ACTION ITEM 4

COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

Office of the Commissioner

S. Duke Storen
Commissioner

July 27, 2026

MEMORANDUM

TO: Members, State Board of Social Services

FROM: Duke Storen

REGULATION: 22VAC40-141, Minimum Standards for Independent Foster Homes
Amend Standards for Independent Foster Homes Regulatory Reduction

ACTION: Fast Track Regulation

This action proposes amendments that will reduce regulatory burden on licensed independent foster homes. I request that you approve the fast track regulation for publication in the *Virginia Register*, subject to approval by the Governor.

If you have questions concerning this requested regulatory action, please contact our Regulatory Coordinator, Karin Clark, at (804) 726-7017 or karin.clark@dss.virginia.gov.

DS:kc
Attachments

townhall.virginia.gov

Fast-Track Regulation
Agency Background Document

Agency name	State Board of Social Services
Virginia Administrative Code (VAC) Chapter citation(s)	22VAC40-141
VAC Chapter title(s)	*Licensing Standards for Independent Foster Homes*
Action title	Chapter 141 Amend standards for Independent Foster Home regulatory reduction
Date this document prepared	August 20, 2025

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code.*

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

Licensing Standards for Independent Foster Homes, 22VAC40-141, provides requirements for the public and the Department of Social Services to evaluate the safety and stability of care provided to children and youth placed in an Independent Foster Home.

This action proposes technical edits and amendments that reduce regulatory burden on independent foster home providers by clarifying and removing repetitive, obsolete, and overly prescriptive requirements in accordance with Executive Directive One (2022) and Executive Order 19 (2022). The amendments also provide consistency with the *Standards for Licensed Child-Placing Agencies*, 22VAC40-131 and *General Procedures and Information for Licensure*, 22VAC40-80.

Acronyms and Definitions

Define all acronyms used in this form, and any technical terms that are not also defined in the "Definitions" section of the regulation.

DSS — Department of Social Services
LDSS — Local Department of Social Services
LCPA — Licensed Child-Placing Agencies
IFH — Independent Foster Home
CPR — Cardiopulmonary Resuscitation

Statement of Final Agency Action

Provide a statement of the final action taken by the agency including: 1) the date the action was taken; 2) that the agency has "adopted final amendments" to the regulation; 3) the name of the agency taking the action; and 4) the title of the regulation. A suggested statement is, "On [insert date] the Board/Department of [insert name] adopted final amendments to the [title of regulation(s)]."

On TBD State Board of Social Services adopted final amendments to the *Licensing Standards for Independent Foster Homes*.

Mandate and Impetus

Identify the mandate for this regulatory change and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, petition for rulemaking, periodic review, or board decision). For purposes of executive branch review, "mandate" has the same meaning as defined in the ORM procedures, "a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part."

Consistent with Virginia Code § 2.2-4012.1, also explain why this rulemaking is expected to be noncontroversial and therefore appropriate for the fast-track rulemaking process.

There is no mandate for this regulatory change. This regulatory action is prompted by Executive Directive One (2022) and Executive Order 19 (2022) requiring the reduction of regulatory requirements "not mandated by federal or state statute, in consultation with the Office of the Attorney General, and in a manner consistent with the laws of the Commonwealth."

This regulatory action is expected to be noncontroversial, provide clarification, and reduce regulatory burden

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

The State Board of Social Services has the legal authority to adopt regulations and requirements for IFH in accordance with §§ 63.2-217 and 63.2-1734. The Code of Virginia mandates that promulgation of regulations for the activities, services, and facilities to be employed by persons and agencies required to be licensed which shall be designed to ensure that activities, services, and facilities are conducive for the welfare of children and youth placed with IFH.

Purpose

Explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety or welfare of citizens, and (3) the goals of the regulatory change and the problems it is intended to solve.

This regulatory action amends the regulation in accordance with Executive Directive One (2022) and Executive Order 19 (2022) and is essential to protect the health, safety, and welfare of children and families who receive services from IFH. The amendments will clarify existing requirements and reduce regulatory burden.

Substance

Briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of Changes" section below.

This regulatory action will incorporate technical edits, revisions for clarification and reduce regulatory burden. The amendments will repeal sections that are duplicative and overly prescriptive.

Issues

Identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.

The primary advantage with this regulatory change is that it provides clarification for ease of understanding. There are no current IFH providers, and the last provider voluntarily closed in 2021. There are no disadvantages for future IFH as there are no new regulatory requirements added in this regulatory action.

There are no disadvantages to the agency or the Commonwealth. The advantage to the agency is that this regulatory action provides clarification and reduces regulatory burden on IFH, which may result in an increased understanding of regulations and laws.

Requirements More Restrictive than Federal

Identify and describe any requirement of the regulatory change which is more restrictive than applicable federal requirements. Include a specific citation for each applicable federal requirement, and a rationale

for the need for the more restrictive requirements. If there are no applicable federal requirements, or no requirements that exceed applicable federal requirements, include a specific statement to that effect.

There are no regulatory changes that are more restrictive than applicable federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

Consistent with § 2.2-4007.04 of the Code of Virginia, identify any other state agencies, localities, or other entities particularly affected by the regulatory change. Other entities could include local partners such as tribal governments, school boards, community services boards, and similar regional organizations. "Particularly affected" are those that are likely to bear any identified disproportionate material impact which would not be experienced by other agencies, localities, or entities. "Locality" can refer to either local governments or the locations in the Commonwealth where the activities relevant to the regulation or regulatory change are most likely to occur. If no agency, locality, or entity is particularly affected, include a specific statement to that effect.

Other State Agencies Particularly Affected

There are no other state agencies particularly affected.

Localities Particularly Affected

There are no other localities particularly affected.

Other Entities Particularly Affected

There are no other entities particularly affected.

Economic Impact

Consistent with § 2.2-4007.04 of the Code of Virginia, identify all specific economic impacts (costs and/or benefits), anticipated to result from the regulatory change. When describing a particular economic impact, specify which new requirement or change in requirement creates the anticipated economic impact. Keep in mind that this is the proposed change versus the status quo.

Impact on State Agencies

For your agency: projected costs, savings, fees or revenues resulting from the regulatory change, including: a) fund source / fund detail; b) delineation of one-time versus on-going expenditures; and c) whether any costs or revenue loss can be absorbed within existing resources	There are no projected costs, savings, fees or revenues resulting from this regulatory action.
For other state agencies: projected costs, savings, fees or revenues resulting from the regulatory change, including a delineation of one-time versus on-going expenditures.	There are no projected costs, savings, fees or revenues resulting from this regulatory action.
For all agencies: Benefits the regulatory change is designed to produce.	There are no economic benefits with this regulatory change.

Impact on Localities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a or 2) on which it was reported. Information provided on that form need not be repeated here.

Projected costs, savings, fees or revenues resulting from the regulatory change.	Analysis provided on the ORM Economic Impact form on tables 1a and 2.
Benefits the regulatory change is designed to produce.	Analysis provided on the ORM Economic Impact form on tables 1a and 2.

Impact on Other Entities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a, 3, or 4) on which it was reported. Information provided on that form need not be repeated here.

Description of the individuals, businesses, or other entities likely to be affected by the regulatory change. If no other entities will be affected, include a specific statement to that effect.	Analysis provided on the ORM Economic Impact form on tables 1a and 2.
Agency's best estimate of the number of such entities that will be affected. Include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that: a) is independently owned and operated and; b) employs fewer than 500 full-time employees or has gross annual sales of less than $6 million.	Analysis provided on the ORM Economic Impact form on tables 1a and 2.
All projected costs for affected individuals, businesses, or other entities resulting from the regulatory change. Be specific and include all costs including, but not limited to: a) projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the regulatory change; c) fees; d) purchases of equipment or services; and e) time required to comply with the requirements.	Analysis provided on the ORM Economic Impact form on tables 1a and 2.
Benefits the regulatory change is designed to produce.	Analysis provided on the ORM Economic Impact form on tables 1a and 2.

Alternatives to Regulation

Describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.

Analysis provided on the ORM Economic Impact form on tables 1b and 4.

If this analysis has been reported on the ORM Economic Impact form, indicate the tables on which it was reported. Information provided on that form need not be repeated here.

Regulatory Flexibility Analysis

Consistent with § 2.2-4007.1 B of the Code of Virginia, describe the agency's analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) establishing less stringent compliance or reporting requirements; 2) establishing less stringent schedules or deadlines for compliance or reporting requirements; 3) consolidation or simplification of compliance or reporting requirements; 4) establishing performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the regulatory change.

Analysis provided on the ORM Economic Impact form on table 1c.

If this analysis has been reported on the ORM Economic Impact form, indicate the tables on which it was reported. Information provided on that form need not be repeated here.

Public Participation

Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below.

Consistent with § 2.2-4011 of the Code of Virginia, if an objection to the use of the fast-track process is received within the 30-day public comment period from 10 or more persons, any member of the applicable standing committee of either house of the General Assembly or of the Joint Commission on Administrative Rules, the agency shall: 1) file notice of the objections with the Registrar of Regulations for publication in the Virginia Register and 2) proceed with the normal promulgation process with the initial publication of the fast-track regulation serving as the Notice of Intended Regulatory Action.

If you are objecting to the use of the fast-track process as the means of promulgating this regulation, please clearly indicate your objection in your comment. Please also indicate the nature of, and reason for, your objection to using this process.

