

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

Section F: Licensure Policy

LICENSURE

I.	DFCS OVERVIEW	5
A.	Introduction.....	5
B.	Intent	6
C.	Legal Basis for Authority.....	7
1.	Federal Laws.....	7
a)	Multi-Ethnic Placement Act (MEPA):.....	7
b)	Adam Walsh Child Protection and Safety Act of 2006	8
D.	Definitions.....	9
II.	RECRUITMENT OF RESOURCE HOMES	11
A.	Orientation and Screening.....	11
1.	Orientation	13
2.	Screening.....	14
a)	Criminal History and Clearance	15
b)	Evaluating Criminal Records or Substantiated Abuse/Neglect Reports	15
3.	Employees of DFCS	17
4.	Withdrawal of Application	17
5.	Confidentiality of Information.....	18
B.	Assessing the Home.....	18
1.	Home Environment.....	18
a)	Requirements.....	18
b)	Safety.....	19
(1)	Fire Safety and Prevention	19
(2)	Disaster Preparedness Plan.....	21
(3)	Policy Exceptions Related to a Natural/Man-Made Disaster.....	21
(4)	Tornado Safety	22
(5)	Household Pets.....	22
2.	Interior Home Environment.....	23
3.	Exterior Home Environment.....	24
4.	Transporting Foster Children.....	25
C.	Assessing the Family	26
1.	Resource Parent Characteristics.....	26
a)	Residence.....	26
b)	Age	26
c)	Finances.....	27
d)	Relationship Status	27
e)	Employment / Time to Parent	27
2.	Acceptance of Foster Child.....	28
a)	Ability to Handle Survival Behavior.....	28
b)	Resource Applicants must Demonstrate.....	28
c)	Willingness to Work with Birth Parents.....	29
3.	Physical and Mental Health	29
4.	Food Supply	30

LICENSURE

5. Adult/ Child Ratios	30
6. References	30
III. TRAINING	31
A. Pre-Service Training	31
B. In-Service Training	32
1. Approved In-Service Training	33
C. ICPC and Private Licensing Agency Related Training Issues.....	34
D. Logistics of the Home Study.....	34
1. Home Visits and Interviews.....	34
2. References.....	35
E. Expedited Resource Licensure.....	35
1. Waivers	37
2. Interim Placement.....	39
IV. SPECIALIZED HOMES	39
A. Medical/Treatment Resource Homes.....	39
1. Training Requirement for Medical/Treatment Resource Homes.....	40
B. Teen Parent Resource Home.....	40
C. Respite.....	42
V. LICENSING DECISION.....	43
A. Recommendation for Placement	43
B. Grounds for Denial	44
1. Grounds for denial may include but are not limited to:	44
C. License Approval.....	45
1. Certificate of License should include the following information:	46
VI. ONGOING SUPPORT	46
A. Monitoring and Renewal.....	47
B. Re-evaluation	48
C. License Changes	49
1. Resource Family Relocation	49
2. Family Moves Out of State	50
3. Licensure Change in Number/Characteristics of Children	50
4. Licensure Change in Marital Status	51
5. Death/Change in Household	52
6. Addition of Household Members.....	52
D. Policy Violations and Adverse Actions	52
1. Corrective Action Plans	52
2. Concerns Regarding Quality of Care.....	53
3. Complaints, Policy Violations, Maltreatment or Other Concerns Reported to DFCS Worker	54
4. Conviction of a Crime	54
5. Removing a License (Closures).....	54
6. Placing a HOLD on the License (Not Accepting Placement).....	55

LICENSURE

7.	Revoking the License and Closing the Home.....	56
8.	Notice of Actions	57
VII.	ADMINISTRATIVE GRIEVANCE HEARING	57
A.	Appeal Process for Licensing Decisions.....	57
B.	Administrative Grievance Appeal Process	58
VIII.	OTHER ASPECTS OF RESOURCE FAMILY CARE.....	60
A.	Income taxes	60
B.	Liability.....	60
C.	Court Ordered Home Studies.....	60
D.	Re-Licensing a Closed Resource Home	60
IX.	Appendices	63
	Appendix A - Resource Home Inquiry Application	63
	Appendix B - Notice of Action Inquiry Screen Out	65
	Appendix C - Introductory Letter	66
	Appendix D - Home Study Application.....	68
	Appendix E - Child Abuse Central Registry.....	78
	Appendix F - Resource Home Licensure Agreement.....	79
	Appendix G - Notice of Action Licensing Decision.....	80
	Appendix H - Release of Confidential Information "Consent to Disclose"	82
	Appendix I- Confidentiality Statement.....	83
	Appendix J - Home Environment Checklist	85
	Appendix K - Emergency Evacuation/ Disaster Plan.....	86
	Appendix L - Disaster Preparedness Plan.....	88
	Appendix M - Transportation Checklist	91
	Appendix N - Corporal Punishment Agreement.....	94
	Appendix O - Physical Examination of Resource Applicant.....	95
	Appendix P - Training Certificate (Example Only).....	97
	Appendix Q - Contract for Designation of Resource Home.....	98
	Appendix R- Resource Family Purchase Agreement	102
	Appendix S - Notice of Action Grievance Hearing	104
	Appendix T- Award Home Study Fee Letter.....	106

LICENSURE

I. DFCS OVERVIEW

The Mississippi Department of Human Services will hereinafter be known as “MDHS” and its Division of Family and Children’s Services hereinafter will be known as “DFCS”.

A. Introduction

The Mississippi Department of Human Services (MDHS), Division of Family and Children’s Services, (DFCS) is designated by MISS. CODE ANN. § 43-15-5 (1) to “administer and supervise the licensing and inspection of all private child placing agencies” and “provide for the care of dependent and neglected children in foster family homes or institutions. DFCS is responsible for setting and developing standards for “single application” (foster, adopt, kinship care) Resource Homes. This includes placing children in suitable foster and adoptive homes approved by licensed child placing agencies in cases where restoration to the biological family is not safe, possible or appropriate, thus creating Resource Families, both temporary and permanent. In Mississippi many children who are freed for adoption are adopted by their Resource Family.

MDHS is the designated agency to provide social services under P.L. 93-647 (*Child Support Enforcement and Paternity Establishment Program, CSE*), Title XX of the *Social Security Act*, (Social Services Block Grants, SSBG); Title IV-A (*Temporary Assistance for Needy Families, TANF*), Title IV-B, *Child Welfare Services*, Title IV-E, *Foster Care and Adoption Assistance*, and related programs of social services.

To qualify for federal funds administered through these programs, a facility serving children must be licensed or certified by DFCS as meeting the minimum standards; Compliance with all applicable state and federal laws is required.

MISS. CODE ANN. § 43-15-13(2) states:

The Department of Human Services shall establish a foster care placement program for children whose custody lies with the department, with the following objectives:

- a) *Protecting and promoting the health, safety and welfare of children;*
- b) *Preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems and preventing the breakup of the family where the prevention of child removal is desirable and possible when the child can be cared for at home without endangering the child's health and safety;*
- c) *Remediating or assisting in the solution of problems which may result in the neglect, abuse, exploitation or delinquency of children;*

LICENSURE

- d) *Restoring to their families children who have been removed, by the provision of services to the child and the families when the child can be cared for at home without endangering the child's health and safety;*
- e) *Placing children in suitable adoptive homes approved by a licensed adoption agency or family protection specialist, in cases where restoration to the biological family is not safe, possible or appropriate;*
- f) *Assuring safe and adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption...; and*
- g) *Providing a family protection specialist or Worker or team of such specialists or Workers for a family and child throughout the implementation of their permanent living arrangement plan. Wherever feasible, the same family protection specialist or Worker or team shall remain on the case until the child is no longer under the jurisdiction of the youth court."*

B. Intent

DFCS will work to assure that each child in its care and custody has a family who meets his/her needs for safety, permanency and well-being. Prospective Resource Parents must possess the skills, or have the potential to develop the skills, to meet the needs of children in the care and custody of DFCS.

To achieve this goal DFCS has standardized requirements that are child centered and family focused, which requires finding a family for each child, rather than finding a child for each family.

Through the use of these standards, DFCS seeks to develop a pool of Resource Families who reflect the diverse racial, ethnic and minority status of the children in its care.

The primary basis for selection is the applicant's potential to meet the needs of children who have been abused and/or neglected and who require placement with a Resource Family.

While all applicants may not want to provide both foster and adoptive care, the same licensing process is required in either program area. All applicants applying to become a Resource Family shall go through an initial screening, assessment home study, pre-service training, and meet the resource licensing requirements.

This policy is designed to provide clear and concise instructions regarding the licensing process of families so children who are in the care of DFCS will be placed in the most protective environment as it relates to their safety, permanency, and well-being.

LICENSURE

C. Legal Basis for Authority

1. Federal Laws

a) Multi-Ethnic Placement Act (MEPA):

The *Improving America's Schools Act* (P.L. 103-382) contains the *Multi-Ethnic Placement Act of 1994* (MEPA). An amendment to this Act is part of the *Small Business Job Protection Act of 1996* (P.L. 104-188) and is known as the *Interethnic Adoption Provisions Act of 1996* (IEP). MEPA-IEP prohibits agencies receiving Title IV-E foster care funds from

deny[ing] any person the opportunity to be an adoptive or foster parent ... or delay[ing] or deny[ing] the placement of a child ... solely on the basis of race, color or national origin of the adoptive or foster parent or the child ...

(PL 103-382, § 553 a.1.A-B)

These factors must be applied on an individualized basis, not by general rule “in the best interest of the child.”

Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child, unless an individualized assessment reveals that such consideration is in the child’s best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider.

A Licensure Specialist and/or County of Responsibility (COR) Worker must document all factors considered in the selection of a placement for a child. *MEPA* is viewed in conjunction with Title VI of the *Civil Rights Act of 1964* which prohibits recipients of federal financial assistance from discriminating based on race, color, or national origin in their programs and activities and from operating their programs in ways that have the effect of discriminating on the basis of race, color, or national origin.

MEPA as amended by *IEP* calls for the diligent recruitment of foster and adoptive families that reflect the racial and ethnic diversity of children in foster care. To comply with *MEPA/IEP*, DFCS shall focus its recruitment process on developing a pool of potential Resource Families who are willing and able to foster or adopt the children needing placement.

To develop this pool of potential Resource Families, recruitment shall be both general and targeted. All members of the community should be reached by use of the general media such as radio, television, and print. In addition, information should be disseminated to targeted

LICENSURE

communities through community organizations such as religious institutions, neighborhood centers, civic clubs, schools, workplaces, and medical facilities.

42 U.S.C. 675 § 475(5) (a.) mandates that any child removed from his/her parent or guardians' home should be placed in the least restrictive (most family like) setting available and in close proximity to the parents' home, consistent with the best interests and special needs of the child. Therefore, priority shall be given to placing a child within a 50 mile radius from his/her original home, unless he/she is freed for adoption, consistent with the child's best interest and special needs.

b) Adam Walsh Child Protection and Safety Act of 2006 (P.L. 109-248):

Sec. 152. C. Requirement to complete background checks before approval of any foster or adoptive placement and to check national crime information databases and state child abuse registries; suspension and subsequent elimination of opt out.

“(C) provides that the State shall –

(i) check any child abuse and neglect registry maintained by the State for information on any prospective foster or adoptive parent and on any other adult living in the home of such a prospective parent, and request any other State in which any such prospective parent or other adult has resided in the preceding 5 years, to enable the State to check any child abuse and neglect registry maintained by such other State for such information, before the prospective foster or adoptive parent may be finally approved for placement of a child, regardless of whether foster care maintenance payments or adoption assistance payments are to be made on behalf of the child under the State plan under this part;

(ii) comply with any request described in clause (i) that is received from another State; and

(iii) have in place safeguards to prevent the unauthorized disclosure of information in any child abuse and neglect registry maintained by the State, and to prevent any such information obtained pursuant to this subparagraph from being used for a purpose other than the conducting of background checks in foster or adoptive placement cases.”

LICENSURE

D. Definitions

Child Placing Agency

A private agency which places children in single-family Resource Homes for the purposes of temporary foster care or adoption. Child Placing Agencies that provide placement resources for children in the custody of DFCS must be licensed by DFCS to do so and must provide placement services in accordance with DFCS policies and guidelines.

Fictive Kin

A term used to refer to individuals who are unrelated to the child by birth, marriage, or adoption but who have an emotionally significant relationship that takes on the characteristics of a family relationship.

Foster Care

The 24-hour care and supervision of a child in the custody of DFCS which is provided by a licensed Resource Family in a single-family home or in a licensed residential child caring agency in a group care setting.

Care includes the provision of food, lodging, clothing, shelter, support, ordinary transportation, recreation and training which is appropriate for the child's age and mental and physical capacity. It also includes working with the child's birth parents, contributing to the creation and updating of the child's life book and personal history, and assisting the child in maintaining cultural and ethnic connections.

Home Study

The process by which a family and their home are determined to be a suitable placement for a child for the purposes of temporary foster care or adoption. Child Welfare Gateway assigns three purposes to the home study process:

- Educate and prepare the family for placement
- Evaluate the fitness of the family
- Gather information that will help match the family with a child whose needs they can meet.

LICENSURE

Kinship Care

The placement of children with relatives such as an adult brother or sister, a cousin, niece or nephew, uncle or aunt, grandparent, or fictive kin.

First priority for placement shall be given to a relative when it is suitable and appropriate to do so. If a child is in the custody of the DFCS and placed with a relative, the relative must be licensed as a Resource Family within ninety (90) days of placement.

Regional Records Review Committee

The Regional Records Review Committee consists of the Regional Director (RD), Licensure ASWS, County ASWS in the county where the applicant's home is located and/or Regional ASWS. The Committee is convened to evaluate all background information from all sources on resource applicants in order to provide input to assist the Licensure ASWS in determining approval of licensure. The Director of DFCS or Bureau Director of Protection, Prevention may opt to be a part of any Regional Records Review Committee on a case by case basis.

Relative Caregiver

An individual within the third degree of relationship or a step-parent of the child and is responsible for the primary care and supervision of the child. Relationship may be established by blood, marriage or adoption.

Residential Child Caring Agency

A public or private agency that provides residential child care in a group setting and not in a private residence. If a Residential Child Caring Agency provides placement services for a child who is in the custody of DFCS for the purpose of temporary foster care, it must be licensed by DFCS to do so and must provide placement services in accordance with DFCS policies and guidelines.

Resource Home

A single-family home licensed to provide care for a child in the custody of DFCS when that child cannot return safely to his/her own home for a period of time, temporarily or permanently. A Resource Home may be a foster, adoptive, or kinship care home.

Resource Specialist

A Resource Specialist is either a Licensure Specialist or an Adoption Specialist.

LICENSURE

Resource ASWS

A Resource ASWS is either a Licensure ASWS or an Adoption ASWS.

II. RECRUITMENT OF RESOURCE HOMES

The goal of recruitment is to create a pool of available Resource Families who reflect the racial, cultural, and ethnic heritage of the children needing care, and who are willing and qualified to meet their needs.

Recruitment activities are regionally based and will be reflective of the needs of each region. Each region will develop a recruitment plan that will be reviewed and modified as needed.

Recruitment Methodologies include but are not limited to:

1. Use of media, including the internet, to create a positive perception of DFCS and to create public awareness about the need for Resource Parents;
2. Child-specific, child centered, and targeted recruitment strategies;
3. Licensure Specialists meeting with public groups/organizations to inform them of the need and criteria to become a Resource Family;
4. Engaging existing Resource Families as part of the recruitment process;
5. Engaging the faith community;
6. Engaging the business community;
7. Engaging existing DFCS staff;
8. Working closely with a child and/or his/her family to identify a family resource already connected to the child by kinship or other established relationship;
9. Use of recruitment brochures and DFCS information.

A. Orientation and Screening

The inquiry, by a prospective applicant, is the first contact a prospective applicant has with DFCS requesting information about resource licensing. This inquiry can be in person, by telephone, mail or e-mail. Any DFCS staff may obtain resource inquiry information and relay this to the Licensure Specialist via email or Mississippi Automated Child Welfare Information System (MACWIS) intake. The basic information should include an address and daytime phone number. A Licensure Specialist will make contact with the prospective applicant within 24

LICENSURE

hours of receiving this information. If the inquiry has not been entered in MACWIS, the Licensure Specialist will enter it upon receipt.

When additional intake information is needed, the Licensure Specialist may send the applicant the Resource Home Inquiry Application, Appendix A.

All persons who contact DFCS and are interested in becoming a licensed Resource Parent will be considered. The inquiry may be screened out on initial contact if the very basic requirements (*See* below) are not met and the potential applicant is not a kinship care placement. These basic requirements include:

- At least 21 years of age
- Number of children in the home is less than 5
- Legally married couple (not separated) or legally single (not cohabitating)
- MACWIS clearance
- No known criminal history
- Legal Mississippi resident

If the above criteria are not met, the inquiry may be screened out by the Licensure Area Social Work Supervisor (ASWS). (*See* Appendix B for “Notice of Action Inquiry Screen Out Form”) A notice that the Inquiry did not meet screening qualifications shall be sent by the Licensure ASWS to the family identifying the unmet criteria. An inquiry screened out for one of the above reasons is not eligible for an Administrative Grievance Hearing. (*See* section VII below).

