12 CCR 2509-8:7.708
12 Colo. Code Regs. 2509-8:7.708Alternatively cited as 12 CO ADC 2509-8
2509-8:7.708. RULES REGULATING FAMILY FOSTER CARE HOMES

All family foster care homes must comply with the “Rules Regulating Family Foster Care Homes” and the “General Rules for Child Care Facilities”.

12 CCR 2509-8:7.708.1
12 Colo. Code Regs. 2509-8:7.708.1Alternatively cited as 12 CO ADC 2509-8
2509-8:7.708.1. FAMILY FOSTER CARE HOMES

A. “Family foster care home”, as defined at Section 26-6-102, C.R.S., means a facility that is certified by the county department or a child placement agency for child care in a place of residence of a family or person for the purpose of providing twenty-four (24) hour family care for a child under the age of eighteen years who is not related to the head of such home, except in the case of relative care. The term includes any foster care home receiving a child for regular twenty-four (24) hour care and any home receiving a child from any state-operated institution for child care or from any child placement agency. The number and age of foster children for which a license may be issued is determined by the following factors:

1. No foster child shall be placed in a foster home if that placement will result in more than four foster children in that home, or a total of eight children (foster and non-foster), or more than two children under two years of age, except in those instances in which the placement of a sibling group in a foster home would exceed the limits. If the placement of a sibling group results in exceeding the above limits, no other foster children can be placed in the home.

2. A family foster care home may serve a maximum of one foster child enrolled in Children’s Habilitation Residential Program (CHRP) and 2 other foster children or 2 foster children enrolled in CHRP and no other foster children, unless there has been prior written approval by the CHRP waiver administrator. Placements of three (3) children approved for CHRP funding may be made if the agency can demonstrate to the CHRP waiver administrator that the provider has sufficient knowledge, experience, and supports to safely meet the needs of all of the children in the home. In any case, no more than three (3) children enrolled on the CHRP waiver and no (0) non-CHRP children will be placed in one foster home. Emergency placements will not exceed maximum established limits. Facilities that exceed established capacity at the time the rule takes effect will be grandfathered in; however, with attrition, capacity must comply with the rule.

FAMILY FOSTER HOME (COUNTY OR CPA) MAXIMUM CAPACITY

<table>
<thead>
<tr>
<th>CHRP</th>
<th>Non-CHRP</th>
<th>Total Children</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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3. Family foster care providers who are serving foster children enrolled in the Children’s Habilitation Residential Program (CHRP) waiver shall be in compliance with rules contained within the Department of Health Care Policy and Financing’s Medical Assistance Manual at Section 8.508 (10 CCR 2505-10).

4. Family foster care may be provided to children from birth to 18 years of age and to those persons to 21 years of age who are placed by court order prior to their eighteenth birthday.

5. When a certified family foster care home only provides temporary emergency care for foster children, the home may be certified for up to six foster children with no more than two foster children, including the caretaker’s own children, under two years of age. There can be no more than a total of six foster children in the home except in sibling placements. The number of additional foster children under six years of age to be cared for shall be specified on the certificate and in the home study. Such a family foster care home shall be designated as a receiving home. The designation shall appear on the certificate.

    a. No foster child shall remain in that family foster care home at the receiving home rate longer than 90 consecutive days, in accordance with the requirements of Section 7.417.4.

    b. The number of foster children to be cared for at the receiving home rate and any foster children to be cared for at the regular foster home rate shall be included on the certificate.

    c. Each receiving home parent shall have two years experience as a foster parent, although the certifying agency may take into account other relevant education and experience.

    d. Each receiving home parent shall complete 32 hours of on-going training every year as identified in his/her training development plan. This training shall include the following competencies.

        1) Issues regarding emergency and crisis placement of children with unknown histories; and,

        2) Dynamics of victimization issues, with emphasis on appropriate age and developmental levels; and,
3. Cultural, spiritual, and religious awareness, consideration for, sensitivity to, and tolerance of each child individually.

e. Because receiving homes are likely to have quick turn-over of the children in care, supervision and monitoring of the receiving home shall be carried out according to the following:

1) One face-to-face contact shall be made with the receiving home parent(s) at least every week when children are in placement in the home, with a minimum of two visits per month occurring in the receiving home.

2) Documentation of such contact shall be in the provider file, as well as in each file of all foster children in the home.

3) The purpose of the contact is to address any questions the receiving home parent has about the children in care, to observe child care when appropriate and to provide support to the receiving home parent.

f. A receiving home shall have a comprehensive annual evaluation, which includes a review of any critical incidents, any allegations of institutional abuse, and the skills, needs, and competencies of the receiving home parent(s).

6. A family foster care home may not be operated without a license or a certificate as required by law and Section 7.701.4 of these rules, and the number of foster children cared for in such facility may not exceed the number authorized by such license or certificate.

B. Family foster care homes may be licensed host family homes.

1. A licensed foster home may be a licensed host family home pursuant to the rules at Section 7.721.

2. Pursuant to 26-5.7-105(6), C.R.S., a licensed family foster care home approved as a licensed host family home shall not accept a homeless youth for placement under this section if there are any foster children currently placed in the home. No foster children may be placed while a homeless youth resides at the licensed foster home.

3. A family foster care home acting as a host family home for homeless youth shall receive additional training regarding homeless youth services and shall be designated as a host family home on the face of its foster certification.
4. Pursuant to Section 26-5.7-105(5), C.R.S., if the county or child placement agency referring the youth to the
host family home or the host home parents determine that a referral for additional services needs to be made,
they shall make a referral to the county of reference of the parents of the youth.

5. Notification

Pursuant to Sections 26-5.7-105(4) and (7), C.R.S:

a. When a youth under fifteen years of age is admitted to a host family home, the county or child placement
agency referring the youth to the host family home or the host family home’s parents shall notify the county
department of residence of the parents of the youth within seventy-two (72) hours of the youth’s admission.

b. If a youth who is at least eleven (11) years of age but less than fifteen (15) years of age has been served up
to twenty-one (21) consecutive days and returns again to the licensed host family home after leaving the
home, the county or child placement agency referring the youth to the host family home or the host family
home shall notify the county department of residence of the parents of the youth within seventy-two (72)
hours of the youth’s admission.

7.708.11 Definitions

“Certifying authority” means licensed child placement agencies and county departments of social/human services
that have the authority to certify family foster care homes, including kinship care homes.

“Child specific foster care” is care where the foster child has a prior relationship to the foster parent(s).

“County designee” is the representative of a county department designated by the county executive director to make
certain key decisions regarding foster children.

“De-escalation” is the use of therapeutic interventions with a foster child during the escalation phase of a crisis. The
interventions are designed to allow foster children to contain their own behavior so that acute physical behavior does
not develop which would lead to the need for use of a physical restraint.

The “Family Service Plan” is a case services plan completed by a county caseworker jointly with the foster child,
parents, and foster parents within 60 calendar days of placement for each foster child receiving services from a
county department of social/human services.

“Kinship family foster care” is a family foster care home with a kin provider that is certified by either a county
department or a child placement agency upon the request and approval of the county department with custody of a
child or youth. The purpose is to provide twenty-four (24) hour care for a child or youth under the age of eighteen
(18) years of age and may continue up to twenty-one (21) years of age when ordered by the court. Kin are relatives,
persons ascribed by the family as having a family-like relationship, or they may be individuals that have a prior
significant relationship with the child or youth. These relationships take into account cultural values and continuity
of significant relationships.

“Reasonable”, as used in these rules, means appropriate and suitable, not excessive or extreme.

“Religion”, where used in these rules, includes traditional religious beliefs and spiritual beliefs such as those of
Native Americans.

“Salaried Foster Parent” means a person who is employed by a child placement agency for the purposes of the demonstration pilot program authorized pursuant to Section 26-6-104(1)(d)(IV), C.R.S., and who is employed for the sole purpose of providing foster care and who serves in no other capacity for the child placement agency.

“Therapeutic foster care” means a program of foster care that incorporates treatment for the special physical, psychological, or emotional needs of a child placed with specially trained foster parents.

“Treatment Foster Care” means a clinically effective alternative to residential treatment facilities that combines the treatment technologies typically associated with more restrictive settings with a nurturing and individualized family environment.

