

**Frequently Asked Questions
Regulations for Family Foster Homes
Effective March 28, 2008**

For Foster Parents:

- 1. Regarding the license capacity for a FFH, are children in foster care over the age of 16 counted in the total number of children in the home?**
K.A.R. 28-4-804(a)(1); p. 31.
Yes; refer to the definition of “child in foster care” found in K.A.R. 28-4-800(f), p. 27. Children in foster care placement, age 16 to 23 are included in the total number of children allowed by the license or temporary permit.
- 2. Does the regulation limiting the number of children in the home to 6 apply in regard to respite care? K.A.R. 28-4-804(a)(1); p. 31 and K.A.R. 28-4-812; p. 43.**
It does not apply in regard to short-term respite care; however it does apply in regard to long-term respite. See K.A.R. 28-4-812 for short-term and long-term respite requirements.
- 3. Are extended family members identified as a resource for informal visitation required to be submitted for the fingerprint-based background checks? K.A.R. 28-4-805(c)(2); p. 33 and K.A.R. 28-4-814(g)(1)(B); p. 46.**
Regulations do not require these individuals be submitted for the fingerprint-based background checks. Their names and identifying information would need to be submitted for the name-based KBI/SRS background checks. Additional policies are determined by each individual child-placing agency, so foster parents will need to refer to their sponsoring agency’s policies.
- 4. Do foster parents licensed before March 28, 2008 have to complete the new prelicensure training requirements (instructor-led first-aid; universal precautions; and medication administration)? K.A.R. 28-4-806(a); pp. 33 – 34.**
Foster parents licensed prior to March 28, 2008 are not required by regulation to complete these trainings. However, policies regarding training requirements are determined by each child-placing agency, so foster parents will need to refer to their sponsoring agency’s policies. In addition, because these trainings provide important health and safety information, it is recommended that foster parents complete each as a part of meeting their annual in-service requirements. **Refer to**

#3 in the “For CPA Staff” section in regard to the procedure if a family moves to a new home.

5. Do both foster parents have to have the 3-hour face to face first-aid training?
Yes, the regulation requires the training for each licensee prior to full licensure.

6. Do nurses have to complete first-aid, medication administration, and universal precautions training? K.A.R. 28-4-806(a); pp. 33 – 34.

The following medical professionals are considered to have completed each of the above trainings upon documentation of a current license or certification: MD; PA; ARNP; RN; LPN, and paramedic. An EMT and a First Responder are considered to have completed first-aid and universal precautions upon documentation of current certification.

7. Medication Administration training is addressed twice in the regulations; please clarify if this training is required for all foster parents or only for new applicants. K.A.R. 28-4-806(a)(4); p. 34, and K.A.R. 28-4-818(d)(1); p. 55.

Training in medication administration is required for all new applicants. In addition, it is required for each licensee prior to administering medications. For foster parents that were licensed prior to implementation of the new regulations on March 28, 2008, the training will count toward the annual in-service training requirements.

8. Can you direct us to trainings in regard to first-aid, medication administration, and universal precautions?

Some individual child-placing agencies have indicated that these trainings are currently in development. In addition, check with Children’s Alliance of Kansas at www.childally.org.

When selecting a first-aid training, pediatric first-aid is suggested versus first-aid for adults.

9. How many hours of annual in-service training are required for a single-parent foster home? K.A.R. 28-4-806(b); p. 34.

The regulation requires that each licensee obtain at least 8 hours of annual in-service training. However, policies regarding additional training requirements are determined by each child-placing agency, so foster parents will need to refer to their sponsoring agency’s policies.

10. Can college-credit courses related to children’s care be counted as training hours? If so, what would be the exchange rate and what type of documentation is needed? K.A.R. 28-4-806(b); p. 34.

Academic credit hours are accepted as training hours provided the course content is related to the topic areas listed in the regulation. Keep in mind the requirement for annual training to include two or more of the topic areas. An official transcript verifying satisfactory completion of the course would serve as documentation. Each credit hour would count as 15 clock-hours of training.

11. Will KDHE accept online, interactive instructor-led trainings/classes as the “group setting” trainings? K.A.R. 28-4-806(b); p. 34.

Yes.

12. If a family is on a Corrective Action Plan (CAP), can they provide respite care? K.A.R. 28-4-806(d)(1); p. 35 and K.A.R. 28-4-812(a)(1) and (2); p. 43.

No; the regulation requires that the respite care provider be in compliance with all regulations. The foster family could resume providing respite care once the CAP has been successfully completed as verified by the sponsoring child-placing agency and the agency has again approved the foster family as respite care providers.

13. Are foster parents required to submit critical incident reports for incidents that occur away from the home, i.e. at school? K.A.R. 28-4-807(d)(1); p. 36.

Critical incident reporting requirements apply to incidents that occur under the foster parents’ supervision. However, additional required reporting policies are determined by each individual child-placing agency, so foster parents will need to refer to their sponsoring agency’s policies.

14. May the required critical incident reports be submitted to the sponsoring child-placing agency by email? What about the required signature?

K.A.R. 28-4-807(d)(2); pp. 36 – 37.

It would meet licensing requirements to email the report by the next working day. The identity (first and last names) of the sender and the recipient must be clearly identified. A copy could then be printed and placed in the file at the family foster home. Foster parents should check with their sponsoring child-placing agency to determine if the agency policy requires additional steps.