If it is determined that the family may proceed in the application process, the Licensure ASWS will assign the inquiry to the appropriate staff within 48 hours in order to conduct licensing activities.

The Licensure Specialist will give verbal information and mail or deliver a standard informational packet to the inquirer. This informational packet shall include:

- An Introductory Letter from Licensure Unit (See Appendix C);
- Brochures explaining the expectations of Resource Parents, basic licensing requirements, and steps to becoming licensed;
- Information about the kinds of children in care and the need for Resource Families to partner with DFCS staff and birth family;
- Contact information for DFCS staff in the county of residence;

LICENSURE

- Invitation to an orientation meeting with dates, times, and places to be held within the next month.

1. Orientation

Orientation shall be held regionally at least twice a month whether in a scheduled group format with public notification or with individual applicants when needed.

The Licensure Specialist shall provide potential applicants with at least three (3) invitations to attend an orientation meeting in their area over a period of one (1) month. All adults residing in the home who will participate in the care of the child must participate in all aspects of the licensing process. When a married couple applies, both spouses must participate in all aspects of the process.

At least one personal contact shall be made to potential applicants prior to each orientation session to encourage attendance. If the potential applicant does not attend an orientation meeting within the first month of inquiry, the inquiry may be closed and the Licensure Specialist will send a notice to indicate such to the family.

Orientation Curriculum will include the following:

- The process and sequence of events to become a licensed Resource Family home include:
 - Child abuse, criminal history, and sexual offender record checks;
 - Pre-service training requirements;
 - References, confidentiality, cultural diversity;
 - The elements of a home study;
 - The role of the Licensure Specialist
- The DFCS policy to accept applications from persons interested in fostering or adopting “special needs” children and the definition of a “special needs” child. Foster and adoptive parents may be approved simultaneously.
- The requirement to work with birth families toward reuniting the child and the birth family and to work as a member of the care and treatment team.

LICENSURE

DFCS adheres to federal laws, including MEPA and the Civil Rights Act of 1964 which prohibit policies procedures or actions that serve to deny any person the opportunity to become a Resource Family or an adopted parent on the basis of race, color, or national origin of that person, or the child involved; or which delay or deny any placement of a child in foster care or for adoption on the basis of race, color, or national origin of the foster caregiver(s), of the adopted parent(s) or of the child involved.

Once applicants have completed Orientation and expressed a desire to continue in the licensing process, the Licensure Specialist may provide the family with the home study application, Form 480B (*See* Appendix D) and initial home study packet documents including Structured Analysis Family Evaluation (SAFE) Questionnaire 1.

2. Screening

Following orientation and receipt of Home Study application the Licensure Specialist must complete the screening process, which includes:

- Fingerprinting applicant;
- Local criminal background checks on all household members 14 and older;
- MACWIS check for history with DFCS;
- Checking DFCS records in the county where applicant resides (paper files for history prior to MACWIS);
- Child Abuse Central Registry Check Form 482 (*See* Appendix E);
- Record check evaluation;
- Sex Offender Registry (<http://state.sor.dps.ms.gov>)

Based on the information that is compiled during the orientation and screening phase, a prospective family may be denied a license by the DFCS Office Director, Regional Records Review Committee and /or recommendation of the Licensure Specialist with approval by the Licensure ASWS. A Notice of Action with detailed information regarding the Fair Hearing Process (*See* section VII below) will be sent by certified mail to the applicant.

LICENSURE

a) Criminal History and Clearance

Any applicant or person residing in the home who has been convicted of a crime or who has a pending indictment of a crime, whether misdemeanor or a felony, that bears negatively upon the individual's fitness to have responsibility for the safety and well-being of children, will be evaluated as to their fitness to provide child care or be licensed as a Resource Parent.

This evaluation will include, but is not limited to; child abuse or neglect, domestic violence, crimes against children, crimes involving violence which includes rape, sexual assault or homicide, physical assault, battery or drug-related offenses. If one of the following felony offenses has been committed, a license shall not be granted:

- Felony offense against a spouse or former spouse;
- Felony offense against children including child pornography, child abuse or neglect;
- A crime involving violence, including sexual assault, rape or homicide, but not including other physical assault/battery;
- Or within the last five years, a felony physical assault or battery;
- Or, within the last five years, a felony drug related offense.

The offenses listed above are based on the Adam Walsh Child Protection and Safety Act of 2006 (P.L. 109-248) pertaining to whether an applicant could receive payment if a child is placed with applicant. Refer to The Adam Walsh Child Protection and Safety Act as the official reference for this information. Approval for the initial application based on The Adam Walsh Child Protection and Safety Act is obtained through the Protection Unit and the DFCS Division Director. Approval from the DFCS Division Director to continue the licensure process does not in any way provide approval for the licensure of the resource home.

Other types of convictions or pending indictments shall be considered on a case-by-case basis through the Regional Records Review Committee.

b) Evaluating Criminal Records or Substantiated Abuse/Neglect Reports

If, during the background check, it is found that an applicant or household member has been a perpetrator in a substantiated Abuse, Neglect, and Exploitation (ANE) assessment or through fingerprinting, or if via local law enforcement checks it is found that an applicant or household

LICENSURE

member has been convicted of a crime or pending indictment of a crime, the Licensure Specialist shall obtain a copy of the ANE report, criminal conviction record and/or law enforcement background check and follow the evaluation process through the Record Review Committee. These records will be reviewed by the Licensure Specialist *and* Licensure ASWS.

After allowing the applicant the opportunity to clarify, or challenge the accuracy of, the information contained in the FBI Identification Record or other criminal or DFCS records, the Licensure ASWS may deny the application based on the consideration of all background information. The findings will be documented in the applicant's resource file, and a Notice of Action will be mailed to the family;

OR

The Licensure ASWS may submit all the background records to the Regional Records Review Committee for further evaluation. All FBI Identification Records would have been screened by the Protection Unit based on the Adam Walsh Child Protection and Safety Act as it applies to licensure of the Resource Home. However, the Bureau Director of Protection or DFCS Division Director may request to be included on the Regional Records Review Committee. This assessment along with the applicant's or household member's Criminal History Justification Form will be submitted to the Regional Records Review Committee to be combined with other background information.

An evaluation shall consider the nature and seriousness of the crime or ANE Assessment in relation to:

1. Time elapsed since the crime was committed;
2. Degree of rehabilitation;
3. Likelihood that the person will commit the crime again;
4. Number of crimes committed by the person (history).

The Regional Records Review Committee shall convene via email, by telephone conference or face-to-face within ten (10) working days to review the records and make a determination on the home's eligibility to proceed with licensure. The Licensure ASWS shall document the Committee's findings in the applicant's resource home file and will provide the family with written notification via Notice of Action (*See* section VII below) of the outcome and determination of the Regional Record Review Committee within five (5) days of the meeting. Approval from the Records Review Committee to continue the licensure process does not in any way provide approval for the licensure of the Resource Home.

LICENSURE

The United States Department of Justice requires that fingerprint images must be submitted twice before a request can be made for the records to be checked using an applicant's name only. If an applicant's fingerprints cannot physically be obtained, follow designated fingerprint procedures for that circumstance.

3. Employees of DFCS

DFCS employees may not be licensed for placement of children who are in DFCS custody. However, exceptions are made in cases of relative/ fictive kin placements.

Specific guidelines for the employee/potential relative Resource Parent must be approved by the employee's immediate supervisor, RD, Director of Permanency Unit, and Director of DFCS.

A written agreement of guidelines shall be a part of the employee's resource home file. This agreement shall address: (*See Appendix F*)

- Name of private agency responsible for licensing and supervising placements made with the family;
- Method to ensure that employee will not have DFCS decision-making authority over child placed in home;
- Method of supervision of any children placed in the home;
- Limits agreed upon regarding children placed in the home and access to MACWIS records of child and birth family.

4. Withdrawal of Application

When a prospective Resource Family applicant desires to withdraw an application the Licensure Specialist shall:

- Document the withdrawal in the file;
- Complete a Notice of Action-Licensing Decision (*See Appendix G*);
- Obtain a written statement of withdrawal, whenever possible.

LICENSURE

5. Confidentiality of Information

Information concerning the Resource Family may be released only with the written consent of the Resource Parent. (*See Appendix H*)

A Resource Parent may request to review his/her own licensing file. Access is permitted but third party information must be excluded. The file may be reviewed in the presence of a DFCS worker and they may receive a copy of their Home Study (not including references).

All Resource Parent applicants shall sign a Confidentiality Statement (*See Appendix I*) acknowledges their understanding and willingness to maintain confidentiality as they work with the child(ren), families, and DFCS staff.

B. Assessing the Home

1. Home Environment

The Home Environment Checklist (*See Appendix J*) shall be completed and entered in MACWIS every 6 months from the date of the Resource Home License.

a) Requirements

- The Resource Home shall be well heated/cooled and well ventilated.
- At all times the home shall have a working telephone, mobile or land line.
- The home shall be safeguarded, inside and out, against hazardous chemicals, cleaning materials, toxic substances, hazardous objects and equipment, medications, and firearms.
- The home and premises shall be free of rodents and insects.
- A home shall not rely on portable space heaters as the sole source of heat and shall not use such space heaters during sleeping hours. The home's fireplaces, floor furnaces, freestanding stoves and open-faced heaters shall be screened or otherwise adequately guarded.
- The home shall have protective covers for all electrical outlets not in use in all areas occupied by children age 6 and under or any mentally challenged child.

LICENSURE

- The home's outside play area should be maintained clean and free of hazards to the health and physical well-being of the family
- The home shall have a continuous supply of clean drinking water. If the water is not from a city or community water supply, the Resource Parent(s) shall provide evidence that a state or local health authority has approved the water system.
- All licensed homes must have a functional sewage system. The Licensure Specialist shall conduct a visual site inspection to insure there is no standing water or sewage. If the Licensure Specialist observes visible sewage or a strong odor is noted, the county Health Department will be contacted for assistance.
- The home shall have interior plumbing with running warm and cold water.
- Documentation of:
 - any smokers at the home,
 - where the person will smoke when the foster child is present and
 - each Resource Family members' understanding that smoking in the Resource Home or vehicle when the foster child is present is prohibited. Resource Families will designate an area of the home for smoking where the foster child will not be present

b) Safety

(1) Fire Safety and Prevention

Smoke detectors:

The Resource Home shall have at least one single station operable smoke detector approved by a nationally recognized testing laboratory in the home:

- (1) in each living area in a multiple-story dwelling; and
- (2) located in close proximity to the sleeping area. If the house floor plan has separate sleeping areas, one smoke detector should be located in each sleeping area.

LICENSURE

Fire extinguishers:

In a Resource Home where the floor space is less than 3000 square feet, at least one (1) 5-pound (+) A-B-C fire extinguisher (usually red in color) shall be:

- (1) Located near an exit door of the kitchen;
- (2) On each level of a multiple story dwelling;
- (3) Readily visible and accessible according to fire code for the area; and
- (4) Always charged.

Evacuation Plan: (See Appendix K)

- A Resource Home shall have visible a written plan and procedure for emergencies and evacuation of the home during any type of fire or natural disaster, including contact person if the family must relocate.
 - Foster child in a Resource Home shall give each foster child an age appropriate explanation of the emergency and evacuation plan.
 - Resource Parent(s) shall ensure that the foster child can follow the plan in the event of a fire, emergency or natural disaster.
 - This explanation and assurance shall be completed within 48 hours after the foster child has been placed in their home and a written plan posted in a location and in language the child can read.
- All exits (doors, hallways, and stairs) shall be maintained clear and ready for use.
- A window can serve as a second exit only if:
 - (1) It is accessible to children and caregivers;
 - (2) It can be readily opened; and
 - (3) It is a size and design which permits a child or caregiver to pass through it.
 - a. If the licensed home has an occupied second story, a retractable ladder shall be available for the windows.

LICENSURE

- There is an emergency release mechanism installed and maintained on windows with security bars or devices.

(2) Disaster Preparedness Plan (See Appendix L)

In the case of any natural or man-made disaster, Resource Families are, first and foremost, instructed to follow the directives of local public safety authorities concerning evacuation and returns to affected areas.

Resource Families are authorized to take foster children out of county or out of state based on the directives of the local public safety authorities. The Resource Parent shall notify the foster child's worker as soon as practical, when evacuating and give the worker a contact phone number and location.

If the worker is unreachable, the Resource Parent should relay the contact information to the child's worker via 1-800-222-8000 (MDHS "Hotline").

Instructions for Disaster Preparedness shall be presented to each Resource Family during the home study process and documented with an [Acknowledgement Form](#).

The Emergency Evacuation/Disaster Plan will be completed by the Resource Family and the information will be entered in MACWIS as a "physical home environment" narrative. A hard copy shall be placed in Resource Family file that is kept in the office of the Licensure ASWS. A copy of the Emergency Evacuation/Disaster Plan should be forwarded to the Permanency Unit in the State Office.

(3) Policy Exceptions Related to a Natural/Man-Made Disaster

Workers must consider "safety" vs. "permanency" in every situation, including disasters. In a disaster, safety comes first and Licensure Specialists must make sure the child is not at risk for harm if placed in a Resource Family home.

If the Resource Family experiencing a disaster is due for license renewal and has not received all their in-service training, their home will be re-licensed for one year in which time the family shall complete their training. Exceptions to this include:

1. Worker will use guidelines and timeframes found in **Resource Family Relocation (See section VI.C.1.)**
2. If a Resource Family loses their home in a disaster, DFCS will allow the family to live in temporary housing such as tents, Quonset huts, temporary housing provided by Federal Emergency Management

LICENSURE

Assistance (FEMA) and other approved shelters, or in certain situations, the family may move in with friends and/or family whose homes were not destroyed. This should be reviewed on a case by case basis. DFCS will accept the Corp of Engineers' approval of the temporary home's sewage and water systems.

3. Background checks, through law enforcement and DFCS records, will be conducted on all persons age 14 and older who reside in the home.
4. Resource Family licensure policy does not allow a foster child to sleep with an adult.
5. The Licensure Specialist will physically observe the temporary home and obtain information about the family's sleeping arrangements. If bed space is limited, allowance will be made for mattresses, inflatable beds, cots, etc. to be used as alternative sleeping arrangements. In camper-like FEMA temporary housing, floor space is very limited. If these temporary beds are used, floor passage ways for evacuation must be maintained.
6. DFCS will make reasonable efforts to contact the authorities to request FEMA housing for the family.
7. The federal agency authorizing the use of FEMA temporary housing, dictates standards with which the user must comply. If licensed families are residing in FEMA temporary housing, they must comply with the standards of this federal agency whose staff make monthly inspections of the housing.

(4) Tornado Safety

Each Resource Home shall have a tornado safety plan which directs all household members to a tornado shelter or the safest area of the home. All new foster children placed in a Resource Home shall be instructed on the safety plan for tornadoes within 48 hours of placement as per the evacuation plan noted above.

(5) Household Pets

The Resource Family shall show verification that all domesticated household pets and outdoor animals that are accessible to foster children, have current vaccinations.

The Resource Family shall provide supervision to the foster child when any pets are present. Pets that exhibit aggressive tendencies toward DFCS staff during the home study process may be cause for denial of a license. In such cases, an acceptable safety plan must be developed and approved by the Licensure Specialist.

LICENSURE

2. Interior Home Environment

The Resource Home shall be safe and sanitary. However, kitchens, bathrooms and bedrooms are more specifically discussed in detail below:

- (1) Kitchen: The home shall have a kitchen equipped for safe and sanitary preparation, serving and storage of food. The home shall have an operable refrigerator, stove and oven.
- (2) Bathrooms: The home shall have at least one flushing toilet with a seat and lid, one wash basin, and one bathtub or shower, all of which are clean and in good working order. At least one bathroom shall be accessible without going through a bedroom. A lid latch on the toilet may be necessary if there are young children in the home.
- (3) Bedrooms, Bedding and Sleeping Arrangements: a Resource Family shall provide safe sleeping arrangements, which also accommodate the privacy needs of a foster child, as described in this section:
 - (a) The bedrooms shall have a finished ceiling, floor-to-ceiling permanently affixed walls, a door, finished flooring and ventilation.
 - (b) The foster child shall have access to a bathroom without going through another bedroom.
 - (c) All bedrooms shall have doors which can be opened and closed.
 - (d) No more than four same sex children shall share a bedroom.
 - (e) The Resource Family shall provide each foster child with a standard bed appropriate to the child's age and needs. A standard bed does not mean a cot, couch, convertible couch, portable bed, sleeping bag or mat.
 - (f) No foster child shall sleep in a bunk bed of more than two tiers. Only foster children age 7 and above only shall sleep in the top bunk of the two-tier bunk bed and shall have access to a ladder and protective railing on all open sides.
 - (g) Each child shall have his/her own bed and a place for his/her own belongings with one exception: two siblings of the same sex may share a full sized bed or larger, if documented as being appropriate in each child's case record.
 - (h) Children under 18 months of age shall sleep in a crib. Children who are 18 months or older and developmentally delayed shall sleep in a bed that is appropriate to the child's age and needs. When a child is old

LICENSURE

enough to move from a crib to a regular bed, there must be an available bed for the child.

