster/adoptive parent(s) residence and citizen status, including length of time spent at each residence for the past ten years
- Financial status of prospective foster/adoptive family, which must be verified and documented (3 months worth of pay stubs or a current tax return)
- Proof of current health insurance coverage documented the company holding the policy
- Proof of current life insurance on at least one foster/adoptive parent
- Results of criminal history (DPS) and central registry (DFPS) background checks
- Background checks conducted on prospective foster/adoptive parent(s) and any non-client person 14 years of age or older who regularly or frequently stays or is present in the home
- FBI fingerprint based checks for all foster/adoptive parents with results being noted
- Prospective foster/adoptive parents' motivation to provide foster care
- Prospective foster/adoptive families motivation to adopt (if applicable)
- If transferring from another child-placing agency, document motivation to transfer
- Health status of all persons living in the home, including physical, mental health (including substance abuse history) and negative TB test
- Quality of marital and family relationships
- History of domestic violence
- Prospective foster/adoptive parent(s) feelings about their childhood and parents
- Prospective foster/adoptive parent(s) attitudes about a foster/adoptive child's or biological family's religion
- Prospective foster/adoptive parent(s) values, feelings and practices in regard to child/young adult care and discipline
- Prospective foster/adoptive parent(s) sensitivity to and feelings about children/young adults who may have been subjected to abuse or neglect
- Prospective foster/adoptive parent(s) sensitivity to and feelings about a child/young adult’s experience about separation from or loss of their biological family
- Prospective foster/adoptive parent(s) sensitivity to and feelings about a child/young adult's biological family
- Attitude of other household members about prospective foster/adoptive parent(s) plan to provide foster/adoptive care
- Attitude of prospective foster/adoptive parent(s) extended family regarding foster/adoptive care
- Support systems available to prospective foster/adoptive parent(s)
- Prospective foster/adoptive parent(s) expectations of and plans for foster/adoptive children/young adults
- Languages spoken by prospective foster/adoptive parent(s)



- Prospective foster/adoptive parent(s) ability to work with specific kinds of behaviors and backgrounds
- Background information from other child-placing agencies including:
    - Home screenings, reports, home study and related documentation
    - Documentation of previous agency's supervisory visits and evaluations
    - Records of any deficiencies and their resolutions
    - Copy of most current fire and health inspections

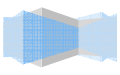
For a Refuge House Home Screening, the Foster Home Developer (FHD) will interview and document an individual interview with each prospective foster/adoptive parent, each child 3 years old or older living in the home either full or part-time, an individual interview with each other person living full or part-time with the family, a joint interview with prospective foster/adoptive parent(s), a family group interview with all family members living in the home, and an interview by telephone, in person or by letter with any minor child 12 years old or older or adult children of prospective foster/adoptive parent(s) not living in the home. During the course of interviews, at least one visit must be made to the home when all members of the household are present.

In the Refuge House Home Screening, there will also be documentation of not only interviews, but attempted interviews. Documentation will also include dates and methods used to contact required persons, dates of interviews, those present at the interview, relationship to prospective foster/adoptive parents and a summary of the interviews. Refuge House will make this documentation a part of the foster/adoptive home record.

If throughout the home screening process it is determined that a prospective foster/adoptive home has a history of domestic violence Refuge House will notify RCCL even if it is not the intent of Refuge House to proceed with the verification.

Release of Information

- If a child-placing agency is conducting a foster home screening, pre-adoptive home screening, post-placement adoptive report, or home study on a family in which Refuge House previously completed a home study and requests background information Refuge House will release any background information acquired through a previous foster home screening, pre-adoptive home screening, post-placement adoptive report, or home study.
- Refuge House will also release background information to independent contractors who are hired or required by the court to conduct a foster home screening, pre-adoptive home screening, post placement adoptive report, or home study.
- Refuge House will release the background information to the requesting agency within 10 days after receiving the written request, including generally informing the requesting agency of any unresolved investigations and/or deficiencies. After the resolution of any investigations and/or deficiencies, Refuge House will release the remaining background information to the requesting agency within 10 days after the resolution of the investigations and/or deficiencies.
- Background information refers to any information that must be obtained according to Minimum Standard §749.2447(23) and includes (if applicable) annual developmental plans, corrective action plans, and any potential service limitation that the family may have.



References

§749.345(1-2), §749.2401, §749.2403, §749.2405, §749.2441, §749.2443, §749.2445, §749.2447, §749.2449, §749.2451, §749.2475

Pre-Service Training and Experience Requirements

Refuge House foster/adoptive families will be well prepared and capable of dealing with the behaviors exhibited by children/young adults in their home. They will understand the needs of the children and young adults placed in their homes, and they will ensure that DFPS, licensing standards, contract terms and YFT standards are met. General pre-service training includes the following components: developmental stages of children, foster children's self esteem constructive guidance and discipline of children, strategies and techniques for monitoring and working with these children/young adults, age appropriate activities for children/young adults, different roles of foster/adoptive parents, measures to prevent, identify, treat and report suspected occurrences of child abuse, neglect and exploitation, procedures to follow in emergencies such as weather related emergencies, preventing the spread of communicable diseases, recognizing and preventing shaken baby, preventing SIDS, understanding early childhood brain development, Psychotropic Medications, the authorized emergency behavior intervention techniques (SAMA), CPR/First Aid, Developmental Milestones, Online Medical Consenter Training, Disaster Plan. Pre-service training cannot count toward annual training hours.

Training Instructor Requirements

1) A qualified instructor must deliver training.

2) The training must be instructor led.

3) A health-care professional or a pharmacist must provide training in administering psychotropic medication. The trainer must assess each participant after the training to ensure that the participant has learned the course content.

4) To provide training in emergency behavior intervention:

    a. The instructor must be certified in a recognized method of emergency behavior intervention, or be able to document knowledge of:

        i. The emergency behavior intervention;

        ii. The course material;

        iii. Training delivery methods and techniques; and

    b. Training evaluation or assessment methods and techniques;

        i. Training must be competency-based and require participants to demonstrate skill and competency at the end of the training.

40 Hour Supervision Requirement

New foster/adoptive parents without previous experience in residential child care may not be assigned sole responsibility for any child/young adult until the new foster/adoptive parent has been supervised for at least forty (40) hours while conducting direct child care duties. An experienced foster/adoptive parent must be physically available to each new foster/adoptive parent at all times, until the new foster/adoptive parent acquires the supervised experience. The provider must document the supervised child care experience of every foster/adoptive parent who provides direct care to children/young adults. Documented verification of a minimum one-year relevant experience to the population that the foster/adoptive parent would serve, such as children/young adults with PDD, MR, ED, and physical disabilities may permit new foster/adoptive parents to be waived from the forty hours supervision requirements.

References

§749.105(3), §749.345(4), §749.869, §749.881, §749.883, §749.885, §749.903, §749.981, Contract Term 6.D, Contract Term Attachment C Section 502,

Refuge House Home Capacity/Caregiver Ratios

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

- Number of foster/adoptive parents, age of the children/young adults in the home and in placement
- Services being provided and the needs of the children/young adults in care
- Amount of space available for children/young adults
- Bathroom accommodations in the home

During the time children/young adults in care are away from a foster/adoptive home, the foster/adoptive parents are not required to maintain ratio; however, at least one foster/adoptive parent must be available by phone to 1) respond to emergencies, changes in schedule or unplanned event, and 2) provide care and supervision whenever a child/young adult needs the attention of a foster/adoptive parent, including when a child/young adult returns to the home.

Refuge House Foster/Adoptive Homes

Refuge House foster/adoptive homes may care for up to 6 children/young adults, including biological, adopted and foster children/young adults, adults in care, and children/young adults for whom the Refuge House home is providing mini-break care.

Child Care Services

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

Treatment Services

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

Refuge House Group Homes

Refuge House group homes may care for up to 12 children/young adults, including biological, adopted and foster children/young adults, adults in care, and children/young adults for whom the foster/adoptive home is providing mini-break care.

Child Care Services

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

Treatment Services

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

References

§749.2551, §749.2553, §749.2555, §749.2557, §749.2559, §749.2561, §749.2563, §749.2565, §749.2567, Contract Term Attachment C Section 101

Adults in Agency Homes

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

- The adult is related to the foster/adoptive family, or
- The adult is a client in the Department of Aging and Disability Services (DADS), or

The adult is in the Conservatorship of DFPS

- Is being admitted from another residential child-care operation for one of the following reason:
  - Is between the ages of 18 and 22 and is attending college, vocational, or technical training; attends high school or a program like high school diploma; and/or
  - Turns 18 years old while in care and continue to need the same level of care; and is unlikely to physically and/or intellectually progress over time.

Adults in care (those requiring the direct care and assistance of a foster/adoptive parent) will be counted in the capacity of the foster/adoptive home.

In order for an unrelated adult to live in an Agency home, the individual must be licensed as a foster/adoptive parent in the foster/adoptive home. The requirements are the same as those for a foster/adoptive parent. See **Foster/Adoptive Parent(s) Screening and Foster/Adoptive Parent(s) Verification**.

References

§749.2651, §749.2653, Contract Term 7

LEGAL RISK PLACEMENTS

Refuge House may approve an applicant for both a foster and an adoptive home simultaneously. Refuge House will follow all the rules for verifying a foster home and approving an adoptive home. Refuge House may combine the foster home screening and adoptive screening into one screening report, ensuring that the requirements for both the foster and adoptive screenings are met. Criteria used to select children for appropriate legal risk placements are primarily based upon the case-by-case review by the CPMS for all placement factors, specifically the willingness and ability of the family to accept a legal risk placement.

References

§749.355, §749.3201, §749.3203, §749.3221

SUPERVISION

Refuge House ensures adequate supervision of the children/young adults placed in Refuge House foster/adoptive homes by the following measures:

- Ensuring foster/adoptive parent ratios are observed;
- Taking into account the specific needs of the children/young adults placed in the home;
- Considering the background of foster/adoptive children and foster/adoptive parents;

- Accounting for non-routine events in the lives of the household members; and
- Implementing written safety plans with approval of CPMS when necessary.

The first responsibility of all foster/adoptive parents is to ensure the safety and well-being of each child/young adult placed in their care and to facilitate the child/young adult's development and progress in the goals of their Individual Service Plan. This will be done by taking into account the child/young adult's age, developmental level, interests and special needs by positively reinforcing their efforts and accomplishments. Foster/adoptive parents must not be involved in tasks that impede the foster/adoptive parent's ability to supervise and interact with the children/young adults while they are responsible for the supervision of the children/young adults, or hinder their ability to meet any service planning requirements regarding supervision. Foster/adoptive parents must give due consideration to the physical environment and potential hazards when any children/young adults in care are present, taking into account the child's or young adult's age, developmental levels and physical, mental, emotional and social needs. Foster/adoptive parents must ensure that all persons responsible for the care and supervision of children/young adults are aware of any specific supervision needs required. Refuge House provides strategies to meet these needs including instructions to Refuge House foster/adoptive parents or other persons involved in the child/young adult's care. Instructions must include specific information about supervision (24-hour care, including food, clothing, room and board, and personal items). Foster/adoptive parents are responsible for providing progress information back to Refuge House in order to facilitate the on-going assessment of the supervision needs.

Electronic Monitors

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

Surveillance Equipment

Refuge House does not permit foster/adoptive homes to have surveillance equipment in areas designated as private (such as bedrooms or bathrooms) unless the purpose is to supervise infants or toddlers. Surveillance equipment is permitted in public areas, provided the specific use of the equipment is documented and approved. In rare instances, surveillance equipment may be authorized by the child/young adult's Managing Conservator in writing, but equipment must be deactivated or removed once the particular child/young adult or justification is no longer present. Video cameras should not be used to tape children/young adults. Any images should not be accessible to anyone but the foster/adoptive home caregivers. Refuge House does not allow surveillance equipment to be used as a form of supervision of any foster/adoptive children/young adults older than 12 months of age.

References

§749.2591, §749.2593, §749.2595, Contract Term 12, Contract Term 32.B, Contract Term Attachment C Section 100, Contract Term Attachment F

General Requirements

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

Fire and Health Inspections

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

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

Disaster and Emergency Plan

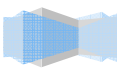
Every foster/adoptive home must have a current written plan and procedure for handling potential disasters and emergencies, such as fire, severe weather emergencies and transportation emergencies. Foster/adoptive parents must know the procedures for meeting disasters and emergencies, including evacuation procedures, including supervision of the children/young adults and contacting emergency help. Foster/adoptive parents must sign and adhere to the Refuge House Disaster and Emergency Plan and ensure their own plan complies with the policies and procedures set forth therein.

Smoke Detectors/Fire Extinguishers

Every foster/adoptive home must have a working smoke detector in the following areas:

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

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



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

Animals

Foster/adoptive homes must be kept free of stray animals. Foster/adoptive parent(s) must not allow the children or young adults to play with stray animals or any other animals that could be dangerous. Any animals of the home must be kept free of disease. All animals must be vaccinated by a licenses veterinarian. Documentation must be kept current demonstrating that dogs, cats and ferrets have been vaccinated as required by Texas Health and Safety Code Chapter §826. If a foster/adoptive home has animals on the premises, it must ensure that the animals do not create health problems or a health risk for children/young adults.

Tobacco Use

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

While in the care of Refuge House, young adults are not permitted to use any form of tobacco products.

Bedrooms

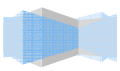
Bedrooms in foster/adoptive homes must have at least 40 square feet of space for each occupant and no more than 4 occupants per bedroom, regardless of square footage. Single occupant bedrooms must have at least 80 square feet of floor space. Floor space requirements may not include closets and other alcoves. Floor space must be space that children/young adults can use for daily activities.[3] Only rooms that provide adequate opportunity for rest and privacy may be used as a bedroom. A basement may be used as a bedroom if 1) there is a second fire escape route, and 2) if there is natural lighting.[4] Foster/adoptive children/young adults or any other household members may not use any of the following as a bedroom:

1. A room commonly used for other purposes, including dining rooms, living rooms, hallways or porches
2. Passageway to other rooms
3. Room that does not have doors for privacy
4. A detached structure

Before a young adult resident who has turned 18 years of age while placed in his/her current foster/adoptive home is able to share a room with a minor resident, Refuge House will assess the behaviors, maturity level, and relationships of each resident to determine whether there are risks

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

[4] A foster child may not use a basement as a bedroom if there is no natural lighting unless the home was verified prior to January 1, 2007, unless the verification is no longer valid or the home is structurally altered through the addition of a new room.



to either the minor or young adult in care. This assessment will be documented in each child/young adult's record. A child may share a bedroom with foster/adoptive parent if it is in the best interest of the child; if the child is under 3 and sleeps in the bedroom of the foster/adoptive parent and approval is documented and dated in the child's service plan by the service planning team. An exception for a child/young adult to share a bedroom with a foster/adoptive parent may be made during travel and camping situations if not other more reasonable provision is available. To facilitate continuous supervision of a child/young adult, the foster/adoptive parent may move a child/young adult to a location where the foster/adoptive parent can directly and continuously supervise a child/young adult until there is no longer an immediate danger to themselves or others. However, the foster/adoptive parent is expected to provide comfortable sleeping arrangements for the child/young adult. Children/young adults who are 6 years and older may not share a bedroom with a person of the opposite sex. Each child/young adult must have accessible storage space for their clothing and personal possessions.

Bed and Bedding

Each child/young adult must have their own bed and mattress, sheets, towels, blankets, bedspreads, pillows and other furnishings. The bed must be clean and comfortable and the mattress must have covers or protectors. Linens must be changed no less than once a week in frequency as well as when soiled. In each bedroom, each child/young adult should have personal storage space.

Bathroom Accommodations

Every foster/adoptive home must have one lavatory, one tub or shower, and one toilet for every 8 household members.[5] All lavatories, tubs and showers must have hot and cold running water. Bathrooms must allow for privacy.

Indoor Space

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

Outdoor Recreation Space and Equipment

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

References

[5] Refuge House homes verified before January 1, 2007 are exempt from this requirement until no longer verified by the current agency or it makes structural changes to the home by adding additional bathrooms.

§749.2901, §749.2903, §749.2905, §749.2907, §749.2909, §749.2911, §749.2913, §749.2917, §749.2931, §749.3021, §749.3023, §749.3025, §749.3027, §749.3029, §749.3031, §749.3033, §749.3035, §749.3037, §749.3039, §749.3041, Contract Term 11.C(i-iii), Contract Term 30

Nutrition and Food Preparation

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

A child/young adult must never be forced to eat, however a foster/adoptive parent is not required to offer substitute food to a child/young adult who refuses a meal or snack or chooses not to be present when a meal or snack is scheduled. Foster/adoptive parent must discuss recurring eating problems with the Refuge House case manager and the child's or young adult's DFPS caseworker. If a meal or snack is not appropriate to meet a child's or young adult's individual needs (food allergies or religious reasons), then the foster/adoptive parent must offer an appropriate alternative to the child/young adult. Foster/adoptive parents need to ensure that the children/young adults in their home have input in the meal planning.

A foster/adoptive parent may not use food that meets a child/young adult's nutritional requirements as a reward or punishment, or as part of a behavior management program. Food may never be withheld from a child/young adult. A foster/adoptive parent must offer a child/young adult in care the same food choices that other children and young adults in the home are offered, unless medically contraindicated for the child or young adult.

Special Feeding Requirements

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

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

Therapeutic or Special Diets

For a foster/adoptive parent to serve a therapeutic or special diet to a child/young adult, Refuge House must have written approval in the child/young adult's record from a licensed physician or registered or licensed dietitian. Adequate information and instructions regarding the child's or young adult's diet must be available to the foster/adoptive parent.

Food Storage Requirements

Foster/adoptive parents must ensure that all food items are:

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

Kitchen and Dining Areas, Supplies and Equipment Maintenance

Foster/adoptive parents must keep furniture, equipment, food contact surfaces, other areas where food is prepared, eaten or stored, clean and well-repaired. Utensils and containers intended for one time use, such as paper and plastic dishes must not be used more than once. Additionally, all trash must be disposed of in a lidded trash receptacle.

The Food Stamp Act of 1977 can be found at http://www.fns.usda.gov/fsp/rules/Legislation/pdfs/PL_106-580.pdf. This Act details who is eligible for food stamps and provides valuable information about the program. This website will provide information helpful to the families, and will also be listed in the Caregiver Handbook they receive.

References

§749.3061, §749.3063, §749.3065, §749.3067, §749.3069, §749.3071, §749.3075, §749.3079, §749.3081, Contract Term 12.A(i-iii), Contract Term 40.C(ii)(f)

Swimming Pools and Water Safety

Policies in this section apply to foster homes and foster/adoptive homes, but do not apply to adoptive homes approved for adoption only. However, safety rules will be reviewed prior to verification. All rules for swimming pools and water safety apply to young adults as indicated in their Individual Service Plan.

Foster/adoptive homes with a private pool must comply with the following requirements:

1. Children/young adults must be informed about house rules for use of the pool and appropriate safety precautions
2. Adult supervision and monitoring and safety features must be adequate to prevent children/young adults from unsupervised access to the pool

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

Bodies of Water

Foster/adoptive parents must use prudent judgment to ensure that children/young adults are protected from unsupervised access to water, such as swimming pool, hot tub, fountain, pond, lake, creek, river or other body of water. If children/young adults are permitted to swim in a body of water such as a river, creek, pond or lake, the supervising adult must clearly designate

[6] Foster and foster/adoptive homes verified before January 1, 2007 have one year from that date to comply with this requirement.

swimming areas. Rules governing the activity must be explained to participants in a way that is clearly understood prior to their participation.

Ratios for Swimming Activities

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

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

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

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

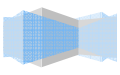
1. They maintain enough foster/adoptive parents to maintain the general child care ratio
2. Children/young adults in their care do not supervise water activities
3. They ensure compliance with all other rules in this chapter

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

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

Lifejacket Use

A child/young adult must wear a lifejacket when participating in boating activities, when the child/young adult is in more than 2 feet of water and does not know how to swim, or is ordered to do so by a physician for a child/young adult with a medical problem or disability.



Wading Pools

Foster/adoptive parents who provide wading/splash pools (less than 2 feet of water) must make sure the wading/splash pools:

- Stored out of the child/young adult's reach when not in use
- Drained at least daily and
- Stored so it does not hold water

Hot Tubs/Spas

Foster/adoptive parents who have a hot tub must ensure the hot tub is covered with a locking cover when the hot tub is not in use.

For foster/adoptive homes that are located on or adjacent and accessible to the premises of a body of water, Refuge House must document type, location, and size of the body of water and barriers between the foster/adoptive home and the body of water.

References

§749.3131, §749.3133, §749.3135, §749.3137, §749.3139, §749.3141, §749.3143, §749.3145, §749.3147, §749.3149, Contract Term 15.A-C

Dangerous Equipment

Foster/adoptive homes must store dangerous tools and equipment, such as hatchets, saws, and axes, so that they are inaccessible to children/young adults. Children/young adults may use these tools and equipment with foster/adoptive parent supervision, as appropriate based on the child's or young adult's age, maturity and treatment issues.

Weapons, Firearms, Explosives and Projectiles

Generally, weapons, firearms, explosive materials, and projectiles (such as darts or arrows), are permitted. However, there are some specific restrictions: if a home has weapons, firearms, explosive materials, projectiles, or toys that explode or shoot, children/young adults may not have unsupervised access to them, including locked storage and separate locked storage for the weapons and ammunition. Locked storage must be made of strong, unbreakable material. If the locked storage has a glass or another breakable front or enclosure, the guns must be secured with a locked cable or chain placed through the trigger guards. Ammunition must be stored separately from firearms.

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

Refuge House does not generally consider common household items to be among the items affected by this policy. However, Refuge House reserves the right to identify certain toys and household items as falling into the above category and therefore being subject to the above policy. Documentation of whether a foster/adoptive home has these items present in their home will be placed in the foster/adoptive home record. Discussion of whether or not the home still has

weapons, firearms, explosive materials, or projectiles and how they are stored will be conducted to ensure compliance with this policy.

Foster/adoptive parents must provide Refuge House with all applicable licenses for guns in the home and any certificates for firearm gun training. Foster/adoptive parents shall notify Refuge House if there is a change in the type of, or an addition to weapons, firearms, explosive materials, or projectiles 24 hours prior to adding and 15 days after removing.

If a foster/adoptive parent is transporting a child/young adult in a vehicle in which there are firearms, other weapons, explosive materials or projectiles; the firearms must not be loaded, all of the aforementioned items must not be accessible to the child or young adult and the possession of a firearm must be legal.

References

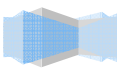
§749.339(18), §749.2915, §749.2961, §749.2963, §749.2965(b), §749.2967

TRANSPORTATION

Foster/adoptive parents are responsible for providing routine transportation for the children/young adults in their care as they would for their own biological children. This includes but is not limited to, transportation to medical appointments, to therapy, and to and from school. If necessary, recreational activities, visitation, court hearings, PAL activities, conferences and meetings for permanency or transition. In the event that a foster/adoptive parent or caregiver is unable to provide transportation to or from an event or location, the foster/adoptive parent or caregiver is responsible to identify an appropriate alternative, which may also include contacting the Refuge House case manager to assist with arrangements. Failure to ensure transportation is a violation of the child's or young adult's service plan and may result in corrective action or closure of a Refuge House foster/adoptive home. It should be noted that Refuge House understands according to the DFPS contract that Refuge House is ultimately responsible for all transportation and in the event a foster/adoptive parent cannot transport due to extenuating circumstances and if 24 hours notice is given Refuge House will arrange transportation.

VEHICLES USED TO TRANSPORT CHILDREN/YOUNG ADULTS

Must be maintained in safe operating condition at all times and inspected and registered according to federal, state and local laws. Foster/adoptive parents should own a vehicle that accommodates the home's licensed capacity. When transporting children/young adults, the driver and all passengers must follow all federal, state and local laws when driving, including laws on the use of child-passenger safety systems, seat belts and liability insurance. Older children and young adults in the home may transport a child or young adult if the child/young adult has a valid driver's license and the service planning teams for the child(ren) or young adult(s) being transported, and the child or young adult transporting (if applicable) approve of the transportation arrangements.



Foster/adoptive parents, with the approval of Refuge House, may teach or supervise children and young adults in learning to drive. Documented approval must be included in the child's or young adult's record. Only the foster/adoptive parent responsible for instruction and the child/young adult learning to drive may present in the vehicle.

Refuge House requires that foster/adoptive parents only transport a child/young adult inside the vehicle. The back of a pickup truck is not considered 'inside the vehicle.' Children and young adults must never be transported in the back of a pickup truck, on the side runners, the hood or trunk of a vehicle.

References

§749.3101, §749.3103, §749.3105, §749.3107, §749.3111, Contract Term 16

Foster Parent Agreement

Refuge House will sign a written agreement with each foster/adoptive home at the time of verification. Each foster/adoptive home will have a copy of the Foster Parent Agreement and the agreement will be documented in the foster/adoptive parent record.

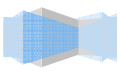
Grievance and Appeal Process

Refuge House recognizes the importance of reviewing the grievances brought to us from our foster/adoptive applicants, foster/adoptive parents, employees, caregivers, Managing Conservators, residents, or other persons and makes every attempt to improve our processes and quality of service by evaluating each grievance on a case by case basis. This includes filing a complaint, presenting a grievance, or other information relating to the misuse of emergency behavior intervention at the agency or foster home. To this end, Refuge House has a written Grievance and Appeal Process as a mechanism by which our foster/adoptive parents and or other persons may bring their concerns to Refuge House through an established procedure utilizing a chain of command. Refuge House provides information to foster/adoptive parents, employees, clients, or other persons regarding how to activate this process through the Caregiver Handbook, the Foster Parent Agreement, Roles, Rights and Responsibilities, and the Grievance Process and Appeal form.

Roles and Responsibilities of Refuge House

When an issue arises from a foster/adoptive parent or caregiver regarding a Refuge House decision, Refuge House recognizes the following chain of command to achieve resolution to the issue:

1) Refuge House Case Manager will make every attempt to resolve the issue with the foster/adoptive parent(s) or caregiver(s) immediately.
2) If a satisfactory resolution has not been achieved, the Refuge House Case Manager Supervisor will attempt to gather the information from individuals directly involved and will attempt to resolve the presenting issue.



3) If a satisfactory resolution has not been achieved, the Refuge House Case Manager Supervisor will prepare the Grievance Communication Form and forward to the Administrator. This step may require further communication from parties involved in the grievance. The Administrator will provide a written response, which will be communicated verbally and in writing within 10 working days of receipt of the concern. The response will include specific reasons or policies substantiating the decision.
4) If a satisfactory solution still has not been achieved, the individual may send a copy of the written appeal to the Executive Director/CEO. The Executive Director/CEO will respond within 10 working days verbally and in writing, citing specific reason and/or policy substantiating the decision.

Roles and Responsibilities of Foster/Adoptive Families

When a foster/adoptive parent or caregiver has a grievance regarding a Refuge House decision, the foster/adoptive parent(s) or caregiver(s) should act according to the following procedure:

- Address the issue with the Refuge House case manager verbally in an attempt to find an immediate resolution.
- If the concern persists, the individual should request a contact the Refuge House Case Manager Supervisor in order to facilitate a speedy resolution.
- If the Refuge House Case Manager Supervisor does not satisfactorily address the issue, the foster/adoptive parent(s) or caregiver(s) may request a review by the Administrator. This step will involve the Case Manager Supervisor completing the Grievance Communication Form in order to provide complete information to the Administrator. The Administrator will communicate with the foster/adoptive parent(s) or caregiver(s) verbally and in writing regarding the decision within 10 days.
- If the grievance remains, the written concern will be forwarded to the Executive Director/CEO. The individual will receive a written response from the Executive Director/CEO within 10 days. Any action taken by the Executive Director/CEO is considered to be final.

