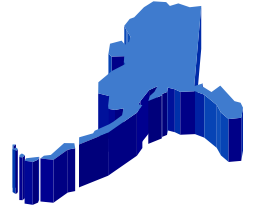




# UNDERSTANDING THE REGULATIONS:



## *What Alaskan Foster Parents Need to Know*

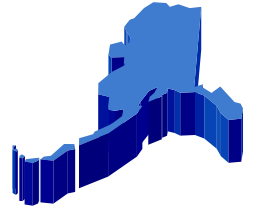
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### *Foster Homes with Specializations and Foster Group Homes*

1.0 Training Credit



Written and Produced by:  
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# UNDERSTANDING THE REGULATIONS: *What Alaskan Foster Parents Need to Know*

## FOSTER HOMES WITH SPECIALIZATIONS AND FOSTER GROUP HOMES

(7AAC 50.400, 7AAC 50.530, 7AAC 50.510, 7AAC.50.600, AAC.50.640, AAC.50.645)

In addition to the regulations, this self-study has also drawn from the handout published by OCS called **Foster Group Homes: Questions and Answers for Applicants and Division Staff**. This series is a guide to the regulations, but is not a substitute. In discrepancies between the series and the regulations, the regulations are the final authority. Contact your licensing worker for a complete copy of the regulations.

## FOSTER PARENT COMPETENCIES

**This self-study module addresses part or all of the following Child Welfare League of America Competencies for Foster Caregivers:**

**905-1** *The foster caregiver knows the state's/province's licensing rules and the mandates and expectations of foster families to remain licensed.*

The regulations enacted on January 1, 1996 provide for several kinds of foster homes that differ from the regular child foster homes. The first of these is the Foster Group Homes (FGH). A Foster Group Home designation allows a foster home to care for up to 8 children. In addition, the regulations specifically mention several specializations in foster care. These address the need in Alaska for transitional homes for teens, homes for pregnant or parenting teens, and emergency shelter care.



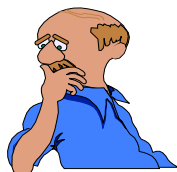
## ***FOSTER GROUP HOMES***

The Foster Group Home (FGH) was created to meet a specific need in Alaska. Situations arose in the past where a family was willing to take in a sibling group (brother and sisters) but the placement would result in more than 6 children in the home. Or a group of four siblings needed to be placed together, but only 3 foster children are allowed in any one foster home. A variance was given to these homes to allow the children to stay together. Another common situation was that relatives were willing to take in a child, but the placement would result in more than 6 children.

The FGH designation allows up to 8 children in the home and allows more than 3 foster children in the home. There is great concern not to place too many children in any foster home setting. The Foster Group Home license is approved only in specific circumstances. Unless the foster

home meets these standards or circumstances, a home will be licensed as a “regular” foster home. Some foster group homes do not care for a sibling group, but specialize in children with specific challenges or situations.

Will OCS ever give a variance to a regular foster home to be able to accept a fourth child for care? A variance may be granted if the placement is limited to 60 days or less. If the placement will last longer than 30 days, the foster home would be converted to a Foster Group Home and would need to fill out the appropriate application.



## ***What Are the Differences between A Regular Foster Home and A Foster Group Home?***

Foster Group Homes (FGHs) must meet the same standards as regular foster homes for safety, training, parenting, discipline, health practices, fire drills, medical schedules, space for child’s clothing and possessions, equipment and supplies, and all other requirements listed in the regulations. Relative foster homes that are licensed as a group home may be granted a variance from some of the requirements only when the health, safety and well being of the children can still be protected.

In addition, FGHs must meet other specifications. No more than eight children (including related children) can reside in a FGH. Of those, no more than two children under 30 months can be in care. Group home applicants do not have to care for the maximum of eight children. They can specify a lower number. In addition, the Division will establish the number of children for whom a foster home and a foster group is licensed on a case by case basis. OCS may choose to license a home for fewer than the maximum number of children permitted in a foster group home. Foster parents in a FGH should consider their own skills and interest and the needs of the children placed in their home to determine how many children are realistic to have in care. If more than six children are in care, one foster parent must generally be available in the home.

Specific space requirements for FGHs are outlined in the regulations. These include:

- X** A FGH should have 35 square feet of usable indoor space per child (not including hallways, bathroom, storage areas, office space, furnace and laundry room, crib space and areas children are not permitted to use.)
- X** A FGH should have 75 square feet of outdoor recreation space available per child for the maximum number of children outside at any one time.
- X** If outdoor recreation space is not available, a park or other accessible location may be used. You must have an approved plan of transportation to and from this location.

- ✘ There should be at least one bedroom for every four children in care. A child in his own bedroom needs at least 70 square feet. Children sharing a bedroom need 50 square feet for each child.
- ✘ If bunk beds are used, the bedroom ceiling height needs to be at least 6 1/2 feet high.
- ✘ There should be at least one full bathroom for every six children in care.
- ✘ If a FGH has five or more foster children, a fire safety inspection is needed. This may necessitate additional fire prevention equipment.
- ✘ If a FGH has only one exterior door, no more than six children can reside in the home.



## ***A REVIEW CHECK LIST FOR FOSTER GROUP HOMES (FGH)***

### ***SUPERVISION:***

- Must be licensed specifically as a FGH.
- Meets training, supervision, parenting, discipline, and health requirements specified for all foster parents.
- No more than 8 children in a FGH. OCS will determine this number on a case by case basis.
- No more than 2 children under 30 months in a FGH.
- If six or more children in care, one foster parent must be available in the home.
- Foster parents can run only one FGH.