- (i) Children over 18 months of age shall not sleep in the same room with an adult who has reached his/her 21st birthday. An exception will be allowed when it has been documented that a child has severe physical or emotional handicap that requires close attention and monitoring by the Resource Parent. (*See* also, “K” below)
- (j) Children over the age of 3 years shall not share a room with a child of the opposite gender.
- (k) Notwithstanding any other provision of this section, a foster child who is a parent may share a room with her own child.
- (l) Each child shall be provided with:
 - a. a sanitary mattress with a waterproof protective mattress cover,
 - b. a clean pillow,
 - c. clean bed linens,
 - d. blankets or covers as appropriate to the weather,
 - e. separate and accessible drawer space for personal belongings, and
 - f. sufficient closet space.

3. Exterior Home Environment

- (1) The play area shall be fenced if there are conditions which may pose a danger to a child playing outside. The age and developmental abilities of the child are considerations for determining risk to the child.
- (2) There must be safety measures for a swimming pool or any body of water located at or near the Resource Home.
 - (a) The home shall have safety floatation devices readily available.
 - (b) Life saving equipment and devices shall be visible, readily accessible, in good repair and ready for immediate use.
 - (c) A Resource Parent or other responsible adult shall supervise a foster child who is in the swimming pool or near the body of water.

LICENSURE

- (3) At least one Resource Parent or an adult who is currently certified in Cardiopulmonary Resuscitation (CPR) shall be present in the swimming pool area or near the body of water when a foster child is in the area.
- (4) Each Resource Parent must be certified to administer CPR.
- (5) A Resource Family who will be utilizing a plastic, above ground, temporary pool shall immediately inform the Licensure Specialist of their purchase and use. Discussions of safety shall be documented in the Resource Family file in MACWIS. Resource Parent(s) must be certified in CPR at this time.

4. Transporting Foster Children

Resource Families must be able to provide transportation for children in care. Resource Parents, who transport children in their own vehicles, shall provide proof the following:

- A current driver's license
- Current Auto License Plate and Tag
- Current automobile liability insurance
- Current driving record validation
- Attend Car Seat Safety Training (if applicable)

Resource Families should have a transportation plan at all times. When applicable, the transportation plan must include car seat safety training, child safety seats for infants and young children or booster seats for older children, less than eight (8) years of age or weighing less than 80 pounds.

Driving records will be checked and validated annually.

Upon receipt of the driving records, MDHS State Office staff will review them to ensure the Resource Parent is not a high risk driver. If an applicant seeking to become a Resource Parent is determined to be a high risk driver the application may be denied. If the application to become a Resource Parent is denied as a result of driving records validation, the applicant will be notified pursuant to the Fair Credit Reporting Act.

If a current Resource Parent is determined to be a high risk driver, there will be cause for implementing a new transportation plan.

LICENSURE

DFCS defines a high risk driver as a person who has any of the following convictions, whether contested or not, within a 12 month period:

1. Three or more moving violations
2. Operating a vehicle while intoxicated
3. Hit and Run driving
4. Vehicular negligent injury
5. Reckless operation of a vehicle

All other persons transporting children in care must meet the same requirements as the Resource Family.

Smoking in a vehicle is prohibited.

Anyone transporting a foster child is prohibited from carrying any type of weapon in their vehicle while the foster child is in the vehicle.

Children in DFCS custody who are transported in a vehicle must be in an age appropriate passenger restraint system at all times in order to comply with MISS. CODE ANN. § 63-7-301. The Resource Parent shall also provide adequate passenger supervision. Documentation of a completed and signed Transportation Statement and Checklist (*See Appendix M*) shall be entered in MACWIS within thirty (30) days of completion. A copy of updated documents shall be added to the resource file.

C. Assessing the Family

1. Resource Parent Characteristics

a) Residence

Applicants must be residents of the state of Mississippi. A legal alien may obtain a Resource Home license if all adult household members are legally in the United States. If legal status is in question, request to see immigration documents. Permanent resident status can be verified by checking the applicant's Immigration and Naturalization Service [Form I-551](#) (green card). Check with immigration if status remains in question. (*See* www.IRS.gov)

b) Age

The applicant(s) must be at least 21 years of age.

LICENSURE

Finances

The applicant(s) must be financially self-sufficient and have an adequate income, exclusive of the foster care maintenance payment, to meet the needs of the Resource Family. The Financial Statement (included in the Resource Home Study Application) shall be completed as a part of the Resource Family application to verify the sufficiency of income. The Resource Family applicant shall provide verification of all current household income and expenses.

c) Relationship Status

Married applicants must verify they are legally married. Previous marriages and divorces must be verified. Applicants may not have unrelated adults living in the home.

d) Employment / Time to Parent

During the home study process, the Licensure Specialist will discuss with the applicant(s) their plans related to employment and their willingness and ability to take time from work, as necessary, to meet the needs of the children.

Applicant(s) working outside the household must have a plan for safe, stable and reliable childcare as well as sufficient work flexibility to meet the needs of the children as determined by DFCS.

A Resource Family applicant(s) shall not:

- (1) Conduct home business activities that prevent the applicant from caring for a child in accordance with licensing requirements. If an applicant conducts a business activity within the home, the applicant shall provide a statement explaining how the activities related to this business will not interfere with care of a foster child.
- (2) Provide personal or foster care services in the home for unrelated adults.
- (3) Resource Parents who operate licensed child care services from their homes (for children not placed in their home by DFCS) are subject to the policies of the Mississippi Department of Health. A Resource Parent operating a child care business from their home may not receive payment from another source for providing child care for a foster child placed in their home by DFCS and for whom they are receiving, or expect to receive, a board payment.

LICENSURE

2. Acceptance of Foster Child

The applicant(s) must have knowledge and understanding of:

- (1) The type of children needing placement;
- (2) Child development;
- (3) Separation, loss, and attachment issues; and
- (4) Appropriate child behavior management practice.

The applicant must be able to protect children from harm, give and receive appropriate affection and have the ability to maintain the child's permanent connections. The applicant(s) must also have the willingness and ability to commit the time necessary to provide supervision and guidance.

At least one parent in the home must be able to assist a child with checking homework assignments and giving help as needed with their homework.

a) Ability to Handle Survival Behavior

Since foster children often engage in survival behaviors, applicants' experience in handling these behaviors and their insight regarding survival behaviors and other common behaviors of foster children should be explored.

The worker and the applicant should develop, and discuss in detail, disciplinary plans for specific typical behavioral problems for foster children in the age range for which they are being licensed and the disciplinary plan(s) should be written into the home study.

All licensed Resource Families will sign [Form 457A](#) (*Affirmation of Understanding Regarding MDHS/DFCS Policy Regarding Corporal Punishment*) stating they understand that they shall not use any form of corporal punishment on a foster child placed in their home. (See Appendix N).

b) Resource Applicants must Demonstrate:

- Their understanding that the use of corporal punishment or mechanical restraints of any kind cannot be used.
- The ability to discipline the foster child with kindness based on the child's age and developmental stage and taking into consideration the child's past traumas and experiences.

LICENSURE

- The understanding that they may not withhold food for any reason.
- An understanding that verbal abuse, threats and remarks of a derogatory nature regarding any foster child or his/her birth family is inappropriate and unacceptable.

c) Willingness to Work with Birth Parents

The applicant's ability to support the involvement of the child's parents and other relatives and willingness to maintain permanent connections regardless of the permanency plan should be thoroughly discussed and documented in the home study.

3. Physical and Mental Health

The applicant(s) shall possess competent physical, cognitive, mental and emotional capacities with reasonable life expectancy that is anticipated to continue through the minority of the child.

DFCS may request the applicant(s) or other household members to provide additional medical, mental health, or substance abuse evaluations.

If at any time the Licensure Specialist has reason to suspect alcohol or drug abuse by the applicant, licensed Resource Parent, or any household member living in the home the resource applicant, licensed Resource Parent, or family member living in the home may be asked to undergo drug or alcohol evaluations. If suspicion of the alcohol abuse or drug abuse is founded, the applicant may be denied or the licensed Resource Home may be subject to closure.

All members of the Resource Family must provide a statement of capability from a treating physician or mental health therapist, if being treated for any physical or mental health condition which may preclude compliance with licensing requirements.

The Resource Family applicant must provide a signed and dated [Form 4404](#) (*Examination of Resource/Adopt Applicant*) (See Appendix O) by a licensed medical practitioner who shall have examined the person within six months prior to the date of the application, and which shall:

- (1) Include a description of the general health of the applicant and identify any medical problem or physical condition that may prevent or limit the person from caring for a foster child, or that may negatively impact a foster child;
- (2) Include a list of all regularly prescribed medications and the purpose of each medication.

LICENSURE

4. Food Supply

The Licensure Specialist will determine whether the home provides food with good nutritional content and food in sufficient quantity to meet the individual needs of the foster child. Some children entering care may require a special diet which should be documented in the child's case and Resource Parents are expected to meet these nutritional needs.

5. Adult/Child Ratios

The Resource Parent(s) shall provide foster care for no more than three (3) foster children in their home at any given time. There shall be no more than two teen parents or pregnant teens in the home.

The Resource Parent(s) shall care for no more than five (5) children total, including the Resource Parent's own biological or adopted children. The home shall have no more than two (2) children age 2 and under or who have therapeutic needs.

Notwithstanding the above, a sibling group may be placed together in the same foster home in excess of these limits, but only upon;

- Written recommendation of the Licensure Specialist and Licensure ASWS and;
- Written approval of the RD determining that the foster children can be maintained safely in the Resource Home.

6. References

The applicant(s) shall supply four (4) character references to the Licensure Specialist. Only one of these 4 references may be a close relative (parent, sibling, grandparent, aunt, uncle, or first cousin). Adult children who do not live in the home should be contacted as additional references.

The Licensure Specialist must also seek at least 2 additional references not named by the applicants. These references may be school personnel, law enforcement staff, clergy, other licensed Resource Parents, neighbors, or other DFCS staff.

References must understand that the information given by them to the Licensure Specialist may be discussed with the applicants, but the name of the person giving the information will not be shared.

LICENSURE

Though the Resource Family's home study may be shared with them, the reference's specific comments must be kept confidential. It is always a significant clue when people are unwilling to give a reference for an applicant.

The Licensure Specialist shall send the SAFE Reference Form (*See* DFCS Connection Website – “Forms” Section under “Permanency”) to each reference.

III. TRAINING

MISS. CODE ANN. § 43-15-13(6) instructs “The State Department of Human Services, with the cooperation and assistance of the State Department of Health, shall develop and implement a training program for foster care parents to indoctrinate them as to their proper responsibilities upon a child's entry into their foster care.”

A. Pre-Service Training

DFCS uses a pre-service training curriculum to be completed by the applicant(s). All adults residing in the home who will participate in the care of a foster child are expected to attend pre-service training.

The applicant will be provided with at least three (3) invitations to attend a pre-service training in their area over a period of three (3) months. If the applicant has not begun pre-service training within three (3) months of attending orientation, the inquiry may be closed and the Licensure Specialist will send a notice of such to the applicant.

The required paperwork by the Licensure Specialist and applicant will be completed during the preparation training. The individual family assessment can be initiated at any point in the process based on the specialist's assessment that the applicant may be appropriate for licensure.

If the documentation to be completed by the applicant is not returned to the DFCS within 30 days following the completion of pre-service training, the application will not be processed. The Licensure Specialist will send written notification that the documentation must be submitted within 15 days or the application will be denied. A Notice of Action stating such will be mailed to the applicant.

In the event the applicant cannot follow through with the application process, the pre-service training is valid for a period of 24 months. Resource Parent training classes shall begin every 60 days in every region with individualized training available as needed and as at times convenient for the foster family.

Experienced licensed Resource Families may function as co-trainers/leaders in the training process when possible and as appropriate. Trainers will conduct only one 3-hour session of the

LICENSURE

MISSISSIPPI PATH (*Parents as Tender Healers*) pre-service training per week. Exceptions can be made for relatives allowing a faster track with the current curriculum.

All caretakers in the home are expected to complete 27 hours of pre service training which consists of:

- Mississippi PATH (15 hours)
- Universal blood borne pathogens (1 hour video)
- Car Seat Safety (up to 3 Hours)
- First Aid and CPR Training (up to 5 hours)
 - Resource Parents who have a swimming pool or body of water on their property must be CPR certified.
- Travel/Finance Training (up to 3 hours)

Applicants are issued a “Mississippi PATH Participant’s Handbook” that focuses on the following areas:

1. *Team Work and the Children Served.* (The importance of ensuring Resource Families and kinship caregivers are active members of the team working with birth parents toward reunification and fostering permanent connections. Orientation to DFCS is also included.)
2. *Separation and Attachment* (Sibling issues and connection to culture and long term need for connection to relatives is addressed.)
3. *Developmental Stages* (Understanding of the different stages of development of a child and the impact sexual abuse has on development.)
4. *Behavior Management* (Discussion of different behavior problems the Resource Family will encounter with children and how to handle them).
5. *Permanent Connections* (Woven into this module is support of kinship caregivers and the TPR process).

B. In-Service Training

Resource Families will receive ongoing training through support groups as well as specific training that may be identified as needed by Resource Families and DFCS staff. All adults residing in the home who will participate in the care of a foster child must receive no less than ten (10) hours of ongoing annual training.

LICENSURE

Training certificates (*See* Appendix P), letters, or verification of training shall be provided to each Resource Parent for each training session attended. Resource Parent(s) shall be required to remain in the entire training session to be eligible to receive a certificate or verification of training.

Home-based or on-line training modules are available to Resource Parent(s); however no more than **(5) five** clock hours of the required **(10) ten** hours of in-service training may be obtained through these types of training.

Resource Parent(s) will provide certificate or proof of completion of training to their Licensure Specialist within fourteen (14) days of receipt of certification. The Licensure Specialist will file the certificate in the Resource Family file and document in MACWIS.

If the Resource Parent(s) have exceeded the required number of in-service training hours, the Licensure Specialists' documentation shall reflect the actual hours. Up to three (3) in-service training hours may be carried over to the next year.

1. Approved In-Service Training

Resource Parents shall be permitted to attend any training session, seminar, workshop or conference specifically dealing with children or parenting issues that has been approved by the National Association of Social Workers, Mississippi Chapter or the Child Welfare Training Institute (CWTI).

The Licensure ASWS may approve in-service training hours for training provided in support groups, training provided by Licensure or Adoption Specialists, or any training approved for continuing professional education.

Certificates of the training provided by the support groups will be signed by the DFCS staff providing the training or by a representative of the agency who provided the training (i.e., Southern Christian Services). Training or training material may not be repeated for credit within any 12 month recertification period.

Resource Parents completing home-based in-service training (in the form of a video or book) will submit, within fourteen (14) days, a written or typed comprehensive report describing the material covered, what was learned and the implication of the material in their work with foster children.

The training material must be pre-approved by the Licensure ASWS.

LICENSURE

C. ICPC and Private Licensing Agency Related Training Issues

When a licensed Resource Parent moves from another state into Mississippi, utilizing appropriate Interstate Compact on the Placement of Children (ICPC) channels, pre-service training may be waived for initial licensure in Mississippi. However, all adults residing in the home who will participate in the care of a foster child are expected to attend orientation prior to being licensed in Mississippi. The family must also complete Mississippi pre-service training requirements within their first year of Mississippi Licensing.

All other licensing requirements must be met, but documentation from the family's sending state file may be substituted (references, medicals, pet vaccinations, criminal background checks, etc.), if the Licensure Specialist and Licensure ASWS determine the information is within adequate timeframes.

D. Logistics of the Home Study

1. Home Visits and Interviews

According to the SAFE Home Study recommendations the Licensure Specialists shall conduct a minimum of three (3) home visits and a minimum of four (4) home study interviews with the applicants as outlined below. Each home visit should be conducted approximately one week apart.

1. *First Home Visit*

- a. *Interview One* is a joint interview that is conducted after the applicants have completed the Home Study Application and SAFE Questionnaire 1. Use this interview to "get to know the applicants."

2. *Second Home Visit*

- a. *Interview Two* and *Three* are conducted separately, scheduled back-to-back, with each applicant after administering SAFE Questionnaire 2.

3. *Third Home Visit*

- a. *Interview Four* is a joint interview that should focus on the marriage or support system for a single applicant and their parenting plan. This is also where questions that still need answering are addressed.

All household members shall be interviewed privately and can be completed during one of the home visits above.

LICENSURE

2. References

References may complete a written statement using the SAFE Reference Form which is returned to the Licensure Specialist or the reference may additionally be interviewed by the Licensure Specialist via phone or in person as needed.

E. Expedited Resource Licensure

All foster care settings, including relative, fictive kin placements, and court ordered non-relative placements, shall be screened prior to the initial placement of foster children to ensure that children receive safe, sufficient, and appropriate care. Additional screens shall be completed at least once annually thereafter and within two weeks of a reported change in the residents of a resource home.