The Department of Social Services is providing an opportunity for comments on this regulatory proposal, including but not limited to (i) the costs and benefits of the regulatory proposal and any alternative approaches, (ii) the potential impacts of the regulation, and (iii) the agency's regulatory flexibility analysis stated in this background document.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at: https://townhall.virginia.gov. Comments may also be submitted by mail, email or fax to Dani Halbleib, 5600 Cox Road, Glen Allen, Virginia, 23060, (fax) 804.726.7132, and email: daniella.halbleib@dss.virginia.gov. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

No public hearing will be held.

Detail of Changes

List all regulatory changes and the consequences of the changes. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Use all tables that apply, but delete inapplicable tables.

If an existing VAC Chapter(s) is being amended or repealed, use Table 1 to describe the changes between existing VAC Chapter(s) and the proposed regulation. If existing VAC Chapter(s) or sections are being repealed and replaced, ensure Table 1 clearly shows both the current number and the new number for each repealed section and the replacement section.

Table 1: Changes to Existing VAC Chapter(s)

Current chapter-section number	New chapter-section number, if applicable	Current requirements in VAC	Change, intent, rationale, and likely impact of new requirements
Throughout Chapter		The terms “he” “his” and “him” are used. Exceptions, notes, words conjoined by a backslash, and words encased by parentheses are used. The phrase “including, but not limited to” is used. Negative sentence construction is used.	Replaced the term with the individual the regulation requirement applies to for clarification. Exceptions and notes are either removed or incorporated where applicable. Words conjoined by a backslash are separated or edited. Words encased by parentheses are reworded or parentheses removed. Replaced the phrase with “including” per the Form, Style and Procedure Manual for Publication of Virginia Regulations. Replaced with positive sentence construction per the Form, Style and Procedure Manual for Publication of Virginia Regulations. Removed unnecessary explanation of parents or legal guardians as parent is

		The phrase “parents or legal guardians” or “parents or guardians” is used. Indefinite pronouns such as “any” or “each” are used.	defined in 22VAC40-141-10 and includes legal guardians. Removed indefinite pronouns for clarification per the Form, Style and Procedure Manual for Publication of Virginia Regulations.
10		This section addresses definitions.	Updated the definition of “child with special needs” to remove outdated terms for a more inclusive definition. Made technical edits to the definition of “department” and “independent foster home” to align with § 63.2-100 of the Code of Virginia. Removed definition of “good character and reputation” as the term no longer appears in this chapter. Removed definition of “infants” as the term is not used in this chapter. Updated the definition of “major injuries, illnesses and accidents” to a definition for “serious incident reports” to simplify the regulation and provide clarity. This definition clarifies what types of situations need to be reported. Removed the sentence regarding parents’ ability to withdraw their child from placement in the definition of “placing agreement” as this is addressed in section 87 F.

			Removed the sentences from the definition of “temporary entrustment agreement” regarding parents’ ability to withdraw an entrustment agreement at any time as this is addressed in 22VAC40-141-20 and the timeframe which requires approval from the local court is addressed in 22VAC40-141-85 I.
20		This section addresses the legal authority for IFH providers.	Removed the unnecessary language in subsection D which relates to sections of the Code of Virginia that are not subject to licensure under the IFH regulations. Removed the language in subsection E referring to §§ 63.2-1734 and 63.2-1712 of the Code of Virginia which outlines the responsibility of the State Board of Social Services to promulgate regulations which is addressed in § 63.2-1734 and the consequence of operating without obtaining a license, as this is addressed in 22VAC40-80-60 B 3.
30		This section addresses general requirements for IFH providers.	Updated language related to the IFH provider’s educational background to replace an outdated term. Moved a requirement to this section which requires providers to follow all background check requirements in 22VAC40-191 to simplify the regulation. Moved a requirement to this section for no provider to permit a known sex offender to reside in the home or have contact with children in care. This requirement is

			currently in section 40, which will be repealed in this action.
40		This section addresses background check requirements for IFH providers.	Repealed this section as it is duplicative of 22VAC40-191. Two requirements were moved to section 30 to ensure IFH providers continue to follow these requirements.
60		This section addresses the knowledge, skills and abilities for the IFH provider.	Removed unnecessary and outdated language that the provider and assistant be able to speak, read and write in English and amended the requirement regarding the ways providers relate to children and implement behavior management strategies to require trauma-informed care practices. Trauma-informed care practices are defined. Removed the requirement for the provider and assistant to be knowledgeable and physically/mentally capable of providing necessary care to children as it is duplicative of information provided in the required home study form, annual requirement for trainings and qualifications of the provider. Removed the requirement regarding ways a provider relates to children as this is incorporated in subsection A. Removed unnecessary and repetitive language in subsection E and F for clarification. Removed the requirement regarding the handling of emergencies as it is encompassed in the revised requirement to

			implement trauma-informed care interventions that facilitate healing. Removed the repetitive requirement that the licensee shall be of good character and reputation as this is addressed in § 63.2-1702 and 22VAC40-80-20 C. Removed the unnecessary requirement for the provider to demonstrate marital stability as this is addressed through the home study form prior to licensure as an assessment tool for DSS.
70		This section addresses the training requirement for the IFH provider.	Removed DSS as a provider of initial foster parent training, as this is not a training provided by the department. Removed time requirement for initial training to reduce regulatory burden. Clarification to requirement was made to have the provider and other adults who may be alone with children to maintain certification in CPR and first aid and removed identified sources for CPR and first aid training to allow for training options to be broadened. Incorporated C into B to simplify the requirement that providers shall obtain and maintain certification in first aid and CPR as it is now addressed in B. Reduced the amount of annual training required for the provider from 20 hours to 12 hours to reduce burden.
80		This section describes the medical requirements for the	Clarified tuberculosis requirements by requiring the appropriate tuberculosis

		provider, assistant and household members.	screening form from the Virginia Department of Health or a similar form to reduce regulatory burden. Subsections A 1, A2, and sections B and C were removed as the changes to A make these requirements unnecessary and duplicative. The Virginia Department of Health form has the elements previously outlined in each regulation. Subsection E was incorporated into subsection D for clarification that a licensed physician will certify when the risk to children has been eliminated or substantially reduced. Increased the subsequent screening requirement for tuberculosis from two years to every three years to reduce regulatory burden. Removed the requirement that if an individual comes in contact with a known case of tuberculosis or develops chronic respiratory symptoms, a tuberculosis screening is needed to reduce regulatory burden.
85		This section outlines requirements for children who are placed through temporary entrustment agreements in IFH.	Removed subdivision B 3 as it is duplicative of subdivision B 1. Technical edits were made to add “district” to the phrase juvenile and domestic relations court for clarification. Removed subsection D & E as duplicative. The timeline for the provider to petition Juvenile & Domestic Relations court for

			approval of an entrustment agreement is outlined in § 16.1-277.01 and described in section 20 B. Clarified in subsection K that an IFH provider shall file a foster care plan to be in compliance with § 16.1-277.01.
87		This section outlines requirements for children who are placed through placing agreements in IFH.	Technical edits were made to add "district" to the phrase juvenile and domestic relations court for clarification. Removed subsection A as it is duplicative of 22VAC40-141-210 C 1 which requires the provider to maintain a copy of the entrustment or placing agreement. Removed subdivision B 3 as it is duplicative of subdivision B 1. Removed specific health insurance plan name for clarification in subdivision C 4. Removed subdivision C 3 a requiring proof of identity of the child as it is unnecessary and to reduce burden.
90		This section outlines the requirements for supervision of children in care in IFH.	Incorporated appropriate contact information for a substitute adult in the case of an emergency from subsection C into subsection B. Removed the repetitive requirement in subsection D that requires supervision at all times to promptly redirect activities, as this is addressed in subsection A. Clarified the requirement that outlines what factors the provider considers when

			supervising children to reduce unnecessary burden in subsection E. Removed repetitive supervision requirement in subsection F as it is addressed in subsection A. Removed unnecessary requirement that the provider shall not bathe with a child unless recommended by a physician as it is captured in subsection A. Removed the unnecessary requirement that a provider shall ensure the safety of children while diapering as it is captured in subsection A.
100		This section outlines the requirements for capacity of an IFH.	Removed the repetitive requirement that the provider shall not exceed the maximum capacity stipulated on the license as this is captured in § 63.2.1701 F, 22VAC40-80-60 B 4 and 22VAC40-80-120 A 4. Removed the unnecessary requirement which outlines caretaker to child ratio for preschool age children and children with special needs to reduce regulatory burden and considerations for capacity are outlined in this section. Removed the unnecessary requirement which distinguished adult caretaker from a household member as the requirement for adult caretaker to child ratio is removed.
110		This section outlines the essentials for each child in an IFH.	Moved the requirement outlining special diets to section 130, medical care of children for clarity. Nutritional needs related

			to religion from subsection B was incorporated into subsection A. Removed the repetitive requirements in subsection D as they are addressed in subsection C. Removed unnecessary requirement related to opportunities for teaching and guiding behaviors in the daily routine as encouraging positive interactions with children is addressed in 22VAC40-141-150. Removed duplicative requirement related to the provider's actions being non-extreme, unusual or abusive as this is addressed in 22VAC40-141-150.
120		This section outlines transportation requirements for IFH.	Revised to clarify in subsection D and E that all no drivers for children placed in the home shall have specific driving violations as evidenced by a copy of each driver's DMV record at application and renewal. Removed the burdensome requirement that all driving violations shall be reported to licensing representative within 24 hours as this is addressed in subsection D. Removed the burdensome requirement of subsection G and the exception that the provider is responsible for ensuring the child is transported by persons without specific driving violations, as this would require the provider to know other driver's records and is addressed in 22VAC40-141-90 A.