For those who do not have email, does the report need to be *mailed* by the next working day or *received* by the next working day?

To meet licensing requirements, the report would need to be mailed by the next working day. Again, check with the sponsoring child-placing agency regarding agency timeline requirements.

15. How long do foster parents need to retain copies of critical incident reports once a specific child is no longer in placement?

Foster parents should check with their sponsoring child-placing agency to determine the agency’s policy in regard to this issue.

When determining how long to retain copies of reports, it is recommended that consideration be given to the fact that complaints are sometimes received by the department long after a child is no longer in placement. Copies of incident reports are sometimes important sources of documentation relevant to a complaint investigation.

- 16. In reference to substitute caregivers and the 3 year age difference between the caregiver and the oldest child in foster care, what happens if there is a difference between a child in foster care’s chronological age and developmental age? K.A.R. 28-4-811(c); p. 42.**

To determine compliance with the regulation, the child’s chronological age would be used.

- 17. May a child in foster care be a substitute caregiver if he/she meets the 3-year age difference requirement? Does the answer change if the child in foster care is 18 years of age? K.A.R. 28-4-811(c); p. 42.**

No, a child in foster care would not meet the requirements for a substitute caregiver within the family foster home unless he/she is caring for his/her own child and this has been addressed in the case plan. If assessed appropriate, a child in foster care may babysit in another home.

- 18. Why do the regulations allow a 16-year-old child in foster care to be transported by an individual that is 18 years old, but would not allow the 18-year-old to provide care because he/she is not 3 years older?**

K.A.R. 28-4-811(c); p. 42, K.A.R. 28-4-816(f); p. 52.

Being a passenger in a car on the way to school, work, or social activities does not constitute that the 16-year-old is being “cared for” by the 18-year-old driver.

- 19. Do self-care time limits apply when a child in foster care is babysitting?**

K.A.R. 28-4-811(d); p. 43.

Yes, those limits would apply. A child in foster care who is at least 12 years of age could babysit for four hours, as long as he/she is checked on by an adult after two consecutive hours. As a point of clarification, children in foster care would not meet the requirements for a substitute caregiver, so should not be babysitting in the family foster home.

- 20. May foster parents drop an older child in foster care off at a public swimming pool (with lifeguards) and come back to get him/her in an hour or two? K.A.R. 28-4-811(d); p. 43.**

This issue would most appropriately be addressed by each individual child’s case-planning team. If a child in foster care is at least 12 years of age, the team could review whether or not self-care at the pool is appropriate and write the child’s case plan to include the approval. The minimum age and maximum time limits for self-care contained in K.A.R. 28-4-811(d)(5) would apply. In addition, foster parents would need to check with the pool regarding the facility’s requirements for children unaccompanied by an adult.

Note – this answer is specific to public pools with lifeguards and does not apply in regard to community pools, for example at an apartment complex.

- 21. What is the intent of K.A.R. 28-4-811(d)(4); p. 43, which states that only children residing in the home may be present during self-care? Does this mean there cannot be a babysitter for other children in the home present at the same time a child in foster care is at home during approved self-care?**

The regulation does not prohibit the presence of a substitute caregiver or a babysitter for other children during a period of self-care for a child in foster care. The intent is for the child in foster care not to have visitors at the home during a time when there is not appropriate adult supervision.

- 22. May a child in foster care walk to/from school without adult supervision?**

This issue would most appropriately be addressed by each individual child's case-planning team and should be included in the child's case plan. Consideration should be given to the distance from the home to the school, weather conditions, the child's specific needs and abilities, and any neighborhood safety issues.

- 23. When does the week start and end in regard to respite care?**

K.A.R. 28-4-812; pp. 43-44.

The week ends at midnight Saturday night and the new week begins at 12:01 am Sunday.

- 24. What kind of written approval is needed for a home to do respite care?**

K.A.R. 28-4-812(a)(2); p. 43.

Each child-placing agency will determine what documentation the agency will provide for their homes. Check with your sponsoring agency

- 25. For short-term respite care, can the foster family provide care for children outside of their licensed age range? K.A.R. 28-4-812(b); p. 43.**

Yes, however special attention would need to be given to regulations pertaining to the care of younger children if a family is not licensed for that age group.

- 26. For short-term respite care, is square footage NOT a factor as long as each child has an individual (permanent or temporary) bed? K.A.R. 28-4-812(b); p. 43 – 44, and K.A.R. 28-4-821(b)(1) and (2); p. 64 and K.A.R. 28-4-821(g); p. 65.**

Square footage requirements apply to bedrooms for children in foster care who are in placement at the family foster home. Those requirements do not have to be met during short-term respite care.

Does the bed have to be located in a bedroom or just anywhere in the house?

Each bed should be placed in an approved sleeping room that is designated for use by children in foster care.

- 27. Can a licensed day care home with an exception to do foster care provide short-term respite care and be allowed to exceed the license capacity of the family foster home? K.A.R. 28-4-812(b); pp. 43-44.**

The capacity of the licensed day care home may not be exceeded at any time during day care hours. When all respite requirements are met, the day care provider/foster

parent may consider providing short-term respite if there are appropriate available slots in the day care or the respite care is provided outside of day care hours.

28. What is the intent of K.A.R. 28-4-814(c)(2)? Does it mean that the child-placing agency has to cover the cost of special items?