Screens shall include criminal and local law enforcement checks and child welfare background checks (MACWIS checks) of all household members who are at least fourteen (14) years old. The *Emergency Placement Checklist*, which is included in the *COR packet for Expedited Relative Placement* must be completed by COR/County of Service (COS) Worker. (See Policy Section at <http://dfcsmacweb/DFCSWEB/>)

No foster child shall be placed in a home prior to the completion of the *Emergency Placement Checklist* during a walkthrough of the home and DFCS receipt of all background check results.

DFCS shall maintain an expedited process for licensing screened relative, fictive kin caregivers and court ordered non-relative placements to enable a child to be placed quickly with relatives/fictive kin/court ordered non-relatives upon entering foster care. The licensing process for these placements shall take place in two steps:

1. an emergency process that enables a child to be placed with relatives/fictive kin/court ordered non-relatives as soon as the child enters placement, following an initial screen of the relative's home, and
2. a full licensing process, to be completed no later than 90 calendar days after the child has entered placement.

DFCS may waive non-safety licensing requirements for relatives/fictive kin foster placements in individual cases, in accordance with federal regulations. All placements approved for expedited placement shall undergo the full licensing procedure within 90 calendar days of the child's placement in the home.

LICENSURE

A home study will be considered expedited when a foster child has been placed in an unlicensed home and the COR/COS Worker has completed the COR packet for Expedited Relative Placement or if the court has ordered such placement prior to a home being licensed.

The following steps shall be completed by the COR/COS Worker within 24 hours of a child entering MDHS custody and placed in an unlicensed home:

- The COR Worker shall complete the COR packet for Expedited Relative Placement **prior** to a child physically being placed in an unlicensed home.
- Once completed, this packet must be scanned and emailed or faxed to the Licensure ASWS and copied to the Licensure Specialist for the county in which the child is placed. This email should be copied to the COR ASWS/RD. The original packet shall be placed in the child's file. The COR/COS Workers should work together to compile this packet at the time of placement; however this is ultimately the responsibility of the COR Worker.
- The COR Worker will enter the Resource Inquiry/Expedited Relative Placement Intake in MACWIS.
- The COR Worker shall enter the child's placement into MACWIS as Expedited Pending Relative Resource.
- The Licensure ASWS or the Licensure Specialist shall initiate the home study by presenting the Resource Unit Packet for Expedited Relative Placements to the Resource Parent applicant within three (3) business days.

The Licensure Specialist will have thirty (30) calendar days from the date of placement to complete the initial home study, which shall be approved for placement only if requirements are met. The [Permanency Unit Packet forms](#), an interview with the Resource Parent applicant(s), statements from references, and a home visit shall be completed.

This completed packet and interviews give the Licensure Specialist enough information to enter the basic home study information in MACWIS. When the home study information is initially submitted, the Licensure ASWS shall approve the home study as Approved/License Pending. This is the first level of approval that must be completed in thirty (30) days. A start date for licensure will not be required.

The full licensure procedure must be completed within ninety (90) calendar days of the child's placement in the home. When all documentation for licensure requirements is submitted, the

LICENSURE

Licensure ASWS shall review, approve (if requirements are met), and enter the licensure start date in MACWIS.

The Licensure ASWS shall issue a Resource Home license to the family as outlined in License Approval (See section V.C. below) naming the specific child(ren) for whom the home is licensed. The Licensure ASWS shall notify the COR ASWS, COR Worker, and RD that the home is licensed for a specific child(ren) and the family is eligible for a board payment from the day of licensure. A copy of the license shall be sent to the State Office Eligibility Unit and the Licensure Specialist for the family file.

The COR Worker shall complete a placement change in MACWIS within two (2) working days of the notification that the home has been fully licensed, showing the child placed in a licensed home.

Any barriers to licensure and all efforts to get the home licensed must be documented in the child's file and Resource Family file. If the home remains unlicensed after forty-five (45) days of the child's placement in the home and it appears that the home will not become licensed within ninety (90) days of the child's placement, the assigned Licensure Specialist will staff the case with his/her Licensure ASWS, the COR Worker, the COR Supervisor and the COS Worker (if applicable) to discuss barriers, solutions, other placement options, and to agree on a recommendation to the court regarding placement.

If it is an expedited placement whether court ordered or not, the COR worker will notify the court in writing of licensure action taken by DFCS. If the home is licensed, DFCS may recommend the child remain in the placement. If the home cannot be licensed, DFCS will recommend the child be moved.

1. Waivers

Federal guidelines allow states to waive non-safety related standards for the licensure of relative/fictive kin Resource Homes. The guidelines clearly state that waivers are to be used only on a case-by-case basis and that "all foster care licensing standards should provide equal protection in terms of safety, sanitation, civil rights, and admission policies for all children in care, regardless of their special situations. Children living in the homes of relatives are entitled to no less protection than children living in non-relative foster homes."

Source: Federal Child Welfare Procedures Manual; ACYF-CB-PIQ-85-11

Legal Reference: Social Security Act, § 471(a)(10), and 472(c)

LICENSURE

When considering a waiver, the Licensure ASWS, Licensure Specialist, COR Worker, and COR ASWS shall discuss and document the following in both the child's file and the Resource Family file:

1. Why is this relative the best placement for this child?
2. What other placement options are available for the child, and why is this one better than the others?
3. Will the child be safe in this home?
4. How will the waiver of this standard impact the child and relative caregiver?
5. What, if anything, can be done to help the relative meet the standard being considered for a waiver?
6. How is the standard requested for waiver not safety related?

All waivers must be submitted in writing to the Licensure ASWS for first approval and then submitted to Permanency Unit at State Office for final approval. A copy of the request should be sent to the RD where the home is located.

State Office Permanency Unit will respond within two (2) working days of receipt of request for waiver. The waiver request and Permanency Unit response should be entered into a narrative in both the child's file and the Resource Family file.

The following DFCS standards have been identified as non-safety related standards that *may* be waived in certain circumstances. These standards are NOT to be waived as a matter of general practice when licensing relative caregivers.

- Must be age 21 or older
- Employment validation
- At least one bathroom accessible without going through a bedroom
- Must have access to schools and churches
- Adequate play area
- Married or single/unrelated adult in the home
- Proof of income without board payment
- Bed space (Children 18 months and under must sleep in a crib)
- Bedrooms must have doors which can be opened and closed

LICENSURE

2. Interim Placement

The “Interim” selection on the MACWIS home study approval tab will allow a Licensure ASWS to create a “Placement Only” resource. No license will be created when the Interim is selected. This selection is used when an Expedited Home Study is not licensed, but is needed to show placement in MACWIS for the children who were placed in the home pending licensing. Once the Interim is selected, the Licensure ASWS will have to choose one of the following reasons for this type of selection:

- Home doesn’t meet requirements
- Child no longer in custody
- Child removed
- License not wanted

IV. SPECIALIZED HOMES

A. Medical/Treatment Resource Homes

A licensed Resource Family home specializing in the care of medically fragile children shall comply with all foster home requirements as well as the following conditions:

1. Provide a specialized license, degree, certification, training or experience that documents and demonstrates an expertise to work with children with special medical/treatment needs, (i.e. doctor, registered nurse, licensed practical nurse, emergency medical technician, special education teacher, clinical therapist, etc.);
2. Demonstrate the ability to care for children with special needs such as feeding tubes, heart monitors, oxygen, fetal alcohol syndrome, cerebral palsy, diabetes, diagnosed emotional or behavioral illnesses or disorders, etc.;
3. Agree to be licensed for no more than two (2) medically fragile foster children at any given time. Placement of more than two medically fragile foster children may be considered in cases of sibling groups or other extraordinary circumstances. Approval must be requested from the Licensure ASWS and RD prior to any placement. If the specialized home is caring for the siblings of a medically fragile child, these siblings will not receive the special care board rate unless they have also been certified as eligible for that benefit;
4. Understand that specialized Resource Parents shall provide transportation and accompany the foster child with special needs to all school, treatment, and medical appointments, as well as ensuring that any follow-up visits are kept;

LICENSURE

5. Agree to stay in the hospital with a child placed in their home should the child be hospitalized;
6. Maintain the child's important records, including medical documents, immunization records, and a health journal for each child with special needs placed in their home;
7. Maintain adequate school/educational records on each child with special needs placed in their home;
8. Participate as a member of the service team through at least one of the following methods:
 - a) Personal attendance at Family Team Meetings (FTM)s, County Conferences, Court Hearings, IEP Meetings, etc.
 - b) Telephonic conference calls.
 - c) Provision of a written report on the child's progress including any recommendations for service

1. Training Requirement for Medical/Treatment Resource Homes

In addition to the 27 hours of pre-service training requirements, prior to providing a specialized license, the Licensure Specialist will verify eight (8) hours of specialized training, by a certified provider, specifically addressing the medical needs of children who meet medically fragile criteria. If a specific child has been identified for a specific home, the parent's 8 hours of specialized training should reflect the individual medical needs of that child.

In order to maintain Medical/Treatment Resource Home status, specialized Resource Parents for medically fragile children must complete 12 hours of in-service training annually. These hours must be relevant to the specific child(ren) in their home.

Additionally, specialized Resource Parents must show documentation of ongoing knowledge and ability to care for the special medical needs of the child(ren) placed in their care. If no medically fragile children are placed in the home, in-service training hours must specifically address the medical needs of children who meet medically fragile criteria. CPR and First Aid Certification must be maintained.

B. Teen Parent Resource Home

A Resource Parent may seek and obtain a license for up to two (2) foster children who are pregnant or foster children who have parental responsibilities for their own child. The teenager's

LICENSURE

child may or may not be in DFCS custody. This Resource Parent shall comply with all Resource Home licensure requirements including the following:

1. An additional 8 hours of specialized training from a professional provider who is an authority on teenage parents. These 8 hours will include:
 - a. Parenting the Teenage Parent (2 Hours)
 - i. Setting Boundaries
 - ii. Appropriate House Rules/Expectations
 - iii. Contracting and Consequences
 - iv. Communicating with Teens
 - b. Teaching the Teen to Parent (4 Hours)
 - i. Teaching Financial Responsibilities
 - ii. Teaching Parental Sacrifices
 - iii. Teaching the Roles of a Parent
 - iv. Teaching Values
 - v. Teaching Child Growth and Development
 - vi. Teaching Appropriate Discipline
 - vii. Teaching Communication
 - c. Transitioning to Independence (2 Hours)
 - i. Training with the Independent Living Specialist to receive Independent Living curriculum.
 - ii. Overview of the Independent Living Services
2. Agree to foster no more than two teen parents at any given time.
3. Agree to provide transportation, accompany and support the teen parent in meeting parental responsibilities for her child(ren) including child care/day care, school enrollment or meetings, treatment or medical appointments, and other services based on the teen parent or child;
4. Assist pregnant teens residing the Resource Family home with arrangement for pre-natal care, doctor appointments, follow-up medical visits and hospital arrangement for delivery in coordination with the COR Worker;
5. Model appropriate parenting methods for the teen parent and work with her to adequately care for and nurture her child(ren);

LICENSURE

6. Teach and assist the teen parent in obtaining and maintaining necessary documentation and important records, including but not limited to: birth records, medical documents, immunization records, and other relevant information for both herself and her child;
7. Demonstrate the ability not to undermine the teen parent's care for her child, nor initiate any legal proceedings (i.e., termination of parental rights or adoption proceedings) involving the teen parent's child;
8. Participate as a member of the service team through at least one of the following methods:
 - a. Personal attendance at FTMs, County Conferences, Court Reviews, etc.
 - b. Telephonic conference calls.
 - c. Provision of a written report on the progress of the teen parent and child including any recommendation for service.

The Licensure Specialist must upgrade the license status of each specialized home. During the one year re-evaluation period, these families must receive a total of **12** hours of in-service training. A minimum of two (2) of these hours will be participation in the Independent Living Program with the teen parent.

C. Respite

Respite care is provided through referrals to private agencies. All respite homes must be licensed Resource Homes or licensed respite homes.

These providers must have obtained additional training in respite care through the private agency who licensed them for respite care. Respite care providers must have extra bed space available for a child to be placed for respite care and can have no more than 3 foster children and a total of 5 children placed in their home regardless of the status of the children's placement (foster, respite, adoptive, biological children.) Respite services are paid for through the grant(s) awarded to the private agencies.

All children in foster care and children who have been adopted from foster care are eligible for respite care. Additional information regarding respite care may be requested through the permanency unit at the DFCS State Office.

LICENSURE

V. LICENSING DECISION

The final decision regarding the licensing of Resource Homes rests with the DFCS Licensure ASWS with input and recommendations from the Licensure Specialist. The application may be:

- Withdrawn by the applicant
- Denied by the Permanency Unit
- Approved by the Permanency Unit.

All screened-in applications must be processed and a written decision given to the applicant within:

- One Hundred-Twenty (120) days of the date the applicant completed the Orientation and Screening Phases, or
- Ninety (90) days for expedited relative placements.

If the licensing time frame exceeds the days allowed, reasons must be clearly documented in the Resource Family file in MACWIS and in the child's file if it is an expedited relative placement.

A. Recommendation for Placement

When the Licensure Specialist has concluded that a family is appropriate for licensure, the Licensure Specialist will submit the SAFE Home Study and make a recommendation of approval in the MACWIS home study.

The Recommendation for placement should include:

- Particular strengths of the family;
- Areas of concern;
- Most appropriate special needs for this family;
- Special needs this family is equipped to handle; if any
- Age of children recommended for this family; and
- Family's interest in adoption, foster care, or both.

LICENSURE

B. Grounds for Denial

If the decision is to deny the license, the Licensure Specialist must state the reasons in the Notice of Action. The Notice of Action shall be sent to the applicant by certified mail with a copy of the notice to the State Office Permanency Unit.

Denial of a potential resource applicant must not be made on the basis of the RCNO of the child(ren) in care or the RCNO of the applicant.

1. Grounds for denial may include but are not limited to:

- A person residing in a home who has been convicted of a crime that would prevent licensure.
- A person residing in a home who has a record of evidenced child maltreatment.
- A person residing in the home refusing to submit to background checks.
- The minimum standards are not met.
- There is “just cause” to deny the license. “Just cause” exists when:
 - The conditions in the home would or could be physically, mentally or emotionally harmful to a child placed in the home.
 - When the applicant has a history of alcohol or drug use without documentation of successful treatment and after-care.
 - The applicant has been involved in illegal activity.
 - The applicant makes ethnic or racial slurs about certain groups of people or expresses other extremist views during the home study process.
 - The applicant shows an inability to work with DFCS.
 - A person, residing in the home or not residing in the home, that has been determined a high risk driver with the responsibility of transporting the child(ren).

Supporting documentation from the SAFE Questionnaire, observed conditions, statements made by the applicant, the applicant’s family or references, etc., must be documented clearly in the study. The Licensure Specialists’ feelings are not sufficient for documentation purposes.

LICENSURE

C. License Approval

The Licensure ASWS shall review all documents submitted by the Licensure Specialist as well as the completed SAFE home study. The following documents shall be submitted as applicable:

- Home Study Application
- Physical Exam of Resource Applicant – “Medical” Form 4404 for each adult applicant – signed and dated by medical personnel
- Verification of pet vaccinations
- Evacuation Plan/Disaster Preparedness Plan (and signed acknowledgement) (See Appendices K and L)
- Contract for Designation of Resource Home - Form 457 (signed and dated) (See Appendix Q)
- Affirmation of Understanding Regarding Use of Corporal Punishment - Form 457A (signed and dated)
- Resource Family Purchase Order Agreement (See Appendix R)
- Current marriage license and copy of divorce decrees/death certificates as applicable
- Transportation Statement and Checklist with supporting documentation.
- Central Registry check
- Local law enforcement background check results
- Fingerprinting clearance through FBI
- Pre-Service training certificates
- Copies of applicant’s Life Stories

The Resource ASWS is the licensing authority for the licensing of Resource Homes in the State of Mississippi and shall hold the original documents/official Agency file for each Resource Home licensed in their region. (See section A “Administrative Policy” Section A for format to file documents.)

If the decision is to approve the license, Resource Specialist or Resource ASWS shall send the certificate of licensure to the following:

LICENSURE

- Applicants (original);
- County of Residence ASWS;
- State Office Eligibility Unit; and
- Resource Family file.

1. Certificate of License should include the following information:

- Name of licensee
- Particular home address for which the license is issued
- Number of foster children who may be cared for in the home at one time
- Indicate if the home is child-specific
- The beginning date
- Ending date
- Indicate any special limitations

VI. ONGOING SUPPORT

Licensed Resource Parents need regular ongoing consultation and supervision. These functions run concurrently with placement activities. Supervision and consultation should be provided via a team approach involving both Licensure Specialist and the County Worker monitoring the child's placement.

The Licensure Specialist will support Resource Families by being involved in the following activities:

- Participating with Resource Families in FTMs which address:
 - Permanency issues;
 - Issues in working with the birth family; and
 - Issues regarding the care of the child.
- Providing ongoing active support in order to strengthen the placements and prevent disruptions in the Resource Home.
- Initiating FTM when placement is at risk of disrupting.

LICENSURE

- Assessing and securing services for Resource Parents to prevent and reduce stress and family crisis.
- Encourage Resource Families' active participation in FTM(s), foster care reviews (county conferences) and court hearings.

