

## RULES EFFECTIVE NOVEMBER 1, 2009

All changes are highlighted in yellow. Words that are marked through will be deleted and words that are underlined have been added. Please note that the rules referenced here are only the ones that contain changes and all other Rules remain unchanged and in effect.

### 10A NCAC 70E .0702 RESPONSIBILITY

Each supervising agency providing foster care services shall ~~access~~ assess its applicants and licensees. Supervising agencies shall submit to the licensing authority information and reports that are used as the basis of either issuing or continuing to issue licenses.

*History Note:* Authority G.S. 131D-10.1; 131D-10.3; 131D-10.5; 143B-153;  
Amended Eff. November 1, 2009; September 1, 2007.

**CHANGE:** The word access was changed to assess.

### 10A NCAC 70E .0703 NEW LICENSES

(a) The supervising agency shall submit all licensing materials to the licensing authority dated within 180 days prior to submitting an application for a new license. The supervising agency shall submit medical examinations of the members of the foster home to the licensing authority dated within 12 months prior to submitting an application for a new license. Fire inspections shall be current as determined by the local fire inspector.

(b) The supervising agency shall submit all licensing application materials required for a license to the licensing authority at one time. The licensing authority shall return incomplete licensing applications to the supervising agency.

(c) The licensing authority shall issue a new license, if approved according to the Rules in this Section, effective the date the application and all required materials are received by the licensing authority.

*History Note:* Authority G.S. 131D-10.1; 131D-10.3; 131D-10.5; 143B-153;  
Amended Eff. November 1, 2009; September 1, 2007.

**CHANGE:** The sentence Fire inspections shall be current as determined by the local fire inspector was added.

### 10A NCAC 70E .0704 RELICENSURE AND RENEWAL

(a) ~~Foster homes shall be relicensed in accordance with the expiration date on the license.~~ Materials for renewing a license are due to the licensing authority prior to the date the license expires.

(b) All relicensing materials shall be completed and dated within 180 days prior to the date the supervising agency submits materials for licensure to the licensing authority. Medical examinations of the members of the foster home shall be completed and dated within 12 months prior to submitting materials for relicensure. Fire inspections shall be current as determined by the local fire inspector.

(c) All relicensing materials shall be submitted at one time to the licensing authority. Incomplete relicensure applications shall be returned to the supervising agency.

(d) If materials are submitted after the foster home license expires, a license, if approved, shall be issued effective the date the licensing materials are received by the licensing authority.

(e) When a foster home license is terminated for failure to submit relicensure materials, the home shall be relicensed if the relicensure materials are submitted to the licensing authority within one year of the date the license was terminated and all requirements are met. After one year, the supervising agency shall submit a new licensure application to the licensing authority.

(f) When a foster home license has been terminated in good standing and the foster family wishes to be licensed again, the license shall be renewed if there are no changes or the changes meet the requirements of the Rules of this Section. The period of time for this renewed license is from the date the request is received by the licensing authority to the end date of the license period in effect when the license was terminated.

(g) Unless previously licensed foster parents who have not been licensed within the last 24 consecutive months demonstrate mastery of the parenting skills listed in 10A NCAC 70E .1117 (1) to the satisfaction of the supervising agency and documented to the licensing authority, the foster parents shall complete the 30 hours of pre-service training specified in 10A NCAC 70E .1117 (1).

(h) Unless previously licensed therapeutic foster parents who have not been licensed within the last 24 consecutive months demonstrate mastery of the therapeutic skills listed in 10A NCAC 70E .1117 (2) to the satisfaction of the supervising agency and documented to the licensing authority, the therapeutic foster parents shall complete the 10 hours of pre-service training specified in 10A .1117 (2).

(i) The supervising agency shall provide documentation to the licensing authority that trainings for first aid, CPR, and universal precautions are updated.

*History Note:* Authority G.S. 131D-10.1; 131D-10.3; 131D-10.5; 143B-153;  
Amended Eff. November 1, 2009; September 1, 2007.

**CHANGE:** The first sentence in (a) was deleted. **Guidance—Relicensing materials should be submitted to the Licensing Authority 60 days before the license expires.** The sentence Fire inspections shall be current as determined by the local fire inspector was added in (b).

#### 10A NCAC 70E .0707 TERMINATION

(a) Licenses terminate at the end of the **two year** license period unless all relicensing materials have been received by the licensing authority prior to the license expiration date.

(b) **If a supervising agency wishes to terminate a license before the license expiration date, the agency must notify the foster parents. The licensing authority shall terminate a license before the end of the two year license period if requested by the foster parents.**

*History Note:* Authority G.S. 131D-10.1; 131D-10.3; 131D-10.5; 143B-153;

*Amended Eff. November 1, 2009; September 1, 2007.*

**CHANGE:** The change in (a) makes it clear that the license automatically expires after two years if the relicensing materials have not been submitted to the Licensing Authority. The change in (b) makes it clear that only the foster parents can voluntarily terminate a license before the end of the two year license period. Supervising agencies can request the revocation of a license before the end of the two year period based on rule violations.

#### 10A NCAC 70E .1001 FOSTER HOME

(a) **Effective September 1, 2007 not more than five children shall reside in any newly licensed family foster home at any time. Effective July 1, 2008 not No** more than five children shall reside in any family foster home at any time. These five children shall include the foster parent's own children, children placed for family foster care, licensed capacity for in-home day care children, children kept for babysitting or any other children residing in the home. Children kept for in-home day care and babysitting are considered residents of the home.

(b) **Effective September 1, 2007 not more than four children including not more than two foster children shall reside in a newly licensed therapeutic foster home at any time. Effective January 1, 2008 not No** more than four children including ~~not no~~ more than two foster children shall reside in any therapeutic foster home at any time. The four children shall include the foster parent's own children, children placed for therapeutic foster care, children placed for family foster care or any other children living in the home. Therapeutic foster parents shall not provide in-home day care or baby sitting services in the therapeutic foster home.

(c) **With prior approval from the licensing authority, an exception Exceptions to these- the capacity standards in Paragraphs (a) and (b) of this rule** may be made:

- (1) if written documentation is submitted to the licensing authority for family foster care that siblings will be placed together and the foster home complies with Subparagraphs (3) and (4) of this Paragraph. The out-of-home family services agreement for each sibling shall specify that siblings will be placed together and shall also address the foster parents' skill, stamina, and ability to care for the children;
- (2) if written documentation is submitted to the licensing authority for therapeutic foster care that siblings will be placed together and the foster home complies with Subparagraphs (3) and (4) of this Paragraph. The person-centered plan or out-of-home family services agreement for each sibling shall specify that siblings shall be placed together and shall also address the foster parents' skill, stamina, and ability to care for the children;
- (3) if written documentation is submitted to the licensing authority that the foster home complies with 10A NCAC 70E .1108; and
- (4) if written documentation is submitted to the licensing authority that the foster home complies with 10A NCAC 70L .0102.

(d) Family foster homes and therapeutic foster homes shall not provide Community Alternative Programs services for Disabled Adults (CAP/DA) **as defined in Section 1915(c) of the Social Security Act**, unless the disabled adult was placed in the foster home as a Community Alternatives Programs for Children (CAP C) client **as defined in Section 1915(c) of the Social Security Act** prior to his/her 18<sup>th</sup> birthday. **This The** disabled adult shall be included in the capacity for the foster home. **Family foster homes and therapeutic foster homes shall not provide supervised living services as defined by 10A NCAC 27G .5601.**

(e) Members of the household 18 years old and over and not receiving foster care services are not included in capacity, but there shall be physical accommodations in the home to provide them room and board.

*History Note:* Authority G.S. 131D-10.1; 131D-10.3; 131D-10.5; 143B-153;

*Amended Eff. November 1, 2009; September 1, 2007.*

**CHANGE:** The changes in (a), (b) and (c) are semantic changes rather than substantive changes. The changes in (d) provide a reference for the CAP/DA and CAP/C programs and also exclude foster parents from providing supervised living services.

**10A NCAC 70E .1102 MEDICATION**

Foster parents ~~shall be~~ **are** responsible for the following regarding medication:

- (1) General requirements:
  - (a) retain the manufacturer's label with expiration dates visible on non-prescription drug containers not dispensed by a pharmacist;
  - (b) administer prescription drugs to a child only on the written order of a person authorized by law to prescribe drugs;
  - (c) allow prescription medications to be self-administered by children only when authorized in writing by the child's licensed medical provider;
  - (d) allow non-prescription medications to be administered to a child taking prescription medications only when authorized by the child's licensed medical provider; allow non-prescription medications to be administered to a child not taking prescription medication, with the authorization of the parents, guardian, legal custodian, or licensed medical provider;
  - (e) allow injections to be administered by unlicensed persons who have been trained by a registered nurse, pharmacist, or other ~~legally-qualified~~ person **allowed by law to train unlicensed persons to administer injections;**
  - (f) ~~immediately~~ record in a Medication Administration Record (MAR) provided by the supervising agency all drugs administered to each child. The MAR shall include the following: child's name; name, strength, and quantity of the drug; instructions for administering the drug; date and time the drug is administered, discontinued, or returned to the supervising agency or the person legally authorized to remove the child from foster care; name or initials of person administering or returning the drug; child requests for changes or clarifications concerning medications; and child's refusal of any drug; and
  - (g) follow-up for child requests for changes or clarifications concerning medications with an appointment or consultation with a licensed medical provider.
- (2) Medication disposal:
  - (a) return prescription medications to the supervising agency or person legally authorized to remove the child from foster care; and
  - (b) return discontinued prescription medications to a **pharmacy or the** supervising agency for disposal, in accordance with ~~10A NCAC 70G .0211(e)~~ **10A NCAC 70G .0510(c).**
- (3) Medication storage:
  - (a) store prescription and over-the-counter medications in a locked cabinet in a clean, well-lit, well-ventilated room other than bathrooms, kitchen, or utility room between ~~75° F (24° C)~~ **59° F (15° C) and 80° F (26.7° C) 86° F (30° C);**
  - (b) store medications in a refrigerator, if required, between 36° F (2° C) and 46° F (8° C). If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container within the refrigerator; and
  - (c) store prescription medications separately for each child.
- (4) Psychotropic medication review:
  - (a) arrange for any child receiving psychotropic medications to have his/her drug regimen reviewed by the child's licensed medical provider at least every six months;
  - (b) report the findings of the drug regimen review to the supervising agency; and
  - (c) document the drug review in the MAR along with any prescribed ~~changes, if applicable~~ **changes.**
- (5) Medication errors:
  - (a) report drug administration errors or adverse drug reactions ~~immediately~~ to a licensed medical provider or pharmacist; and
  - (b) document the drug administered and the drug reaction in the MAR.

*History Note:* Authority *G.S. 131D-10.1; 131D-10.3; 131D-10.5; 143B-153;*  
*Amended Eff. November 1, 2009; September 1, 2007.*

**CHANGE:** The changes in (1)(e), (4)(c) and (5)(a) are more semantic than substantive. The change in (2)(b) corrects the incorrect reference to 70G and clarifies that discontinued medications can also be returned to pharmacies. The change in (3)(a) corrects the temperatures for storage of medications.