130		This section outlines the requirements for medical care of children in IFH.	Revised the requirements to reflect that providers shall have readily available basic first aid supplies for use. Removed the list of first aid supplies in subsection C as it is unnecessary to describe the specific supplies as the provider is required to be certified in First Aid and to reduce regulatory burden. Moved a requirement to subsection D which requires dietary restriction or nutritional needs to be ordered by a doctor or medical professional for clarity. Incorporated the exception outlining the provider's responsibility if a child's parent objects to the child receiving immunizations or a physical in subsection D. Removed the requirement for providers to store out-of-date or unused medications, to return to the parent or properly discard as this is addressed in subsection F, subdivision 2. Removed repetitive requirement that the provider ensure a child's medications or medical supplies are not accessible to children under the age of 13 as this is addressed in subsection F subdivision 1 and subdivision 2. Clarified that serious incidents as defined in 22VAC40-141-10 are reported to the licensing representative and child's parent within 24 hours.

			Removed the burdensome requirement that the provider document attempted contacts to the parent as it is unnecessary. Removed repetitive requirement that the provider shall receive written authorization for routine and emergency medical and dental care for each child as this is addressed in 22VAC40-141-210 C 1 c 3.
140		This section outlines the requirements for disease prevention in IFH.	Repealed this section for regulation reduction and burdensome requirements as the provider is responsible for the safety, as addressed in 22VAC40-141-90 A, and health, as addressed in 22VAC40-141-130 E, of the children as well as a safe and clean home environment, as addressed in 22VAC40-141-200 C.
150		This section outlines the discipline of children in an IFH.	Incorporated subdivision A 1 and 2 into subsection A for clarification that discipline used by the provider shall be constructive in nature, emphasize positive approaches to child and establish rules and expectations that teach desired behaviors and discourages undesired behaviors. Clarified that physical punishment should not be administered to the child's body in subsection B. Technical edits to remove quotations and the word etc. from subsection C were made for clarification. Removed the repetitive requirements of D 1, 3 and 4 as they are addressed in D 2,

			ensuring the provider does not make belittling remarks about the child or their circumstances. Incorporated subsection F into subsection E and removed requirements repetitive of the definition of time-out in 22VAC40-141-10. Removed the repetitive requirement in subsection G that children under age 13 shall be within hearing or vision of the provider at all times when separated from others for disciplinary reasons as this is addressed in subsection E. Removed the repetitive requirement in subsection H that children under the age of 13 or children with special needs shall not be placed in time-out for periods of time exceeding 1 minute for each year of age as this is addressed in subsection E.
160		This section provides the requirements for activities for children in an IFH.	Removed the repetitive requirement permitting children to have individual free time as appropriate to the child's age and ability as this is addressed in subsection A.
170		This section outlines the requirements for abuse and neglect reporting for IFH providers.	Incorporated subsection B outlining compliance with § 63.2-1509 into subsection A for clarification and to reduce repetition.
180		This section outlines the requirements for services to children provided in IFH homes.	Technical edits were made to add "district" to the phrase juvenile and domestic relations court for clarification.

			Clarified language related to interventions intended to reduce or ameliorate any disabilities. Clarified that school-age children should be enrolled immediately but no more than 3 days after placement to align with VAC40-131-300 A for consistency and ease of understanding. This ensures that children's educational needs are promptly met. Incorporated subdivision C 3 into subsection C to clarify that the provider shall promote the child's education by working with the child's school to promote academic achievement and resolve any problems brought to the provider's attention. Removed subdivision C 1 and C 2 as they are repetitive of the incorporated requirement in C. Clarified the Code section that applies to IFH for an entrustment agreement as § 16.1-227.01 and clarified language for readability. Added a code reference to § 16.1-281 in addition to subdivision 1-9 of subsection E for requirements for the foster care service plan for clarity. Removed the unnecessary requirement that a copy of the independent foster home license be included in the foster care service plan as it is not required by §16.1-281 which outlines the requirements of a foster care plan.

			Removed duplicative language in subsection H regarding written individualized service plan. Removed the requirement to place a copy of the child's foster care plan in the file to reduce regulatory burden as this is addressed in 22VAC40-141-210 C 1.
190		This section outlines the requirements for the physical accommodations in the IFH.	Removed the specific reference to consumer product safety commission standards 16 CFR Parts 1508 and 1509 as they are outdated to ensure adherence to current safety standards. Removed infants as a modifier for clarity. Combined the cooling and heating requirements into subsection B for clarity. Removed unnecessary requirement that all doors and windows used for ventilation shall be screened to reduce regulatory burden. Updated the language in subdivision H 1 for clarity and aligned the age to 22VAC40-131-190 J for consistency. Clarified that the IFH shall have a working telephone for use in case of emergency. Removed requirements regarding providing phone numbers to the licensing representative, parents and children when they are away from the home to reduce regulatory burden.

			Removed requirement for the provider to have a provision for isolation of sick children to reduce regulatory burden. Removed the licensee's requirement to provide the licensing representative with the local health department inspection report as this is required in § 63.2-1706 D.
200		This section outlines the requirements for home safety in the IFH.	Technical edits were made for clarification throughout the section. Combined requirement requiring a plan for seeking assistance from police, firefighters, poison control and medical professionals to be addressed in the new subsection A. Removed repetitive requirement that the home and grounds shall be free of litter, debris, peeling or chipped pain, hazardous materials and infestations of rodents and inspects as this is addressed in subdivision C 1 and 3. Removed the requirement to rehearse the emergency evacuation plan monthly when a child is in care to reduce regulatory burden. Clarified the requirement that the provider shall review the emergency evacuation plan with each child within 48 hours of a child's placement in the home. Removed the burdensome requirement to have protective barriers installed securely at each opening to stairways as this is addressed in 22VAC40-141-90 A.

			Removed the unnecessary requirement to have swimming and wading pools set up according to the manufacturers instructions as this is addressed in 22VAC40-141-90 A. Removed the unnecessary requirement outlining safety protocols for wading pools as this is addressed in 22VAC40-141-90 A. Removed the unnecessary requirement to have radiators, oil and wood burning stoves, floor furnaces, portable electric space heaters, fire places and similar heating devices used in areas accessible to children under age 13 have protective barriers or screens, as this is addressed in 22VAC40-141-90 A. Removed the unnecessary requirement to have all interior and exterior stairways with over three risers to have hand rails at a height accessible to the children in the home as this is addressed in 22VAC40-141-90 A. Removed the unnecessary requirement to have child-resistant covers over all electrical outlets that are not a swallowing or choking hazard in IFH homes with pre-school age children or children with developmental delays as this is addressed in 22VAC40-141-90 A. Requirements in subsections R, S, T and U, related to safe sleep practices, were incorporated into one regulation requiring

			the provider to follow safe sleep practices as outlined by the American Academy of Pediatrics. Reduced the age of a child who can use a bunk bed or double decker bed with safety rails from age 10 to age 7 to reduce regulatory burden. Revised the requirement for clarity that the provider shall maintain documentation that household pets receive tests, inoculations and licenses as required by law. Removed the unnecessary requirement that providers shall instruct children on safe and hygienic procedures to follow when handling, feeding or in close proximity to animals as this is addressed in 22VAC40-141-90 A.
210		This section outlines the record keeping requirements of the IFH provider.	Removed the word written in subsection A as it duplicative. Technical edits were made to add “district” to the phrase juvenile and domestic relations court for clarification. Clarified that the child’s record should include the temporary entrustment agreement to align with 22VAC40-141-10, which defines this term. Removed repetitive requirements outlining what information shall be included such as name, date of birth, sex, date of placement, fees and financial support, social security number, rights and obligations or the child, parents or guardians and the IFH, and

			signature of the parents or guardians and IFH provider in the placing or temporary entrustment agreements as this is outlined in 22VAC40-141-85 for entrustment agreements and 22VAC40-141-87 for placing agreements. Removed repetitive requirement for maintaining record of contact information for emergencies as this is addressed in 22VAC40-141-90 B. Removed the term “prescription and nonprescription” regarding medication as it is unnecessary and for clarification. Removed examples of serious incidents as that is addressed in the definition in 22 VAC40-141-10. Removed the repetitive requirement related to court documentation and incorporated the requirement for IFH providers to maintain a copy of all related documents filed and received from the courts for clarity. Removed the repetitive requirement that the placing agreement or entrustment agreement have the signatures of the parent or guardian and IFH provider as this is addressed in 22VAC40-141-85 A for entrustment agreements and 22VAC40-141-87 C 7 for placing agreements. Clarified the report referenced in subsection G is the discharge summary required in subsection F.

Forms		This section addresses the forms for IFH providers.	Question 8 was removed as the IFH provider's character and reputation will be measured through the completion of background checks and 3 letters of reference which are required in the initial application. Question 10 was removed as there are no regulations requiring extended family member relationships to be assessed. Question 9 referencing the length and stability of a marriage was edited to remove stability. Marriage stability can be assessed through the licensure application references which are already required.