“Whole Family Placement”, also known as “shared family care”, is a situation in which adult parent(s) and foster child(ren) are placed together in the home of a family trained to mentor and support the biological parents as they develop skills and supports necessary to care for their foster child(ren) and move toward living independently.

7.708.21 Character, Suitability, and Qualifications of Family Foster Parents

A. A certificate shall be denied in accordance with Section 7.500.312, D.

B. Each foster parent in the family foster care home shall demonstrate an interest in, and a knowledge of, foster children and a concern for their proper care and well-being.

C. A certificate may be denied or revoked if the foster parent(s)’ own children have been placed in foster care or a residential treatment facility under circumstances which demonstrated that the foster parent or another resident of the home was abusive, neglectful, or a danger to the health, safety, or well-being of those foster children.

D. The family foster care home parents shall be able to provide for a foster child’s proper physical, mental and character development.

E. Applicants shall demonstrate stability in family relationships within the home where family foster care is to be provided.
F. The licensing or certifying authority must receive at least three written statements which describe the applicant’s character, interpersonal relations, and ability to provide care for foster children from references provided by the applicant, at least two from a source/person who are not related to the applicant and who have known the applicant one year or longer (references need not be residents of Colorado). Licensing or certifying representatives may contact others who may have knowledge or information regarding the applicant’s character or suitability.

G. The foster home parent shall possess basic knowledge of child care and good nutrition, and shall cooperate with the licensing or certifying agency in programs designed to increase such knowledge.

H. Licenses or certificates shall not be granted to applicants who are less than twenty one years of age on the date of application for such license or who lack adequate physical stamina to care for children.

I. Foster parents shall protect foster children from exposure to second hand tobacco smoke.

   1. Smoking is prohibited inside the foster home at all times when a child(ren) is in placement.

   2. Smoking is prohibited in a foster parents’ or substitute caregiver’s motor vehicle when a foster child(ren) is in placement in the foster care home.

   3. Smoking includes carrying or having in one’s possession a lighted cigarette, cigar, pipe or other object giving off tobacco smoke.

J. The financial resources of foster parents shall be adequate to assure that the home where the care is provided is maintained in safe repair and in conformity with standards and that the requirements of these regulations can be fulfilled.

K. A license or certificate shall not be granted for a family foster care home unless the applicant has demonstrated the ability to manage a household so that the licensing or certifying authority may determine that the applicant is able to acquire food, materials and other equipment as may be required for child care and to maintain records pertaining to foster children, including records required by statute or regulations.

L. Each foster parent shall have a health assessment within one year prior to certification or within 30 calendar days after certification and thereafter as required, in writing, by a licensed health care professional. The reports of the medical examinations shall be dated and signed by the examining physician or nurse practitioner and shall be provided to the certifying authority. Reports shall include a statement of the evaluation of the person’s physical ability to care for foster children.
If, in the opinion of the licensed health care professional or the assessment worker, an emotional or psychological condition exists which would have a negative impact on the care of foster children, the issuance of a license shall be conditioned upon the satisfactory report of a licensed mental health practitioner.

M. Children of the foster home parents and any other persons not placed by the agency and living in the family foster care home shall obtain a medical statement from a licensed health care professional verifying that each such person suffers from no illness or communicable disease which would adversely affect foster children in care. This statement shall be obtained annually or as required in writing by an approved health care professional. A licensed health care professional is defined as a physician, nurse practitioner, or a physician’s assistant. This statement shall have been signed within the twelve month period preceding the original license or full certificate granted to the home.

7.708.22 Physical Requirements for a Safe and Adequate Family Foster Care Home

A. Licensing or certifying representatives are authorized but not required to consult the state or county department of health regarding sanitary standards and to consult local fire departments regarding questions of fire safety. A license or certificate may be denied or revoked in the event an applicant or licensee refuses to permit an investigation by these authorities if requested by a licensing or certifying representative, or if such authority advises that a license or certificate not be issued.

B. The following shall be required of all family foster care homes:

1. There shall be an outdoor play space free from hazards of not less than 75 square feet per child in care who is between 12 months and five years of age. This area shall be fenced or otherwise protected. If the area is not fenced, outdoor play shall be supervised by the foster care provider or designee and a specific plan for how safety is to be assured shall be documented in the case file.

2. The presence of firearms and ammunition is strongly discouraged in any home in which foster children are cared for. Any weapons such as firearms, air rifles, bows, hunting knives or hunting sling shots shall be unstrung and unloaded at all times when foster children are in the home and shall be stored in locked containers out of the reach of foster children. Ammunition and arrows shall be stored in separate locked containers. Firearms which are solely ornamental are excepted from the storage requirement. Weapons shall not be transported in any vehicle in which foster children are riding unless the weapons are made inoperable and inaccessible. Law enforcement professionals are exempted from the requirements of this section if conditions of their employment require them to carry weapons.

3. At least 35 square feet of usable indoor space exclusive of halls, baths and sleeping area shall be available for each child. However, when a sibling group is placed together in a single foster home, a variance from the minimum space standards is permitted. All floor space shall have carpets, tile or smooth finish which may be easily cleaned. Interior walls shall be constructed of solid material and be free from holes. Unfinished basements must be inaccessible to foster children when safety hazards are present.
Colorado Administrative Code _Title 2500. Department of Human Services_  
2509. Social Services Rules (Volume 7; At-Risk Adults, Child Welfare, Child Care Facilities) _12 CCR_  
2509-8. Rule Manual Volume 7 Child Care Facility Licensing _7.708. Rules Regulating Family Foster Care Homes_ 

4. Exterior doors shall be maintained in such a manner which would permit easy exit. Interior doors shall be designed to prevent children from being trapped.

5. A basement which will be used regularly in the care of children in any manner shall be equipped with more than one exit; such exit may be an accessible window. See Section 7.708.31, G, for additional requirements for nighttime care.

6. The home shall be equipped with refrigeration, and provisions shall be made for the washing, rinsing and storing of dishes in a safe and sanitary manner.

7. Toys and outdoor play equipment meeting the requirements of Section 7.708.31, F. 2. a. shall be available.

8. A comfortable bed or crib in a clean, well-ventilated room, which not customarily used for other purposes such as a kitchen, dining room hall or bathroom, shall be available for all children in the home, including birth or adoptive children or foster children. There shall be a minimum of forty (40) square feet of floor space for each foster child’s bed, and the bed should be placed at least two feet apart when arranged in parallel.

9. No family foster care home shall be used for a rental income business an adult foster care facility. A business of a nature which might hazardous to the health, safety, morals or welfare of foster children shall not be operated on the premises of the foster home. In order to support youth with an independent living stipend, a family foster care home may provide a home for a youth that previously resided in foster care in the home on or before the youth’s eighteenth (18th) birthday. The youth shall solely occupy a bedroom and shall not occupy a bedroom with a child or youth in foster care. The family foster care home may accept a negotiated portion of the independent living stipend. Negotiation shall include the youth, caseworker, and foster parent(s).

10. Mobile homes used as foster homes shall have at least two exits, be skirted and properly installed and stabilized.

11. Safety issues related to swimming pools shall be assessed by the certification worker, addressed by the county or state health department as necessary, and documented in the case file.

12. If there is trampoline on the foster home property, safety issues regarding its use must be agreed upon with the foster parents and addressed in writing in the case file. [FN1]

C. A certificate shall be denied, suspended, revoked or made probationary for failure to repair or otherwise comply with any of the preceding requirements when a defect or noncompliance with such requirement has been noted by the licensing or certifying representative and brought to the attention of the licensee or applicant in writing.

A. The family foster care home must be located in an area that is accessible to health resources, public and private utilities, adequate and safe water supplies, sewage disposal, and fire and police protection.

B. The family foster care home must comply with local zoning department requirements.

C. The entire premises of the family foster care home are subject to inspection for licensing or certification purposes, including, but not limited to, the residence where care is to be provided, the grounds surrounding the family foster care home, the basement, the attic (if accessible), any storage buildings, and a garage or carport, if applicable.

D. The family foster care home, including indoor and outdoor space, shall be maintained in a clean and safe condition free from hazards to health and safety.