The Licensure Specialist will make weekly contact for the first month of the first placement into a newly licensed Resource Family.

The Licensure Specialist will maintain ongoing monthly contact (face to face, telephone, letter, email, etc.) with each licensed resource.

Ongoing monthly contact with all Resource Families will focus on:

- Working with birth family toward maintaining connections and achieving the child's permanency plan;
- Discipline issues with child;
- Marital issues brought about with placement;
- Provision of available services necessary to maintain placement; and

A. Monitoring and Renewal

A Home Environment Checklist is a tool used to guide on-going assessments of Resource Homes for continuing compliance with home environment standards. The Home Environment Checklist shall be completed by the Licensure Specialist every six months after licensing the home.

The Home Environmental Checklist should be completed by a County Worker during a home visit at any moment the worker thinks there should be a check completed. Documentation of the Home Environment Checklist should be entered by the Worker in the Resource Family file in MACWIS within thirty (30) days of completion.

If the County Worker uncovers a concern, the concern must be reported to the Licensure ASWS and/or Licensure Specialist within three (3) working days.

The following shall be monitored during such assessments (See also section II.B.1.a of this policy section):

1. The home shall be well heated/cooled and well ventilated.
2. At all times the home shall have a working telephone, mobile or landline.

LICENSURE

3. The home shall be safeguarded, inside and out, against hazardous chemicals, cleaning materials, toxic substances, hazardous objects, equipment, medications, and firearms.
4. The home and premises shall be free of rodent and insect infestation.
5. A home shall not rely on portable space heaters as the sole source of heat and shall not use such space heaters during sleeping hours. The home's fireplaces, floor furnaces, freestanding stoves and open-faced heaters shall be screened or otherwise adequately guarded.
6. The home shall have protective covers for all electrical outlets not in use in all areas occupied by children age 6 and under or any mentally challenged child.
7. The home shall have a well maintained outside play area, clean and free of hazards to the health and physical well-being of the family.
8. The home shall have a continuous supply of clean drinking water. If the water is not from a city or community water supply, the Resource Parent(s) shall provide evidence that a state or local health authority has approved the water system.
9. All licensed homes must have a functional sewage system.
10. The home shall have interior plumbing with running warm and cold water.
11. There shall be no exposed wiring within the home.
12. All household members are included in the Resource Home case file.

B. Re-evaluation

The re-evaluation process will occur annually and include the following:

1. A statement from a licensed health care provider that the Resource Parent(s) are physically capable of caring for the foster children in their home. A complete physical is not required at the time of recertification. Resource Parents shall also provide a list of all medications currently taken by the Resource Parents and reasons for those medicines.

If at any time during the year a Worker feels the health of a Resource Parent(s) may impede their ability to care for the foster children in his/her home, the Licensure Specialist shall request an updated doctor's statement, list of medications and reasons for those medicines.

2. [Local background checks](#) (not fingerprinting) are required every year at the time of reevaluation. Fingerprinting is done every five years.

Note: Background checks must also be completed within two (2) weeks of a new household member entering the Resource Home; and background checks, including

LICENSURE

fingerprinting, are required of all household members who are 14 years of age or older.

3. Home visit conducted by the Licensure Specialist;
4. Complete the *Home Environment Checklist* during the home visit. Discuss issues and concerns in providing care.
5. Discuss the means of discipline being used with the children currently placed in the home. Discuss and have signed the Affirmation of Understanding Regarding Use of Corporal Punishment – Form [MDHS-457A](#).
6. Review, discuss, and sign the [Contract for Designation of Resource Home](#).
7. Discuss confidentiality issues and sign new [Confidentiality Statement](#).
8. Verification of in-service training (10 hours annually per parent and 12 hours for specialized homes).
9. Verify pet vaccinations.
10. Complete [Transportation Checklist](#).
11. Provide updated emergency evacuation/disaster plan.
12. Gather updated financial statement and verification of income.
13. Verify updated CPR training.
14. The Licensure Specialist shall contact the county workers and county ASWS who have had children placed in the home to determine if there are any ongoing issues. This discussion must be documented in the child's file and Resource Family file in MACWIS.

C. License Changes

Any changes in life circumstances must be reported to the Licensure Specialist prior to a planned change (i.e. marriage, adding household member, relocation, etc.) or within forty-eight (48) hours of unplanned changes (loss of job, death of household member, etc.). A new assessment of the home/family must be completed with any of the following changes:

1. Resource Family Relocation

If the Resource Family moves, a description of the new home, including sleeping and play space, along with the [Home Environmental Checklist](#) shall be required within fourteen (14) days of the move.

LICENSURE

If relocation involves a move to another county, the Licensure Specialist in the original county shall complete the appropriate MACWIS screens indicating relocation, giving the new Resource Home address, and adjusting the license expiration date which shall be sixty (60) days from the date of relocation. The Licensure Specialist shall inform the family that their license will expire within 60 days of relocation unless a relocation study is completed. The Licensure Specialist shall also notify the COR worker(s) of any child(ren) placed in the home of the Resource Family's intent to move.

Once this information is entered by the Licensure Specialist, it shall be sent to the Licensure ASWS for approval/disapproval. The Licensure ASWS will then transfer the resource case to the new county of residence Licensure ASWS for assignment to a Licensure Specialist. The relocation summary shall then be completed within the sixty (60) days, prior to the expiration of the license.

2. Family Moves Out of State

A Resource Family who moves out of state is no longer eligible for a Mississippi Resource Home license. Plans for moving out of state must be discussed with the child's COR Worker prior to the move in order to determine whether a child's possible move with the Resource Family is consistent with the child's permanent plan.

If all parties (county worker, the court, guardian ad litem, the parents, etc.) are in agreement with the move, the child may move with the Resource Family. A request will be made through the ICPC Unit.

The Resource Parents must sign a [Release for Confidential Information for their Resource Home File to be forwarded to another state.](#)

The Resource Family must apply for a license in the other state within thirty (30) days of the move and complete the other state's licensing procedure within ninety (90) days. The Mississippi Resource Home license will remain in effect for the ninety (90) day period of time. If the Mississippi license is due to expire within the ninety (90) days, the [license renewal](#) must be completed prior to the move.

3. Licensure Change in Number/Characteristics of Children

If the [license change request](#) is for a change in the number of children, an outline of sleeping arrangements and documentation of a discussion of the family's physical and emotional capacity for additional children is required on the appropriate screen in MACWIS by the Licensure Specialist.

LICENSURE

Increasing the number of children that a Resource Home is licensed for is at the discretion of the Licensure Specialist based on an assessment of the abilities and resources of the Resource Parent(s). The Licensure ASWS has the authority to approve this request. Only under emergency circumstances and with prior approval from the RD where the home is located, can a COR Worker place more children in a home than the home is licensed for and for only up to 72 hours. In addition to the RD approval there must also be approval from the Licensure Specialist and Licensure ASWS within the 72 hour time frame. This approval is given through the completion of a license change in MACWIS.

For children under age 18 months, a baby bed or crib for sleeping must be in the home prior to the child being placed in the home. Placement of a sibling group exceeding the standard (no more than a total of 5 children in the home) must be recommended by the Licensure Specialist and Licensure ASWS and approved by the RD. This approval shall be documented in the Resource Family file, a narrative in MACWIS and the case file.

4. Licensure Change in Marital Status

If a single Resource Parent marries, it shall be necessary to document the change and to interview the additional household member(s), and enter the information in a MACWIS license change narrative.

A complete background check should be completed prior to the marriage, if possible, but no later than 2 weeks after a new spouse enters the Resource Home. The new spouse of a licensed Resource Parent shall complete pre-service training within the first year of marriage.

Resource Parents who have foster children placed in their home may experience separation or divorce. When this occurs, the Licensure Specialist, in coordination with the County Worker, must evaluate their circumstances to determine if it is in the best interest of the children to remain in the home and whether the licensed father or the licensed mother retains placement of the children when the separation occurs.

The children will not be moved automatically unless there is violation of some other licensing requirement involved. The couple will need to inform their Licensure Specialist and the County Worker immediately of their separation and where they and the children will be living.

Within six months of the couple separating, they must provide proof of divorce or marital counseling toward reconciliation, and that they have obtained counseling for the foster children dealing with separation and attachment.

If these criteria are met, the home shall remain licensed but no additional children will be placed in the home until an assessment by the Licensure Specialist shows that the family has had an adequate period of adjustment.

LICENSURE

5. Death/Change in Household

If one of the Resource Parents dies, it will be necessary to discuss with the widow/widower what services they may need as a result of their loss. The Licensure Specialist will complete the appropriate screens in MACWIS to remove the deceased person from the case.

The home shall remain licensed but no additional children will be placed in the home until an assessment by the Licensure Specialist shows that the family has had an adequate period of adjustment. The foster children will also be assessed to see if they are in need of counseling to address grief and loss issues related to the death of the Resource Parent of household member.

6. Addition of Household Members

All additions and changes in household members must be reported to the Licensing Specialist prior to changes being made. If prior notice is not possible, changes must be reported within forty-eight (48) hours of the addition/change. [Criminal background checks](#), including fingerprinting and FBI clearance, will be completed on additional household members 14 years of age and older within 2 weeks of the reported change. Failure to report changes in household members and completing background checks may result in the Resource Home license being revoked.

D. Policy Violations and Adverse Actions

1. Corrective Action Plans

The Corrective Action Plan is a formal documentation of the identified needs to be addressed by the Resource Family, the tasks to be completed to reach the desired solution, the timeframe for completion, and action to be taken if the plan is not completed within the given timeframe. The purpose of the Corrective Action Plan is to assist the Resource Family in meeting all the standards of licensing and remain a Resource Home that can better meet the needs of the children that may be placed in the home.

The Corrective Action Plan will list the conditions that need to change so the Resource Family will improve in the area of deficiency. This can include, but is not limited to, parenting skills, discipline techniques, physical home conditions, parent conduct, etc. The Corrective Action Plan should be developed with the family (which helps assure compliance), Licensure Specialist, and COR Worker, when appropriate.

This Plan must be reviewed and approved by the Resource Family, Licensure Specialist, Licensure ASWS, the COR Worker/ASWS and RD.

LICENSURE

2. Concerns Regarding Quality of Care

All concerns that arise regarding the quality of care in a Resource Home shall be assessed to ensure the safety, well-being, and permanency of children. Immediate danger to a foster child requires immediate action on the part of the COR Worker and Licensure Specialist. Adverse licensing actions may take time but the needs of the child may require immediate action.

When the reported deficiencies raise questions about the quality of care but do not appear likely to cause immediate physical, mental, or emotional harm to the child, the Licensure Specialist should immediately inform the COR/COS Worker(s) of the conditions and provide the Resource Family the opportunity to meet with the COR Worker, Licensure Specialist, and Licensure ASWS to discuss the deficiencies and create a written Corrective Action Plan.

For a first violation, the Resource Family will be offered training and supportive services to address the problem through the Corrective Action Plan. If the Resource Parent(s) refuses to enter into a written commitment to improve the deficiencies, the resource license may be suspended or revoked. All reported deficiencies and Corrective Action Plans will be documented in the MACWIS Resource Family file as a narrative with a hard copy of a Corrective Action Plan filed in the Resource Home file.

If there is a second violation of the same policy within a six month period, the home shall be closed. If there is a second violation but of a different policy within a six month period, the Licensure Specialist may:

- Request a second Corrective Action Plan;
- Recommend suspension; and
- Recommend closure, depending on the circumstances and nature of the violation.

If the reported deficiencies in the Resource Home present an **immediate threat** to the physical, mental, or emotional well-being of a child, immediate action shall be taken to protect the child. At no time will a child be left in an unsafe environment. The Licensure Specialist shall inform the Licensure ASWS who shall ensure that any COR Worker/ASWS with a child placed in the home is notified of the existence of the conditions so that the child(ren) may be removed. If the COR Worker/ASWS is unavailable and the child is in an unsafe environment the Licensure Specialist shall notify his/her ASWS to request approval for removal of the child. The Licensure Specialist shall show the home as “not accepting placements” in MACWIS and following the assessment, the Resource Home license may be suspended or revoked.

LICENSURE

3. Complaints, Policy Violations, Maltreatment or Other Concerns Reported to DFCS Worker

When a DFCS Worker receives a written or verbal complaint which indicates a possible Resource Home policy violation, DFCS shall either:

- Conduct an assessment of the allegations to assess compliance with policy; or
- Allegations of maltreatment or corporal punishments of child in foster care shall be reported to Centralized Intake for screening. (*See* Policy section B “Intake”)
- All complaints/concerns shall be documented in the resource home narrative.

4. Conviction of a Crime

If there is reason to believe that a Resource Parent or household member has been convicted of a crime or pending indictment of a crime, the Licensure Specialist shall obtain a copy of the criminal conviction record and/or law enforcement background check and follow the evaluation process. (*See* “Evaluating Criminal Records” at II.A.2.b above).

These records should be reviewed by the Licensure Specialist and Licensure ASWS. If the Licensure ASWS concludes that the records need further review to make a determination, the records will be sent to the Regional Records Review Committee.

A further evaluation shall consider the nature and seriousness of the crime in relation to:

1. Time elapsed since the crime was committed;
2. Degree of rehabilitation;
3. Likelihood that the person will commit the crime again; and
4. Number of crimes committed by the person (history).

If the crime merits suspending or revoking the license, proceed to take action on the license.

5. Removing a License (Closures)

Serious concerns regarding quality of care or repeated policy violations (such as criminal convictions, substantiated abuse/neglect, falsifying documentation, violating confidentiality or

LICENSURE

discipline policies, etc.), or other conditions posing a danger to a child may result in placing a HOLD on the license or revocation of a license.

The Licensure Specialist shall identify and document specific violations of licensing requirements and the specific policies violated through a MACWIS narrative in the Resource Family file. When these violations meet the threshold for removing a family's license, the recommendations for placing a HOLD or revocation of the license and supporting information will be forwarded to the Licensure ASWS. The Licensure ASWS shall send a copy of the Notice of Action to the Resource Family as well as the COR Worker and the ASWS of any children placed in the home. A copy of the Notice of Action shall be filed in the Resource Home file.

Each case should be considered individually and the reasons for closure thoroughly reviewed. Reasons for closure include, but not limited to:

- The family requests their home be closed;
- The family moves out of state;
- The family refuses to cooperate with the regulations and policies of DFCS, such as failure to cooperate with the implementation of the permanent or concurrent plan of the child;
- Use of corporal punishment;
- Failure to complete a corrective action plan;
- The family cannot or will not take action to meet DFCS licensing requirements; and
- There is an evidenced report of physical, sexual or emotional abuse or neglect of a child.

6. Placing a HOLD on the License (Not Accepting Placement)

The date of the HOLD of a license is effective immediately upon delivery of the Notice of Action to the Resource Home by the Licensure Specialist. Placing a HOLD on a license will be shown in MACWIS as "not accepting placement" until the license is revoked and the home is closed or the deficiencies are corrected through a Corrective Action Plan.

Conditions may exist in a Resource Home that threaten the health, safety, and well-being of a child in the home, but can be corrected by the family. Such instances shall be assessed on a case by case basis as to whether or not the child can remain safely in a home. At no time will a child be left in a situation where the child's safety or wellbeing is uncertain. Rather than revoking the home's license DFCS has the option of placing a HOLD on the license for a specific period of time and allow the family to complete the Corrective Action Plan.

LICENSURE

If the family fails to acknowledge the existence of the threatening condition and/or to sign the Corrective Action Plan or if the family is unable or unwilling to complete the Corrective Action Plan within the agreed upon timeframe, the Licensure Specialist shall initiate action to revoke the license and close the home.

7. Revoking the License and Closing the Home

With any decision to take adverse action on a Resource Home license, the Licensure Specialist should review the situation with the Licensure ASWS to determine if and what action should be taken, taking into consideration the specific circumstances of the Resource Family.

Courses of action other than revocation may be more appropriate. Improving the services and care provided by a Resource Family to meet standards is preferable to losing a trained, experienced Resource Family.

The Licensure Specialist will make a recommendation for closure in MACWIS and send a copy of the Notice of Action to the Resource Family as well as the COR Worker and ASWS of any children placed in that home. A copy of the Notice of Action shall be filed in the Resource Home file. The date this notice is sent shall be added to the MACWIS "closure" tab. The Resource Family will have ten (10) days to initiate the Administrative Grievance Hearing Process. (See Appendix S) (*See VII.A-B below*).

If the Resource Family does not respond to the Notice of Action with a request for a hearing, the home will be closed in MACWIS by the Licensure Specialist and approved by the Licensure ASWS.

If the Resource Family requests an appeal, the home will remain on HOLD until the appeal hearing is completed. The Resource Home license will then be closed or reinstated as determined by the outcome of the appeal hearing.