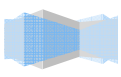
References

§749.421, §749.423, §749.425

Verification

When verifying a Refuge House foster/adoptive home, the Refuge House Foster Home Developer (FHD) will complete the following steps:

1) Complete and document the requirements for RCCL Minimum Standard §749.2447 in the Foster/Adoptive Home Screening;
2) Complete and document all required interviews with foster/adoptive applicants and other household members as specified in RCCL Minimum Standards §749.2449;
3) Obtain the following:
   a) Floor plan of the home showing dimensions and purposes of all rooms the home and identifying indoor areas for children's use;
   b) Digital photos of the outside areas showing buildings, driveways, fences, storage areas, gardens, recreation areas, pools, ponds, or other bodies of water;
   c) Verify an approved fire inspection;



d) Verify an approved health inspection;
e) Inspect the foster/adoptive home to ensure and document that the home meets the appropriate requirements for Tuberculosis screening (must be current within the prior 12 months and for everyone in the home over the age of one). The foster/adoptive home will also be inspected for meeting the requirements for infant/toddler care and care of pregnant children and young adults. FHD will ensure that the foster/adoptive parents commit to meeting the educational and recreational needs of the children and young adults placed in their home. FHD will review and document the family's understanding of RH's policy and procedure regarding discipline and punishment;
f) Ensure that all applicable health and safety, environment, space and equipment requirements are met in accordance with RCCL Minimum Standards;

4) If the foster/adoptive home will provide for children receiving treatment services, FHD will ensure that the foster/adoptive home complies with the policies developed for Treatment Services;
5) Evaluate all areas required for the foster/adoptive home screening and verification, and make recommendations regarding the home's ability to work with children/young adults with respect to their age, gender, number of children/young adult, and services to be provided;
6) Obtain from the CPMS review and approval of the screenings, home study, and the recommended verification of the home; and
7) Issue a verification certificate that specifies the:
   a) Name of the foster/adoptive home;
   b) Foster/adoptive home address and/or location;
   c) The foster home's capacity, which includes the biological and adopted children of the foster/adoptive parents who live in the foster home, any children or young adults receiving foster or respite child-care, and children for whom the family provides care for;
   d) The ages and gender(s) of children for which the home is verified;
   e) The types of services the foster/adoptive home will provide;
   f) Service Levels the foster/adoptive home is approved to provide care for; and
   g) Whether the foster/adoptive home has any weapons, firearms, explosives or projectiles present and determine that they are stored according to Refuge House policy, including documentation of items present in the home and specific precautions that foster/adoptive parents must take to ensure children do not have unsupervised access to the equipment.

VERIFYING A FOSTER/ADOPTIVE HOME FOR MULTIPLE SERVICES

Refuge House will not verify a home for multiple services unless the foster/adoptive parents in the home can provide the services required to ensure the safety and well-being all children/young adults placed in the home, and that the verification for multiple services does not present a conflict of care for the children/young adults in the home. For a newly verified home this will be determined in the assessment of the initial home screening. In the event that a foster/adoptive home is verified for an additional type of service, a Home Screening Addendum will be completed by the Refuge House case manager and reviewed and approved by the CPMS. If a Home Screening Addendum is not approved for a particular Type of Service, children/young adults classified within that type of service will not be placed in that home.

Refuge House does not allow foster/adoptive homes to provide day care in addition to foster care.

Verifying Transfer Homes

Refuge House will ensure that all transfer foster/adoptive homes meet compliance with Minimum Standards prior to verification. Refuge House will develop a plan for each transfer foster/adoptive family to ensure that they complete any additional requirements mandated by Refuge House policies and procedures that were not required by the prior agency.

Refuge House will not verify a foster/adoptive home prior to approval by the CPMS, which includes a signature and date. Refuge House will not place children/young adults in an unverified home at any time. Upon verification, Refuge House will provide a verification certification, which they must post in the designated home, or have the ability to provide immediately upon request.

Foster/adoptive parents are not required to own or rent the home in which they live in order for it to be considered their primary residence. Refuge House does not own agency homes.

Physical Location of Foster/Adoptive Homes

Temporary Verification

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

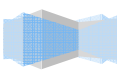
Refuge House will not issue a temporary verification for any licensed home if there are no placements in the home. Temporary verifications are valid for a maximum of 6 months from the date the temporary verification was issued. A temporary verification may not be renewed.

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

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

References

§749.2471, §749.2473, §749.2477, §749.2479, §749.2481, §749.2483, §749.2485, §749.2487(a), §749.2491, §749.2493, §749.2521, §749.2523, §749.2525, §749.2965(a-b), Contract Term 24



CHANGES TO FOSTER/ADOPTIVE HOME VERIFICATION

Refuge House requires notification from the foster/adoptive parent(s) of the following changes in the foster/adoptive home:

1. Change in the location of the foster/adoptive home, prior to moving;
2. Major life changes in household composition, prior to the change occurring, if possible otherwise immediately upon discovery, including:
    a. Marriage, divorce, separation, death, birth, or any other change in household composition;
    b. A serious health problem that affects the ability of the foster/adoptive parent to care for children/young adults; or
    c. Extended absences by one parent, such as military services or job assignments; and
3. A change affecting a condition of the foster/adoptive home verification, prior to the change occurring, if possible; otherwise, immediately upon discovery.

CHANGES TO FOSTER/ADOPTIVE HOME VERIFICATION PROCEDURE

Changes that require an update to the Agency Home Verification include but are not limited to:

- Age range of children/young adults to be served;
- Service type of children placed in the home;
- Service level of children/young adults placed in the home;
- Preference in gender of children/young adults placed in the home;
- Population;
- Capacity of the foster/adoptive home;
- Change to family structure;
- Major household changes; and
- Change of agency home status (active/inactive).

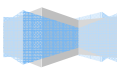
1) Changes are submitted electronically to Child Placement Management Staff (CPMS) and Treatment Director (TD) for approval through a Home Screening Addendum.
2) TD forwards approved Home Screening Addendum to the Family Home Developer (FHD).
3) Upon receipt, FHD or TD completes the Agency Home Report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

CHANGES TO FOSTER/ADOPTIVE HOME PHYSICAL LOCATION

Planned Moves

(30 days or more)

1) Refuge House case manager (CM) notifies Refuge House Case Manager Supervisor at least 30 days prior to planned move;
2) CM orders and/or obtains the following documentation for the new location: fire and health inspections, floor plan, house rules, fire evacuation plan, disaster plan, and pictures;



3) CM submits Home Screening Addendum to Child Placement Management Staff (CPMS) and Treatment Director at least 5 days prior to move;
4) CM ensures that all signatures have been obtained;
5) CM files all applicable paperwork in the family record; and
6) TD and/or CPMS ensures that the Agency Home Report is submitted and issues a new license on the effective date of the change.

Emergency Moves
(less than 30 days)

1) Refuge House case manager (CM) notifies Refuge House Case Manager Supervisor immediately upon learning of a change in location with less than 30 days notice;
2) CM completes Home Screening Addendum within 2 business days of becoming aware of the move and submits electronically to Child Placement Management Staff (CPMS) and Treatment Director;
3) CM ensures all applicable signatures are obtained;
4) TD and/or CPMS electronically submits temporary Agency Home Report and issues temporary license (expiring in 6 months or less);
5) CM files all applicable paperwork;
6) TD notifies CPMS of temporary license;
7) TD notifies intake electronically of placement hold for the duration of the temporary license, or if there is a change to the duration of the temporary license via e-mail; and
8) TD ensures that the planned move procedure is followed prior to the expiration of the temporary license.

References

§749.2655, §749.2803, §749.2805

INACTIVE STATUS

A foster/adoptive home may be placed on inactive status if 1) there are no children placed in the home, and 2) both Refuge House and the foster/adoptive parents agree that the home will be on inactive status, and 3) documentation is in the foster/adoptive home's record that the status is inactive and the home will not accept a child/young adult for placement, and 4) the foster/adoptive home is listed in the DFPS system as inactive. When a foster/adoptive home is preparing to go on Inactive status, the Treatment Director and or CPMS will document the decision through a Home Screening Addendum and submit the Agency Home Report form designating the home as inactive.

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

When a home comes off inactive status, the Refuge House Case Manager Supervisor, Treatment Director, and Child Placement Managing Staff will schedule a supervisory home visit, prior to placing a child/young adult in the home. Refuge House Treatment Director and Child Placement

Managing Staff will complete a Home Screening Addendum indicating that the home is in good standing with all applicable rules and regulations, including being current on training hours (pro-rated) and compliance with all DPS and DFPS background check requirements. Treatment Director and Child Placement Managing Staff will submit an Agency Home Report form removing the home from inactive status.

Closure of Foster/Adoptive Homes

The following circumstances precede the closure of a foster/adoptive home:

- Repeated non-compliance with rules endangers the health or safety of children/young adults;
- Repeated failure to comply with Refuge House policies or corrective action plans;
- Refusal to comply with RCCL Minimum Standards;
- Refusal to permit Refuge House employees or DFPS personnel to inspect the home;
- Repeated Licensing investigations;
- Representing themselves in a dishonest manner;
- Failure to meet the needs of the child, children or young adult(s) placed in the home;
- Family and Refuge House no longer on agree on ways to serve the children/young adults; and
- Refuge House reserves the right to stop working with a family for any reason.

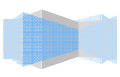
References

§749.2819, §749.2821, §749.2823, §749.2825

Intermittent Alternative Care Policy

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

Each child/young adult placed in alternative intermittent care must wait at least 10 days before returning to alternative intermittent care, unless the Refuge House home providing the alternative intermittent care is used exclusively for this purpose. For each Refuge House home providing Intermittent Alternative Care, the home must wait a minimum of 10 days between Intermittent Alternative Care placements and may only provide IAC for a maximum of 60 days per year, unless the home is solely used for this purpose. A child/young adult may be in Alternative care for 14 consecutive days, not to exceed 40 days per year. Pertinent information regarding the child/young adult and the child/young adult's routine must be provided to Intermittent Alternative Care providers using the Alternative Care Fact Sheet.



If a child or young adult were to enter into IAC due to an investigation Refuge House should obtain approval for up to 60 days. If the investigation where to continue past the 60th day, an additional stay letter would be required.

For children or young adults who enter into IAC for a 14 day period and extenuating circumstances require a child/young adult to stay longer without a placement being necessary Refuge House will obtain an additional IAC stay letter.

It should be noted that any stay longer than the initial stated stay requires new paperwork and must be repeated every 14 day thereafter.

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

References

§749.353(5), §749.353(10-11), 749.2621, §749.2623, §749.2625, §749.2627, §749.2629, §749.2631, §749.2633, §749.2635, Contract Term 42, Contract Term Attachment D

WEEKENDER POLICY

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

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

References

§749.2635, §749.353, Contract Term Attachment D

BABYSITTER POLICY

A babysitter is defined as a person who provides supervision in a Refuge House foster/adoptive home for a child or young adult. A babysitter may not care for a child more than 8 consecutive hours and may not supervise a child/young adult overnight. Use of babysitters must still meet

ratio requirements and must not average more than once weekly over the course of a 3 month period.

In some cases, a babysitter can be used on a regular basis if the care is not provided in the RH verified foster/adoptive home. These babysitters must be 21 years of age and not living with parents and or roommates but have a residence of their own. Examples of this would be an hour before school or after school not to exceed two hours each day.

All babysitters used on a regular basis must meet all requirements and a babysitter form must be documented in the child or young adult's record. It should be noted that if a babysitter is being used for more than one child or young adult consistently in the babysitter's home, additional training and home requirements may be needed and will be assessed on a case by case basis. All cases that require assessment should be documented and approved by the CPMS, TD, and Executive Director/CEO.

References

§749.353, §749.2599, §749.2635

Mini-Break Policy

A mini-break is defined as a regular in-home or out-of-home stay of a child/young adult, less than 72 hours, supervised by a Refuge House licensed mini-break provider. Mini-break provider requirements are found in the Caregivers subsection of this policy book. Foster/adoptive parents must notify Refuge House in writing (e-mail, fax or letter) prior to a mini-break episode. Failure to notify Refuge House in advance of a mini-break may result in mini-break privileges for the foster/adoptive home being revoked for a period of 3 months.

Ongoing Monitoring and Assessment for Compliance and Quality of Care

In order to ensure compliance, Refuge House will provide regular, systematic supervision and a formal process of monitoring to each of its foster/adoptive homes for compliance with Refuge House Programmatic Policy and Procedures and requirements for each monitoring entity. This process must include all members of the household being present, once every six months for a formal home monitoring visit by the RH case manager. RH case managers are required to conduct an announced in-home monitoring visit each month with one visit being unannounced each calendar year. (If a family is licensed prior to November 1st an announced visit is required by the end of the current calendar year. This also applies to families being taken off inactive status.) The purpose of regular monitoring is to assess the foster/adoptive parents' abilities to meet the needs of the child(ren) and/or young adults in their care and to ensure the well-being and safety of the child(ren)/young adults and the foster/adoptive parent(s). The monitoring visits also ensure continued progress of each child's or young adult's Individual Service Plan. Refuge House will follow the procedure in Roles and Responsibilities and utilize the Quarterly Foster/Adoptive Home

review for documenting, notifying and correcting all non-compliance issues. Monitoring visits should be viewed as a support to both the foster/adoptive parents and all children and young adults in care.

If a foster/adoptive home has availability but does not have a current placement, Refuge House will make at least one visit per quarter and maintain all regular paperwork and documentation in order for the home to remain on Active status. If a foster/adoptive home is on Inactive status, the ongoing monitoring and supervision of the home is not required.

Ongoing Monitoring Procedure

In order to comply with the Monitoring and Assessment Policy, Refuge House maintains regular contact and conducts reviews of foster/adoptive homes by:

1. Conducting in-home visits and assessments of both the foster/adoptive parent and the child/young adult and documenting in the quarterly foster home review, as well as the child's or young adult's monthly narratives
2. During contacts with the foster/adoptive family the Refuge House case manager will cite or address any deficiencies that have been noted. Documentation of deficiencies will include plans for achieving compliance and necessary follow-up.
3. Each child's or young adult's Individual Service Plan is tailored to the specific safety needs and requirements of the child considering their environment.
4. If additional safeguards are necessary, the Treatment Team will develop and implement safety plans as needed.
5. Refuge House maintains at least one on-call worker 24 hours a day, 7 days a week in order to ensure foster/adoptive parents have continual support and contact availability in the event of an emergency.

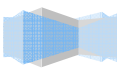
References

§749.103(7), §749.349, §749.2807, §749.2815, §749.2817, Contract Term 24, Contract Term 49, Contract Term 50

Periodic Management and Evaluation, Investigation of Violations

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

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



4. Refuge House may conduct internal assessments of a foster/adoptive home. Should any deficiencies be noted Refuge House case manager will issue a citation on the foster home and develop a plan for compliance and follow up, under the direct supervision of the Treatment Director. All plans of correction should be approved using a signature by the foster/adoptive family (from at least one foster/adoptive parent), RH Case Manager Supervisor, CPMS, Treatment Director and Executive Director/CEO. These plans should be documented in the record and included in the quarterly home review.

Refuge House will only conduct internal investigations if required/assigned by an RCCL representative. Only a CPMS and or a Treatment Director who is qualified to be a CPMS may conduct these investigation. Each investigation is documented with findings and any action plans executed then forwarded to the RCCL representative within 30 days from the requested timeframe, or as otherwise requested by RCCL. This only takes place if RCCL requested.

Every two-year period, Refuge House case manager will review all minimum standards with foster/adoptive parents in the home on a predetermined schedule of topics. Every two years, the Treatment Director will evaluate a foster/adoptive home for compliance with all rules that apply to the home utilizing documentation accumulated in the home record over the prior two years. Treatment Director will conduct and document the bi-annual evaluations, CPMS will review and sign off on all bi-annual evaluations. During the evaluation, the Treatment Director will review covered standards as well as discuss all patterns of RCCL Minimum Standards, Contracts, and/or YFT items not complied with over the course of the two year period.

References

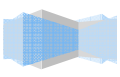
§749.101(6)(C-E), §749.2801, §749.2803(a), §749.2807(1-3), §749.2813

On-Call Responsibilties and Procedures

Refuge House will maintain on-call staff at each level of the organization. Foster parents are to contact their assigned Casemanager for all emergancies. If that Casemanager does not respond within ten minutes the family is to contact the Supervisor/Treatment Manager. If that individual does not respond within five minutes the family is to contact both the Administrator and Executive Director.

NOTE: On-call for placements are done by our rotating on-call placement worker.

If a Casemanger receives a call after hours the Casemanager is required to notify the Supervisor/Treatment Manager, Administrator and Executive Director. Direction will be given at that time. All directions will follow Minimum Standards, Contract requirements, YFT guidelines according to Attachment C, and COA standards. At any given time multiple levels of staff are avalible.



CHILD/YOUNG ADULT

CHILD/YOUNG ADULT RIGHTS

Refuge House protects the rights of children and young adults placed in foster/adoptive homes by clearly defining the child's and young adult's rights in writing along with the responsibility of Refuge House and its foster/adoptive parents to uphold and protect those rights. Within 7 days of placement, each child/young adult is informed or his or her rights at the level of their own understanding using the Orientation and Child Rights form. Young adults are also given an Orientation and Young Adult Rights form that is reviewed, understood, and signed at the time of placement.

Refuge House supports the rights listed in the CPS Rights of Children and Youth in care and will cooperate with CPS to ensure all children/young adults have been give a written copy of these at the time of placement and at subsequent placements. Refuge House will review the CPS Child Rights and Youth in Foster Care with both the child/young adult and foster/adoptive parent, as well as maintain a signed copy of these forms in the child/young adult's file. Refuge House will not deny or restrict through action or policy, any of the rights listed in the CPS Rights of Children and Youth in Foster Care.

Refuge House will provide services to children/young adults who are deaf or hard of hearing that ensure effective communication for children/young adults in care. Refuge House will contact a Deafness Resource Specialist from the Department for Assistive and Rehabilitative Services (DARS) for assistance in determining how best to ensure effective communication is being achieved. (http://www.dars.state.tx.us/dhhs/providers/specialists.asp)

References

§749.1001, §749.1005, §749.1013, §749.1015, §749.1021, Contract Term 3.F, Contract Term 9, Contract Term 27.D(iii)

PARTICIPATION IN RELIGIOUS ACTIVITIES

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

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

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

Young adults in the care of Refuge House may without written approval consent to being dedicated, baptized and/or confirmed. Refuge House will support a young adult's decision to pursue faith according to each young adult's belief system.

Participation in Religious Activities Procedure

Prior to Placement

1) At intake, if religious preference is unknown, Intake Department will inquire of the DFPS worker whether religious preference is known, as well as any known issues to placement in a home participating in faith-based activities.
2) Intake Department will take religious preferences into account when selecting prospective foster/adoptive homes for placement.

At Placement

1) At time of placement, Refuge House placement worker will initiate discussion between foster/adoptive family and child/young adult regarding religious preference and participation religious activities, when age-appropriate.
2) Discussion will be documented on the pre-placement form for both emergency and routine placements.

During Placement

1) Should the issue arise that the child wishes to be formally dedicated, baptized, confirmed or admitted into official membership of a church, DFPS Managing Conservator must be notified and provide written approval prior to the specific activity. These activities must not take place unless prior approval is obtained.
2) If a young adult wishes to be formally dedicated, baptized, confirmed or admitted into official membership of a church approval is not needed. Documentation of the young adult's decision and desire is required in writing by the young adult and given to the RH case manager to be documented in the young adult's record.

References

§749.339(8), §749.1921(d), Contract Term 15.A, Contract Term 17.B, Contract Term 19

MEDICAL & DENTAL TREATMENT

Refuge House ensures that each child/young adult receives regular medical and dental checkups according to the Texas Health Steps (THSteps) periodicity schedule. Refuge House case manager will also ensure that each child/young adult receives appropriate medical, dental and behavioral health attention and intervention as indicated by healthcare professionals in accordance with THSteps, DFPS contracts and Minimum Standards. To that end, Refuge House will ensure that foster/adoptive parents are provided with the materials described at https://secure.thstepsproducts.com at least yearly. The materials may be provided in printed form or in the PDF form provided at the site. This document, outlines everything needed from a medical and dental perspective. Beginning April 1, 2010 Refuge House will document proof of providing the materials within each first Quarterly Home Review each year. For, 2010 this will be documented in the 2nd Quarter Home Review. With each child or young adult being enrolled into the Star Superior Network Refuge House is able to guide its foster/adoptive families to all qualifying providers in their area. Through the STAR Superior Network all children/young adults placed with us should be able to have their entire medical, dental and behavioral health needs met. Once a child or young adult is placed with Refuge House and enrollment into the Network has been confirmed, Refuge House will assist each foster/adoptive family in accessing all the resources the network offers. If the foster/adoptive family or young adult is the Medical Consenter, Refuge House will also assist them in accessing each child or young adult's Health Passport information, if applicable. All HHSC information will be distributed to foster/adoptive parents regarding the Medicaid Medical Transportation Program at: http://www.dfps.state.tx.us/documents/PCS/2009-05-26_MTP_memo.pdf. It should be noted that not all children or young adults qualify for the medical transportation program, this program is specific to each child/young adult and only the STAR/Superior Network can approve this service. If for some reason a prescribed service is not covered through the Network Refuge House will notify the child/young adult's DFPS caseworker and work through the chain of command for assistance in reaching a resolution.

Access to necessary services will be provided in accordance with THSteps within the following timeframes:

1. Medical Exam– within 21 days of entry into DFPS conservatorship for children/young adults, within 14 days for newborns
2. Dental Exam– within 60 days of entry into DFPS conservatorship for children/young adults 1 and older (scheduled within 30 days after admission)
3. Annual Medical Exam– once yearly

If a child/young adult does not have documentation of an annual exam within the prior year, Refuge House will ensure that the child/young adult receives a medical examination according to Texas Health Steps within the first 21 days of placement. A child or young adult's annual medical exam should include a well child exam, and vision and hearing check, unless prior documentation

demonstrates that these exams have been conducted and are current. After the initial medical exam, every child/young adult must receive at least one annual/well-child exam, along with a vision and hearing check per calendar year.

Each child 1 year of age and older (including young adults) must have a dental exam completed within 60 days of placement, unless documentation demonstrates that a prior qualifying exam was completed. If a physician recommends a dental exam for a child under 1, Refuge House will ensure that physician's recommendations are followed. After initial dental exam and cleaning, the child/young adult must follow the dentist's recommendations for follow-up care.

At placement, DFPS placement worker identifies the medical consenter and provides documentation on DFPS form 2087 (also known as 'Attachment B'). DFPS placement worker designates a primary medical consenter (the foster/adoptive parent(s)) and a backup consenter (Refuge House case manager supervisor) and provides copies to the Refuge House placement worker. Other attachments may be given and foster/adoptive parents are not always the medical consenters. Refuge House will be sure to identify and note the medical consenter and will follow each attachment's instructions If a child/young adult presents symptoms of abuse or illness at admission, the Refuge House worker should verbally express concerns documenting them in the pre-placement paperwork. If the symptoms appear serious the Refuge House worker should not accept placement and explain that until the child or young adult is examined and treated by a medical professional the placement will have to be postponed. If the symptoms are minor the placement will continue but the foster/adoptive parent will need to ensure the child or young adult receives attention from a healthcare professional the no later than the next morning. Appropriate documentation (signed and dated by the physician or dentist) must be included in the child's or young adult's record according to the Records policy.

If a child or young adult is discharged from Refuge House and readmitted into our program the child or young adult is considered a new placement. Therefore, Refuge House will ensure that all medical, dental and behavioral requirements are met and followed.

All medical or dental providers that treat Refuge House children or young adults placed in our care must be licensed in the United States. The healthcare professional determines the need and frequency for ongoing maintenance of medical and dental treatment for the child. All medical and dental reports/findings must be signed and dated by the healthcare professional and placed in the child/young adult's record

Refuge House case managers will ensure that each child and young adult placed in care of Refuge House foster/adoptive home receives appropriate and timely medical/dental attention for injury, illness and pain and as needed for ongoing maintenance of medical/dental health. If the foster/adoptive family is the medical consenter and they fail to comply with any and all requirements for any reason, Refuge House employee who is designated as the backup consenter must ensure the child receives appropriate treatment from a medical/dental professional. If the child or young adult's medical consenter and/or back-up medical consenter is not an Refuge House foster/adoptive family or employee the Refuge House case manager will remain in contact with the assigned medical consenter in order to ensure all medical and dental appointments and treatments are taking place. If the medical consenter fails to ensure any and all appointments and/or

treatment recommendations are being followed, the Refuge House worker will follow the DFPS chain of command documenting all contacts in the child or young adult's record. Refuge House may request a change of medical consenter in writing to the DFPS worker, supervisor and or Program Director, documenting in detail why they feel there is a need for a change to medical consenter. All contacts and supporting documentation should be filed in the child/young adult's record.

IMMUNIZATIONS

All children and young adults in the care of Refuge House will meet immunization requirements according to the Texas Health Steps and in accordance with Department of State Health Services and 42.043 of the Human Resources Code. Refuge House will make every effort to obtain an up to date or recent immunization record for each child/young adult that comes into care. For children/young adults whose immunization records are unavailable or out of date, the catch up process will begin within the first thirty days of placement. Exemptions from immunization requirements must meet criteria specified by §42.043 of the Human Resources Code and the Department of State Health Services rule §25 and TAC §97.62. If the doctor does not agree with starting or updating immunizations within this required timeframe, written documentation will be placed in the child or young adult's record.

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

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

Documentation of an immunization record may be:

- The original record;
- A photocopy;
- An official immunization record generated from a state or local health authority, such as a registry; and/or
- A record received from school officials, including a record from another state.

VISION AND HEARING SCREENING

Each child/young adult admitted into the care of Refuge House will receive a vision and hearing screening, in order to identify any problems that may meet the requirements of the Special Senses and Communication Disorders Act, Health and Safety Code Chapter §26. If such problems are identified, Refuge House will ensure the child/young adult will receive a professional hearing or vision examination as soon as possible. For each child/young adult who requires professional vision and hearing screening, one of the following will be kept in the child's or young adult's record:

- Individual Vision and Hearing Screening Results.

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

For those children/young adults identified as needing a diagnostic vision or hearing examination, Refuge House will expedite the scheduling of a professional examination and needed health services, and ensures the professional and medical recommendations are carried out accordingly. All findings and recommendations will be documented in the child or young adult's record. Refuge House will notify the child or young adult's educational institution so recommended adjustments can be made in programs.

Physical Disability

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

If at any time a child or young adult has or develops a physical disability, Refuge House will follow make every effort to ensure that any special physical equipment recommended is made available to the child or young adult. Refuge House will use the child/young adult's medical insurance plan to acquire all medical equipment. If the STAR/Superior Network will not financial cover the equipment needed Refuge House will contact the DFPS worker in order to resolve the issue. If training is required or recommended for the use of any equipment Refuge House will ensure the training is documented and kept the child, young adult, or family's record.