**7.708.24 Foster Home Maintenance**

A. The family foster care home shall be kept in good repair and maintained in a safe, clean, and sanitary condition.

B. All areas of the family foster care home available to foster children’s activities including equipment, materials and furnishings shall be of sturdy, safe construction, easy to clean, and free of hazards, such as sharp points or corners, splinters, protruding nails, broken play and recreational equipment, or paint that contains lead or other poisonous materials and might be dangerous to the life or health of foster children.

C. All areas of the family foster care home shall be kept free from accumulation of significant amounts of non-essential materials such as furnishings, newspapers, or magazines that could pose a fire or health hazard.

D. Provision shall be made for collection, storage, and disposal of trash to prevent infestation by rodents.

**7.708.25 Fire Safety**

A. Fire hazards, such as defective electrical appliances and electric cords, dangerous or defective heating equipment or flammable material stored in such a manner as to create a risk of fire shall be corrected or eliminated.
B. The family foster care home shall contain at least one U.L-approved fire extinguisher, highly visible, easily accessible, and in working condition, weighing not less than five pounds, that has a rating of 2A, 10BC. This requirement may be waived if more extensive fire-control measures are required by a local fire department.

C. A smoke detector, in working condition, must be installed on each level of the family foster care home and near sleeping areas.

D. No gas space heaters, open-flame gas or oil stoves, hot plates, or un-vented heaters shall be used in the family foster care home for heating purposes. No electric space heaters shall be used in the family foster care home for permanent heating purposes.

E. Flammables aerosol paints, insecticides, chemicals, and other dangerous materials shall be locked or stored so they are inaccessible to foster children and must be stored in areas separate from sleeping or living areas. Flammables shall be stored in an approved container.

F. Heating devices such as radiators, registers, fireplaces, wood-burning stoves, and steam and hot water pipes that pose a fire or bum hazard to foster children shall be screened or otherwise protected.

G. Flammable material must not be stored near a furnace, hot water heater, or other heating device.

H. There shall be no candles or other burnable objects permitted in foster children’s sleeping areas. Foster children shall not be permitted to smoke inside the foster care home or in any vehicle used to transport children.

I. Exit doors shall be clearly identified to all foster children. No lock or fastening to prevent free escape from the inside of any room used by the foster children shall be permitted.

J. Exit routes shall be kept free of discarded furniture, furnishings, laundry, and stacks of newspapers or magazines that could interfere with the prompt evacuation of the family foster care home.

7.708.26 General Comfort and Safety

A. All hazardous chemicals, tools, and other equipment, including matches, plastic bags, paints, gasoline, medicines, insecticides, and cleaning and laundry materials, shall be stored out of reach of young foster children. Products which could cause poisoning or contamination shall not be stored in areas where food is stored or prepared.
B. Water from any source other than a regular municipal water supply shall be tested annually for compliance with water quality requirements.

C. The family foster care home shall be equipped with adequate light, heat, ventilation, and plumbing for safe and comfortable occupancy.

D. The family foster care home must be equipped with hot and cold running water.

E. All stairways containing more than four steps shall be equipped with a handrail.

F. The family foster care home shall have immediate access to a working telephone, and emergency numbers shall either be posted near the telephone or be immediately available, including those related to medical care, fire, law enforcement, and poison control where available. Numbers for the agency or person having legal custody of each foster child shall also be readily available.

[FN1] The official version of this sentence reads: “If there is a trampoline on the foster home property, safety issues regarding its use must be agreed upon with, the foster parents a addressed in writing in the case file.” See, however, 2007 CO REG TEXT 78951 (NS).

7.708.31 Care of Foster Children

A. Foster parents shall provide supervision and care appropriate to each child’s age, level of development and ability to accept independence and responsibility.

B. Within twenty four (24) hours of arrival at the family foster care home, a foster child shall be given an orientation to the home, consistent with the foster child’s age and ability to participate, which includes at least the following:

1. Tour of the home and instruction on fire alarm and fire evacuation procedures, escape routes and exits.

2. The rules/regulations of the home.
3. Procedures affecting the foster child’s behavior, including limiting or restricting a foster child’s rights where allowed, the type of discipline used in the family foster care home, and consequences for certain behaviors.

4. The complete foster children’s rights and foster children’s grievance procedures as developed by the family foster care home or by the certifying authority.

C. Substitute care in the family foster care home occurs when foster parents are unable to provide supervision and care. The foster parents shall arrange for a qualified substitute who is familiar with these rules and with the foster children in care to provide temporary supervision and care to the foster children in the child(ren)’s identified family foster care home.

1. If in care for up to six (6) hours, it is preferable that the provider of substitute care be at least sixteen years old. Exceptions based on age and maturity can be made with concurrence of the foster parent and the certifying authority, but in no case should the provider of substitute care be less than fourteen (14) years of age.

2. If care is provided for more than six (6) hours including overnight care, the substitute care provider must be at least eighteen (18) years of age, trained in first aid and CPR, and must have completed the following background checks:

   a. Colorado Bureau of Investigation (CBI);

   b. Federal Bureau of Investigation (FBI); and,

   c. State Department’s automated system.

3. Exceptions to these requirements may be requested by filing an appeal and receiving approval from the Colorado Department of Human Services’ designated appeal panel. Appeals must be documented in the provider and foster child’s record.

D. Respite Care

Respite care for a foster child(ren) in a certified foster home other than the foster child(ren)’s identified foster home, that exceeds the license capacity of the foster home, shall occur for short term temporary relief of the foster parent(s) for not more than seven (7) consecutive days per month not to exceed 28 days in a calendar year. During the time when respite care for a foster child(ren) is occurring, the respite home may not exceed six (6) foster children or a maximum of eight (8) total children with no more than two (2) children under two years of age. The respite home must be in compliance with all other applicable rules for family foster care homes.

E. Health Care

1. Suspected mental or emotional disorders which are observed by foster parents shall be reported to the certifying authority and the child’s caseworker so that appropriate care may be obtained.

2. Where pets or other animals are present, additional precautions shall be taken as required to insure both safety and good hygiene. Dogs and cats shall be vaccinated as required by State law or as designated by a veterinarian. Foster children shall not be permitted to mistreat animals. Any animal that poses a threat to a foster child’s safety or health must be confined in a place away from the foster child(ren).

F. Home Environment and Family Activity

1. It is the purpose of family foster care to provide constructive family living experiences for foster children during the period of placement.

2. Daily activities shall be designed to encourage normal physical, mental, social and emotional development of foster children. This requirement shall be met in the following manner:
   a. Materials and equipment appropriate for the age of foster children in care shall be available for both active and quiet play.
   b. An effort shall be made to provide for contact and friendship between children in foster care and other children of a comparable age. Opportunities shall be provided for both group and individual play.
   c. Foster children shall be encouraged to relate or to communicate with each other and with adults.
   d. Outdoor activity shall be available to each foster child each day, weather permitting.

3. Foster parents or a designated representative from the certifying authority with knowledge of the child shall attend Administrative Reviews for the foster children in their care and participate in the planning for such foster children. They shall receive a copy of the child’s Family Services Plan for each foster child in their care.

G. Nighttime Care Requirements
1. Foster children shall be provided with a bed, cot or crib as required by Section 7.708.22, B, 8.

2. Two sheets and suitable warm covering shall be provided to each foster child. Sheets shall be changed weekly or more frequently if needed, and no foster child shall be allowed to remain sleeping in a wet bed.

3. Except for emergency placements, foster children over the age of eighteen (18) months shall not sleep in the same room as unrelated adults on a regular basis. Sleeping rooms for unrelated foster children shall not be shared by foster children of the opposite sex when one foster child is over four (4) years old. Siblings of the opposite sex that are over the age of four (4) years and share bedrooms shall do so only with the written approval of the certifying authority and the county designee. The written documentation must be maintained in the foster child’s and provider’s file. Adolescent parents and their children may share a room.

4. Each foster child shall be provided with adequate sleep wear, and a complete set of clean sleep wear shall be available in the event that a change is necessary.

5. Sleeping rooms for foster children under five (5) years of age shall be near the bedroom of the foster parents or other responsible person. Monitoring systems may be utilized to ensure safety. Foster children under twelve (12) years of age shall not be permitted to sleep in a detached structure unless a responsible person sleeps in the same structure. Foster children who sleep in a detached structure must have written approval of the county department that placed the foster child, who will assess the foster child’s abilities and needs.