**10A NCAC 70E .1104 CRITERIA FOR THE FAMILY**

(a) Foster parents shall be persons whose behaviors, circumstances, and health are conducive to the safety and well-being of children. Foster parents shall ~~also~~ be selected on the basis of demonstrating strengths in the skill areas of Subparagraphs (1) through (12) of this Paragraph which permit them to undertake and perform the responsibilities of meeting the needs of children, in providing continuity of care, and in working with the supervising agency. Foster parents shall demonstrate skills in:

- (1) assessing individual and family strengths and needs and building on strengths and meeting needs;
  - (2) using and developing effective communication;
  - (3) identifying the strengths and needs of children placed in the home;
  - (4) building on children's strengths and meeting the needs of children placed in the home;
  - (5) developing partnerships with children placed in the home, parents or the guardians of the children placed in the home, the supervising agency and the community to develop and carry out plans for permanency;
  - (6) helping children placed in the home develop skills to manage loss and skills to form attachments;
  - (7) helping children placed in the home manage their behaviors;
  - (8) helping children placed in the home maintain and develop relationships that will keep them connected to their pasts;
  - (9) helping children placed in the home build on positive self-concept and positive family, cultural, and racial identity;
  - (10) providing a safe and healthy environment for children placed in the home which keeps them free from harm;
  - (11) assessing the ways in which providing family foster care or therapeutic foster care affects the family; and
  - (12) making an informed decision regarding providing family foster care or therapeutic foster care.
- (b) Age. A license may **only** be issued to persons 21 years of age and older.
- (c) Health. The foster family shall be in good physical and mental health as evidenced by:
- (1) a medical examination completed by a licensed medical provider on each member of the foster home within the last 12 months prior to the initial licensing application date, and biennially thereafter;
  - (2) documentation that each adult member of the household has had a TB skin test or chest x-ray prior to initial licensure unless contraindicated by a licensed medical **provider, provider or religious beliefs**. The foster parents' children are required to be tested only if one or more of the parent's tests positive for TB;
  - (3) a medical history form completed on each member of the household at the time of the initial licensing application and on any person who subsequently becomes a member of the household;
  - (4) no indication of alcohol abuse, drug abuse, or illegal drug use by a member of the foster family;
  - (5) no indication that a member of the foster family is a perpetrator of domestic violence;
  - (6) no indication that a member of the foster family has abused, neglected, or exploited a disabled adult;
  - (7) no indication that a member of the foster family has been placed on the North Carolina Sex Offender and Public Protection **Registry; Registry pursuant to Article 27A Part 2 of G.S. 14;**
  - ~~(8) no indication that a member of the foster family has been placed on the Nurse Aide Registry pursuant to GS 131E-255;~~
  - ~~(8)~~ no indication that a member of the foster family has been placed on the Health Care Personnel Registry pursuant to GS 131E-256; and
  - ~~(10)(9)~~ no indication that a member of the foster family has been found to have abused or neglected a child or has been a respondent in a juvenile court proceeding that resulted in the removal of a child or has had child protective services involvement that resulted in the removal of a child.
- (d) Education. Foster parent applicants shall have graduated from high school or received a GED (Graduate Equivalency ~~Diploma~~) **Diploma** or shall have an ability to read and write as evidenced by their ability to administer medications as prescribed by a licensed medical provider, maintain medication administration logs and maintain **progress notes**.

(e) Required Applicants. Foster parent applicants who are married are presumed to be co-parents in the same household and both shall complete all licensing requirements. ~~Effective September 1, 2008, any adult Adults~~ 21 years of age or older, living in currently licensed or newly licensed foster homes who **has-have** responsibility for the care, supervision, or discipline of the foster child shall complete all licensing requirements. The supervising agency shall assess each adult's responsibility for the care, supervision, or discipline of the foster child.

History Note: Authority G.S. 131D-10.1; 131D-10.3; 131D-10.5; 143B-153;  
*Amended Eff. November 1, 2009; September 1, 2007.*

**CHANGE:** The changes in (a), (b) and (e) are semantic changes. The change in (c)(2) eliminates religious beliefs as a contraindication reason for a TB test. The change in (c)(7) adds the reference for the North Carolina Sex Offender and Public Protection Registry. The change in (c)(8) eliminates the requirement for a search of the Nurse Aide Registry. The change in (d) provides an explanation of being able to read and write. **Please note that agencies do not have to submit a waiver request if an applicant does not have a high school diploma or GED. They must indicate in the foster parent application (Form DSS-5016) that the applicant has an ability to read and write as evidenced by**

**their ability to administer medications as prescribed by a licensed medical provider, maintain medication administration logs and maintain progress notes.**

#### **10A NCAC 70E .1105 CONFLICT OF INTEREST**

(a) County departments of social services and private child-placing agencies shall not supervise foster homes of members of their board of directors, governance structure, social services board, and county commission.

(b) County departments of social services and private child-placing agencies shall not supervise foster homes of agency employees and relatives of agency employees. Relatives include birth and adoptive parents, blood and half blood relative and adoptive relative including brother, sister grandparent, great-grandparent, great-great grandparent, uncle, aunt, great-uncle, great-aunt, great-great uncle, great-great aunt, nephew, niece, first cousin, stepparent, stepbrother, stepsister and the spouse of each of these relatives.

(c) Private child-placing agencies shall not supervise foster homes of **their** agency owners.

*History Note: Authority G.S. 131D-10.1; 131D-10.3; 131D-10.5; 143B-153;*

*Amended Eff. November 1, 2009; September 1, 2007.*

**CHANGE:** The word their was added in (c) to clarify that private agencies can supervise owners of other agencies who may wish to serve as foster parents.

#### **10A NCAC 70E .1107 RELATIONSHIP TO SUPERVISING AGENCY**

(a) Foster parents shall agree to work with the supervising agency in the following ways:

- (1) work with the child and the child's parent(s) or guardian(s) in the placement process, reunification process, adoption process, or any change of placement process;
- (2) consult with social workers, mental health personnel, licensed medical providers, and other persons authorized by the child's parent(s), guardian(s) or custodian who are involved with the child;
- (3) maintain confidentiality regarding children and their parent(s) or guardian(s);
- (4) keep records regarding the child's illnesses, behaviors, social needs, educational needs, and family visits and contacts; and
- (5) report **immediately** to the supervising agency any changes as required by 10A NCAC 70E .0902.

(b) In addition to Subparagraphs (a)(1) through (5) of this Rule, foster parents who provide therapeutic foster care services shall:

- (1) be trained as set out in 10A NCAC 70E .1117; and
- (2) allow weekly supervision and support from a **qualified** professional as defined in 10A NCAC 27G .0104 and .0203.

*History Note: Authority G.S. 131D-10.1; 131D-10.3; 131D-10.5; 143B-153;*

*Amended Eff. November 1, 2009; September 1, 2007.*

**CHANGE:** In (a)(5) the word immediately was deleted. In (b)(2) the word qualified was added.

#### **10A NCAC 70E .1108 FIRE AND BUILDING SAFETY**

(a) Each foster home shall be in compliance with all applicable portions of the NC **Building Residential** Code in effect at the time the foster home was constructed or last renovated. **The NC Building Code is hereby incorporated by reference including subsequent amendments and additions. The NC Building Code may be purchased at a cost of \$106.25 at the following web site (www.ncdoi.com — click on Code Services, click on Code Book Sales).**

**Information regarding the purchase of all applicable volumes of The North Carolina State Residential Code and referenced standards and codes, can be accessed by reviewing the following web site: (www.ncdoi.com - click on Code Services, click on Code Book Sales) or calling the Code Section within the Department of Insurance at 919-661-5880.**

(b) All homes shall be protected from all fire hazards including the following:

- (1) all hallways, doorways, entrances, ramps, steps, and corridors shall be kept clear and unobstructed at all times;
- (2) an evacuation plan shall be developed, and all persons in the home shall be knowledgeable of the plan;
- (3) **a mounted "ABC" fire extinguisher with a rating not less than 1-A shall be installed and readily available in the residence;**

~~(4)~~ **(4) all homes shall have one smoke detector outside each sleeping area that is within 10 feet of each bedroom door, with at least one smoke detector on each level; and at least one five pound, ABC type fire extinguisher or CO<sup>2</sup> type fire extinguisher located in the kitchen and another ABC type fire extinguisher or CO<sup>2</sup> type fire extinguisher centrally located; homes built prior to July 1975 shall have a battery or electric smoke alarm installed outside every sleeping area. Homes built between July 1975 and June 30, 1999, shall have electric smoke alarms placed outside sleeping areas as required by the N. C. Residential Code in effect at**

- construction time. Homes built after June 30, 1999 shall have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the N.C. Residential Code;
- (5) a Carbon Monoxide (CO) detector shall be installed in homes that use fuel oil products, coal, wood or gas to heat, cool, cook, operate a hot water heater or gas logs;
- (4) (6) all homes shall have a telephone service; that functions without use of electric power;
- (5) (7) no egress door shall have a double keyed dead bolt; and
- (6) (8) the occupant utilizes Underwriters Laboratory (UL) listed extension cords. These cords shall not be substituted for permanent wiring and must be used only for portable appliances. Extension cords shall not be used as a substitute for permanent wiring. Extension cords shall be used only for portable appliances and shall be listed by Underwriters Laboratory (UL).

(c) Before a home is licensed or relicensed, it shall be inspected and receive a passing rating on the fire and building safety inspection report completed by the local jurisdiction. Before a home is licensed, it shall be inspected and receive a passing rating on the fire and building safety inspection report completed by the local fire inspector. Before a home is relicensed, it shall have a current fire and building safety inspection report with a passing rating completed by the local fire inspector.

*History Note:* Authority G.S. 131D-10.1; 131D-10.3; 131D-10.5; 143B-153;  
Amended Eff. November 1, 2009; September 1, 2007.

**CHANGE:** The change in (a) clarifies that inspections are based on residential codes rather than building codes. The changes in (b)(3) and (4) update requirements for fire extinguishers and smoke alarms. (b)(5) adds a requirement for a Carbon Monoxide detector. The change in (b)(6) eliminates the requirement for a land line phone. **Guidance--This means that cell phones, cordless phones and phones powered through cable services are acceptable. There must be telephone service in the foster home in order to make 911 or other emergency calls. Calls must be able to reach the 911 system timely and in a manner acceptable to the 911 system.** The change in (b)(7) clarifies that designated egress doors shall not have double keyed dead bolts. The changes in (b)(8) and (c) are more semantic than substantive. **Please note that a new Fire Inspection Form (DSS 1515) will be issued with these changes.**

#### 10A NCAC 70E .1117 TRAINING REQUIREMENTS

Each supervising agency shall provide, or cause to be provided, preservice and in-service training for all prospective and licensed foster parents as follows:

- (1) Prior to licensing licensure or within six months from the date a provisional license is issued, each applicant shall successfully complete 30 hours of preservice training. Preservice training shall include the following components:
  - (a) General Orientation to Foster Care and Adoption Process;
  - (b) Communication Skills;
  - (c) Understanding the Dynamics of Foster Care and Adoption Process;
  - (d) Separation and Loss;
  - (e) Attachment and Trust;
  - (f) Child and Adolescent Development;
  - (g) Behavior Management;
  - (h) Working with Birth Families and Maintaining Connections;
  - (i) Lifebook Preparation;
  - (j) Planned Moves and the Impact of Disruptions;
  - (k) The Impact of Placement on Foster and Adoptive Families;
  - (l) Teamwork to Achieve Permanence;
  - (m) Cultural Sensitivity;
  - (n) Confidentiality; and
  - (o) Health and Safety.
- (2) Effective January 1, 2008, Prior to licensure or within six months from the date a provisional license is issued, therapeutic foster parent applicants shall also receive prior to licensure at least ten additional hours of preservice training in behavioral mental health treatment services including the following:
  - (a) role of the therapeutic foster parent;
  - (b) safety planning; and
  - (c) managing behaviors.
- (3) During the first initial two year years of licensure, each therapeutic foster parent shall receive additional training in the following areas:
  - (a) development of the person-centered plan;
  - (b) dynamics of emotionally disturbed and substance abusing youth and families;
  - (c) symptoms of substance abuse;