The purpose of this regulation is to ensure that it is brought to the attention of all involved individuals when there is a need for additional resources to provide a special item for the child in foster care. The regulation does not require that any specific individual or agency provide those needed resources; but encourages a team approach to identify a plan to obtain the special item.

29. For informal visitation, does the extended family member identified as a resource have to be a blood relative? K.A.R. 28-4-814(g); p. 46.

The individual must be related to one of the foster parents by blood, marriage, or adoption. However, other individuals could become licensed solely to provide respite care for a specific child or group of children in foster care or for a specific foster family.

30. Which sport and recreational activities are considered high-risk?

K.A.R. 28-4-814(i); p. 47.

There is not a specific list of activities considered to be high-risk. Examples include, but are not limited to: horseback riding; water-skiing; riding all-terrain vehicles; riding a jet-ski or hunting.

It is expected that child-placing agencies (CPAs) will be in communication regarding this issue with the foster families sponsored by the agency and that the issue will be addressed through the CPA's policy-making decision process.

○ **Do school sports (football, baseball, soccer etc...) fall into this category?**

Some school sports are considered to be high-risk as they require permission of the parent or guardian, specialized instruction and protective safety gear.

○ **For school sports, what information needs to be included in the required safety plan?**

In most situations, the safety plan would simply consist of a statement that "This is a school-sponsored activity."

31. Our family does Police Protective Custody and Respite care. Can the children be around and ride our horses without parent consent? It has proven to be very therapeutic for these children. K.A.R. 28-4-814(i); p. 47.

Same as above, what about a 50cc & 70cc dirt bike and ATV?

Parental consent is a necessary requirement for high risk and motorized high risk activities. Horseback riding is considered to be a high risk activity. All requirements must be met prior to children participating in these types of activities.

32. What is the intent of K.A.R. 28-4-815(c)(3); p. 49? Does it mean that a foster parent is allowed to use physical restraint in an emergency situation even if he/she is not certified in an approved method of restraint?

The purpose of this regulation is to address a situation that might occur if a child exhibits behavior that is extreme and is outside any behavior previously exhibited by the child and therefore could not have been anticipated; for example the behavior is endangering the child and/or others. If physical restraint is used as an emergency intervention, it would indicate a need for assessment by the child's case-planning team.

It is expected that foster parents would complete the certification process for the approved training **prior** to accepting a child for placement whose behavioral history indicates that less intrusive methods of behavior management are sometimes not effective and that physical restraint previously has been necessary to protect the child or others.

33. Is the following situation considered to be driving from school? Youth ride a school bus from the school to an activity (i.e. football/basketball game, track meet) then drive home after returning to the school on the bus.

K.A.R. 28-4-816(e and f); p.52.

Yes, this situation would be considered as driving from the school.

34. In regard to transportation of a child in foster care to work or social activities, does "passenger" mean in addition to the driver and said child, or is passenger referring to the child in foster care? K.A.R. 28-4-816 (f)(3); p. 52.

"Passenger" refers to the child in foster care. If the driver of the vehicle is between 16 and 18 years of age, there should be no more than two individuals in the vehicle – the driver and one passenger.

35. There is a conflict in the regulations as they apply to driving requirements for a child in foster care who is a parent. The regulation refers back to subsections a through d. (a)(1) requires the driver be 18 years or older. How do we handle this? K.A.R. 28-4-816(g); p. 52.

A Blanket Exception was issued to address this error.

36. When children in foster care go to respite or on a sleep-over, does the person providing the care need copies of the medication information sheet?

K.A.R. 28-4-818; pp. 53 – 56.

Refer to your sponsoring child-placing agency's policies in regard to items and information required to accompany a child who is away from the family foster home.

37. Can locking the room where medications are stored meet the requirement for medications to be in locked storage? K.A.R. 28-4-818(a); p. 53 – 54.

A locked closet for medication storage would be in compliance with the regulations; however, it would not be sufficient to lock another room that is used for other purposes (i.e. a bedroom).

What about a child-proof lock?

The answer to this question is dependent upon the ages and abilities of children living in the home and the ages for which a family foster home is licensed. Child-proof locks would only be considered an appropriate locking device when the age range on the license is limited to younger children and none of the children living and/or placed in the home are capable of opening the lock

If the locking device requires a key to unlock it, where should the key be kept?

The key should be kept in the licensee's control. There are a variety of ways to meet that requirement and the best place to keep the key will depend on the specifics of each family's circumstances.

38. When a daily or weekly medication container is used to store medications, can it be sent with the child to respite or on parental home visits in this container?

K.A.R. 28-4-818(c)(4); pp. 54 – 55.

No; refer to K.A.R. 28-4-818(c)(4)(G); p. 55, which requires that the medications be sent with the individual taking responsibility for the child and that they be sent in the original labeled containers. Pharmacies are often willing to provide a second labeled container at the time the prescription is filled to cover just this type of circumstance. Similar requests are often made for children needing to take medication while at school or at a childcare facility.

39. What is meant by "under adult supervision" as it applies to self-administration of medication? Does the foster parent have to watch the youth take each medication? Does the youth or the foster parent keep/sign the medication log? K.A.R. 28-4-818(e); p. 56.

