



TEXAS
Department of Family
and Protective Services

ADDENDA

To The
24-Hour Residential Child Care Requirements

Changes as noted in the addenda are effective on the date indicated below, and have been made to the 24 -Hour Residential Child Care Requirements, which are online at

https://www.dfps.state.tx.us/Doing_Business/Purchased_Client_Services/Residential_Child_Care_Contracts/documents/24_Hour_RCC_Requirements.pdf

Addendum #29 October 14, 2025

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	4500 Basic Life Skills and Social Skills	<p>4500 Basic Life Skills and Social Skills 24- Hour Residential Child Care Requirements September 2023</p> <p>The provider must ensure that the Caregiver teaches the Child Basic Life and Social Skills, so that the Child can care for themselves and function in the community as they transition to a successful adulthood. The Child must be offered a variety of experiential learning opportunities through the use of two or more Basic Life Skills Activities every month whether in the home or the community. Caregiver must document opportunities provided to the Child in the Child's Plan of Service and any logs maintained by the Contractor.</p> <p>Basic Life Skills Activities are skills, attitudes, and new ways of thinking that the Child will develop through hands-on experiential learning opportunities.</p> <p>Life-skills experiential trainings are tailored to a Child's skills and abilities and must include, at a minimum:</p>	<p>4500 Basic Life Skills and Social Skills 24- Hour Residential Child Care Requirements October 2025</p> <p>The provider must ensure that the Caregiver teaches the Child Basic Life and Social Skills, so that the Child can care for themselves and function in the community as they transition to a successful adulthood. The Child must be offered a variety of experiential learning opportunities through the use of two or more Basic Life Skills Activities every month whether in the home or the community. Caregiver must document opportunities provided to the Child in the Child's Plan of Service and any logs maintained by the Contractor.</p> <p>Basic Life Skills Activities are skills, attitudes, and new ways of thinking that the Child will develop through hands-on experiential learning opportunities.</p> <p>Life-skills experiential trainings are tailored to a Child's skills and abilities and must include, at a minimum:</p> <ul style="list-style-type: none"> • Performing basic household tasks; • Maintaining personal hygiene; • Mental Health services; • Doing laundry; • Grocery shopping;

		<ul style="list-style-type: none"> • Performing basic household tasks; • Maintaining personal hygiene; • Mental Health services; • Doing laundry; • Grocery shopping; • Meal preparation and cooking; • Learning about nutrition to promote healthy food choices; • Using public transportation; • Balancing a -bank account and using debit and credit cards responsibly; • Managing personal finances in accordance with the Financial Literacy Education Program Expectations developed in collaboration with the Office of Consumer Credit Commissioner and the State Securities Board (Refer to Resources to Aid Caregivers below); • Establishing a savings account for a Child who has a source of income; • Saving money and accomplishing financial goals through prudent financial management practices; • Protecting financial credit, and personally identifying information in personal and professional relationships and understanding forms of identity and credit theft; • Process for filing taxes; and • Preparing a monthly budget for a Child who has a source of income 	<ul style="list-style-type: none"> • Meal preparation and cooking; • Learning about nutrition to promote healthy food choices; • Using public transportation; • Managing personal finances in accordance with the Financial Literacy Education Program Expectations developed in collaboration with the Office of Consumer Credit Commissioner and the State Securities Board (Refer to Resources to Aid Caregivers below); • obtaining and interpreting a credit score, including information about different scores produced by credit reporting agencies; • protecting, repairing, and improving a credit score; • the risks of payday loans, unsecured loans, and motor vehicle title loans; • avoiding predatory lending practices, including an explanation of interest rates and usurious interest; • identifying and avoiding financial scams; • saving money and accomplishing financial goals through prudent financial management practices; • using basic banking and accounting skills, including opening and using a bank account, balancing a checkbook, and creating a balanced budget; • using debit and credit cards responsibly; • understanding a paycheck and items withheld from a paycheck; • understanding the time requirements and
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		<p>that includes rent, utilities, phone, internet, and other monthly expenses.</p> <p>For a Child who is 17 years of age or older, trainings must include at a minimum:</p> <ul style="list-style-type: none"> Processes to establish insurance, including auto and residential property, including tenant or apartment; Processes to register to vote, places to vote, and resources for upcoming elections; and Learning about documents a Child is required to receive prior to being discharged from foster care such as birth certificate, social security card, driver license or state identification card and how those documents may be used and need to be stored in a secure location. <p>See Resources to Aid Caregivers in Providing Experiential Life Skills Training, Financial Literacy Education Program and Normalcy Activities to Foster Youth on the DFPS website.</p>	<p>process for filing federal taxes;</p> <ul style="list-style-type: none"> protecting financial, credit, and personally identifying information in personal and professional relationships and online; forms of identity and credit theft; and using insurance to protect against the risk of financial loss; and assists a youth who has a source of income to: <ul style="list-style-type: none"> establish a savings plan and, if available, a savings account that the youth can independently manage; and prepare a monthly budget that includes the following expenses: <ul style="list-style-type: none"> rent based on the monthly rent for an apartment advertised for lease during the preceding month; utilities based on a reasonable utility bill in the area in which the youth resides; telephone service based on a reasonable bill for telephone service in the area in which the youth resides; Internet service based on a reasonable bill for Internet service in the area in which the youth resides; and other reasonable monthly expenses; and for youth who are 17 years of age or older, lessons related to: <ul style="list-style-type: none"> financing a motor vehicle, including information about the types of financing available for the purchase of a motor vehicle and the risks of subprime and
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Updated 10/14/2025

			<p>buy-here-pay-here motor vehicle loans;</p> <ul style="list-style-type: none">o insurance, including applying for and obtaining motor vehicle [automobile] insurance and residential property insurance, including tenants insurance;o civic engagement, including the process for registering to vote, the places to vote, and resources for information regarding upcoming elections; ando the documents the youth is required to receive under Subsection (e-1) prior to being discharged from foster care and how those documents may be used. <p>See Resources to Aid Caregivers in Providing Experiential Life Skills Training, Financial Literacy Education Program and Normalcy Activities to Foster Youth on the DFPS website.</p>
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Addendum #28
September 11, 2025

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
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1.	Section 5330: Child and Adolescent Need and Strengths (CANS) Assessment, 4 th paragraph.	CANS re-assessments must be completed annually from the initial assessment date while an eligible Child remains in DFPS Managing Conservatorship. Annual CANS assessments are considered overdue 31 days after the date of the anniversary of the prior CANS assessment.	CANS re-assessments must be completed at least annually from the initial assessment date while an eligible Child remains in DFPS Managing Conservatorship. Annual CANS assessments are considered overdue 31 days after the date of the anniversary of the prior CANS assessment.
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Addendum #27
August 29, 2025

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Page 42: Link for Single Child's Plan of Service corrected.	The provider must use Single Child's Plan of Service (Form 3300) to document the Child's Single Plan of Service.	The provider must use Single Child's Plan of Service (Form 3300) to document the Child's Single Plan of Service.
2.	Section 3500: Cultural Competence	<p>Cultural Competence is the ability to provide services effectively to people of various cultures, races, ethnic backgrounds, and religions in a manner that respects the worth of the individuals and preserves their dignity. This includes providing services and materials in the Child's primary language.</p> <p>The provider ensures that the Caregiver provides services to each</p>	<p>Contractor must provide services that meet the individual needs of the child and family. Contractor will provide services to people of various cultures, races, ethnic backgrounds, and religions. Contractor must provide all services in the client's primary language, or the language in which the child and family are most comfortable speaking, either directly or through a translator. Contractor will take into consideration the intellectual functioning, literacy, level of education, and comprehension ability of each individual in order to ensure that all information is presented in a way that meets the specific needs of each child and family.</p>

		<p>Child in an equally culturally competent manner.</p> <p>The Caregiver attends ongoing education in the form of training, workshops, and other educational opportunities to understand the impact race, culture, and ethnic identity has on themselves and others, and how they impact services to Children and families.</p>	
3.	Glossary: Definition of Social Skills	<p>Social Skills: Skills necessary to function in the community. Social Skills include, but are not limited to, the ability to communicate with others, knowledge of community resources, scheduling and attending medical appointments, interviewing for a job, cultural competency, and the ability to interact in various social situations.</p>	<p>Social Skills: Skills necessary to function in the community. Social Skills include, but are not limited to, the ability to communicate with others, knowledge of community resources, scheduling and attending medical appointments, interviewing for a job, and the ability to interact in various social situations.</p>
4.	Glossary: Definition of Trauma Informed Care (TIC) Training	<p>Trauma Informed Care (TIC) Training: Child-centered, strengths-based instruction that considers the unique culture, experiences and beliefs of the Child and ensures that training participants understand and can apply the following:</p> <ul style="list-style-type: none"> • The impact that traumatic and adverse experiences have on the 	<p>Trauma Informed Care (TIC) Training: Child-centered, strengths-based instruction that considers the unique experiences and beliefs of the Child and ensures that training participants understand and can apply the following:</p> <ul style="list-style-type: none"> • The impact that traumatic and adverse experiences have on the lives of Children;

		<p>lives of Children;</p> <ul style="list-style-type: none">• The symptoms of childhood trauma;• How to understand a Child's personal trauma history;• How to recognize the Child's trauma triggers; and• How to respond in ways that improve a Child's ability to trust, to feel safe, and to adapt to changes in the Child's environment.	<ul style="list-style-type: none">• The symptoms of childhood trauma;• How to understand a Child's personal trauma history;• How to recognize the Child's trauma triggers; and• How to respond in ways that improve a Child's ability to trust, to feel safe, and to adapt to changes in the Child's environment.
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**Addendum #26
August 8, 2025**

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Page 12: Link for DFPS Awake Check portal	https://www.dfps.state.tx.us/Doing_Business/Purchased_Client_Services/Residential_Child_Care_Contracts/awake_check.asp .	DFPS - Purchased Client Services - Residential Contracts - Awake Check Portal

Addendum #25 July 7, 2025

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Section 1420: Notifications Related to the Child	<p>1420 Notifications Related to the Child</p> <p>24-Hour Residential Child Care Requirements September 2023</p> <p>DFPS will provide the child's placement a completed Placement Summary (Form K-908-2279) and the Attachment A - Child Sexual History Report, which provides any history of sexual victimization or sexual aggression for each child upon placement. When a history of sexual aggression or sexual victimization is identified after placement, DFPS will provide an updated Attachment A to the child's placement to ensure that the placement addresses the child's safety, any therapeutic needs, and other children's safety. Providers must ensure that their placement policy or other applicable operating policy reflects the requirements described in this section.</p> <p>Required Initial Signatures</p> <p>General Residential Operation (GRO)</p>	<p>1420 Notifications Related to the Child</p> <p>24-Hour Residential Child Care Requirements July 2025</p> <p>DFPS will provide the child's placement a completed Placement Summary (Form K-908-2279) and the Attachment A - Child Sexual History Report, which provides any history of sexual victimization, sexual aggression, sexual behavior problems, or sex trafficking for each child upon placement. When a history of sexual aggression, sexual victimization, sexual behavior problems, or sex trafficking is identified after placement, DFPS will provide an updated Attachment A to the child's placement to ensure that the placement addresses the child's safety, any therapeutic needs, and other children's safety. Providers must ensure that their placement policy or other applicable operating policy reflects the requirements described in this section.</p> <p>Required Initial Signatures</p> <p>General Residential Operation (GRO)</p> <p>At time of placement and when the Attachment A is updated, the child's placement administrator, receiving intake staff (as applicable), and the child's case manager are required to sign the</p>