References

§749.339(14), §749.1151, §749.1153, §749.1155, §749.1401(a), §749.1401(c), §749.1403, §749.1405, §749.1409(a), §749.1409(c), §749.1411, §749.1413, §749.1421, §749.1423, §749.1425, §749.1427, §749.1429, §749.1431,Contract Term 9.D, Contract Term 11.A, Contract Term 16.A, Contract Term 23.H, Contract Term 23.J, Contract Term Attachment C Section 200

MEDICATION

Prior to administering routine preventative and/or emergency medication (not given at a hospital or doctors office), Refuge House will obtain written, signed, and dated authorization for medical consent from the Department and/or person legally authorized to give medical consent. This is typically documented within the body of the DFPS document, "Form 2085 B, C and/or D, Medical Consent Attachment". If Refuge House is unable to obtain the Form 2085 B, C and/or D, Refuge House will obtain written authorization provided by the appointed medical consenter (in most cases, the child/young adult's DFPS caseworker) giving approval for administering medication to a child/young adult.

Prior to administering psychotropic medications, Refuge House will obtain written, signed and dated consent from the person legally authorized to give medical consent[7]. Medical consent for administering psychotropic medication is also typically documented within the DFPS document, Form 2085 B, C and/or D. If Refuge House is unable to obtain the Form 2085 B, C and/or D, Refuge House will obtain written authorization provided by the appointed medical consenter (in most cases, the child DFPS caseworker) giving approval for administering medication to a child. This written authorization is not required for a young adult, unless the court has legally authorized a medical consenter other than the young adult.

PRESCRIPTION MEDICATION

All medications dispensed to children in care must be documented on appropriate Refuge House medication logs, including all over-the-counter medication and psychotropic medications. Before a Refuge House foster/adoptive family, caregiver, or employee administers new medications, the medical consenter must be informed about possible side-effects. Following are the ways in which a medical consenter can obtain information about medications: read the material provided by the pharmacist who fills the prescription and/or discuss the prescription with the physician who wrote it. Proof that either or both of these occurred must be documented in the child or young adult's file.

Refuge House case manager will monitor the following:

- Foster/adoptive parents must store all medications in their original containers, unless they have an additional container with the same label and instruction.
- Foster/adoptive parents must dispense all medication according to the instructions on the label or according to a prescribing health care professional's subsequent signed order.
- Foster/adoptive parents must administer each child's or young adult's medication immediately after preparation.
- Foster/adoptive parents must ensure the child/young adult has taken the medication as prescribed, however will not physically force a child/young adult to take a prescription

[7] Refuge House foster/adoptive parents are the designated medical consenters according to the Consenter form provided by DFPS at placement, therefore the standard §749.1463(a) requiring the foster parent to notify the medical consenter of information regarding prescription medication and treatment procedures is unnecessary given that the foster/adoptive parent and medical consenter are the same according to form 2085B and the medical consent training provided by DFPS.

medication. If a child/young adult refuses to take medication, the foster/adoptive parent must note this information on the medication log. Refuge House case manager then fills out a medication error form.

- Foster/adoptive parents must check the child's or young adult's mouth to ensure the child/young adult has swallowed the medication. This should be done by swiping the entire mouth with a straw or tongue depressor while visually checking to see that the medication has been swallowed.
- Unless the child/young adult is on self-medication program, medication must be administered by an individual trained and authorized to administer prescription medication.
- Foster/adoptive parents must maintain any documentation provided by the healthcare professional on the administration of current prescription medication.
- Foster/adoptive parent must ensure staff are trained in administering medication and do not provide prescription medication or treatment to a child/young adult, except on written orders from a healthcare professional.
- Foster/adoptive parent will not borrow or administer prescription medication to a child/young adult that is prescribed to another person.
- Foster/adoptive parent will not administer prescription medication to more than one child/young adult from the same container.

Consent for Psychotropic Medications

Refuge House confirms consent to administer psychotropic medications by having both a primary medical consenter and Refuge House employee at psychotropic medication appointments. Documentation provided and obtained at the medication appointments must always contain signatures. All information regarding psychotropic medications are presented to the consenter in writing at the medication appointment. The consenter signs the Information and Consent for Medication form that includes potential side-effects and instructions. The Refuge House case manager will notify the CPS worker in writing of any added, or discontinued medications including dosage, and the reason for each medication following each appointment. If the appointment is in the evening by the next morning the CPS worker will be notified in writing by the RH case manager.

Non-Prescription Medication and Vitamins

Refuge House foster/adoptive parents must follow the label and ensure that non-prescription medication will not counteract with any other medication prescribed prior to administering to the child/young adult. Foster/adoptive parents may give non-prescription medication or vitamins to more than one child/young adult from the same container. All vitamins given to children ages five and under must be prescribed by a medical professional. It must be noted that all non-prescription medication and or vitamins must be documented on the Over the Counter Medication Log.

Self-Administration of Medication

A child/young adult may be permitted to participate in a self-medication program, however written authorization must be provided by the child's or young adult's healthcare professional and documented in the child's or young adult's record. The child's or young adult's service plan must include the self-medication program and any requirements for foster/adoptive parent supervision.

The Managing Conservator or DFPS caseworker will be notified that the child/young adult is on a self-medication program upon receipt of the service plan or written order by a physician.

Documentation for a child/young adult who is participating in a self-medication program may be maintained by the child or young adult. Refuge House will ensure there is be a system for reviewing the child's or young adult's medication each day, which will be documented in the child/young adult's service plan. If the child/young adult is not signing his/her own medication log the foster/adoptive parent must be present when the child/young adult takes their medication and then must document each dose of a medication log.

Storage and Destruction

- ALL medication (controlled and non-controlled substances) must be kept under double lock within the Refuge House foster/adoptive home. An example of a double lock might be a locked cabinet inside a closet with a locked closet door, inaccessible to individuals who are not responsible for stored medication.
- Foster/adoptive parents must ensure that medication storage area has a separate container for medications 'for external use only'. These medications must also be under a double lock.
- Foster/adoptive parents must make provisions for securely storing medication that require refrigeration (also under double lock). Refuge House foster/adoptive parents must keep medication storage areas clean and orderly.
- Foster/adoptive parents must remove discontinued medication immediately and destroy it (within 30 days) in a way that ensures that children do not have access to it. For example, flushing the medication down the toilet.
- Foster/adoptive parents must remove medication on or before the expiration date and destroy it (within 30 days) in such a way that children/young adults do not have access to it. For example, flushing the medication down the toilet.
- Foster/adoptive parents must remove medication of a discharged or deceased child/young adult immediately and destroy it (within 30 days) in the presence of a Refuge House employee in a way that ensures children do not have access to it. For example, flushing the medication down the toilet. All destroyed medication must be documented and filed in the deceased child/young adult's record.
- Foster/adoptive parents must provide prescription medication to the person to whom a child/young adult is discharged or subsequently moved to if the child/young is taking medication at that time. All medication logs should follow the child or young adult if subsequently moving to another Refuge House home.

Medication Records

- Refuge House will maintain a cumulative record of all prescription medication dispensed to a child/young adult, along with all non-prescription medication (not to exclude vitamins) dispensed to a child less than five years given while in the care of Refuge House.
- Refuge House case manager must ensure foster/adoptive parents maintain the medication record during the time they provide services to the child/young adult. The records must include:

  - The child's or young adult's full name
  - The prescribing healthcare professional's name if applicable
  - Medication name, strength, and dose
  - Date (day, month, year) and time the medication was administered
  - Name and signature of person who administered the medication
  - Child's or young adult's refusal to accept medication, if applicable
  - Reasons for administering the medication, including specific symptoms, condition and/or injuries of the child/young adult that the foster/adoptive parent is treating for PRN prescriptions and non-prescription medications for children under 5
  - Description of any noticeable change in the child's or young adult's behavior in response to the medication
- Refuge House must clearly identify any prohibited prescription medication, non-prescription medication and vitamins for each child/young adult. This information must be maintained in the medication record
- Foster/adoptive parents must maintain 30 days of medication records in the foster/adoptive home
- Foster/adoptive parents must submit copies of the child's or young adult's medication record to the Agency each month, (All medication logs should be collected by the RH case manager at the psychiatric appointment each month. If the medication is not a psychotropic med and given by a routine or emergency doctor or dentist the logs should be collected at the monthly home monitoring visit) which must be filed in the child's or young adult's record. And kept for the length of time you provide services to the child/young adult
- Refuge House case manager will provide all necessary forms to ensure appropriate and adequate documentation of medication administration

Medication and Label Errors

When a foster/adoptive parent discovers a medication error, the foster/adoptive parent must report the error to the Refuge House case manager or on-call worker within 24 hours. When necessary, the foster/adoptive parent will contact a healthcare professional immediately. A Refuge House employee will complete a medication error report and document in the child's or young adult's record. Depending upon the nature of the medication error, the Refuge House employee will inform the foster/adoptive parent of next steps if necessary.

If a foster/adoptive parent finds a medication error on the label of a medication the will report the label error to the pharmacist who filled the prescription and obtain a replacement label by the next business day. Refuge House case manager will note the error on a medication error form.

Side Effects and Adverse Reactions

In the event that a child/young adult experiences an adverse reaction to any treatment or medication, the foster/adoptive parent must contact the appropriate healthcare professional within a timeframe reasonable to ensure the safety and well-being of the child or young adult. Refuge House foster/adoptive parents must follow the procedure for reporting according to the Foster/Adoptive Parent Roles and Responsibilities. If a child's or young adult's reaction presents cause for immediate concern, the foster/adoptive parent should seek immediate medical attention

and report to the case manager or on-call worker immediately. The following information must be obtained by the Refuge House worker the child/young adult's reaction, the date and time of call, name of healthcare professional contacted and the healthcare professional's recommendation. This will need to be clearly documented and maintained in the child/young adult's record.

If a child/young adult experiences side effects from any medication the foster/adoptive parent will document the observed and reported Side Effects and Adverse Reaction Form , immediately report any serious side effects to the child/young adult's physician and report any other side effects to the prescribing physician within 72 hours. It should be noted that all side effects should be immediately shared with Refuge House.

PSYCHOTROPIC MEDICATION

Before requesting written consent from the DFPS worker and the Medical Consenter, foster/adoptive parent, or Refuge House employee authorized to give the child/young adult psychotropic medication, the prescribing health professional will provide either in writing or through a documented discussion note the following:

- Child's or young adult's diagnosis;
- Nature of the child's mental illness or condition;
- Explanation of the purpose of the medication;
- Description of the medication's benefits;
- Description of possible side effects and risks associated with taking the medication;
- Statement of whether the medication is habituating in nature;
- Alternative interventions that have been attempted or successful;
- Other alternative treatment or procedures;
- Risks and benefits of alternative treatments;
- Risks and benefits of not receiving any kind of treatment;
- Explanation that the person legally authorized to give medical consent may withdraw consent and request the medication be discontinued; and
- Explanation that the person legally authorized to give medical consent may ask questions about the child/young adult's response to the medication and may review daily records on request.

Refuge House case manager will ensure the prescribing healthcare professional will offer answers to any questions the medical consenter has about the medication. The medical consenter must sign in acknowledgement that they received all of the above mentioned information

If in an emergency a physician orders a child to be given a psychotropic medication, then Refuge House case manager will follow the physician's orders. Within 72 hours after the administration of the medication the Refuge House case manager will notify the DFPS Managing Conservator and the person legally authorized to given medical consent. The physician's statement regarding the emergency situation and the prescription will be documented in the child's or young adult's record.

Foster/adoptive parents must maintain medication logs for the child or young adult's use of psychotropic medication. Any noticeable changes in the child or young adult's behavior in response to the medication must also be documented. This information should be provided to the

prescribing healthcare professional for evaluation purposes. Documentation of the healthcare professional's evaluation and review will be maintained in the child or young adult's record.

Questions/Concerns

In the event that a child/young adult is prescribed psychotropic and/or prescription medications and Refuge House has questions/concerns about the medication regimen for the child or young adult, Refuge House case manager shall request assistance from a STAR Health Service Manager. If additional assistance or clarification is needed, the Refuge House case manager will contact the DFPS caseworker and/or the caseworker's chain of command.

References

§749.1461, §749.1463(b), §749.1469, §749.1501, §749.1503, §749.1521, §749.1523, §749.1541, §749.1543(a)(b)(c), §749.1545, §749.1561, §749.1563, §749.1565, §749.1581, §749.1583, §749.1603, §749.1605, §749.1607, §749.1609(b), Contract Term 11.C, Contract Term Attachment C

Infant Care

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

Sleeping

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

Eating

Refuge House foster/adoptive parents must feed an infant based on the recommendations of the infant's licensed physician. Unless recommendations from the service team are contrary, foster/adoptive parents must hold the infant while feeding him/her if the infant is birth through 6-months old or unable to sit unassisted in a high chair or other seating equipment during feeding. Foster/adoptive parents must never prop a bottle while feeding with anything other than the infant's or adult's hand. Refuge House does not permit a foster/adoptive parent who cares for more than one infant to allow the infants to share bottles or training cups. Refuge House foster/adoptive parents must clean the high chair trays before each use.

Furnishings and Equipment

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

- Individual crib for each infant[8]
  - Firm, flat mattress that snugly fits the sides of the crib
  - Mattress must not be supplemented with additional foam or pads
  - Sheets that fit snugly and do not present an entanglement hazard
  - Mattress that is waterproof or washable
  - Secure mattress support hangers and no loose hardware or improperly installed or damaged parts
  - Maximum of 2 and 3/8 inches between crib slats and poles
  - No corner posts over 1/16th inch above the end of end panels
  - No cutout areas in the headboard or footboard that would entrap a child's body
  - Drop rails, if present, which fasten securely and cannot be opened by a child
- Sufficient number of toys to keep each infant engaged in activities
- Foster/adoptive parents must sanitize each crib when soiled and before reassigning the crib to a different infant
- Foster/adoptive parents must never leave infants in a crib with the side down
- Foster/adoptive homes must not have stackable cribs
- Foster/adoptive homes may use a full size portable or mesh side crib if:
  - Foster/adoptive parent follows the manufacturer's instructions
  - Crib has:
    - Mesh that is securely attached to the top rail, side rail and floor plate
    - Folded sides that securely latch in place when raised
  - Foster/adoptive parents never leave an infant in a mesh-sided crib with the side folded down
  - If foster/adoptive parents become aware of a recall of the portable crib used, foster/adoptive parent must discontinue use
- The following equipment, and all similar equipment, must have safety straps that are fastened whenever the infant is using the equipment:
  - High chair
  - Swing
  - Stroller
  - Infant carrier
  - Rocker
  - Bouncer seat
- The following equipment may not be used with infants:
  - Baby walkers
  - Baby bungee jumpers
  - Accordion safety gates
  - Toys that are small enough to swallow or choke an infant
- Infants may not sleep on beanbags, waterbeds or foam pads

[8] An infant MUST use a crib until at least 18 months of age.

- Refuge House foster/adoptive homes may not use soft bedding, such as stuffed toys, quilts, pillows, bumper pads in a crib for an infant 6-months old or younger
- Toddlers and older children/young adults must be fed in the dining area unless the service plan indicates to the contrary.

References

§749.1803, §749.1805, §749.1807, §749.1809, §749.1811, §749.1813, §749.1815, §749.1817, §749.1819, §749.3075

Toddler Care

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

Toddler care also includes any applicable requirements from the Infant Care policy.

References

§749.1841

Pregnant Children

Refuge House case managers will require that a pregnant child/young adult has access to information, training and counseling regarding health aspects of pregnancy, preparation for child birth and recovery from child birth. Refuge House foster/adoptive parents must ensure that the pregnant child/young adult receives routine health care relating to the pregnancy, nutritional counseling and guidance that meets generally accepted standards, including nutrition during pregnancy, lactation and foods to avoid. During the Refuge House placement the Refuge House worker informs every child or young adult of their right to be free from pressure to get an abortion, to relinquish his or her child for adoption, or parent the child. This information is gone over again if the child or young adult becomes pregnant while in Refuge House care. Documentation will be maintained in the Refuge House case manager's monthly narrative.

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

Refuge House does allow the admission of adolescent parents with their children, however, the expectation of the adolescent parent is to provide most of the care for his/her child. Foster/adoptive parents must be available to the adolescent parent as a resource and support.

When a foster/adoptive parent cares for an adolescent's child in the adolescent parent's absence, the foster/adoptive parent is responsible for that child as if the child is in care.

As with all special populations, any needs specific to the child/young adult in care with regard to their parenting or aspects thereof are outlined and monitored through the Individual Service Plan. Specifically, the ISP will include the expectations for care of the individual's child, how the treatment team will support and monitor the goals and outcome measures, and measures to take if the needs of either the child/young adult in care or the individual's child are not being met. Refuge House will take every necessary precaution to ensure that neither the child/young adult in care, nor his/her child are in danger of abuse or neglect.

References

§749.103(b)(29), §749.339(15), §749.1861, §749.1863, §749.1865, Contract Term 10.B(i)

Deaf or Hard of Hearing Children

Refuge House makes every effort to ensure that children/young adults who are deaf or hard of hearing receive the necessary tools and/or support to facilitate effective communication with their foster/adoptive parents and caregivers, Refuge House employees, and the therapeutic providers. Unless a prior communication plan is in place, Refuge House will contact a Deafness Resource Specialist from the Department for Assistive and Rehabilitative Services (DARS) for assistance in determining how best to ensure effective communication is being achieved.

If a child or young adult's hearing may be improved by a listening device that would preclude the need for staff training and specialized staffing of services, Refuge House will take every reasonable measure to obtain the device on the child or young adult's behalf. If a child or young adult is profoundly deaf and a device would not produce significant improvement in their ability to communicate, Refuge House has access to individuals who are both conversational signers and professional interpreters and will use those resources to communicate with the child or young adult within Refuge House, as well as providing contractors who have direct interaction with the child or young adult resources that are available in a variety of formats. In the event that the child/young adult utilizes therapeutic services such as therapy or psychiatric, Refuge House will make every effort to coordinate with service providers who are able to effectively communicate using sign language or other means, or will contract with a professional or practical interpreter who is certified at Level III or above (or equivalent) as determined by the Office for Deaf and Hard of Hearing Services' Board for the Evaluation of Interpreters.

(http://www.dars.state.tx.us.dhhs.bei.shtml)

In the event that Refuge House is unable to implement measures that enable effective communication, Refuge House will consult with DARS to coordinate and implement a plan and measures that remedy the situation.

References

§749.1431, Contract Term 9.D, Contract Term Attachment C

CHILD/YOUNG ADULT EDUCATION

Refuge House ensures that all children and young adults receive a formal education meeting the requirements stated in Minimum Standards, Contracts, and YFT Requirements (if applicable). Refuge House makes every effort to ensure a child or young adult is in the least restrictive academic setting in accordance with their needs and abilities. All school-age children and young adults (when appropriate) in the care of Refuge House must be attending a TEA accredited educational program. Refuge House Intake Department must notify the appropriate educational institution or authority (School District or ECI) within three days of placement. Refuge House employees ensure that the appropriate educational institution is contacted within three days of placement, specifically the school district for children age 3 and above and if applicable young adults, and Early Childhood Intervention for children under 3 years of age.

If a child or young adult requires Special Education services or receives Treatment Services, Refuge House case manager ensures that the child or young adult's Individual Education Plan is initiated and/or implemented. Refuge House case manager acts as a liaison between Refuge House and the school.

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

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

CHILDREN/YOUNG ADULTS WITH PERVASIVE DEVELOPMENTAL DISORDER

Foster/adoptive parents will ensure that the education program for the child/young adult encourages normalization through appropriate stimulation and by encouraging self-help skills and is appropriate to his intellectual and social functioning.

CHILD/YOUNG ADULTS EDUCATION PROCEDURE

Prior to Placement

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

At Placement

1) Within 3 calendar days, for school aged children and young adults (when appropriate), the foster/adoptive parents will enroll the child or young adult (if applicable) in school. The Intake Department will electronically submit a notification to the school district in which the foster/adoptive home is located.
2) Within 3 calendar days, for children under 3 years of age, Intake Department will submit a request to Early Childhood Intervention (ECI) for evaluation.

3) Within 5 calendar days of school enrollment, Refuge House case manager will provide written verification of the child/young adult's enrollment to the child/young adult's DFPS caseworker.
4) Within 15 calendar days, child/young adult's Refuge House case manager will load any available educational portfolio documents into the child/young adult's electronic record, which will be immediately available to the foster/adoptive parent using the secure login and password. A hard copy must also be maintained in the child/young adult's green educational portfolio provided to Refuge House at the time of placement or within 30 days of date of placement if the placement was an emergency. This binder will be kept in the foster/adoptive home throughout the duration of the placement. Documentation includes, but is not limited to:
    (a) School enrollment documentation: Birth certificate, Social Security number, Immunizations, and withdrawal notice from the last school
    (b) Special education documentation: ARD notes, Individual Education Plan (IEP), Full Individual Evaluation and/or other diagnostic assessments
    (c) Report cards, progress reports, and/or IEP progress reports
    (d) Transcripts
    (e) Standardized test results: TAKS/SDAA/LDAA
    (f) Referrals, notices, or correspondences
    (g) School pictures

During Placement

1) RH case manager will ensure that new documents are routinely loaded into the child/young adult's educational portfolio and electronic record, which will continue to be available to the child/young adult's foster/adoptive parents as long as the child/young adult remains in their care.
2) RH case manager will issue requests for updates to the child/young adult's foster/adoptive parents and/or school at least quarterly.
3) RH case manager will discuss educational progress reports and report cards with the child/young adult upon receipt to the foster/adoptive parent.

At Discharge

1) Refuge House shall provide the Educational Portfolio to the DFPS caseworker.
2) Refuge House will give due diligence to the following:
    a) The most current educational documents and records are in the child/young adult's portfolio, including the most current withdrawal paperwork.

Early Childhood Intervention (ECI) Program

For children under 3 years of age, Refuge House case managers will ensure that foster/adoptive parents fully participate in a child's ECI evaluation and process for developing an Individualized Family Service Plan (IFSP) for ECI Services. Refuge House case managers will also ensure that foster/adoptive parents perform any and all duties related to the child's participation in the ECI program.

Post-Secondary Educational and Vocational Activities

For children/young adults 16 years old and above, as developmentally appropriate, Refuge House will encourage them to pursue gainful employment or apprenticeships/internships, in addition to involvement in PAL/TRAC. Refuge House will ensure that each child/young adult 16 years of age and older, is provided with and has access to vocational training and support services and activities, including, but not limited to:

- Job readiness
- Skills training apprenticeships and trade skills
- Vocational training opportunities

Additionally, when required and needed by the child/young adult, Refuge House will guide and assist the child/young adult in accessing and completing documents for the State-Paid Tuition Waiver and Education and Training Voucher (ETV) Program.

References

§749.1891, §749.1895, Contract Term 14.A(i), Contract Term 26.H(i)(5), Contract Term 26.H(iii)(3), Contract Term 32.A(ii), Contract Term Attachment C Section 400

Recreation

For every child/young adult, four years and older, foster/adoptive parent must ensure the child/young adult is participating in at least one structured and one unstructured recreational activity per week. Children under the age of three years must be provided with at least one documented unstructured activity. Each child/young adult must have individual free time as appropriate to their age and abilities. Recreational activities should be based on the individual child's or young adult's needs and interests.

Child Care Services

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

Treatment Services

Each child must meet the requirements of those for child care services, in addition the child must have an individualized recreation plan that is developed by the service planning team to ensure this requirement is being met. The foster/adoptive parents must ensure that physical support is given if the recreational and leisure activities require it. If the child is receiving Treatment Services for Pervasive Developmental Disorder or Mental Retardation, the daily schedule should demonstrate an understanding of normal childhood development and enhance the child's physical, emotional and social development. The child's surrounding and experiences should reflect normal patterns of community living as closely as possible and as appropriate for the child's special needs. Refuge House will ensure that the child receiving Treatment Services for Mental Retardation has at least one hour of physical stimulation each day.

References

§749.1921(d)(2), §749.1923, §749.1925, §749.1927, Contract Term 3.B, Contract Term 15, Contract

TRAVEL/OVERNIGHT STAYS

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

- The stay does not conflict with the service plan or safety interests of the child/young adult.
- When a foster/adoptive parent wishes to take a child/young adult outside of the State of Texas, prior written approval must be obtained from the Managing Conservator or DFPS caseworker.
- When a child/young adult will be away from home for more than 48-hours, within the state of Texas, prior written approval must be obtained from the Managing Conservator or DFPS caseworker.
- Foster/adoptive parents must notify (in writing, via letter, email or fax) Refuge House of any plans in which a child or young adult will stay away from the home overnight.

Written approval by the Managing Conservator is not required for stays less than 48 hours. Written approval is not required when the DFPS worker arranges for visits with biological family member however it is recommend that written approval is obtained for overnight (or longer) visitation with biological family members overnight (or longer).

Refuge House case managers will obtain written approval from the CPS worker for any travel or routine trips with schools or recreational groups. All travel and overnight stays must meet the supervision and safety requirements of the child's or young adult's service plan and level of care.

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

Refuge House is responsible for, in cooperation with the foster/adoptive parents, arranging and facilitating sibling visits when siblings are at different placements within Refuge House, unless the sibling visits are:

- Prohibited by court order;
- Contrary to the best interest of the children/young adults as reflected in any of the Service Plans of the siblings; or
- Discouraged by a mental health professional treating any of the siblings.

The Refuge House case manager will document the frequency, duration, and location of sibling visits in each sibling's service plan and monthly narrative.

TRAVEL/OVERNIGHT PROCEDURES

Weekender[9]

Only occurs on weekend and/or school vacations and for less than 48 hours, in the State of Texas. Weekenders cannot be taken during a holiday. Only children/young adults with a basic or moderate level of care are eligible. All requirements as described in previous sections of policies and procedure must be met.

1) Foster/adoptive parent provides, at a minimum, 72-hour advance notice to Refuge House in written form, unless prior written arrangements are already documented and approved
2) Refuge House requires Treatment Director and CPMS approval, as well as providing written notification to CPS. Approval and verification of notification must be documented in the child/young adult's record.
3) Foster/adoptive parent receives written authorization from Refuge House prior to the Weekender
4) Foster/adoptive parent provides Alternative Care Fact Sheet to the substitute care provider
5) Foster/adoptive parent ensures they are available to substitute care provider by phone 24 hours a day for the entire duration of the Weekender
6) Foster/adoptive parent ensures that substitute care provider understands the responsibility and requirements
7) Foster/adoptive parent ensures medication is provided, dispensed and documented according to medication directions and RH policies by either calling and reminding or personally dispensing the medication. Foster/adoptive parent is fully responsible for ensuring the medication is dispensed as directed.
8) Foster/adoptive parent documents Weekender on Activity/Recreational calendar and Foster/Adoptive Parent notes

Mini-Break

May last up to 72 hours, in the State of Texas with the child/young adult. Mini-breaks must be provided by a licensed Refuge House foster/adoptive home.

1) Foster/adoptive family notifies Refuge House in writing of the desire to take a mini-break 45 days prior to the start of the mini-break and by the 21st day of the prior month if payment is being requested.
2) Refuge House requires Treatment Director and CPMS approval, as well as written CPS approval. All approvals must be documented in the child/young adult's record.
3) Foster/adoptive parent receives written authorization from Refuge House prior to the to the start of the mini-break.
4) Required mini-break paperwork is required to be completed by the Refuge House case manager.
5) Foster/adoptive parent ensures that the mini-break provider understands the responsibility and requirements.

[9] Weekenders are not available to all foster/adoptive parents, or to all children/young adults. Prior authorization to participate in Weekenders is required.