COMMONWEALTH *of* VIRGINIA

Office of the Attorney General

Jay Jones
Attorney General

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800-828-1120

TO: **DUKE STOREN, Commissioner,** Virginia Department of Social Services

FROM: **ELLEN R. FULMER,** Senior Assistant Attorney General

DATE: **June 29, 2026**

SUBJECT: **Fast track Regulation Section – 22VAC40-141 (Amend Standards for Independent Foster Home Regulatory Reduction)**

I am in receipt of the attached regulation. You have asked the Office of the Attorney General to review and determine if the State Board of the Virginia Department of Social Services has the statutory authority to promulgate the proposed regulation and if the proposed amendments to the regulation comport with the applicable state and federal laws.

This regulatory action proposed technical edits and amendments that reduce regulatory burdens on independent foster home providers by clarifying and removing repetitive, obsolete and overly burdensome prescriptive requirements in accordance with Executive Directive One (2022) and Executive Order 19 (2022). The amendments also provide consistency with the *Standards for Licensed Child-Placing Agencies*, 22VAC40-131 and *General Procedures and Information for Licensure*, 22VAC40-80.

It is my opinion that the State Board of DSS has the authority to promulgate the amendments in this regulation, subject to compliance with the provisions of Article 2 of the Administrative Process Act ("APA"), and that in so doing the State Board does not exceed that authority.

Further, it is my view that this regulation is appropriate for the Fast-track rule making process under Article 2 of the APA pursuant to Virginia Code 2.2-4012.1 because

it is noncontroversial. If you have any questions or need additional information about these regulations, please contact me at 786-4856.

cc: Kim F. Piner, Esquire

Attachment

Project 8277 - Fast-Track

Department of Social Services

Chapter 141 Amend Standards for Independent Foster Home Regulatory Reduction

22VAC40-141-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Assistant" means an individual 18 years of age or older who is selected by ~~the~~ an independent foster ~~parent~~ home provider to assist the provider in the care and supervision of the children in the home.

"Child" means ~~any~~ an individual less than 18 years of age.

"Child with special needs" means a child with a diagnosed physical, mental, ~~or~~ emotional ~~disabilities such as, but not limited to, cerebral palsy, sensory impairment, learning disabilities, behavior disorders, chronic illnesses, a deficit in social functioning, mental retardation, or emotional disturbance~~, or developmental disability and who may require special monitoring or specialized programs, interventions or facilities.

"Commissioner" means the Commissioner of the ~~Department of Social Services~~ department, ~~his~~ the Commissioner's designee, or an authorized representative.

"Department" means the ~~Virginia~~ State Department of Social Services.

~~"Good character and reputation" means findings have been established and knowledgeable and objective people agree that the individual (i) maintains business, professional, family, and community relationships which are characterized by honesty, fairness, truthfulness and dependability and (ii) has a history or pattern of behavior that demonstrates that the individual is suitable and able to care for, guide, supervise, and protect children. Relatives by blood or~~

~~marriage, and persons who are not knowledgeable of the individual, such as recent acquaintances, shall not be considered objective character and reputation references.~~

"Independent foster home" means a private family home in which any child, other than a child by birth or adoption of such person, resides as a member of the household and has been placed therein independently of a child-placing agency except (i) a home in which are received only children related by birth or adoption of the person who maintains such home and children of personal friends of such person; (ii) a home in which ~~are~~ is received a child or children committed under the provisions of subdivision A 4 of § 16.1-278.2, subdivision 6 of § 16.1-278.4, or subdivision A 13 of § 16.1-278.8 of the Code of Virginia; and (iii) a home in which are received only children who are the subject of a properly executed power of attorney pursuant to Chapter 10 (§ 20-166 et seq.) of Title 20 of the Code of Virginia.

~~"Infant" means any child from birth up to 16 months of age.~~

~~"Major injuries, illnesses and accidents" means injuries, illnesses or accidents that require emergency medical care or treatment.~~

"Parent" means the legal parents or legal guardians of the child.

"Placing agreement" means the written agreement signed by the child's parents ~~or guardians~~ and the independent foster home parents in which the parents ~~or guardians~~ authorize the child's placement in the independent foster home for a period of 180 days or fewer. The placing agreement specifies the rights and responsibilities of each party but does not transfer legal custody to the independent foster home parent. The agreement addresses acquisition of, and consent for, ~~any~~ medical treatment needed by the child; financial responsibility for the placement; visitation with the child's family; and if appropriate to the child's age, unauthorized absences from the home. ~~The parents or guardians may withdraw the placing agreement at any time during the placement period.~~

"Provider" means independent foster parents who give 24-hour substitute family care, room and board, and services for up to eight children who reside in the provider's home as members of the household. A provider may be ~~a husband and wife~~ spouses.

"Serious incident" means an accident or injury requiring medical attention other than minor first aid or illness that requires hospitalization; or an event that affects, or potentially may affect, the health, safety, or welfare of the child such as criminal activity; police intervention; child or youth absence that cannot be accounted for by the provider.

"Temporary entrustment agreement" means the agreement signed by the child's parents ~~or guardians~~ and the licensed independent foster parent in which the parents ~~or guardians~~ temporarily confer physical and legal custody of their child to the licensed provider for less than 180 days. The temporary entrustment agreement specifies the rights and obligations of the child, the parents ~~or guardians~~ and the provider, includes the responsibilities of the parents for financial support, and grants authority for medical care of the child. ~~Temporary entrustment agreements may be withdrawn by the parents or guardians at any time during the 180-day period. Placements for longer than 90 days must be approved by the local juvenile and domestic relations court.~~

"Time-out" means a discipline technique in which a child is moved for a brief time away from the stimulation and reinforcement of ongoing activities and other children to allow the child to regain composure when losing self-control.

22VAC40-141-20. Legal authority.

A. The licensed independent foster parent is permitted by law to accept children for care who are entrusted to the provider by the parents ~~or legal guardians~~ or whose parents have signed a placing agreement authorizing the child's temporary placement in the independent foster home. A temporary entrustment agreement transfers custody of the child from the parents ~~or legal guardians~~ to the independent foster parents. A placing agreement authorizes the child's

placement in the independent foster home while allowing the parents ~~or guardians~~ to maintain legal custody.

B. The local juvenile and domestic relations court must approve the temporary entrustment agreement if the child is to remain in the placement for more than 90 days.

C. Individuals are exempt from licensure if they only provide care ~~to~~ for children who are born to or adopted by the individual or children of relatives or personal friends.

~~D. Subdivision A 4 of § 16.1-278.2 of the Code of Virginia referenced in the definition of an independent foster home refers to the placement decisions for children by local boards of social services or a public agency designated by the community policy and management team. Subdivision 6 of § 16.1-278.4 of the Code of Virginia refers to the court transfer of legal custody from the parent to another individual or agency. Subdivision 13 of § 16.1-278.8 of the Code of Virginia refers to the court's disposition of delinquent juveniles. Individuals receiving children under these provisions are not subject to licensure under this regulation.~~

~~E. Section 63.2-1734 of the Code of Virginia establishes the authority of the State Board of Social Services to promulgate regulations for the activities, services and facilities to be employed by persons and agencies required to be licensed by § 63.2-1701 of the Code of Virginia. Regulations shall be designed to ensure that such activities, services and facilities are conducive to the welfare of the children under the custody or control of such persons or agencies. Section 63.2-1712 of the Code of Virginia states that it shall be a misdemeanor to operate or engage in the activities of a child welfare agency without first obtaining a license.~~

22VAC40-141-30. General requirements.

A. ~~Children~~ No child shall remain in care or be placed in an independent foster ~~homes~~ home by their parents ~~or legal guardian shall not remain in care~~ for longer than 180 days.

~~Exception:~~ A child's placement in the independent foster home may exceed 180 days for reasons of parental ~~illness/recuperation~~ illness or military deployment if that was the reason for the placement and the provider refers the child to the local department of social services and makes a request for an assessment of the care and custody of the child to determine if additional services or evaluations are necessary.

B. For a child placed in the independent foster home by a temporary entrustment agreement, if it appears that the child cannot be returned to the child's parent ~~or guardian~~ within 90 days of the date of placement, the provider shall petition the local juvenile and domestic relations court within 30 days of placement to request an assessment of the care and custody of the child.

C. Providers shall be at least 21 years of age.

D. Providers shall have either a bachelor's degree in a field related to ~~family~~ human services, child care and development, social work or education or a high school diploma or a G.E.D. and at least one year of experience providing care to children in the age range to be placed in the home.

E. Providers who accept children with special needs shall have experience or training directly relevant to the developmental levels and special needs of the children in care.

F. The provider shall be responsible for the home's day-to-day operation and for meeting licensing requirements.

G. The applicant for licensure and provider shall ensure compliance with Background Checks for Child Welfare Agencies as outlined in 22VAC40-191. Felony convictions of § 18.2-346 prior to 2021 are barrier crimes.

H. No provider shall permit a sex offender to reside in the independent foster home or to have contact with the children in care.

22VAC40-141-40. ~~Background checks.~~ (Repealed.)