As a part of case-planning for each child in foster care, the case-planning team should determine the appropriate level of adult supervision needed in regard to self-administration of medications. This would include whether or not the foster parent has to directly observe each time the medication is taken. The regulation states that at a minimum the foster parent is to review the medication administration record for accuracy and check to see that the expected amount of medication remains in the container based on the number of doses to have been taken. The appropriate frequency of this review would be determined as a part of the child's case plan.

40. Will children who are permitted to self-administer medication need their own lock-boxes or can medications be stored in their room away from other children? K.A.R. 28-4-818(e); p. 56.

The foster parent is responsible for ensuring medications are kept in locked storage in the family foster home. The location should be in a place designated by the foster parent so that the child, the foster parent, or any caregiver knows where the medication is kept, can quickly access it and can open the locked box. Typically this would be in a supervised central location such as the kitchen. Having medication in different locations and scattered around the home would make it more difficult to monitor and would increase the risk that another child would access the medication.

41. How do foster parents ensure timely access to self-administered urgent medications for a child in foster care if the medication has to be in locked storage? K.A.R. 28-4-818(e)(4); p. 56.

Refer to K.A.R. 28-4-818(a) which exempts self administered urgent medication referred to in 818(e)(4) from being in locked storage.

The foster parent is responsible for the safe storage of these types of medications to protect other children from accessing the medication and to reduce misuse. The medication should not be stored in a backpack, purse, etc. when the child/youth is in the home as these items do not remain in the immediate possession of the child/youth and would not be considered safe storage.

When it has been determined appropriate for a child/youth to self-administer an urgent medication, i.e. an asthma inhaler, an Epi-pen, or a seizure medication, the regulation requires safe storage of the medication. This could include keeping the medication on the child's/youth's person. The medication would be accessible to that child/youth, but not accessible to others.

42. Do CPAs have to inform foster parents if a child in foster care is HIV+? K.A.R. 28-4-819(d); p. 58.

Yes, if the CPA is aware of the diagnosis. Foster parents should be made aware as soon as possible of any known medical condition for a child in foster care so as to ensure that appropriate medical care is provided.

This does not mean that every child in foster care will have been tested for HIV. Some children and adults may unknowingly be infected with HIV, or other infectious diseases, many of which are contagious before the person has symptoms. For this reason and for everyone's protection, Universal Precautions should always be followed when there is potential contact with body fluids.

43. Is a new health assessment and TB test required for foster family members when they move to a new home? K.A.R. 28-4-819(b),(c) and (e); pp. 56 – 59.

No, a new health assessment and TB test would not be required as long as there is not a lapse between licensure at the former address and the application for licensure at the new address. Additional policies are determined by each individual child-placing agency, so foster parents will also need to refer to their sponsoring agency's policies.

44. Is a health assessment every two years required for a child 6 years and older even if the Medicaid KBH requirement is greater than 2 years?

K.A.R. 28-4-819(d)(3); p. 58.

As a point of clarification, currently KAN Be Healthy (KBH) medical screenings are recommended yearly for individuals ages 3 through 20. Additional information is available at the following link: <https://www.kmap-state-ks.us/Documents/content/KBH/KAN%20Be%20Healthy%20Kids.pdf>

The regulation requires a health assessment every two years for a child 6 years and older. Compliance with the regulation is expected regardless of the requirements of other involved agencies.

- 45. Do foster parents have to document each time a child in foster care attends a therapy appointment? K.A.R. 28-4-819(d)(7); p. 58.**
Yes; it should be logged in the child's medical record.
- 46. Is smoking allowed in an unattached garage? Attached garage? Porch or deck? Enclosed porch? K.A.R. 28-4-819(f); p. 59.**
An attached garage, enclosed porch and an enclosed breezeway would be considered part of the structure of the house and therefore smoking in those areas would be prohibited. However, smoking would not be prohibited in an unattached garage, in an open breezeway, or on an open porch or deck provided the individual who is smoking is not within 10 feet of a child in foster care.
- 47. Our home is located in the country and we use well water, but only for washing dishes and clothing. The water used for cooking and drinking is purified. Do we need to have the well water tested each year? K.A.R. 28-4-820(c); p. 60.**
Yes; the regulation requires annual testing of a private water supply system.
- 48. Do baluster width requirements on stairways apply inside and outdoors? K.A.R. 28-4-820(d)(6); p. 60.**
Yes.
- 49. Are all accordion gates prohibited, or just those that do not meet the Juvenile Products Manufacturers Association (JPMA) specifications? K.A.R. 28-4-820(d)(7); p. 60.**
The regulation prohibits the use of **all** accordion gates.
- 50. Are wooden bi-fold doors acceptable for bedrooms or a bathroom? K.A.R. 28-4-820(d)(10); p. 61, K.A.R. 28-4-821(b)(4); p. 64.**
Yes.
- 51. Does the requirement for each bathroom door to be able to be opened from each side without the use of a key, mean a handle with NO lock (some handles can be opened with a small screwdriver, or by sticking a pin in a little hole, etc.) Is the expectation that all handles with any type of lock will be removed and replaced by October 1, 2008? K.A.R. 28-4-820(d)(10); p. 61.**
"Key" refers to an actual key. Door handles with push-button locks that can be unlocked with another type of device such as a pin are acceptable and would not require replacement provided the unlocking device is always immediately accessible.
- 52. On a second floor, if the 2nd exit is a window, what are the requirements for access to ground level? K.A.R. 28-4-820(d)(11); p. 61.**
Fire and Building Codes do not address this issue. According to the Kansas State Fire Marshal's Office (KSFMO), ropes and ladders are acceptable for access from an egress window to ground level as long as it has been approved by a nationally

recognized testing laboratory. The ropes and/or ladders would need to be approved by KSFMO.