	<p>At time of placement and when the Attachment A is updated, the child's placement administrator, receiving intake staff (as applicable), and the child's case manager are required to sign the Form K-908-2279 and the Attachment A (or an updated one) and return it to the child's DFPS caseworker. If any of these required signatories are not present at the time of placement, the child's placement administrator, or their designee in their absence, will ensure all required signatories sign and return these documents to the child's DFPS caseworker within 72 hours of placement or updated.</p> <p>Child Placing Agency (CPA)</p> <p>When a child is placed in a foster home, the DFPS caseworker will acquire the signatures from each foster parent to acknowledge receipt of the Form K-908-2279 and the Attachment A; and will also acquire these signatures when there is an update to a child's Attachment A. If DFPS staff is having difficulty obtaining foster parent signatures on the Form K-908-2279 and the Attachment A, the placement administrator must assist and ensure these documents are returned to the child's DFPS caseworker within 72 hours of placement or update.</p>	<p>Form K-908-2279 and the Attachment A (or an updated one) and return it to the child's DFPS caseworker. If any of these required signatories are not present at the time of placement, the child's placement administrator, or their designee in their absence, will ensure all required signatories sign and return these documents to the child's DFPS caseworker within 72 hours of placement or updated.</p> <p>Child Placing Agency (CPA)</p> <p>When a child is placed in a foster home, the DFPS caseworker will acquire the signatures from each foster parent to acknowledge receipt of the Form K-908-2279 and the Attachment A; and will also acquire these signatures when there is an update to a child's Attachment A. If DFPS staff is having difficulty obtaining foster parent signatures on the Form K-908-2279 and the Attachment A, the placement administrator must assist and ensure these documents are returned to the child's DFPS caseworker within 72 hours of placement or update.</p> <p>Subsequent Certification by Caregivers</p> <p>General Residential Operation (GRO)</p> <p>Before being a caregiver responsible for a child in care and when the Attachment A is updated, each caregiver must read each child's Attachment A if a child has a history of sexual aggression, sexual victimization, sexual behavior problems, or sex trafficking. As proof of this notification, the placement administrator</p>
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		<p>Subsequent Certification by Caregivers</p> <p>General Residential Operation (GRO)</p> <p>Before being a caregiver responsible for a child in care and when the Attachment A is updated each caregiver must read each child's Attachment A if a child has a history of sexual aggression or sexual victimization. As proof of this notification, the placement administrator is responsible for ensuring each caregiver's signature is obtained on the DFPS Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information (Form K908-2279b) prior to each caregiver providing care for a child. Each GRO must have a written process to provide notice to a temporary placement (psychiatric or medical hospital, juvenile detention facility, respite care, etc.) of any associated child sexual aggression or sexual victimization noted in the Attachment A. The Administrator and Case Manager for the child must ensure that any temporary placement is provided the information and that proof is in the form of a signed DFPS certification form obtained from the temporary caregiver(s). The placement administrator will maintain copies of the certification form for each child</p>	<p>is responsible for requiring each caregiver to acknowledge and certify the Attachment A electronically in the DFPS Provider Portal prior to each caregiver providing care for a child.</p> <p>Each GRO must have a written process to provide notice to a temporary placement (psychiatric or medical hospital, juvenile detention facility, respite care, etc.) of any associated child sexual aggression, sexual victimization, sexual behavior problems, or sex trafficking noted in the Attachment A. The Administrator and Case Manager for the child must ensure that any temporary placement is provided the information and that proof is in the form of a signed DFPS certification form obtained from the temporary caregiver(s).</p> <p>If the child's placement administrator, receiving intake staff or child's case manager serves as caregiver, the individual's signatures on Form K-908-2279 and Attachment A will serve as documentation of being apprised of the child's history of sexual aggression, sexual victimization, sexual behavior problems, or sex trafficking. Form K-908-2279 and Attachment A must be signed prior to the individual being a caregiver. An electronic acknowledgement and certification is not required if Form K908-2279 and Attachment A are signed.</p> <p>Child Placing Agency (CPA)</p> <p>Each CPA must have a written process in place to provide notice to a temporary placement (psychiatric or medical hospital, juvenile detention facility, respite care, etc.) of any</p>
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		<p>and provide such to DFPS upon request.</p> <p>If the child's placement administrator, receiving intake staff or child's case manager serves as caregiver, the individual's signatures on Form K- 9082279 and Attachment A will serve as documentation of being apprised of the child's history of sexual aggression or sexual victimization. Form K908-2279 and Attachment A must be signed prior to the individual being a caregiver. A signature on Form K-908-2279b is not required if Form K908-2279 and Attachment A are signed.</p> <p>Child Placing Agency (CPA)</p> <p>Each CPA must have a written process in place to provide notice to a temporary placement (psychiatric or medical hospital, juvenile detention facility, respite care, etc.) of any associated child sexual aggression or sexual victimization noted in the Attachment A. The case manager for the foster home must ensure that any temporary placement is provided the information and that proof is in the form of a signed DFPS certification form obtained from the temporary caregiver(s). The case manager must retain this documentation in the foster home record and will submit to DFPS upon request.</p>	<p>associated child sexual aggression, sexual victimization, sexual behavior problems, or sex trafficking noted in the Attachment A. The case manager for the foster home must ensure that any temporary placement is provided the information and that proof is in the form of a signed DFPS certification form obtained from the temporary caregiver(s). The case manager must retain this documentation in the foster home record and will submit to DFPS upon request.</p>
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Addendum #24 February 4, 2025

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Section 5700	<p>5700 Documentation of Health Care 24- Hour Residential Child Care Requirements March2023</p> <p>The provider maintains written documentation of health care appointments for the Child, containing at a minimum:</p> <ul style="list-style-type: none"> • Child's name and date of birth; • Reason for the visit; • Date of the examination; • Procedures completed; • Examination results; • Recommended follow-up treatment and scheduled appointments, if any; • Medications and changes to medications; • The Child's refusal to accept medical treatment, if applicable; • The circumstances of an injury or medical incident, 	<p>5700 Documentation of Health Care 24- Hour Residential Child Care Requirements February 2025</p> <p>The provider will maintain and provide written documentation of health care appointments for the Child. This documentation must include the following minimum information:</p> <ul style="list-style-type: none"> • Child's name and date of birth; • Reason for the visit; • Date of the examination; • Procedures completed; • Examination results; • Recommended follow-up treatment and scheduled appointments, if any; • Medications and changes to medications; • The Child's refusal to accept medical treatment, if applicable; • The circumstances of an injury or medical incident, including date and time of the incident; and • Whether the appointment was a Texas Health Steps medical or dental checkup, CANS, or a 3-Day Appointment.

		<p>including date and time of the incident; and</p> <ul style="list-style-type: none">• Whether the appointment was a Texas Health Steps medical or dental checkup, CANS, or a 3-Day Appointment. <p>The provider must also document that a Child with Primary Medical Needs had a medical examination within seven days before or three days after the date of placement.</p>	<p>The provider may elect to utilize after visit summaries from the physician or a form of their own creation ensuring all required areas are addressed. The provider may also use the DFPS template for this purpose: Medical, Dental, Vision, Hearing, or Behavioral Health Appointment Form 2403.</p> <p>The provider must also document that a Child with Primary Medical Needs had a medical examination within seven days before or three days after the date of placement.</p>
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Addendum #23
December 6, 2024

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Appendix III, Page 90	<p>Appendix III: Service Level Descriptions 24 Hour Residential Child Care Requirements September 2018</p> <p>Rules describing Service Levels are encoded in the Texas Administrative Code, Part 19 (Department of Family and Protective Services). See Chapter 700 Child Protective Services, Subchapter W Service Level System: Division 1 Basic Service Level Division 2 Moderate Service Level Division 3 Specialized Service Level Division 4 Intense Service Level</p>	<p>Appendix III: Service Level Descriptions 24 Hour Residential Child Care Requirements December 2024</p> <p>If the Contractor is credentialed and operating under Texas Child Centered Care (T3C), please refer to the T3C Blueprint for requirements, located at DFPS - Preparing for Transition to T3C System</p> <p>The following Sections below of the T3C Blueprint labeled as "Not Required Sections," are not incorporated into the Contract by reference and are not requirements for the provider.</p> <p>Not Required Sections of the T3C Blueprint: <i>Letter from the DFPS Commissioner, Purpose of the Blueprint, Introduction, What is the T3C System and How Does it Work?, What is the State Doing to Prepare the System for Transition?, As a Provider, What Should I Be Doing to Prepare for Transition to the T3C System?, Conclusion, Appendix I: T3C System Implementation Deliverable and Timeline, Appendix II.A: T3C Interim Credential Requirements, Appendix II. B: Service Package Dependencies for T3C Interim Credential</i></p>

			<p><i>Requirements</i></p> <p>If the Contractor is credentialed and operating under T3C, the remainder of the T3C Blueprint is required (as applicable to Service Package).</p> <p>If the Contractor is not credentialed or operating under T3C, please see below for service level requirements.</p> <p>Rules describing Service Levels are encoded in the <i>Texas Administrative Code, Title 40, Part 19</i> (Department of Family and Protective Services). See <i>Chapter 700 Child Protective Services, Subchapter W Service Level System:</i></p> <p>Division 1 <i>Basic Service Level</i></p> <p>Division 2 <i>Moderate Service Level</i></p> <p>Division 3 <i>Specialized Service Level</i></p> <p>Division 4 <i>Intense Service Level</i></p>
2.	Section 5700, Page 58	<p>Removing final paragraph in Section 5700: Medical, Dental, Vision, Hearing, or Behavioral Health Appointment (Form 2403), must be used for documentation of all medical appointments, except for Allied Health Services as indicated in the instructions of the Form 2403. Some form of documentation is still required for all Allied Health Services.</p>	<p>5700 Documentation of Health Care 24- Hour Residential Child Care Requirements March2023</p> <p>The provider maintains written documentation of health care appointments for the Child, containing at a minimum:</p> <ul style="list-style-type: none"> • Child's name and date of birth; • Reason for the visit; • Date of the examination; • Procedures completed; • Examination results;

Updated 08/29/2025

			<ul style="list-style-type: none">• Recommended follow-up treatment and scheduled appointments, if any;• Medications and changes to medications;• The Child's refusal to accept medical treatment, if applicable;• The circumstances of an injury or medical incident, including date and time of the incident; and• Whether the appointment was a Texas Health Steps medical or dental checkup, CANS, or a 3-Day Appointment. <p>The provider must also document that a Child with Primary Medical Needs had a medical examination within seven days before or three days after the date of placement.</p>
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Addendum #22
October 15, 2024

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Section 1110	<p>*Correction to website:</p> <p>Beginning August 12, 2021, Contractor must enter vacancy and preference information for their placements into the Department's General Placement Search (GPS). There are two methods for providing the information: Manual Data Entry or Electronic Data Transfer and these are located on the General Placement Search (GPS) website at: http://www.dfps.state.tx.us/Doing_Business/Purchased_Client_Services/Residential_Child_Care_Contracts/GPS/default.asp.</p>	<p>Beginning August 12, 2021, Contractor must enter vacancy and preference information for their placements into the Department's General Placement Search (GPS). There are two methods for providing the information: Manual Data Entry or Electronic Data Transfer and these are located on the General Placement Search (GPS) website at: https://gps.dfps.texas.gov/gps/login</p>

Addendum #21
May 29, 2024

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Appendix I, Page 85	Serious Incident: Any non-routine occurrence that has an impact on the care, supervision, or treatment of a Child or Children. This includes, but is not limited to, suicide attempts, injuries requiring medical treatment, runaways, commission of a crime, and allegations of abuse or neglect or abusive treatment.	Serious Incident: Any non-routine occurrence that has or may have dangerous or significant consequences for the care, supervision, or treatment of a Child or Children.