6) Foster/adoptive parent ensures all medication and corresponding medication logs are sent with the child or young adult.
7) Foster/adoptive parent documents mini-break on the child/young adult's recreational calendar
8) Mini-break providers are responsible for documenting daily notes for each child/young adult.

In-State Vacation (over 72 hours, with foster/adoptive family, in the State of Texas)

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

Out-of-State Vacation (over 72 hours, with foster/adoptive family, outside the State of Texas)

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

References

§749.339(10), §749.1011(a-b), Contract Term 16.b, Contract Term 28

Child/Young Adult Grievances

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

Child/Young Adult Grievances Procedure

Grievance Procedure is signed at the time of placement and a copy of the procedure is provided to the child/young adult. Within 24 hours of placement the child/young adult will receive a login and password, they will be able to access the grievances electronically, if necessary.

References

§749.339(12), §749.1111(b)(12), Contract Term 9.A-C, Contract Term 23.E

Child/Young Adult Property

Every child/young adult has a right to personal property. A child/young adult is not permitted to have the following personal items while in the care of a Refuge House home:

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

Foster/adoptive parents and other caregivers will account for a child/young adult's money separately from the funds of the foster/adoptive home or foster/adoptive parents. No child's or young adult's personal earnings, allowances, or gifts may be used to pay for the child's or young adults room and board, unless such a use is a part of the child's or young adult's service plan and the child's Managing Conservator or young adult's DFPS caseworker approves it in writing. Refuge House will give or send the child's or young adult's money to the child/young adult, Managing Conservator/DFPS caseworker, or next placement within 30 days(at the latest) of the child or young adult's discharge.

References

§749.163(5)), §749.339(5), §749.1003(19), Contract Term 12.B, Contract Term 26.H(ii)(1-2), Contract Term 26.H(iii)(1-2)

SEARCHES

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

The following must be documented on the Documentation of Search form and filed in the child's or young adult's record in the event of any search, unless the search is a component of a safety plan or included in the child's or young adult's service plan.

- Name of child/young adult
- Date and reason for search
- Description of what was searched
- Articles of clothing removed, if applicable
- Name of person conducting search
- Name of witness
- Results of search

- Resolution of issue with the child/young adult

References

§749.1015, §749.1017, §749.1019

CHILD/YOUNG ADULT COMMUNICATION RESTRICTIONS

Upon placement, Refuge House will implement any and all communication recommendations (including restrictions) conveyed and/or developed by the child/young adult's managing conservator and include it as part of the child/young adult's initial service plan. If CPMS and TD later determine that the communication recommendations are not in the best interest of the child/young adult, or determine that a communication restriction should be implemented, the restriction(s) will be documented on the child/young adult's Communication Restrictions form, as well as his/her Individual Service Plan. Communication restrictions will remain enforced until CPMS and TD determine otherwise. Communication restrictions will be reviewed by Refuge House every 30 days if the restrictions is between the child and their biological parent(s), and every 90 days if the restriction is between the child and sibling(s) if imposed by Refuge House. If communication restrictions are court ordered and no other restrictions are imposed by Refuge House or the Department, the child/young adult's communication restrictions do not require further or on-going review. Refuge House cannot impose communication restrictions concerning the child/young adult's biological family, unless provided written approval from the child/young adult's managing conservator. Refuge House employees and/or foster/adoptive parents will not open or read a child/young adult's incoming or outgoing mail (written or electronic) unless to assist the child/young adult with reading or writing. Refuge House employees and/or foster/adoptive parents may not listen/screen a child or young adult's telephone calls, unless the child/young adult needs assistance with using the telephone or related media device. The CPMS and TD may determine that a child/young adult's communication using media devices should be monitored for the safety and well-being of the child/young adult. All exceptions/restrictions must be documented on the child/young adult's Communication Restrictions form and communicated with the child/young adult's DFPS caseworker. If a child/young adult's communication is limited or restricted for practical reason(s), such as geographical distance or expense, Refuge House will discuss the limits and their implications with the child/young adult and document the conversation in the child/young adult's record.

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

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

References

§749.669(9), §749.1009(b)(c)(d), §749.1013

SERVICE PLANNING

PRELIMINARY SERVICE PLAN

Every child/young adult in the care of Refuge House has a 72 hour preliminary service plan on or within the first 24 hours of placement, including the child/young adult's immediate needs and the plan for meeting the child/young adult's immediate needs and providing services for the first month of care. This plan also is compatible with the Admission Assessment and documented in the child/young adult's record.

The Refuge House case manager shall contact the STAR Health contractor (Superior/Integrated Mental Health Services) within the first three days of placement to ensure that every child/young adult is enrolled in Service Management. If/when the STAR Health contractor determines the child/young adult meets the criteria for the Service Management program, the Refuge House case manager will ensure that every child/young adult and foster/adoptive parent participates in Service Management. All children/young adults enrolled in the STAR Health Service Management program will participate in the program throughout their care in Refuge House, regardless of placement changes within Refuge House. All communication and/or attempts should be documented in the child/young adults contact log which is located in the monthly (quarterly, if applicable) narrative.

INITIAL INDIVIDUAL SERVICE PLAN

Within the first 30 days of placement, the child/young adult's Initial Individual Service Plan is prepared and approved by the Treatment Team, incorporating information from the Updated Admission Assessment, collaboration with child/young adult, foster/adoptive parents, Refuge House case manager, Refuge House Treatment Director, DFPS Managing Conservator, and the following when applicable Refuge House CPMS, Refuge House Administrator, Refuge House Executive Director/CEO, PAL Worker (if applicable), CPS worker (if applicable) therapist, psychologist and psychiatrist (when applicable). Participants in the development of the Service Plan are invited to a developmental meeting prior to the implementation of the plan in order to provide feedback. Service planning participants may provide recommendations and feedback in person or via email, phone or letter. Any needs not addressed from the child/young adult's 72 hour Preliminary Service Plan are documented in the Initial Service Plan, including justification for any delay. This should not typically occur as Refuge House completed addendums for any changes and/or additions made to the 72 hour Preliminary Service Plan in the first 30 days The ISP is filed in the child/young adults record. Copies of the Initial Service Plan are provided to the foster/adoptive parents, the child/young adult (when age and or developmentally appropriate), the Managing Conservator, therapist and other professional service providers when applicable via e-mail. All service plans are also made available to the child/young adult and foster/adoptive parents electronically within 24 hours of the activation date through Radius (Refuge House's electronic file management program).

SERVICE PLAN REVIEW AND UPDATES

The child/young adult's Individual Service Plan is reviewed and revised every 90 days or every 180 days depending on the type of service a child is receiving (Child Care Services, Treatment Services (Emotional Disorders, PDD, MR). If a child/young adult has a subsequent placement with Refuge

House, a new 72 hour Preliminary Service Plan is completed and a subsequent service plan will be completed.

Service plans for young adults are reviewed and updated according to the young adult's level of care. Individual Services Plans will be updated as follows:

- **Basic** – Individual Service Plan will be reviewed and updated if the young adult's Refuge House placement, IEP, or CPS transition plan changes or is updated prior to turning 22 years old. The update will be completed within 30 days of all known and documented changes to the IEP and CPS transitional plan. The young adult's Refuge House service plan update should reflect and have attached all changes and updated reports. If and when the Refuge House service plan is 120mended all of the young adults treatment team will need to approve the 120mended plan and copies will need to be provided and documented to all plan participants. (Invites are only needed to the initial service plan developmental meeting.)
- **Moderate** – Will require a review and revised service plan every six months (180 days) after the initial (30 day) service plan or within 30 days of a subsequent Refuge House placement, in which a new 72hr plan and a new full service plan on or prior to the 30th day of the subsequent placement and should include all invites. If the young adult's IEP or CPS transition plan changes prior to the young adults ISP review being due (every 180 days) an addendum must be completed and approved by all plan participants. Only every 180 day service plan reviews require scheduled developmental meetings including invites to be sent out 14 days prior. All reviews, addendums and updates should be provided to all plan participants and signed for approval.
- **Specialized** – Will require a review and revised service plan every three months (90 days) after the initial (30 day) service plan or within 30 days of a subsequent Refuge House placement, which would require a new 72hr plan and a new full service plan on or prior to the 30th day of the subsequent placement and should include all invites. If the young adults IEP or CPS transition plan changes prior to the young adults ISP review being due (every 90 days) an addendum must be completed and approved by all plan participants. Only every 90 day service plan review require scheduled developmental meetings including invites to be sent out 14 days prior. All reviews, addendums and updates should be provided to all plan participants and signed for approvals.

Service Planning Procedure

When a child/young adult is admitted into care

1. For a routine admission, the Intake Department will prepare the 72 hour Preliminary Service Plan prior to placement, incorporating elements from the following and other available information gathered from Centralized Placing Unit (CPU) or DFPS worker which include but are not limited to:
    a. Initial Intake Information Form (IIIF)
    b. Admission Assessment
    c. Common Application
    d. Information from other agencies

e. Psychological, Psychiatric, etc.
f. Medical/Dental Records
g. Legal paperwork
h. Birth Certificate or proof of birth
i. Social Security Number or Card
j. Attorney Ad Litem information
k. Court Order
l. Affidavit of Fact
m. TB test results

2. For an emergency admission, the Intake Department will prepare the 72 hour Preliminary Service Plan within 24 hours of placement, and will use any available information provided by DFPS, including
    a. Initial Intake Information Form
    b. Alternative Application for Placement of Children in Residential Child Care (Form 2087ex)
    c. Initial Observations from RH Placement Worker and/or Foster Parent
3. The preliminary service plan is signed by the employee of the Intake Department CPMS, and Treatment Director and incorporated into the child/young adult's record.
4. Intake Department provides copies of the 72 hour Preliminary Service Plan to the foster/adoptive parent, managing conservator and child/young adult. If the plan is not shared with the child/young adult, justification must be documented on the Preliminary Service Plan.
5. Intake Department provides copies of the Preliminary Service Plan to the therapist and/or psychologist, psychiatrist if applicable.
6. Proof of sending the 72 hour Preliminary Service Plan (i.e. sent email or electronic log) are included in the child/young adult's record.

Initial Service Plan

1. When a child/young adult is placed into a foster/adoptive home, the Refuge House case manager will set up a developmental meeting for the child/young adult's Initial Service Plan. This meeting should fall within 10 days prior to the proposed effective date of the Service Plan. For example: If a child/young adult is placed on January 1, then the child/young adult's Initial Service Plan is due on January 30 (exactly 30 days). The developmental meeting must occur not earlier than 10 days before the effective date of the Service Plan. Therefore, the meeting may be set on any day between January 20 and January 29.
2. Refuge House Case Manager must provide written notification to participants in the service planning process at least two weeks (14 days) prior to the developmental meeting. For example: If the child/young adult's developmental meeting is on January 25, then the written invitations must be delivered to the participants no later than January 11.
3. Following are the required participants in a child/young adult's developmental meeting:
    a. Foster/adoptive parent
    b. RH Case Manager
    c. Child/young adult (when age appropriate)
4. If a child is a Treatment Services or if a child/young adult is Specialized level of care, at least two of the following must participate in the developmental meeting:

a. Treatment Director
b. Psychologist
c. Psychiatrist
d. Therapist

5. A child's Managing Conservator must be invited to the developmental meeting, but is not required to participate. For a young adult, their DFPS caseworker must be invited to the developmental meeting but they are also not required to participate.
6. At the developmental meeting, the service planning team must identify needs, goals, and plans of action for the initial service plan. The developmental meeting must include the foster/adoptive parent's input and evaluation about each area.
7. The resulting service plan must at least meet the minimum requirements of RCCL Minimum Standards, Subchapter I and Residential Contract Attachment C according to the child/young adult's Type of Service and/or Service Level in all areas.
8. The service plan will be implemented no later than 10 days after the developmental meeting and as soon as the service planning team has reviewed and approved the plan.
9. The Initial Service Plan will be provided to the foster/adoptive parent, the child/young adult (when age and developmentally appropriate), the Managing Conservator (if applicable), and others involved in the development of the plan.
10. Proof of sending the Service Plan (i.e. sent e-mail or electronic log) is included in the child/young adult's record.
11. The Service Plan will be filed in the child/young adult's permanent record.

Reviews and Updates of the Service Plan:

Service Plan Reviews must take place within the timeframe specified:

- Child Care Services – 180 days
- Treatment Services – 90 days
- Treatment Services and Diagnosis of Mental Retardation (MR) – 180 days
    - If a child diagnosed MR has been in the care of Refuge House for at least a year, service plan reviews may take place at least once annually.

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

Service Plan Reviews for Young Adults must take place within the timeframe specified:

- Basic Level of Care – as needed
- Moderate Level of Care – 180 days
- Specialized Level of Care – 90 days

CPS Transition Plan

Refuge House will coordinate with CPS for children/young adults 16 years of age and older regarding:

- The use of the CPS Transition Plan, Form 2500, as appropriate, at http://www.dfps.state.tx.us/Child_Protection/Transitional_Living/forms.asp; and

- The provision of information available at http://www.dfps.state.tx.us/Child_Protection/Transitional Living/defalut.asp related to:
    a. Aftercare services, benefits and provider contacts;
    b. Educational supports, Services, and Benefits;
    c. Extended Care and Return to Care Information;
    d. Preparation for Adult Living (PAL) Services;
    e. Texas Foster Care Handbook for Youth;
    f. Transitional Medicaid and Star Health;
    g. Information related to the child's Special Immigrant Juvenile Status, if applicable; and
    h. Other region-specific services available.

References

§749.1301(b)(c), §749.1305, §749.1307, §749.1307, §749.1309, §749.1311, §749.1313, §749.1317, §749.1319, §749.1321, §749.1323, §749.1331, §749.1333, §749.1335, §749.1337, Contract Term 10.B(1-4), Contract Term 10.C, Contract Term 27.G, Contract Term Attachment C Section 500

Refuge House Agency & Foster/Adoptive Parent and Caregiver – Roles, Rights, And Responsibilities

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

References

§749.345, §749.347, §749.423(2)(3), Contract Term 6.A

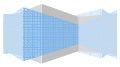
Placement Procedures

Roles and Responsibilities of Refuge House

Matching Process – When a child/young adult is available for placement and a Refuge House foster/adoptive family profile matches with the child/young adult's needs, the foster/adoptive family will be notified by the Intake Department and given all information known to Intake Department verbally about the child/young adult. The Intake Department will qualify families based on discussion of criteria that include:

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

The foster/adoptive family is then selected through mutual consent of Refuge House and the foster/adoptive family, based on background information available about the child/young adult and foster/adoptive family strengths. This process is also followed for subsequent placements, however, before a child/young adult can be moved from one home to another, prior written approval must be obtained from the child's DFPS Managing Conservator or young adult's DFPS caseworker. In the



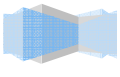
event of an emergency, and if prior approval cannot be obtained, the Department must be notified of the move within 24 hours or the next working day.

Pre-Placement – Refuge House provides the selected foster/adoptive family an opportunity to meet the child/young adult as well as review any available information prior to final approval of an admission. The Refuge House placement employees present at time of placement will interview the child(ren)/young adult(s) being placed individually to ensure they feel safe and comfortable in the home. The Refuge House placement staff will also interview the foster/adoptive parents to ensure they feel comfortable with the placement. After individual interviews, the Refuge House placement staff will meet with foster/adoptive parent(s) and child(ren)/young adult(s) being placed to review rules of the house, preferred de-escalation techniques, participation in religious activities and any other expectations of the foster/adoptive family or the child/young adult. The Refuge House placement worker will confer with the DFPS caseworker and foster/adoptive parent(s) in regard to visitation arrangements or special appointments. Foster/adoptive parents have full discretion in accepting or declining placements within their home.

Admission – Placement of the child/young adult with the foster/adoptive family is the responsibility of Refuge House acting in consultation with the foster/adoptive family, Refuge House case manager and professional support staff. As much information as is known will be shared about the child/young adults including reasons for being in care and past placements. Refuge House will provide to the foster/adoptive family information about the child/young adult. placement worker assists foster/adoptive parent in completing the Orientation and Child's Rights at the level the child can understand (Orientation and Young Adult's Rights, in the case of a young adult in care), clothing inventory, and remaining placement paperwork.

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

- Placement Authorization (DFPS and/or Refuge House)
- Authorization for medical, psychological and dental care ("DFPS Medical Consent-Attachment B")
- New Placement Worksheet
- Identifying Information – birth certificate and social security card
- Discussion of information from the Common Application
- School records/educational portfolio
- Discussion of information from psychological/psychiatric diagnostic evaluation
- Discussion of medical and dental information and medications
- Medicaid card or temporary number
- Immunization records
- Photograph of the child/young adult at the time of placement
- Child/Young Adult Initial Placement Inventory
- Child/young adult's immediate needs such as enrolling in school, or obtaining medical treatment or clothing



- Any special needs, such as medical, dietary needs or conditions

Intake Follow-Up – Within the first 30 days of placement, Refuge House Intake Department will ensure the following:

- All placement paperwork (or official requests) is filed in the child/young adult's record by the Refuge House case manager who does the placement.
- Child/young adult's record is complete with placeholder letter and all applicable forms.
- Child/young adults 7-day orientation acknowledgement is in the child/young adult's record.
- Foster/adoptive family 7-day follow-up has been completed.
- School District Notification/ECI Request has been submitted.
- Proof of school enrollment obtained and sent to the DFPS worker within the first 5 days of placement.
- Updated Admission Assessment is in the child/young adult's record for emergency placement (within 20 days of placement).
- Updated Admission Assessment is forwarded to the foster/adoptive parent(s) within 10 days of completion, via e-mail or fax.
- Psychological/Developmental assessment is requested (referral made within 3 days of placement).
- Therapist is identified and written contact has been made. If the child/young adult does not come into Refuge House care with a current therapist that will continue to treat the child/young adult in the new foster/adoptive home, then a new therapist must be secured and therapy scheduled to begin within the first 10 days of placement. If this does not occur, justification must be documented in 72 hour preliminary service plan as well as the admission assessment.
- Psychiatric evaluation has been conducted if Medicaid is active.
- Medical exam is completed.
- Dental exam is scheduled.
- TB Test is completed.
- Applicable school records are in the file.
- If the child/young adult is in Special Education, the Transition ARD is scheduled and records from the prior school are requested.
- An educational portfolio has been provided to the foster/adoptive parent.
- Refuge House case manager is notified of any special appointments (i.e. PPTs, family visitations, etc.).
- Written documentation of CPS Communication Restrictions.
- Family Placement Log and Child/Young Adult Placement Log are updated.
- All required written documentation, if completed by the Intake Department.

**As soon as all paperwork is compiled, Refuge House case manager will submit to YFT for a child/young adult's Level of Care. Refuge House may request for an Initial Authorized Service

Level within the first 45 days of admitting a child/young adult, and be paid the new initial Service Level rate up to 60 days in the past, when the following conditions are met:

- Upon admission, the child/young adult must remain in the same foster/adoptive home or have been in Intermittent Alternative Care within the agency requesting the child/young adult's Initial Authorized Service Level.
- The retroactive initial Service Level must be submitted for authorization to the Service Level Monitor within 45 days of admitting a child/young adult who does not have an Initial Authorized Service Level.
- The child/young adult must have remained in a general residential operation providing emergency care services placement for less than 30 days immediately prior to placement with Refuge House.

All other requests for Service Level evaluations must be directed to the child's DFPS caseworker, who will forward any approved requests to the Service Level Monitor. The DFPS caseworker can supply the DFPS Form 2089 to the Refuge House case manager giving authorization to submit the child or young adult for Level of Care. The Refuge House case manager will compile the child or young adult's needed documentation and submit this packet to their Refuge House Case Manager Supervisor. Once given approval the RH Case Manager will forward any approved documentation to Youth for Tomorrow (YFT).

Roles and Responsibilities of the Foster/Adoptive Family

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

Matching Process – When a foster/adoptive family is contacted with a potential placement it is the obligation of the family to assess the child or young adult's needs in relationship to the family's strengths and weaknesses and make a determination to accept or to decline the placement.

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

Admission – Upon acceptance of the child or young adult to the home, the foster family signs all necessary documents. The foster/adoptive family must open the home and allow themselves to be accessible to the case manager. The foster/adoptive family welcomes a new child or young adult to the home and orients them. The family reviews the rules of the house and the daily schedule with the individual so that expectations are understood. Foster/adoptive parents assist Refuge House placement worker in completing the Orientation and Child's Rights at the level the child can

understand (Orientation and Young Adult's Rights, in the case of a young adult placement), clothing inventory and remaining placement paperwork.

References

§749.345(2), §749.347(5-6). §749.347(8), §749.1251, Contract Term 6(A-C), Contract Term 22.D, Contract Term 25.A

TREATMENT PROCESS

ROLES AND RESPONSIBILITIES OF REFUGE HOUSE

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

- Change in Treatment Team Member (Case Manager, CPS Caseworker, Attorney Ad-Litem, Therapist, Psychiatrist)
- Change in Medication
- Change in Placement or Address Change
- Psychological Evaluation Received
- Safety Plan
- Change in Level of Care
- Change in School
- Change in Goals(Example: Summer Education Goals)

The following incidents trigger an ISP review:

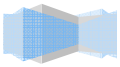
- Change in Type of Service or Service Level
- Change in Placement

The following incidents trigger an ISP update:

- YFT Level of Care Review

References

§749.1301, §749.1309, §749.1311, §749.1313, §749.1323, §749.1331, Contract Term 10.(A-B), Contract Term Attachment C Section 501



Educational/Developmental - Within three calendar days of placement, the RH Intake Department will notify the local school district (for those children/young adults who are 3 years and older) or an Early Childhood Intervention (ECI) program (children younger than 3 years of age) that the child is living in the district area and will be attending or needing their services. This will be done by written correspondence and will be placed in the child/young adult's record. Refuge House and DFPS will collaborate to ensure that foster/adoptive parent(s) are given the documentation to enroll children or young adults into school within three (3) school days of placement. If an exception is granted by DFPS, or foster/adoptive parent(s) are unable to enroll this child/young adult into school within three (3) school days it will be documented in the child/young adult's record. The Refuge House case manager will provide written verification of the child/young adult's enrollment to the child/young adult's DFPS caseworker within 5 calendar days of school enrollment, and this documentation will be kept in the child/young adult's record . Case manager will attend ARDS and meetings as needed to advocate for the child/young adult. Refuge House case manager will ensure that any developmental delays are addressed, and appropriate interventions will be identified and/or developed to assist the foster/adoptive parent(s) in providing the needed services to help the child/young adult improve their level of functioning.

For children under 3 years of age, Refuge House case managers will ensure that foster/adoptive parents fully participate in a child's ECI evaluation and process for developing an Individualized Family Service Plan (IFSP) for ECI Services. Case managers will also ensure that foster/adoptive parents perform any and all duties related to the child's participation in the ECI program.

Case managers, in cooperation with the foster/adoptive parents, will ensure the maintenance of the contents of a school-aged child/young adult's Education Portfolio, which includes, but is not limited to:

- School enrollment documentation: Birth certificate, Social Security number, Immunizations, and withdrawal notice from the last school
- Special education documentation: ARD notes, Individual Education Plan (IEP), Full Individual Evaluation and/or other diagnostic assessments
- Report cards, progress reports, and/or IEP progress reports
- Transcripts
- Standardized test results: TAKS/SDAA/LDAA
- Referrals, notices, or correspondences
- School pictures

Case Manger will request school records on a quarterly basis to ensure the child/young adult's education portfolio contains the most current information available.

References

§749.1007, §749.1891, §749.1893(6)(7), Contract Term 14.C, Contract Term 32.A, Contract Term Attachment C Section 400

Medical/Dental - The Refuge House case manager ensures that each child and young adult receives regular Texas Health Steps medical and dental checkups. As needed, Refuge House employee will assist the family in locating professionals accepting Medicaid/STAR/Superior Network

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

References

§749.1151(d), §749.1153(c), §749.1401(c), §749.1409(c), §749.1411, §749.1472, Contract Term 11.A, Contract Term Attachment C Section 200

Psychological – Within three (3) days of placement, the RH Intake Department will make a referral for a psychological or developmental evaluation to be completed for the child/young adult. On these referrals the Intake Department will request that these evaluations are completed within the child/young adult's first 30 days in placement. Upon receipt of the evaluation, Refuge House case manager will review and initial the evaluation and the recommendations and draft a response regarding how the treatment team will fulfill the recommendations contained therein. The response will be included in the child/young adult's ISP by completing an ISP Addendum. If the recommendations will not be followed, the response must contain the justification for that decision. Psychological evaluations will be updated periodically, anywhere from 12 to 18 months.

References

Contract Term 11.B

Behavioral Health Services – Refuge House employees will ensure that Behavioral Health Services are available and provided to each child/young adult as needed by a STAR/Superior Health Network Provider. In the event that community resources are not available for Behavioral Health Services and/or Medicaid does not cover the services, Refuge House will be financially

responsible for providing Behavioral Health Services. Refuge House case manager will ensure that Behavioral Health Providers are providing Behavioral Health Services that are consistent with the following, where applicable:

- The child/young adult's plan of service
- The Refuge House service plan for the child/young adult
- The Permanency Goal for the child/young adult
- The CPS Transition Plan
- The psychological evaluation and/or psychiatric evaluation
- Desired outcomes, including, but not limited to improvement in self-regulation and functioning

Therapy – If a child/young adult coming into care has been in therapy, Refuge House case manager ensures that therapy begins within 30 days of placement by a STAR/Superior Network certified therapeutic contractor of Refuge House. If Medicaid is not active, therapy will begin at the earliest available appointment once the issue is resolved. If a child/young adult's psychological evaluation recommends therapy, the child/young adult will be scheduled to have therapy sessions at the first available time according to the therapist's schedule. Refuge House case manager ensures that children/young adults with Moderate and Specialized levels of care receive therapy at least twice monthly, and more often if the therapist recommends. Basic level children/young adults may receive therapy per a therapist or psychologist's recommendation. Refuge House case manager reviews therapy notes to identify issues, concerns or items requiring follow up and to ensure the following elements are incorporated on the note:

- Note has the appointment's date, beginning, and end time;
- Note is legible and completed within the timeframe set by Refuge House;
- Note demonstrates consistency with the service plan, psychological evaluation and/or psychiatric evaluation;
- Note documents individual short and long term treatment goals, DFPS permanency planning goals and progress toward those goals; and
- Note documents the frequency in the provision of therapy, with dates included.

Case Manager ensures notes are initialed and filed in the child/young adult's record in a timely manner.

Psychiatric – For children/young adult's coming into care 4 years of age and older, Refuge House will ensure this child/young adult receives a psychiatric evaluation within 30 days. If this requirement cannot be met, a justification will be documented in the child/young adult's record. If a child/young adult requires psychiatric services, the Refuge House case manager ensures that the child/young adult is seen by the psychiatric provider at least once per quarter, and more often if the doctor's recommendations specify. Refuge House case manager will confirm with foster/adoptive parent(s) that necessary medication is appropriately dispensed and available to the child/young adult. Psychiatrist permitting, a Refuge House case manager (not necessarily each child/young adult's Refuge House case manager) will be present at all med-check appointments. Presiding Refuge House case manager will collect all medication logs and verify for completeness and accuracy. If the presiding Refuge House case manager identifies any of the following

conditions on the medication logs: a child/young adult's receives the wrong medication, child/young adult receives medication prescribed to someone else, wrong dosage, wrong time, skipped or missed dose, expired medication, not following med instructions, not stored as required; case manager will complete a Medication Error Form and discuss the circumstances surrounding the medication error with the Refuge House foster/adoptive parent(s). In the event that a child/young adult's medication changes as a result of a med-check appointment, the presiding Refuge House case manager will complete the following forms and documentation at the appointment or within 24 hours:

- ISP Addendum (child/young adult record, e-mail to DFPS caseworker)
- Information and Consent Form (to foster/adoptive parent, recorded in child/young adult file)
- New med-logs

Following a med-check appointment, presiding case manager will submit medication logs to Quality Assurance the following business day.