~~A. The applicant for licensure, the provider, assistant and adult household members, and any other adult who is involved in the day-to-day operations of the independent foster home or will be alone with, in control of, or supervising one or more children placed in the home shall receive and provide to the licensing representative:~~

~~1. The results of a criminal history record check conducted by the Virginia State Police through the Central Criminal Records Exchange and shall not have an offense as described in § 63.2-1719 of the Code of Virginia;~~

~~2. The results of a search of Virginia's Child Protective Services central registry and shall not have a founded child abuse or neglect record; and~~

~~3. A sworn disclosure statement or affirmation disclosing whether the person has a criminal conviction or is the subject of any pending criminal charges within or outside the Commonwealth and whether the person has been the subject of any founded complaint of child abuse or neglect within or outside the Commonwealth.~~

~~B. The provider shall not permit a known sex offender to reside in the home or to have contact with the children in care.~~

22VAC40-141-60. Assessment of knowledge, skills and abilities.

A. The provider and ~~any~~ assistants ~~left alone with children~~ shall ~~be able to speak, read, and write in English sufficient to understand and carry out the responsibilities and requirements of this chapter to ensure the care, safety, and protection of children~~ implement trauma-informed care practices to form an understanding and display respect for children in care and their families.

~~B. The provider and assistant shall be knowledgeable about and physically and mentally capable of providing the necessary care for children.~~

~~C. The provider and assistant shall be able to sustain positive and constructive relationships with children in care; shall relate to children with respect, courtesy, patience and affection; and shall demonstrate an understanding and respect for the families of children in care.~~

~~D. The provider and assistant shall be capable of handling emergencies with dependability and good judgment.~~

~~E.~~ B. The provider shall have the financial income to meet the basic needs of the provider's ~~own~~ family as well as to meet the needs of each child in placement if the parents are unable to pay for the child's care.

~~F.~~ C. The provider shall have knowledge, skills and abilities in parenting skills and behavior management of ~~children in the age or special needs group of~~ the children to be placed with the provider.

~~G.~~ D. The provider and assistant shall respect the confidentiality of the child and ~~his~~ the child's family in accordance with § 63.2-104 of the Code of Virginia.

~~H. The provider and assistant shall be responsible, of good character and reputation and shall display behavior that demonstrates stability and maturity.~~

~~I. The provider shall demonstrate marital stability, if married.~~

~~J.~~ E. The provider shall complete the required Home Study Assessment form provided by the department and submit the completed form with the initial application for licensure.

22VAC40-141-70. Training.

A. When ~~such~~ training is available from the ~~Department of Social Services,~~ local departments of social services~~,~~ or licensed child-placing agencies, the provider shall complete an initial foster parent orientation and training session ~~within the first six months of initial licensure~~.

B. The provider, ~~any~~ assistants, and ~~any~~ other ~~adult~~ adults expected to be alone with children placed in the independent foster home ~~with children~~ shall receive~~, prior to licensure or employment,~~ and maintain certification in first aid and cardiopulmonary resuscitation appropriate to the age of children in care~~, from an approved source such as the American Red Cross, the American Heart Association, National Safety Council or an equivalent resource approved by the department~~.

~~C. The provider, assistant, and any other adult expected to be alone in the home with children shall maintain current certificates in first aid and cardiopulmonary resuscitation, appropriate to the age of children in care, from an approved source such as the American Red Cross, the American Heart Association, the National Safety Council or an equivalent resource approved by the department.~~

~~D.~~ C. The provider shall attend at least ~~20~~ 12 hours of related training ~~each year~~ annually. The provider shall maintain documentation of training attended.

22VAC40-141-80. Medical requirements for provider, assistant and household members.

A. Within 90 days prior to the initial application, the applicant for licensure as an independent foster home provider, ~~each assistant~~ assistants and ~~each~~ adult ~~member of the~~ household members shall ~~undergo an assessment for risk of tuberculosis infection and disease~~ provide documentation on the appropriate report of tuberculosis form published by the Virginia Department of Health (Report of Tuberculosis Screening Clearance Letter for Negative Screen (Form 1), Report of Tuberculosis Screening Report of TST/X-ray Results (Form 2), or TB Risk Assessment (TB 512)) or a form that is consistent with those requirements, that the individual is free of tuberculosis infection in a communicable form.

~~1. The applicant shall provide documentation from the health department, a physician, or a physician's designee that each individual is "free from tuberculosis in a communicable form."~~

~~2. Individuals needing additional testing to determine the absence of tuberculosis in a communicable form shall obtain a tuberculin skin test and:~~

~~a. The statement shall include the type of test used, the date of the test, and the test results.~~

~~b. The statement shall be signed and dated by a physician, the physician's designee, or an official of a local health department.~~

~~B. If an individual is not able to receive a tuberculin test for health reasons, this shall be documented by a physician.~~

~~1. The physician's statement shall also include the date when the test can be safely administered.~~

~~2. The individual shall obtain the tuberculin test no later than 30 days after the date indicated by the physician.~~

~~C. An individual who had a positive reaction to a tuberculin skin test and whose physician certifies the absence of communicable tuberculosis shall obtain chest x-rays on an annual basis for the following two years.~~

~~1. The statement shall document the date of the x-rays.~~

~~2. The statement shall be signed by a licensed physician, the physician's designee, or an official of a local health department~~.

~~D. Any~~ B. An individual who, upon a physical examination or as a result of ~~tests~~ screening, shows indication of communicable tuberculosis or a physical condition that may jeopardize the

safety of children in care shall be removed from contact with children ~~and, where indicated, from food served to children~~ until a licensed physician certifies the risk to children has been eliminated or substantially reduced.

~~E. Contact may resume when a licensed physician certifies that the risk to children has been eliminated or substantially reduced.~~

~~F.~~ C. The provider, ~~any~~ assistants, and ~~any~~ adult household members shall undergo subsequent screening or testing, as appropriate, every ~~two~~ three years thereafter.

~~G. Any individual who comes in contact with a known case of tuberculosis or develops chronic respiratory symptoms shall, within 30 days of exposure or development, receive an evaluation to indicate the absence of tuberculosis in a communicable form.~~

22VAC40-141-85. Temporary entrustment agreement requirements.

A. A written temporary entrustment agreement or placing agreement shall be received ~~on every~~ for the child placed directly by the child's parents ~~or guardians~~ in the independent foster home.

B. Prior to entering into a temporary entrustment agreement, the provider shall consider:

1. The needs of the child and whether the independent foster home can meet those needs; and

2. The needs of ~~any~~ other children residing in the independent foster home~~; and~~

~~3. The impact of the individual child joining the household~~.

C. The temporary entrustment agreement shall be for placement of less than 180 days.

~~D. If the provider is aware at the time of admission that the placement will extend beyond 90 days, the provider shall petition the local juvenile and domestic relations court for approval of the entrustment agreement within 30 days of placement.~~

~~E. If the length of placement is not known at admission, the provider shall petition the court for approval as soon as the provider is aware that the placement will be for longer than 90 days.~~

~~F. Each subsequent~~ D. Subsequent entrustment ~~agreement~~ agreements for the same child shall be considered placement for longer than 90 days and shall receive approval by the local juvenile and domestic relations district court.

~~G. The~~ E. No entrustment agreement shall ~~not~~ extend beyond the child's 18th birthday.

~~H.~~ F. The parents ~~or guardians~~ may request the return of a child ~~at any time~~ prior to the 90th day of placement without the court's approval.

~~I.~~ G. The entrustment agreement shall be considered revoked upon the parents' ~~or guardians'~~ request.

~~J.~~ H. If the provider opposes the request for the child to return home or to a prior custodian, the provider shall immediately file the appropriate petition with the local juvenile and domestic relations district court.

~~K.~~ I. When petitioning the local juvenile and domestic relations district court for approval of an entrustment agreement, ~~§ 16.1-277.01 of the Code of Virginia requires that~~ the licensed independent foster home, as a child welfare agency, shall file a foster care plan with the court pursuant to § 16.1-277.01 of the Code of Virginia.

~~L.~~ J. The foster care plan shall meet the requirements established in § 16.1-281 of the Code of Virginia.

22VAC40-141-87. Placing agreement requirements.

A. ~~A written placing agreement or temporary entrustment agreement shall be received on every child placed directly by the child's parents or guardians in the independent foster home.~~

~~B.~~ Prior to entering into a placing agreement, the provider shall consider:

1. The needs of the child and whether the independent foster home can meet those needs; and

2. The needs of ~~any~~ other children residing in the independent foster home~~; and~~

~~3. The impact of the individual child joining the household~~.

~~C~~. B. A placing agreement shall:

1. Allow the child's parents ~~or guardians~~ to retain legal custody of the child during the placement in the independent foster home;

2. Be for a placement of less than 180 days. If the provider~~, at any time,~~ becomes aware that the placement will exceed 179 days, the provider shall contact the local department of social services and request an assessment of the child and an evaluation of services needed and to determine if a petition to assess the care and custody of the child should be filed in the local juvenile and domestic relations district court;

3. Include identifying information, including:

~~a. Proof of identity of the child;~~

~~b.~~ a. The child's name;

~~c.~~ b. Date of birth;

~~d. Sex~~ c. Gender; and

~~e.~~ d. Date of placement;

4. Address the acquisition of and consent for medical treatments needed by the child and include ~~Medicaid or other~~ health insurance information;

5. Address the rights and responsibilities of ~~each party~~ the individual parties involved;

6. Address the responsibilities of the child's parents ~~or legal guardians~~ for financial support; and

7. Be signed by the child's parent ~~or legal guardian~~ and the foster parent no later than the child's placement in the independent foster home.