H. Infant Care

1. Not more than two infants, whether birth, adoptive or foster children under the age of two years, shall be cared for in a family foster care home, except under unusual circumstances such as multiple births.

2. In addition to the applicable provisions of paragraphs A through G, above, infant care shall include the following:

   a. Infants shall be held during bottle feeding and at other times during the day. Infants shall not be confined but shall be allowed freedom of movement insofar as practical and shall be provided with an environment designed to stimulate their senses.

   b. Diapers shall be changed as required and used diapers cleaned or disposed of consistent with the practices of good hygiene. Toilet training shall not be attempted with any foster child less than eighteen (18) months of age and shall be done in a non-disciplinary manner.

7.708.32 Suspected Child Abuse

Where child abuse is suspected, the foster parent shall be alert for evidence of signs of abuse and report such evidence promptly to the county department of social/human services. A written report of any external signs of injury, such as bruising, scratching or swelling, shall be placed in the foster child’s record. If there is any suspicion of abuse or illness, the foster child shall be seen by medical personnel immediately.

7.708.33 Foster Children’s Rights

A. The certifying authority shall have written policies and procedures that address and ensure the availability of each of the following core rights for foster children in residence. These rights may not be restricted or denied by the family foster care home or certifying authority. Every foster child has the right to:

1. Enjoy freedom of thought, conscience, cultural and ethnic practice, and religion.

2. A reasonable degree of privacy.

3. Have his or her opinions heard and considered, to the greatest extent possible, when any decisions are being made affecting his/her life.

4. Receive appropriate and reasonable adult guidance, support and supervision.

5. Be free from physical abuse or neglect and inhumane treatment. Every foster child has the right to be protected from all forms of sexual exploitation.

6. Receive adequate and appropriate medical care.

7. Receive adequate and appropriate food, clothing, and housing.

8. Live in clean, safe surroundings.

9. Participate in an educational program that will maximize his/her potential in accordance with existing law.

10. Communicate with “significant others” outside the family foster care home, such as a parent or guardian, caseworker, attorney or guardian ad litem, current therapist, physician, religious advisor, and, if appropriate, probation officer.
B. The following foster children’s rights may be limited to reasonable periods during the day or restricted according to routine of the family foster care home to ensure the protection of the foster children and foster family. Every foster child has the right to:

1. Have access to letter-writing materials, including postage, and to have a foster parent(s) -- assist him/her if unable to write, prepare, and mail correspondence.

2. Have access to telephones to both make and receive calls in private.

3. Have convenient opportunities to meet with visitors.

4. Wear his/her own clothes, keep and use his/her own personal possessions, and keep and be allowed to spend a reasonable sum of his/her own money.

5. Receive and send sealed correspondence.

C. Family foster care homes must develop a plan, in conjunction with the certifying authority, regarding the following rights of foster children and these rights must be explained to the foster children upon admission. The notification must be communicated in a language or mode of communication the foster child can understand. There must be plans for:

1. How and when telephone, including cell phone use, and written communications, including, but not limited to, social networking and other electronic communication, will take place.

2. Extenuating circumstances and emergency situations affecting the foster child and his/her family.

7.708.34 The Prohibited Use of Cruel and Aversive Therapy

The family foster care home shall refrain from engaging in all cruel and aversive behavior management, treatment or therapy including, but not limited to, the following:

A. Any intervention designed to or likely to cause a foster child physical pain

B. Releasing noxious, or toxic, sprays, mists, or substances in proximity to the foster child’s face.
C. Any intervention that denies a foster child sleep, food, water, shelter, access to bathroom facilities, adequate bedding, or appropriate physical comfort.

D. Any intervention or type of treatment that subjects a foster child to verbal abuse, ridicule, humiliation or that can be expected to cause excessive emotional trauma.

E. Interventions that use a device, material, or object that is designed to simultaneously immobilize all four of the foster child’s extremities.

F. Any treatment intervention that deprives a foster child of the use of his/her senses, including sight, hearing, touch, taste, or smell.

G. Physical management, restraint and seclusion except as described at Sections 7.708.36 and 7.714.53.

H. Use of rebirthing therapy or any therapy technique that may be considered similar to rebirthing therapy as a therapeutic treatment, as defined by Section 12-43-222(1)(t)(IV), C.R.S. [FN1]

7.708.35 Discipline

A. The family foster care home or certifying authority shall have written policies and procedures regarding discipline that must be explained to all foster children, parent(s), guardian(s), staff, and placing agencies. These policies must include positive responses to a foster child’s appropriate behavior.

B. Discipline shall be constructive or educational in nature and may include talking with the foster child about the situation, praise for appropriate behavior, diversion, separation from the problem situation, and withholding privileges.

C. Basic rights shall not be denied as a disciplinary measure.

D. Separation when used as discipline must be brief and appropriate to the foster child’s age and circumstances. The foster child shall always be within hearing of an adult in a safe, clean, well-lighted, well-ventilated room in the family foster care home that contains at least 50 square feet of floor space. No foster child shall be isolated in a bathroom, closet or pantry.
F. A family foster care home shall prohibit all cruel and unusual discipline including, but not limited to, the following:

1. Any type of physical hitting or any type of physical punishment inflicted in any manner upon the body of the foster child, such as spanking, striking, swatting, punching, shaking, biting, hair pulling, roughly handling a foster child, striking with an inanimate object, or any humiliating or frightening method of discipline to control the actions of any foster child or group of foster children.

2. Discipline that is designed to, or likely to, cause physical pain.

3. Physical exercises such as running laps, push-ups, or carrying heavy rocks, bricks, or lumber when used solely as a means of punishment.

4. Assignment of physically strenuous or harsh work that could result in harm to the foster child.

5. Requiring or forcing a foster child to take an uncomfortable position such as squatting or bending, or requiring a foster child to stay in a position for an extended length of time such as standing with nose to the wall, holding hands over head, or sitting in a cross-legged position on the floor, or requiring or forcing a foster child to repeat physical movements when used solely as a means of punishment.

6. Verbal abuse or derogatory remarks about the foster child [FN2], his/her family, his/her race, religion, or cultural background.

7. Denial of any essential/basic program service solely for disciplinary purposes.

8. Deprivation of meals or snacks, although scheduled meals or snacks may be provided individually.

9. Denial of visiting or communication privileges with family, clergy, attorney, or caseworker solely as a means of punishment.

10. Releasing noxious, toxic, or otherwise unpleasant sprays, mists, or aerosol substances in proximity to the foster child’s face.

12. Requiring the foster child to remain silent for a period of time inconsistent with the foster child’s age, developmental level, or medical condition.

13. Denial of shelter, clothing or bedding.

14. Withholding of emotional response or stimulation.

15. Discipline associated with toileting, toileting accidents or lapses in toilet training.

16. Sending a foster child to bed as punishment. This does not prohibit a family foster care home from setting individual bed times for foster children.

17. Force feeding a foster child.

18. Physical management, restraint and seclusion.

7.708.36 Physical Management and Seclusion

A. Seclusion is prohibited.

B. Physical management to attain and maintain control or for behavior management, treatment, or therapy is prohibited and/or seclusion is prohibited, unless the family foster care home is pre-approved by the certifying authority to perform physical management and/or seclusion and the family foster care home is in compliance with Section 7.708.61, K, 2, Section 7.714.53, et seq., and the applicable definitions found in Section 7.714.1. The family foster care home must notify the placing caseworker when a child is subject to physical management and/or seclusion.

7.708.37 Religion

A. The family foster care home shall demonstrate consideration for, and sensitivity to, the religious backgrounds of foster children in care. The family foster care home shall assist a foster child’s involvement in religious activities appropriate to the foster child’s religious background and based upon the needs and interests of the foster child.
B. Foster children in care at the family foster care home shall be allowed and encouraged to celebrate their religious holidays.

C. Opportunity and assistance shall be provided for each foster child to practice the chosen/preferred religious beliefs and faith of his/her family. If the family has no preference, the individual preference of the foster child shall be respected. This includes, but is not limited to, making necessary arrangements for attendance of foster children at the appropriate religious institution or at a study group for religious instruction.