Referrals – The Refuge House case manager will ensure that the child/young adult is referred to all appropriate service providers to meet each child/young adult's specific needs, including, but not limited to:

- Departments of Aging and Disability Services (DADS)
- Department of State Health Services (DSHS)
- Department of Assistive and Rehabilitative Services (DARS)
- Early Childhood Intervention (ECI)
- Local Mental Retardation Authority (MRA)
- Local Mental Health Authority (MHA)
- HHSC

Documentation of these referrals will be kept in the child/young adult's record.

References

§749.3353, Contract Term 3.F, Contract Term 11.B-C,

Incidents – The Refuge House Case Manager notifies their Supervisor or on-call Supervisor immediately upon receiving information about serious incidents, non-reportable incidents, or an incident in which the seriousness is unclear. The Supervisor notifies the Administrator/Treatment Director to report a serious incident. Administrator/Treatment Director determines what additional notifications are necessary. Documentation of incidents is completed within 24 hours, signatures obtained and filed in the child's record. A copy of reportable incidents is maintained in the Incident Report File in a secure location for two years.

Travel - The Refuge House Case Manager communicates regularly with the managing conservator including routine updates, as well as urgent and emergency situations. The Refuge House case manager notifies, in writing, the Managing Conservator of the foster/adoptive(s) plans when traveling exceeds 72 hours with a foster child/young adult. The Managing Conservator must give written approval for this travel in order for this child/young adult to travel with the family. The Refuge House Case Manager must also notify, in writing, the Managing Conservator when

foster/adoptive families travel outside the State of Texas. The Managing Conservator must once again give written approval for this travel in order for this child/young adult to travel out of state with the family. The Refuge House Case Manager will communicate approval to the foster/adoptive family as the managing conservator gives written authorization. The Refuge House case manager and professional on-call employees are available to the foster/adoptive parents 24 hours per day for support and assistance as needed.

The Refuge House Case Manager is responsible for, in cooperation with the foster/adoptive parents, arranging and facilitating sibling visits when siblings are at different placements within the agency, unless the sibling visits are:

- Prohibited by court order;
- Contrary to the best interest of the children and/or young adults as reflected in any of the Service Plans of the siblings; or
- Discouraged by a mental health professional treating any of the siblings.

The Refuge House case manager will document the frequency, duration, and location of sibling visits in each sibling's Service Plan and monthly case manager narrative.

References

Contract Term 16.B, Contract Term 28.B-E

Recreational Activities – Refuge House case manager will work with foster/adoptive parent(s) to ensure that each child/young adult has adequate and appropriate activities, both structured and unstructured, and assist in finding the resources necessary to meet the child/young adult's recreational goals. Refuge House will review activities calendars and activities to ensure that the following items are documented on the recreation calendar:

- Monthly fire drills
- Weekly family meetings for children/young adults 2 years and above
- Structured, unstructured and recreational activities (all children/young adults should have at least one unstructured activity per week, and children 4 and above should have at least one structured activity per week. Specialized children/young adults should have 2 structured activities documented on their recreation calendars.)
- Travel and overnights
- Therapeutic Values (for Specialized Level of Care children/young adults only)

References

Contract Term 15.A-B, Contract Term Attachment C Section 300

*PAD (Preparation for Adolescent Development) – When a child turns 13 and a half years old, Refuge House case manager will ensure the child is enrolled in a PAD program. A certificate showing completion of PAD will be obtained and kept in the child's record.

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

PAL activities, consistent with the Child's CPS Transition Plan, if applicable. Refuge House will obtain written prior approval from DFPS PAL Staff to utilize the PAL Life Skills Independent Study Guide for a Child in Substitute Care (and in order for the child to receive credit for completion of the guide).

The following will be provided/available to children/young adults enrolled in PAL:

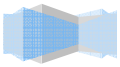
- Aftercare services, benefits and provider contacts:
- Educational supports, Services, and Benefits;
- Extended Care and Return to Care Information;
- Preparation for Adult Living(PAL) Services;
- Texas Foster Care Handbook for Youth;
- Transitional Medicaid and STAR Health;
- Information related to the Child's Special Immigrant Juvenile Status, if applicable; and
- Other region-specific services available

*In order to ensure each child/young adult understands the concepts of daily personal hygiene and grooming, Refuge House case manager will provide each child with personal hygiene/grooming literature and training throughout both PAD and PAL programs. Refuge House will ensure that all hygiene/grooming literature and trainings meet each child/young adult's ethnic hygiene and individual hair care needs. If a child does not meet the criteria to be enrolled in PAD or PAL, case manager will provide each child (dependent on developmental level and age) the personal hygiene/grooming literature.

Child/Young Adult Record Maintenance – By the 15th of each month, Refuge House case manager is responsible for ensuring that any missing paperwork is requested at least monthly and the request has been filed in the child/young adult's record. Refuge House case manager is responsible for ensuring that any regularly required updates to the child/young adult records are completed, including:

- Report Card Form is completed
- Therapy Notes are read and initialed
- Foster/Adoptive Parent Notes are read and initialed
- Recreation Calendars (including therapeutic values for Specialized children) are reviewed and initialed
- Psychological is read and initialed, recommendations are incorporated into service plan or addendum
- Overnight/Travel Log
- Confirm due dates and currency for the following: ISP, Psychological, Medical, Dental, CPS Service Plan, PC/PPT/Group Conference appointments, ARDs
- Physical record is maintained in good condition

Ongoing Agency Participation – Refuge House case manager will participate in ongoing conferences and meetings regarding the child/young adult in care, which include, but are not limited to:



- Medical, school, Family Group Conferences, Permanency Conferences, Circles of Support Conferences, CPS Transition Plan Meetings, and legal staffing;
- Meetings as required by the court;
- Meetings and activities required by DFPS or a court having jurisdiction over the child/young adult and necessary to ensure that the child/young adult's service plan is being followed; and
- Providing testimony or deposition relating to a child/young adult in care.

Ongoing Training, Support and Education – Refuge House case manager will provide regular training and support to foster/adoptive homes in the areas of Programmatic Policies and Procedures, Refuge House standards, issues affecting foster children/young adults and children/young adults with behavioral problems, as well as identifying resources for ongoing training and support. Refuge House case manager may conduct training and provide technical assistance, review areas of non-compliance and develop plans of corrective action during regularly scheduled home visits.

References

§749.535, Contract Term 12.B, Contract Term 18.A-D, Contract Term 20, Contract Term 27.G, , Contract Term Attachment C Section 502

Discharge – Refuge House makes every attempt to meet the needs of children and young adults placed in care, however in cases when this is not possible, Refuge House will follow discharge procedures according to the type and nature of the reason for discharge.

If a recommendation/request is made to discharge a child/young adult by the foster/adoptive parent(s), the Treatment Team will meet to discuss the necessity of discharging the child/young adult from Refuge House care. If the decision is made to discharge the child/young adult, a 30-day notice letter will be drafted by the CPMS/TD and signed by the Administrator. This letter will be submitted to the DFPS and placed in the child/young adult's record in the Discharge section.

In the event of a planned discharge, Refuge House case manager will complete a discharge summary will be completed and submitted to the child/young adult's DFPS worker on or before the day of discharge. Details of the discharge can be found in the Discharge Policy and Discharge Procedure of this document.

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

References

Contract Term 26.D

Family Monitoring – Refuge House maintains responsibility for regular supervision of the foster/adoptive family. This includes one in-home visit, one other face-to-face visit(for homes with

Moderate and/or Specialized Level of Care children/young adult), and at least weekly phone contacts each week that a face-to-face visit is not conducted. Refuge House ensures that each foster/adoptive family receives four (4) quality contacts per month. With all new placements foster/adoptive families will be contacted within seven (7) days to ensure the family has the needed supports to provide for the child/young adult. The Refuge House case manager will provide quarterly feedback to the foster family assessing status on compliance with RCCL Minimum Standards, YFT Standards, as well as bi-annual assessment reviewing the quality of care provided.

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

Each foster/adoptive parent's Quarterly Home Review should contain their arrangements for alternative and/or substitute care, such as authorized mini-break providers, babysitters and substitute caregivers.

References

§749.353, Contract Term 23.B,C,E,F

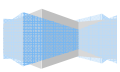
Roles and Responsibilities of the Foster/Adoptive Family

Availability – Refuge House foster/adoptive homes must ensure that they can be contacted and are able to confer with necessary parties regarding the children/young adults placed in their care and represent the child/young adult as necessary.

- When children/young adults are placed in a foster/adoptive home, foster/adoptive parent(s) will provide Refuge House at least one contact phone number to ensure that Refuge House employees can make direct contact with a foster/adoptive parent(s) in any given 24-hour period. In the event that Refuge House employee makes 3 unsuccessful attempts to contact a foster/adoptive parent in a 24-hour period, the foster/adoptive home will receive technical assistance or a corrective action plan, which may include a citation.
- Foster/adoptive parent(s) must ensure they are available to represent the child/young adult in all facets of their treatment, academic, medical/dental, legal and social and recreational concerns or designate an appropriate representative. Any person accompanying a child/young adult to a medical/dental treatment must be a designee on the "Medical Consenter Form".
- Foster/adoptive parent(s) are required to accommodate and/or facilitate unplanned situations which arise in the foster/adoptive home, such as emergency hospitalizations, alternative school transportation, transportation to work and juvenile court proceedings.

References

Contract Term 23.A



Service Plan –

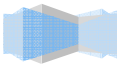
- Between 21-29 days of placement and every ISP cycle thereafter, foster/adoptive parent(s) will participate with treatment team in developing goals and outcome measures in a child/young adult's Service Plan. Foster/adoptive parent(s) must acknowledge their participation and agreement with the plan by providing their signature on the plan.
- The foster/adoptive family is responsible for carrying out the plan of service for the child/young adult by instructing the child/young adult on the Service Plan goals and ensuring the child/young adult understands the goals and the methods to accomplish them, taking into consideration the child/young adult's age and developmental level. Foster/adoptive parent(s) accepts responsibility for ensuring that the child/young adult is given every opportunity to meet the goals in their service plan, which includes participation in all applicable aspects of the plan including all appointments for medical, dental and behavioral healthcare, educational meetings, legal and court proceedings, permanency meetings and CPS meetings, recreational and developmental activities and PAL activities. Willful failure to participate in applicable aspects of a child/young adult's service plan constitutes a violation of the Foster Parent Agreement and is actionable thereto.
- Foster/adoptive parents are responsible for accurately reporting child/young adult's progress throughout the course of the child/young adult's placement in the home, in order to support the child/young adult's ongoing development. The mechanisms a foster/adoptive parent uses to report progress to Refuge House are through foster/adoptive parent notes, incident reports, recreation calendars, medical/dental forms, school reports and direct contact with treatment staff by home visits, phone visits and general conversations with the treatment team.
- Foster/adoptive parents are responsible to keep 6 months worth of service plans in their home, and be able to provide to CPS worker on visits.

References

§749.347(10), §749.1311(1)(a), Contract Term 10.A, Contract Term 10.B, Contract Term 18, Contract Term Attachment C Section 501

Medical/Dental –

- Foster/adoptive parent(s) makes appointments and transports to medical, psychiatric/psychological and dental appointments as needed.
- Foster/adoptive parent must obtain written documentation about the appointment and complete all recommendations including prescriptions and follow-up appointments.
- Foster/adoptive parent will ensure that documentation is provided on the appropriate forms, and completed in their entirety.
  - Medical/Dental treatment form
  - Prescription Medication Logs
  - Over-the-Counter Medication Logs
- Foster/adoptive parent may give a child/young adult vitamins, but must provide documentation on the Over-the-Counter Medication Log for children/young adults under the age of 5 years.



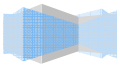
- Foster/adoptive parent must submit Medical/Dental treatment forms and supporting documentation to Refuge House within 1 business day of the treatment by fax, email, or in person.
- Medications:
  - When a physician writes a new prescription, existing medication related to the old prescription should be disposed of appropriately.
  - Foster/adoptive parent(s) must read and sign a Psychotropic Medical Consent form when new psychotropic meds are prescribed.
  - New prescriptions should be started within 24 hours of the prescription.
  - If foster/adoptive parent encounters a problem with filling a prescription due to Medicaid issues, it is the responsibility of the Foster/Adoptive Parent(s) to pay for the prescription and follow up with Medicaid/STAR/Superior Network or CPS for reimbursement.
  - If a foster/adoptive parent continues to have difficulty in getting a prescription filled, foster/adoptive parent must contact their case manager or on-call worker prior to the 24-hour deadline to begin dispensing the medication to the child.
  - Foster/Adoptive Parent must follow all aspects of the medication instructions, including time, dosage, frequency, with food or on an empty stomach, avoidance of dairy products, etc.
  - If a foster/adoptive parent fails to dispense a prescribed medication to a child within the specified timeframe, or does not follow other specific instructions on the bottle, Refuge House may issue Medication Error form and issue a citation to the agency home. Medication Errors may result in any of the following corrective actions:

    (i) Technical Assistance

    (ii) Citation

    (iii) Suspension of placement and retraining

    (iv) Loss of license
- Side effects or adverse reactions to treatment or any medication
  - Immediately contact a healthcare professional and follow their instructions
  - Contact case manager or on-call worker
  - Document adverse reactions, time and date of call to the healthcare professional, name and title of the healthcare professional, healthcare professional's recommendations for ensuring the child/young adult's safety
  - Seek further medical care for the child/young adult if the condition does not improve or appears to worsen
  - Immediately report any serious side effects to the child/young adult's physician and report any other side effects to the prescribing physician within 72 hours.
  - It should be noted that all side effects should be immediately shared with Refuge House.
- Medication logs
  - Medication logs should be completed at the time the medication is dispensed



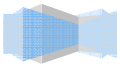
- Medication should be dispensed within one hour (before or after) the prescribed time
- Exceptions should be noted, such as child/young adult refusal, medication is discontinued by physician, child/young adult has side effects or adverse reactions, child/young adult is hospitalized, medication is dispensed at school, child/young adult is ill, or child/young adult ran away
- Psychotropic med logs are due at each med-check appointment
- Non-psychotropic prescriptions and over-the-counter med logs are due with the monthly foster parent paperwork

References

§749.1581, §749.1541(a), §749.1543, Contract Term 11.A , Contract Term Attachment C Section 200

Educational – School enrollment and attendance of children/young adults in care.

- Foster/adoptive parents are to take the lead in enrolling and introducing the child and young adult (when appropriate) to the school within the first three (3) school days of placement when school is in session.
- For children under 3 years of age, foster/adoptive parents must fully participate in a child's ECI evaluation and process for developing an Individualized Family Service Plan (IFSP) for ECI Services. Foster/adoptive parents will perform any and all duties related to the child's participation in the ECI program.
- Foster/adoptive parents also understand that any child and young adult (if applicable) placed will need to attend a local TEA accredited school. These schools should be approved in writing by the child/young adult's DFPS caseworker
- If the child/young adult is enrolled in a school requiring tuition, it is the foster/adoptive parent's responsibility for covering all costs associated with the child/young adult's education.
- Foster/adoptive parent must obtain written approval from the CPS worker for the child/young adult to attend any school other than a TEA accredited public school and provide documentation of approval for the child/young adult's record prior to enrollment.
- Foster/adoptive parents will maintain necessary school contacts, such as attending meetings with school officials, ARD meetings, PTA meetings, parent-teacher conferences and other activities in which the child/young adult may become involved.
- Withdrawing the child/young adult from school is the responsibility of the foster/adoptive parent once a child/young adult has been discharged from the agency home. Foster/adoptive parent will ensure that Refuge House has received withdrawal paperwork for the child/young adult.
- Foster/adoptive parent will ensure that each progress report is reviewed, including counseling and assisting to encourage adequate performance, with the child/young adult and that Refuge House has received any school records provided directly to the foster/adoptive parent(s), including all progress notes, report cards, teacher notes and school behavioral incident reports.
- Foster/adoptive parent must be an active participant in the child/young adult's educational experience by providing adequate time and appropriate environment for the



child/young adult to complete their schoolwork, as well as ensuring the child/young adult's attendance in school by providing necessary transportation. Service Planning team will discuss reasonable modes of transportation to and from school, taking into consideration what is available and what is appropriate given a child/young adult's age, behavior and developmental level. The mode(s) of transportation will be documented in the child/young adult's ISP.

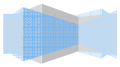
- Foster/adoptive parent should encourage the child/young adult to participate in appropriate and available school activities when possible, in order to ensure the child/young adult receives the greatest benefit from the educational resources provided.
- Foster/adoptive parent must be informed regarding the school's emergency behavior intervention policies.
- For school-aged children/young adults in care, foster/adoptive parents, in cooperation with Refuge House case managers, will maintain the contents of the Education Portfolio of the child/young adult, which include:
  - School enrollment documentation: Birth certificate, Social Security number, Immunizations, and withdrawal notice from the last school
  - Special education documentation: ARD notes, Individual Education Plan (IEP), Full Individual Evaluation and/or other diagnostic assessments
  - Report cards, progress reports, and/or IEP progress reports
  - Transcripts
  - Standardized test results: TAKS/SDAA/LDAA
  - Referrals, notices, or correspondences
  - School pictures
  - Foster/adoptive parent(s) will be able to show Refuge House case managers and DFPS workers that these educational portfolios are being updated at home visits if/when requested.

References

§749.339(9), §749.1007(b)(1-3), Contract Term 14.A , Contract Term Attachment C Section 400

Spiritual – Church attendance and involvement for children/young adults in care.

- It is the foster/adoptive parents' obligation to encourage spiritual growth.
- At pre-placement, foster/adoptive parent(s) must discuss with the child/young adult the home's involvement in religious activities and the expectations for the child/young adult's involvement.
- Foster/adoptive parent will not coerce or force a child/young adult to accept a particular set of beliefs, however the child/young adult as a member of the family is expected to participate in church-related activities or functions. Church attendance will be in accordance with the habits of the family based upon the pre-placement agreement between the child/young adult and foster/adoptive family.
- Foster/adoptive parents should encourage children/young adult's to participate in children's church or youth groups. The child/young adult's obligation to attend church does not override the child/young adult's right to his own beliefs without fear of punishment.



- If the child/young adult requests an opportunity to practice another (traditional) belief, foster/adoptive parent(s) must provide reasonable opportunity for the child/young adult to exercise his faith. (For example, a private place to read the Talmud and pray.)

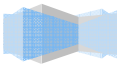
References

Contract Term 19.A, Contract Term 19.B

Recreational – Participation of children/young adults in care in community and social activities.

- Foster/adoptive parent(s) ensures that opportunities to participate in community activities, such as school sports, or other extracurricular school activities, church activities or local social events are available to the child/young adult, as well as adequate leisure time.
- Foster/adoptive parent(s) ensure that children/young adults over the age of 4 years have at least one structured and one unstructured activity each week, which includes identifying, enrolling, funding and providing transportation to and from the activity.
- For a Specialized or Treatment Service child/young adult, foster/adoptive parent will provide specific information regarding behaviors a child/young adult exhibits and special needs to the designated activity supervisor.
- For children under the age of 3 years, at least one unstructured activity is required per week, such as a play date, trip to the park or Sunday school attendance.
- Foster/adoptive parent(s) must determine that each recreational activity is designed to meet the child/young adult's therapeutic, developmental and medical needs, as well as ensuring that appropriate supervision (based upon foster/adoptive parent ratios, Type of Service and Service Level, age and developmental level) is provided for the duration of the activity.
- Foster/adoptive parent(s) must document recreational activities and provide a monthly calendar to Refuge House no later than the 3rd day of the following month.
- Foster/adoptive parent(s) must provide the child/young adult opportunity to participate in family events.
- Recreational calendars must include the following:
    - Child/young adult's name
    - Month and year of the activity
    - Weekly family meetings (for children/young adults 2 and above)
    - Monthly fire drill
    - All appointments pertaining to the child/young adult (including medical/dental, bio-visits, overnights)
    - Structured and Unstructured activities
    - Who provides supervision and transportation of the child/young adult to, during, and from each activity
    - Daily Routine (including weekdays, weekends, holidays, and summer)

Dating - Many factors will influence the decision regarding when a youth/young adult is 'ready' to date. All parties should consider the degree of trust that exists between the caregiver and the youth/young adult, the maturity the youth/young adult demonstrates, and evident that this



youth/young adult can make independent decisions despite peer pressure. Before a youth/young adult is allowed this privilege, it **must be included in the Individual Service Plan** after it has been determined by the treatment team that it is timely and appropriate. This decision must also be supported by the youth's managing conservator or young adult's DFPS caseworker, as well be documented in the youth/young adult's file.

Refuge House does not recommend that a youth be permitted to date before his or her 16th birthday. Questions regarding who to date and not to date, locations, dates, times and activities should be discussed by the youth/young adult and the treatment team.

References

§749.1921, Contract Term 15.A, Contract Term 15.B, Contract Term Attachment C Section 300

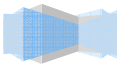
Travel and Overnights –

- Foster/adoptive parent informs Refuge House of all overnights and travel, according to the policies and procedures for each type of episode.
- Foster/adoptive parent(s) will ensure that all overnight stays and travel away from the foster home are requested, approved and/or documented according to Refuge House Programmatic Policies and Procedures within the timeframe specified by the type of overnight or travel.
- Foster/adoptive parent(s) are not permitted to travel with a child/young adult for more than 72 hours or out of the State of Texas without prior written approval from Refuge House and CPS.
- Foster/adoptive parent(s) will ensure that the safety and well-being of child(ren)/young adults placed in their care is not compromised under any circumstance during travel or overnight stays, including adequate supervision.
- Foster/adoptive parent(s) is responsible for providing all documentation for the duration of the travel or overnight stay, including medication logs, incidents and foster/adoptive parent notes.
- Prior to accepting a placement or subsequent placement, Foster/adoptive parents must agree to transport and participate in sibling visits when siblings are at different placements within the Refuge House.

References

Contract Term 16.B, Contract Term 28.A-F

Weekender – A Weekender lasts 48 hours or less, does not require written approval from the CPS worker and is only available for infants and toddlers up to 3 years of age or with written Refuge House approval in specific cases. Prior to requesting a Weekender for children/young adults 4 years and over, the following criteria must be met:



- The Refuge House home has been in good standing for a year or more;
- Applies to Child Care Service children only;
- Applies to Basic or Moderate level of care children/young adults only;

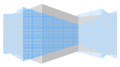
- Children/young adults must be passing in school; and
- No Safety Plan or significant behavioral issues for children/young adults.

The following procedure must be followed in order for a child/young adult to participate in a Weekender:

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

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

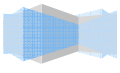
- Foster/adoptive parent provides advance notice to Refuge House in written form
- Foster/adoptive parent receives authorization from Refuge House prior to mini-break
- Foster/adoptive parent ensures that mini-break provider is able to manage the short-term care according to the child/young adult's service plan:
    - Specific needs of the child/young adult, including:
        - All psychiatric, psychological, and medical treatment currently being provided
        - Medication regimen and medication instructions
        - Authorization for Medical Treatment
        - Any other needs of the child/young adult that should be addressed by Mini Break Providers
    - Non-routine events taking place in the child/young adult's life
    - Emergency contact information including:
        - Child/young adult's physician(s)
        - DFPS Contact Info
        - Agency's telephone number
        - School information and address
        - Family emergency 'away' contact information



  - Child/young adult's history that may affect the provider's ability to provide care for the child/young adult, including:
    - Background of abuse and/or neglect
    - Physical aggression or sexual behavior problems
    - Fire-setting
    - Maiming or killing animals
    - Suicidal ideations/attempts
    - Runaway behaviors
  - Additional instructions:
    - Sleeping instructions
    - Appointments
    - Discipline information
  - Copy of Medicaid/STAR/Superior Network card
  - Authorization to Obtain Medical Treatment
  - Supervision requirements, including Safety Plan
  - Refuge House Expectations of Mini-Break Provider - provides care to the child/young adult as if that child/young adult were their own placement for the duration of the episode, including but not limited to:
    - Feeding and Daily Care according Refuge House standards and requirements
    - Supervision
    - Transportation and expenses
    - ISP goals and measures
    - Recreational, Educational, Social
- Mini-break provider completes all ongoing documentation, including foster/adoptive parent notes, medication logs, and recreation calendars for the duration of the episode.
- Foster/adoptive parent collects applicable documentation (including notes, and med logs) from mini-break provider.
- Foster/adoptive parent documents mini-break care on recreational calendar and foster/adoptive parent notes.
- Foster/adoptive parent collects applicable documentation (including notes, and med logs) from mini-break provider.
- Foster/adoptive parent documents Mini-break on Activity/Recreational calendar and Foster/adoptive parent notes.

In-Home Substitute Care – In home substitute care lasts more than 72 hours and no more than 14 days. Supervision is provided by approved Refuge House providers.

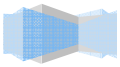
- Foster/adoptive parent provides 3 weeks' advance notice to Refuge House in written form
- Refuge House requires a Substitute Care Justification Form, Treatment Director approval, and written approval from CPS Worker(s)
- Foster/adoptive parent receives authorization from Refuge House prior to Substitute Care
- Foster/adoptive parent ensures that Substitute Care provider is able to manage the:
  - Specific needs of the child/young adult, including:
    - All psychiatric, psychological, and medical treatment currently being provided
    - Medication regimen and medication instructions
    - Authorization for Medical Treatment
    - Any other needs of the child/young adult that should be addressed by the Substitute Care Providers



  - Non-routine events taking place in the child/young adult's life
  - Emergency contact information including:
    - Child/young adult's physician(s)
    - DFPS Contact Info
    - Refuge House's telephone number
    - School information and address
    - Family emergency 'away' contact information
  - Child/young adult's history that may affect the provider's ability to provide care for the child/young adult, including:
    - Background of abuse and/or neglect
    - Physical aggression or sexual behavior problems
    - Fire-setting
    - Maiming or killing animals
    - Suicidal ideations/attempts
    - Runaway behaviors
  - Additional instructions:
    - Sleeping instructions
    - Appointments
    - Discipline information
  - Copy of Medicaid/STAR/Superior Network card
  - Authorization to Obtain Medical Treatment
  - Supervision requirements, including Safety Plan
  - Refuge House Expectations of Substitute Care Provider - provides care to the child/young adult as if that child/young adult were their own placement for the duration of the episode, including but not limited to:
    - Feeding and Daily Care according Refuge House standards and requirements
    - Supervision
    - Transportation and expenses
    - ISP goals and measures
    - Recreational, Educational, Social

- Substitute Care Provider completes all ongoing documentation, including foster/adoptive parent notes, medication logs, and recreation calendars for the duration of the episode.
- Foster/adoptive parent collects applicable documentation (including notes, and med logs) from Substitute Care provider.
- Foster/adoptive parent documents Substitute Care on Activity/Recreational calendar and foster/adoptive parent notes.
- Foster/adoptive parent collects applicable documentation (including notes, and med logs) from Substitute Care provider.
- Foster/adoptive parent documents Substitute Care on Activity/Recreational calendar and Foster/adoptive parent notes.