2.	Section 1411, Page 17	<p>Reporting Serious Incidents to DFPS</p> <p>24- Hour Residential Child Care Requirements May 2021</p> <p>In accordance with the Reporting Abuse, Neglect, or Exploitation requirements in Section VII General Provisions of the Vendor Uniform Terms and Conditions, the Provider must, within 24 hours, report to the Residential Contract Manager (RCM), Caseworker, and the Caseworker's Chain of Command any allegation or finding of a Serious Incident, which includes but is not limited to:</p> <ul style="list-style-type: none"> • A Child running away; • A Child's death; 	<p>Reporting Serious Incidents to DFPS</p> <p>24- Hour Residential Child Care Requirements May 2024</p> <p>In accordance with the Reporting Abuse, Neglect, or Exploitation requirements in Section VII General Provisions of the Vendor Uniform Terms and Conditions, the Provider must, within the time frame specified in Minimum Standards but no later than 24 hours after discovery, report to the Residential Contract Manager (RCM), Caseworker, and the Caseworker's Chain of Command any allegation or finding of a Serious Incident.</p> <p>The Provider must also report Serious Incidents to the DFPS Statewide Intake hotline at 1-800-252-5400 or report online at https://www.txabusehotline.org.</p>
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		<ul style="list-style-type: none"> • A Child's abuse, neglect, and/or exploitation; and • Child on child physical and/or sexual abuse. <p>The Provider must also report Serious Incidents to the DFPS Statewide Intake hotline at 1-800-252-5400 or report online at https://www.txabusehotline.org.</p> <p>Out-of-State Providers must also report Serious Incidents to the DFPS Interstate Compact for Placement of Children (ICPC) by email at ICPCHS@dfps.texas.gov.</p> <p>Minimum Standards for CPAs, 26 TAC, Chapter 749, Subchapter D, Division 1 Minimum Standards for GROs, 26 TAC, Chapter 748, Subchapter D, Division 1</p>	<p>Out-of-State Providers must also report Serious Incidents to the DFPS Interstate Compact for Placement of Children (ICPC) by email at ICPCHS@dfps.texas.gov.</p> <p>For a list of Serious Incidents and reporting timeframes, see Minimum Standards.</p> <p><i>Minimum Standards for CPAs, 26 TAC, Chapter 749, Subchapter D, Division 1</i> <i>Minimum Standards for GROs, 26 TAC, Chapter 748, Subchapter D, Division 1</i></p>
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3.	Section 1410, Page 16	<p>Notifications Made to DFPS by the Provider</p> <p>24-Hour Residential Child Care Requirements September 2020</p> <p>In addition to Minimum Standards notifications, the Contractor will:</p> <p>Notify the CPS Caseworker, the CPS Supervisor, and the Regional Placement unit for the Child's legal region within 24 hours, when the Contractor knows that a Child placed by the Department and in the Contractor's care requires hospitalization;</p> <p>If an onsite psychiatrist evaluates a child or youth for concerns of needing acute psychiatric hospitalization and determines that a hospital assessment is not necessary, the Contractor will notify the CPS Caseworker and the CPS Supervisor within 24 hours of the onsite psychiatrist's determination.</p> <p>Notify the residential contract manager within 10 calendar days if there are payment issues which cannot be resolved by the applicable regional foster care billing coordinator.</p>	<p>Notifications Made to DFPS by the Provider</p> <p>24-Hour Residential Child Care Requirements May 2024</p> <p>In addition to Minimum Standards notifications, the Contractor will:</p> <p>Notify the CPS Caseworker, the CPS Supervisor, and the Regional Placement unit for the Child's legal region within 24 hours, when the Contractor knows that a Child placed by the Department and in the Contractor's care requires hospitalization;</p> <p>If an onsite psychiatrist evaluates a child or youth for concerns of needing acute psychiatric hospitalization and determines that a hospital assessment is not necessary, the Contractor will notify the CPS Caseworker and the CPS Supervisor within 24 hours of the onsite psychiatrist's determination.</p> <p>Notify the residential contract manager within 10 calendar days if there are payment issues which cannot be resolved by the applicable regional foster care billing coordinator.</p> <p>Notify the Caseworker within 24 hours of any event that may not rise to the level of being considered a Serious Incident, as described and defined in Section 1411 and Appendix I respectively, but are relevant for the care and wellbeing of the child.</p> <p><i>Texas Family Code §264.018</i></p>
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		Texas Family Code §264.018, Required Notifications; and DFPS Rules, 40 TAC, Chapter 700, Subchapter M, Division 2	
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Addendum #20

April 11, 2024

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Section 1111	N/A	<p>Providers are required to respond to all placement requests by email or phone to the referring Placement Team within the time frames noted below with an acceptance or denial. If declining a placement, providers must include the denial reason (i.e., insufficient capacity, child characteristic, cannot meet child's needs, child does not meet admission criteria, etc.). Placement teams from DFPS and the SSCCs will require responses for all referrals sent.</p> <p>Required response time frames for placement requests by providertype:</p> <ul style="list-style-type: none"> • GRO/RTC/CPA - within 24 hours for standard requests • GRO/RTC/CPA - within 4 hours for urgent requests • Emergency Shelter - within 4 hours for all requests <p>Urgent requests are identified by the Placement Team on the placement request.</p>

2.	Section 1220	<p>Contractor will ensure that its staff, volunteers, subcontractors, authorized agents, or any affiliated entities will not contact the verified family of another CPA for the purpose of recruitment or transfer of a foster home. If the Contractor believes that another DFPS Contracted CPA has violated this provision, then both parties will work together independently for the purposes of making a good faith effort to privately resolve the dispute within 21 business days. If the parties to the dispute cannot resolve the conflict, then they will elevate the dispute by requesting a peer review of the matter to the CPS State Office Program Specialist. The Peer Review Committee (Committee) will meet either in person or via teleconference within 30 days of DFPS referring the complaint in order to hear, review, and render a recommendation resolving the dispute. Committee decisions are based on a majority vote of the Committee and they will forward their recommendations to the Office of the Associate Commissioner of Child Protective Services for review. At its sole discretion, the Office of the Associate Commissioner of Child</p>	<p>Contractor will ensure that its staff, volunteers, subcontractors, authorized agents, or any affiliated entities will not contact the verified family of another CPA for the purpose of recruitment or transfer of a foster home.</p>
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		<p>Protective Services can choose to adopt, amend, or reverse the recommendations of the Committee. If the Office of the Associate</p>	
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		Commissioner of Child Protective Services does not render a final action on the recommendation of the Committee within ten business days, then the recommendation of the Committee becomes final. DFPS reserves the right to use any and all available Contract remedies if the final recommendation includes a determination that a DFPS Contracted CPA has violated this provision.	
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Addendum #19 September 27, 2023

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
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1.	Section 1420	<p>Required Initial Signatures</p> <p>General Residential Operation (GRO) At time of placement and when the Attachment A is updated, the child's placement administrator, receiving intake staff (as applicable), and the child's case manager are required to sign the K-908-2279 and the Attachment A (or an updated one) and return it to the child's DFPS caseworker. If any of these required signatories are not present at the time of placement, the child's placement administrator, or their designee in their absence, will ensure all required signatories sign and return these documents to the child's DFPS caseworker within three business days.</p>	<p>Required Initial Signatures</p> <p>General Residential Operation (GRO) At time of placement and when the Attachment A is updated, the child's placement administrator, receiving intake staff (as applicable), and the child's case manager are required to sign the Form K-908-2279 and the Attachment A (or an updated one) and return it to the child's DFPS caseworker. If any of these required signatories are not present at the time of placement, the child's placement administrator, or their designee in their absence, will ensure all required signatories sign and return these documents to the child's DFPS caseworker within 72 hours of placement or updated.</p> <p>Child Placing Agency (CPA) When a child is placed in a foster</p>
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		<p>Child Placing Agency (CPA)</p> <p>When a child is placed in a foster home, the DFPS caseworker will acquire the signatures from each foster parent to acknowledge receipt of 19 the K-908- 2279 and the Attachment A; and will also acquire these signatures when there is an update to a child's Attachment A. If DFPS staff is having difficulty obtaining foster parent signatures on the K-908-2279 and the Attachment A, the placement administrator must assist and ensure these documents are returned to the child's DFPS caseworker within three business days of placement or update.</p> <p>Subsequent Certification by Caregivers</p> <p>General Residential Operation (GRO)</p> <p>At the time of placement, when the Attachment A is updated, and before being a caregiver responsible for a child in care, each child's placement administrator must inform all caregivers if a child has a history of sexual aggression or sexual victimization as provided for in the Attachment A. As proof of this notification, the placement administrator must obtain each caregiver's signature on the DFPS certification form. Each GRO must have a written process to provide notice to a temporary placement (psychiatric or medical hospital, juvenile detention facility, respite care, etc.) of any associated child</p>	<p>home, the DFPS caseworker will acquire the signatures from each foster parent to acknowledge receipt of the Form K-908-2279 and the Attachment A; and will also acquire these signatures when there is an update to a child's Attachment A. If DFPS staff is having difficulty obtaining foster parent signatures on the Form K-908-2279 and the Attachment A, the placement administrator must assist and ensure these documents are returned to the child's DFPS caseworker within 72 hours of placement or update.</p> <p>Subsequent Certification by Caregivers</p> <p>General Residential Operation (GRO) Before being a caregiver responsible for a child in care and when the Attachment A is updated each caregiver must read each child's Attachment A if a child has a history of sexual aggression or sexual victimization. As proof of this notification, the placement administrator is responsible for ensuring each caregiver's signature is obtained on the DFPS Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information (Form K-908-2279b) prior to each caregiver providing care for a child. Each GRO must have a written process to provide notice to a temporary placement (psychiatric or medical hospital, juvenile detention facility, respite care, etc.) of any associated</p>
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		sexual aggression or sexual victimization noted in the	child sexual aggression or sexual victimization noted in the Attachment

		<p>Attachment A. The Administrator and Case Manager for the child must ensure that any temporary placement is provided the information and that proof is in the form of a signed DFPS certification form obtained from the temporary caregiver(s). The placement administrator will maintain copies of the certification form for each child and provide such to DFPS upon request.</p> <p>Child Placing Agency (CPA)</p> <p>Each CPA must have a written process in place to provide notice to a temporary placement (psychiatric or medical hospital, juvenile detention facility, respite care, etc.) of any associated child sexual aggression or sexual victimization noted in the Attachment A. The case manager for the foster home must ensure that any temporary placement is provided the information and that proof is in the form of a signed DFPS certification form obtained from the temporary caregiver(s). The case manager must retain this documentation in the foster home record and will submit to DFPS upon request.</p>	<p>A. The Administrator and Case Manager for the child must ensure that any temporary placement is provided the information and that proof is in the form of a signed DFPS certification form obtained from the temporary caregiver(s). The placement administrator will maintain copies of the certification form for each child and provide such to DFPS upon request.</p> <p>If the child's placement administrator, receiving intake staff or child's case manager serves as caregiver, the individual's signatures on Form K-9082279 and Attachment A will serve as documentation of being apprised of the child's history of sexual aggression or sexual victimization. Form K-9082279 and Attachment A must be signed prior to the individual being a caregiver. A signature on Form K908-2279b is not required if Form K908-2279 and Attachment A are signed.</p> <p>Child Placing Agency (CPA)</p> <p>Each CPA must have a written process in place to provide notice to a temporary placement (psychiatric or medical hospital, juvenile detention facility, respite care, etc.) of any associated child sexual aggression or sexual victimization noted in the Attachment A. The case manager for the foster home must ensure that any temporary placement is provided the information and that proof is in the form of a signed DFPS certification form obtained from the temporary</p>
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			caregiver(s). The case manager must retain this documentation in the foster home record and will submit to DFPS upon request.
2.	Appendix II: HHSC 24-Hour Residential Child-Care Rates	The Texas Health and Human Services Commission (HHSC) developed the following payment rates for the 24-Hour Residential Child Care (Foster Care) program operated by the Department of Family and Protective Services (DFPS). HHSC authorized DFPS to implement these recommended payment rates effective September 1, 2019.	The Texas Health and Human Services Commission (HHSC) developed the following payment rates for the 24-Hour Residential Child Care (Foster Care) program operated by the Department of Family and Protective Services (DFPS). HHSC authorized DFPS to implement these recommended payment rates effective September 1, 2023.