- 53. Since each exit door can require no more than two motions to open the door from the inside, does this mean there cannot be a storm/screen door if the inner door has a dead bolt? K.A.R. 28-4-820(d)(11)(B); p. 61.**

No; the regulation refers to “each exit door”. An inner door and a storm/screen door are each considered to be separate exit doors.

- 54. If an exit door has a safety lock that requires an individual to “squeeze and turn”, is that considered one motion or two?**

It would be considered one motion.

- 55. In the case of an egress window that is not within 44 inches of the floor, are there options for correction that do not include moving or replacing the window? For example, would permanently installed steps leading to the bottom of the window meet the requirements? K.A.R. 28-4-820(d)(11)(D); p. 61, K.A.R. 28-4-821(b)(6)(A); p. 65.**

According to the Kansas State Fire Marshal, permanently installed steps are the best option and most common. The means of accessing the window in order to be within 44” needs to be something that is permanently fixed in place and not moveable.

Are there specified measurements required for the steps?

The rise on the step must be a minimum of 4” and no more than 7”, the tread (run) has to be a minimum of 11”. The minimum width is 36”.

- 56. Is a cell phone that can only call 911 sufficient to meet the requirement of a working telephone? K.A.R. 28-4-820(d)(12); p. 61.**

No; the phone must be fully functioning and able to be used to place and receive calls.

- 57. Are items such as diaper rash ointments considered to be medications and therefore required to be kept in locked storage? K.A.R. 28-4-820(h)(1); p. 62.**

These items would be considered “personal care products” which require locked storage or kept out of reach of children less than 6 years of age.

- 58. Are pocket doors acceptable rather than a door on hinges? K.A.R. 28-4-820(d)(10); p. 61 and K.A.R. 28-4-821(b)(4); p. 64.**

Yes, a **solid** pocket door would be acceptable.

- 59. On a second floor, does every bedroom used by a child in foster care have to have an escape window? K.A.R. 28-4-820(d)(11); p. 61 and K.A.R. 28-4-821(b)(5); p. 65.**

No; there must be at least two means of escape from each **floor**, one of which may be an escape window. Each bedroom used by a child in foster care must have windows or doors that provide ready exit to the outside and access into the room by emergency personnel.

60. Do the required measurements for escape windows refer to the entire window or just the part that opens? K.A.R. 28-4-820(d)(11)(C); p. 61.

The minimum required measurements refer to the size of the opening to ensure ready exit from the home.

61. Can the required telephone in the home be a cell phone? K.A.R. 820 (d)(12); p. 61.

Yes, a working cell phone would meet the requirement provided the phone is kept in a designated location in the home and is available for use at all times.

62. Are bedrooms for others in the family foster home besides the children in foster care and the foster parents, required to have smoke detectors? K.A.R. 28-4-820 (d)(13); p. 61.

No; the requirement applies only to sleeping rooms used by children in foster care and by foster parents.

63. If a family has heat detectors in their home, do they also need smoke detectors? K.A.R. 28-4-820(d)(13); p. 61.

Yes, the regulation specifically requires smoke detectors and there is no provision for a licensee to substitute heat detectors in order to meet that requirement.

64. Can a combination smoke detector/carbon monoxide detector be used? K.A.R. 28-4-820(d)(13) and (14); p. 61.

Yes, provided the device is installed according to the manufacturer's instructions and that it meets the requirements of the regulation in regard to placement for both the smoke detector and the carbon monoxide detector.

65. If a home is entirely electric, is a carbon monoxide detector necessary? K.A.R. 28-4-820(d)(14); p. 61.

The regulation does not differentiate between homes that do not have gas appliances and those that do; therefore the requirements for carbon monoxide detectors are to be met.

66. How does the Kansas Concealed Carry Law work with foster parents; are they allowed to carry a concealed weapon? K.A.R. 28-4-820(g); p. 62.

Yes, if they have a valid permit, foster parents are allowed to carry a concealed weapon just as they are allowed to carry and use firearms that are not concealed. However, *within* the family foster home the foster parent must abide by K.A.R. 28-4-820(g) regarding firearms and other weapons. That is to say, no child in the home may have *unsupervised access* to the weapon and, *when not personally attended as it would be when concealed on the person of the foster parent, the weapon must be stored* in accord with the requirements set forth in subparagraphs (2) and (3) of the regulation. When foster parents want to prohibit others from carrying concealed weapons in foster homes, they must post their property as provided in the personal and family protection act, K.S.A. 75-7c01 through 75-7c

67. Can chemicals or cleaning supplies be kept in a cabinet with a child proof lock? K.A.R. 28-4-820(h)(1) and (2); p. 62 – 63.

Can plastic doorknob covers be considered a lock?

The answer to this question is dependent upon the ages and abilities of children living in the home and the ages for which a family foster home is licensed. Child-proof locks and/or doorknob covers would only be considered an appropriate locking device when the age range on the license is limited to younger children and none of the children living and/or placed in the home are capable of opening the lock.