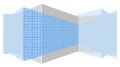
Intermittent Alternative Care - Intermittent Alternative Care is defined as out-of-home substitute care lasting between 72 hours and 14 days whose purpose is to provide relief to the primary Foster/adoptive parent(s). Intermittent Alternative Care is provided only by Refuge House licensed foster care providers. Each child/young adult placed in alternative intermittent care must wait at least 10 days before returning to alternative intermittent care, unless Refuge House home providing the alternative intermittent care is used exclusively for this purpose. For each foster/adoptive home providing Intermittent Alternative Care, the home must wait a minimum of 10 days between Intermittent Alternative Care placements and may only provide IAC for a maximum of 60 days per year, unless the home is solely used for this purpose. A child may be in Alternative care for 14 consecutive days, not to exceed 40 days per year.



Pertinent information regarding the child/young adult and the child/young adult's routine must be provided to Intermittent Alternative Care providers using Child Alternative Care Fact Sheet.

All episodes of intermittent alternative care must be accompanied by an Alternative Care Justification form and approved in writing prior to the child's placement in alternative care. The form and approval must be stored in the both the foster/adoptive home record and the child/young adult's record. Except in cases of emergency, Foster/adoptive parent submits a request for Alternative Care at least 3 weeks' prior to the episode in order to obtain DFPS approvals in advance. Following is the general requirements for Intermittent Alternative Care:

- Foster/adoptive home providing the Alternative Care must also have a Justification form authorized by the Treatment Director ensuring that the children/young adults already placed in the home will not be negatively affected by the Alternative Care episode.
- Foster/adoptive parent ensures that Alternative Care provider is able to manage the short-term care according to the child/young adult's service plan
- Alternative Care provider must ensure that all requirements of the child care ratio and supervision plans, including safety plans are met at all times during the episode.
- Once foster/adoptive parent receives authorization from Refuge House prior to Alternative Care, the following expectations will apply:
    - Foster/adoptive parent provides pertinent information and items to Alternative Care provider:
        - Specific needs of the child/young adult, including:
            - All psychiatric, psychological, and medical treatment currently being provided
            - Medication regimen and medication instructions
            - Authorization for Medical Treatment
            - Any other needs of the child/young adult that should be addressed by Alternative Care Providers
        - Non-routine events taking place in the child/young adult's life
        - Emergency contact information including:
            - Child/young adult's physician(s)
            - DFPS Contact Info
            - Agency's telephone number
            - School information and address
            - Family emergency 'away' contact information
        - Child/young adult's history that may affect the provider's ability to provide care for the child/young adult, including:
            - Background of abuse and/or neglect
            - Physical aggression or sexual behavior problems
            - Fire-setting
            - Maiming or killing animals
            - Suicidal ideations/attempts
            - Runaway behaviors
        - Additional instructions:
            - Sleeping instructions
            - Appointments
            - Discipline information
        - Copy of Medicaid/STAR/Superior Network card
        - Authorization to Obtain Medical Treatment
        - Supervision requirements, including Safety Plan



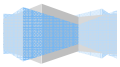
    - Refuge House Expectations of Alternative Care Provider - provides care to the child/young adult as if that child were their own placement for the duration of the episode, including but not limited to:
        - Feeding and Daily Care according Refuge House standards and requirements
        - Supervision
        - Transportation and expenses
        - ISP goals and measures
        - Recreational, Educational, Social
- Alternative Care Provider completes all ongoing documentation, including foster/adoptive parent notes, medication logs, and recreation calendars for the duration of the episode.
- Foster/adoptive parent collects applicable documentation (including notes, and med logs) from alternative care provider.
- Foster/adoptive parent documents Alternative Care on recreational calendar and foster/adoptive parent notes.

References

Contract Term Attachment D

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

- Establishing clear rules appropriate to the developmental and functional levels of the child/young adult:
    - Foster/adoptive parents will establish written rules for the foster home that will be kept in the family's file at Refuge House office and will be posted in the home
    - Will be verbally shared with the child/young adult at the time of placement or the following day
    - Will be evaluated with the treatment team at the time of the individual service plan for their appropriateness for the child/young adult's developmental and behavioral needs
- Establish a clear system of rewards and consequences:
    - Foster/adoptive parents will outline a system of rewards and consequences based on the child/young adult's age, developmental, type of service and service level, rewards and consequences will be kept in the family's record and posted in the home
    - Will be verbally shared with the child/young adult at the time of placement or the following day
    - Will be discussed and evaluated with the treatment team at the time of the individual service plan for their appropriateness for the individual child/young adult



- Supervising a child/young adult through guidance to insure the child/young adult's safety and sense of security

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

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

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

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

TREATMENT SERVICES – Treatment Services who are classified as Treatment Services due to emotional disorders, such as mood disorders, psychotic disorders or dissociative disorders will follow the same supervision requirements as that of a Specialized child/young adult.

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

References

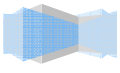
Incidents – An incident is a non-routine occurrence that has or may have dangerous or significant consequences on the care, supervision and/or treatment of the child. In any case that a foster/adoptive parent is uncertain regarding the type of incident, the foster/adoptive parent should err on the side of caution and contact their case manager or on-call worker.

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

- Foster/adoptive parent must report incident to Refuge House case manager, Case Manager Supervisor, or on-call worker immediately
- Foster/adoptive parent must provide detailed information when reporting incidents to Refuge House employee
- If a child has 3 or more non-reportable incidents of a given type in one (1) day or 5 in one week, the Foster/Adoptive Parent must contact the Refuge House case manager (or on-call worker) within 2 hours of the last incident so that a safety plan can be completed by the Refuge House treatment team.

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

- Foster/adoptive parent must report incident to Refuge House case manager or on-call worker immediately
- Foster/adoptive parent must provide detailed information when reporting incidents to Refuge House employee



- Foster/adoptive parent must follow recommendations made by the Refuge House employee

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

AS-NEEDED DOCUMENTATION/NOTIFICATION - The following documentation is submitted to Refuge House according to the following parameters:

- Medical/Dental treatment – within one business day of the appointment
- School report cards, progress notes, behavioral issues – within one business day of receipt
- Travel Requests over 72 hours or outside the State of Texas – at least 3 weeks prior to scheduled travel date
- In-home Substitute Care over 72 hours – at least 2 weeks prior to planned event
- Intermittent Alternative Care – at least 3 weeks prior planned event
- Weekender and Mini-Break – notification to Refuge House Case Manager or On-call worker, prior to the event

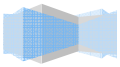
MONTHLY DOCUMENTATION - The following documentation is due no later than the 3rd calendar day of each month. If the 3rd of the month falls on a weekend, documentation is due on the preceding business day:

- Foster/adoptive parent notes
- Monthly activities/recreation calendar
- Monthly Ongoing Inventory (to be completed and provided to RH case manager quarterly)
- Medication logs (homes where children do not receive psychotropic meds) Note: Medication logs for foster/adoptive homes where children see a psychiatrist should be brought to EACH med-check visit for all children/young adult
- School records

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

- Withdraw the child/young adult from school the day of discharge or the day before.
- Provide current Educational Portfolio to discharge worker.
- Provide current prescriptions/medications to discharge worker.
- Complete Discharge Child Property Inventory
- Provide all outstanding Foster/adoptive parent paperwork within a week or at the case manager's next home visit, including but not limited to Foster/adoptive parent notes, activity/recreation calendars, monthly ongoing inventory, medication logs, medical/dental treatment forms

PLANNED DISCHARGE - If a foster/adoptive parent voluntarily wishes to have a child/young adult in their care discharged from their home, the foster/adoptive parent must provide a 30-day written notice to Refuge House and confirm its receipt with the Refuge House case manager.



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

- If Refuge House provides the Department with documentation from a physician that the child/young adult poses a danger to self or others, to facilitate admission to a hospital, the Department shall remove the child/young adult within twenty-four (24) hours. Admission of the child/young adult to a hospital or jail by Refuge House serves as documentation of the need for a more secure setting. Refuge House shall immediately inform the Department's caseworker of the admission and shall state whether Refuge House is willing to accept placement of the child/young adult upon discharge from the hospital. The Treatment Director at Refuge House will, in writing via e-mail notify CPS and the family if RH is not accepting a child/young adult back from the hospital within 24 hours of the child/young adult being admitted.
- For all other emergency discharges, DFPS worker provides advance authorization of the discharge.

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

References

Contract Term 12.B, Contract Term 26.H

Family Monitoring –

AGENCY HOME VISITS – Foster/adoptive parent(s) agree to facilitate routine home visits by the Refuge House case manager. Typically, a Refuge House foster/adoptive home will have 1 or 2 routine home visits per month, or more as needed. At least once per quarter, all licensed foster/adoptive parents and residents (including biological children and foster/adoptive children/young adults) for foster/adoptive home must be present and available for interview during a routine home visit. At least once every six months, both foster/adoptive parents must be present during a home visit. Refuge House will conduct at least once yearly, an unannounced home visit. Foster/adoptive parent will allow enough time for Refuge House case manager to speak with each foster child/young adult individually and conduct on-going training. Foster/adoptive parent should ensure that all licensing standards are met and home is ready for a walk through prior to each Refuge House foster/adoptive home visit. It is the foster/adoptive parent's responsibility to maintain a safe physical environment and to maintain compliance with all the home requirements for continued verification.

AGENCY PHONE VISITS – Foster/adoptive parent agrees to be available for the scheduled phone visits, conducted by Refuge House case manager and be able to provide details about each child/young adult's behavior. In some cases, Refuge House case manager may request a

time to speak with one or more foster children/young adults placed in the home. Foster/adoptive parent shall allow for enough time in order to accomplish the interview with Refuge House case manager.

AGENCY UNANNOUNCED VISITS - At least once per year, a Refuge House case manager will conduct an unannounced home visit. Foster/adoptive parent(s) must allow the Refuge House worker to enter the home and assess the environment according to licensing standards and RH Programmatic Policies and Procedures. Refuge House case manager may provide technical assistance during this visit. Foster/adoptive parents are expected to make necessary changes recommended by Quality Assurance, RH Case Manager or other Refuge House personnel.

INVESTIGATIONS – In any instance when a foster/adoptive home is under investigation, foster/adoptive parent(s) must allow RCCL personnel into the home to perform and complete the investigation.

OTHER PARTY VISITS – Foster/adoptive parent(s) must be prepared for visits from multiple entities, including, but not limited to CASA, attorney ad-litem, therapist, DFPS worker, DFPS supervisor, RCCL licensing representative and licensing investigators. Foster/adoptive parent must make every reasonable attempt to accommodate monitoring entities, including permitting entry to the home and scheduling of visits.

References

§749.103(6), §749.2813, §749.2815, Contract Term 23

INFORMATION SHARING

ROLES AND RESPONSIBILITIES OF REFUGE HOUSE

Considering A Placement – When a foster/adoptive family has been requested to consider taking a child/young adult into their home, initially as much information as is known will be shared verbally by the Refuge House Intake Department or Case Manager. This will include the reason the child/young adult has been brought into foster care, past placements and the reason the child/young adult was moved from the placements.

At Placement – Upon admission, as soon as received, or within 30 days depending on the type of placement (such as routine vs. emergency) the Refuge House case manager or Refuge House Intake Department will provide written information about the child/young adult. This will include:

- Identifying Information – birth certificate and social security card
- A summary of social and family history (verbal)
- School records
- Psychological/psychiatric diagnostic evaluation
- Medical and dental evaluations (verbal)
- Authorization for medical, psychological and dental care

- Medicaid card
- Immunization records
- Placement Authorization

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

References

Contract Term 25

Roles and Responsibilities of the Foster/Adoptive Family

Considering A Placement – When contemplating taking a foster child/young adult into the home, verbal information received should be shared with the biological family members in the foster/adoptive home who could assist and lend support in making a decision. If not enough information has been given by the Refuge House case manager or Refuge House Intake Department to be able to make a decision comfortably, it should be conveyed to the Refuge House case manager or Intake Department so that he/she can research possible solutions.

At Placement – Foster/adoptive parents are obligated to review all written material made available the day of placement. If information is inadequate to provide safe and effective care for the child/young adult, this is to be discussed with the Refuge House case manager for timely resolution.

After Discharge – Foster/adoptive parents may request an update on children/young adults who have left the home out of genuine interest and for the purpose of learning and improving the skill level of the foster/adoptive family.

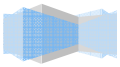
References

Contract Term 25.A

Training

Roles and Responsibilities of Refuge House

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



- PRIDE classes (or in association with other local child placing agencies)
- Behavior Management (SAMA)

- Medication training/Psychotropic medications (Both State website and TBRI)
- Transportation
- Cutural Competency
- 1st Aid/CPR
- Trauma Informed Care (Both state website and TBRI)
- Developmental Milestones
- Medical Consent
- Orientation

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

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

Refuge House is committed to providing our families with quality training and ensuring each caregiver is up to date with the constant changing requirements set fourth by RCCL, Contract, YFT, & COA. In an effort to strive for **excellence** Refuge House will update all families by providing Mandatory Training within 120 days of all changes when necessary. If there are minor changes Refuge House will notify each family via email. These emails will list out all changes along with how Refuge House will be monitoring compliance.

In the case of an emergency "change", Refuge House will schedule a mandatory "Go To Training" withing 48hrs of being notifed. These trainings will be recorded in the event a caregiver cannot attend. In these situations the caregiver's Refuge House case manager will sit-down individually or in a group setting within seven days of the training to ensure all information and tools are understood to remain in compliance.

Refuge House will make all necessart changes to the agency's monitoring to ensure each caregiver remains in compliance with any and all changes.

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

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

Roles and Responsibilities of the Foster/Adoptive Family

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

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

All prospective foster/adoptive parents are required to schedule and attend Pre-Service Training and to complete homework in a timely fashion. The required training from families providing therapeutic care to children/young adults ranges from twenty (20) to thirty (30) hours for fostering and foster/adopt. This includes:

- CPR and First Aid (does not count toward pre-service hours)
- Shaken Baby/SIDS
- PRIDE Classes – 12 hours
- Behavior Management – 16 hours initially with an 8 hour annual update
- Medication Training/Psychotropic Medications – 2 hours
- Online Medical Consenter Training
- Developmental Milestones Training
- Adoptive Only Parents – additional training required

Those who have current certification in First Aid or CPR will not need to repeat this training until their certification expires. Experienced foster/adoptive families will need to complete Behavior Management and Psychotropic Medications Training before verification as a family with Refuge House.

PRE-SERVICE EXPERIENCE – Prior to verification, foster/adoptive applicants will complete 40 hours of observation training with a tenured foster/adoptive family. Active transfer foster/adoptive families will be required to complete 40 hours of observation training with a tenured foster/adoptive family on a case-by-case basis.

TRANSFER – For foster/adoptive homes transferring from another agency, the foster/adoptive home must meeting the following requirements:

- RH Orientation Training
- Current CPR/First Aid
- Current Medication Training
- Current Behavior Intervention (SAMA) training
- Online Medical Consenter Training
- Developmental Milestones Training
- Current ongoing training
- 6 weeks to complete RH Medication Training

RETURNING TO ACTIVE STATUS – For Refuge House homes that are returning to Active status after being inactive for less than 1 year, foster/adoptive parents in a Refuge House home must meet the following requirements:

- Current CPR/First Aid
- Current Medication Training
- Current Behavior Intervention (SAMA)
- Resume pro-rated ongoing training

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

MARRIED FOSTER/ADOPTIVE PARENTS – Each family unit is required to complete 60 hours of annual in-service training, each foster/adoptive parent completing 30 hours individually.

UNMARRIED COUPLES – Single training requirement applies to each foster/adoptive parent.

SINGLE FOSTER/ADOPTIVE PARENTS – Each individual is required to complete 50 hours annually

GROUP HOME – Each individual is required to complete 30 hours of annual in-service training.

Recurring required training:

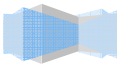
- First Aid/CPR (as necessary based upon expiration dates)
- Behavior Intervention (SAMA) – 8 hours annually
- Medication Training – 2 hours annually
- Cultural Competence and/or Diversity

Opportunities to obtain training hours include:

- Attending pre-service training for review
- Face-to-face training with Refuge House employees during home visits
- Seminar attendance which are relevant to their positions, including sessions at the Annual Foster Parent Conference
- Reading professional publications approved by the Treatment Director and writing a brief synopsis (each 30 pages of reading is equal to one hour)
- Viewing videotapes or listening to cassette tapes pre-approved by the Treatment Director (may not exceed 25% of ongoing training requirements)
- Hosting new families for observation in the home and training the parent (s) in specific areas (up to nine hours for experienced foster/adoptive parents only)

No more than one third of required training hours may come from self-instructional training.

COST OF TRAINING – CPR and First Aid are not provided by Refuge House. Cost of these classes is the responsibility of the foster/adoptive parent(s). Generally training provided outside Refuge House is the family's responsibility unless arrangements have been made with



the Refuge House Case Manager Supervisor. Travel expenses and childcare costs during training are the responsibility of the foster/adoptive family.

MONITORING OF TRAINING – It is the responsibility of the individual receiving training to ensure documentation is turned into the Refuge House case manager or Refuge House Foster Home Developer for all training completed. When a foster/adoptive parent completes training in excess of the minimum requirements, up to 10 hours of the following year's annual training requirements may be carried over from the prior year.

References

§749.345(4), §749.861, §749.863, §749.865, §749.867, §749.931, §749.983, §749.945, §749.947, Contract Term 16, Contract Term Attachment C Section 502

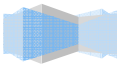
COMMUNICATION PROCESS

ROLES AND RESPONSIBILITIES OF REFUGE HOUSE

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

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

Notification – Any of the above-mentioned parties may contact a foster/adoptive parent at a foster/adoptive home for any issue that could significantly impact their ability to care for the children/young adults placed in their home. If a foster/adoptive parent has questions or concerns regarding information or recommendations, the foster/adoptive parent may contact individuals through the chain of command: Refuge House Case Manager, Case Manager Supervisor, Treatment Director, and Executive Director/CEO.



ROLES AND RESPONSIBILITIES OF THE FOSTER/ADOPTIVE FAMILY

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

Regular Communication – Foster/adoptive parent(s) must recognize the importance of the Refuge House's continual involvement in the care of the children/young adults placed in the home. Therefore, providing consistent and detailed feedback regarding significant issues in each child/young adult's daily life is critical to the relationship between Refuge House and the foster/adoptive parent(s). This feedback takes the form of a variety of mechanisms, including verbal and written communication through visits, conference calls, emails, regular paperwork and faxes.

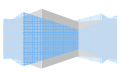
Notification - Foster/adoptive parent(s) are responsible for notifying Refuge House of specific incidents, events or occurrences within timeframes as stipulated for each type of incident or occurrence. Many times, this notification is required prior to an event or occurrence.

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

CHILDREN/YOUNG ADULTS PLACED IN CARE – If there is any significant change to a child/young adult's status including, but not limited to emotional, behavioral, medical/dental, legal, educational, spiritual, foster/adoptive parent shall notify the Refuge House case manager as soon as possible. In the case of emergency or significant incident, foster/adoptive parent shall notify on-call worker.

References

Contract Term 23



SUPPORT SERVICES

ROLES AND RESPONSIBILITIES OF REFUGE HOUSE

Mini-Breaks – Refuge House will encourage and support foster/adoptive families in taking a break from the care of children in their home. A mini-break is up to 72-hours and is facilitated by a mini-break provider. Refuge House provides certification and authorization for mini-break providers. Refuge House provides reimbursement to foster/adoptive parents ($140 quarterly for 2-6 foster children/young adults, $600 semi-annually for 7-12 foster children/young adults, $60 quarterly for 1 Moderate or Specialized child/young adult). Basic level children placed by themselves do not qualify for paid mini breaks.

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

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

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

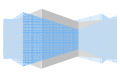
Foster/Adoptive Parent Relations – Refuge House encourages communication between tenured and experienced foster/adoptive parents and provides contact information and attempts to facilitate mentoring relationships when requested.

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

ROLES AND RESPONSIBILITIES OF FOSTER/ADOPTIVE FAMILIES

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

Support Groups – Foster/adoptive families will be encouraged to set aside time to be active in parents' support group. Foster/adoptive parents need to provide feedback to the Refuge House Case Manager as to need and usefulness.



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

Foster/Adoptive Parent Relations – Refuge House foster/adoptive parents are encouraged to seek out additional support and training from other foster/adoptive parents and Refuge House employees. Foster/adoptive parents may contact their Refuge House case manager or Foster Home Developer to inquire of available resources for mentoring.

REIMBURSEMENT

ROLES AND RESPONSIBILITIES OF REFUGE HOUSE

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

Basic	$22.15 / day
Moderate	$38.77 / day
Specialized	$49.85 / day

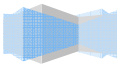
Refuge House does not guarantee reimbursement to foster/adoptive parents for days not paid by DFPS, which may include days of hospitalization or juvenile detention. The date of discharge is not payable by DFPS or to the foster/adoptive parent(s). If a child/young adult transfers to another home, the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

Refuge House may request for an Initial Authorized Service Level within the first 45 days of admitting a child/young adult, and be paid the new initial Service Level rate **up to 60 days in the past**, when the following conditions are met:

Upon admission, the child/young adult must remain in the same foster/adoptive home or have been in Intermittent Alternative Care within the agency requesting the child/young adult's Initial Authorized Service Level.

The **retroactive** initial Service Level must be submitted for authorization to the Service Level Monitor within 45 days of admitting a child/young adult who does not have an Initial Authorized Service Level.

The child/young adult must have remained in a general residential operation providing emergency care services placement for less than 30 days immediately prior to placement with Refuge House.



References

Contract Term 6.B-C, Contract Term 33

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

Schedule A – Foster/adoptive parents on schedule 'A' are reimbursed one (1) cycle behind. Activity from the 1st through the 15th is disbursed on the 30th of the same month; the 16th through the 30th or 31st is disbursed on the 15th of the following month.

Schedule B – Foster/adoptive parents on schedule 'B' are reimbursed two (2) cycles behind. Activity from the 1st through the 15th of the month is paid on the 15th of the following month; the 16th through the 30th/31st is disbursed on the last day of the following month.

Mini-Breaks and Alternative/Substitute Care– Refuge House provides reimbursement for periodic mini-breaks for foster/adoptive parent(s) according to the mini-break policy. All pre-requisites for mini-breaks must be fulfilled prior to requesting reimbursement for a mini-break. Refuge House homes meeting all requirements may receive reimbursement for one (1) mini-break per quarter at a rate of $140 for a minimum of two (2) foster children/young adults through six (6) foster children/young adults, $60 per quarter for a single Moderate or Specialized child/young adult. Refuge House group homes meeting all pre-requisites may receive a reimbursement of $600 semi-annually for a minimum of seven (7) foster children/young adults through twelve (12) foster children/young adults.

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

Transportation – Refuge House reimburses for transportation for Service Plan requirements only. This includes, but is not limited to, medical appointments, therapy, and family visits. Foster/adoptive home monitored by the Dallas office this will be reimbursed at a rate of 0.35 cents per mile, with mileage reimbursement for transports that exceed 50 miles round trip only. Foster/adoptive homes monitored by the San Antonio office will be reimbursed at a rate of 0.37 cents per mile, with mileage reimbursement for transports that exceed 35 miles round trip only.

Property Damage – Refuge House will not cover property damage caused by children/young adults placed in the home. It is recommended that foster/adoptive parent(s) carry sufficient property insurance to protect against loss due to property damage.

Gifts – Each year, Refuge House provides several gifts for each child/young adult in care and makes all efforts to ensure equity for children/young adults placed in each home. This does not preclude foster/adoptive parent(s) from purchasing and giving gifts at Christmas and other events,

such as birthdays. Foster/adoptive parent(s) should take measures to ensure that each child/young adult placed in their care has an equitable experience for each event at which gifts may be given. Refuge House expects foster/adoptive parents to make every reasonable effort to ensure that children/young adults placed in their care receive gifts for normal and expected events and accomplishments as children/young adults not in foster/adoptive care.

Special Events – Refuge House plans and hosts several events each year for the purpose of developing community and showing appreciation to our foster/adoptive parents and the children/young adults in care. Refuge House usually provides admission to these events free of charge and encourages foster/adoptive parents and strongly encourages participation.

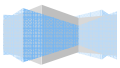
Roles and Responsibilities of Foster/Adoptive Parents

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

Mini-Breaks and Alternative/Substitute Care – Refuge House foster/adoptive families make their own arrangements with a mini-break provider. They are to inform the Refuge House case manager in writing the plans for respite care by the 21st of the current month for the next month.

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

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



GRIEVANCES

ROLES AND RESPONSIBILITIES OF REFUGE HOUSE

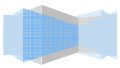
When an issue arises from a foster/adoptive parent regarding a Refuge House decision, Refuge House recognizes the following chain of command to achieve resolution to the issue:

- Refuge House Case Manager will make every attempt to resolve the issue with the foster/adoptive parent(s) immediately.
- If a satisfactory resolution has not been achieved, the Case Manager Supervisor will attempt to gather the information from individuals directly involved and will attempt to resolve the presenting issue.
- If a satisfactory resolution has not been achieved, the Case Manager Supervisor will prepare the Grievance Communication form and forward to the Administrator. This step may require further communication from parties involved in the grievance. The Administrator will provide a written response, which will be communicated verbally and in writing within 10 working days of receipt of the concern. The response will include specific reasons or policies substantiating the decision.
- If a satisfactory solution still has not been achieved, the individual may send a copy of the written appeal to the Executive Director/CEO. The Executive Director/CEO will respond within 10 working days verbally and in writing, citing specific reason and/or policy substantiating the decision.

ROLES AND RESPONSIBILITIES OF FOSTER/ADOPTIVE FAMILIES

When a foster/adoptive parent has a grievance regarding a Refuge House decision, the foster/adoptive parent should act according to the following procedure:

- Address the issue with the Case Manager verbally in an attempt to find an immediate resolution.
- If the concern persists, the individual should request a contact the Case Manager Supervisor in order to facilitate a speedy resolution.
- If the Supervisor does not satisfactorily address the issue, the foster/adoptive parent(s) may request a review by the Administrator. This step will involve the Supervisor completing the Grievance Communication Form in order to provide complete information to the Administrator. The Administrator will communicate with the foster/adoptive parent(s) verbally and in writing regarding the decision within 10 days.
- If the grievance remains, the written concern will be forwarded to the Executive Director/CEO. The individual will receive a written response from the Executive Director/CEO within 10 days. Any action taken by the Executive Director/CEO is considered to be final.



ADOPTION SERVICES – CHILDREN/YOUNG ADULTS

PUBLIC ADOPTIONS (DFPS SPONSORED)

Refuge House does not charge for any of its services involving adoption. Therefore, a fee schedule is not needed. It should be noted that Refuge House does not charge birth parents for public adoptions. If and when a fee schedule is needed, Refuge House will design policies and obtain all approvals from its monitoring entities prior to implementing a fee policy of any kind.

Refuge House will not release an adoptive home screening to adoptive families and/or any other Child-Placing Agency.