- (d) needs of emotionally disturbed and substance abusing youth and families; and
  - (e) crisis intervention.
- (4) Training in first-aid, cardiopulmonary resuscitation (CPR) and universal precautions such as those provided by the American Red Cross, the American Heart Association, or equivalent organizations **shall be provided to foster parents** before a foster child is placed with the foster family. Training in CPR shall be appropriate for the ages of children in care. First-aid, CPR, and universal precautions training shall be updated as required by the American Red Cross, the American Heart Association, or equivalent organizations. The supervising agency shall ensure that family foster parents and therapeutic foster parents are trained in medication administration before a child is placed with the foster family.
- (5) Child-specific training **shall be provided to the foster parents** as required in the out-of-home family services agreement or person-centered plan as a condition of the child being placed in the foster home. When the child or adolescent requires treatment for abuse – reactive, sexually reactive and sexual offender behaviors, specific treatment shall be identified in his/her person-centered plan. Training of therapeutic foster parents is required in all aspects of reactive and offender specific sexual treatment and shall be **made available by a provider who meets the requirements specified for supervised by a qualified professional with sex offender specific treatment expertise as defined in 10A NCAC 27G .0104.** When the child or adolescent requires treatment for substance abuse, specific treatment shall be identified in his/her person-centered plan. Training and supervision of therapeutic foster parents are required in all aspects of substance abuse and shall be made available by a provider who meets the requirements specified for a qualified **substance abuse professional or associate professional for substance abuse as defined in 10A NCAC 27G .0104.** ~~Qualified substance abuse prevention professional (QSAPP) means, within the Mental Health, Developmental Disabilities, Substance Abuse system of care a graduate of a college or university with a Masters degree in a human service field and has one year of full time, post graduate degree accumulated supervised experience in substance abuse prevention; or a graduate of a college or university with a bachelor's degree in a human service field and has two years of full time, post bachelor's degree accumulated supervised experience in substance abuse prevention; or a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full time, post bachelor's degree accumulated supervised experience in substance abuse prevention; or a substance abuse prevention professional who is certified as a Certified Substance Abuse Prevention Consultant (CSAPC) by the North Carolina Substance Abuse Professional Certification Board. The supervising agency shall provide or make this professional expertise available to the therapeutic foster parents.~~ This training shall count towards the training requirements of Item (6) of this Rule.
- (6) Prior to licensure renewal, each foster parent shall successfully complete at least twenty hours of inservice training. This training may be child-specific or may concern issues relevant to the general population of children in foster care. In order to meet this requirement:
- (a) each supervising agency shall provide, or cause to be provided, at least 10 hours of inservice training for foster parents annually;
  - (b) **such the** training shall include subjects that would enhance the skills of foster parents and promote stability for children;
  - (c) a foster parent may complete **relevant** training provided by a community college, a licensed supervising agency, or other departments of State or county governments; and, upon approval by the supervising agency, such training shall count towards meeting the requirements specified in this Item; and
  - (d) each supervising agency shall document in the foster parent record the type of activity the foster parent has completed pursuant to this Item.
- (7) A foster family caring for a child with HIV (human immunodeficiency virus) or AIDS (acquired immunodeficiency syndrome) shall complete six hours of **advanced medical training on issues relevant to HIV or AIDS** annually. ~~This training shall consist of issues relevant to HIV or AIDS.~~ This training may count towards the training requirements Item (6) of this Rule.
- (8) Training requirements for physical restraint holds pursuant to 10A NCAC 70E .1103.

*History Note: Authority G.S. 131D-10.1; 131D-10.3; 131D-10.5; ~~143B-153~~ 131D-10.6; 131D-10.6A. .  
Amended Eff. November 1, 2009; September 1, 2007.*

**CHANGE:** The changes in (1), (2), (3), (4), (6) and (7) are primarily semantic changes. Changes in (5) provides clarification for personnel providing training and supervision for sexual abuse/offender and substance abuse treatment. Please note that this training and supervision cannot be provided by associate professionals.

**10A NCAC 70F .0201 GOVERNANCE**

(a) A private child-placing agency and residential maternity home shall have a governing body that exercises authority and has responsibility for its operation, policies, and practices. The private child-placing agency and maternity home shall notify the licensing authority of the type and structure of the governing body.

(b) A private child-placing agency and a residential maternity home that operates under articles of incorporation shall file the articles of incorporation with the Department of the Secretary of State (<http://www.secretary.state.nc.us>). ~~The articles shall have a statement of purpose that describes the geographic area to be served, kinds of clients to be served, and the range of services to be provided.~~ An official copy of the articles of incorporation shall be submitted to the licensing authority.

(c) In the case of non-profit or for-profit corporations, the governing body shall:

- (1) be composed of no fewer than six members to include men and women;
- (2) provide for a system of rotation for board members and limitation to the number of consecutive terms a member may serve;
- (3) establish standing committees;
- (4) provide orientation for new members; and
- (5) meet at least four times annually with a quorum present.

(d) An agency shall submit to the licensing authority a list of members of the governing body. This list shall indicate the name, address, and term of membership of each member and shall identify each officer and the term of that office.

(e) A governmental agency shall identify the statutory basis for its authority to operate a child-placing agency or a residential maternity home.

(f) The agency shall permanently maintain meeting minutes of the governing body and committees.

*History Note: Authority G.S. 131D-1; 131D-10.5; 143B-153;*

*Eff. February 1, 1986;*

*Amended Eff. November 1, 2009; October 1, 2008; July 1, 1990.*

**CHANGE:** The change in (b) deletes the requirement for the articles of incorporation to have a statement of purpose that describes the geographic area to be served, kinds of clients to be served, and the range of services to be provided.

**10A NCAC 70F .0202 RESPONSIBILITIES OF THE GOVERNING BODY**

(a) The governing body shall provide leadership for the agency and **shall approve** the agency's policies and programs.

(b) The governing body shall employ an executive director who is located in the administrative office within the geographical boundaries of North Carolina and delegate responsibility to that person for the administration and operation of the agency, including the employment and discharge of all agency staff.

(c) The governing body shall require the executive director provide a signed statement that the executive director has no criminal, social or medical history that would adversely affect his or her capacity to work with children and adults. The governing body shall ensure that the criminal histories of an executive director are checked prior to employment and based on the criminal history, a determination is made concerning the individual's fitness for employment. The governing body shall ensure that searches of the North Carolina Sex Offender and Public Protection Registry and the North Carolina Health Care Personnel Registry (pursuant to G.S. 131E-256) are completed prior to employment, and based on these searches, a determination is made concerning the individual's fitness for employment. The governing body shall submit authorization to the licensing authority to search the Responsible Individuals List as defined in 10A NCAC 70A .0102 to determine if the executive director has had child protective services involvement resulting in a substantiation of child abuse or serious neglect, and based on this search, a determination is made concerning the individual's fitness for employment. The governing body shall require that the executive director provide a signed statement prior to employment that he or she has not abused or neglected a child or has been a respondent in a juvenile court proceeding that resulted in the removal of a child or has had child protective services involvement that resulted in the removal of a child. The governing body shall require that the executive director provide a signed statement that he or she has not abused, neglected or exploited a disabled adult and that he or she has not been a domestic violence perpetrator. Agencies or applicants that do not have a governing body shall provide this information directly to the licensing authority.

(d) The governing body shall annually evaluate the executive director's performance except a sole proprietor or partner is exempt from this Rule if he or she serves as executive director.

(e) The governing body shall approve the annual budget of anticipated income and expenditures necessary to provide the services described in its statement of purpose. Child-placing agencies and residential maternity homes receiving foster care maintenance payments of state funds or state maternity home funds shall submit an annual audit of their financial statements to the Department of Health and Human Services, Controller's Office in compliance with 10A NCAC 70D .0105(a)(5).

(f) The governing body shall annually evaluate the agency's services. This evaluation shall include the agency's interaction with other community agencies to serve its clients.

(g) The governing body shall establish in writing the policies and procedures for control and access to and receipt, use, or release of information about its clients.

(h) The governing body of child-placing agencies providing foster care services shall develop a written disaster plan that is provided to agency personnel and foster parents. The disaster plan shall be prepared and updated at least annually. The governing body of residential maternity homes shall comply with 10A NCAC 70K .0315(g).

(i) The governing body, in the event of the closing of the agency, shall develop a plan for the retention and storage of client records. The specifics of this plan shall be submitted to the licensing authority before the actual closing of the agency.

*History Note:* Authority G.S. 131D-1; 131D-10.5; 131D-10.6; 143B-153; ~~Social Security Act Section 471(a)(20);~~  
Eff. February 1, 1986;  
Amended Eff. July 1, 1990;  
Temporary Amendment Eff. February 1, 2002;  
Amended Eff. November 1, 2009; October 1, 2008; July 18, 2002.

**CHANGE:** The change in (a) requires the governing body to also approve agency policies and programs.

### 10A NCAC 70F .0206 PERSONNEL POLICIES

(a) The agency shall have written policies for all employees (full-time, part-time and contracted) which include the following:

- (1) written job descriptions and titles for each position defining the qualifications, duties, and lines of authority;
- (2) salary scales;
- (3) a description of employee benefits;
- (4) opportunities for professional growth through supervision, orientation, in-service training, and staff development;
- (5) procedures for annual evaluation of the work and performance of each staff member which includes provision for employee participation in the evaluation process;
- (6) a description of the termination procedures established for resignation, retirement, or discharge; and
- (7) a written grievance procedure for employees.

(b) The agency shall have a personnel file for each employee (full-time, part-time and, contracted) which includes the following:

- (1) the application for employment, including record of work experience;
- (2) documentation of at least three references;
- (3) applicable professional credentials or certifications (prior to employment certified college transcripts shall be obtained for positions requiring college degrees);
- (4) signed statement indicating the employee's understanding of and willingness to comply with confidentiality requirements;
- (5) signed statement that the employee has no criminal, social, or medical history which would adversely affect the employee's capacity to work with children and adults;
- (6) criminal record checks certified by the Clerk of Superior Court;
- (7) results of the search of the North Carolina Sex Offender and Public Protection Registry;
- (8) results of the search of the North Carolina Health Care Personnel Registry (pursuant to G.S. 131E-256);
- (9) results of the Responsible Individuals List as defined in 10A NCAC 70A .0102 that indicate the employee has not had child protective services involvement resulting in a substantiation of child abuse or serious neglect;
- (10) signed statement that the applicant has not abused or neglected a child, has been a respondent in a juvenile court proceeding that resulted in the removal of a child, or had child protective services involvement that resulted in the removal of a child;
- (11) signed statement that the applicant has not abused, neglected, or exploited a disabled adult;
- (12) signed statement that the applicant has not been a domestic violence perpetrator;
- (13) log of training;
- (14) written approval letter from executive director or his or her designee authorizing staff to administer physical restraint holds, if applicable;
- (15) annual performance evaluations;
- (16) documentation of disciplinary actions;
- (17) documentation of grievances files;
- (18) employee's starting and termination dates; and
- (19) reason for termination.

(c) The agency shall have written procedures which safeguard the confidentiality of the personnel records.

*History Note:* Authority G.S. 131D-1; 131D-10.5; 131D-10.6; 143B-153;

*Eff. February 1, 1986;*

*Amended Eff. November 1, 2009; October 1, 2008; July 1, 1990.*

**CHANGE:** The change in (b)(14) requires that copies of letters approving staff to administer physical restraint holds (if applicable) be placed in employees' personnel files.