~~D. A~~ C. No placing agreement shall ~~not~~ extend beyond the child's 18th birthday.

~~E.~~ D. The parents ~~or guardians~~ may request the return of a child ~~at any time~~ prior to the 180th day of a placing agreement.

~~F.~~ E. The placing agreement shall be considered revoked upon the parents' ~~or guardians'~~ request.

~~G. Each subsequent~~ F. Subsequent placing ~~agreement~~ agreements for the same child shall be considered an extension of the placement and whenever the child has been in the independent foster home for a total of 180 days the provider shall contact the local department of social services and request an assessment of the child and an evaluation of services needed to determine if a petition to assess the care and custody of the child should be filed in the local juvenile and domestic relations district court.

22VAC40-141-90. Supervision of children in care.

A. The provider is responsible at all times for the safety and supervision of children placed in the independent foster home.

B. ~~A~~ The provider shall maintain contact information for a responsible adult ~~shall always~~ who can be available to substitute in case of an emergency.

~~C. There shall be documentation of the name, address, telephone number of this adult, along with a signed statement of agreement to serve as a substitute.~~

~~D. Children shall be supervised in a manner which ensures that the caregiver is aware of what the children are doing at all times and can promptly assist or redirect activities when necessary.~~

~~E.~~ C. In deciding how closely to supervise children, providers shall consider the:

1. ~~The ages~~ Developmental abilities of the children; and

2. ~~Individual differences and abilities of the children;~~

~~3. The layout of the house and play area, including neighborhood circumstances or hazards; and~~

4. ~~Risk~~ of the activities children are engaged in.

~~F. Children under the age of six and children with special needs shall be within sight or sound supervision at all times.~~

~~G. Providers shall not bathe with a child unless recommended by a physician.~~

~~H. Providers shall ensure the safety of children at all times during diapering.~~

22VAC40-141-100. Capacity.

A. ~~The provider shall not exceed the maximum capacity stipulated on the license.~~

~~B.~~ The maximum number of children in an independent foster home shall be eight, including the children of the provider and ~~any~~ other children who reside in the home~~, with the following conditions:~~. An exception may be granted by the licensing authority for sibling groups which may cause the home to exceed the licensed capacity.

~~1. The adult caretaker to child ratio shall be one to four for (i) preschool children during the regular waking hours and (ii) children with special needs, as indicated by a licensed physician or licensed clinical psychologist, during the regular waking hours~~.

~~2.~~ B. The capacity of a an independent foster home shall ~~also~~ be based on the physical accommodations of the home, the abilities and experience of the provider, the needs of the children already in the home and children to be placed, and the number of assistants.

~~3. An adult household member shall not be considered an adult caretaker unless the individual actively participates in the care and supervision of the children.~~

22VAC40-141-110. Essentials for ~~each~~ the child.

A. The diet for children shall be well-balanced and appropriate to the daily nutritional needs and religious dietary practice of ~~each~~ the child.

~~B. Special diets shall be provided as prescribed by a physician or dentist for individual children and established religious dietary practices for each child shall be observed.~~

~~C.~~ B. Clothing, towels, ~~wash cloths~~ washcloths, toothbrushes, combs and ~~hair brushes~~ hairbrushes, and other personal needs shall be provided for ~~each~~ the child on an individual basis and shall be kept clean and replaced as needed.

~~D. Clothing shall be kept clean, in good repair, and appropriate for the age and size of each child.~~

~~E.~~ C. Drinking water shall be readily available ~~at all times~~ unless prohibited by a physician's order.

~~F. Normal activities of daily living such as meals appropriate to the child's nutritional needs, time for sleep and rest appropriate to the child's age, bathing, etc., shall be opportunities for teaching and guiding behavior.~~

~~G. To the extent that normal activities of daily living are used to teach and guide behavior, the provider's actions shall not be extreme, unusual or abusive.~~

22VAC40-141-120. Transportation of children.

A. The provider shall have transportation available ~~at all times~~ in case of an emergency.

B. ~~Any~~ An individual who transports children shall have a valid driver's license and vehicle liability insurance.

C. Providers and ~~any~~ individuals who transport children shall assure that ~~all~~ passengers use safety belts and child restraint devices in accordance with Virginia law.

D. ~~The~~ No provider and assistant transporting children shall ~~not~~ have driving violations ~~on file with the Department of Motor Vehicles~~ related to driving under the influence of alcohol or drugs, reckless driving, or ~~any offense~~ offenses which ~~places~~ place other occupants of the vehicle at risk within the five years prior to the application, and thereafter as a condition of continued licensure.

E. ~~A copy of the provider's and the assistant's driving record~~ Driving records obtained from the Department of Motor Vehicles for the provider and assistants who are expected to transport children shall be provided to the licensing representative upon application and at the time of submitting a renewal application.

~~F. Driving violations as described in this section shall be reported to the licensing representative within 24 hours.~~

~~G. The provider shall not knowingly allow children to be transported by any person who has driving violations on file with the Department of Motor Vehicles related to driving under the influence of alcohol or drugs, reckless driving, or any other offense that places other occupants of the vehicle at risk within the previous five years.~~

~~Exception: The parents or legal guardians of a child shall not be prohibited from transporting their child as a result of this requirement unless it poses an immediate danger to the health and safety of that child.~~

22VAC40-141-130. Medical care of children.

A. The provider shall have the name, address and telephone number of ~~each~~ the child's physician easily accessible.

B. The provider shall have readily available basic first aid supplies easily accessible for use with injuries and accidents ~~to adults in the home, but not accessible to children under the age of 13~~.

~~C. First aid supplies shall include:~~

~~1. Scissors;~~

~~2. Tweezers;~~

~~3. Sterile nonstick gauze pads;~~

~~4. Adhesive bandages in assorted sizes;~~

~~5. A sealed package of alcohol wipes or antiseptic cleansers;~~

~~6. A thermometer;~~

~~7. A chemical cold pack if an ice pack is not available;~~

~~8. First aid instruction manual or cards;~~

~~9. An insect bite or sting preparation;~~

~~10. One triangular bandage;~~

~~11. Current activated charcoal and syrup of ipecac to be used only when instructed by the regional poison control center or child's physician;~~

~~12. Flexible roller or stretch gauze;~~

~~13. Disposable nonporous gloves; and~~

~~14. An eye dressing or pad.~~

~~D.~~ C. The provider shall receive medical history information, including:

1. Immunizations received~~;~~. If a child's parent objects to the child receiving immunizations or a physical examination on religious grounds, the parent must submit a signed statement noting the objection on religious grounds and certifying to the best of the parent's knowledge, the status of the child's health; ~~and~~

2. Documentation for ~~each~~ the child at the time of placement of a physical examination of the child completed within 90 days before placement, or the child shall receive a physical examination within 30 days after placement. The current form required by the Virginia Department of Health or ~~any other~~ a form which provides the same information to report immunizations received and the results of the physical examination shall be used~~.~~; and

3. Dietary restrictions or nutritional needs as ordered by a doctor or medical provider.

~~Exception: If a child's parent objects to the child receiving immunizations or a physical examination on religious grounds, the parent must submit a signed statement noting the objection on religious grounds and certifying to the best of the parent's knowledge, the status of the child's health.~~

~~E.~~ D. The provider shall ensure that the child receives necessary medical care and follow-up.

~~F.~~ E. The provider shall:

1. Give prescription drugs to children in care only in accordance with an order signed by a licensed physician or authentic prescription label; and

2. Keep ~~all~~ prescription and nonprescription medications inaccessible to children under ~~the age of~~ 13 years of age and stored as instructed by the physician or pharmacist.

a. The provider shall keep in the child's record daily documentation of ~~all~~ prescription and nonprescription medication administered to a child in care.

~~Exception: Providers are not~~ b. No provider is required to record the amount of diaper ointment or sunscreen applied.

~~b. Out-of-date and unused medications shall be properly discarded or returned to the child's parent or guardian.~~

~~G.~~ F. The provider may permit self-administration of medication by a child in care if:

1. The child is physically and mentally capable of properly taking medication without assistance~~.~~; and

2. The provider maintains a written statement from the parent or a physician documenting the child's capacity to take medication without assistance.

~~3. The provider assures that the child's medications and any other medical supplies are not accessible to children under the age of 13.~~

~~H.~~ G. The provider shall report ~~all major~~ serious incidents related to illnesses, injuries, accidents, missing children, the death of a child, and ~~any~~ placement of a child outside of the independent foster home within 24 hours to:

1. The licensing representative; and

2. The child's parent.

~~I. If the provider is not able to contact the parent or guardian, attempted contacts shall be documented.~~

~~J. The provider shall receive written authorization for routine and emergency medical and dental care for each child.~~

22VAC40-141-140. ~~Disease prevention.~~ (Repealed.)

~~A. Children's hands shall be washed with soap and water before eating meals or snacks, after toileting, and after any contact with body fluids.~~

~~B. The provider and assistant shall wash their hands with soap or a germicidal cleansing agent after:~~

~~1. Diapering a child;~~

~~2. Helping a child with toileting, personal toileting, any contact with body fluids; and~~

~~3. Before handling food, feeding or helping a child with feeding.~~

~~C. When a child's clothing or diaper becomes wet or soiled, it shall be changed immediately.~~

~~D. When a child's diaper is changed, the soiled area shall be thoroughly cleaned with a disposable wipe.~~

~~E. Surfaces used for changing diapers shall be used for that purpose alone.~~

~~F. Diapering surfaces shall be washed with soap and water or a germicidal agent after each use.~~

~~G. The provider shall keep surfaces for preparing and eating food sanitary.~~

22VAC40-141-150. Discipline of children.