Each case should be considered individually and the reasons for closure thoroughly reviewed. Reasons for closure include, but not limited to:

- The family requests their home be closed;
- The family moves out of state;
- The family refuses to cooperate with the regulations and policies of DFCS; such as failure to cooperate with the implementation of the permanent or concurrent plan of the child;
- The family cannot or will not take action to meet DFCS licensing requirements;

LICENSURE

- There is an evidenced report of physical, sexual or emotional abuse or neglect of a child;
- There is criminal involvement of a person residing in the home;
- The family is operating without due regard for the health, sanitation, hygiene, comfort, or well-being of the children in the home;
- The Resource Parent(s) are misusing the funds provided by DFCS;
- The family fails to meet one or more requirements in the Contract for Designation of Resource Home;
- The family refuses to cooperate with an unannounced visit.

8. Notice of Actions

The Resource ASWS shall provide the Resource Family with written notice of any adverse action with regard to the license status.

The notice shall include the following:

- The condition requiring suspension or revocation.
- The specific policy violation.
- The type of action.
- The right to appeal the action.

The Notice of Action shall be sent to the Resource Parent(s) by certified mail with a copy of the notice to the State Office Permanency Unit.

VII. ADMINISTRATIVE GRIEVANCE HEARING

A. Appeal Process for Licensing Decisions

An Administrative Grievance Hearing is afforded to individuals who disagree with a DFCS decision and/or action in the event that formal application for licensure or renewal of a license is denied, or a license is suspended or revoked, an application for adoption is denied, or an adoption case is closed, or there is an adverse decision for an applicant or recipient of adoption assistance.

LICENSURE

This process is provided to:

1. Resource Parents;
2. Resource Parent applicants;
3. Adoptive parents;
4. Adoptive applicants;
5. Facility licensure applicants;
6. Licensed facility providers; and
7. Licensed child placing agency providers.

B. Administrative Grievance Appeal Process

A Resource Parent (whether licensed or in the application process) shall first request a conference with the Licensure Specialist, Resource Licensing ASWS, and RD within ten (10) days of notification of an adverse action regarding his/her license. A conference shall be held within thirty (30) days of this request and a [written notice of action of the decision made by the RD](#) following this conference shall be given to the family with a copy to the State Office Permanency Unit Director within ten (10) days of the conference.

In the event a decision or action by DFCS as described above cannot be resolved at the regional level, the aggrieved party may file an appeal by submitting, in writing, a [request for an administrative hearing](#).

The written notice of appeal is sent to: DFCS, Permanency Unit, P.O. Box 352, Jackson, Mississippi 39205. This request for a hearing must be received by DFCS within ten (10) working days of the date DFCS' written notice of the regional decision was sent to the individual or agency. The administrative hearing shall be held no later than sixty (60) calendar days after the receipt of the request for a hearing.

The Permanency Unit will contact the Hearing Officer and provide the request information. The Hearing Officer is appointed by DFCS but has no involvement with DFCS decisions regarding licensure or approvals for adoption or other matters from which the individual or party appeals other than during the hearing process. The Hearing Officer shall schedule a date, time and place for the administrative hearing.

At least thirty (30) calendar days prior to the hearing, the Hearing Officer will send notices via Certified U.S. Mail, Return Receipt Requested, to all involved parties. The Hearing Officer will notify the Permanency Unit who, in turn will notify the appropriate staff person responsible for the case.

LICENSURE

The appealing party shall be afforded all applicable safeguards of procedural due process.

The worker, supervisor or other appropriate DFCS staff will be prepared to present the reasons for DFCS' decision and will be present at the hearing.

At the Administrative Grievance Hearing, each party may be represented by an attorney. The appealing party shall have the right to call, examine and cross examine witnesses. The Hearing Officer may require the presence of witnesses and evidence on behalf of the applicant, licensee, or DFCS.

Each party shall file with the Hearing Officer, at least ten (10) days prior to the hearing, a list of witnesses they plan to call to testify at the hearing and produce documentary evidence on his/her behalf. The list shall contain the following:

- Name(s);
- Current contact information (city, phone number, etc.); and
- Brief description of testimony.

Each party will be responsible for notifying his/her witnesses of any changes regarding the hearing process and any changes therein.

The Hearing Officer shall have the authority to maintain the decorum of the hearing and shall take reasonable steps to do so when necessary, including clearing the room of any person who is disruptive or of witnesses not under examination.

During the Administrative Hearing, the Hearing Officer shall hear or receive evidence on the case in chief. The appealing party shall follow in presenting the same. (In the appeal process, the burden of proof shall be on DFCS.)

If there is a withdrawal of the appeal, the appealing party is required to furnish evidence of the reasons for the withdrawal to the Hearing Officer in order for the appeal to be dismissed.

In order to preserve the record, the Hearing Officer will make an electronic recording of the hearing.

After all evidence is heard or received, and the hearing is complete, the Hearing Officer shall, within thirty (30) days of the hearing, prepare and file a written findings of facts with a recommended decision and forward same to the DFCS Director, who shall make the final decision as to whether the denial, suspension, probation, or revocation is sustained.

The decision shall be in writing and shall contain findings of fact and rulings of licensure standards and law, and shall be mailed, via Certified U.S. Mail, Return Receipt Requested, to each party or, when a party is represented by an attorney, to his/her attorney. The decision of the Director is final and binding.

LICENSURE

VIII. OTHER ASPECTS OF RESOURCE FAMILY CARE

A. Income taxes

Resource Families will be encouraged to consult a certified public accountant of their choice for guidance regarding claims on foster children residing in their home. DFCS staff shall not offer tax advice.

B. Liability

Resource Families will be encouraged to consult an insurance agent of their choice for guidance regarding claims on foster children residing in their home. DFCS staff shall not offer insurance advice.

C. Court Ordered Home Studies

Court ordered home studies will be referred to the Resource ASWS to assign for handling.

The Resource ASWS will notify the court and/or applicants of DFCS' fee for court ordered home studies. This [uniform letter to award home study fees](#) (*See Appendix T*) and court order to award home study fees may be utilized.

The requested fee is \$650 to cover the cost of the home study and fingerprinting. Checks should be made payable to the Treasurer, State of Mississippi, and sent directly to the Resource ASWS prior to the home study being assigned or initiated.

When a request for a home study is made by a court, other than youth court, or private attorney, the requesting party should be informed that the request must contain the home study fee before the home study can be completed.

Once payment is received, the Resource ASWS, shall forward the payment to DFCS Administration and Finance, 750 North State Street, Jackson, Mississippi, 39202. The completed home study summary will be submitted to the Resource ASWS for review prior to submission to the court. If the court waives the fee, the Licensure Specialist and/or Resource ASWS shall notify the court of the cost of the fingerprinting fee charged to DFCS.

D. Re-Licensing a Closed Resource Home

When a previously licensed Resource Family decides to reapply, the following procedure should be followed:

LICENSURE

Resource Home closed for less than one year

The Licensure Specialist must update the home study in MACWIS including a description of the reason the resource home was closed as well as reasons why the family decided to reapply. The updated home study should include details of any changes made to the home and/or changes in household members. The following documents must be secured for the re-opening of the resource home:

1. Home Environment Safety Checklist
2. MDHS Medical Form 4404 (for each applicant - signed and dated by medical personnel)
3. Financial Statement (including proof of income)
4. Verification of Pet Vaccinations (for all domesticated animals on the premises)
5. MDHS Contract Form 457 (signed and dated)
6. MDHS Affirmation of Corporal Punishment Form 457A (signed and dated)
7. Family Resource Purchase Order Agreement
8. Current Marriage, Divorce, and/or Death Certificates, if applicable
9. Transportation Checklist, if any documents have expired
10. Local Law Enforcement Checks

The Re-open Resource button can be found on the Resource Directory screen. This button is available only to the Resource ASWS. It only enables with an inactive resource home highlighted. When clicked, it changes the status of the resource home to expired. The resource home is assigned to the Resource Worker for the county. Then the Resource Reassignment icon is enabled so the Resource ASWS can reassign the resource home to another worker if necessary. The worker is then able to complete a Reevaluation to create a current license. The License Start Date should be entered and then the License End Date will calculate out one year from the Start Date.

If the home has been inactive for more than one year a new Resource Inquiry should be entered instead of opening the inactive resource.

Resource Home closed for over one year but less than three years

The Licensure Specialist must create a new resource inquiry in MACWIS and update the home study including a description of the reason the resource home was closed as well as reasons why the family decided to reapply. The updated home study should include details of any changes

LICENSURE

made to the home and/or changes in household members. The following documents must be secured for the re-opening of the resource home:

1. Home Environment Safety Checklist
2. MDHS Medical Form 4404 (for each applicant - signed and dated by medical personnel)
3. Financial Statement (including proof of income)
4. Current Employer Validation
5. Verification of Pet Vaccinations (for all domesticated animals on the premises)
6. Evacuation Plan/Disaster Preparedness Plan (and signed acknowledgement)
7. MDHS Contract Form 457 (signed and dated)
8. MDHS Affirmation of Corporal Punishment Form 457A (signed and dated)
9. Family Resource Purchase Order Agreement
10. Current Marriage, Divorce, and/or Death Certificates, if applicable
11. Transportation Checklist, if any documents have expired
12. Central Registry Check
13. Local Law Enforcement Checks
14. CPR training (certification if own swimming pool)
15. Proof of 5 hours of in-service training

Resource Home closed over 3 years

When a resource home has been closed over 3 years and the family wishes to re-license their home, the family will have to repeat the initial licensing process; including orientation and pre-service training. All initial documentation must be completed for consideration in re-licensing.

LICENSURE

IX. APPENDICES

APPENDIX A

Form DFCS 480
 Revised 8/2011



**STATE OF MISSISSIPPI
 DEPARTMENT OF HUMAN SERVICES**

Resource Home Inquiry Application

ALL PERSONS LIVING IN THE HOME INCLUDING BOARDERS

Name	Relationship	Date of Birth	Social Security #
	Self		

Present Address _____
 City _____ State _____ Zip Code _____
 County _____ Yrs. at address _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Email Address _____

Marital Married Single Divorced Widowed Yrs. Married: _____
 Estimated Bring Home \$ _____ Sources _____
 Employer: _____ Phone _____
 Employer: _____ Phone _____

Characteristics of Child You Would Consider Taking				
Gender	Number	Race	Minimum Age	Maximum Age
Males				
Females				

LICENSURE

Either _____

Have you ever applied to be licensed If yes, which
or have been licensed with another no agency?
agency? _____

Note: This application is not considered valid until all household members age 14 and older have signed MDHS Form 482A – Permission for Background Check.

Applicant Signature: _____ **Date:** _____
Applicant Signature: _____ **Date:** _____

The Mississippi Department of Human Services does not discriminate on basis of race, color, national origin, age, sex, or handicap. The completion and return of the application does not place you under any obligation to the Department of Human Services. It will aid us in selecting the child best suited for your home. We shall treat this information as confidential.

LICENSURE

Form DFCS-432A
Revised 7/2011

APPENDIX B

NOTICE OF ACTION
Inquiry Screen Out

Case Name: _____
Case Number: _____
Date: _____
To: _____
Address _____
City _____ State _____ Zip code _____

This is to notify you that your resource or adoption inquiry has been screened out due to not meeting the following initial requirement(s) :

- At least 21 years of age
- Number of children in the home is less than 5
- Legally married couple (not separated) or legally single (not cohabitating)
- MACWIS clearance
- No known criminal history
- Legal Mississippi resident

Please contact your worker for clarification if you don't understand the decision or if your circumstances change and you are able to meet the licensing requirement(s) listed above. This decision is final and not subject to an Administrative Grievance Hearing.

Respectfully,

LICENSURE

APPENDIX C

Form MDHS-SS-450
Revised 7/2011



**STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES**

Date:

Dear Prospective Resource Parents,

Thank you for your interest in becoming a Resource Parent. This letter and enclosed information packet contains a great deal of information about the process of becoming a licensed Resource Home for fostering and/or adoption. Please take the time to review this information carefully to help you determine if becoming a licensed Resource Parent is in the best interest of you and your family.

Enclosed you will find a brochure explaining the expectations of Resource Parents, basic licensing requirements, and the steps necessary to becoming licensed. You are also provided with some information about the kinds of children in care and the need for resource families to partner with DFCS and the child's birth family in achieving permanency for our children. All of this information is provided to better assist you in making this very important decision.

After reviewing this information, the next step of the process is to attend an Orientation Meeting provided by DFCS. All adult household members that will participate in caring for a potential foster child must attend the Orientation Meeting. A list of upcoming Orientation Meetings with dates, times, and locations within the next month is included for your convenience. If you do not attend one of these Orientation Meetings within the next month, your resource inquiry will be closed. If you would like to proceed with the licensing process, please be sure to attend or contact us if you are unable to attend one of these scheduled meetings.

We hope that you will decide to continue in this process, as DFCS needs families who are willing and able to provide for our children's safety and well-being and work with DFCS and birth families to help foster permanent connections for our children. We look forward to meeting you and assisting you through this process. If you have any questions, please do not hesitate to contact me at the information provided below.

Respectfully,

LICENSURE

Name	_____		
Title	_____		
Address	_____		
City	State	Zip Code	
_____	_____	_____	_____
Phone Number	_____		
Fax Number	_____		
Email	_____		

LICENSURE

APPENDIX D

HOMESTUDY APPLICATION FORM

APPLICANT INFORMATION						
APPLICANT # 1			APPLICANT # 2			
Full Legal Name:			Full Legal Name:			
Maiden Name:			Maiden Name:			
Previous Names:			Previous Names:			
Date of Birth:		Age:	Date of Birth:		Age:	
Social Security Number:			Social Security Number:			
Birthplace:			Birthplace:			
Gender:			Gender:			
Religion:			Religion:			
Education:			Education:			
Occupation:			Occupation:			
Employer:			Employer:			
Employer phone number:			Employer phone number:			
Home number:						
Cell number:			Cell number:			
Email address:			Email address:			
HOUSING INFORMATION:						
Address:						
City:		State:		Zip Code:		
County:		Years at this address:				
Setting:		<input type="checkbox"/> Rural	<input type="checkbox"/> City Limits	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	
Type:		<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Other	
Number of Bedrooms:			Number of Unoccupied Beds:			
CHILDREN: (If more than 4 children use back side of page to record additional information)						
Name		Social Security Number	Sex	Date of Birth	Age	Living With Whom

LICENSURE

OTHER ADULTS LIVING IN APPLICANT'(S) HOME: (If more than 2 other adults use back side of page to record additional information)					
Name	Social Security Number	Sex	Date of Birth	Age	Relationship
MARRIAGE or DOMESTIC PARTNERSHIP (If more than 1 past marriage or past domestic partnership use back side of page to record additional information)					
Date of Current Marriage:					
Past Marriage or Domestic Partnership - Applicant # 1			Past Marriage or Domestic Partnership - Applicant # 2		
Name of Ex-Spouse/Partner:			Name of Ex-Spouse/Partner:		
Date Begun:			Date Begun:		
Date Ended:			Date Ended:		

I am/We are interested in:

- A** We are interested in being licensed as resource/adopt parents and are willing to accept children on a short term basis. We want to work with the agency and the birth parents or relatives as you try to reunify children with their family. We are NOT interested in adopting at this time.
- B** We are interested in being licensed as resource/adopt parents and are willing to accept children into our home as long as they need a substitute home. We want to work with the agency and the birth family to assist in reunifying a child with his/her family. We are really NOT interested in adopting, but if a child lives with us for a period of time and we become attached, we would probably apply to adopt that child.
- C** We want to be licensed as a resource/adopt home, but our ultimate goal is really adoption. However, we would accept children into our home if the agency staff believes the child is at high risk of needing a permanent home. We realize these children will still be visiting with birth family and a relative may be identified as a suitable placement. The concurrent plan may be reunification or relative placement along with adoption. If the child is freed for adoption, we would certainly be interested in adopting that child.
- D** We are interested in being licensed as a resource/adopt home, but our goal is adoption and we want/do not want much legal risk. We understand that children placed in our home would not yet be freed for adoption, but their permanent plan of adoption has already been approved by the court and TPR is underway. We do not want to be involved with birth family and hope that a child placed in our home will have no further contact with birth family.