3.	4500 Basic Life Skills and Social Skills	<p>The provider must ensure that the Caregiver teaches the Child Basic Life and Social Skills, so that the Child can care for him or herself and function in the community. The Child must be offered a variety of experiential learning opportunities through the use of two or more Basic Life Skills Activities a month whether in the home or the community. Caregiver must document opportunities provided to the child in the child's Plan of Service and any logs maintained by the Contractor.</p> <p>Basic Life Skills Activities are skills, attitudes, and new ways of thinking that the Child is exposed to through hands-on learning opportunities.</p>	<p>The provider must ensure that the Caregiver teaches the Child Basic Life and Social Skills, so that the Child can care for themselves and function in the community as they transition to a successful adulthood. The Child must be offered a variety of experiential learning opportunities through the use of two or more Basic Life Skills Activities every month whether in the home or the community. Caregiver must document opportunities provided to the Child in the Child's Plan of Service and any logs maintained by the Contractor.</p> <p>Basic Life Skills Activities are skills, attitudes, and new ways of thinking that the Child will develop through hands-on experiential learning</p>
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		<p>Life-skills trainings are tailored to a Child's skills and abilities and must include, at a minimum:</p> <ul style="list-style-type: none"> • Performing basic household tasks; • Maintaining personal hygiene; • Mental Health services; • Doing laundry; • Grocery shopping; • Meal preparation and cooking; • Learning about nutrition to promote healthy food choices; • Using public transportation (when appropriate); • Balancing a checkbook; • Managing personal finances in accordance with the Financial Literacy Education Program Expectations developed in collaboration with the Office of Consumer Credit Commissioner and the State Securities Board (Refer to Resources to Aid Caregivers below); and • Establishing a savings account for youth and young adults who have a source of income. <p>See Resources to Aid Caregivers in Providing Experiential Life Skills Training, Financial Literacy Education Program and Normalcy Activities to Foster Youth on the DFPS website.</p>	<p>opportunities.</p> <p>Life-skills experiential trainings are tailored to a Child's skills and abilities and must include, at a minimum:</p> <ul style="list-style-type: none"> • Performing basic household tasks; • Maintaining personal hygiene; • Mental Health services; • Doing laundry; • Grocery shopping; • Meal preparation and cooking; • Learning about nutrition to promote healthy food choices; • Using public transportation; • Balancing a -bank account and using debit and credit cards responsibly; • Managing personal finances in accordance with the Financial Literacy Education Program Expectations developed in collaboration with the Office of Consumer Credit Commissioner and the State Securities Board (Refer to Resources to Aid Caregivers below); • Establishing a savings account for a Child who has a source of income; • Saving money and accomplishing financial goals through prudent financial management practices; • Protecting financial credit, and personally identifying information in personal and professional relationships and understanding forms of identity and credit theft; • Process for filing taxes; and • Preparing a monthly budget for a Child who has a source of income that includes rent, utilities, phone, internet, and other monthly expenses. <p>For a Child who is 17 years of age or older, trainings must include at a minimum:</p>
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			<ul style="list-style-type: none">• Processes to establish insurance, including auto and residential property, including tenant or apartment;• Processes to register to vote, places to vote, and resources for upcoming elections; and• Learning about documents a Child is required to receive prior to being discharged from foster care such as birth certificate, social security card, driver license or state identification card and how those documents may be used and need to be stored in a secure location. <p>See Resources to Aid Caregivers in Providing Experiential Life Skills Training, Financial Literacy Education Program and Normalcy Activities to Foster Youth on the DFPS website.</p>
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Addendum #18

March 15, 2023

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Section 1540	<p>... The Caregiver must review the CPS Rights of Children and Youth in Foster Care with the Child, upon request, and explain the CPS Rights of Children and Youth in Foster Care, if appropriate.</p> <p>The Child and Caregiver sign and date the CPS Rights of Children and Youth in Foster Care.</p> <p>The provider maintains a copy of the signed CPS Rights of Children and Youth in Foster Care in the Child's record...</p>	<p>... The Caregiver must review the CPS Rights of Children and Youth in Foster Care with the Child, upon request, and explain the CPS Rights of Children and Youth in Foster Care, if appropriate.</p> <p>The Child and Caregiver sign and date the CPS Rights of Children and Youth in Foster Care. If the Child is 5 or older the Child MUST sign the document.</p> <p>The provider maintains a copy of the signed CPS Rights of Children and Youth in Foster Care in the Child's record...</p>
2.	Section 5330	<p>... The Child's Substitute Caregiver should accompany the Child to the appointment so he or she can be interviewed by the STAR Health clinician.</p>	<p>... The Child's Substitute Caregiver should accompany the Child to the appointment so he or she can be interviewed by the STAR Health clinician.</p> <p>CANS re-assessments must be completed annually from the initial assessment date while an eligible</p>

		<p>CANS re-assessments must be completed Annually from the initial assessment date while an eligible Child remains in DFPS Managing Conservatorship.</p> <p>After the CANS is completed, a CANS summary report will reside in the Child's Health Passport. The CANS assessment should be addressed in the Child's plan of service, including the identification and utilization of needs, strengths and service recommendations...</p>	<p>Child remains in DFPS Managing Conservatorship. Annual CANS assessments are considered overdue 31 days after the date of the anniversary of the prior CANS assessment.</p> <p>After the CANS is completed, a CANS summary report will reside in the Child's Health Passport. The CANS assessment should be addressed in the Child's plan of service, including the identification and utilization of needs, strengths and service recommendations...</p>
3.	Section 5400	<p>The provider follows the guidelines in the Psychotropic Medication Utilization Parameters for Foster Children.</p> <p>The provider ensures that the Child receiving psychotropic medication...</p>	<p>The provider follows the guidelines in the Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health. The provider ensures that the Caregiver administers and documents the provision of psychotropic medication as prescribed, and in accordance with Minimum Standards.</p> <p><i>Minimum Standards for CPAs, 26 TAC, Chapter 749, Subchapter J</i></p> <p><i>Minimum Standards for GROs, 26 TAC, Chapter 748, Subchapter L</i></p> <p>The provider ensures that the Child receiving psychotropic medication...</p>
4.	Section 5610	<p>Documentation of Sexual Abuse Caregiver Training Contractor must maintain a copy on file of the certificate of completion, generated by the training system, for each applicable individual Caregiver and employee.</p>	Removed

5.	Section 5620	Sexual Abuse Caregiver Training Reporting Requirements The Contractor will submit a cumulative report in the format provided by DFPS, as requested by DFPS.	Removed
6.	Section 5700	... The provider must also document that a Child with Primary Medical Needs had a medical examination within seven days before or three days after the date of placement. Medical/Dental/Vision Examination (Form 2403), must be used for documentation of all medical appointments.	... The provider must also document that a Child with Primary Medical Needs had a medical examination within seven days before or three days after the date of placement. Medical, Dental, Vision, Hearing, or Behavioral Health Appointment (Form 2403), must be used for documentation of all medical appointments, except for Allied Health Services as indicated in the instructions of the Form 2403. Some form of documentation is still required for all Allied Health Services.
7.	Appendix I Residential Child-Care Contract Glossary		Adding new definition: Allied Health Services: Services pertaining to the identification, evaluation, and prevention of diseases and disorders; dietary and nutrition services; and rehabilitation and health systems management, including disciplines whose standards are regulated by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). As noted in the CAAHEP, services provided by a physician, physician assistant, dentist, advanced practice nurse, and other similarly advanced clinical staff do not qualify as Allied Health Services.
8.	Appendix I Residential Child-Care Contract Glossary	Kinship (Relative) Caregivers: Unlicensed Caregivers whom the court has approved for a Child's placement because they are related to the Child or have a Fictive Kin relationship to the Child.	Kinship (Relative) Caregivers: Unlicensed Caregivers whom the court has approved for a Child's placement because they are related to the Child or have a Fictive Kin relationship to the Child. A waiver for a licensing requirement may only be made on a case-by-case basis for non-safety standards in relative foster family homes for a specific child.

Addendum #17 July 27, 2022

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Section 1115	Self-Reported Violation. A Contractor is required to self-report any instance of non-compliance with this Section. If a Contractor knows he/she is not in compliance with this Section, the Contractor is required to self-report any violation within 24 hours to DFPS through the AwakeCheck Portal (https://int-xdfpsportal.cs32.force.com/awakecheck).	Self-Reported Violation. A Contractor is required to self-report any instance of non-compliance with this Section. If a Contractor knows he/she is not in compliance with this Section, the Contractor is required to self-report any violation within 24 hours to DFPS through the 24 Hour Awake Check Portal. For additional information and to access the 24 Hour Awake Check Portal, please visit the following link: https://www.dfps.state.tx.us/Doing_Business/Purchased_Client_Services/Residential_Child_Care_Contracts/awake_check.asp .
2.	Section 3400	This access is provided to: <ul style="list-style-type: none"> • DFPS employees and designees; • DFPS third-party contractor for the Texas Service Level System and its employees; • Foster Care Ombudsman Officer; • Properly identified individuals appointed by a court of competent jurisdiction, such as volunteer or Court Appointed Special Advocates (CASA), guardians ad litem, and attorneys ad litem; • Staff with the Texas Juvenile Justice Department (TJJD) or a county Juvenile Probation Department (JPD); and • Individuals on the Child's contact list. 	This access is provided to: <ul style="list-style-type: none"> • DFPS and HHSC employees and designees; • DFPS third-party contractor for the Texas Service Level System and its employees; • Foster Care Ombudsman; • Properly identified individuals appointed by a court of competent jurisdiction, such as volunteer or Court Appointed Special Advocates (CASA), guardians ad litem, and attorneys ad litem; • Staff with the Texas Juvenile Justice Department (TJJD) or a county Juvenile Probation Department (JPD); and • Individuals on the Child's contact list.

Addendum #16 July 13, 2022

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Section 1420	<p>DFPS will provide the child's placement a completed Placement Summary (Form K-908-2279) and its Attachment A - Child Sexual History Report, which provides any history of sexual victimization or sexual aggression for each child upon placement. When a history of sexual aggression, behaviors, or victimization is identified after placement, DFPS will provide an updated Attachment A to the child's placement to ensure that the placement addresses the child's safety, any therapeutic needs, and other children's safety. Providers must ensure that their placement policy or other applicable operating policy reflects the requirements described in this section.</p> <p>Required Initial Signatures General Residential Operation (GRO) At time of placement and when the Attachment A is updated, the child's placement administrator, receiving intake staff (as applicable), and the child's case manager are required to sign the K-908-2279 and its Attachment A (or an updated one) and return it to the child's DFPS caseworker. If any of these required signatories are not present at the time of placement, the child's placement</p>	<p>DFPS will provide the child's placement a completed Placement Summary (Form K-908-2279) and the Attachment A - Child Sexual History Report, which provides any history of sexual victimization or sexual aggression for each child upon placement. When a history of sexual aggression, or victimization is identified after placement, DFPS will provide an updated Attachment A to the child's placement to ensure that the placement addresses the child's safety, any therapeutic needs, and other children's safety. Providers must ensure that their placement policy or other applicable operating policy reflects the requirements described in this section.</p> <p>Required Initial Signatures General Residential Operation (GRO) At time of placement and when the Attachment A is updated, the child's placement administrator, receiving intake staff (as applicable), and the child's case manager are required to sign the K-908-2279 and the Attachment A (or an updated one) and return it to the child's DFPS caseworker. If any of these required signatories are not present at the time of placement, the child's placement administrator, or their designee in their absence, will ensure all required signatories sign and return these documents to the child's DFPS caseworker within three business days.</p> <p>Child Placing Agency (CPA)</p>

		<p>administrator, or their designee in their absence, will ensure all required signatories sign and return these documents to the child's DFPS caseworker within three business days.</p> <p>Child Placing Agency (CPA) When a child is placed in a foster home, the DFPS caseworker will acquire the signatures from each foster parent to acknowledge receipt of the K-908- 2279 and its Attachment A; and will also acquire these signatures when there is an update to Attachment A. If DFPS staff is having difficulty obtaining foster parent signatures on the 2279/Attachment A, the placement administrator must assist and ensure these documents are returned to the child's DFPS caseworker within three business days of placement or update.</p> <p>Subsequent Certification by Caregivers General Residential Operation (GRO) At the time of placement, and when the Attachment A is updated, each child's placement administrator must inform all caregivers if a child has a history of sexual aggression, behaviors, or victimization as provided for in Attachment A. As proof of this notification, the placement administrator must obtain each caregiver's signature on the certification form attached to Form K-908-2279, Attachment A. Each GRO must have a written process to provide notice to a temporary placement (psychiatric or</p>	<p>When a child is placed in a foster home, the DFPS caseworker will acquire the signatures from each foster parent to acknowledge receipt of the K-908-2279 and the Attachment A; and will also acquire these signatures when there is an update to a child's Attachment A. If DFPS staff is having difficulty obtaining foster parent signatures on the K-908-2279 and the Attachment A, the placement administrator must assist and ensure these documents are returned to the child's DFPS caseworker within three business days of placement or update.</p> <p>Subsequent Certification by Caregivers General Residential Operation (GRO) At the time of placement, when the Attachment A is updated, and before being a caregiver responsible for a child in care, each child's placement administrator must inform all caregivers if a child has a history of sexual aggression or sexual victimization as provided for in the Attachment A. As proof of this notification, the placement administrator must obtain each caregiver's signature on the DFPS certification form. Each GRO must have a written process to provide notice to a temporary placement (psychiatric or medical hospital, juvenile detention facility, respite care, etc.) of any associated child sexual aggression or sexual victimization noted in the Attachment A. The Administrator and Case Manager for the child must ensure that any temporary placement is provided the information and that proof is in the form of a signed DFPS certification form obtained from the temporary caregiver(s). The placement administrator will maintain copies of the certification form for each child and provide such to DFPS upon request.</p> <p>Child Placing Agency (CPA) Each CPA must have a written process in place to provide notice to a temporary placement (psychiatric</p>
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		<p>medical hospital, juvenile detention facility, respite care, etc.) of any associated child sexual aggression, behaviors, or victimization noted in Attachment A. The Administrator and Case Manager for the child must ensure that any temporary placement is provided the information and that proof in the form of a signed DFPS certification form is obtained from the temporary caregiver(s). The placement administrator will maintain copies of the certification form for each child and provide such to DFPS upon request.</p> <p>Child Placing Agency (CPA) Each CPA must have a written process in place to provide notice to a temporary placement (psychiatric or medical hospital, juvenile detention facility, respite care, etc.) of any associated child sexual aggression, behaviors, or victimization noted in Attachment A. The case manager for the foster home must ensure that any temporary placement is provided the information and that proof in the form of signed DFPS certification form is obtained from the temporary caregiver(s). The case manager must retain this documentation in the foster home record and will submit to DFPS upon request.</p>	<p>or medical hospital, juvenile detention facility, respite care, etc.) of any associated child sexual aggression or sexual victimization noted in the Attachment A. The case manager for the foster home must ensure that any temporary placement is provided the information and that proof is in the form of a signed DFPS certification form obtained from the temporary caregiver(s). The case manager must retain this documentation in the foster home record and will submit to DFPS upon request.</p>
2.	Section 5600	Each caregiver and employee who provides direct care must complete the DFPS caregiver training on Recognizing and Reporting Child Sexual Abuse: A Training for Caregivers or Un capacitación	Contractors must register all individuals who provide direct care to Children in DFPS Conservatorship as Caregivers in the Provider Portal before the required DFPS caregiver training can be completed.