### **10A NCAC 70G .0503 PLACEMENT SERVICES**

- (a) The agency shall assist the parents or guardian to assume or resume their parental roles and responsibilities as specified in the out-of-home family services agreement or person-centered plan.
- (b) The agency shall assist the parents or guardian to gain access to the services necessary to accomplish the goals and objectives specified in the out-of-home family services agreement or person-centered plan.
- (c) The agency shall encourage contacts between parents or guardian and children after placement, in accordance with the visitation and contact plan.
- (d) The agency shall have a signed agreement with the parents, guardian or legal custodian of the child in care which includes the expectations and responsibilities of the agency and the parents, guardian or legal custodian for carrying out the steps to meet the out-of-home family services agreement or person-centered plan goals, the financial arrangements for the child in care, and visitation and contact plans.
- (e) The agency shall select the most appropriate form of care for the child consistent with the needs of the child, parents and guardian for family foster care or therapeutic foster care. The agency shall provide for any services the child may need and shall make every effort when placing the child to select the least restrictive and most appropriate setting closest to the child's home.
- (f) The agency shall document any need to place a child in a family foster home or therapeutic foster home that is beyond a radius of 150 miles from the child placing agency and the child's parents or guardian.
- (g) The agency, when selecting care, shall take into consideration a child's racial, cultural, ethnic, and religious heritage and preserve them to the extent possible without jeopardizing the child's right to care.
- (h) The agency shall involve the parents or guardian in the selection of the placement.
- (i) The family foster home or the therapeutic foster home shall be licensed by the Division of Social Services.
- (j) The agency social worker for the child shall become acquainted with the child and family prior to placement, except when a child is placed on an emergency basis or in the case of an infant.
- (k) The agency social worker shall help the child understand the reasons for placement and prepare him or her for the new environment. The social worker shall, except when placing under emergency conditions, arrange at least one preplacement visit for the child and shall be available to the child, the parents or guardian, and foster parents for supportive services.
- (l) No child shall be accepted into a foster home without having had a current medical examination by a licensed medical provider (physician, physician's assistant or nurse practitioner). Medical examinations completed by a licensed medical provider within 12 months prior to the admission of the child in foster care are considered current. If a child has not had a medical examination by a licensed medical provider within 12 months prior to admission, the agency shall arrange a medical examination for the child within two weeks after admission or sooner if indicated by the child's health condition. The medical examination report shall include a signed statement by a licensed medical provider specifying the child's medical condition and medications prescribed and indicating the presence of any communicable disease which may pose a risk of transmission in the foster home. If a child is in the custody of a county department of social services, is already scheduled to have and is having a medical examination completed annually, and is entering a foster home, the schedule of annual medical examinations do not have to be changed. A copy of the most recent medical examination report shall be obtained from the responsible county department of social services by the agency.
- (m) The agency shall obtain and record a developmental history for each child.
- (n) The agency shall supervise the care of the child and shall coordinate the planning and services for the child and family as stated in the out-of-home family services agreement or person-centered plan.
- (o) Children in family foster homes and therapeutic foster homes shall have a monthly face-to-face contact by the social worker or case manager or more if specified in the out-of-home family services agreement or person-centered plan. The parents or guardian of children in family foster care and therapeutic foster care shall have a monthly face-to-face contact by the social worker or case manager unless the out-of-home family services agreement or person-centered plan indicates a different schedule of face-to-face contacts.
- (p) The agency social worker or case manager shall meet with the children and the parents, guardian or legal custodian, either separately or together based on the out-of-home family services agreement or person-centered plan to assess and work on the following:
  - (1) progress in resolving problems which precipitated placement;
  - (2) parent and child relationship difficulties;
  - (3) adjustment to separation;
  - (4) adjustment to placement; and
  - (5) achievement of out-of-home family services agreement goals or person-centered plan goals.

(q) The agency shall refer the child's parents or guardian to other agencies in the community if they require services the agency does not provide and it is specified in the out-of-home family services agreement or person-centered plan. The agency shall receive reports from the agency providing services regarding the parents' or guardian's progress or lack of progress.

(r) The agency shall make provisions for social work, mental health and health care services as stated in the out-of-home family services agreement or person-centered plan.

(s) The agency shall give foster parents assistance, training, consultation, and emotional support in caring for children and in resolving problems related to their role as foster parents. Family foster Foster care parents shall have one face-to-face contact per month by the social worker or case manager unless the out-of-home family services agreement or person-centered plan indicates a different schedule of face-to-face contacts for each family foster care child placed in the home. Phone support and 24-hour on-call support shall be provided to family foster care parents and therapeutic foster care parents. Therapeutic foster care parents shall have at least 60 minutes of supervision by a qualified professional as defined in 10A 27G .0104 on a weekly basis for each therapeutic foster child placed in the foster home. Therapeutic Foster Parents providing treatment to children/youth with substance abuse treatment needs shall receive supervision from a qualified substance abuse professional as defined in 10A 27G .0104. The agency shall provide each foster parent with a Foster Parent Handbook that outlines agency procedures, requirements and expectations.

*History Note:* Authority G.S. 131D-10.5; 143B-153;

*Amended Eff. November 1, 2009; October 1, 2008*

**CHANGE:** The qualified professional requirements in (s) have been in 10A NCAC 70E .1117(5) since September 1, 2007. They are now reflected in (s). The other changes in (s) are semantic.

#### **10A NCAC 70G .0504 OUT-OF-HOME FAMILY SERVICES AGREEMENT FOR CHILDREN RECEIVING FAMILY FOSTER CARE SERVICES**

(a) The agency shall develop a written out-of-home family services agreement within 30 days of admission of a child in a family foster home. The out-of-home family services agreement shall be developed in cooperation with the child, parents, guardian or legal custodian and foster parents when possible. The out-of-home family services agreement shall be based upon an assessment of the needs of the child, parents or guardian. The out-of-home family services agreement shall include goals stated in specific, realistic, and measurable terms and plans that are action oriented, including specific responsibilities of staff, parents or guardian, other family members, legal custodian, foster parents and the child.

(b) The out-of-home family services agreement shall be reviewed by the agency within 60 days of placement, the second out-of-home family services agreement review shall occur within 90 days of the first review and subsequent reviews shall be held every six months. Parents, guardian, legal custodian, foster parents, the child, as well as any individual or agency designated as providing services, shall participate in the reviews to determine the child's and parents' or guardian's progress or lack of progress towards meeting the goals and objectives, and to determine changes that need to be made in the out-of-home family services agreement.

(c) If the legal custodian is a county department of social services, the child-placing agency, the department of social services, parents or guardian, foster parents, other service providers and child shall develop a single out-of-home family services agreement. A copy of the child's out-of-home family services agreement shall be provided to the parents, guardian, the executive director of the child-placing agency or his or her designee and the foster parents by the county department of social services serving as the legal custodian. The child's out-of-home family services agreement shall be provided to other agencies and individuals listed as providing services to the child and his or her parents or guardian. An age appropriate version of the out-of-home family services agreement shall be written and provided to each child by the legal custodian. The child-placing agency and foster parents shall attend court reviews, child and family team meetings, agency reviews and permanency planning action team meetings. The Out-of-Home Family Services Agreement (DSS 5240 or DSS 5241) and the Transitional Living Plan (CARS Plan Review) may serve as the out-of-home family services agreement for the child-placing agency if the documents reflect input and participation by the child-placing agency and foster parents.

(d) The child-placing agency and foster parents shall attend court reviews, child and family team meetings, agency reviews and permanency planning action team meetings. The Out-of-Home Family Services Agreement (DSS-5240 or DSS-5241) and the Transitional Living Plan (CARS Plan Review) may serve as the out-of-home family services agreement for the child-placing agency if the documents reflect input and participation by the child-placing agency and foster parents.

*History Note:* Authority G.S. 131D-10.5; 143B-153;

*Amended Eff. November 1, 2009; October 1, 2008.*

**CHANGE:** The change in (c) clarifies that county departments of social services are required to provide parents, guardians, child-placing agencies and foster parents with copies of the out-of-home family services agreement. There is a further requirement to provide an age appropriate version to the foster child. The last two sentences of (c) were moved to a separate section (d).

## 10A NCAC 70G .0512 PHYSICAL RESTRAINT HOLDS, BEHAVIOR MANAGEMENT AND DISCIPLINE

(a) Agencies using physical restraint holds shall, within 72 hours of an incident involving a physical restraint, review the incident report to ensure that correct steps were followed and forward the report to the parents, guardian or legal custodian and the licensing authority on a report form developed by the licensing authority.

(b) Agencies shall submit a report to the licensing authority by the 10<sup>th</sup> day of each month indicating the number of physical restraint holds used during the previous month on each child and any injuries that resulted.

(c) Agencies shall maintain reports of physical restraint holds in a manner consistent with the agency's risk management policies (clinical decisions and activities undertaken to identify, evaluate and reduce the risk of injury to clients, staff and visitors and reduce the risk of loss to the agency) and make them available to the licensing authority upon request.

(d) Foster parents and agency staff who utilize physical restraint holds shall receive at least 16 hours of training in behavior management, including techniques for de-escalating problem behavior, the appropriate use of physical restraint holds, monitoring of vital indicators, and debriefing ~~children and children,~~ foster parents and agency staff involved in physical restraint holds. Foster ~~parents and agency staff~~ authorized to use physical restraint holds shall annually complete at least eight hours of behavior management training, including techniques for de-escalating problem behavior. Foster parents and agency staff shall be trained by instructors who have met the following qualifications and training requirements:

- (1) trainers shall demonstrate competence by scoring 100% 100 percent on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions;
- (2) trainers shall demonstrate competence by scoring 100% 100 percent on testing in a training program teaching the use of physical restraint; trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program;
- (3) the training shall be competency-based, and shall include measurable learning objectives , measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course;
- (4) the content of the instructor training shall be approved by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services and shall ~~include, but not be limited to,~~ include presentation of understanding the adult learner, methods of teaching content of the course, evaluation of trainee performance and documentation procedures;
- (5) trainers shall be retrained at least annually and demonstrate competence in the use of physical restraint;
- (6) trainers shall be currently trained in CPR;
- (7) trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the ~~coach, coach;~~ coach, coach;
- (8) trainers shall teach a program on the use of physical restraints at least once annually; and
- (9) trainers shall complete a refresher instructor training at least every two years.

(e) Foster parents and agency staff shall only use physical restraint holds approved by the North Carolina Interventions (NCI) Quality Assurance Committee, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, 3022 Mail Service Center, Raleigh, NC 27699-3022. Requests for approval shall be submitted to the North Carolina Interventions (NCI) Quality Assurance Committee, Division of Mental Health, Developmental Disabilities and Substance Abuse Services , 3022 Mail Service Center, Raleigh, NC 27699-3022.

(f) Foster parents and agency staff shall receive written approval from the executive director or his or her designee of the supervising agency to administer physical restraint holds. A copy of this letter shall be placed in the foster home ~~record.~~ record of foster parents and the personnel file of agency staff members.

~~(g)~~ (g) Agencies shall complete an annual review of the discipline and behavior management policies and techniques to verify that the physical restraint holds being utilized are being applied properly and safely. The review of the policies and techniques shall be documented and submitted to the licensing authority at the time of relicensure as part of the reapplication process.

*History Note: Authority G.S. 131D-10.5; 143B-153;*

*Amended Eff. November 1, 2009; October 1, 2008.*

**CHANGE:** The primary changes in this rule include agency staff in the training requirements for physical restraint holds.

## 10A NCAC 70G .0513 CRITICAL INCIDENTS

(a) The agency shall have written policies and procedures for reporting critical incidents.