A. Discipline shall be constructive in nature, ~~and~~ emphasize positive approaches to managing the child's behavior~~.~~, and

~~1. The provider shall~~ establish rules and expectations that encourage and teach desired behaviors and discourage undesired behavior.

~~2. The provider shall explain the house rules and expectations and the behavior management approach to each child who is old enough to understand.~~

B. There shall be no physical punishment, rough play or severe disciplinary action administered to the child's body ~~such as, but not limited to,~~ including spanking, striking or hitting with a part of the body or an implement, pinching, pulling or roughly handling a child, shaking a child, forcing a child to assume an uncomfortable position ~~(~~e.g., standing on one foot, keeping arms raised above or horizontal to the body~~)~~, restraining to restrict movement through binding or tying, enclosing in a confined space, or using exercise as punishment.

C. ~~Physical~~ No physical restraint shall ~~not~~ be used on children in care. ~~"~~Physical restraint~~"~~ means restraining a child's body movements by means of ~~"~~physical crisis intervention techniques~~"~~ or a therapeutic intervention utilizing adult physical contact only, as a short-term, emergency means of managing out-of-control behavior. It is not intended to mean everyday, commonly-accepted parenting practices and interventions such as holding a child to prevent falling or crossing into the path of a moving vehicle, or holding a child's hand to prevent placing it on a hot stove~~, etc~~.

D. The provider shall not~~:~~

~~1. Make threats;~~

~~2. Make~~ make belittling remarks about ~~any~~ a child, the child's family, the child's race, religion, or cultural background~~;~~

~~3. Use profanity; or~~

~~4. Make other statements that are frightening or humiliating to the child~~.

E. When separation or time-out is used as a discipline technique, it shall be brief and appropriate to the child's developmental level ~~and circumstances~~ and within hearing and vision of the provider or assistant.

~~F. The child who is separated from others shall be:~~

~~1. In a safe, lighted, and well-ventilated place;~~

~~2. Not confined or locked in a room or compartment; and~~

~~3. Within hearing and vision of the provider or assistant at all times if under the age of 13 or diagnosed with special needs.~~

~~G. Children age 13 and older shall be within hearing or vision of the provider or assistant at all times when separated from others for disciplinary reasons.~~

~~H. Children under the age of 13 or those with special needs shall not be placed in time-out for periods of time exceeding one minute for each year of age.~~

~~I.~~ F. Time-out shall not be used for children under two years of age.

~~J.~~ G. The provider shall not subject children to cruel, severe, humiliating, or unusual actions.

~~K.~~ H. The provider shall not delegate discipline or permit punishment of a child by another child or by an adult not known to the child.

~~L.~~ I. The provider shall not deny a child contact or visits with ~~his~~ the child's family as a method of discipline.

22VAC40-141-160. Activities for children.

~~A.~~ The provider shall provide daily indoor and outdoor recreational and other activities appropriate to the needs, interests, and abilities of the children in care.

~~B. Each child shall also be permitted to have individual free time as appropriate to the child's age and ability.~~

22VAC40-141-170. Abuse and neglect reporting responsibilities of providers.

~~A.~~ The provider shall immediately report ~~any~~ suspected abuse and neglect of ~~any~~ a child in care to child protective services and to the licensing representative~~.~~

~~B. The provider shall comply with~~, pursuant to § 63.2-1509 of the Code of Virginia.

22VAC40-141-180. Services to children.

A. The provider shall arrange for necessary services, as specified in the foster care service plan or individual service plan, and as recommended by a licensed physician or other professional working with the child, where applicable. These services may include~~, but are not limited to~~:

1. Professional evaluations and counseling;

2. Educational services and tutoring; and

3. Transportation to necessary appointments and services.

~~Note:~~ Individually planned interventions intended to reduce or ameliorate ~~any~~ a diagnosed physical, mental or emotional ~~disabilities should~~ disability shall be performed by, in conjunction with, or under the written direction of a licensed practitioner.

B. The provider shall enroll ~~each~~ a school-age child in school ~~within five~~ immediately but no more than three days after placement when school is in session.

C. The provider shall promote the child's education by~~:~~

~~1. Giving the child educational guidance and counseling in the child's selection of courses;~~

~~2. Establishing contact with the child's school; and~~

~~3. Working~~ working with the child's school to promote academic achievement and to resolve any problems brought to the provider's attention by the school.

D. In accordance with § 16.1-281 of the Code of Virginia, the independent foster home, as a licensed child-welfare agency, shall prepare and submit to the local juvenile and domestic relations district court a foster care service plan on ~~every~~ the child entrusted to the provider by an entrustment agreement pursuant to § 16.1-277.01 of the Code of Virginia (i) within 30 days of

signing the ~~child's~~ temporary entrustment agreement for placements of 90 days or more or (ii) within 60 days of signing the temporary entrustment agreement for placements for less than 90 days, unless the child is returned to the child's parents ~~or guardians~~ within 60 days of placement in the independent foster home.

E. The foster care service plan shall include the elements as outlined in § 16.1-281 of the Code of Virginia including:

1. The reasons the child is placed with the independent foster home;

2. A summary of the child's situation at the time of placement in relation to the child's family. The summary shall include information about:

a. The child's health; and

b. The child's educational status;

3. The permanency planning goal recommended for the child, including the projected length of stay in the independent foster home;

4. A description of the needs of the child and the child's family;

5. The programs, care, services, and other support that the independent foster home will offer or arrange for the child and the child's parents ~~or guardians~~ to meet those needs;

6. The target dates for completion of the services provided or arranged for the child and the child's family;

7. The participation, conduct, and financial support that will be sought from and the responsibilities of the child's parents ~~or guardians~~;

8. The visitation or other contacts to be held between the child and the child's parents ~~or guardians~~; and

9. In writing and where appropriate for children ~~age~~ 16 years of age and older, the programs and services which will help the child prepare for the transition from foster care to independent living~~; and~~

~~10. A copy of the independent foster home license~~.

F. For ~~every~~ a child placed in the independent foster home by a placing agreement, the provider, with the assistance of the parents ~~or legal guardians~~, shall prepare an individualized service plan at the time of admission.

G. Copies of the child's individualized service plan shall be provided to the parents ~~or legal guardians,~~ and to the child, if ~~age~~ 13 years of age or older or upon the child's request~~, and a copy filed in the child's record~~.

H. The ~~written~~ individualized service plan shall:

1. Outline the services needed and those that will be provided to the child and ~~his~~ the child's family; and

2. Identify the goals and objectives designed to reunite the child with ~~his~~ the child's family.

I. The individualized service plan shall describe:

1. The reasons why the child is placed in the independent foster home;

2. A summary of the child's situation at the time of placement in relation to the child's family, including a statement of the child's health and educational status;

3. A description of the child's needs;

4. The goals for the child, including the projected length of placement in the independent foster home;

5. The programs, care, services and other means of support that the independent foster home will offer or the arrangements for the child and the child's parent ~~or guardian~~ to provide services or supports;

6. Projected dates for completion of services provided or arranged for the child;

7. Projected level of involvement of the child's parents ~~or guardians~~ and visitation arrangements;

8. Where appropriate for children ~~age~~ 16 years of age and older, the programs and services that will help the child prepare for independent living.

J. The individualized service plan shall be updated at least every 30 days.

K. In accordance with federal and state law, the provider shall ensure that the child's health and safety are the paramount concern throughout the placement, case planning, service provision and review process.

L. If consistent with the child's health and safety, the foster care plan or individualized service plan shall be designed to support reasonable efforts which lead to the return of the child to ~~his~~ the child's parents ~~or guardians~~ within the shortest feasible time, which shall be specified in the plan.

M. If the provider determines that it is not reasonably likely that the child can be returned to the child's prior family within a feasible time, consistent with the best interests of the child, and in a separate section of the foster care plan or individualized service plan, the provider shall:

1. Describe the reasons for this conclusion; and

2. Determine and describe the opportunities for the court to consider placing the child with a relative or for the court to refer the child and the child's family to the local department of social services for further services and permanency planning.

N. The provider shall submit the child's foster care plan or individualized service plan at the time of petitioning the local juvenile and domestic relations district court for approval of the entrustment agreement or to assess the care and custody of the child, whichever is appropriate.

O. The provider shall participate in all court hearings involving the child, as long as the child is placed in the independent foster home.

P. The provider shall include:

1. The child whenever possible and appropriate to the child's age and development;

2. The parents or prior guardians of the child; and

3. Professionals involved with the child in the development of the foster care service plan or individualized service plan.

Q. The provider shall follow the requirements of § 16.1-282 of the Code of Virginia related to the review of the foster care service plan and shall petition the local juvenile and domestic relations district court within five months of the court's approval of the entrustment agreement or within five months of the dispositional hearing at which the initial foster care plan was reviewed.

22VAC40-141-190. Physical accommodations in the independent foster home.