Updated 08/29/2025

		<p>para cuidadores, located at https://www.dfps.state.tx.us/Training/.</p> <p>Training must be completed before being the only Caregiver responsible for a Child in care and on an Annual basis thereafter.</p>	<p>Each Caregiver must complete the required DFPS caregiver training on child sexual abuse in the Caregiver Training Hub, which can be accessed here: Caregiver Training</p> <p>This required DFPS caregiver training must be completed before a Caregiver provides direct care to Children in DFPS Conservatorship and on an Annual basis thereafter.</p>
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Addendum #15 January 3, 2022

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Section 5430	<p>The provider must ensure that the Caregiver who administers psychotropic medications completes the DFPS psychotropic medication computer-based training and the post-test available at Psychotropic Medication Training on the DFPS website. The Caregiver retains documentation of successfully completing the DFPS Psychotropic Medication Training.</p>	<p>The provider must ensure that the Caregiver who administers psychotropic medications completes the DFPS psychotropic medication computer-based training and the post-test available at Psychotropic Medication Training on the DFPS website as part of pre-service training and Annually thereafter. The Caregiver retains documentation of successfully completing the DFPS Psychotropic Medication Training.</p>

Addendum #14 November 19, 2021

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	<u>Preamble</u>	<p>This publication contains requirements for child-placing agencies (CPAs) and General Residential Operations (GROs) that contract with the Department of Family and Protective Services (DFPS) to provide residential child care.</p> <p>In this publication CPAs and GROs are referred to as providers. The term Caregiver refers to individuals who deliver services directly to the Child, such as Foster Parents, adoptive parents, or residential Facility staff.</p> <p>Minimum Standards for Child-Placing Agencies (26 TAC) Chapter 749 Minimum Standards for General Residential Operations (26 TAC) Chapter 748</p>	<p>For the Texas Department of Family and Protective Services (DFPS) Residential Child Care (RCC) Contracts, DFPS has adopted these 24-Hour RCC Requirements that Child Placing Agencies (CPAs) and General Residential Operations (GROs) must comply with when they provide services to DFPS Children.</p> <p>For these 24-Hour RCC Requirements, CPAs and GROs are referred to interchangeably as Contractors and Providers.</p>
2.	Section 1110	<p>Beginning August 12, 2021, Contractor must enter vacancy and preference information for their placements into the Department's General Placement Search (GPS). There are two methods for providing the information: Manual Data Entry or Electronic Data Transfer. The GPS Data Entry Training Manual and GPS Electronic Data Transfer Guide are located on the General Placement Search (GPS) website at http://www.dfps.state.tx.us/Doing_Business/Purchased_Client_Services/Residential_Child_Care_Contracts/GPS/default.asp</p>	<p>Beginning August 12, 2021, Contractor must enter vacancy and preference information for their placements into the Department's General Placement Search (GPS). There are two methods for providing the information - Manual Data Entry or Electronic Data Transfer and these are located on the General Placement Search (GPS) website at http://www.dfps.state.tx.us/Doing_Business/Purchased_Client_Services/Residential_Child_Care_Contracts/GPS/default.asp.</p> <p>No part of any DFPS Contract will be construed to create any legal or equitable right on behalf of the</p>

		<p>dential Child Care Contracts/GPS/default.asp.</p> <p>Until August 11, 2021, Contractor must comply with the Department's placement processes, including regular data entry or updates of vacancy status into the Department's Child Placement Vacancy Database. To access the database and a list of State holidays select Update Provider Vacancies in the Child Care Licensing Provider Portal at: Child Care Provider Login.</p> <p>The Contractor will not engage in practices used to circumvent these placement processes. No part of this Contract will be construed to create any legal or equitable right on behalf of the Contractor to receive any such placements or to continue any particular placements. The provider must comply with all applicable federal and state laws, including:</p> <ul style="list-style-type: none"> • The Multiethnic Placement Act, as amended by the Interethnic Adoption Act of 1996 (42 USC Chapter. 21 §1996b); • The Indian Child Welfare Act (25 USC Chapter 21 §1915); • The Adoption and Safe Families Act of 1997 (42 USC Sec. 629 et seq. and Sec. 670 et seq.); • The Adam Walsh Child Protection and Safety Act of 2006 (42 USC §671); and • Comparable state laws regarding the placement of Children. 	<p>Contractor/Provider to receive any such placements or to continue any particular placements. The Provider must comply with all applicable federal and state laws, including:</p> <ul style="list-style-type: none"> • The Multiethnic Placement Act, as amended by the Interethnic Adoption Act of 1996 (42 USC Chapter. 21 §1996b); • The Indian Child Welfare Act (25 USC Chapter 21 §1915); • The Adoption and Safe Families Act of 1997 (42 USC Sec. 629 et seq. and Sec. 670 et seq.); • The Adam Walsh Child Protection and Safety Act of 2006 (42 USC §671); and • Comparable state laws regarding the placement of Children. <p style="text-align: center;">Foster Care Ombudsman</p> <p>The Foster Care Ombudsman poster must be displayed prominently in English and Spanish in a location where it is easily accessible and legible to the Child population served.</p> <p>The provider must allow a Child to contact the Foster Care Ombudsman's office upon request and must allow the Child to communicate with the Foster Ombudsman's office privately if the Child requests to do so. Children must be allowed telephone access to reach out to this 24-hour system, free from observation.</p> <p>The DFPS Statewide Intake hotline's phone number must be readily available and displayed prominently in all foster care residential Facilities.</p>
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		<ul style="list-style-type: none"> • The Adam Walsh Child Protection and Safety Act of 2006 (42 USC §671);and • Comparable state laws regardingthe placement of Children. <p>Foster Care Ombudsman</p> <p>The provider must post the Foster Care Ombudsman’s sign in English and Spanish in a location where it is easily accessible and legible to the Child population served.</p> <p>The provider must allow a Child to contact the Foster Care Ombudsman’s office upon request and must allow the Child to communicate with the Foster Ombudsman’s office privately if the Child requests to do so.</p> <p>The DFPS Statewide Intake hotline’s phone number must be readily available and displayed prominently in all foster care residential Facilities. Foster</p> <p>Children must be allowed telephone access to reach out to this 24-hour system, free from observation. The Foster Care Ombudsman poster must be displayed prominently.</p>	
3.	Section 1120	<p>Approval Required for Travel Within the State</p> <p>In the Child Protective Services Handbook, see 6471.1.</p>	<p>Approval Required for Travel Within the State</p> <p>In the Child Protective Services Handbook, see 6471.1.</p>

		<p>If the Child's travel is routine and fewer than 48 hours away from the Facility or home there is no required approval.</p> <p>If the Child's travel is more than 72 hours with the Caregiver, away from the Facility or home, written approval by the Caseworker or the supervisor is required.</p> <p>If the Child's travel is more than 48 hours with a person who is not a Caregiver or Relative, written approval is by the Caseworker or supervisor is required.</p>	<p>If the Child's travel is routine and fewer than 72 hours away from the Facility, or home, there is no required approval.</p> <p>If the Child's travel is more than 72 hours with the Caregiver, away from the Facility or home, written approval by the Caseworker or the supervisor is required.</p> <p>If the Child's travel is with a person who is not a Caregiver or Relative, written approval is by the Caseworker or supervisor is required.</p>
4.	Section 1140	Moved from Section 1417	<p>Reporting an Application to Foster by a Relative or Fictive Kin</p> <p>If a person applies to a child-placing agency to be verified as a foster home, and that person is a Relative or Fictive Kin of the Child, the CPA notifies DFPS within two business days of accepting the application. Notification is made at the Child-Care Provider Login page of the DFPS website.</p> <p>If the provider verifies the person as a Foster Parent, the provider notifies the Child's CPS Caseworker in writing within two business days of the verification, and provides a copy of the Foster Home Screening.</p> <p>If the provider does not verify the person as a Foster Parent, the provider notifies the Child's CPS Caseworker in writing and explains why the person was not verified at the Child-Care Provider Login page of the DFPS website within two business days of determining that the home will not be verified.</p>

5.	Section 1400	<p>Maintaining an Email Account</p> <p>The provider must maintain at all times at least one active email address so the provider can receive communications from DFPS. It is the provider's responsibility to monitor this email address for information from DFPS.</p> <p>If the email address changes the provider notifies the DFPS residential contract manager using the Residential Contract mailbox (DFPSRESIDENT@dfps.state.tx.us) within five calendar days of the change.</p>	<p>Maintaining an Email Account</p> <p>The provider must maintain at all times at least one active email address so the provider can receive communications from DFPS. It is the provider's responsibility to monitor this email address for information from DFPS.</p> <p>If the email address changes the provider notifies the DFPS residential contract manager in writing within five calendar days of the change.</p>
6.	Section 1413	See Section II (Records – Access, Audit & Retention) of the DFPS Vendor Uniform Terms and Conditions.	Removed
7.	Section 1416	See Section IV (Notice) of the DFPS Vendor Uniform Terms and Conditions.	Removed
8.	Section 1441	<p>DFPS notifies the provider 30 calendar days before discharging a Child from placement. An emergency care services provider is notified 5 calendar days before discharging a Child from placement.</p> <p>No notification is required for removal when:</p> <ul style="list-style-type: none"> • The removal is court ordered; • There is an immediate threat to the health, safety or well-being of a Child; or • After the provider requests removal. 	<p>When DFPS determines removal to be in a Child's best interest, DFPS will notify the provider 30 calendar days before discharging a Child from placement when possible. An emergency care services provider is notified 5 calendar days before discharging a Child from placement.</p> <p>No notification is required for removal when:</p> <ul style="list-style-type: none"> • The removal is court ordered; • There is an immediate threat to the health, safety or well-being of a Child; or • After the provider requests removal.