(b) The agency shall follow policies and procedures for handling any suspected incidents of abuse or neglect of a child involving staff, subcontractors, volunteers, interns or foster parents in a foster home supervised by the agency. The policies and procedures shall include:

- (1) a provision for reporting any suspicion of abuse or neglect to the appropriate county department of social services for investigation;

- (2) a provision for recording any suspected incident of abuse or neglect and for reporting it to the executive director or to the governing body;
  - (3) a provision for notifying parents, guardian or legal custodian;
  - (4) a provision for preventing a recurrence of the alleged incident pending the investigative assessment;
  - (5) a policy concerning personnel action to be taken when the incident involves a staff member, subcontractor, volunteer or intern;
  - (6) a policy concerning the action to be taken when the incident involves a foster parent;
  - (7) a provision for submitting a critical incident report to the licensing authority within 72 hours of the incident being accepted for an investigative assessment by a county department of social services; and
  - (8) a provision for submitting written notification to the licensing authority within 72 hours of the case decision by the county department of social services conducting the investigative assessment.
- (c) Critical incident reports shall be submitted to the licensing authority by the executive director or his or her designee on a form provided by the licensing authority within 72 hours of the critical incident. Critical incidents involving a child in placement in a foster home supervised by the agency include the following:
- (1) a death of a child;
  - (2) reports of abuse and neglect;
  - (3) admission to a hospital;
  - (4) suicide attempt;
  - (5) runaway lasting more than 24 hours; and
  - (6) arrest for violations of state, municipal, county or federal laws; and laws.
  - ~~(7) reports of physical restraint holds.~~
- (d) Documentation of critical incidents shall include:
- (1) name of child or children involved;
  - (2) date and time of incident;
  - (3) brief description of incident;
  - (4) action taken by staff;
  - (5) need for medical attention;
  - (6) name of staff involved and person completing the report;
  - (7) name of child's parent, guardian or legal custodian notified and the date and time of notification; and
  - (8) approval of supervisory or administrative staff reviewing the report.
- (e) When there is a death of a child in placement in a foster home supervised by the agency, the executive director or his or her designee shall notify the parent, guardian or legal custodian and the licensing authority within 72 hours of the death of the child.
- (f) Critical incident reports shall be maintained in manner consistent with the agency's risk management policies that include clinical decisions and activities undertaken to identify, evaluate and reduce the risk of injury to clients, staff and visitors and reduce the risk of loss to the agency and shall be made available to the licensing authority upon request.

*History Note:* Authority G.S. 131D-1; 131D-10.5;  
Amended Eff. November 1, 2009; October 1, 2008.

**CHANGE:** Requirements for physical restraint holds are found in 10A NCAC 70G .0512 and are removed from 10A NCAC 70G .0513 (c)(7).

#### **10A NCAC 70H .0405 PREPLACEMENT ASSESSMENT**

- (a) The agency shall complete a preplacement assessment within 90 days after the application for adoption has been approved and the request for the assessment has been received. In a case involving a single adoptive applicant, there shall be two separate face-to-face interviews occurring on two different dates. In a case involving joint applicants, there shall be a separate face-to-face interview with each applicant and an additional two face-to-face interviews with both applicants. At least one interview shall be conducted in the applicants' home. There shall be separate face-to-face interviews with each member of the household ten years of age or older. The assessment process shall be a joint effort of the adoption agency and the applicants to determine the kind of child the applicants can best parent. Any assessment that was completed 18 months or more before placement of a child occurs shall be updated to include current information about the family. Any agency updating a preplacement assessment not originally completed by that agency assumes responsibility for the entire assessment, and the new assessment shall reflect that it is the responsibility of the agency conducting the update. Physical examinations of family members shall be current to within 18 months of the assessment.
- (b) The agency shall assess the following areas and shall record the information in the adoptive applicants' record:
- (1) the applicants' reasons for wanting to adopt;
  - (2) the strengths and needs of each member of the household;

- (3) the attitudes and feelings of the family, extended family, and other individuals involved with the family toward accepting adoptive children, and parenting children not born to them;
- (4) the attitudes of the applicants toward the birth parents and in regard to the reasons the child is in need of adoption;
- (5) the applicants' attitudes toward child behavior and discipline;
- (6) the applicants' plan for discussing adoption with the child;
- (7) the emotional stability and maturity of applicants;
- (8) the applicants' ability to cope with problems, stress, frustrations, crises, and loss;
- (9) the applicants' ability to give and receive affection;
- (10) the applicants' child-caring skills and willingness to acquire additional skills needed for the child's development;
- (11) the applicants' ability to provide for the child's physical and emotional needs;
- (12) whether the applicant has ever been convicted of a crime other than a minor traffic violation;
- (13) the strengths and needs of birth children or previously adopted children,
- (14) the applicant's physical and mental health, including any addiction to alcohol or drugs;
- (15) ~~current~~ financial information provided by the applicant, including property and income;
- (16) the applicants' personal character references;
- (17) the applicant's religious orientation, if any;
- (18) the location and physical environment of the home;
- (19) the plan for child care if parents work;
- (20) recommendations for adoption in regard to the number, age, sex, characteristics, and special needs of children who could be best served by the family;
- (21) any previous request for an assessment or involvement in an adoptive placement and the outcome of the assessment or placement;
- (22) whether the individual has ever been a respondent in a domestic violence proceeding or a proceeding concerning a minor who was allegedly abused, neglected, dependent, undisciplined or delinquent, and the outcome of the proceeding or whether the individual has been found to have abused or neglected a child or has been a respondent in a juvenile court proceeding that resulted in the removal of a child or has had child protective services involvement that resulted in the removal of a child;
- (23) documentation of the results of the search of the Responsible Individual's List as defined in 10A NCAC 70A .0102 for all adult members of the household that indicates they have not had child protective services involvement resulting in a substantiation of child abuse or serious neglect;
- (24) whether the applicant has located a parent interested in placing a child for adoption with the applicant, and a brief, non identifying description of the parent and the child;
- (25) the applicants' age, date of birth, nationality, race or ethnicity;
- (26) the applicant's marital and family status and history, including the presence of any children born to or adopted by the applicant, and any other children in the household;
- (27) the applicant's educational and employment history and any special skills; and
- (28) any additional fact or circumstance that may be relevant to a determination of the applicant's suitability to be an adoptive parent, including the quality of the home environment and the level of functioning of any children in the household.

When any of the information listed in this Paragraph is not reasonably available, the preplacement assessment shall state why the information is unavailable.

(c) The assessment is prepared and typed by the agency and shall be reviewed by the agency's adoption review committee, signed and dated by an authorized agency representative when complete and final, and it shall become part of the applicants' permanent record. The agency's adoption review committee shall be composed of a minimum of three members, including an agency representative in a management position in children's services, the child's social worker(s) responsible for the placement and adoption functions of the child's case, and an at-large member selected by the agency.

(d) Once the agency has made a decision regarding the suitability of the applicant as an adoptive placement, the preplacement assessment shall include specific documentation of the factors which support that determination. If the agency determines that the applicant is not suitable to be an adoptive parent, the assessment shall state the specific facts that support the determination. A specific concern is one that reasonably indicates the placement of any minor, or a particular minor, in the home of the applicant would pose a significant risk of harm to the well-being of the minor.

(e) The agency preparing the preplacement assessment may redact from the assessment provided to the placing parent or guardian information reflecting the prospective adoptive parent's financial account balances and information about the prospective adoptive parent's extended family members, including surnames, names of employers, names of schools attended, social security numbers, telephone numbers and addresses.

*History Note: Authority G.S. 48-2-502; 48-3-303; 131D-10.5; 143B-153;*

*Amended Eff. November 1, 2009; October 1, 2008.*

**CHANGE:** The change in (b)(15) is a semantic change. Item 23 in (b) requires the agency to request a Responsible Individual List search for all adoptive applicants. Item (c) provides requirements for the agency's adoption review committee.

#### **10A NCAC 70H .0407 SERVICES TO ADOPTIVE APPLICANTS AND FAMILIES**

(a) The agency shall provide to ~~adopted~~ **adoptive** applicants a written statement of the adoption services it provides and of its procedure for selecting a prospective adoptive parent for a child, including the role of the child's parent or guardian and any criteria requested by the child's parent or guardian in the selection process. This statement shall include a schedule of any fees or expenses charged by the agency and a summary of the provisions of Chapter 48 of the General Statutes that pertain to the requirements and consequences of a relinquishment and to the selection of a prospective adoptive parent. An agency which prepares preplacement assessments shall state whether it is available to provide post-placement services, including the report to the court pursuant to G.S. 48-2-501, and whether it can provide adoption services to the adoptee and adoptive parents after the decree of adoption has been entered.

(b) The agency shall discuss the children available for adoption with the adoptive applicants. The selection of a prospective adoptive parent for a minor shall be made by the agency.

(c) Following completion of a preplacement assessment, the agency shall prepare the adoptive applicants for the placement of a particular child. Preparation shall include:

- (1) information about the needs and expectations of the child and of the adoptive family;
- (2) information to the extent allowed by law as specified in G.S. 48-3-205 about the child's background and the health history of the child's birth parents and other relatives; and
- (3) visits with the child prior to placement.

(d) An agency social worker shall visit in the home of the adoptive family after the placement of a child and prior to the decree of adoption. The first visit shall occur within two weeks after placement. Frequency of visits thereafter shall be determined by the child's and family's needs. Observations made during the visits shall be used in making recommendations to the court in regard to the decree of adoption.

(e) When applicable, the agency shall take steps necessary to assure that the adoptive placement is in compliance with the Interstate Compact on the Placement of Children, G.S. 7B-3800.

*History Note: Authority G.S. 48-2-502; 48-3-203; 48-3-204; 48-3-205; 131D-10.5; 143B-153;*

*Amended Eff. November 1, 2009; October 1, 2008.*

**CHANGE:** The change in (a) is a semantic change.

#### **10A NCAC 70I .0301 GOVERNANCE**

(a) A private residential child-care facility shall operate under articles of incorporation that are filed with the Department of the Secretary of State ([www.secretary.state.nc.us](http://www.secretary.state.nc.us)). A private residential child-care facility shall submit a copy of the articles of incorporation to the licensing authority. ~~The articles of incorporation shall have a statement of purpose which describes the geographic area to be served, kinds of children to be admitted, and the range of services to be provided.~~

(b) A private residential child-care facility shall have a governing body that exercises authority over and has responsibility for its operation, policies and practices. The residential child-care facility shall notify the licensing authority of the type and structure of the governing body.

(c) In the case of non-profit or for-profit corporations, the governing body shall:

- (1) be composed of no fewer than six members to include men and women;
- (2) provide for a system of rotation for board members, for limitation to the number of consecutive terms a member may serve;
- (3) establish standing committees;
- (4) provide orientation for new members; and
- (5) meet at least four times annually with a quorum present.

(d) Public residential child-care facilities operated by governmental agencies shall be governed by appointed officials of a governmental unit.

(e) A residential child-care facility shall submit to the licensing authority a list of members of the governing body. This list shall indicate the name, address and terms of membership of each member and shall identify each officer and the term of that office.

(f) A residential child-care facility shall permanently maintain meeting minutes of the governing body and committees.

*History Note: Authority G.S. 131D-10.5; 143B-153;*

*Eff. July 1, 1999 (See S. L. 1999, c. 237, s. 11.30);*

*Amended Eff. November 1, 2009; October 1, 2008.*

**CHANGE:** The change in (a) deletes the requirement for the articles of incorporation to have a statement of purpose that describes the geographic area to be served, kinds of clients to be served, and the range of services to be provided.

### 10A NCAC 70I .0613 DISCIPLINE AND BEHAVIOR MANAGEMENT

(a) A residential child-care facility shall have written policies and procedures on discipline and behavior management, including the type and use of physical restraint holds, if utilized. A copy of the written policies and procedures shall be provided to and discussed with each child and the child's parents, guardian or legal custodian prior to or at the time of admission. Policies and procedures shall include:

- (1) proactive means for interacting with and teaching children which emphasize praise and encouragement for exhibiting self control and desired behavior; and
- (2) methods for protecting children and others when a child is out of control.

(b) A residential child-care facility shall implement standards for behavior which are reasonable and developmentally appropriate.

(c) A residential child-care facility shall not engage in discipline or behavior management which includes:

- (1) corporal and physical punishment;
- (2) cruel, severe, or humiliating actions;
- (3) discipline of one child by another child;
- (4) denial of food, sleep, clothing or shelter;
- (5) denial of family contact, including family time, telephone or mail contacts with family;
- (6) assignment of extremely strenuous exercise or work;
- (7) verbal abuse or ridicule;
- (8) mechanical restraints;
- (9) a drug used as a restraint, except as outlined in Paragraph (e) of this Rule;
- (10) seclusion or isolation time-out; or
- (11) physical restraints except as outlined in Paragraph (f) of this Rule.