LICENSURE

E We are interested in being licensed as a resource/adopt home for a specified child or children. We have the following relationship to the child (ren):

TYPE OF CHILD YOU MAY CONSIDER

Gender	#	Min. Age	Max Age	Race You Would Accept (Check all that apply)	Special Needs (Check all that apply)
Male				<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial <input type="checkbox"/> Any Race	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Female					<input type="checkbox"/> ADHD <input type="checkbox"/> FAS <input type="checkbox"/> Psychological Diagnosis <input type="checkbox"/> Behavior Problems <input type="checkbox"/> Medical Diagnosis <input type="checkbox"/> Other
Either					

PREVIOUS FOSTER CARE/ADOPTION APPLICATIONS

Have you previously applied for foster care/adoption, either as an individual, a couple or in a previous relationship?
 Yes No If yes, which agency? _____

Have you previously started or completed a foster care/adoption education program?
 Yes No If yes, which agency? _____

Have you previously started or completed a foster care/adoption homestudy?
 Yes No If yes, which agency? _____

LICENSURE

SAFETY CHECKLIST

1. Household Requirements

Yes	No	N/A	Will comply	
				Well-ventilated home with finished ceiling and floors and permanently affixed walls
				Stable supply of heat and cooling provided and maintained to rooms being occupied
				Steps or railings sturdy, appropriately spaced and in good repair
				Electrical outlets covered (for children under age 6) and not overloaded.
				Electrical appliances and cords out of young children's reach
				Radiators, hot water pipes and fireplaces covered
				Exits and stairways gated or otherwise secured for infants and young children
				Cleaning materials inaccessible to young children
				Toys safe, clean and in good repair
				Knives, scissors and other sharp instruments kept out of the reach of young children
				Retractable ladder for second story window, for emergency use
				Cords on blinds and drapes constructed without loops and kept out of the reach of young children
				Television sets on tables or stands stationed securely
				Electricity with no exposed wiring
				Premises free of rodent and insect infestation
				Continuous supply of clean drinking water
				Functional sewage system
				Kitchen: Operable stove, refrigerator, oven with running hot and cold water
				Bathrooms: Flushing toilet, wash basin, bathtub/shower (all in working order)

2. Communication

Yes	No	N/A	Will comply	
				Telephone access available
				List of emergency telephone numbers readily accessible

LICENSURE

				Provide agency with emergency contact name and number of person who will know where you are if you ever need to evacuate your home due to a disaster.
--	--	--	--	---

3. Weapons

Yes	No	N/A	Will comply	
				Weapons, including firearms, air rifles, bows and hunting slingshots are made inoperable when not in use and are stored in locked cabinets, inaccessible to children
				Ammunition stored separately from weapons in containers in locked cabinets

4. Fire Safety

Yes	No	N/A	Will comply	
				Smoke Detector(s) in working order located between bedrooms and remainder of home
				Written Fire Evacuation Plan established and regularly reviewed with all family members
				Flashlight(s) in working order; easily accessible in emergency
				Fire extinguisher(s) in working order for all levels (Min. 5lbs)
				Exits and hallways well-lit and uncluttered
				Fireplace/woodstoves installed as per specification of the local fire department
				Fireplace screens or front guards in use; combustible deposits removed regularly

5. Sleeping Arrangements

Yes	No	N/A	Will comply	
				Adequate bed space with suitable mattress for each child. (No more than 4 children in a bedroom)
				Bedrooms occupied by children do not have external door locks. Doors that open and close
				Bedrooms occupied by children have a window
				Clothing storage space available for child's personal belongings
				Access to bathroom without going through another bedroom
				Protective railings and access ladder for a stacked bunk beds. (No foster child under age 7 should sleep on top bunk)
				Babies under 18 months will not sleep in an adult bed, on a couch, or chair but will always sleep in a safety-approved crib.

LICENSURE

6. Medicines and Hazardous Substances

Yes	No	N/A	Will comply	
				Medications and other potentially hazardous pharmaceutical substances stored in locked cabinets inaccessible to children
				Other potentially hazardous household substances (e.g. bleach, cleaning fluids, pesticides) stored inaccessible to children

7. Specific Safety Precautions

Yes	No	N/A	Will comply	
				Swimming pools and other bodies of water on property are safeguarded
				Internet adult sites, adult videos, and other such adult materials are inaccessible to children
				Precautions in place to protect children from second-hand smoke. Designated smoking area outside the home

8. Pets

Yes	No	N/A	Will comply	
				Pets have vaccinations that are up-to-date
				Pets do not exhibit aggressive tendencies

9. Automobile Safety

Yes	No	N/A	Will comply	
				Automobile in safe operating condition
				Valid Driver's License for each person driving children
				Proof of insurance
				Equipped with child safety seats for infants/young children
				Equipped with booster seats for older children, less than 8 years of age or weighing less than 80 lbs.

LICENSURE

Personal References

Please list 4 personal references. Only ONE (1) reference can be a close relative. If married, list at least TWO (2) references that know you as a couple and be certain to provide addresses (with zip codes) and day time telephone numbers. Please do not list an employer as a reference. We will also be contacting 2 unnamed references during the course of the home study. By signing this application, you are providing your permission.

Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Relationship _____

Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Relationship _____

Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Relationship _____

Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Relationship _____

FINANCIAL INFORMATION

All applicants should have sufficient income to support their households and any additional foster children, without board payment assistance. Board Payments may take up to several months to begin and applicants are responsible for daily costs associated with foster children. Should an exceptional expense occur, before board payment begins, this should be discussed with the County Worker. Please attach proof of income and expenses.

ANNUAL EMPLOYMENT INCOME	THIS YEAR	LAST YEAR
--------------------------	-----------	-----------

LICENSURE

Name of Applicant 1		
Name of Applicant 2		
TOTAL ANNUAL INCOME		

Monthly Income			
Employment Income	\$ _____	Child Support	\$ _____
Retirement	\$ _____	TANF	\$ _____
Social Security	\$ _____	Other	\$ _____
SSI	\$ _____	Total Income	\$ _____

Monthly Expenses			
House/Rent Payment	\$ _____	Utilities	\$ _____
House Insurance	\$ _____	Phone	\$ _____
Car Payment	\$ _____	Food/Groceries	\$ _____
Car Insurance	\$ _____	Credit Cards	\$ _____
Life Insurance	\$ _____	Furniture	\$ _____
Medical Insurance	\$ _____	Church Tithes	\$ _____
Other Insurance	\$ _____	Other	\$ _____
Child Support	\$ _____	Total Expenses	\$ _____

ASSETS	VALUE
Real Estate: Home	\$ _____
Real Estate: Other	\$ _____
Vehicles	\$ _____
Savings e.g. IRA	\$ _____
Investments: e.g. Stocks // Mutual Funds	\$ _____
Bank Accounts	\$ _____
Other Assets: (specify)	\$ _____
TOTAL ASSETS	\$ _____

LICENSURE

LIABILITIES	TOTAL AMOUNT OWED
Mortgage	\$
Bank Loans (car payment)	\$
Personal Loans	\$
Credit Cards	\$
Other Debts / Liabilities	\$
TOTAL LIABILITIES	\$

Have you ever filed for Bankruptcy? Yes No If yes, when? _____
 What were the circumstances regarding the bankruptcy?

INSURANCE:

Homeowner's / tenants' insurance policy:

I/We have I/We will obtain

Life insurance policies:

Applicant 1:

Applicant 2:

Other insurance (health, disability, etc.):

1:

2:

Note: This application is not considered valid until all household members age 14 and older have signed MDHS Form 482A – Permission for Background Check.

ACKNOWLEDGEMENTS

LICENSURE

I/We, the undersigned, submit this application with the following acknowledgements:

I/We give full permission to the licensing practitioner to communicate and exchange information about me/us, in written or verbal form, with other child welfare agencies, private and international adoption agencies, physicians, mental health professionals, references, other adoption licensees and practitioners, government agencies/departments, and other sources, as necessary, in order to further my/our application.

I/We confirm that the information given on this financial statement is accurate and complete to the best of my/our knowledge. I/We understand that any false statement, or omitted information in this application, may jeopardize my/our application.

I/We understand that any false statement, or omitted information in this application, may jeopardize my/our application.

Signature of Applicant # 1

Date

Signature of Applicant # 2

Date

Reviewed By: _____

(Licensure Specialist)

Date reviewed and signed: _____

LICENSURE

APPENDIX E

Form MDHS-SS-482
Revised 01-16-09

Date _____

TO: Child Abuse Central Registry
Division of Family and Children's Services
Office of Social Services
P.O. Box 352
Jackson, MS 39205 FAX # 601/ 576-2584

FROM: Name _____
Title _____
MDHS/Division _____
Address _____

Please check all that apply to the following applicant:

- Foster/Adoption Resource Parent: _____
- MDHS Employee: _____
- Relative Resource Parent: _____
- Priority Processing (relative Resource Parent only): _____
- Volunteer/Internship: _____
- Other (please specify) _____

PLEASE PRINT

Name _____

Address _____

Date of Birth _____

Social Security Number _____

Telephone Number where applicant can be reached _____

To be completed by MDHS Office of Family and Children's Services Staff

Findings:

_____ No information found in the central registry.

_____ The following information was found in the central registry.

Signature _____ Date _____

LICENSURE

Form DFCS 503
Revised 2/7/12

APPENDIX F

MDHS Employee Resource Home Licensure Agreement	
Name of Employee _____	
Name of Supervisor _____	
Name of Licensing Agency _____	
Child(ren) _____	
COR _____	COR Worker _____
To ensure that there is no conflict of interest and that the above mentioned MDHS employee shall assume no DFCS decision making authority over the child(ren) placed in their home, the following agreement has been reached.	
It is the policy of DFCS that neither the employee's resource home or child(ren) placed in the home shall be supervised by any person working directly with the employee. This includes the employee's supervisor, office coworkers, and subordinates. The following method of supervision shall be utilized.	
A DFCS employee licensed as a resource home shall not access MACWIS case information or paper files on any children placed in their home. All parties have agreed to the following limits regarding children placed in the home and access to MACWIS records of the child(ren) and birth family.	
By signing below, the DFCS employee acknowledges he/she understands that any violation of DFCS policy and/or the Employee Resource Home Licensure Agreement may result in personnel action against the employee.	
Employee _____	Date _____
Supervisor _____	Date _____
Regional Director _____	Date _____
Director of Permanency _____	Date _____
Director of DFCS _____	Date _____

LICENSURE

Form DFCS 432B

APPENDIX G

NOTICE OF ACTION
Licensing Action

Case Name: _____
Case Number: _____
Date: _____

To: _____
Address _____
City _____ State _____ Zip code _____

This is to notify you that the following action has been taken on your case and why:

Resource ASWS Signature: _____

Please contact your worker for clarification if you don't understand the decision. If you are not satisfied with the decision, please complete the space below and return within 10 working days to the address below. Your grievance will be heard by your Licensure Specialist, the Licensure supervisor and the Regional Director or designee. You will be notified of the date and place the conference will be held and you may have witness to support you present.

<input type="checkbox"/> I am not satisfied with the action taken and wish to file a grievance because:

Signature _____ Date _____

Return to:

LICENSURE

Name	_____		
Title	_____		
Address	_____		
City	State	Zip Code	

LICENSURE

Form DFCS 528
Revised 05/22/12

APPENDIX H



STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES

Consent to Disclose Information

I, hereby authorize _____, with _____ to
(person or position) (agency)
release the information described below to the following:

Mississippi Department of Human Services
Division of Family and Children's Services

Attention: _____

The purpose or need for this disclosure is _____

The specific information to be released is _____

Name: _____
Social Security Number: _____
Date of Birth: _____

I understand that I may revoke this consent at any time except to the extent that action has been taken thereon. I further understand that this consent will expire **90 days** from the date authorized below, and cannot be renewed without my written consent.

(Authorized Signature)

(Date)

Note to program receiving this information:

This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CPT Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

LICENSURE

APPENDIX I

Form DFCS 483
Revised 8/2011



STATE OF MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Confidentiality Statement

Resource Parents are entrusted with confidential information about children in their care, and learn additional confidential information about children and their families as a result of their work as Resource Parents. It is the child's family and child's right and expectation that confidential information will be respected and safe-guarded by the DFCS. As partners in the provision of children's services, Resource Parents are bound by the same expectations of protecting confidential information as are DFCS Workers and staff. This means that no information learned as a result of their work as Resource Parents is to be shared outside of that professional service, even if identities are "disguised."

Casual conversations about client information with friends, relatives, other Resource Parents, and others not involved with direct services to the client are prohibited. The identity of the foster child or any information that may identify the child as a foster child should be protected and not divulged. There shall be no sharing of photographs or information about the foster child and/or the child's family on social networking sites or by any other means that would constitute violating the confidentiality of the client.

Information to be shared with other service providers; such as, medical, mental health, education etc., should be discussed with the foster child's worker prior to disclosing information. Information disclosed will be on a need to know basis to assist that specific provider with providing necessary services for the child or child's family.

Any breach of confidentiality is considered a serious violation of Resource Home licensing policy and will result in adverse action to the resource license.

By signing below, you acknowledge that you fully understand the confidentiality policy regarding foster children and their families and that you agree to abide by this policy.

Signatures:

LICENSURE

Resource Father	_____	Date	_____
Resource Mother	_____	Date	_____
Witness	_____	Date	_____

LICENSURE

APPENDIX J

Form DFCS 522
Revised 8/2011

Home Environment Checklist

Worker: _____

Case Name: _____

Date of Visit: _____

- Working smoke detector(s) for all levels (Test)
- Fire extinguisher for all levels (Min. 5 lbs.), readily visible and operable
- Protective covers for outlets (for children under the age of 6)
- Protective railings and access ladder for all stacked bunk beds
- Safeguards for swimming pools and other bodies of water
- Gun safety requirements
- Fireplace screens or other stoves/open-faced heaters adequately guarded
- Electricity
 - no exposed wiring
- Heating/Cooling
- Telephone
- Reliable Transportation Valid driver's license Proof of insurance
- Well-ventilated home with:
 - Safe (age-appropriate) sleeping arrangement Door that can be opened and closed
 - Finished flooring Access to bathroom without going through another bedroom
 - Adequate storage space for personal belongings no more than four (4) children in bedroom
- Continuous supply of clean drinking water
- Functional sewage system
- Adequate bed space for all household members
- Written emergency and evacuation plan
- Clear access to exits (doors, hallways, and stairs)
- Retractable ladder for second story window
- Operable stove, refrigerator, and oven
- Kitchen: safe and sanitary with running hot and cold water
- Bathroom: flushing toilet, wash basin, bathtub/shower (all in working order)
- Operable doors, windows, steps (latch, safety locks, guard rails, window screens, etc.)
- Bedroom with:
 - Safe (age-appropriate) sleeping arrangement Door that can be opened and closed
 - Finished flooring Access to bathroom without going through another bedroom
 - Adequate storage space for personal belongings no more than four (4) children in bedroom

LICENSURE

APPENDIX K

Form DFCS 488A
Revised 7/2011

EMERGENCY EVACUATION / DISASTER PLAN

If your family was suddenly required to evacuate the area due to a natural disaster, where would your family relocate? Who would DFCS be able to contact regarding your whereabouts:

Planned Evacuation Destination

In-State Contact

Out-of-State Contact

Name: _____

Address: _____

City: _____

State: _____

Phone Number: _____

Resource Family Emergency Contact Numbers

Wife's #: _____

Husband #: _____

Written Plan in event of Tornado

Family will go to: (storm shelter, neighbor's storm shelter, hall closet, bathroom, etc.)

Written Plan in event of Fire

If 2 story home, are there ladders from second floor windows? yes no

What adult is assigned to each young child (or child's room) to ensure safety in exiting the home?

LICENSURE

Name the landmark where all family members will meet once outside the home:

EVACUATION PLAN FOR

Please draw the floor plan of your home, label all rooms and exits. List an outdoor meeting spot where the family will meet in the event of a home fire.

Outdoor Meeting Spot:

LICENSURE

APPENDIX L

Form DFCS 488
Revised 7/2011

Mississippi Department of Human Services
Division of Family and Children Services

Interim Disaster Preparedness Plan
Resource Families

The Department of Human Services, Division of Family and Children Services values the dedicated resource, adopt, and relative families who provide care for children. This document is prepared in an effort to aid those families in maintaining personal safety, and providing communication and continuity of services in the event of a disaster.

This is the beginning of a more comprehensive Disaster Preparedness Plan that will be evolving over the next several months. Additional policy and information will be published as it becomes available.

Community disasters can come in many different forms. While Mississippians are most familiar with hurricanes, it is important to consider other natural and man-made disasters. Some of the information provided will relate specifically to hurricanes, but year-round preparedness warrants planning as well.

Prior preparation

- Develop a family emergency communication plan.
 - In case family members are separated from one another during a disaster (parents at work, children in school or day care) have a plan for getting back together.
 - Ask an out-of-state relative or friend to serve as the “family contact”. After a disaster it’s often easier to call long distance than it is locally. Make sure everyone in the family knows the name, address and phone number of the contact person.
- Maintain a supply of water and non-perishable food.
- Keep handy a change of clothes, battery operated radio, flashlights, and extra batteries.
- Be sure DFCS has updated information for an emergency contact located out-of-state who will most likely know the whereabouts of your family.

LICENSURE

- Maintain written information for each foster child including:
 - Full name
 - Social Security Number
 - Medicaid number
 - Medical information
 - Names and doses of prescriptions
 - Worker's name and phone number

When forewarning is available

- Resource families should follow the directives of local public safety authorities concerning evacuation and may take foster children out of county or out of state based on the directives and the family's emergency plan.
 - Notify Worker is leaving the area and furnish contact information, along with anticipated return date. If Worker is unreachable, contact **1-800-222-8000**.
- Assure an ample supply of medication is included in preparations along with the written information outlined above.

Following a disaster

- Resource families should follow directives of local public safety authorities regarding a return to the affected area.
- If location or contact information changes, report changes to Worker or to **1-800-222-8000**. If relocating within Mississippi you may contact the local office from the list provided.
- Resource families may learn the current status of other resource families, and birth families by calling **1-800-222-8000**.
- Resource families may contact their Worker through **1-800-222-8000**. The person accepting the call will forward the concern, question or information to the Worker or other identified staff who will return the resource family's call.
- If medical attention is needed for a foster child while in another state, resource families should call **1-800-222-8000** for assistance in using Mississippi Medicaid. This information will be provided to DFCS staff.