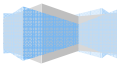
References

§749.161(c), §749.241(a)

ADOPTIVE PARENT RESPONSIBILITIES- ADOPTION PLACEMENT CONTRACT

Prior to placing an adoptive child/young adult into the home, Refuge House will obtain a written agreement with the adoptive parents. Per Refuge House's Adoption Placement Contract, and in accordance with RCCL Minimum Standards and Contracts, Refuge House foster/adopt and straight adopt parents:

1) Agree with Refuge House to complete the adoption at a specified time and within a specific timeframe.
2) Agree to supervision by Refuge House during the time prior to completion of the adoption.
3) Notify Refuge House before traveling with the child/young adult outside of Texas prior to the completion of the adoption.
4) Can return the child/young adult to Refuge House at the discretion of either the adoptive parents or Refuge House before the adoption is completed.
5) Meet the needs of the child(ren)/young adults placed in their home and seek out community resources to meet the child(ren)/young adults' needs.
6) Make the final decision regarding the day-to-day activities of the foster/adopt child(ren)/young adults in their care. Such decisions will include food, shelter, allowances, shopping, recreation, school needs, transportation, appropriate discipline, and routine doctor appointments.
7) Foster/adopt parents will be responsible for acquiring the number of training hours needed for the type of child(ren)/young adults in their care and actively participate in the training program provided by Refuge House.
8) Foster/adopt parents agree to the fee and schedule of payment and submit the necessary forms for financial reimbursement to Refuge House bookkeeper at the agreed upon time.



9) Make the final decision regarding children with whom they are willing to accept for an adoptive placement and ask that a child/young adult be removed from their home should circumstances no longer allow them to provide care.
10) Immediately inform Refuge House of any changes or updates in the child(ren)/young adults' psychological, educational, or medical/dental situation.
11) Immediately notify agency employees of plans to move their residence, prior to the completion of the adoption.
12) Participate in and attend the child/young adult's Adoption Plan of Service development and reviews. Be responsible for carrying out their portion of the child/young adult's plan of service.
13) Adhere to Refuge House policies and procedures, RCCL Minimum Standards, and Refuge House Adoption Placement Contract.
14) Agree to supervision of their adoptive home by Refuge House.
15) Provide Refuge House with current, accurate, and complete data and information concerning the children in their home in the form of verbal communication and required logs, reports, medication records, incident reports, or other required documentation on a monthly basis.
16) After the child(ren)/young adults has lived in the home at least 6 months, and if the Refuge House Adoption Worker agrees, the family is responsible for hiring an attorney who can finalize the adoption in court.

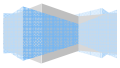
Refuge House Adoption Placement Contract will be signed by adoptive parents and RH Adoption Worker prior to the adoptive placement. A copy of the signed agreement will be provided to the adoptive parents, and an additional copy will be recorded in the child/young adult and adoptive home's file.

Refuge House is responsible for referring all adoptive families to Lutheran Social Services for enrollment in post-adoption services (once an adoption has been consummated/finalized). Any time after the adoption is finalized/consummated until the child/young adult is 18 years old, the adoptive family will be responsible for contacting Refuge House if they require any further referrals for post-adoption services.

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

CONSENT

Refuge House will obtain written approval from the Department of Family and Protective Services (DFPS) before formal presentation of information about a child/young adult is made to the prospective adoptive family. The managing conservator of a child/young adult (typically DFPS designee) and/or person legally authorized to consent for the placement of a child/young adult must sign an agreement upon placement of a child/young adult into an adoptive home.



Refuge House will provide required information for requests under the Interstate Compact for Placement of Children, when appropriate.

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

References

§749.3301, §749.3373, Adoption Contract Term VIII.13, Adoption Contract Term VIII.15

ADOPTION RECORDS

Refuge House will make available to the Department at reasonable times and for reasonable periods client records and other programmatic and/or financial records, etc. for reviewing and copying by the Department, the U.S. Department of Health and Human Services, or their authorized representatives.

Before closing a record after an adoption has been consummated or disrupted, Refuge House will provide the Department with a copy of all case record information not previously forwarded to ensure that the Department has a complete case record. Refuge House understands that the Department will, upon the request of an adult adoptee, release the case record according to the confidentiality laws within the Texas Family Code.

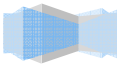
Refuge House will retain active and inactive adoption and adoption-related case records permanently. In the case that Refuge House ceases operations, all active and inactive adoption case records will be transferred to the Department of State Health Services, Bureau of Vital Statistics. The adoption case records will be transferred within the time frame specified by the Bureau of Vital Statistics.

References

§749.585(a), §749.587, Adoption Contract Term VI.A, Adoption Contract Term VIII.26, Adoption Contract Term VIII.27

ADOPTION PLAN OF SERVICE

Refuge House will develop an Adoption Plan of Service within 30 days of a child/young adult or *sibling group's placement and update it as necessary and at least every six (6) months until consummation. If the adoption is not consummated/finalized within 12 months of the initial placement, Refuge House and the Department will review the placement and develop/review the child(ren)/young adults' Adoption Plan of Service. The child(ren)/young adults and their DFPS managing conservator (child/young adult's caseworker) are invited and encouraged to participate in the development and execution of their Adoption Plan of Service. As previously stated, adoptive parents are expected to participate and attend the child/young adult's Adoption Plan of Service development and reviews.



For children/young adults with a foster care service plan prior to preparation for adoption, the Adoption Plan of Service may be a continuation of the foster care service plan. However, the foster care service plan must be non-expired (current) and the permanency plan listed in the foster care service plan must be adoption. Additionally, needs related to adoption must be reassessed and documented in the Adoption Plan of Service at the time the child/young adult is accepted by family for adoptive placement. Needs related to adoption include: the needs of the child/young adult and adoptive family, and any other issue that affects the adoption.

For DFPS-sponsored adoptions, the parental rights of children/young adult in foster care are generally involuntarily terminated or relinquished. Therefore, Refuge House does not have contact with the birth family and therefore they will not be represented in the Adoption Plan of Service. However, in the case that parental rights are not involuntarily terminated or relinquished, the needs of the child/young adult's birth parents will be addressed in the Adoption Plan of Service.

In the event that an adoptive parent receives placement of a child/young adult with a significantly different cultural or ethnic background, Refuge House will ensure that the adoptive parent(s) is able to meet the specific needs of the child(ren)/young adults in care through additional training, education and/or mentoring by Refuge House employees or another experienced caregiver. Documentation of such training, education, counseling, and referrals/support services will be included in the child/young adult's Adoption Plan of Service.

The Adoption Plan of Service will include planned action(s) to meet the needs and issues outlined in the plan, as well as an estimated time frame to meet the permanency plan (consummation). Adoptive parents, the child(ren)/young adults, DFPS managing conservator and in the rare occurrence, **birth parents (if parental rights have not been relinquished or involuntarily terminated), will be informed of the services provided by Refuge House, as outlined in the Adoption Plan of Service. Confirmation of this will be documented by signatures of individuals participating in the Adoption Plan of Service. Signatures collected on the Adoption Plan of Service signature page include those of the adoptive parents, child(ren)/young adults' DFPS managing conservator, child/young adult, and, in some cases, the **birth parents' DFPS worker.

*If the sibling group will be placed for adoption into the same adoptive home.

**Any communication with birth parents will be facilitated through the birth parents' DFPS worker.

References

§749.3321, §749.3323, §749.3325, §749.3327, Adoption Contract Term VIII.19, Adoption Contract Term VIII.21, Adoption Contract Term VIII.22

PREPARATION FOR ADOPTION

Children/young adults whose permanency plan is adoption need preparation for adoption. During the adoption preparation period, Refuge House will work with the child/young adult to address their understanding of adoption, including the child/young adult's thoughts about their birth parent's

inability to care for him/her, as well as their feelings about being adopted by their foster/adopt or adoptive family. The Refuge House Adoption Worker will evaluate the child(ren)/young adults' ability to develop within a family setting and relate to foster parents as adoptive parents. If there are other siblings in the home, Refuge House evaluates how the child/young adult relates to them. If the child/young adult has siblings in care that will be placed in the same adoptive home as well, Refuge House will explore the child/young adult's feelings about being placed with his/her siblings. When appropriate, Refuge House will also develop a plan of contact with the child/young adult's biological siblings and other family members, and/or other significant persons in the child/young adult's life.

Children/young adults age 12 and over must give written consent prior to the adoption and this consent must be documented and recorded in the child/young adult's record. The Refuge House adoption worker may use the child/young adult's life book to assist the child/young adult and the family in preparation for the upcoming adoption. If the child/young adult does not have a life book, Refuge House will assist the foster family and child/young adult in the preparation of a life book.

Documentation of the child/young adult's adoption preparation based on Refuge House's evaluations and discussions with the child/young adult regarding adoption, will be documented in Refuge House Preparation & Approval for Adoptive Placement form. This form will be filed in the child/young adult's adoption record.

Contact and Counseling Services

Contact with children/young adults being considered for adoptive placement will be established as follows:

(i) Contact with the child/young adult must occur at least quarterly, must be meaningful, and must function to further prepare the child/young adult for adoption and obtain updated information concerning the adoption.
(ii) For children 18 months of age and older, Refuge House employees make a minimum of 3 face-to-face contacts to prepare the child/young adult for adoption.
(iii) For infants 0 to 18 months of age, at least one face-to-face contact is required.
(iv) Contacts are documented in the child/young adult' adoption record.

Refuge House will ensure counseling services are arranged and maintained for children 2 years of age and older (unless otherwise indicated by the licensed professional providing counseling services). The counseling will occur based on the child/young adult's developmental level, service level, and psychiatric/psychological recommendations. Children/young adults participating in therapy may obtain some of their adoption preparation through counseling. The counseling to address preparation for adoption should include the child/young adult's: needs and level of understanding, knowledge and understanding of his/her history, understanding of difference between biological, foster, and adoptive parents, hopes and fears about adoption, separation and loss issues related to the child/young adult's birth family, and ability to form new attachments.

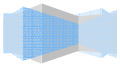
Documentation of pre-placement contacts with the child/young adult and adoptive family, as well as adoption preparation based on the child/young adult's progress in therapy, will be documented

in Refuge House Preparation & Approval for Adoptive Placement form. This form will be filed in the child/young adult's adoption record.

Assessments and Referrals

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

If the above listed professional assessments have been completed since the child/young adult was placed in the home (i.e. a foster to adopt child/young adult currently in the care of Refuge House), it is not necessary to repeat them.



Documentation proving the date of and type of assessment(s) completed on the child/young adult will be documented in Refuge House Preparation & Approval for Adoptive Placement form. This form will be filed in the child(ren)/young adults' adoption record.

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

In the event that the adoptive child/young adult being placed into a Refuge House adoptive family is already placed in foster care with Refuge House, the child/young adult who have or may have a disability will be referred to the Social Security Administration to determine eligibility for Social Security Income (SSI). SSI, as well as other necessary service referrals, will be documented in the child/young adult's Adoption Plan of Service.

Information Regarding the Child/Young Adult

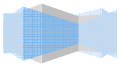
Prospective adoptive parents have the right to important information about the child(ren)/young adults. Refuge House will obtain and document all available information regarding the child(ren)/young adults being considered for adoption and provide it to the prospective adoptive parents. Refuge House will ensure that the impact of the adoptive placement of a special needs child/young adult on the adoptive family will be thoroughly discussed with the adoptive family. Documentation of any and all information regarding the child(ren)/young adults being considered for adoption will be filed in the child(ren)/young adults' adoption record(s). This includes:

1. Abuse or neglect history, health history, social history, educational history, genetic and family history, including any other information required by the Minimum Standards and Texas Family Code (40);
2. History of any previous placements, including dates and reasons for placements;
3. The child/young adult's understanding of the adoptive placement; and
4. The child/young adult's legal status.

For DFPS-sponsored adoptions, Refuge House does not have contact with birth parents. Therefore, most information regarding the child(ren)/young adults will be obtained from the Department (the agency holding managing conservatorship of the child(ren)/young adults) and/or person(s) legally authorized as conservator of the child(ren)/young adults. Refuge House will work closely with DFPS to obtain and compile the above information on the child/young adult. Requests made by Refuge House to obtain the above listed information from DFPS will be made in the form of e-mail and/or other written communication. E-mail and written Agency requests will be documented in the child/young adult's adoption record.

References

§749.3341, §749.3343, §749.3347, §749.3349, §749.3351, §749.3353, §749.3391, Adoption Contract Term VIII.12, Adoption Contract Term VIII.14



ADOPTIVE PLACEMENT REQUIREMENTS

Children/young adults older than one month will have at least one visit with the adoptive family (including the entire adoptive home household members) prior to placement. Refuge House and DFPS will arrange and provide an initial face-to-face pre-placement visit and a minimum of one overnight pre-placement visit between child(ren)/young adults and prospective adoptive family. An overnight visit is required unless waived in writing by DFPS. In order to assist the child(ren)/young adults in the transition, as many pre-placement visits as are necessary will be arranged as agreed upon by Refuge House and DFPS, and documented in the Preparation & Approval for Adoptive Placement form (under signature approval by Refuge House CPMS).

Prior to placing an adoptive child/young adult into the home, Refuge House will obtain a written agreement with the adoptive parents. A signed copy of this agreement, referred to as the Adoption Placement Contract, will be given to the adoptive parents and a copy of the signed agreement will be placed in the child/young adult's and adoptive home's records. The contract specifies the following:

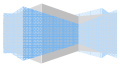
1) Agree with Refuge House to complete the adoption at a specified time and within a specific timeframe.
2) Agree to supervision by Refuge House during the time prior to completion of the adoption.
3) Notify Refuge House before traveling with the child/young adult outside of Texas prior to the completion of the adoption.
4) Can return the child/young adult to Refuge House at the discretion of either the adoptive parents or Refuge House before the adoption is completed.

Refuge House Adoption Worker will visit the child(ren)/young adults and the adoptive family according to child/young adult and family needs. Upon placement of a child/young adult with and adoptive family, Refuge House employees will make the first home visit within 2 weeks. Subsequent visits will be face-to-face with the child/young adult and the adoptive family at least once a month during the first six months of placement or more frequently according to need. If the adoption is not consummated within the first 6 months of placement, monthly contact must continue unless DFPS has approved a different visitation schedule in writing. Documentation of contact/visitation with the child(ren)/young adults and adoptive family will be recorded in Refuge House's Adoption Supervision Narrative form (under signature approval by Refuge House CPMS).

Refuge House shall obtain in advance DFPS written consent that an adoption is in the best interest of the child/young adult and should be consummated. This consent requires that Refuge House has supervised the child/young adult in the adoptive placement for at least 6 months and has provided the required written reports about the placement. All other legal requirements must be met. DFPS may provide written waiver of the above requirements if the child/young adult is in foster/adopt placement.

References

§749.3371, §749.3373, §749.3425, Adoption Contract Term VIII.16, Adoption Contract Term VIII.20, Adoption Contract Term VIII.25



REQUIRED INFORMATION

Before placing a child/young adult in the adoptive home, Refuge House will provide adoptive parents with accurate, current, and objective information to allow adoptive parents to make informed decisions regarding the placement of a child/young adult into their home. Refuge House will discuss information about the child(ren)/young adults and their birth parents with the adoptive parents. Prior to or at the time of placement, Refuge House will also provide written information to the adoptive parents that include all available information on the child and his family (excluding confidential/identifying information, if appropriate). This information is contained in the documentation provided from DFPS and includes the child/young adult's complete case record and an opportunity to review the child/young adult's de-identified Health, Social, Education, and Genetic History (HSEGH) reports (as according to Texas Family Code §162.006).

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

A. Written authorization to care for the child/young adult;
B. Written information if the child/young adult is not completely free for adoption at the time of the placement;
C. Written consent for the medical care of the child/young adult at the time of the child/young adult's placement in the home;
D. Information regarding the DFPS adoption assistance program (if the adoptive family is eligible for such assistance).

Copies of all authorizations and consent forms will be documented in the child/young adult and adoptive home record(s).

Prospective adoptive parents have the right to important information about the child(ren)/young adults. Refuge House will obtain and document all available information regarding the child(ren)/young adults being considered for adoption and provide it to the prospective adoptive parents. Refuge House will ensure that the impact of the adoptive placement of a special needs child/young adult on the adoptive family will be thoroughly discussed with the adoptive family. Documentation of any and all information regarding the child(ren)/young adults being considered for adoption will be filed in the child(ren)/young adults' adoption record(s). This includes:

1. Abuse or neglect history, health history, social history, educational history, genetic and family history, including any other information required by the Minimum Standards and Texas Family Code (40);
2. History of any previous placements, including dates and reasons for placements;
3. The child/young adult's understanding of adoptive placement; and
4. The child/young adult's legal status.

For DFPS-sponsored adoptions, Refuge House does not have contact with birth parents. Therefore, most information regarding the child(ren)/young adults will be obtained from DFPS (the agency holding managing conservatorship of the child(ren)/young adults) and/or person(s) legally authorized as conservator of the child(ren)/young adults. Refuge House will work closely with DFPS to obtain and compile the above information. Requests made by Refuge House to obtain the above listed information from DFPS will be made in the form of e-mail and/or other written

communication. E-mail and written Agency requests will be documented in the child/young adult's adoption record.

References

§749.3391, §749.3393, §749.3395, Adoption Contract Term VIII.12, Adoption Contract Term VIII.14

Post-Placement Supervision and Pre-Adoption Consummation Activities

Post-Placement Supervision Period

Upon placement of a child/young adult into a Refuge House adoptive home, Refuge House will assign an Adoption Worker to the adoptive home (including child/young adult, adoptive parents, and household members). Refuge House will continue to monitor and assess the child(ren)/young adults' needs, and make every effort to maintain or update the progress of the child(ren)/young adults' Adoption Plan of Service.

During the post-placement supervision period, Refuge House will:

1. Maintain responsibility for the child(ren)/young adults until the court has entered the adoption decree.
2. Offer counseling services to the adoptive family (including child(ren)/young adults and adoptive parents). These services will be provided through referrals outside Refuge House or by Refuge House employees.
3. Ensure that the children/young adult's needs are met in the adoptive placement.
4. Produce an Adoption Plan of Service within 30 days of the child(ren)/young adults' placement and update/review it as necessary and every 6 months until the adoption is consummated/finalized.
5. Produce written reports to Refuge House that maintains the managing conservatorship of the child(ren)/young adults until the adoption is consummated. Refuge House will report any serious incidents regarding the child(ren) in the adoptive placement to DFPS by the next workday.
6. Make every effort to ensure that the child(ren)/young adult's adoption is consummated within the time frame stated on the Adoption Placement Contract. If the adoption is not consummated within the specified time on the Adoption Placement Contract, Refuge House will renegotiate another timeframe for when the adoption(s) will be consummated/finalized.
7. Document any changes in the adoptive family in health, financial condition, or composition, which may affect the child(ren)/young adults. In order to comply with their Adoptive Placement Contract, adoptive parents are required to report these changes to Refuge House in a timely manner.

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

1) A home visit with the adoptive child/young adult and family within two weeks of placement to be conducted by Refuge House; and

2) Monthly face-to-face contact with the adoptive family and child(ren)/young adults during the first six months of placement (or more frequently according to the needs of the child/young adult and adoptive family):

   a) For children under the age of two (2) with no special needs, Refuge House will have a minimum of five (5) supervisory contacts with the adoptive parents within the first six (6) months of placement. Two (2) contacts will be face-to-face with the entire family. At least one (1) of these contacts will be in the adoptive home. Post-placement contacts will be documented. Three (3) of the required five (5) contacts may be done with one adoptive parent and may be done by telephone.
   b) For children/young adults with special needs and children ages two (2) years or older, Refuge House will have monthly face to face contacts with the adoptive family during the first six (6) months.
      i) Two of these contacts must be in the adoptive home, with the entire family.
      ii) Four of the required 6 monthly contacts must be fact-to-face, but may be with one adoptive parent and may be in a location other than the home. Post-placement contacts will be documented.

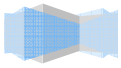
   Documentation of contact/visitation with the child(ren)/young adults and adoptive family will be recorded in Refuge House's Adoption Supervision Narrative form (under signature approval by Agency CPMS).

Pre-Adoption Consummation Activities

If the adoption is not consummated within the first 6 months of placement, monthly contact with the child(ren)/young adults and adoptive family must continue unless DFPS has approved a different visitation schedule in writing. In this event, however, Refuge House must have at least quarterly face-to-face contacts in the adoptive home until the adoption decree is entered. Quarterly contacts after the first 6 months of placement must be face-to-face, in the adoptive home, and include both adoptive parents and all other household members. Additionally, Refuge House will assess why the adoption will not be completed within the first 6 months of placement. The assessment will be documented by an update/review to the child(ren)/young adults' Adoption Plan of Service and will include:

1) Input by any Refuge House employees involved in the child(ren)/young adults' adoptive placement and associated activities concerning the child(ren)/young adults, professionals who provided counseling for the entire adoptive family, and any other professional involved with the entire adoptive family (including, but not limited to: ECI providers, Psychologists, Psychiatrists, DFPS personnel, Attorney Ad-Litem, CASA, etc.); and
2) Plan for finalization/consummation of the adoption, as well as supervision of the placement, based on Refuge House's assessment.

The Department retains managing conservatorship of the child(ren)/young adults until an adoption is consummated. If the adoption is not consummated/finalized within a year after the initial placement, Refuge House and DFPS must review the placement and develop/review the Adoption Plan of Service together.



The adoption may be disrupted by the decision of Refuge House, the adoptive parents, or the Department. If the placement is unsatisfactory and/or not in the best interest of the child/young adult, Refuge House will remove the child(ren)/young adults from the adoptive home. The decision to remove the child(ren)/young adults must be reviewed and approved by Refuge House CPMS prior to the removal and in consultation with the DFPS caseworker for the child/young adult. Refuge House will inform the Department of significant or pertinent problems that arise in the adoptive placement within 5 working days after Refuge House becomes aware of the problem. Refuge House will work with DFPS to plan for another placement for the child(ren)/young adults if an adoptive placement is disrupted. Planning will include a review of available resources before another placement is selected.

As part of the Adoptive Placement Contract, adoptive parents agree to:

1) To provide sufficient advance written notification to Refuge House of a request to remove the child(ren)/young adults from their home, except in cases where the child/young adult is a danger to self or to others or exhibits volatile or self-injurious behaviors that are inappropriate for the program of service and requires a placement in another setting;
2) To work with the Refuge House to help prevent a disruption through counseling, behavior management, and/or other strategies developed as a team;
3) To cooperate with Refuge House, should a disruption occur, in a way that serves the best interest of the child(ren)/young adults under the judgment of Refuge House. This includes sending the child(ren)/young adults with all of his/her belongings at the time of the move, including his/her life book/picture book, and any items/gifts given to the child(ren)/young adults during placement.
4) To return the child/young adult to Refuge House if in the opinion of Refuge House the best interests of the child(ren)/young adults require it.

If a child/young adult comes back into Refuge House care, circumstances necessitating this and the child(ren)/young adults' needs will be documented in the child(ren)/young adults' record and include applicable updates to the child(ren)/young adults' Adoption Plan of Service.

References

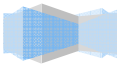
§749.3421, §749.3423, §749.3425, §749.3427, §749.3429, §749.3431, §749.3461, §749.3721, §749.3725, §749.3727, §749.3729, §749.3741, Adoption Contract Term VIII.20, Adoption Contract Term VIII.21, Adoption Contract Term VIII.22, Adoption Contract Term VIII.28, Adoption Contract Term VIII.29

Subsequent Adoptions

Before a subsequent placement is made into an adoptive home, the adoptive home screening must be updated within 30 days of the adoptive placement.

The adoptive home screening update for a subsequent placement will include:

1) At least one individual interview with each applicant (applies to individuals ages 3 and older residing in the adoptive home either full time or part time);
2) At least one visit to the home when all members of the household are present;



3) Observation of the adjustment of the children in the family and how the children feel about the addition of another child/young adult and/or children;
4) Updates on all areas addressed in the original adoptive home screening.

Refuge House will ensure that all other requirements for an adoptive placement are completed in the case of subsequent placements. In the case that a subsequent adoption occurs within one year of a previous adoption with Refuge House (upon agency confirmation that the prior adoption had all of the required home visits and interviews conducted), individual interviews with the adoptive parents and a home visit with all household members will suffice in meeting the subsequent adoption interviewing and home visit requirements.

References

§749.3761

POST-ADOPTION SERVICES

After the adoption is consummated/finalized, Refuge House will offer counseling services to the adoptive child(ren)/young adults and the adoptive family. These services may be provided through referrals outside of Refuge House. For DFPS-sponsored adoptions, Refuge House does not work with birth parents. All work with birth parents of children placed for adoption is done by the agency holding managing conservatorship of the child/young adult. All counseling referrals for birth parents of children/young adults placed for adoption is done through communication with the DFPS worker of the birth parent(s), and is detailed further in the following section, title "Adoption Services- Birth Parents". Refuge House will document that counseling (post-adoption services) were offered to the adoptive child(ren)/young adults and adoptive family.

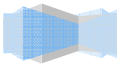
Refuge House will make diligent efforts to inform adoptive parents and/or adult adoptee, in writing, about any supplemental medical, psychological, or psychiatric information that subsequently comes to Refuge House's attention. Such birth parent information includes developing genetic conditions, terminal illnesses, or death. This information will be communicated to the adoptive parents and/or adult adoptee, provided that Refuge House is kept informed of their whereabouts. When Refuge House receives information about the specified topics from a birth parent, at a minimum, Refuge House will:

- Write a letter the adoptive parents and/or adult adoptee at their last known mailing address;
- If the letter is returned to Refuge House as undeliverable, Refuge House will check the public telephone directory or search the Internet for the city where the adoptive parents and/or adult adoptee were last known living;
- If Refuge House continues to struggle in locating the family, Refuge House will check the record for contact information on the adoptive parents' and/or adult adoptee's family members or others that may have knowledge of their whereabouts. If contact information is discovered, Refuge House will attempt to contact these persons in order to obtain forwarding contact information of the adoptive parents and/or adult adoptee.

- Attempts to locate any of the above specified parties in this policy will be documented. Refuge House will document when any information on the adoptee's birth parents (as outlined in this policy) is given to adult adoptees and adoptive parents. Successful communication to adoptive parents and/or adult adoptees of birth parent information will be documented by Refuge House. The documentation must state the information provided to the adoptive parents and/or adult adoptee, the date and method of providing the information, and the names of the individuals receiving the information.
- Upon request by an adult adoptee, Refuge House will provide the adult adoptee with a de-identified copy of the adoption report. The report will include the county and court of jurisdiction for the adoption. If an adoptee is less than 18 years of age, the request for the information must come from or must include the written consent of the child/young adult's adoptive parents or managing conservator.

References

§749.3423, §749.3461, §749.3463, §749.3465, §749.3571(a)(c), §749.3741, TAC §162.006



ADOPTION SERVICES - BIRTH PARENTS

For DFPS-sponsored adoptions, Refuge House does not work with birth parents. All work with birth parents of children/young adults placed for adoption is done by the agency holding managing conservatorship of the child/young adult. All adoption services, as discussed below, for birth parents of children/young adults placed for adoption is done through communication with the DFPS worker of the birth parent(s).

Refuge House will make diligent efforts to inform the birth parents of the adoptive child(ren)/young adults, in writing, about any supplemental medical, psychological, or psychiatric information that subsequently comes to Refuge House's attention. Such child/young adult information includes developing genetic conditions, terminal illnesses, or death. Refuge House will contact the former managing conservator of the child/young adult, DFPS, in an attempt to locate the birth parents. This information will be communicated to the birth parents, provided that Refuge House is kept informed of their whereabouts.

Attempts to locate the birth parents of the adoptive child(ren)/young adults will be documented. Refuge House will document when any information on the adoptee's birth parents (as outlined in this policy) is given to adult adoptees and adoptive parents.