(d) Time-out means the removal of a child to a separate unlocked room or area from which the child is not physically prevented from leaving. The residential child-care facility may use non-isolation time-out as a behavioral control measure when the facility provides it within hearing distance and sight of a staff member. The length of time alone shall be appropriate to the child's age and development.

(e) A drug used as a restraint means a medication used to control behavior or to restrict a child's freedom of movement and is not a standard treatment for the child's medical or psychiatric condition. A drug used as a restraint shall be employed only if required to treat a medical condition. It shall not be employed for the purpose of punishment, staff convenience or as a substitute for adequate staffing.

(f) Physical restraint of a child means physically holding a child who is at imminent risk of harm to himself or others until the child is calm. A residential child-care facility shall only use physical restraint holds approved by the North Carolina Interventions (NCI) Quality Assurance Committee, Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Requests for approval shall be submitted to the North Carolina Interventions (NCI) Quality Assurance Committee, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, 3022 Mail Service Center, Raleigh, NC 27699-3022.

(g) Physical restraint holds shall be administered only by staff trained in the use of physical restraint holds. No child or group of children shall be allowed to participate in the physical restraint of another child.

(h) Before employing a physical restraint, the residential child-care facility shall take into consideration the child's medical condition and any medications the child may be taking.

(i) No child shall be physically restrained utilizing a protective or mechanical device. Physical restraint holds shall:

- (1) not be used for purposes of discipline or convenience;
- (2) only be used when there is imminent risk of harm to the child or others and less restrictive approaches have failed;
- (3) be administered in the least restrictive manner possible to protect the child or others from imminent risk of harm; and
- (4) end when the child becomes calm.

(j) A residential child-care facility shall:

- (1) ensure that any physical restraint hold utilized on a child is administered by a trained staff member with a second trained staff member in attendance. An exception may occur when no other staff member is present or can be called for immediate assistance. Concurrent with the administration of a physical restraint hold and for a minimum of 15 minutes subsequent to the termination of the hold, a staff member shall monitor the child's breathing, ascertain the child is verbally responsive and motorically in control, and ensure the child remains conscious without any complaints of pain. If at any time during the administration of a physical restraint hold the child complains of being unable to breathe or loses motor control, the staff member administering the physical restraint hold shall immediately terminate the hold or adjust the position to ensure that the child's breathing and motor control are not restricted. If at any time the child appears to be in distress, a staff member shall immediately seek medical attention for the child. Following the use of a physical restraint

hold, a staff member shall conduct an interview with the child about the incident, and the staff administering the physical restraint hold shall be interviewed about the incident;

- (2) document each incident of a child being subjected to a physical restraint hold on an incident report. This report shall include the following:
- (A) the child's name, age, height and weight;
  - (B) the type of hold utilized;
  - (C) the duration of the hold;
  - (D) the staff member administering the hold;
  - (E) the staff member witnessing the hold;
  - (F) the supervisory staff who reviewed the incident report; less restrictive alternatives that were attempted prior to utilizing physical restraint;
  - (G) the child's behavior which necessitated the use of physical restraint; whether the child's condition necessitated medical attention;
  - (H) planning and debriefing conducted with the child and staff to eliminate or reduce the probability of reoccurrence; and
  - (I) the total number of restraints of the child since admission.
- Within 72 hours, supervisory staff shall review the incident report to ensure that correct steps were followed and shall forward the report to the parents, guardian or legal custodian and the licensing authority on a report form developed by the licensing authority. If a child dies as a result of a physical restraint hold, the residential child-care facility shall report the death of the child to the parents, guardian or legal custodian and to the licensing authority within 72 hours;
- (3) submit a summary report to the licensing authority by the 10<sup>th</sup> day of each month indicating the number of physical restraint holds used during the previous month on each child and any injuries that resulted;
- (4) ensure that any physical restraint hold utilized on a child is administered by a trained staff member who has completed at least 16 hours of training in behavior management, including techniques for de-escalating problem behavior, the appropriate use of physical restraint holds, monitoring of the child's breathing, verbal responsiveness and motor control. Training shall also include debriefing children and staff involved in physical restraint holds. Thereafter, staff authorized to use physical restraint holds shall annually complete at least eight hours of behavior management training, including techniques for de-escalating problem behavior. Instructor qualifications and training requirements shall include:
- (A) trainers shall demonstrate competence by scoring ~~100%~~ 100 percent on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions; trainers shall demonstrate competence by scoring ~~100%~~ 100 percent on testing in a training program teaching the use of physical restraint;
  - (B) trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program;
  - (C) the training shall be competency-based, and shall include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course;
  - (D) the content of the instructor training shall be approved by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services and shall include, presentation of understanding the adult learner, methods of teaching content of the course, evaluation of trainee performance and documentation procedures;
  - (E) trainers shall be retrained at least annually and demonstrate competence in the use of physical restraint;
  - (F) trainers shall be ~~currently~~ trained in CPR;
  - (G) trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the ~~coach, coach;~~ ~~trainers shall teach a program on the use of physical restraints at least once annually; and~~
  - (H) ~~trainers shall teach a program on the use of physical restraints at least once annually; and~~
  - (H) (I) trainers shall complete a refresher instructor training at least every two years.
- (5) complete an annual review of the discipline and behavior management policies and techniques to verify that the physical restraint holds being utilized are being applied properly and safely. This

review shall be documented and submitted to the licensing authority as part of the biennial licensing renewal application; and

- (6) maintain reports of physical restraint holds in a manner consistent with the agency's risk management policies (clinical decisions and activities undertaken to identify, evaluate and reduce the risk of injury to clients, staff and visitors and reduce the risk of loss to the agency) and make them available to the licensing authority upon request.

*History Note:* Authority G.S. 131D-10.5; 143B-153;  
 Eff. July 1, 1999;  
 Temporary Amendment Eff. July 20, 1999;  
 Temporary Amendment Eff. May 15, 2000;  
 Amended Eff. November 1, 2009; October 1, 2008; April 19, 2001.

**CHANGE:** The change in (f) adds the requirement that residential child-care facilities shall only use physical restraint holds approved by the North Carolina Interventions (NCI) Quality Assurance Committee, Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Changes in (4)(A), (F), (G) and (H) are semantic.

#### **10A NCAC 70I .0901 APPLICATION OF PHYSICAL PLANT REQUIREMENTS**

- (a) New construction and existing buildings proposed for use as a residential child-care facility **for initial licensure** shall comply with the requirements of this Section.
- (b) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of **construction, initial licensure, construction;** change in **service, service; or** change in resident capacity or evacuation capability of the residents, addition, renovation or alteration.
- (c) New additions, alterations, modifications and repairs made to the building shall meet the requirements of this Section.
- (d) A residential child-care facility shall not have two different types of occupancies, as defined in the State Building Code, in the same building.
- (e) Rules contained in this Section are the Physical Plant requirements and do not prohibit buildings, systems or operational conditions that exceed these requirements.
- (f) Equivalency: Alternate methods, procedures, design criteria and functional variations from the physical plant requirements shall be approved by the Division of Health Service Regulation when the facility can demonstrate to the Division of Health Service Regulation's satisfaction, that the intent of the physical plant requirements are met and the variation does not reduce the safety or operational effectiveness of the facility.
- (g) The residential child-care facility must comply with all applicable local, state and federal regulations.

*History Note:* Authority G.S. 131D-10.5; 143B-153;  
 Amended Eff. November 1, 2009; October 1, 2008.

**CHANGE:** Changes in (a) and (b) clarify requirements for building and facility standards.

#### **10A NCAC 70I .0902 DESIGN AND CONSTRUCTION**

- (a) Any building licensed for the first time as a residential child-care facility shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the **occupancy** requirements of the North Carolina State Building Code **for One and Two Family Dwellings, Licensed Residential Care Facilities or Institutional Occupancy** as determined by the Division of Health Service Regulation based on the number and age of the licensed children residents and any other dependents of the live-in staff. The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments can be purchased for one hundred six dollars and twenty-five cents (\$106.25) at the following web site: ([http://www.ncdoi.com/OSFM/Engineering/CodeServices/engineering\\_codeservices\\_sales.asp](http://www.ncdoi.com/OSFM/Engineering/CodeServices/engineering_codeservices_sales.asp)) or calling 919-681-6550.
- (b) Mobile homes, whether mobile or permanently situated, shall not be used for residential child-care facilities.
- (c) Each facility shall be planned, constructed, equipped and maintained to provide the services offered in the facility.
- (d) Any existing building converted from another use to a residential child-care facility shall meet all the requirements of a new facility.
- (e) Any existing licensed residential child-care facility when the license is terminated for more than 60 days shall meet all requirements of a new facility prior to being relicensed.
- (f) Any existing licensed residential child-care facility that is closed or vacant for more than one year shall meet all requirements of a new facility prior to being relicensed.
- (g) Any existing licensed residential child-care facility that plans to have new construction, remodeling or physical changes done to the facility shall have drawings submitted by the owner or his appointed representative to the Division of Health Service Regulation, Construction Section for review and approval prior to commencement of the work.

- (h) The applicant for a resident child-care facility shall consult the local code enforcement official for information on required permits and building code requirements before starting any construction or renovations.
- (i) If the building is two stories in height and is classified as a Residential Occupancy, it shall meet the following requirements:
- (1) Children less than six years old shall not be housed on any floor other than the level of exit discharge with adult supervision.
  - (2) A complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building shall be provided. The fire alarm system shall be able to transmit an automatic signal to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection.
- (j) The basement and the attic shall not to be used for storage or sleeping.
- (k) The ceiling shall be at least seven and one-half feet from the floor.
- (l) All windows shall be maintained operable.
- (m) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Commission for Public Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions", 15A NCAC 18A .1300 and the "Rules Governing Sanitation of Residential Care Facilities" 15A NCAC 18A .1600 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost.
- (n) The residential child-care facility shall request and obtain current inspections from the local sanitarian and the local fire inspector. Reports of such inspections shall be maintained in the facility and available for review and shall be submitted to the licensing authority with the licensure renewal application.

*History Note:* Authority G.S. 131D-10.5; 143B-153;  
Amended Eff. November 1, 2009; October 1, 2008.

**CHANGE:** Changes in (a) relate to construction/building standards.

#### **10A NCAC 70I .0918 VEHICLES USED FOR TRANSPORTATION OF CHILDREN**

- (a) Vehicle Requirements for Transporting Children.
- (1) Vehicles shall comply with all motor vehicle laws and regulations for the State of North Carolina.
  - (2) Motor vehicles shall be maintained in a safe operating ~~condition.~~ **condition** and shall be ~~properly registered, registered~~ and ~~shall have current, valid inspection stickers for the State of North Carolina.~~ **inspected.**
  - (3) A first-aid kit shall be in all motor vehicles.
  - (4) The bed of an open body or a stake bed vehicle shall not be used for transporting children.
- (b) Driver Requirements. The name of and a copy of a valid driver's license for each person transporting children shall be maintained in a separate file at the facility.
- (c) Safety Practices for Transporting Children.
- (1) The interior of each vehicle shall be maintained in a clean and safe condition with clear passage to operable doors.
  - (2) The driver shall ~~assure~~ **ensure** that all passengers follow North Carolina laws regarding seat belt usage and shall adhere to child passenger restraint laws when transporting children.
  - (3) The driver shall not transport more persons, including children and adults, than allowed by the design capacity of the vehicle.
  - (4) Children shall have at least one 30 minute rest stop for every four hours of continuous travel.
  - (5) Children shall not be transported for more than 10 hours in any 24-hour period.
- (d) Transportation Records. Insurance verification and the vehicle identification certificate shall be kept in the vehicle in accordance with State law. Emergency medical information shall be kept in the vehicle for each child occupying the vehicle.
- (e) Insurance. If a residential child-care facility's transportation services are provided by a private individual, a firm under contract, or by another arrangement, the facility shall maintain a file copy of the individual's or firm's insurance coverage.
- (f) Emergency Transportation. A residential child-care facility shall have a plan for transporting children when emergency situations arise that includes:
- (1) the need for immediate medical care;
  - (2) picking a child up at school before the end of the school day; and
  - (3) transporting the child during adverse weather conditions.