What about a high cabinet with a child-proof lock?

In addition to the above considerations, determining whether or not a high cabinet with a child-proof lock is appropriate would include an assessment of the climbing abilities of the children living and/or placed in the home.

68. Do lawnmowers have to be locked up if a family foster home is licensed for birth to 10 years? K.A.R. 28-4-820(h)(5); p. 63.

A lawnmower would be considered a tool and is required to be made inaccessible to each child in foster care. Dependent upon the specific circumstances, a safety plan might be required. The plan could include a locked shed or garage.

69. Will doors attached to a fireplace suffice in regard to a protective barrier? K.A.R. 28-4-820(i)(4); p. 63.

Doors attached to a fireplace would be sufficient provided they are heat-resistant.

70. Does a gas-burning fireplace have to be cleaned? K.A.R. 28-4-820(i)(6); p. 63.

Refer to the manufacturer's instructions for cleaning and maintenance requirements.

What about a fireplace that has not been used for several years?

Cleaning of the fireplace would not be required if the applicant/licensee has signed a statement that the fireplace has not been used and there is no intention of it being used. The statement also needs to include a provision that if the circumstances change, the fireplace would be cleaned prior to use.

71. Can a bedroom have a french door (with windows) covered by a curtain for privacy? K.A.R. 28-4-821(b)(4); p. 64.

Yes.

72. Would a wooden accordion door be acceptable for use on a bedroom used by a child in foster care? K.A.R. 28-4-821(b)(4); p. 64.

Yes; provided the door latches, either in the middle or on the side (to the door frame).

73. If a home is licensed for 0 – 18 years, can bunk beds be used for children 6 or older if the beds are in bedrooms separate from those for younger children? K.A.R. 28-4-821(f); p. 65.

This would be acceptable provided there is a safety plan that addresses how to keep children under 6 years of age out of those bedrooms.

74. If the top bunk of a bunk bed is not being used (i.e. only one youth sleeps in the room) or if it is just being used for teens, does it still have to have a rail?

K.A.R. 28-4-821(f); p. 65.

Regardless of the ages and number of children, the top bunk would either require rails on all sides or the top bunk could be removed from the bed.

75. Are trundle beds considered to be a permanent or temporary bed?

K.A.R. 28-4-821(g); p. 65

Trundle beds are considered to be temporary beds.

Does a bed have to have a frame?

To be considered a permanent bed, the bed would require a frame.

76. Can a bassinet be used for a child less than 12 months of age? K.A.R. 28-4-821(h); p. 66.

While some parents use a cradle or bassinet for their own newborn baby, infants quickly outgrow these sleeping arrangements. The family foster home regulations require infants to sleep in a crib, and allow the use of a playpen for naps. A crib or playpen allows for greater flexibility in use based on the age of the infant placed for care. A bassinet is not considered a crib nor a playpen and is not approved for use in a family foster home for infants placed for care.

77. Is the requirement for the caregiver to sleep within hearing distance for a specific age-range or does it apply to all children in foster care?

K.A.R. 28-4-821 (l); p. 66.

The requirement as written, applies to all children in foster care.

- **Can a baby monitor be used in place of the rooms being physically close enough to be in “hearing distance?” For example, if foster parents sleep on the main floor and children in foster care sleep in the basement, they may not be within hearing distance.**

Baby monitors may be used to meet this requirement. However, when determining adequacy of sleeping arrangements, a factor for consideration is that baby monitors are typically intended for use with infants and/or toddlers (less than 2 ½ years of age) as a supplement to, not a replacement for the caregiver’s accessibility and proximity to the child.

- **Is there an age-limit for when baby monitors can no longer be used?**
There is not a specific age at which baby monitors may no longer be used to meet this requirement. **However, the use of baby monitors for older children is not consistent with typical family practices. The intent behind the requirement is in reference to supervision and is not intended as an invasion of privacy. If there is a concern that an older child is not within hearing distance, the foster parent and CPA should work together to determine the adequacy of the sleeping arrangements given the specific issues for that child.**

78. Does each closet for use by a child in foster care have to be in the child's bedroom or is it okay if the closet is across the hall? K.A.R. 28-4-821(p); p. 67.

A closet located across the hall would be acceptable as long as it accessible to the child in foster care.

79. What is meant by "Prior arrangements are made at a hospital or clinic for emergency treatment"? KAR 28-4-822(b); p. 67.

As part of developing the emergency plan to provide for the safety of the residents of the family foster home, each licensee should identify the facility(ies) where they would seek emergency treatment in the event of serious injury or illness. For the plan to be complete and to ensure that it is accurate, the licensee should then follow-up by contacting the facility(ies) to confirm that emergency care is available and accessible for each family's particular circumstances and to determine the facility's requirements for the medical consent form. Written documentation of the contact is not required.

80. Are all homes required to have an outdoor safety plan? K.A.R. 28-4-823(d); p. 69.

An outdoor safety plan is required if there are safety hazards adjacent to or within 50 yards of the house.

81. Do we need to have an outdoor safety plan for our front yard if we live on a busy street? K.A.R. 28-4-823(d); p. 69.

Yes; a busy street is specifically identified as a safety hazard. A safety plan is required for safety hazards adjacent to or within 50 yards of the house.