Successful communication of adoptive child/young adult information to the birth parents will be documented by Refuge House. The documentation must state the information provided to the birth parents, the date and method of providing the information, and the names of the individuals receiving the information.

Upon establishing a formal relationship with birth parents, Refuge House will provide the following information to them in writing:

1) Alternatives and options to adoption that Agency policies do not oppose;
2) The services provided, including counseling and post-adoption services;
3) Adoption registries;
4) Legal rights and responsibilities of both birth parents, in regard to:
   i) Relinquishment of parental rights;
   ii) Waivers of Interest;
   iii) Affidavit of status;
   iv) Termination of parental rights;
   v) Designating the father of a child/young adult as "unknown" based on legal requirements;
   vi) Paternity registry requirements; and
5) Any assistance available through Refuge House to meet housing, medical, and prenatal care and other needs.

- Refuge House will provide and discuss this information (in written form only) to birth parents in a language that they understand. Refuge House will document

the Who provides supervision and transportation of the child/young adult to, during, and from each activity

the information was shared with the birth parents and Refuge House employee(s) that shared the information.

The Refuge House Adoption Worker(s) must have at least two face-to-face contacts with birth parents prior to the relinquishment of parental rights over a period of two or more days. At least one interview must be held after the birth of the child/young adult. If face-to-face contact with the birth father is not feasible, Refuge House must document justification for contacts that are not face-to-face; and except in cases of relinquishment or involuntary termination of parental rights, quarterly contact with birth parents prior to placement of the child/young adult. If these contacts cannot be made, Refuge House will document that reasonable efforts to locate the absent parent have been exercised, and why the contacts could not be made.

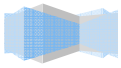
Contacts made by Refuge House to the birth parents must assist birth parents in understanding their feelings regarding relinquishing the child/young adult for adoption and the long range implications of relinquishing the child/young adult for adoption. The birth parent must freely make a choice regarding relinquishing the child/young adult to Refuge House for adoption and Refuge House must ensure that birth parents are not pressured to make a decision to place their child/young adult for adoption. Refuge House must obtain information from birth parents about their expectations for adoptive placement (if placement is chosen) and the degree and type of involvement, if any, they desire with adoptive family. Contact by Refuge House with the birth parents will assist the birth parents to obtain the required the Health, Social, Educational, and Genetic History Report (HSEGH). A birth parent who signs an affidavit of involuntary relinquishment of parental rights regarding a biological child/young adult must prepare a medical history report form. If the managing conservatorship of the adoptive child(ren)/young adults is Child Protective Services, DFPS will maintain the HSEGH Report and make it available to persons with whom the child(ren)/young adults is placed. DFPS will provide the updated HSEGH Report to Refuge House. The following topics must be discussed with the birth parents:

- Preparation for childbirth, when applicable;
- Relinquishment or waiver of parental rights;
- Termination of parental rights;
- Counseling in regard to separation, loss, and grief issues; and
- Agency employees providing the service must document all contacts with birth parents.

Refuge House will comply with all state and federal law regarding termination of parental rights, including Chapter 161 of the Texas Family Code.

References

§749.3501, §749.3503, §749.3521, §749.3523, §749.3571, §749.3573, Texas Family Code §161.1031



Adoption Services - Adoptive Parents

Adoptive Applicant Preparation

Prior to establishing a formal relationship with prospective adoptive parents, Refuge House will provide written information regarding:

1. Services Refuge House provides;
2. Fee policies and payment procedures;
3. Required foster/adoptive parent, adopt only parent, and caregiver pre-requisites, pre-service requirements, procedures and any other Agency requirements;
4. Legal requirements for adoption, including an adoptive parent's right to have independent legal counsel for legal consummation. Refuge House requires that the legal counsel selected by the adoptive parents be experienced in adoptions; and
5. Adoption registries.

References

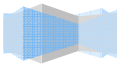
§749.3601

Pre-Adoptive Home Screening

Criteria for Accepting Adoptive Parent Applications:

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

1) Prospective adoptive parents should be interested in a child/young adult who has been referred to Refuge House for adoptive placement from a state's Child Protective Services.
2) Married or single applicants may apply. Married applicants must have been married at least one year prior to the adoptive home screening.
3) Refuge House will not approve foster and adoptive parent applicants who are the same gender (un-related) and live in the same household.
4) Prospective adoptive parents must be at least 21 years of age.
5) Prospective adoptive parents should live in Region 3. Applicants living outside of Region 3 will be considered on a case-by-case basis according to the needs and resources of Refuge House.
6) Refuge House will accept applicants who are infertile, as well as couples who are able to have biological children.

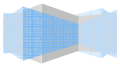


7) Prospective adoptive parents must be responsible, mature, stable, healthy adults capable of meeting the needs of children/young adults in care. A completed and signed physician's statement stating the adoptive parent applicant is in good health is required for each adoptive parent applicant. A therapist's statement may also be requested by Refuge House during the screening process.
8) Prospective adoptive parents must have a high school diploma/GED and/or exhibit intellectual capability to understand and utilize training and to meet the needs of children/young adults. This capability will be assessed by a designated Refuge House employee and will be further demonstrated by the adoptive parent applicant(s) through completion of pre-service training and Agency observation during the screening process.
9) Prospective adoptive parents and each person 14 years or older, who will regularly or frequently be present at the adoptive home (including biological children) or have ongoing contact with the adoptive family must agree to a DPS and DFPS criminal history/central registry background check, which includes searches of different databases:

    a) Criminal history checks conducted by the Department of Public Safety (DPS) for crimes committed in the state of Texas;
    b) Central registry checks conducted by DFPS. The central registry is a database of people who have been found by Child Protective Services, Adult Protective Services, or Licensing to have abused or neglected a child/young adult; and
    c) Criminal history checks conducted by the Federal Bureau of Investigation (FBI) for crimes committed anywhere in the United State (on persons who live outside of Texas or about whom there is reason to believe other criminal history exists). *These checks are completed to determine whether: (1) A person has any criminal or abuse and neglect history; and (2) His/her presence is a risk to the health or safety of children in care. All prospective adoptive parents and each person 14 years or older, who will regularly or frequently be present at the adoptive home or have contact with the adoptive family (including biological children), must receive a cleared FBI criminal history check prior to the home being approved for adoption. Any positive matches between these individuals and the databases will be evaluated according to the RCCL Minimum Standards.*

10) Prospective adoptive parents must be willing to attend and participate in pre-service training prior to placement of a child/young adult in the home.
11) Individuals applying to be adoptive parents must have a social security number. A determination as to the appropriateness of the prospect that is not a U.S. citizen will be made through Refuge House's screening process. However, additional verification, as indicated below, is required and will be obtained at the time of the home study interview:

    a) A copy of the adoptive parent applicant's proof of citizenship status (permanent resident, temporary visa, green card, etc.).
    b) Length of time residence maintained in the U.S.
    c) Reasons for relocating to the U.S.
    d) Plans to return to native country (visits or other reasons, including explanation of circumstances that would require a return home if they do not have current plans to return, etc.).



e) Location of adoptive parent applicant's extended family; type of communication adoptive parent applicants have with their extended family; feelings of extended family regarding residency decisions and desire to foster or adopt.
f) Evaluation of adoptive parent applicant's stability (residence history, employment history, etc.).
g) Recommendations from people who have known the adoptive parent applicant(s) for an extended period of time (at least one year) and can confirm stability.
h) Information regarding cultural customs/practices and beliefs that differ from those practiced in the U.S. will be gathered to determine ability to care for the children served by this Agency, especially as they relate to medical care, education, discipline, expectations, religious beliefs, etc.
i) Information on the celebration of holidays recognized in the adoptive parent applicant's home will be gathered. U.S. and/or Christian holidays will be addressed, particularly regarding the celebration of the birth of Jesus Christ in December and the death and resurrection of Jesus Christ at Easter. As a Christian agency, Refuge House places emphasis on acknowledging and celebrating the above mentioned holidays.

SCREENING AND SELECTION PROCEDURES FOR ADOPTIVE PARENTS:

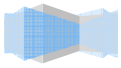
Refuge House will screen and select prospective adoptive parent (single licensed) applicants and foster to adopt parent (dual licensed) applicants as follows:

1) Refuge House will conduct the initial screening through a telephone interview with prospective adoptive parent(s). During the telephone screening, Refuge House will determine if the prospective adoptive parent(s) meets the initial criteria (listed under "Criteria.." sub-section, #1-6).
2) If the prospective adoptive parent(s) meets the initial criteria, Refuge House sends them a packet of information. Included in this packet is a survey, Consent to Background Investigation form, Release of Information form, and a Physician's Statement form. The packet also contains information pertaining specifically to Refuge House, as well as a list of documentation to begin collecting (see below).
3) Once the prospective adoptive parent(s) completes the survey and returns it to Refuge House, Agency employees will go to the home to conduct an initial orientation at which time agency policies and procedures are discussed, and the prospective adoptive parent(s) is provided the opportunity to ask questions. During this time, qualification criteria (listed under "Criteria.." sub-section, #6-13) will be evaluated.
4) Following the home visit and Agency orientation, if the prospective adoptive parent(s) and Refuge House both agree to continue having a working relationship and the prospective adoptive parent(s) meets criteria (listed under "Criteria.." sub-section, #1-11), then the prospective adoptive parent(s) will be invited to attend Refuge House's pre-service training.
5) Each prospective adoptive parent(s) is given an application for completion during the time of the pre-service training.
6) Prospective adoptive parent(s) may turn in the requested documentation at any point during this process, but prior to the home screening.

7) Once the survey and application is received, and pre-service training has been successfully completed, the applicant will be assigned to a qualified Refuge House employee who will complete the prospective adoptive home's Pre-Adoptive Home Screening.
8) Throughout this process, the applicant will be evaluated on their ability to demonstrate a willingness to cooperate with Refuge House's mission and to participate openly in the home screening process. This will be shown by the adoptive parent applicant(s) providing information requested in the survey, application, subsequent interviews, and other information required by Chapter §749 of Minimum Standards, the Department's policies (CPSH 7000), and Refuge House policies.
9) Refuge House will request and evaluate the background information from any child-placing agency that previously verified the applicants as a foster home or approved them as an adoptive home. Such background information from previous agencies includes, but is not limited to: the home screening and related documentation, documentation of supervisory visits and evaluations, any record of deficiencies and their resolutions, information related to the parent's experience and performance as foster and/or adoptive parents, most current fire and health inspections, and any background information regarding the foster/adoptive home as described in §749.2447(22) of this title. This information will be used in the evaluation of the prospective adoptive family's ability to work with specific kinds of behaviors and backgrounds.

Documentation Needed During the Evaluation and Application Process:

1) Completed and signed survey.
2) Completed and signed application from each parent.
3) Copy of current driver's license, indicating that applicant is age 21 or over.
4) Completed Consent to Background Investigation form from each applicant, other adults in the home and children/young adult household members ages 14 and older, to conduct a background investigation, including a DPS criminal history check, DFPS central registry check, and FBI criminal history check (if the individual is 18 years of age or over).
5) A general Release of Information form signed by each applicant (if previously applied, approved, or verified as a foster or adoptive home).
6) At least two letters of reference (three preferred). References may include family members, friends, supervisor(s), and co-workers of the adoptive parent applicant(s).
7) Documentation of prospective adoptive parent training verifying the required hours and type of training as it relates to the needs of the type of children they will be caring for. Pre-service training requirements are determined by whether or not the adoptive parents wish to foster to adopt (which enables them to accept children for placement whose parental rights have not been terminated), the type of child/young adult being cared for, and the prospective adoptive parent's responsibilities. Documentation of supervised child care experience: 5 hours for basic care, 8 hours for therapeutic moderate care, 40 hours for therapeutic specialized care.
8) Vehicle liability insurance (must be current and up to date).
9) Marriage verification.
10) Verification of each divorce (if applicable).
11) Death certificates of spouse (if applicable).



12) Pet vaccinations (must be current and up to date).
13) Copy of floor plan, labeling dimensions and purposes of each room, also identifying fire escape plan.
14) Fire inspection, indicating no deficiencies.
15) Health inspection, indicating no deficiencies.
16) Proof of medical and life insurance and proof of financial stability.
17) Signed Statement of Faith form.

Suitability of Adoptive Applicants:

The suitability and appropriateness for a family, couple, or individual to be approved as adoptive parents will be determined by the content of interviews, documents provided and obtained during the application process and professional observation. Criteria for making decisions about the number, ages and needs of children/young adults who may be placed with foster/adoptive parents will be determined from the following:

1) Ages in which the prospective adoptive parent(s) have had experience with or received prior training.
2) Evaluations from Refuge House employee(s) conducting the orientation and the pre-service training.
3) Recommendations made by Refuge House employee(s) conducting the home screening based upon the evaluation material utilized during the interview process.
4) Individual assessments of the adoptive parent applicant(s) to determine the most appropriate placement with regard to age, special needs, gender, number of children/young adults, etc.
5) Prospective adoptive parent(s) may wish to be dual licensed as foster to adopt homes, rather than straight adopt homes. These families foster with the intent of potentially adopting a foster child/young adult. Foster/adoptive parents operate on the basis of the Adoption Placement Contract with Refuge House. Foster/adoptive parents are responsible for providing substantial, direct service with special emphasis on creating a home-like atmosphere with warmth and sufficient structure. Foster/adopt parent roles include many functions which would ordinarily be done by natural parents; contributing to staff conferences; participation in supervisory conferences and in-service training; planning and supervision of recreational experiences for children/young adults; and parent conferences as they relate to the educational program of children/young adults in residence.

Refuge House will accommodate placement in a prospective foster/adopt or adoptive parent's home prior to the pre-adoptive home screening completion only in these cases:

1. The prospective parent is a member of the child/young adult's family related by the second degree of consanguinity or affinity; or
2. Foster family with whom the child/young adult has been living immediately prior to the request for a pre-adoptive home screening.

Refuge House will complete a written pre-adoptive home screening update.

References

§749.3621, §749.3623, §749.3625, §749.3627, §749.3629, §749.3631, §749.3633, §745.4067, §745.4073, Adoption Contract Term VIII.7

Basic Care and Safety Requirements

Before placing a child/young adult into the adoptive home, Refuge House requires documentation of DPS and DFPS criminal history checks on all individuals 14 years and older (in addition, FBI checks for individuals 18 and older), a floor plan of the home showing the dimensions and purposes of all the rooms, and sketches or photos of the grounds to be used by the child/young adult. If the home is already providing foster care, the foster care home screening information will be used, and updated as necessary to provide the most current and accurate information of the foster/adoptive home and household members.

Refuge House will provide reading materials to the adoptive family regarding health and safety issues, depending upon the age and needs of the specific child/young adult or children/young adults to be placed. Refuge House will then follow up with the adoptive parents to ensure that they have read, understood and implemented the material. This information is contained in the "Handbook and Resource Guide for Foster and Adoptive Parents." This information is contained in the Refuge House Caregiver Handbook for foster care and adoption parents, substitute caregivers, and babysitters.

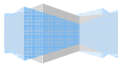
Refuge House will discuss basic care and safety issues with the adoptive parents and ensure that the home provides an environment safe for the child/young adult or children/young adults to be placed. This will include firearm safety, water safety, storage of medication, and basic home health and fire safety.

This preparation will be accomplished during pre-service training, and during Refuge House employee visits to the home during the home screening process. Refuge House will make an assessment of the home, which includes basic health and safety factors. Refuge House will utilize basic home health and fire safety checklists when inspections are not available.

Refuge House will determine during the application and home screening process whether the potential adoptive family has firearms in the home, and if so, what precautions have been taken to protect children/young adults. This will be physically verified by Refuge House staff during the home screening visit and addressed in the home screening document.

This preparation will be accomplished during pre-service training, and during Refuge House employee visits to the home during the home screening process. Refuge House will make an assessment of the home, which includes basic health and safety factors. Refuge House will utilize basic home health and fire safety checklists when inspections are not available.

Refuge House will determine during the application and home screening process whether or not there is a pool or other body of water on or adjacent to the property and if so, what safety measures and precautions are in place. This will be addressed in the home screening document.



Refuge House will also verify storage of poisonous/flammable substances; ensuring children are protected from such substances. Storage of prescription, over the counter, and psychotropic medication will also be verified during the home screening to ensure they are out of reach of children.

A prospective adoptive home may not be approved for adoption placements until all of the above described safety precautions are followed.

References

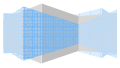
§749.1803-1817, §749.1841, §749.2909, §749.2911, §749.2913, §749.2915, §749.3039, §749.3101, §749.3103, §749.3111, §749.3133, §749. 3661, §749.3663

AGENCY RESPONSIBILITIES - PRE AND POST-CONSUMMATION

Refuge House employees will:

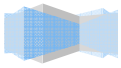
1) Educate and assess prospective adoptive parents about:

    a) Separation and attachment issues;
    b) Dynamics and impact of abuse and neglect on children/young adults and their development;
    c) Behaviors exhibited by children/young adults who have experienced the trauma of abuse, neglect, and removal from their birth families;
    d) Age appropriate non-physical discipline for children/young adults with a history of abuse and neglect;
    e) Availability and use of community resources to strengthen the support network of the adoptive family as well as encourage advocacy for their adopted children/young adults;
    f) Sexuality and its manifestations in children/young adults who have been abused and neglected; and
    g) Health, disabilities, and attitudes toward children/young adults with emotional or physical disabilities including addressing their expectations of and for a child/young adult with disabilities.
2) Complete and submit the NON-DFPS Adoptive Home Registration, Form 2238, upon the completion of the adoptive home screening in order to ensure that an adoptive family may be considered for the adoption of the Department's children/young adults. If the adoption is a foster to adopt parent adoption, Refuge House Home Report, Form 2953, must be verified for accuracy.
3) Submit documentation to the DFPS worker placing the child/young adult for adoption verifying DPS and DFPS criminal history checks conducted on all persons 14 years or older residing in the prospective adoptive home.
4) Provide adoptive parents with accurate, current, and objective information to allow adoptive parents to make informed decisions regarding the placement of a child/young adult into their home. Refuge House will:



a) Fully review the child/young adult's case record, ensure that all information is shared with the adoptive family, and ensure that the impact of an adoptive placement of a special needs child/young adult on the adoptive family has been thoroughly discussed with the family.
b) Provide the adoptive family with the opportunity to review the child/young adult's de-identified Health, Social, Education, and Genetic History (HSEGH) reports and case record in compliance with RCCL Minimum Standards for Child-Placing Agencies and CPSH §6000 and shall document that the opportunity was provided and whether or not the family reviewed the HSEGH.

5) Obtain written approval from the Department before a formal presentation of information about the child(ren)/young adults is made to the prospective adoptive family.
6) Provide required information for requests under the Interstate Compact on the Placement of Children when appropriate.
7) Arrange and provide an initial face-to-face pre-placement visit and a minimum of one overnight pre-placement visit between the child(ren)/young adults and the prospective adoptive family, unless waived in writing by the Department. Refuge House may arrange as many pre-placement visits necessary based on the needs of the child(ren)/young adults and the joint agreement with the Department.
8) Develop and provide pre-service and ongoing adoptive parent training for Refuge House adoptive parents.
9) For dual licensed parents with a foster to adopt child/young adult, Refuge House will provide foster care payments according to the child/young adult's level of care as specified in their contract until the Adoption Placement Contract has been signed.
10) Provide foster/adoptive children/young adults' medical and dental care referrals, counseling, and support for therapeutic needs. Other support services such as Christmas gifts, school supplies, and training resources are also available.
11) Make the final decisions regarding children in the areas of treatment issues, placement, and/or removal.
12) Keep foster/adoptive parents abreast of all impending changes in placement decisions, new psychological, biological family issues, and visits regarding a child/young adult in their care.
13) Develop an Adoption Plan of Service the day the Adoption Placement Contract is signed and update it as necessary and at least every 6 months until consummation.
14) Send the DFPS caseworker for the child(ren)/young adults a written report on the adoptive placement at least every two months.
15) Provide counseling and support services for the adoptive family and child(ren)/young adults before, during and after the adoptive placement.
16) Visit the child(ren)/young adults and the adoptive family according to child(ren)/young adults and family needs. upon placement of a child/young adult with an adoptive family, Refuge House will make the first home visit to the child/young adult and adoptive family within two weeks. Subsequent visits must be face-to-face with the adoptive family and child(ren)/young adults at least once a month during the first six months of placement or more frequently according to the needs of the child(ren)/young adults and family.
17) If the adoption is not consummated within the first 6 months of the adoptive placement, monthly contact must continue unless the Department has approved a different visitation schedule in writing.



18) May visit the adoptive home unannounced at any reasonable time, if such a need presents itself.
19) Be available for support and consultation on a 24-hour basis.
20) Inform adoptive parents of Refuge House Programmatic Policies and Procedures and Chapter §749 of Minimum Standards.
21) Inform adoptive parents about the Texas DFPS adoption assistance program, including the post-adoption program, and help them apply for assistance when appropriate.
22) Help the adoptive family and their attorney complete the adoption consummation/finalization process. Refuge House will prepare the court report unless the court orders another party to prepare the report.
23) Obtain written consent from the Department that an adoption is in the best interest of the child(ren)/young adults and should be consummated.
24) Unless the Department is a party to the adoption case, Refuge House will complete and notarize a PRS Post-Placement Adoptive Report Registration form, and file this form with the appropriate court(s).

Post-Placement Adoptive Report:

Refuge House will complete and notarize a Post-Placement Adoptive Report. A Post-Placement Adoptive Report is a written evaluation of the assessments and interviews, after the placement of the child(ren)/young adults, regarding the:

1) Child(ren)/young adults;
2) Prospective adoptive parent(s);
3) Family of the prospective adoptive parent(s);
4) Environment of the prospective adoptive parent(s) and their family; and
5) Adjustment of all individuals to the placement.

Interviews for the Post-Placement Adoptive Report will be conducted after the child/young adult has resided with the adoptive parent(s) for at least six months, unless otherwise directed by the court. However, the information for the Post-Placement Adoptive Report may be gathered after the placement of the child(ren)/young adults.

Interviews for the Post-Placement Adoptive Report, as well as interviews for foster/adopt and straight adopt home screenings, may be conducted in one visit and will include the following interviews:

1) Individual interviews with each prospective adoptive parent;
2) Each child/young adult three years or older living in the home;
3) Any other person living full time with the family;
4) A joint interview with the prospective adoptive parents;
5) A family group interview with family members living in the home; and
6) An interview of any minor child 12 years or older or adult child of the prospective adoptive parents not living in the home (by phone, in person or by letter).

Refuge House will conduct these interviews at the home of the foster/adopt or adoptive parents, when all household and family members of the home are present. All conducted interviews and

attempts to interview persons listed above will be documented in the Post Placement Adoptive Report or home screenings (when applicable) and will include dates and methods taken to contact the persons, date of interview, who was present, their relationship to the foster/adopt or adoptive parents, and a summary and observation of the interviews.

The interviews for the Post-Placement Adoptive Report will focus on the adjustment of the family and the child(ren)/young adults following the placement of the child(ren)/young adults, and any items relating to the home screening information that had not been adequately and/or previously addressed.

Information in the Post-Placement Adoptive Report will include the following:

1) A summary of all assessments and available information about the child(ren)/young adults who is the subject of a petition for adoption, including:

    a) Health history, social history, educational history, genetic and family history, and other information required by the Texas Family Code §162.005 and §162.007;
    b) History of physical sexual, or emotional abuse experienced by the child/young adult;
    c) History of any previously placements, including the date and reason for the placement;
    d) The child/young adult's understanding of the adoptive placement or conservatorship;
    e) The child/young adult's legal status
2) A summary of all assessments, interviews, and available information about the prospective adoptive parents including:

    a) The pre-adoptive home screening (see §745.4061 of TAC) including the results of the criminal history and central registry background checks;
    b) Individual strengths and weaknesses of the adoptive parents;
    c) Observations made relative to the family's interactions with each other;
    d) Additional interviews of persons specified in §745.4033 of TAC; and
    e) A visit to the home.
3) An evaluation of the child(ren)/young adults' present or prospective physical, intellectual, social and psychological functioning and needs, and whether the environment will meet those needs.
4) A summary of the adjustment of the family and the adoptive child(ren)/young adults in the adoptive home during the six-month post-placement period, if appropriate.
5) Sources of information and verification to the extent possible, of all statements of fact pertinent to the report.
6) The basis for conclusions or recommendations.
7) The names and qualifications of all persons involved in the preparation and evaluation of the Post-Placement Adoptive Report.
8) Telephone numbers for entities where it is appropriate for the subject of the report to file complaints about how the Post-Placement Adoptive Placement Report was conducted (see §745.4043 of TAC).

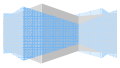
All persons involved in the preparation and evaluation of the report must sign the Post-Placement Adoptive Report.

Any Refuge House employees conducting the Post-Placement Adoptive Report will not have a conflict of interest with any party in a disputed suit. No previous knowledge of any party that was not exclusively obtained through a home screening or adoptive report will be allowed. Refuge House employees will disqualify themselves if a conflict or bias exists. Any issues or concerns relating to such a conflict or bias to the court before an appointment will be accepted. However, unless the court finds the employee(s) biased, the subsequent reports may be conducted unless the employee(s) has been previously screened. Any adoptive placement that appears to have been made by someone other than the adoptive child(ren)/young adults' adoptive parents or Refuge House will be reported to RCCL.

Any complaints about how the Post-Placement Adoptive Report was conducted will be made directly to Refuge House. Refuge House will give the telephone numbers to the entities where it is appropriate to file complaints.

References

§745.4025, §745.4033, §745.4035, §745.4037, §745.4121, §745.4123, §745.4125, §745.4127, Adoption Contract Term VIII.9-21, Adoption Contract Term VIII.24-25, Adoption Contract Term VIII.28-29



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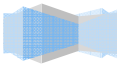
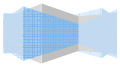
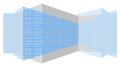
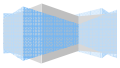
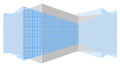




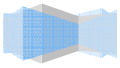






REVISION HISTORY

Revision	Effective by Board Authority	Revision Description
Initial Draft	04/20/07	Preliminary Draft
Implementation Revision	05/26/07	Updates subsequent to licensing submission.
CPA Contract Renewal 2008	08/05/08	Updates to Contract terms for new contract, revision to Weekender timeframes, Medical and Dental managed care program and timeframes, grammatical and typing errors corrected. Foster Care Reimbursement rates. Therapeutic Subcontractor Process update.
Licensing Standards Revisions	02/25/08	Update to Discipline Policy for infants, Additional statement for Emergency Behavior Intervention, Update Grievance and Appeal Process
Licensing Standards Revisions and Annual Policy/Contract Review	01/22/09	Update to policy and standards references, Firearms Policy, verbiage additions and clarifications
CPA Contract Renewal 2009	08/29/09	Updates to Contract terms for notifications of discharge, referral information, Food Stamps Act of 1977, service management, school enrollment and discharge paperwork, confidentiality plan, transitional living program, Voluntary Extended Foster Care Agreement, Voluntary Return to Foster Care Agreement
CPA Contract Renewal 2010	01/01/10	Various revisions and corrections in order to align with current requirements and future contract obligations, as well as changes to technical structures and enhancements.
YFT Yearly Read/Contract Review	03/23/10	Review of policies and procedures, various revisions and corrections in order to align with current contract requirements, as well as changes to technical structures and enhancements. Update to standards and contract references, verbiage additions and clarifications.



APPENDICES