		<p>However, when DFPS determines the removal to be in a Child's best interest, DFPS will make every effort to afford the Child and the provider reasonable notice.</p> <p>If DFPS discharges a Child with less than 30 days' notice, the provider may request a discharge document signed by the DFPS program director responsible for the Child. At DFPS's discretion the discharge document may be signed by a higher management level if the discharge is not for one of the reasons above. The discharge document describes DFPS's reasons for the discharge and the reasons for discharging with less than 30 days' notice.</p>	<p>If DFPS discharges a Child with less than 30 days' notice, the provider may request a discharge document signed by the DFPS program director or higher management level responsible for the Child describing DFPS's reasons for the discharge and the reasons for discharging with less than 30 days' notice.</p>
9.	Section 1540	<p>At the time of admission and any placement change, the CPS Caseworker provides the Caregiver and Child a copy of the CPS Rights of Children and Youth in Foster Care (Form 2530). The Caseworker will review the CPS Rights of Children and Youth with the Child and Caregiver.</p>	<p>At the time of the child's initial placement into foster care after removal, the CPS Caseworker provides the Caregiver and Child a copy of the CPS Rights of Children and Youth in Foster Care (Form 2530). The Caseworker will review the CPS Rights of Children and Youth with the Child and Caregiver.</p>
10.	Section 1670	<p>Child-placing agencies must provide a copy of their disaster plan to Foster Parents and ensure that each home has a written disaster plan specifically for that home. The home's plan is updated as necessary and at each re-evaluation required by Minimum Standards.</p> <p><i>Minimum Standards for CPAs, 26 TAC §749.2801(b)</i> The CPA maintains a copy</p>	<p>Child-placing agencies must provide a copy of their disaster plan to Foster Parents and ensure that each home has a written disaster plan specifically for that home. Each home's plan must be kept up to date at all times.</p> <p><i>Minimum Standards for CPAs, 26 TAC §749.2801(b)</i> The CPA maintains a copy of each home's disaster plan in its records.</p>

		of each home's disaster plan in its records.	
11.	Section 1700	<p>The provider must comply with Section II (Records – Access, Audit & Retention) of the DFPS Vendor Uniform Terms and Conditions and maintain comprehensive and legible records of all actions performed by the provider's personnel.</p> <p>The records management requirements in this section remain in effect even if the contract with DFPS is terminated, or if services cease to be performed by the provider.</p>	The Contractor must comply with Section II (Records – Access, Audit & Retention) of the DFPS Vendor Uniform Terms and Conditions and maintain comprehensive and legible records of all actions performed by the provider's personnel.
12.	Section 1800, 1810, 1820	<p>1800 DFPS Information Security Requirements</p> <p>1810 Providing IT Information to DFPS</p> <p>1820 Providing Certification of Compliance to DFPS</p>	Removed – Now contained in Section VII (General Provisions) of the DFPS Vendor Uniform Terms and Conditions
13.	Section 3300	<p>The provider must give all Children a written copy of the <i>CPS Rights of Children and Youth in Foster Care</i> (Form 2530) at the time of placement. The provider or Caregiver must review the document with the Child and explain the child's rights. If the Child is 5 or older the Child MUST sign the document.</p> <p>The provider must not deny or restrict, through action or policy, any of the rights listed in the <i>CPS Rights of Children and Youth in Foster Care</i></p>	The provider must not deny or restrict, through action or policy, any of the rights listed in the <i>CPS Rights of Children and Youth in Foster Care</i> or the <i>Extended Foster Care Rights and Responsibilities</i> .

		<p>or the Extended Foster Care Rights and Responsibilities.</p> <p>The DFPS Statewide Intake hotline's phone number must be readily available and displayed prominently in all foster care residential Facilities. Foster Children must be allowed telephone access to reach out to this 24-hour system, free from observation. The Foster Care Ombudsman poster must be displayed prominently.</p>	
14.	Section 4610	The provider must ensure that the Caregiver provides food in accordance with Minimum Standards requirements., which state that each Child must receive fresh fruits, vegetables, and dairy products at least once a day.	The provider must ensure that the Caregiver provides food in accordance with Minimum Standards requirements.
15.	Section 5000	<p>If STAR Health Denies Services No later than the third business day after the Child's provider receives a STAR Health Denial Letter, the provider emails a scanned copy of the STAR Health Denial Letter and the date it was received to the CPS Caseworker and the regional Well-Being Specialist.</p> <p>If Services are Not Available If neither community nor Medicaid resources are available to fund recommended medical, dental, vision, or pharmaceutical services, the provider requests assistance from the CPS</p>	<p>If STAR Health Denies Services No later than the third business day after the Child's provider receives a STAR Health Denial Letter, the provider emails a scanned copy of the STAR Health Denial Letter and the date it was received to the CPS Caseworker and the regional Well-Being Specialist.</p> <p>The provider uses community resources to obtain Behavioral Health services not covered by Medicaid.</p> <p>If community resources are not available for Behavioral Health services and/or Medicaid does not cover the services, the provider must pay to provide the services.</p>

		<p>Caseworker. The CPS Caseworker must be contacted as soon as practicable but no later than the third business day the provider realized services were not available. Help may also be provided by STAR Health and the regional Well-Being Specialist.</p> <p>If the Provider Has Questions About Treatment</p> <p>If the provider has any questions or concerns regarding the prescribed recommendations for follow-up treatment, CPS will assist the provider with a resolution.</p>	<p>The provider complies with DFPS procedures to request access to the Health Passport for its employees that are not Network Providers.</p> <p>If Services are Not Available</p> <p>If neither community nor Medicaid resources are available to fund recommended medical, dental, vision, or pharmaceutical services, the provider requests assistance from the CPS Caseworker. The CPS Caseworker must be contacted as soon as practicable but no later than the third business day the provider realized services were not available. The provider must follow the STAR Health escalation process:</p> <ul style="list-style-type: none"> • Contact STAR Health Member Services at 1-866-912-6283 • Email HPM_Complaints@hhsc.texas.gov • Notify the assigned ResidentialContract Manager in writing
16.	Section 5310		Removed
17.	Section 5430	<p>The provider must ensure that the Caregiver who administers psychotropic medications completes the DFPS psychotropic medication computer-based training and the post-test available at Psychotropic Medication Training on the DFPS website.</p> <p>The Caregiver retains documentation of successfully completing the DFPS Psychotropic Medication Training. This online training satisfies the requirements of Residential Child Care Licensing (RCCL) Minimum Standards</p>	<p>The provider must ensure that the Caregiver who administers psychotropic medications completes the DFPS psychotropic medication computer-based training and the post-test available at Psychotropic Medication Training on the DFPS website during pre-service training and annually thereafter.</p> <p>The Caregiver retains documentation of successfully completing the DFPS Psychotropic Medication Training.</p>

		<p>noted below for pre-service training as long as Residential Child Care providers and Foster Parents also get instructor-led training at their operation that covers: Policies and procedures on administering medication; Who may consent to using psychotropic medications for Children who are not in DFPS Managing Conservatorship.</p> <p><i>Minimum Standards for CPAs, 26 TAC §749.885</i></p> <p><i>Minimum Standards for GROs, 26 TAC §748.885</i></p> <p>This online training also satisfies the requirements for the additional Minimum Standards noted below, which require Residential Child Care providers and Foster Parents to get trained Annually by a health care provider on psychotropic medications as long as they also get instructor-led training at their operation that covers:</p> <ul style="list-style-type: none"> • Policies and procedures related to administering medication. • Who may consent to using psychotropic medications for Children who are not in DFPS Managing Conservatorship. <p><i>Minimum Standards for CPAs, 26 TAC §749.945</i></p> <p><i>Minimum Standards for GROs, 26 TAC §748.945</i></p>	
	Section 5530	Caregivers and employees, including Case Managers, must keep in their records certifications of completed Trauma-Informed Care training in accordance with	Caregivers and employees, including Case Managers, must keep in their records certifications of completed Trauma-Informed Care training in.
		Minimum Standards.	

18.	Section 5620	The Contractor will submit a cumulative report in the format provided by DFPS, on a monthly basis and within the time frames identified by DFPS.	The Contractor will submit a cumulative report in the format provided by DFPS, as requested by DFPS.
19.	Section 5700	The provider has the option of using the DFPS template for documentation purposes. See Medical/Dental/Vision Examination (Form 2403), available on the Residential Child Care Contracts and Required Forms page of the DFPS website.	Medical/Dental/Vision Examination (Form 2403), must be used for documentation of all medical appointments.
20.	Section 6210		<p>Moved from section 1422:</p> <p>Notifying DFPS of Meetings Related to the Child Within three business days of receiving notice of certain meetings related to the Child, the provider must notify the CPS Caseworker or the Caseworker's Chain of Command in writing about the meeting in writing. These meetings are:</p> <ul style="list-style-type: none"> • Upcoming ARD team meetings; and <p>Any meetings regarding student disciplinary actions that may lead to in-school or out-of-school suspension, expulsion, or placement at an alternative education setting.</p>
21.	Section 6600	<p>The provider also has the option of using the Sample Letter to ISD for this notification, available on the Residential Child Care Contracts and Required Forms page of the DFPS website.</p> <p>The provider schedules Therapy, visitation, and other appointments,</p>	The provider also has the option of using the Sample Letter to ISD for this notification, available on the Residential Child Care Contracts and Required Forms page of the DFPS website.
		outside of school hours, whenever possible.	

22.	Section 7000	<p>Before moving a Child from one foster home to another foster home the provider must obtain written approval from the CPS Caseworker.</p> <p>In an emergency, and if prior approval cannot be obtained, the provider must notify CPS of the move within 24 hours.</p> <p>If the provider has developed forms for transferring Children that the CPS Caseworker needs to sign, the forms must be reviewed by CPS. The forms may only be used after the provider has received written approval from the DFPS residential contract manager indicating CPS legal approval.</p>	<p>Before moving a Child from one foster home to another foster home the provider must obtain written approval from the CPS Caseworker.</p> <p>In an emergency, and if prior approval cannot be obtained, the provider must notify CPS of the move within 24 hours.</p>
23.	Section 8000	<p>The provider may not discharge a Child without following the procedures in this section.</p> <p>The provider must inform the DFPS residential contract manager in writing of the names of employees who may approve discharge. CPS must receive this notice within 30 calendar days after the contract is signed.</p>	<p>The provider may not discharge a Child without following the procedures in this section.</p> <p>The provider must inform the DFPS residential contract manager in writing of the names of employees who may approve discharge. DFPS must receive notice within 10 days of staffing changes.</p>
24.	Section 8250	<p>Request for Direct Communication</p> <p>If the Receiving Contractor requests that the Discharging Contractor communicate directly about the needs of the Child, the</p>	Removed
		Discharging Contractor must comply with that request within three business days.	

25.	Section 8400	To get this information, CPS surveys youth who are in foster care when they are 17, then surveys some of those youth again at ages 19 and 21. CPS surveys a different age group each year. The survey is offered from October 1 to March 31, and April 1 to September 30.	Removed
26.	Section 8400	Young adults' ages 21 through 25 choose the STAR member health plan of their choice or the STAR+PLUS program if they have a disability.	Young adults' ages 21 through 26 choose the STAR member health plan of their choice or the STAR+PLUS program if they have a disability.
27.	Appendix I	Basic Life Skills Activities	Removed
28.	Appendix I	<p>Caregiver: For purposes of Remedial Orders 25, 27, and 31, a caregiver is a person, including an employee, foster parent, contract service provider, or volunteer, whose day to day responsibilities include direct care, supervision, guidance, and protection of a child/youth in care. This includes employees and contract staff who provide 24-hour awake night supervision in accordance with Remedial Orders A7 and A8.</p> <p>Generally for the above-referenced Remedial Orders, and in furtherance of a child/youth having as normal of a life experience as possible while in substitute care, "caregiver" does not include individuals who are not routinely</p>	<p>Caregiver: For purposes of Remedial Orders 25, 27, and 31, a caregiver is a person, including an employee, foster parent, contract service provider, or volunteer, whose day to day responsibilities include direct care, supervision, guidance, and protection of a child/youth in care. This includes employees and contract staff who provide 24-hour awake night supervision in accordance with Remedial Orders A7 and A8.</p> <p>Generally for the above-referenced Remedial Orders, and in furtherance of a child/youth having as normal of a life experience as possible while in substitute care, "caregiver" does not include individuals who are not routinely responsible for direct care, supervision, guidance, and protection of a child/youth in care, such as school personnel, mentors, tutors and chaperones. Instead, determining what information to provide an adult</p>

		responsible for direct care, supervision, guidance, and protection of a child/youth in care, such as school personnel, mentors, tutors and chaperones. Instead, determining what information to provide an adult involved with a child/youth's normalcy activity (e.g., extra-curricular activity, part-time job, church activities, school field trip, visit to friend's house) must be considered on a case-by-case basis, keeping in mind the confidential nature of the information and the need to balance the child/youth's privacy concerns. Depending on the history, age of the child/youth, and situation in which the child/youth may be when engaging in a normalcy activity, the involved adult may not need to know of the child/youth's history, for example a tutor periodically at the child/youth's placement or an adult chaperone on a school field trip.	involved with a child/youth's normalcy activity (e.g., extra-curricular activity, part-time job, church activities, school field trip, visit to friend's house) must be considered on a case-by-case basis, keeping in mind the confidential nature of the information and the need to balance the child/youth's privacy concerns. Depending on the history, age of the child/youth, and situation in which the child/youth may be when engaging in a normalcy activity, the involved adult may not need to know of the child/youth's history, for example a tutor periodically at the child/youth's placement or an adult chaperone on a school field trip. Caregiver also refers to individuals who deliver services directly to the Child, such as Foster Parents, adoptive parents, or residential facility or operation staff.
29.	Appendix I	Case Management Services	Removed
30.	Appendix I	Child Placement Vacancy Database	Removed
31.	Appendix I	Contracted Components of Care	Removed
32.	Appendix I		Added definition Controlling Person. A person who, either alone or in connection with others, has the ability to directly or indirectly influence or direct the management, expenditures, or policies of a CPA or GRO.