*History Note:* Authority G.S. 131D-10.5; 143B-153;  
Amended Eff. November 1, 2009; October 1, 2008.

**CHANGE:** Changes in (a) bring this rule into compliance with current state inspection requirements. The change in (c)(2) is semantic.

**10A NCAC 70J .0101 APPLICABILITY**

In addition to the rules in 10A NCAC 70I .0100 through ~~.0501, .0615~~, the rules in this Section apply to all persons licensed or seeking licensure for a children's foster care camp as defined in 10A NCAC 70I .0201.

*History Note:* Authority G.S. 131D-10.5; 143B-153;  
Eff. July 1, 1999 (See S. L. 1999, c.237, s.1130);  
Amended Eff. November 1, 2009; October 1, 2008.

**CHANGE:** The change corrects an error. Foster care camps must also comply with rules in 10A NCAC 70I .0100 through .0615.

**10A NCAC 70K .0201 PERSONNEL**

## (a) Staff Qualifications and Functions.

- (1) Executive Director. There shall be an executive director employed for the general management and supervision of the maternity home. The executive director shall have a bachelor's degree from a college or university listed in the most current edition of the Higher Education Directory, which can be obtained by calling Higher Education Publications, Inc. at 1-888-349-7715. The executive director shall have the following responsibilities:
  - (A) direct the maternity home's program of care and services in accordance with policies established by the governing board and within license standards;
  - (B) recruit, employ, supervise and discharge staff;
  - (C) assure a training program for staff;
  - (D) prepare the annual budget, supervise expenditures, and operate within the budget established;
  - (E) establish and maintain good working relationships with other human service agencies and represent the agency in the community; and
  - (F) delegate authority to a staff member meeting the qualifications described in Paragraph (a)(1) of this Rule, during his or her absence.
- (2) Professional Services Staff. The maternity home shall have available professional services personnel to assure appropriate services are provided for each resident in accordance with her case plan or out-of-home family services agreement.
- (3) Social Work Supervisor. Effective July 1, 2010 social work supervisors shall be employed by the maternity home to supervise, evaluate and monitor the work and progress of the social work staff. If the maternity home employs staff to provide social work services, it shall employ a person who is responsible for supervising, evaluating, and monitoring the work and progress of the social work staff. The social work supervisor shall have a bachelor's degree from a college or university listed in the most current edition of the Higher Education Directory. Social work supervisors shall receive 24 hours of continuing education annually.
- (4) Social Worker. ~~If the maternity home employs social workers to be responsible for intake services, providing social work services to the residents and their families, coordinating the services and resources affecting the client and their families, the social worker shall have a bachelor's degree from a college or university listed in the most current edition of the Higher Education Directory.~~ Effective July 1, 2009 July 1, 2010 social workers shall be employed by the maternity home to provide intake services and social work services to the residents and their families in accordance with the case plan or out-of-home family services agreement. Social workers shall have a bachelor's degree from a college or university listed in the most current edition of the Higher Education Directory. Social workers shall receive 24 hours of continuing education annually.
- (5) Direct Care Staff. All direct care staff ~~hired~~ shall have a high-school diploma or GED. Direct care staff shall receive 24 hours of continuing education annually.
- (6) Direct Care Supervisory Staff. All direct care supervisory staff shall have a high-school diploma or GED. Direct care supervisory staff shall receive 24 hours of continuing education annually.
- (7) Staff members of the maternity home may maintain dual employment or serve as volunteers with adoption agencies or crisis pregnancy centers as long as the maternity home does not provide services to the clients of the adoption agency or crisis pregnancy center. Staff members of the maternity home may serve on the board of directors of adoption agencies or crisis pregnancy centers as long as the adoption agency or crisis pregnancy center does not provide services to the clients of the maternity home.

(b) Staffing Requirements. ~~For maternity homes that employ staff as social workers and social work supervisors, there~~ There shall be at least one social worker assigned for every 15 residents. Supervision of social workers shall be assigned as follows:

Supervisors Required	Social Workers Employed
0	0-4 (executive director serves as social work supervisor)
1	5
2	6-10
3	11-15
There shall be one additional supervisor for every one to five additional social workers.	

(c) Direct Care Staff. Direct care staff shall be employed for direct care of maternity home residents (residents include mothers and infants). There shall be at least one direct care staff member assigned for every eight residents during waking hours and one direct care staff member for every twelve residents during sleeping hours. Additional direct care staff or other personnel shall be available to assist with emergency situations or special needs of the residents.

(d) Direct Care Supervisory Staff. There shall be at least one direct care supervisor for every 15 direct care staff members.

(e) Volunteers and Interns. If the maternity home uses volunteers or interns to work directly with residents, the requirements of 10A NCAC 70F .0207 apply.

(f) Additional Personnel Requirements. In addition to those requirements specified in 10A NCAC 70F .0207, the following rules are applicable to maternity home programs:

- (1) Health Examinations. All direct care staff, food service staff and anyone serving in the capacity of direct care staff and food service staff shall have a medical examination completed by a physician, physician's assistant, or nurse practitioner, hereafter referred to as "licensed medical provider," within at least 12 months before beginning employment and biennially thereafter. The agency shall maintain documentation that all direct care staff and food service staff or anyone serving in the capacity of direct care staff and food service staff have had a TB skin test or chest x-ray prior to employment unless contraindicated by a licensed medical provider. A medical history form shall be completed by all direct care staff and food service staff. Examinations must include tests necessary to determine that the staff member is able to carry out assigned duties and does not have any communicable disease or condition which poses risk of transmission in the facility. A report of each examination shall be made a part of the employee's personnel file. A medical examination report shall be completed on any adopted children or relative children of direct care staff residing in the maternity home within 12 months prior to the license date. The birth children of direct care staff who reside in the maternity home shall be tested for TB only if one or more of the parents tests positive for TB. There shall be documentation that adopted children or other relative children residing in the maternity home have had a TB skin test or chest x-ray prior to initial licensure unless contraindicated by a licensed medical provider. A medical examination and TB test, if required, shall be completed on any children or relative children of direct care staff who subsequently begin residing in the maternity home. Examinations shall include tests necessary to determine that the children or relative children of staff members who reside in the maternity home do not have any communicable diseases or conditions which poses risk of transmission in the facility. A medical history form shall be completed on any children or relative children of direct care staff who reside in the living unit. Medical examination reports and medical history forms of children of the residents residing the maternity home shall be maintained in the personnel file of their parent or relative.
- (2) Staff Development. The maternity home staff shall have a written staff development plan which provides staff training in the following areas:
  - (A) medical, physical, and psychological aspects of pregnancy;
  - (B) prenatal and postnatal care;
  - (C) developmental needs of adolescents and young adults;
  - (D) developmental needs of infants and children;
  - (E) parenting preparation classes;
  - (F) stages of growth in infants;
  - (G) day-to-day care of infants; discipline;
  - (H) proper disciplinary techniques for infants, children and adolescents;**
  - ~~(H)~~(I) education planning;
  - ~~(I)~~(J) job seeking skills;
  - ~~(J)~~(K) locating housing;
  - ~~(K)~~(L) money management;
  - ~~(L)~~(M) food management;

- ~~(M)~~ ~~(N)~~ child care;
- ~~(N)~~ ~~(O)~~ health education;
- ~~(O)~~ ~~(P)~~ stress management;
- ~~(P)~~ ~~(Q)~~ life skills;
- ~~(Q)~~ ~~(R)~~ decision making;
- ~~(R)~~ ~~(S)~~ substance abuse;
- ~~(S)~~ ~~(T)~~ pregnancy prevention;
- ~~(T)~~ ~~(U)~~ counseling skills;
- ~~(U)~~ ~~(V)~~ emergency medical care; and
- ~~(V)~~ ~~(W)~~ nutrition and food preparation.

Social workers, social work supervisors, direct care staff and direct care staff supervisors shall receive 24 hours of continuing education annually.

*History Note:* Authority G.S. 131D-1; 143B-153;  
 Eff. February 1, 1986;  
 Amended Eff. June 1, 1990;  
 RRC Objection Eff. April 15, 1993 Due to Lack of Statutory Authority;  
 Eff. July 2, 1993.  
 Amended Eff. November 1, 2009; October 1, 2008.

**CHANGE:** Changes in (a)(3) and (4) require maternity homes to employ social workers and social work supervisors effective July 1, 2010 and provide them with 24 hours of continuing education annually. Changes in (a)(5) and (6) require that direct care staff and direct care supervisory staff receive 24 hours of continuing education annually effective November 1, 2009. The change in (H) is semantic. The requirement about training social workers, supervisors, etc. is deleted after (W) because it has been included in (a)(3),(4),(5) and (6).

#### **10A NCAC 70K .0204 PROGRAM OF CARE**

- (a) The program of care shall be suited to the needs of adolescent and adult women experiencing an unplanned pregnancy. There shall be opportunity provided for private time, for family contacts, and for group fellowship.
- (b) The residents shall be free from duress to make their own decisions about releasing or keeping their babies.
- (c) The residents shall be provided confidentiality concerning their situations and protection from harm insofar as possible.
- (d) Educational opportunities shall be provided or arranged by the residential maternity home in accordance with the needs of individual residents and resources available in the community. For those residents who are required to attend school under the compulsory school attendance laws of North Carolina, the maternity home shall arrange for attendance in a public or a nonpublic school which is operated in accordance with the laws of North Carolina. If a school or educational program is maintained and operated by the maternity home which residents attend in lieu of attending public schools, the maternity home shall comply with the North Carolina General Statutes governing nonpublic schools. Opportunity shall be offered to residents who wish to participate in educational courses available in the community.
- (e) Health education including information about pregnancy, delivery, and family planning services shall be provided residents. Information about the care of infants shall be made available to the residents who want this information.
- (f) Recreational activities shall be provided which meet the needs of residents. Suitable space shall be provided at the maternity home for both indoor and outdoor activities. Participation in community activities shall be provided.
- (g) Work assignments in the maternity home shall be geared to the physical health and emotional well-being of the residents in care. Residents shall be given the opportunity to voluntarily seek paid employment when employment is in accordance with the recommendation of their licensed medical provider and other professional staff of the maternity home. No resident shall be required to work for the purpose of paying the maternity home for her care.
- (h) The maternity home shall define in writing and make available to applicants and residents those rules and regulations which the residents shall be expected to follow. These rules and regulations shall respect the personal freedom of the residents. These rules and regulations shall not infringe on the residents' rights to send and receive uncensored mail and for planned visits with their families and others. Visitors shall not be allowed to visit minors without prior consent of the parents or guardian, or legal custodian.
- (i) Nutritious, foods shall be provided in the variety and amounts necessary to meet the National Research Council's Recommended Daily Dietary Allowances (USDA Center for Nutrition Policy and Promotion, 1120 20<sup>th</sup> Street, NW, Suite 200N, Washington, DC 20036). Special diets shall be planned to meet the modified needs of individual residents as prescribed by a licensed medical provider. Menus shall be planned and written by, or in consultation with, a licensed dietician/nutritionist. Menus shall be planned and written at least one week in advance. Snacks shall be recorded on the regular menu.
- (j) Each resident shall be provided prenatal care and general health care by a licensed medical provider which includes:

- (1) a complete medical and obstetrical history and examination before or within one week after admission to the home;
  - (2) periodic examinations during pregnancy as outlined by the licensed medical provider;
  - (3) dental services as needed; and
  - (4) medical services as needed.
- (k) Each resident shall be provided delivery care in a licensed hospital or any facility licensed as a place for delivery of babies.