82. If a trampoline is within 50 yards of a foster home, but is on adjacent property, is that considered a safety hazard requiring an outdoor safety plan?

K.A.R. 28-4-823(d)(1); p. 69.

Yes.

83. We have a neighborhood pool. Off-premises swimming pools are not addressed. Do we follow the same rules as for natural bodies of water?

K.A.R. 28-4-824(e); p. 71.

K.A.R. 28-4-824(a – d) were designed for on-premises pools and hot tubs in relation to construction, maintenance, and use of the pools, of which the licensee would have control. For off-premises swimming pools, it would be expected that compliance would be maintained with subsections (a)(2); (b)(5); (b)(6); (c)(1); (c)(2); (d)(2); and (d)(3).

In regard to public pools and other recreational settings, the presence of a lifeguard does not constitute supervision of a child in foster care. The role of a lifeguard is specialized in regard to assigned duties, which does not include general supervision of children in attendance at the pool.

84. Can an exception be obtained for a prohibited animal, such as a pit bull mix with a very friendly temperament? K.A.R. 28-4-825(f); p. 72.

It is not likely that an exception would be granted to this regulation due to the safety concerns

85. Is an iguana considered to be an exotic animal? K.A.R. 28-4-825(f); p. 72.

No; refer to the definition of exotic animal in K.A.R. 28-4-800(1); p. 28, which has two categories; one for non-human **mammals** (which would not include an iguana) and the other that states the animal has been determined by the secretary to be a **substantial threat** to the health and safety of a child in foster care.

Care of an iguana in a FFH would require good sanitation and hygiene practices due to the potential risk of transmission of Salmonella from reptiles and amphibians to humans. Additionally, consideration to the presence of an iguana should be given prior to placement in the home of a child with special health needs or who is immunocompromised. The Center for Disease Control and Prevention has helpful information at the following link:

<http://www.cdc.gov/healthypets/animals/reptiles.htm>.

86. Please address travel letters to cross state lines.

This issue is not addressed by regulation. Refer to the child placing agency in regard to agency policies and procedures.

87. Can children in foster care ride/drive bumper cars?

KDHE regulations do not specifically address the use of bumper cars. When taking children to an amusement park or other public event, the applicant/licensee should ensure that the rides and activities are age, height, and weight-appropriate for each child prior to their use. Typically, amusement parks and other events post guidelines for determining appropriate users in regard to each piece of equipment.

88. The regulations do not address storage of alcoholic beverages; what is required?

The foster home is a family home, and just as with any other home, alcohol should be stored appropriately based on the family's specific considerations as well as on the ages, characteristics and needs of the children placed in the home. For example, issues for consideration would include each child's maturity level, concerns regarding risk-taking and/or thrill-seeking behavior, and whether or not there will be periods when a child is permitted to stay at the home without adult supervision (self-care).

89. Do the regulations require supervision of children less than 6 years when playing outside only if there is a safety hazard or if the child is not in a fenced area?

When playing outside, children's play should be closely monitored in accordance with each child's age and ability. According to the U.S. Consumer Product Safety Commission, each year about 50,000 children are treated in emergency rooms and several others die due to injuries on home playground equipment. The younger the

child, the more vulnerable he/she is to the risk of injury. Close supervision helps reduce those risks.

KAR 28-4-823 (a)(2) and KAR 28-4-823 (d)(2) specifically address supervision of children under 6 years of age when there are nearby hazards or the play area is unfenced as these situations present a higher level of risk. K.A.R. 28-4-811(b) is the over arching regulation concerning supervision, whether the child or youth is outdoors or indoors.

For Child Placing Agency Staff:

- 1. If a currently licensed foster family moves, will they then be required to get the fingerprint-based background checks? K.A.R. 28-4-805(c); p. 33.**

Foster parents who have previously obtained fingerprint-based background checks will not be required to repeat the checks when they move. Foster parents whose license was issued prior to July 1, 2007 and who have not had the fingerprint-based checks completed are not required by regulation to do so as long as there is no gap between the previous license and the application for a license at the new address. However, child-placing agencies may decide to include a requirement for the fingerprint-based checks at the time of the move and this would then be included in the agency policies.

- 2. What is the procedure for initial applicants in regard to prelicensure training (first aid, universal precautions, medication administration)? K.A.R. 28-4-806(a); p. 33.**

An applicant whose temporary permit is issued on or after March 28, 2008 will need to complete these requirements prior to the issuance of a full license. Given that these are new requirements, if an applicant has difficulty getting the trainings completed, it is possible to request the temporary permit be extended one additional 90 day period.

- 3. If a currently licensed foster family moves to a new home and therefore must submit a new application, would the foster parents then have to complete the prelicensure training (first-aid, universal precautions, and medication administration)?**

Yes; the move would require an initial application and all prelicensure training requirements would have to be met before a full license would be issued.

- 4. Would the requirement for a corrective action plan apply if a foster parent did not complete all of the annual training required by the sponsoring child placing agency? K.A.R. 28-4-806(d)(3); p. 35.**

A corrective action plan resulting from noncompliance with training requirements is in reference to annual inservice addressed in subsection (b). Noncompliance with the sponsoring child-placing agency's training requirements would result in a

request from the KDHE regional administrator to work with the foster parents to bring them into compliance with agency policy.