33.	Appendix I	Covered Behavioral Health Services	Removed
34.	Appendix I	Cultural Competence	Removed
35.	Appendix I	Direct Service Delivery	Removed
36.	Appendix I	Education Decision-Maker	Removed
37.	Appendix I	Education and Training Voucher (ETV) Program	Removed
38.	Appendix I	Education Portfolio	Removed
39.	Appendix I	Former Foster Care Children (FFCC) Program	Removed
40.	Appendix I	Healthy Racial and Ethnic Identity	Removed
41.	Appendix I	Individual Cultural Competence	Removed
42.	Appendix I	Non-Public School	Removed
43.	Appendix I	Normalcy	Removed
44.	Appendix I	Organizational Cultural Competence	Removed
45.	Appendix I		<p>Added definition</p> <p>Person in a Key Position: A Person in a Key Position is any person who:</p> <ul style="list-style-type: none"> • Manages, administrates, or directsthe CPA or GRO or if applicable, its governing body, including but not limited to an executive or a licensed administrator; • Either alone or in connection withothers has the ability to influence or direct the management, expenditures, or the CPA or GRO policies. For example, a person may have influence

			<div>over the CPA or GRO, because of a personal, familial, or other relationship with its governing body, manager, or other controlling person; and</div> <div>• Does not need to be present at any of CPA or GRO’s physical locations or hold an official title.</div>																								
46.	Appendix I	Personal Contact	Removed																								
47.	Appendix I	Personal Documents	Removed																								
48.	Appendix I	Skilled Caregiver	Removed																								
49.	Appendix I	Superior HealthPlan Network	Removed																								
50.	Appendix I	Texas Health Steps	Removed																								
51.	Appendix I	Unplanned Discharge	Removed																								
52.	Appendix II	<div>Minimum Daily Amount to be Reimbursed to a Foster Family</div> <table><tr><th>Service Level</th><th>Dollar Amount</th></tr><tr><td>Basic</td><td>\$27.07</td></tr><tr><td>Moderate</td><td>\$47.37</td></tr><tr><td>Specialized</td><td>\$57.86</td></tr><tr><td>Intense</td><td>\$92.43</td></tr><tr><td>Treatment Foster Family Care</td><td>\$137.52</td></tr></table> <div>* Effective September 1, 2017, the amounts above are the minimum amounts that a child-placing agency must reimburse its foster families for clients receiving services under a contract with</div>	Service Level	Dollar Amount	Basic	\$27.07	Moderate	\$47.37	Specialized	\$57.86	Intense	\$92.43	Treatment Foster Family Care	\$137.52	<div>Minimum Daily Amount to be Reimbursed to a Foster Family Effective September 1, 2017, the following amounts are the minimum amounts that a CPA must reimburse its foster families for clients receiving services under a contract with DFPS.</div> <table><tr><th>Service Level</th><th>Dollar Amount</th></tr><tr><td>Basic</td><td>\$27.07</td></tr><tr><td>Moderate</td><td>\$47.37</td></tr><tr><td>Specialized</td><td>\$57.86</td></tr><tr><td>Intense</td><td>\$92.43</td></tr><tr><td>Treatment Foster Family Care</td><td>\$137.52</td></tr></table>	Service Level	Dollar Amount	Basic	\$27.07	Moderate	\$47.37	Specialized	\$57.86	Intense	\$92.43	Treatment Foster Family Care	\$137.52
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Intense	\$92.43																										
Treatment Foster Family Care	\$137.52																										

		the Texas Department of Family and Protective Services.	
53.	Appendix IV	The methodology is specific to GROs with 6 or more children in placement at either one of the following two GRO categories and at the associated ratios:	<p>Updated the number of children in placement used in the methodology</p> <p>The methodology is specific to GROs with more than six children in placement at either one of the following two GRO categories and at the associated ratios:</p>

Addendum #13 September 1, 2021

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	1115 Continuous 24-Hour Awake Supervision-Monitoring Visits and Self-Reported Violations	Self-Reported Violation. A Contractor is required to self-report any instance of non-compliance with this Section. If a Contractor knows he/she is not in compliance with this Section, the Contractor is required to self-report any violation within 24 hours to DFPS through Survey Monkey (https://www.surveymonkey.com/r/ZFV9X65).	Self-Reported Violation. A Contractor is required to self-report any instance of non-compliance with this Section. If a Contractor knows he/she is not in compliance with this Section, the Contractor is required to self-report any violation within 24 hours to DFPS through the AwakeCheck Portal (https://int-txdfpsportal.cs32.force.com/awakecheck).
2.	3300 Children's Rights	The Foster Care Ombudsman poster must be displayed prominently.	The Foster Care Ombudsman poster must be displayed prominently. For ways to contact the Foster Care Ombudsman, please visit: https://www.hhs.texas.gov/about-hhs/your-rights/office-ombudsman/hhs-ombudsman-foster-care-help

3.	5510 Pre-Service Trauma-Informed Care Training Requirement	Each Caregiver and employee who provides direct care must complete a minimum of eight hours of Trauma-Informed Care training before being the only Caregiver responsible for a Child in care.	Each Caregiver and employee, including Case Managers, who provides direct care must complete a minimum of eight hours of Trauma-Informed Care training before being the only Caregiver responsible for a Child in care.
4.	5520 Annual Refresher Trauma-Informed Care Training Requirement	Each Caregiver and employee who provides direct care must complete at least two hours of Trauma-Informed Care training Annually.	Each Caregiver and employee, including Case Managers, who provides direct care must complete at least two hours of Trauma-Informed Care training Annually.
5.	5530 Documentation of Trauma-Informed Care Training	Caregivers must keep in their records certifications of completed Trauma-Informed Care training in accordance with Minimum Standards.	Caregivers and employees, including Case Managers, must keep in their records certifications of completed Trauma-Informed Care training in accordance with Minimum Standards.

Addendum #12
August 13, 2021

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	1110 Child Protective Services Right of Placement	Contractor must comply with the Department's placement processes, including regular data entry or updates of vacancy status into the Department's Child Placement Vacancy Database. To access the database and a list of State holidays select Update Provider	Beginning August 12, 2021, Contractor must enter vacancy and preference information for their placements into the Department's General Placement Search (GPS). There are two methods for providing the information:

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		Vacancies in the Child Care Licensing Provider Portal at: Child Care Provider Login .	Manual Data Entry or Electronic Data Transfer. The GPS Data Entry Training Manual and GPS Electronic Data Transfer Guide are located on the General Placement Search (GPS) website at: http://www.dfps.state.tx.us/Doing_Business/Purchased_Client_Services/Residential_Child_Care_Contracts/GPS/default.asp . Until August 11, 2021, Contractor must comply with the Department's placement processes, including regular data entry or updates of vacancy status into the Department's Child Placement Vacancy Database. To access the database and a list of State holidays select Update Provider Vacancies in the Child Care Licensing Provider Portal at: Child Care Provider Login .
2.	1415	The provider must send notification to the residential.passportaccess@dfps.state.tx.us email box within 48 hours of any additions or deletions of Health Passport Authorized Users.	The provider must send notification to the RESPASS@dfps.texas.gov email box within 48 hours of any additions or deletions of Health Passport Authorized Users.

Addendum #11 June 17, 2021

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Section 5330	The provider ensures that each Child age 3 through 17 entering DFPS	The provider ensures that each Child age 3 through 17 entering DFPS Managing

	<p>Managing Conservatorship has an initial Child and Adolescent Needs and Strengths Assessment (CANS) completed within thirty days of entering DFPS conservatorship. When a Child turns 3 years old while in DFPS Managing Conservatorship, the initial CANS assessment should be completed within 30 days of the Child's 3rd birthday.</p> <p>The provider schedules the CANS appointment with a STAR Health clinician who is a certified CANS assessor. The provider ensures transportation to the CANS appointment.</p> <p>The Child's Substitute Caregiver should accompany the Child to the appointment so he or she can be interviewed by the STAR Health clinician.</p> <p>CANS re-assessments must be completed Annually from the initial assessment date while an eligible Child remains in DFPS Managing Conservatorship.</p> <p>After the CANS is completed, a CANS summary report will reside in the Child's Health Passport. The full CANS assessment report will be sent to the CPS Caseworker via email. The provider or Caregiver may request the full assessment from the Caseworker. The CANS assessment should be addressed in the Child's plan of service, including the identification and utilization of needs, strengths and service recommendations.</p>	<p>Conservatorship has an initial Child and Adolescent Needs and Strengths Assessment (CANS) completed within thirty days of entering DFPS conservatorship. When a Child turns 3 years old while in DFPS Managing Conservatorship, the initial CANS assessment should be completed within 30 days of the Child's 3rd birthday.</p> <p>The provider schedules the CANS appointment with a STAR Health clinician who is a certified CANS assessor. CANS Assessments are available by telehealth for all ages. To schedule a CANS appointment through telehealth, contact STAR Health at 866-912-6283 for options. The provider ensures transportation to the CANS appointment.</p> <p>The Child's Substitute Caregiver should accompany the Child to the appointment so he or she can be interviewed by the STAR Health clinician.</p> <p>CANS re-assessments must be completed Annually from the initial assessment date while an eligible Child remains in DFPS Managing Conservatorship.</p> <p>After the CANS is completed, a CANS summary report will reside in the Child's Health Passport. The CANS assessment should be addressed in the Child's plan of service, including the identification and utilization of needs, strengths and service recommendations.</p> <p>Refer to Child Adolescent Needs and Strengths</p>
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		Refer to Child Adolescent Needs and Strengths Assessment (CANS) on the DFPS website.	Assessment (CANS) on the DFPS website.
2.	Appendix V	<ul style="list-style-type: none"> • CONTRACT ACTION #1. Four or fewer Non-Consecutive Violations of Section 1115. <ul style="list-style-type: none"> ○ DFPS Staff will stay on the premises until Contractor complies; ○ DFPS will contact the placement's leadership (i.e., Director and/or Administrator) to: <ul style="list-style-type: none"> □ Identify the cause for non-compliance, including challenges and barriers; and □ Provide technical assistance as needed to assist in identifying a solution to achieve compliance; and ○ DFPS will provide written notification of a contract violation of the Continuous 24-Hour Awake Supervision contract term in the form of a final monitoring report; and ○ DFPS will require a Corrective Action Plan be submitted by the Contractor to correct the concern(s) identified by DFPS. 	<ul style="list-style-type: none"> • CONTRACT ACTION #1. Four or fewer Non-Consecutive Violations of Section 1115. <ul style="list-style-type: none"> ○ DFPS Staff will stay on the premises until Contractor complies; ○ DFPS will contact the placement's leadership (i.e., Director and/or Administrator) to: <ul style="list-style-type: none"> □ Identify the cause for non-compliance, including challenges and barriers; and □ Provide technical assistance as needed to assist in identifying a solution to achieve compliance; and ○ DFPS will provide written notification of a contract violation of the Continuous 24-Hour Awake Supervision contract term in the form of a final monitoring report; and ○ DFPS will require a Corrective Action Plan be submitted by the Contractor to correct the concern(s) identified by DFPS; and <p>○ Liquidated Damages* will be assessed. DFPS will withhold payments for one shift equal to \$15.46 x 8 hours = \$123.68, for each instance of non-compliance beginning with the first instance of non-compliance.</p>