D. A foster child may be invited to participate in religious activities of the family foster care home.

E. A foster child shall not be coerced or forced to participate in the religious activities of the family foster care home or to attend religious services.

F. Any form of religious intervention used by the family foster care home to control or change a foster child’s behavior, or treat or heal a medical condition, must be approved, in writing, by the legal guardian(s) of the foster child prior to the use of the intervention.

G. A family foster care home cannot deny medical care to a foster child because of religious beliefs.

H. The foster child’s family and/or guardian must be consulted prior to any planned change in religious affiliation made by the foster child while he/she is in care at the family foster care home.

7.708.38 Education

A. Foster children shall attend educational/vocational programs in the most appropriate and least restrictive educational setting for the foster child, including, but not limited to, attending regular classes conducted in accredited elementary, middle, and secondary schools within the community.

B. Regular school attendance or an educational plan is required for each foster child according to school attendance laws; a suitable, quiet, well-lighted place for study shall be provided together with necessary books, papers, pencils and other equipment which are reasonably required by school-age children. Foster parents shall review grade reports and other information received from teachers or school authorities with foster children in care and shall counsel and assist foster children regarding adequate classroom performance. The parent, guardian or authority with responsibility for the foster child shall be advised of school performance. Reasonable efforts shall be made to involve a foster child in extracurricular activities. The foster parents shall attend school staffings, conferences, and Individualized Educational Plan meetings when possible.
C. Foster children attending school shall be permitted to participate in school extracurricular activities to the extent of their interests and abilities and in accordance with each individual foster child’s plan.

D. In order to ensure that all students who may have disabilities are provided an appropriate education, the family foster care home, in cooperation with the certifying authority, shall ensure that adequate “Child Find” procedures are utilized. Such procedures shall be developed cooperatively with Local Education Agencies (LEA) in accordance with Exceptional Children’s Educational Act rules and regulations and LEA procedures. Child Find includes a process for screening, referring, assessing and staffing students suspected of having a disabling condition.

7.708.39 Community Participation

A. Participation in community activities shall be encouraged, supported, and a vital part of each foster life and choice. With the consent and authorization of the custodial county department of human/social services, providers shall make reasonable efforts to allow children and youth to participate in extracurricular, cultural, educational, work-related, and personal enrichment activities to transition toward independence, build life skills, and strengthen opportunities to make positive connections. When considering an activity, the following factors shall be considered, but are not limited to:

1. Adequate information about the youth;

2. Behavioral and/or mental health stability of the child or youth;

3. Reasonable steps were made to determine the appropriateness of the activity; and,

4. Lack of reasonable or foreseeable harm regarding the activity.

B. The family foster care home shall consider and be sensitive to identity of the child or youth, including, but not limited to, cultural, spiritual and/or religious needs. The family foster care home shall involve a foster child in activities appropriate to his/her identity, including, but not limited to, consideration of the child’s family, community, neighborhood, school activities, friends, and the child’s and family’s primary language.

C. The family foster care home shall utilize available services, facilities, and activity programs of the community, and foster children shall be given opportunities to participate as individuals or as a group in agency-sponsored recreational and cultural programs.

D. With the approval of the certifying authority, the family foster care home may deduct reasonable sums from a foster child’s allowance as restitution for damages done by the foster child. Restitution must be negotiated with
E. Chores at the family foster care home are considered part of the participatory responsibility of living together. They shall provide constructive experiences in accordance with the age and ability of the foster child.

F. All chores shall be scheduled so as not to conflict with other essential scheduled activities.

G. The family foster care home shall comply with all child labor laws and regulations in making work assignments, with consideration for agricultural work assignments in those communities.

H. Paid or voluntary work assignments outside of the family foster care home shall be approved by foster parent(s) and the county designee for the foster child, who shall know the employer, the specific type of work, and the conditions of employment.

I. A foster child shall not be exploited. A foster child may not participate in solicitation on behalf of the family foster care home or certifying authority for a fund-raising activity without the written permission of the parent(s) or guardian(s) for each specific activity, and the foster child must be willing to participate in the activity.

7.708.41 Medical and Health Services

A. A general medical examination for each foster child must be completed or scheduled with a physician or a nurse practitioner prior to or within fourteen (14) calendar days following placement at the family foster care home. If the child has received a medical examination within the previous twelve (12) months, another medical examination is not required during that year as long as the foster home has written documentation of the previous medical exam. A statement from the examiner shall be retained in the foster child’s file. This exam shall include the following:

1. An examination for physical injury and disease.

2. Vision and hearing screening.
3. A current assessment of the foster child’s health, including immunizations.

B. Whenever indicated, a foster child shall be referred to an appropriate specialist for either further assessment or treatment.

C. Subsequent physical and other examinations shall be done annually or as directed, in writing, by the physician or other qualified health professional.

D. Dental examinations, appropriate to the age of the foster child, must have been completed within four months prior to placement or scheduled or completed within eight (8) weeks following placement. The family foster care home or governing body shall ensure that each foster child receives a dental examination every six months or as required in writing by a dentist.

E. At all times there shall be first aid supplies readily available at the family foster care home. Each foster parent must be certified in first aid, or the equivalent, and CPR for all ages of foster children in care.

F. The family foster care home, in conjunction with the parent(s) or guardian(s), shall make every effort to ensure that a foster child needing corrective devices such as glasses, hearing aids, etc., is provided with the necessary equipment. The placing authority for the foster child shall assist with obtaining resources as necessary to fulfill this requirement.

G. The family foster care home has the right to request a statement regarding the foster child’s general health from a medical examiner. In a potentially life-threatening situation, the family foster care home shall refer the foster child’s care to the appropriate medical and legal authority. If a foster child wishes an exemption from a medical examination or medical treatment due to religious beliefs, the foster child shall submit a written statement signed by his/her parent(s) or guardian(s) which states the reasons for such an exemption. The family foster care home has the right to refuse admission to a foster child whose parent(s) or guardian(s) refuses medical treatment or examination based upon religious convictions.

H. Foster parents shall be aware of and shall observe foster children for signs of illness or disease and shall respond to and care for a foster child suffering from illness, accident or injury. If contagious, the foster child affected should be isolated from other children in the home and made as comfortable as possible. First aid care shall be provided as required. If additional care, medical attention or removal from the home is indicated, the appropriate person with responsibility for the foster child shall be contacted and medical assistance shall be obtained without undue delay. A written record of any illness or injury to a foster child shall be retained in each foster child’s individual record.

I. The family foster care home shall regularly maintain and update a foster child’s Human Services Health Passport, or a document containing all the information listed in the Health Passport, for foster children placed by a county department of social services. This document is to be photocopied regularly and submitted to the foster child’s caseworker. The original of the document shall be given to the caseworker upon the foster child’s
discharge so that it can be given to the family foster care home where the foster child is being admitted or to the foster child’s parent(s), guardian(s), or family member(s) with whom the foster child is placed.

J. Medications shall be administered and stored in the following manner:

1. When a foster child first goes into care, the family foster care home shall ascertain all medication the foster child is currently taking.

2. All medication must be kept in a clean storage area inaccessible to foster children and stored according to pharmacy instructions.

3. All prescriptive medications shall be administered only upon the written prescription of a physician. The family foster care home shall also obtain written authorization from the prescribing physician to administer any non-prescriptive medication.

4. In an emergency situation, non-prescriptive medication may be administered on the verbal authorization of a physician. Written confirmation must then be obtained for the verbal authorization.

5. The family foster care home shall maintain for each foster child a cumulative record of all medication, both prescriptive and non-prescriptive, dispensed to that foster child, including:

   a. The name of the foster child.

   b. The name and dosage of medication.

   c. The time and date the medication was dispensed.

   d. The name or initials of the person administering the medication.

7.708.42 Food and Nutrition.

A. The family foster care home shall provide nutritious foods in the variety and amounts as appropriate for the age, appetite, and activity of each foster child in care.
B. At least three nourishing, wholesome, well-balanced meals a day shall be offered at regular intervals except when foster children receive their morning and/or noon meal(s) at school. No more than fourteen (14) hours shall elapse between the evening and morning meals. Nourishing snacks shall be part of the daily food provided.