- 5. May a family provide short-term respite for children/youth in emergency placements, i.e. Police Protective Custody (PPC), children just coming into custody, or moving from a residential program to a foster home?**

K.A.R. 28-4-812(a) and (b); pp. 43-44.

Yes, provided all respite requirements are met.

- 6. Is it possible to get an exception approved to allow smoking inside the family foster home if the children in foster care's parents sign a letter that they give permission? K.A.R. 28-4-819(f)(1)(A); p. 59.**

Due to the health concerns related to secondhand smoke, it is unlikely an exception would be granted to this regulation.

- 7. How are CPA workers supposed to monitor and enforce the regulation that prohibits members of the foster family from smoking within 10 feet of a child in foster care? K.A.R. 28-4-819(f)(1)(B); p. 59.**

The expectation is that CPA staff will educate foster parents about the requirements in the regulations and will work with them in regard to any issues/concerns with maintaining compliance. It is possible that concerns regarding noncompliance with this requirement would be brought to the attention of a licensing worker only through a complaint report or an unannounced visit.

To offer assistance with meeting the needs of foster parents concerning smoking issues, KDHE has forwarded information to the contact individual at each CPA in regard to smoking cessation support available through the Kansas Tobacco Quitline (1-866-KAN-STOP), which provides free one-on-one coaching to help tobacco users quit. The Quitline is available 24 hours a day/7 days a week in English, Spanish and 150 other languages.

- 8. Since K.A.R. 28-4-820(d)(5) does not specify the need for a guard on porches, decks or other elevated outdoor structures and K.A.R. 28-4-820(d)(5) does not specify requirements for the spacing of balusters on these structures, how do licensing workers address these issues?**

In regard to the general safety of the structure and furnishings of the family foster home, any issue not specifically addressed by a regulation is encompassed by K.A.R. 28-4-820(d), which requires the family foster home to be "constructed, arranged, and maintained to provide for the health, safety, and welfare of all occupants". Similarly, K.A.R. 28-4-823(a)(1), which requires the outside premises to be "free from any objects, materials, and conditions that constitute a danger to the health or safety of each child in foster care" applies to hazards that are not a part of the physical structure or furnishings of the home.

According to the National Center for Injury Prevention and Control, the leading cause of injury to children 0 – 14 years (2,158,522) in 2007 was unintentional falls and it was the second leading cause of injury to youth 15 – 19 years (476,366). The Department previously provided interpretation regarding the need for a guard on

open-sided stairways when there is a drop-off of more than 21 inches from the stairs or landing to the floor or ground. Likewise, the purpose of a guard on a deck, porch, or other elevated structure is to reduce the potential for injury or death resulting from a fall. Based on the specific circumstances, including the factors identified below, a guard may be required when there is a drop-off of more than 21 inches from the structure to the surface beneath it.

Head entrapment is also a serious concern as it could lead to strangulation and death. To reduce the risk of entrapment, spaces between balusters should be smaller than 4 inches wide (so children *can't* put their head or body through). Children can generally slide their body through a space larger than 9 inches, however this would also allow the child to fall through the spacing causing injury. Although U.S. Consumer Product Safety Commission (CPSC) Publication Number 325, *Handbook for Public Playground Safety* addresses issues on playgrounds, the guidance provided in this resource is applicable to other areas used by children.

The handbook may be accessed at the following link:

<http://www.cpsc.gov/cpscpub/pubs/325.pdf>. Refer to Appendix B of the handbook for entrapment test probe specifications and test procedures.

Assessing the safety of porches, decks and other elevated outdoor structures requires that licensing workers utilize professional judgment based on their knowledge regarding associated risks of injury and/or death related to falls and entrapment.

Factors to be taken into consideration when assessing the safety of these structures include, for example:

- Ages of children for which the family foster home is licensed or will potentially be licensed.
- If approved for short-term or long-term respite, the ages of children for whom respite may be provided.
- How the area in question is used by the family.
- The proximity of the area to the outdoor play area.
- Any natural or man-made barrier between the play area and the area in question.
- The presence of footholds that would allow climbing.
- The potential risk for injury/death to a child resulting from a fall or entrapment.
- The height of the structure above the surface below it.
- The type of surface (i.e. concrete, wood, ground, etc.) below the structure.

Given the potential liability issues, best practice would include consultation with other professionals (including experienced co-workers and/or the individual's supervisor) if a worker is uncertain regarding the safety of a specific area. If the licensing worker is in need of additional assistance after receiving consultation from his/her supervisor, the worker is encouraged to contact the KDHE regional administrator for the specific region of the state. Photographs with accompanying descriptions and measurements may be submitted to the Regional Administrator for a final determination.

When protective provisions are necessary, sponsoring child-placing agencies are encouraged to work with families to explore affordable options for ensuring the structure is safe for children in placement. Those options may include accessing any available community programs which could assist the foster family in obtaining the needed resources for bringing the structure into compliance. Documentation of the decision-making process is essential; particularly when an area of concern is determined to be in compliance based on the ages of children for which the home is licensed and the ages of children for which the family is approved to provide respite. Because family circumstances change and the way areas of the premises are used by families also changes, the issue would require documented assessment at each subsequent licensing visit to ensure continued appropriateness of the decision. The issue may also require consideration prior to placement of a specific child/children. Depending on the age range of a request to amend the license, protective provisions may be required prior to the department's consideration of the request.