A. The independent foster home shall be clean and have sufficient space and furnishings for ~~each~~ a child receiving care in the independent foster home to include:

1. Space to meet the needs of the independent foster home family in addition to that required for the ~~foster~~ children placed in the independent foster home;

2. Bedrooms which are not used as passageways and which have doors for privacy;

3. Space for ~~each~~ the child to keep clothing and other personal belongings;

4. Indoor bathing and toilet facilities in good working order with a door for privacy;

5. At least one toilet, basin, and tub or shower shall be available for every eight persons;

6. A separate, comfortable bed for ~~each~~ the child and sufficient bedding to ensure cleanliness and comfort. A crib that meets current Consumer Product Safety Commission standards ~~(16 CFR Parts 1508 and 1509)~~ shall be provided for ~~infants and~~ children not developmentally ready to sleep in a bed~~. Exception: Two siblings of the same sex may occupy a double bed~~; and

7. Sleeping space on the first floor for children unable to use stairs unassisted, except children who can easily be carried.

B. ~~All rooms~~ Rooms used by children shall be heated ~~to at least 68°F in winter,~~ and cooled as appropriate, dry and well-ventilated.

~~C. A child-safe, mechanical cooling device, e.g., an electric fan or air conditioner, shall be used when the temperature inside the room exceeds 80°F.~~

~~D. All doors and windows used for ventilation shall be screened~~.

~~E.~~ C. Rooms used by children shall be well-lighted for activities and the comfort of children.

~~F.~~ D. The independent foster home shall have a working telephone ~~available to all household members~~ for use in case of emergency.

~~G. The telephone number shall be provided to:~~

~~1. The licensing representative;~~

~~2. Parents and legal guardians of children placed in the home; and~~

~~3. Children when they are away from the home.~~

~~H.~~ E. No more than four children shall occupy one bedroom.

1. Children of the opposite ~~sex over the~~ gender over three years of age ~~of two~~ shall not share a bedroom.

2. Children shall not share a bed or bedroom with the provider or other adult.

~~I.~~ F. There shall be at least three feet between ~~each bed~~ beds and sufficient space for ~~each~~ the child to move about safely.

~~J. There shall be provision for isolation of sick children.~~

~~K. If the licensing representative observes conditions that indicate the need for an inspection by the local health department and makes this request of the provider, the provider shall comply and provide a copy of the report to the department.~~

~~L.~~ G. The provider shall ensure that a smoke-free environment is provided in rooms accessible to children while children are in care.

22VAC40-141-200. Home safety.

A. ~~The provider shall have a plan for seeking assistance from police, firefighters, poison control, and medical professionals in an emergency.~~

~~B.~~ The telephone numbers for police, firefighters, poison control, and medical professionals shall be posted next to each telephone.

~~C.~~ B. The independent foster home and grounds:

1. Shall be clean and in good physical repair; and

~~2. Shall be free of litter, debris, peeling or chipped paint, hazardous materials, and infestations of rodents and insects; and~~

~~3.~~ 2. Shall ~~present no~~ be free from hazard to the health and safety of the children receiving care.

~~D.~~ C. The provider shall~~:~~

~~1. Have~~ have a written, posted emergency evacuation plan~~; and~~

~~2. Rehearse the plan at least monthly~~.

~~E.~~ D. Within the first 48 hours of a child's placement in the home, the provider shall review the plan with ~~each~~ the child ~~who is old enough to understand~~.

~~F.~~ E. If the provider possesses firearms, ammunition, and other weapons, the provider shall keep the firearms unloaded and locked and other weapons locked.

~~G.~~ F. Ammunition shall be locked in a separate location.

~~H.~~ G. The provider shall keep cleaning supplies and other toxic substances:

1. Stored away from food; and

2. Locked or out of ~~the~~ reach of children under ~~the age of~~ 13 years of age.

~~I. When infants or children who are not developmentally ready to climb or descend stairs are in the home, the provider shall have protective barriers installed securely at each opening to stairways.~~

~~J. Swimming and wading pools shall be set up according to the manufacturer's instructions.~~

~~K.~~ H. Outdoor swimming pools shall be enclosed by safety fences and gates with child-resistant locks.

~~L. Wading pools shall be:~~

~~1. Emptied and stored away when not in use; and~~

~~2. Filled with clean water before the next use.~~

~~M. Radiators, oil and wood burning stoves, floor furnaces, portable electric space heaters, fireplaces, and similar heating devices used in areas accessible to children under the age of 13 shall have protective barriers or screens.~~

~~N. All interior and exterior stairways with over three risers shall have hand rails at a height accessible to the children in the home.~~

~~O. Independent foster homes that provide care to preschool-age children or to developmentally delayed children of comparable maturity to a preschool child shall have protective, child-resistant covers over all electrical outlets.~~

~~P. The covers shall not be of a size to present a swallowing or choking hazard.~~

~~Q.~~ I. The provider shall comply with the requirements for state regulated care facilities relating to smoke detectors and fire extinguishers.

~~R. Infants shall be placed to sleep on a firm, tight-fitting mattress in a crib that meets current safety standards.~~

~~S. To reduce the risk of suffocation, soft bedding of any kind shall not be used under or on top of the infant including, but not limited to, pillows, quilts, comforters, sheepskins, or stuffed toys.~~

~~T. Infants shall be placed on their backs when sleeping or napping unless otherwise directed by the child's physician.~~

~~U. If an individual child's physician contraindicates placing the child in this position, the provider shall maintain a written statement, signed by the physician, in the child's record.~~

J. The provider shall follow safe sleep practices as outlined by the American Academy of Pediatrics.

~~V.~~ K. Bunk beds or double decker beds shall have safety rails or mechanisms in place to reduce the risk of falls.

~~1. Children~~ No children under ~~age 10~~ 7 years of age or children with motor or developmental delays shall ~~not~~ use the upper levels of a double decker or bunk bed.

~~2. Children of any age who have motor or developmental delays shall not use the upper bunk.~~

~~W. Pets~~ L. The provider shall ~~be immunized for rabies and shall be treated for fleas, ticks, worms or other diseases as needed.~~ maintain documentation that household pets receive tests, inoculations, and licenses as required by law.

~~X. Providers shall instruct children on safe and hygienic procedures to follow when handling, feeding or in close proximity to animals.~~

22VAC40-141-210. Record requirements.

A. The provider shall maintain a separate record with ~~written~~ information on ~~each~~ a child in care.

B. Records shall be kept for at least one year from the date of discharge.

C. Information in the child's record shall include:

1. The temporary entrustment agreement or placing agreement between the provider and parent. The temporary entrustment agreement or placing agreement shall include:

~~a. Identifying information, including proof of identity on the child, including:~~

~~(1) Name;~~

~~(2) Date of birth;~~

~~(3) Sex; and~~

~~(4) Date of placement;~~

~~b. The fees for foster care and other expenses and payment arrangements, including financial support from the parents or guardians;~~

~~c. The child's:~~

~~(1) Social security number;~~

~~(2)~~ a. The child's Medicaid or other insurance carrier and number; ~~and~~

~~(3) Other information necessary to secure services for the child, including permission to receive~~ b. Written authorization for routine and emergency medical and dental care for each child; and

~~d.~~ c. Arrangements for visits by parents and other family members;.

~~e. Rights and obligations of the child, the parents or guardians, and the independent foster home; and~~

~~f. Signatures of the parent or guardian and the independent foster parent;~~

2. Name, address and telephone numbers of parents and public or private agencies involved with the child, including the name of the assigned agency worker where appropriate;

3. The reason the child is placed in the independent foster home;

~~4. Name and telephone number of persons to be called in an emergency when the responsible person cannot be reached;~~

~~5.~~ 4. Names of persons who are authorized to call or visit the child;

~~6.~~ 5. Medical information pertinent to the health care of the child, including a list of all ~~prescription and nonprescription~~ medication the child receives;

~~7.~~ 6. Copies of the foster care or individualized service plans;

~~8.~~ 7. Correspondence and other documentation related to the child, including school records;

~~9.~~ 8. Reports of accidents, major injuries, illnesses and serious incidents~~, such as runaways, destruction of property, assaults on others and suicide threats or attempts~~;

~~10. The copy of the petition filed with the juvenile and domestic relations court if the child cannot return home within the time frames designated by the entrustment or placing agreement;~~

~~11.~~ 9. Copies of ~~all~~ related documents filed at and received from the court;

~~12.~~ 10. Services provided ~~each week~~ to the child by the provider and ~~by~~ other resources ~~and services provided to the parent or guardian by the provider, if applicable, or by other resources, when known~~; and

~~13.~~ 11. Reasons the child was discharged and the date of discharge from the home.

~~D. The agreement shall be signed on or before the date the child is placed in the home.~~

~~E.~~ D. A copy of the agreement shall be given to the parent ~~or guardian~~.

~~F.~~ E. Within 30 days after discharge, the provider shall prepare a brief summary of the child's behavioral, educational, and medical progress while in the home, and a statement as to whether the goals of placement were accomplished.

~~G.~~ F. A copy of this discharge report shall be:

1. Given to the parents ~~or legal guardians~~ within 45 days of discharge; and

2. Sent to the local juvenile and domestic relations district court whenever the court has approved the temporary entrustment agreement and the foster care service plan or a petition has been made to the court.

FORMS (22VAC40-141)

Home Study Assessment for Independent Foster Homes (eff. ~~7/0~~405/2025).