C. Family meals including all children and adults present in the home shall be provided whenever possible.

D. Foster children shall be encouraged to eat a variety of the food served but shall not be subjected to undue coercion, including forced feeding, or punished for refusal to eat.

E. All food shall be from sources approved or considered satisfactory by the health authority. All foods shall be stored, prepared, and served in such a manner as to be clean, wholesome, free from spoilage, and safe for human consumption. Only pasteurized milk shall be served. Home pressure-canned fruits and vegetables and canned meats cannot be served because of the possible severe health concerns for foster children from botulism in unsafe canned foods. Fruits, vegetables and meats may be frozen.

F. There shall be a record made of the special diets prescribed and prepared for a foster child.

G. Foster children must not be given foods that are contrary to their religious beliefs, or of their family, or are known to cause an allergic reaction or a health hazard.

H. Water shall be readily accessible to foster children.

I. Common drinking cups shall not be permitted.

7.708.43 Personal Hygiene and Daily Routine

A. The family foster care home shall ensure that foster children receive training in good habits of personal care, hygiene, and grooming appropriate to their age, gender, and identity.

1. There shall be supervision by foster parents to provide for proper grooming and physical cleanliness of the foster children.

2. The family foster care home shall ensure that foster children are provided with necessary and appropriate toiletry items, including clean, individual towels and washcloths, toothbrush, toothpaste, comb, hair brush, soap, skin lotion, and shampoo.
3. Foster children shall be encouraged or assisted to maintain cleanliness or good hygiene: teeth shall be brushed each day and more frequently when possible.

B. The family foster care home shall have basic daily routines for foster children in care.

1. Daily routines shall not be allowed to conflict with the implementation of a foster child’s Family Services Plan.

2. Daily routines shall be established for mealtimes, waking, and bedtimes.

3. Opportunity for physical exercise shall be planned for each foster child.

7.708.44 Clothing and Personal Belongings

A. The family foster care home shall allow a foster child in care to bring his/her personal belongings to the program, as defined by the family foster care home policy, and to acquire belongings of his/her own. However, the family foster care home shall, as necessary, limit or supervise the use of these items while the foster child is in care. Where extraordinary limitations are imposed, the foster child shall be informed of the reasons, in a language or manner of communication the foster child can understand.

B. The family foster care home shall ensure that each foster child in care has adequate clean, proper-fitting, attractive, and seasonable clothing as required for health, comfort, and physical well-being and as appropriate to age, gender, individual needs, and identity.

1. Each foster child’s clothing shall be distinguished as his/her own.

2. A foster child’s clothing shall be kept clean and in good repair. The foster child shall be involved, as appropriate, in the care and maintenance of his/her clothing. As appropriate, laundering, ironing, and sewing facilities shall be accessible to the foster child.

C. The family foster care home in conjunction with the placing authority shall ensure that discharge plans make provisions for clothing needs at time of discharge. The wardrobe for each foster child shall go with him/her at time of discharge.

7.708.45 Emergency Drills

A. There shall be a plan for foster parent(s) and foster children to follow in case of emergency or disaster. The plan shall include provisions for roles and responsibilities during an emergency, evacuation of the family foster care home and the assignment of a central meeting place where each individual may be accounted for.

B. Fire exit drills must be held often enough so that all occupants are familiar with the drill procedure and their conduct during a drill is a matter of established routine.

C. Drills must be held at unexpected times and under varying conditions to simulate the conditions of an actual fire.

D. Drills must emphasize orderly evacuation under proper discipline rather than speed. Running or horseplay shall not be permitted.

E. Drills must include suitable procedures for ensuring that all persons in the family foster care home actually participate.

F. A record of fire drills must be recorded by the family foster care home.

G. Smoke alarm devices shall be regularly used in the conduct of drills.

H. The family foster care home shall make special provisions for the evacuation of any foster child with a disability in the family foster care home.

I. The family foster care home shall take special care to help emotionally disturbed or perceptually handicapped foster children understand the nature of such drills.

J. If appropriate to the location of the family foster care home, tornado drills must be held often enough so that all occupants are familiar with the drill procedure and conduct during a drill is a matter of established routine. A record of tornado drills must be recorded by the family foster care home.

7.708.46 Transportation

A. A family foster care home or certifying authority shall ensure that each foster child is provided with the transportation necessary for implementing the foster child’s family service plan.
B. A family foster care home shall have means of transporting foster children in cases of emergency.

C. Any vehicle used by the family foster care home in transporting foster children in care, whether such vehicle is operated by a foster parent or any other person acting on behalf of the family foster care home, shall be properly licensed, and the vehicle shall be maintained in accordance with Colorado law.

D. Any foster parent or other person acting on behalf of the family foster care home operating a vehicle for purpose of transporting foster children shall be properly licensed to operate the class of vehicle in accordance with Colorado law.

E. Foster children must be properly fastened into a restraint system that conforms to all applicable Federal Motor Vehicle Safety Standards and that are pursuant to Colorado law.

F. A family foster care home shall not allow the number of persons in any vehicle used to transport foster children to exceed the number of available seats in the vehicle.

G. The vehicle shall be enclosed and provided with door locks.

H. A family foster care home shall ascertain the nature of any need or problem of a foster child which might cause difficulty during transportation, such as seizures or a tendency toward motion sickness. The family foster care home shall communicate this information to the driver of any vehicle transporting foster children in care.

7.708.51 Records

A. The family foster care home, in conjunction with the certifying authority, shall maintain complete records as required for the licensing or certification of the family foster care home in accordance with the rules regulating family foster care homes.

B. Records for foster children shall be retained for at least three years. Retention of records for a longer period may be desirable when they reflect an accident, injury or other unusual circumstance.
C. A record of admission shall be completed for each foster child in care prior to or at the time of placement. The admission record shall be maintained at the family foster care home where the foster child resides and shall contain:

1. Foster child’s name, date and place of birth (verified by a birth certificate when possible), gender, race, religious preferences of parent(s) or foster child, date and reason for placement.

2. Foster child’s address and telephone number, parent(s) or guardian(s) address and telephone number if different from the foster child.

3. Name, address, day and nighttime telephone number of individual or agency placing the foster child with the name of individual arranging the placement.

4. Any documents pertaining to the foster child’s legal status such as court orders, including the appointment of a Guardian ad litem, legal guardianship, or custody agreements.

5. A copy of the placement agreement pursuant to 7.708.61, K.

6. Health records including a health history, chronic medical problems of the foster child, illnesses the foster child has had during the last six months and a complete list of all medications the foster child is taking.

D. Each foster child’s file shall also include:

1. Current medical and dental reports, accident, injury, or illness reports, record of medication administered and necessary medical care provided to the foster child while in placement.

2. Copies of educational records and reports of school work, including scholastic performance, certificates of achievement or award, copies of school pictures, extracurricular interests.

3. The foster child’s Family Services Plan, a summary of the periodic evaluations of the foster child’s progress and resultant changes in the Family Services Plan.

4. Psychiatric and psychological summaries, when available.
5. Summary recording of significant contacts with parent(s), guardian(s) and other involved agencies.

6. If requested by the provider, a written notice to employees of the Department of Human Services and of county departments or other individuals with a need to know, if the foster parents do not want personally identifiable information provided to adult members of the foster child’s family. Written notice may be subsequently provided to the parties aforementioned for release of personally identifiable information to the foster child’s family which shall include the consent to release information, the foster parent’s signature, and the date.

7.708.52 Reports

The following information shall be reported consistent with the requirements in Section 7.701.52 (12 CCR 2509-8).

A. The family foster care home shall immediately notify the foster child’s parent(s), guardian(s), and/or the responsible agency of any serious illness or serious injury resulting in medical treatment away from the family foster care home, hospitalization or death involving a foster child in care.

B. The family foster care home shall notify the parent(s), guardian(s), or placing authority as soon as possible upon discovery that a foster child has run away.

C. A report about a death must include:

1. The foster child’s name, birth date, address, and telephone number.

2. The names of the foster child’s parent(s) or guardian(s) and their address and telephone number if different from that of the foster child.