### ***SPACE REQUIREMENTS:***

- House meets environment and safety standards outlined for all foster homes
- 35 square feet of usable indoor space per child.
- 75 square feet of outdoor recreation space per child.
- If outdoor space is not available, another accessible location may be used. Plan of transportation needs to be approved.

- 70 square feet per child in a single resident bedroom.
- 50 square feet per child in a multi resident bedroom.
- Bedroom ceiling at least 6.5 feet high if bunk beds are used.
- One bedroom for every four children in care.
- One full bathroom for every six children in care.
- If caring for more than five foster children, fire safety inspection is needed.
- If dwelling has only one exterior door, no more than six children total.



## ***FOSTER HOMES WITH APPROVED SPECIALIZATIONS***

The regulations also allow the specialization of foster homes to meet placement needs specified by the Office of Children’s Services. These homes may or may not also be foster group homes. A foster home cannot represent that it specializes in these types of care without approval from OCS. The types of specialization included in the regulations are:

### ***Group homes for adolescents preparing for independent living***

This is a home for teens for whom family reunification or adoption is not feasible. A foster home with a specialization in supervised transitional living shall provide or assist a teen to get access to services that will help him/her successfully prepare for the transition to adulthood and independent living.

### ***Group homes for pregnant and parenting teens***

The specialized foster home that cares for pregnant and parenting adolescents may care for pregnant adolescents, before or after the adolescent gives birth and provides care as needed to mothers and their infants. Infants are counted in the total number of children allowed in foster care.

### ***Emergency Shelter Care in Foster Homes***

The home that specializes in emergency shelter care takes in children on an emergency basis until a child can be placed in a regular foster home. The emergency shelter care home may be approved in combination with regular foster care or residential care. A foster home providing emergency shelter care may accept placements from one agency only and shall have one foster parent generally available in the home. Upon emergency admission of a child to the home, the foster parent will conduct a brief health review of the child and secure medical or dental treatment if necessary. A sample of the form **EMERGENCY SHELTER CARE HEALTH REVIEW** is included at the back of this self-study

*Other placement needs based on Regional Administrator initiative or approval*



**NOTE:** Specialized homes that care for more than three foster children must also be licensed as Foster Group Homes.

**WHAT IS SUPERVISED TRANSITION LIVING IN A FOSTER HOME?\***

One specialization mentioned in the regulations is Supervised Transition Living. This is to help teens for whom reunification with birth parents or adoption is not going to happen. These teens need help in making the transition into adulthood. They need specific skills if they are to be successful. What does a foster home specializing in Supervised Transition Living need to teach teens? The following skills are specified in the foster care regulations:

A Foster Home Shall Provide or Assist a Teen in Finding the Following Services:

- money management
- obtaining housing
- sexuality education.
- vocational or employment training
- legal services
- strengthen family ties whenever possible

The Foster Home Shall Teach a Teen the Following:

Skills to negotiate with community agencies such as:

- banking,
- health professionals
- education
- employment
- recreation

Shall help make arrangements for:

- after care services
- socialization
- recreational activities
- cultural activities
- religious activities

The Foster Home Shall Provide Help in Obtaining the Following Documents

- birth certificate
- social security card
- driver's license
- educational record

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\* Reference 7 AAC 50.640 **Supervised Transition Living in Foster Homes**

- Medicaid or other health eligibility documentation
- medical record
- job resume

- reference letters
- list of known relatives and their addresses and phone numbers
- emancipation papers when appropriate

Before Discharge, the Foster Home will Make Sure the Following is in Place

- living arrangements
- a source of income
- affordable health care
- system of affordable transportation

- access to an adult helping with transition
- peer support
- at least 30 days notice to child of cessation of services

Alaska Department of Health and Social Services  
Division on Family and Youth Services

**EMERGENCY SHELTER CARE  
HEALTH REVIEW**

This form is to be used at the time of admission of a child under emergency shelter care circumstances. The health review should be done by viewing a child in a clothed condition and asking questions of the child. Its intent is to offer a brief, non-medically based review of a child's general health appearance. The intent is not to reinterview the child about the reasons why the child was taken into placement. This form does not preclude medical attention where symptoms indicate a need for immediate medical assistance. All children received in emergency circumstances should be referred for a full medical exam within 72 hours of placement. You may be asked by the worker to assist in this. After completion, please provide this form to the placement worker and retain a copy.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Foster parent completing review: \_\_\_\_\_ Date: \_\_\_\_\_

Worker making placement: \_\_\_\_\_ Date: \_\_\_\_\_

What is the child's general appearance?

Is skin of normal coloring? (flushed in appearance or very pale)

Are there any readily apparent indicators of recent physical injury, such as bruises, hand prints, burns, scratches, etc?

Does the child show signs of soreness, such as limping or having difficulty sitting?

Does the child complain about any pain or discomfort when asked? (including itching, rashes, or existing skin eruptions)

Does the child appear to be running a fever or exhibit symptoms of communicable illness? (such as measles, chicken pox, etc.)

Record the child's response to the following questions: Are you taking any medications? Do you have any medical treatment that you must do? Do you have any illness that requires special precautions to reduce risk to others in the household?