LICENSURE

Disaster Preparedness Plan Acknowledgement

This signature acknowledges receipt of the Division of Family and Children’s Services Interim Preparedness Plan. It is my responsibility to read this plan, which serves as a general guide regarding emergencies and evacuations of natural and manmade disaster.

Resource Father Signature

Date

Resource Mother Signature

Date

In the event of a disaster (and emergency evacuation) – Mississippi Department of Human Services, Division of Family and Children’s Services, needs a phone contact number as to your location, especially if foster children are placed in your care.

Please provide the name and number of someone that your DFCS Worker can contact to locate you. This may be someone (as a relative or support person) with whom you will be in immediate contact.

Name of Contact Person (in the event of disaster)

Phone Number

LICENSURE

APPENDIX M

Mississippi
MDHS-DFCS-514
Section A & F, Revised 05-24-16

**MISSISSIPPI DEPARTMENT OF HUMANS SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES**

TRANSPORTATION STATEMENT AND CHECKLIST

I _____, understand that as a condition of my employment

Print Name (Employee/Applicant)

or service as a Resource Parent/Household Member with the Mississippi Department of Human Services, Division of Family and Children's Service (MDHS/DFCS), I am responsible for and required to have and maintain reliable transportation. I further understand that I am required to maintain a valid Driver's License, current vehicle registration and current automobile liability policy with limits in an amount equal to or greater than the minimum amounts required by Mississippi law. It is my responsibility to provide verification of reliable transportation annually upon request from the proper authority. In addition, I understand that when transporting service recipients in any vehicle, I am responsible for ensuring the use of age appropriate passenger restraint systems including appropriate car seats, and for providing adequate supervision for passengers in the vehicle. I also agree to participate in a-training program, provided by MDHS/DFCS, regarding adequate passenger restraint and supervision.

Signature

Date

- Employee
- Resource Parent
- Household Member
- Other _____ (Specify Role)

Witness

Date

LICENSURE

Mississippi
 MDHS-DFCS-514A
 Section A & F, Revised 05-24-16

TRANSPORTATION STATEMENT AND CHECKLIST

Name: _____ **Title:** _____
 Print Name of Driver (Employee/Applicant)

By: _____ **Title:** _____
 Print Name of Authorized DFCS Staff

Requirement	Initial Check Date/Initial	Annual Check Date/Initial	Annual Check Date/Initial	Annual Check Date/Initial	Annual Check Date/Initial
Transportation Statement Signed					
Valid Driver's License					
Valid Driving Record Date Of Validation Validated Results (attach copy)					
Current Vehicle Registration License Plate/Tag					
Current Automobile Liability Insurance With Limits In An Amount Equal To/Or Greater Than The Minimum Amounts Required By Mississippi Law					
When Transporting Service Recipients, Insure The Use Of Age Appropriate Passenger Restraint Systems, Including Appropriate Car Seats and Properly Maintained Seat Belts					
Participate In A Training Program Provided by MDHS/DFCS For Adequate Passenger Restraint And Supervision					
Provide A Written Transportation Plan (Resource Parents Only, When Applicable)					

An **original** form along with supporting documentation must be maintained in employee's MDHS Human Resource personnel file or other applicable file.
 A **copy** and supporting documentation must be maintained in the county employee file or other applicable file.
 An **original** form must be maintained in the Resource family's case file along with supporting documentation.

LICENSURE

Mississippi
 MDHS-DFCS-514B
 Section A & F, Revised 05-24-16

TRANSPORTATION STATEMENT AND CHECKLIST
Corrective Action Form

Print Name of Driver (Employee/Applicant)

Unmet Requirement	Corrective Action Plan/Task
Transportation Statement Signed	
Valid Driver's License	
Valid Driving Record	
Current Vehicle Registration License Plate/Tag	
Current Auto Liability Insurance	
Age Appropriate and Properly Maintained Passenger Restraint Systems	
Participation in Restraint Training Program	
Provide A Transportation Plan (Resource Parents Only, When Applicable)	

 Print Name
 (Employee/Applicant)

/ _____
 Signature

 Date

 Print Name
 Completed By Authorized DFCS Staff

/ _____
 Signature

 Date

LICENSURE

APPENDIX N

Form MDHS-SS-457A
Revised 8/2011

Mississippi Department of Human Services
DIVISION OF FAMILY AND CHILDREN SERVICES

AFFIRMATION OF UNDERSTANDING REGARDING DHS POLICY FORBIDDING
THE USE OF CORPORAL PUNISHMENT BY RESOURCE PARENTS

NOTE: This form is signed by both Resource parent(s) in the presence of the Resource Specialist. The Resource Specialist will thoroughly discuss with the Resource Parent(s) DFCS policy regarding discipline of foster children, and the reason for this policy. DFCS believes that due to the abuse that DFCS children have been subjected to in the past that corporal punishment would not be in the best interest of the children.

I hereby affirm that I have discussed the MDHS/DFCS policy regarding discipline of foster children by Resource Parent(s). I understand that MDHS policy strictly forbids the use of corporal punishment of any kind.

I also understand that children in the custody of the MDHS/DFCS often have special needs and circumstances and that corporal punishment may have a further damaging effect on these children. I agree not to spank, switch, slap, hit, or use any unapproved or degrading means of punishment (i.e. withholding food, locking child out of home, cursing at the child, etc.) I understand that children need discipline and that there are other methods, such as withholding privileges or grounding, praise and rewards, which I may use to modify undesirable behavior.

If at any time I have a question about discipline or when I have a problem with a foster child in care, I understand that I/we should call the Resource Specialist for counsel and recommendations regarding disciplinary needs or concerns.

I agree that if I enroll an MDHS foster child in school, I will sign the "No Spanking" – No Corporal Punishment form with the school so that the school personnel cannot use corporal punishment on the MDHS foster child either.

SIGNED: _____ DATE: _____
(RESOURCE PARENT)

SIGNED: _____ DATE: _____
(RESOURCE PARENT)

SIGNED: _____ DATE: _____
(RESOURCE SPECIALIST)

LICENSURE

APPENDIX O

Form MDHS-SS-4404
Revised 5/2011

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
PHYSICAL EXAMINATION OF RESOURCE/ ADOPT APPLICANT**

Name	Address		
City		State	Zip Code
Birth Date	Height		Weight

Medical History – (Indicate Date)

Illness:

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Disease of Circulatory System | <input type="checkbox"/> HIV/ AIDS |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Disease of Nervous System | <input type="checkbox"/> Kidney Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Pelvis Disorder |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Ulcer | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> OTHER |

Explanation for any of above:

List of current medications and reason for each medication:

Comments on emotional stability of patient:

General Physical:

- | | | |
|-------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Heart | <input type="checkbox"/> Extremities |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Lungs |

LICENSURE

- | | | |
|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Teeth | <input type="checkbox"/> Throat | <input type="checkbox"/> Blood Pressure |
| <input type="checkbox"/> Lymph Glands | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Tenderness |
| <input type="checkbox"/> Skin | <input type="checkbox"/> Tonsils | |

TB, Skin Test

Results: _____

May we use this report in discussion with our clients? yes no

Physician (or Nurse Practitioner) Signature Date

Address

LICENSURE

APPENDIX P

*Mississippi Department of
Human Services*



Certificate of Participation
(EXAMPLE ONLY)

has successfully completed _____ hours of pre-service training
with the MS PATH training curriculum.

Session	Date
Session I	
Session II	
Session III	
Session IV	
Session V	

DFCS Resource Specialist

LICENSURE

APPENDIX Q

Form MDHS-SS-457
Revised 10/2008

CONTRACT FOR DESIGNATION OF RESOURCE HOME

Whereas I/we _____ (Husband) and/or _____ (Wife), desire to have my/our home licensed as a Resource Home by the _____ County Department of Human Services (herein known as the DFCS), I/we hereby agree to accept and care for the child placed in our home by the DFCS upon the terms and conditions contained in Part A of this Contract: and whereas, the DFCS desires to have a home available for the child in custody of the DFCS until such time as permanent homes are made available for the child, the DFCS agrees to provide for each child placed in the above home the assistance provided for in Part B of this Contract, subject to the home of (Mr./Ms.) _____ herein referred to as the (Last Name) _____ home, first being approved and being licensed as a Resource Home.

Part A

1.

___/___ I/We understand that the actual permanent legal custody of a child placed in our home for care will remain in either the natural parent or parents of the child of the DFCS according to the facts of the individual case, and that by placing a child in our home for foster care, the DFCS does not confer any right to custody in us. We hereby expressly waiver any right to custody of a child placed in our home for care, unless the child is made free for adoption by the written decision and action of the court.

2.

___/___ I/We understand that a child who is placed in the custody of the DFCS will be in need of immediate placement and that the DFCS must be able to depend on our home being available for foster children. Therefore, we expressly agree to take into our home for care only the child who is placed through the DFCS or a child who is placed with the consent of the DFCS and to treat a child who is placed in my/our home as members of my/our family group.

3.

LICENSURE

___/___ I/We clearly understand that the DFCS will be attempting, as quickly as possible, to establish permanent homes for all children entrusted to the DFCS's custody, preferably in the home of the child's natural parent(s). I/we agree to cooperate with the DFCS in carrying out the DFCS's plans for any foster child placed in my/our home, including the plan to return a child to his/her parents, to transfer a child to another foster home or institution, or any other plan which the DFCS may have.

4.

I/we understand that all foster children placed in my/our home are wards of the State of Mississippi and I/we agree to obey all laws of the state of Mississippi regarding foster children; as well as all of the regulations of the State Department of Human Services concerning foster children. I/We expressly agree to the following rules:

___/___ A. I/We agree to carry out all directions of the DFCS for care of the foster care and to cooperate in maintaining approved standards of child care established by the DFCS. I/We expressly acknowledge the State Department of Human Services' regulations regarding corporal punishment and agree to abide by them.

___/___ B. I/We agree to permit representatives of the DFCS to visit our home and talk with the foster child whenever desired. I/We understand that these visits will be planned to suit my/our convenience insofar as it possible to do so, but may be without notice if circumstances warrant.

___/___ C. I/We agree to immediately report to the DFCS any illness or accident to the foster child, change of address, sickness in family, or anything of emergency nature.

___/___ D. I/We agree that the child will not be given up to his/her parents or any other person except by a representative from DFCS, unless permission has been directly given to us by the DFCS, or unless a letter giving such permission, signed by the Resource Specialist and /or the resource Area Social Worker Supervisor is presented.

___/___ E. I/We agree to allow parents, relatives, and friends who are approved by the DFCS, to visit the foster child at specified intervals, previously arranged at mutually convenient times for all parties concerned.

___/___ F. I/We agree to work with the DFCS regarding any complaint or suggestion concerning the child, and to refer parent(s) or guardian(s) who have complaints to the DFCS.

___/___ G. I/We agree to give the DFCS a reasonable amount of time (not less than two weeks) to make other plans for the care of the child if I/we find it necessary to request the removal of the child from my/our home.

LICENSURE

___/___ H. I/We agree that in the event any civil action in any court should arise concerning any foster child during the time when the child is in custody of the State Department of Human Services, then I/We shall notify DFCS immediately, and if any court action has begun, that DFCS is a necessary party and will be given notice of the same.

___/___ I. I/We agree that I/we shall not remove any foster child from the State of Mississippi without permission from the Area Social Worker Supervisor and the youth court with jurisdiction.

Part B

The DFCS agrees that, subject to the above named home being approved as a licensed home, the following allowances shall be paid each month for each child placed in the home by the DFCS so long as the child remains in the above named home as a foster child by the DFCS.

1.

___/___ The DFCS agrees to pay a board allowance for each child placed at the rate per month allowed by the Mississippi state Legislature and the regulations of the State Department of Human Services in effect while the child is in the above named foster home. This allowance is to be used to purchase food (including school lunches), personal incidentals (including haircuts, cleaning, toothbrushes, clothing, hair brushes, combs, and shoe polish), medicine chest items, household supplies, fuel, lights, water, and family activities.

2.

___/___ The DFCS agrees to pay a spending money allowance for each child according to the regulations of the State Department of Human Services in effect while the is in the above named resource home. This allowance will be included in the board payment check.

___/___ This Contract is to be in effect the day that the above named home is approved as a licensed home by DFCS and shall end the day that the above named home ceases to be an approved resource home by DFCS.

___/___ The above named County DFCS does not guarantee that any minimum number of children shall be placed in the above named home.

___/___ This Contract is subject to any changes in laws of the State of Mississippi concerning licensed resource homes and any changes in the State Department of Human Services' regulations concerning licensed Resource Homes.

LICENSURE

___/___ I/We agree to have no more than five children in my/our home, with no more than two foster children under the age of two or two foster children with therapeutic needs in the above named home.

Signatures:

Resource Parent (Father)
Date: _____

Resource Area Social Work Supervisor
Date: _____

Resource Parent (Mother)
Date: _____

Resource Specialist
Date: _____

LICENSURE

APPENDIX R

Form DFCS 504
Revised 08/2011

**RESOURCE FAMILY PURCHASING
AGREEMENT**

By signing this agreement, I acknowledge that purchases made on behalf of any child placed in my care must be made in accordance with the Division of Family & Children's Services policy.

I also agree that I will not purchase items for reimbursement other than those for which I have obtained prior approval.

I agree if unauthorized items are purchased, I will reimburse the Division of Family & Children's Services county office.

Resource Parent

Resource Parent

Resource Specialist

Date

Original to be filed in Resource Family Case Record
Copy to be given to Resource Family

Resource Family Purchasing Agreement 3/2008

LICENSURE

RESOURCE FAMILY PURCHASING AGREEMENT

Below is a list of acceptable items that can be purchased. This list is to be used as a guide and is not all inclusive. Always check with your worker BEFORE items are purchased.

CLOTHING

Shoes, shirts, socks, undergarments, hats, coats, belts, pants, dresses, shorts, skirts, dresses, skirts, jackets, gloves, school uniforms, pajamas, robes, swimwear, sweaters, scarves.

SCHOOL SUPPLIES

Pens, pencils, rulers, paper, scissors, back pack, glue, book fees, poster board, crayons, markers, paint, nap mats, binders, notebooks, folders, calculators, workbook fees, school pictures, tutoring, band instruments, athletic equipment (if not provided by the school), plastic tubs-Lysol-Kleenex-paper towels-hand soap (if required by the teacher).

PERSONAL HYGIENE

Hair care products, oral hygiene products, feminine hygiene products, deodorant, soap, body wash, diapers, diaper wipes, lotion, Vaseline, razors, shaving cream.

PRESCRIPTION DRUGS/MEDICATION

Prescription drugs, medication not covered by Medicaid, food supplement substitutes that are PRESCRIBED by a physician for infants or food for children on special diets.

FOOD NEEDS

Food needs ONLY – this does NOT include paper products, cleaning supplies, tobacco or alcohol.

SPECIAL ALLOWANCES

Are requested for specific uses and must be spent only for items that have been approved for purchase.

UNMET OTHER PERSONAL NEEDS

Are requested for specific uses and must be spent only for items that have been approved for purchase.

LICENSURE

Appendix S

Form DFCS-432C
Revised 7/2011

NOTICE OF ACTION Regional Grievance Hearing Decision	
Case Name:	_____
Case Number:	_____
Date:	_____
To:	_____
Address	_____
City	_____ State _____ Zip code _____
This notice is to confirm in writing the decision of the Regional Grievance Hearing, requested by you and held on _____ concerning your dissatisfaction with the following licensing decision:	
After hearing both parties and reviewing the details of the case, the following decision has been reached:	
Respectfully, Regional Director	
If you are not satisfied with this decision and wish to pursue a State Office Administrative Grievance Hearing, please complete the space below and return within 10 working days to: DFCS Permanency Unit, P.O. Box 352, Jackson, MS 39205 or fax to 601-359-4360. Your hearing will be held within 60 days of receipt of the written request and shall be heard by a Hearing Officer appointed by the Attorney General's Office. You will be notified of the date and place the hearing will be held and your right to attorney representation.	

LICENSURE

<input type="checkbox"/> I am not satisfied with the Regional Grievance Hearing decision and wish to appeal to the State Office Administrative Grievance Hearing because:	
Signature _____	Date _____

LICENSURE

APPENDIX T



**STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES**

[DATE]

TO: All Youth Court Judges, Chancellors, Family Masters, Referees, etc.
FROM: Division Director of Family and Children's Services
SUBJECT: MDHS, Division of Family and Children's Services, Home Study Fees

Dear Sirs and Mesdames,

In the event the Division of Family and Children's Services is contacted by the courts to conduct a Home Study in a private civil action such as an adoption, a divorce or a child custody matter in accordance with Mississippi Code of 1972, as annotated and amended, §93-17-12, there will be a fee charged for this service.

The fee for this service is \$650. The check or money order should be made payable to the State Treasury/State of Mississippi and mailed or delivered to the Regional Resource Supervisor at the MDHS address below. This fee must be paid, in full, before the Home Study will be conducted by DFCS.

Mail check to: _____

If you have any additional questions, please contact _____ (name/
title) at () _____.