3. Date of the fatality.

4. Brief description of the incident or illness leading to the death.

5. Names and addresses of witnesses or persons who were with the foster child at the time of death.

6. Name and address of police department or authority to whom the report was made.
7.708.61 Admission Requirements

A. Admission of a foster child to a family foster care home shall be in keeping with the stated purpose of the family foster care home and shall be limited to those foster children for whom the foster parent(s) is qualified and by the needs of foster children already in residence to provide the care necessary. Care must be provided in the least restrictive, most appropriate setting in order to meet the foster child’s needs.

B. Each family foster care home or its certifying authority shall have a written admission policy which at a minimum must include:

1. The policies and procedures related to intake.

2. The age range and sex of foster children accepted/admitted for care.

3. The needs, problems, situations or patterns best addressed by the family foster care home.

4. Any pre-placement requirements for the foster child, the parent(s) or guardian, and/or the placing agency.

5. The anticipated problems or situations that would result in the family foster care home or certifying authority requesting removal of a foster child from placement prior to the planned discharge.

C. The written description of admission policies and criteria shall be provided to referring agencies.

D. Information regarding the prospective foster child shall be discussed with the foster parent(s) as early as possible prior to placement. The family foster care home shall accept a foster child into care only after a preliminary assessment/screening of presenting problems in areas such as social, physical health, mental health, psychological concerns, previous physical or sexual abuse, and concerns about previous delinquent, assaultive, or destructive behavior, if appropriate, has been conducted.
E. It is desirable for the foster child to visit and become familiar with the foster parents, the foster home and other persons living in the home prior to placement.

F. For each foster child referred for placement, the family foster care home shall be provided with a current comprehensive intake assessment, including a social, health, and family history, developmental assessment, mental health, and a psychological summary, if determined to be necessary by the family foster care home or certifying authority. Educational records shall be provided if appropriate. As much of this information as possible shall be provided to the foster parent prior to admission, but the total assessment shall be completed by the placing authority within one month after admission. If the family foster care home or certifying authority is unable to obtain this information within these time periods or is totally unable to obtain the information, the certifying authority must document its attempts to obtain the information and reasons for not obtaining the information.

G. At the time of placement, the foster parent(s) shall be provided with a record of admission as outlined in Section 7.708.51, C. The Medicaid card shall be given to the foster parent(s) for Medicaid eligible foster children as soon as possible after placement. If a foster child is placed at the family foster care home as an emergency placement, the family foster care home shall be provided with at least the following information: name, birth date, if available, and physical description of the foster child, date and time of the admission; name, address, telephone number and authority of person bringing the foster child to the family foster care home, and the reason for placement. Any other information that may be available should be recorded at the time of placement or as it becomes available. The date that placement terminates shall also be recorded.

H. For all placements of foster children, previous medical records should be obtained and pertinent information from those records, including immunization records shall be given to foster parents within four weeks of the initial placement. The medical history shall contain, to the maximum degree possible, the information listed in the Colorado Department of Human Services Health Passport.

I. Preparation of the foster child for admission shall be in a manner consistent with the foster child’s age and ability to participate in the plan and to understand the reason for the placement.

J. Prior to placement of the foster child at the family foster care home, the guardian(s), and/or placing agency must be notified of the religious practices, philosophy, and affiliation of the family foster care home.

K. The placement agreement shall be developed with the involvement of the foster child, the parent(s) or guardian(s) and the representative of the placing agency. Where the involvement of any of these is not feasible or desirable, the reasons for the exclusion shall be recorded by the certifying authority. The placement agreement shall include by reference or attachment at a minimum the following:

1. Discussion of the foster child’s and the parent’s or guardian’s expectations regarding: family contact and involvement: how family contact and involvement are to occur; the nature and goals of care, including any
specialized services or specialized treatment to De provided: the religious orientation and practices of the foster child and, or family; and the anticipated planned discharge date and plan for the foster child following discharge.

2. The policy and procedure to be followed regarding the use of physical management in an emergency pursuant to Section 7.714.53, et seq., and Section 7.708.36.

3. A delineation of the respective roles and responsibilities of all agencies and persons involved with the foster child and his/her family.

4. Written authorization for care and treatment of the foster child.

5. Written authorization to obtain routine medical and dental care for the foster child and to obtain emergency medical and dental care.

6. Legal status or custody of the foster child.

7. If a foster child is being placed by a Colorado county department of social/human services, the appropriate state form or contract shall be completed. This form or contract may provide some of the required authorizations.

7.708.62 Foster Children’s Grievance Procedure

The certifying authority must establish a written grievance procedure that provides adequate due process safeguards, spells out the appeal process, and assures that foster children and parent(s) or guardian(s) are entitled to report any grievance and shall not be subject to any adverse action as a result of filing the grievance.

A. The family foster care home and/or certifying authority for the family foster care home must follow grievance procedures without alteration, interference, or unreasonable delay.

B. If a grievance is filed with the family foster care home, the grievance shall be recorded in the foster child’s official case record along with the investigation findings and resulting action taken by the family foster care home or certifying authority. Information regarding the grievance must be sent to the individual or agency holding legal custody of the foster child.

7.708.63 Comprehensive Program for Medical Care for the Foster Child

The certifying authority shall ensure the availability of a comprehensive program of preventive, routine, and emergency medical and dental care for each foster child in care. Every reasonable effort shall be made to obtain
A. Ongoing appraisal of the general health of each foster child, including immunizations, in accordance with state law and regulations.

B. Procedures for obtaining diagnostic services, emergency care, including the availability of emergency medical care on a 24-hour, seven-day-a-week basis, corrective care, recuperative care, and immunization updates.

C. Provision of health education, which includes sex education, and birth control information and education, age appropriate to the foster child.

D. Provision that any medical treatment administered will be explained to the foster child in a language or manner of communication understandable to him/her.

E. The provision of dental care by a Colorado-licensed dentist, who is available to the family foster care home.

F. Procedures for dispensing medication, storage of medication, documentation of administration of all medication, disposing of medications when not needed or no longer in use, and notification to a primary physician in cases of medication errors and/or drug reactions.

**7.708.64 On-Going Health of Family Foster Care Parents**

A. A certifying authority shall not certify or continue to certify any person whose health, or emotional or psychological makeup impairs his/her ability to properly protect the health and safety of foster children.

B. A certifying authority shall not allow a foster parent provide care for foster children if the foster parent, upon examination or as a result of tests, shows indication of a physical condition which could be hazardous to a foster child, or self, or which would prevent performance of duties.

C. If in the opinion of a licensed health care professional or licensed mental health practitioner, a medical, emotional or psychological condition exists at any time which may jeopardize the health and/or safety of foster children or adversely affect the ability of foster home parents to care for such foster children, the issuance of a certificate shall be conditioned upon the satisfactory report of the licensed health care professional and, if foster children are in care, the certifying authority shall contact the appropriate social/human services personnel to make satisfactory arrangements for the temporary care of foster children.

D. The unfavorable report from any medical evaluation concerning the physical, mental health or emotional stability of any foster care parent or applicant must be evaluated and may be grounds for denial, revocation or making probationary of a foster care certificate.

7.708.65 Orientation, Training, and Certification

A. The certifying authority shall have a comprehensive written plan for the orientation, pre-certification training, certification, and ongoing training of foster parents.

1. The certifying authority shall have an introductory training and orientation program for all foster parents. This program shall include, at a minimum, twenty-seven hours of initial core training consisting of at least twelve (12) hours prior to placement of a child and the remaining hours to be completed within 3 months after placement, including orientation to emergency and safety procedures and the general and specific duties and responsibilities of being a foster parent.

2. If a child is placed with a foster care family on an emergency basis, twelve (12) hours of core training must be completed and the remaining hours of training competed within 4 months from the date of placement. An emergency means that a child’s safety is subject to actual or likely harm, immediate or emerging, serious or severe, which requires control.

3. The certifying authority shall maintain written documentation of specific in-service training held, foster parents participating, the hours involved, and/or other on-going training activities in which foster parents were involved.

B. The certifying authority shall create a training development plan for each foster parent(s) to document the strengths and competencies of the foster parent(s) and to identify those areas in which additional training is needed.

C. The certifying authority shall document that foster parents receive quality, appropriate, competency-based training in the following areas that builds on basic competencies of the foster parent(s) established through life experiences and pre-certification training.