(l) All prescription and non prescription medicines shall be stored in a locked cabinet, closet or box not accessible to residents. The agency shall have written policies and procedures regarding staff administering medications to residents that shall be discussed with each resident and their parents or guardian, or legal custodians (if resident is a minor) prior to or upon placement. These policies and procedures shall address:

- (1) medication administration;
- (2) medication dispensing;
- (3) packaging, labeling;
- (4) storage and disposal;
- (5) review;
- (6) education and training; and
- (7) documentation, including medication orders, Medication Administration Record (MAR); orders and copies of lab tests; and, if applicable, administration errors and adverse drug reactions.

The residential maternity home shall maintain a MAR for each resident that documents all medications administered. Upon discharge of a resident, the residential maternity home shall return prescription medications to the resident or person or agency legally authorized to remove the minor from residential maternity care. The residential maternity home shall provide oral or written education to the resident or person or agency legally authorized to remove the minor from residential maternity care regarding the medications. Unwanted, out-dated, improperly labeled, damaged, adulterated or discontinued prescription medications shall be returned to a pharmacy for disposal.

(m) The residential maternity home shall ensure that first aid kits are available for immediate use in each living unit, recreation area and in vehicles to transport residents. A residential maternity home shall obtain a mouthpiece and other precautionary equipment for administering CPR to the residents.

~~(n)~~ (n) When residents return to the maternity home, post delivery care shall be available to the residents in accordance with the recommendations of the resident's licensed medical provider and the professional staff of the maternity home. A resident shall not be required to remain in the maternity home after medical discharge. Referral to a licensed medical provider or medical clinic or community family planning resource shall be made if requested by the resident.

~~(o)~~ (o) A resident and her infant may be considered for aftercare if the resident was in residential care prior to delivery.

~~(p)~~ (p) The period of aftercare for the resident and her child shall not exceed 12 consecutive months, during which time a plan for independent living shall be developed with the resident and assistance provided in achieving the goal of the plan within the designated time frame.

~~(q)~~ (q) Services provided for the plan of independent living shall include:

- (1) parenting preparation classes;
- (2) stages of growth in ~~infants;~~ infants, children and adolescents;
- (3) day-to-day care of ~~infants;~~ infants, children and adolescents;
- (4) ~~discipline, education planning;~~ proper disciplinary techniques for infants, children and adolescents;
- (5) education planning;
- ~~(5)~~ (6) job seeking skills;
- ~~(6)~~ (7) locating housing;
- ~~(7)~~ (8) money management;
- ~~(8)~~ (9) food management;
- ~~(9)~~ (10) child-care;
- ~~(10)~~ (11) health education;
- ~~(11)~~ (12) stress management;
- ~~(12)~~ (13) life skills;
- ~~(13)~~ (14) decision making;
- ~~(14)~~ (15) substance abuse; and
- ~~(15)~~ (16) pregnancy prevention, prevention; and as well as other services based on the individual needs of the resident.
- (17) other services based on the needs of the resident.

~~(r)~~ (r) A case record shall be maintained at the maternity home for each resident which includes documents concerning all social work, counseling, medical, psychological, and dental services, as well as any other services provided to each resident.

*History Note:* Authority G.S. 131D-1; 143B-153;  
Eff. February 1, 1986;

Amended Eff. November 1, 2009; October 1, 2008; June 1, 1990.

**CHANGE:** The change in (l) requires all medications to be stored in a locked area or container that is not accessible to residents. The change in (m) adds a requirement for first aid kits and devices. The rest of the changes are semantic.

#### **10A NCAC 70K .0302 DESIGN AND CONSTRUCTION**

(a) Any building licensed for the first time as a residential maternity home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the **occupancy** requirements of the North Carolina State Building **Code for One and Two Family Dwellings and Licensed Residential Care Facilities or other classifications** as determined by the Division of Health Service Regulation, Construction Section based on the number and age of the mothers, the number of infants and any other dependents of either the expecting mothers or the live-in staff. The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments can be purchased for one hundred six dollars and twenty-five cents (\$106.25) at the following web site: ([http://www.ncdoi.com/OSFM/Engineering/CodeServices/engineering\\_codeservices\\_sales.asp](http://www.ncdoi.com/OSFM/Engineering/CodeServices/engineering_codeservices_sales.asp)) or calling 919-681-6550.

(b) Mobile homes, whether mobile or permanently situated, shall not be used for residential maternity home facilities.

(c) Each residential maternity home shall be planned, constructed, equipped and maintained to provide the services offered in the home.

(d) Any existing building converted from another use to a residential maternity home shall meet all the requirements of a new facility.

(e) Any existing licensed residential maternity home when the license is terminated for more than 60 days shall meet all requirements of a new home prior to being relicensed.

(f) Any existing licensed residential maternity home that is closed or vacant for more than one year shall meet all requirements of a new facility prior to being relicensed.

(g) Any existing licensed residential maternity home that plans to have new construction, remodeling or physical changes done to the facility shall have drawings submitted by the owner or his appointed representative to the Division of Health Service Regulation for review and approval prior to commencement of the work.

(h) The applicant for a residential maternity home shall consult the local code enforcement official for information on required permits and building code requirements before starting any construction or renovations.

(i) If the building is two stories in height, **and is classified as a Residential Occupancy**, it shall meet the following requirements:

- (1) Infants or children less than six years old shall not be housed on any floor other than the level of exit discharge.
- (2) A complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building shall be provided. The fire alarm system shall be able to transmit an automatic signal to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection.

(j) The basement and the attic shall not to be used for storage or sleeping.

(k) The ceiling shall be at least seven and one-half feet from the floor.

(l) All windows shall be maintained operable.

(m) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Commission for Public Health which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions", 15A NCAC 18A .1300 and the "Rules Governing Sanitation of Residential Care Facilities" 15A NCAC 18A .1600 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost.

(n) The residential maternity home shall request and obtain current inspections from the local sanitarian and the local fire inspector. Reports of such inspections shall be maintained in the facility and available for review and shall be submitted to the licensing authority with the licensure renewal application.

*History Note:* Authority G.S. 131D-1; 143B-153;

Amended Eff. November 1, 2009; October 1, 2008.

**CHANGE:** Changes in (a) and (i) clarify requirements for building and facility standards.

#### **10A NCAC 70K .0307 KITCHEN**

(a) The kitchen in a residential maternity home shall be large enough to provide for the preparation and preservation of food and the washing of dishes.

- (b) The kitchen floor shall have a non-slippery, water-resistant covering.
- (c) The kitchen shall be approved by the local sanitarian for the total number of residents (mothers, infants and any other children), as well as any **live-in** direct care staff and their dependents.

*History Note:* Authority G.S. 131D-1; 143B-153;  
Amended Eff. November 1, 2009; October 1, 2008.

**CHANGE:** The change in (c) clarifies that the reference to direct care staff and their dependents only refers to live-in direct care staff and their dependents.

### **10A NCAC 70K .0318 VEHICLES USED FOR TRANSPORTATION OF RESIDENTS**

#### **(a) Vehicle Requirements for Transporting Residents.**

- (1) Vehicles shall comply with all motor vehicle laws and regulations for the State of North Carolina.
- (2) Motor vehicles shall be maintained in a safe operating condition and shall be registered and inspected.
- (3) A first-aid kit shall be in all motor vehicles.
- (4) The bed of an open body or a stake bed vehicle shall not be used for transporting children.

**(b) Driver Requirements.** The name of and a copy of a valid driver's license for each person transporting residents shall be maintained in a separate file at the facility.

#### **(c) Safety Practices for Transporting Residents.**

- (1) The interior of each vehicle shall be maintained in a clean and safe condition with clear passage to operable doors.
- (2) The driver shall ensure that all passengers follow North Carolina laws regarding seat belt usage and shall adhere to child passenger restraint laws when transporting children.
- (3) The driver shall not transport more persons, including children and adults, than allowed by the design capacity of the vehicle.
- (4) Residents shall have at least one 30 minute rest stop for every four hours of continuous travel.
- (5) Residents shall not be transported for more than 10 hours in any 24-hour period.

**(d) Transportation Records.** Insurance verification and the vehicle identification certificate shall be kept in the vehicle in accordance with State law. Emergency medical information shall be kept in the vehicle for each resident occupying the vehicle.

**(e) Insurance.** If a residential maternity home's transportation services are provided by a private individual, a firm under contract, or by another arrangement, the facility shall maintain a file copy of the individual's or firm's insurance coverage.

**(f) Emergency Transportation.** A residential maternity home shall have a plan for transporting residents when emergency situations arise that includes:

- (1) the need for immediate medical care;
- (2) picking residents up at school before the end of the school day; and
- (3) transporting residents during adverse weather conditions.

*History Note:* Authority G.S. 131D-1; 143B-153;  
Eff. November 1, 2009.

**CHANGE:** This is a new rule that governs vehicles used to transport maternity home residents.

### **10A NCAC 71L .0102 APPROVAL CRITERIA**

**(a)** A county department of social services or a licensed private adoption agency is responsible for social work services for clients for whom they are requesting Maternity Home Funds. Social work services include assisting the client to decide to release the baby for adoption or continue parenting the baby.

**(a)** The agency requesting Maternity Home Funds for a client will carry basic casework responsibility:

- (1) The county departments of social services will be responsible for casework and planning for both mothers and infants for whom they are requesting Maternity Home Funds. When distance precludes providing basic casework services while the client is in an approved Maternity Home Fund living arrangement, inter county services may be requested by a county department of social services.
- (2) When a needy client requests services from one of North Carolina's licensed private adoption agencies, the private agency will be responsible for basic casework planning and services in conjunction with the client's receipt of Maternity Home Funds in an approved living arrangement.
- (3) Services include helping the client reach her own decisions concerning the future of her baby and her own future and continuation of services to the infant or the mother or both, after she leaves the approved living arrangement.

**(b)** Marital status and age **will do** not affect eligibility for Maternity Home Funds.

**(c)** The client must be a resident of the State of North Carolina to be eligible for Maternity Home Funds.

**(d)** A complete exploration of all financial resources available to the client must be made and evidence provided that available resources are insufficient to meet residential costs in an approved living arrangement.

(d) ~~(e)~~ Maternity Home Fund payment is to supplement any other funds available from applicants, county departments of social services, families or private agencies.

~~(f) Maternity Home Fund reimbursement for residential costs for clients approved by the division of social services is based on the type of facility or living arrangement in which the placement is made.~~

(e) ~~(4)~~ Maternity home fund payment Payment to licensed maternity homes is based on the actual per diem cost of care. A maternity home shall maintain a valid maternity home license for a consecutive one year period and submit an audited financial statement to the North Carolina Department of Health and Human Services, Controller's Office (2019 Mail Service Center, Raleigh, NC 27699-2019) before the per diem rate is assigned. A licensed maternity home is eligible for reimbursement from maternity home funds in the second year of operation if this criteria is met and maternity home funds are available.

~~(f) (2) Maternity home fund payment for care in a foster family home will be is the same rate paid for children in foster care by the agency requesting Maternity Home Funds for the client North Carolina standard board rate for foster care assistance set by the General Assembly. The current standard board payment for foster care assistance can be obtained from the North Carolina Division of Social Services (952 Old U. S. 70 Highway, Black Mountain, N. C. 28711).~~

~~(g) (3) Maternity home fund payment for care of residential costs in the home of a non-legally responsible relative or in a boarding arrangement will shall not exceed the rate paid for children in foster care by the agency requesting Maternity Home Funds for the client North Carolina standard board rate for foster care assistance. Boarding home arrangements must be jointly approved by the agency requesting funds and the division of social services.~~

History Note: Authority G.S. 143B-153;

Eff. April 1, 1978;

Amended Eff. November 1, 2009; July 1, 1990; January 1, 1983.

**CHANGE:** The primary change in this rule stipulates that maternity homes must be licensed for a consecutive one year period before they are assigned a per diem rate by the Controller's Office.