1. The family foster care home’s emergency and safety procedures, including but not limited to fire evacuation drills, tornado drills, where appropriate, and flood evacuation drills, where appropriate, on at least a semiannual basis.

2. The principles and practices of child care, including developmentally appropriate practices.
3. The certifying authority’s administrative procedures and overall program goals.

4. Acceptable behavior management techniques that comply with these rules and, if applicable, Section 7.708.36 and Section 7.714.53, et seq.

5. Acceptable discipline techniques that comply with these rules.

6. Appropriate boundaries (both physical and emotional) between foster parents and foster children while in placement at the family foster care home and after discharge.

7. Positive and constructive methods of dealing with the foster child, including but not limited to, physical structuring of the environment and de-escalation of crisis situations.

8. Annual review of these regulations by foster parents.

D. Training requirements for the initial year of certification are as follows:

1. Twenty-Seven (27) hours of Core training, as identified in Section 7.708.65, A; and,

2. CPR and First Aid training; and,

3. Twenty (20) hours of ongoing specialized training.

E. Annually, each foster parent, except therapeutic foster parents or treatment foster parents, must complete twenty hours of on-going specific training as required in his/her training development plan. Training must include at least the areas listed above. Therapeutic or treatment foster parents providing therapeutic services must complete an additional twelve hours of on-going training annually for a total of thirty-two hours of training in such areas as dynamics of victimization issues, with emphasis on appropriate age and developmental levels; and the individual needs of the foster children in care. All providers serving children funded by the Children’s Habilitation Residential Program (CHRP) must complete thirty-two (32) hours of ongoing specific training as identified in their training development plan.

7.708.66 Transportation Policy

The certifying authority shall have a written policy in compliance with Colorado statute(s), Department of Revenue and Department of Motor Vehicle requirements concerning the circumstances a vehicle may be driven by a licensed
foster child alone or with a passenger. Such driving privileges shall be a part of the foster child’s family services plan.

7.708.67 Limitation of Foster Children’s Personal Belongings

The decision and reasons why a family foster care home would limit a foster child’s access to his/her personal belongings brought to the foster home upon admission shall be recorded in the foster child’s case record maintained by the placing authority.

7.708.68 Personal Allowance and Work Opportunities

Foster children shall be provided personal allowance and/or work opportunities according to the established policy of the certifying authority and shall have opportunities appropriate to the foster child’s age and development to experience the use and value of money by making purchases for items according to their own choice.

A. Money earned, received as a gift, or received as allowance by a foster child in care shall be deemed to be that foster child’s personal property.

B. Limitations may be placed on the amount of money a foster child may possess or have access to when such limitations are considered to be in the foster child’s best interests.

7.708.69 Confidentiality of Records and Reports

A. The certifying authority shall have a policy as to the maintenance, storage and confidentiality of records.

B. Records shall be the property of the certifying authority and shall be protected against loss, tampering, or unauthorized use.

C. Facts learned about foster children and their families shall be kept confidential, with the following exceptions:

1. In medical emergencies, and then only when the assistance and/or expertise is required of that unauthorized person; or;

2. The foster child, his/her parent(s) or guardian(s) and their respective legal counsel(s), a court having jurisdiction over the foster child, or an authorized public official, or certifying/licensing representative in performance of his/her mandated duties; or,

3. If the parent(s) or guardian(s) has given voluntary, written consent.

2509-8:7.708.7. AUTHORITY TO WAIVE NON-SAFETY CERTIFICATION STANDARDS FOR KINSHIP FAMILY FOSTER CARE PROVIDERS

A county director or his/her designee may waive non-safety certification standards for prospective or current kinship family foster care providers defined in Section 7.708.11 (12 CCR 2509-8). The safety and well-being of the child or youth shall not be compromised. The following non-safety certification standards may be waived case-by-case:

A. Certification of Family Foster Care Homes

1. Two (2) of three (3) references are not related to the applicant referenced in Section 7.708.21, F.

2. Certificates shall not be granted to applicants who are less than twenty-one (21) years of age on the date of application referenced in Section 7.708.21, H.

3. A license or certificate shall not be granted for a family foster care home unless the application has demonstrated the ability to manage a household so that the certifying authority may determine that the applicant is able to acquire food, materials, and other equipment as may be required for child care referenced in Section 7.708.21, K.

4. Each foster parent shall have a health assessment within one (1) year prior to certification or within thirty (30) calendar days after certification and thereafter as required, in writing, by a licensed health care professional. The reports of the medical examinations shall be dated and signed by the examining physician or nurse practitioner and shall be provided to the certifying authority. Reports shall include a statement of the evaluation of the person’s physical ability to care for children and youth in foster care.

If, in the opinion of the licensed health care professional or the assessment worker, an emotional or psychological condition exists which would have a negative impact on the care of children and youth in foster care, the issuance of a license shall be conditioned upon the satisfactory report of a licensed mental health practitioner referenced in Section 7.708.21, L.

B. Facility Standards

1. A minimum of seventy-five (75) square feet per child in foster care who is between twelve (12) months and five (5) years of age referenced in Section 7.708.22, B, 1.
2. Archery bows that require professional stringing must be unstrung referenced in Section 7.708.22, B, 2.

3. A child or youth shall sleep in a crib or bed in a clean, well-ventilated room, which is not customarily used for other purposes such as a kitchen, dining room, hall, or bathroom. There shall be a minimum of forty (40) square feet of floor space for the bed for each child or youth in foster care, and they should be placed at least two feet apart when arranged in parallel referenced in Section 7.708.22, B, 8.

4. No family foster care home shall be used for rental income referenced in Section 7.708.22, B, 9.

5. All stairways containing more than four (4) steps shall be equipped with a handrail referenced in Section 7.708.26, E.

C. Ongoing Operation of Family Foster Care Homes

1. Except for emergency placements, children and youth in foster care over the age of eighteen (18) months shall not sleep in the same room as unrelated adults on a regular basis. Sleeping rooms for unrelated children and youth in foster care shall not be shared by others in foster care who are of the opposite sex when one of the individuals in foster care is over four (4) years old as referenced in Section 7.708.31, G, 3.

2. Not more than two (2) infants, whether birth, adoptive, or foster children under the age of two (2) years, shall be cared for in a family foster care home, except under unusual circumstances such as multiple births, referenced in Section 7.708.31, H, 1.

3. Personal Care and Safety of the Foster Child

   a. Home pressure-canned fruits and vegetables and canned meats cannot be served, referenced in Section 7.708.42, E.

   b. Each foster child’s clothing shall be distinguished as his/her own clothing, referenced in Section 7.708.44, B, 1.

**7.708.71 Procedures for Waiving Non-Safety Certification Standards**

A. Each waiver shall be considered case-by-case; and,
C. The documentation shall contain a description of the applicability of the waiver to the safety or well-being needs of the child or youth with a kinship/relative relationship to the prospective or current kinship family foster care provider; and,

D. The documentation shall be placed in the certification record; and,

E. A summary of the waiver information shall be documented on the certificate.

7.708.72 Special Conditions, Restrictions, or Requirements for Certification of Prospective or Current Kinship Family Foster Care Providers

A county director or his/her designee may take the following actions to address the safety or well-being needs of a child or youth:

A. Require special conditions for certification;

B. Limit or restrict a certificate; and/or,

C. Require a written agreement for compliance.

7.708.73 Circumstances When Certification Standards Shall not be Waived

A. The safety or well-being of a child or youth is compromised.

B. Background checks, including:

1. A fingerprint-based criminal history check of CBI and FBI records;

2. A child abuse/neglect records check in every state where the adult has resided in the five (5) years preceding the date of application for each adult eighteen (18) years of age and older) living in the home;

3. A comparison search in the Colorado State Courts data access, using the name and date of birth with

available criminal history information for each adult eighteen (18) years and older living in the home;

C. Twenty-seven (27) hours of initial pre-certification training and ongoing training referenced in Section 7.708.65, C and D; and/or,

D. Required denials of applications or certificates referenced in Section 7.500.312, D and 26-6-104 (7)(a)(I)(A-F), C.R.S.

7.708.74 Appeals of Decisions

Prospective and current kinship family foster care providers do not have the right to appeal the decision made by a county director or his/her designee related to waivers of non-safety certification standards.