3.	Appendix V	<ul style="list-style-type: none"> • CONTRACT ACTION #3. At least one violation for non-compliance with Section 1115 in each month for two consecutive months OR when there are two Consecutive Violations. <ul style="list-style-type: none"> ○ The steps for Contract Actions #1 and #2 will apply; and ○ The DFPS Director of Placement will also participate when DFPS contacts the Contractor to discuss this Contract Action and future plans for compliance; and ○ Liquidated Damages* will be assessed. DFPS will withhold payments for one shift equal to $\\$15.46 \times 8 \text{ hours} = \\123.68, for each instance of non-compliance beginning with the second instance of non-compliance. 	<ul style="list-style-type: none"> • CONTRACT ACTION #3. At least one violation for non-compliance with Section 1115 in each month for two consecutive months OR when there are two Consecutive Violations. <ul style="list-style-type: none"> ○ The steps for Contract Actions #1 and #2 will apply; and ○ The DFPS Director of Placement will also participate when DFPS contacts the Contractor to discuss this Contract Action and future plans for compliance.
4.	Appendix V	<p>* NOTE ON LIQUIDATED DAMAGES.</p> <p>Liquidated damages will be assessed in the State Fiscal Year (SFY) in which the first instance of a consecutive violation with Section 1115 was identified and calculated using applicable instances of violations until the Contractor is compliant with Section 1115. These will be collected during the end of year reconciliation process through an adjustment of the 2nd quarter payment or final payment if a contract should terminate prior to the end of the fiscal year.</p>	<p>* NOTE ON LIQUIDATED DAMAGES.</p> <p>Liquidated damages will be assessed in the State Fiscal Year (SFY) in which the instance of a violation with Section 1115 was identified and calculated using applicable instances of violations until the Contractor is compliant with Section 1115. These will be assessed during a quarterly reconciliation process through an adjustment of payment.</p>

Addendum #10

Item	24-Hour Child-Care Requirements Reference	Previous	Revised Language
1.	Section 1411	<p>In accordance with the Reporting Abuse, Neglect, or Exploitation requirements in Section II of the DFPS Vendor Supplemental and Special Conditions, the Provider must, within 24 hours, report to the Residential Contract Manager (RCM), Caseworker, and the Caseworker's Chain of Command any allegation or finding of a Serious Incident, which includes but is not limited to:</p> <ul style="list-style-type: none"> • A Child running away; • A Child's death; • A Child's abuse, neglect, and/or exploitation; and • Child on child physical and/or sexual abuse. <p><i>Minimum Standards for CPAs, 26TAC, Chapter 749, Subchapter D, Division 1</i></p> <p><i>Minimum Standards for GROs, 26TAC, Chapter 749, Subchapter D, Division 1</i></p> <p>The Provider must also report Serious Incidents to the DFPS Statewide Intake</p>	<p>In accordance with the Reporting Abuse, Neglect, or Exploitation requirements in Section II of the DFPS Vendor Supplemental and Special Conditions, the Provider must, within 24 hours, report to the Residential Contract Manager (RCM), Caseworker, and the Caseworker's Chain of Command any allegation or finding of a Serious Incident, which includes but is not limited to:</p> <ul style="list-style-type: none"> • A Child running away; • A Child's death; • A Child's abuse, neglect, and/or exploitation; and • Child on child physical and/or sexual abuse. <p>The Provider must also report Serious Incidents to the DFPS Statewide Intake hotline at 1-800-252-5400 or report online at https://www.txabusehotline.org.</p> <p>Out-of-State Providers must also report Serious Incidents to the DFPS Interstate Compact for Placement of Children (ICPC) by email at ICPCHS@dfps.texas.gov.</p> <p><i>Minimum Standards for CPAs, 26 TAC, Chapter</i></p>
		<p>hotline at 1-800-252-5400 or report online at https://www.txabusehotline.org.</p>	<p><i>749, Subchapter D, Division 1</i></p> <p><i>Minimum Standards for GROs, 26 TAC, Chapter 749, Subchapter D, Division 1</i></p>

Addendum #9 February 23, 2021

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Appendix V	<p>CONTRACT ACTIONS AND LIQUIDATED DAMAGES</p> <ul style="list-style-type: none"> • CONTRACT ACTION #1. Four or fewer Non-Consecutive Violations of Section 1115. <ul style="list-style-type: none"> ○ DFPS Staff will stay on the premises until Contractor complies; ○ DFPS will contact the placement's leadership (i.e., Director and/or Administrator) to: <ul style="list-style-type: none"> □ Identify the cause for non-compliance, including challenges and barriers; and □ Provide technical assistance as needed to assist in identifying a solution to achieve compliance; and 	<p>CONTRACT ACTIONS AND LIQUIDATED DAMAGES</p> <ul style="list-style-type: none"> • CONTRACT ACTION #1. Four or fewer Non-Consecutive Violations of Section 1115. <ul style="list-style-type: none"> ○ DFPS Staff will stay on the premises until Contractor complies; ○ DFPS will contact the placement's leadership (i.e., Director and/or Administrator) to: <ul style="list-style-type: none"> □ Identify the cause for non-compliance, including challenges and barriers; and □ Provide technical assistance as needed to assist in identifying a solution to achieve compliance; and ○ DFPS will provide written notification of a contract violation of the Continuous 24-Hour Awake Supervision contract term in the form

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		<ul style="list-style-type: none"> DFPS will provide written notification of a contract violation of the Continuous 24-Hour Awake Supervision contract term in the form of a final monitoring report; and 	<ul style="list-style-type: none"> of a final monitoring report; and DFPS will require a Corrective Action Plan be submitted by the Contractor to correct the concern(s) identified by DFPS.
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Addendum #7 December 17, 2020

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Section 1115		<p>Added two instances of Citation Continuous 24-Hour Awake Supervision Violations</p> <ul style="list-style-type: none"> <u>Failure to Provide Supervision.</u> Contractor's Caregiver staff that fails to provide continuous awake supervision for DFPS children. Examples of noncompliance include, but are not limited to, Contractor's Caregiver staff sleeping, having been asleep, or awake staff that is not present at the location where DFPS children and youth are located. <u>Failure to Provide Access.</u> DFPS monitoring staff is unable to access the facility or foster home. Examples of non-compliance include, but are not limited to monitoring staff's access that is denied, delayed by more than ten minutes, or there is no response to DFPS monitoring staff's attempt to obtain access to the placement location.
2.	Section 1420		Added Section 1420 Notifications Related to the Child

		<p>DFPS will provide the child's placement a completed Placement Summary (Form K-908-2279) and its Attachment A - Child Sexual History Report, which provides any history of sexual victimization or sexual aggression for each child upon placement. When a history of sexual aggression, behaviors, or victimization is identified after placement, DFPS will provide an updated Attachment A to the child's placement to ensure that the placement addresses the child's safety, any therapeutic needs, and other children's safety. Providers must ensure that their placement policy or other applicable operating policy reflects the requirements described in this section</p> <p>Required Initial Signatures</p> <p>GRO At time of placement and when the Attachment A is updated, the child's placement administrator, receiving intake staff (as applicable), and the child's case manager are required to sign the K-908-2279 and its Attachment A (or an updated one) and return it to the child's DFPS caseworker. If any of these required signatories are not present at the time of placement, the child's placement administrator, or their designee in their absence, will ensure all required signatories sign and return these documents to the child's DFPS caseworker within three business days.</p> <p>CPA When a child is placed in a foster home, the DFPS caseworker will acquire the signatures from each foster parent to acknowledge receipt of the K-908- 2279 and its Attachment A; and will also acquire these signatures when there is an update to Attachment A. If DFPS staff is having difficulty obtaining foster parent signatures on the 2279/Attachment A, the placement administrator must assist and ensure these documents are</p>
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			<p>returned to the child's DFPS caseworker within three business days of placement or update.</p> <p>Subsequent Certification by Caregivers</p> <p>GRO At the time of placement, and when the Attachment A is updated, each child's placement administrator must inform all caregivers if a child has a history of sexual aggression, behaviors, or victimization as provided for in Attachment A. As proof of this notification, the placement administrator must obtain each caregiver's signature on the certification form attached to Form K-908-2279, Attachment A. Each GRO must have a written process to provide notice to a temporary placement (psychiatric or medical hospital, juvenile detention facility, respite care, etc.) of any associated child sexual aggression, behaviors, or victimization noted in Attachment A. The Administrator and Case Manager for the child must ensure that any temporary placement is provided the information and that proof in the form of a signed DFPS certification form is obtained from the temporary caregiver(s). The placement administrator will maintain copies of the certification form for each child and provide such to DFPS upon request.</p> <p>CPA Each CPA must have a written process in place to provide notice to a temporary placement (psychiatric or medical hospital, juvenile detention facility, respite care, etc.) of any associated child sexual aggression, behaviors, or victimization noted in Attachment A. The case manager for the foster home must ensure that any temporary placement is provided the information and that proof in the form of signed DFPS certification form is obtained from the temporary caregiver(s). The case manager must retain this documentation in the foster home record and will submit to DFPS upon request.</p>
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3.	Appendix I	<p>Caregiver: A person whose duties include the supervision, guidance, and protection of a Child or Children.</p>	<p>Enhanced the glossary definition of Caregiver</p> <p>Caregiver: For purposes of Remedial Orders 25, 27, and 31, a caregiver is a person, including an employee, foster parent, contract service provider, or volunteer, whose day to day responsibilities include direct care, supervision, guidance, and protection of a child/youth in care. This includes employees and contract staff who provide 24-hour awake night supervision in accordance with Remedial Orders A7 and A8. Generally, and in furtherance of a child/youth having as normal of a life experience as possible while in substitute care, "caregiver" does not include individuals who are not routinely responsible for direct care, supervision, guidance, and protection of a child/youth in care, such as school personnel, mentors, tutors and chaperones. Instead, determining what information to provide an adult involved with a child/youth's normalcy activity (e.g., extra-curricular activity, part-time job, church activities, school field trip, visit to friend's house) must be considered on a case-by-case basis, keeping in mind the confidential nature of the information and the need to balance the child/youth's privacy concerns. Depending on the history, age of the child/youth, and situation in which the child/youth may be when engaging in a normalcy activity, the involved adult may not need to know of the child/youth's history, for example a tutor periodically at the child/youth's placement or an adult chaperone on a school field trip.</p>
4.	Appendix I		<p>Added the glossary definition of Apprised</p> <p>Apprised: DFPS acknowledges and agrees that in order to protect children from sexual abuse, those individuals who meet the definition of caregiver above, i.e. who have day to day</p>

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			responsibility over caring for children, should be aware of the information they need to keep children safe. Given that staff of operations may fluctuate and given the expectations DFPS will add and enforce in contracts regarding administration/intake staff sharing this information with direct-care staff who need it, DFPS proposes to define "apprise" as follows: "to direct information regarding sexual abuse or sexual aggression history to (a) with regards to a foster home, the individual foster parents, and (b) with regards to a GRO, the administrator, receiving intake staff, and child's case manager, all of whom DFPS must ensure (through monitoring and contractual enforcement) share this information to those staff who are included within the definition of a caregiver. The obligation to apprise also includes the obligation to monitor and enforce contractual requirements and agency expectations regarding provision of the information to caregivers."
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**Addendum #6
December 10, 2020**

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Section 1411	Within the timeframe mandated by Minimum Standards and in accordance with Reporting Abuse, Neglect or Exploitation requirements in Section II of the DFPS Vendor Supplemental and Special Conditions, the provider must	Enhanced Section 1411 Reporting Serious Incidents to DFPS In accordance with the Reporting Abuse, Neglect, or Exploitation requirements in Section II of the DFPS Vendor Supplemental and Special Conditions, the Provider must, within 24 hours, report to the Residential Contract Manager

		<p>notify the CPS Caseworker and Chain of Command of any Serious Incident, including but not limited to:</p> <ul style="list-style-type: none"> • A Child running away; • A Child's death; and • A Child's abuse, neglect, or exploitation. <p>Minimum Standards for CPAs, 26 TAC, Chapter 749, Subchapter D, Division 1 Minimum Standards for GROs, 26 TAC, Chapter 748, Subchapter D, Division 1 The provider may report Serious Incidents to the DFPS Statewide Intake hotline at 1-800-252-5400.</p>	<p>(RCM), Caseworker, and the Caseworker's Chain of 18 Command any allegation or finding of a Serious Incident, which includes but is not limited to:</p> <ul style="list-style-type: none"> • A Child running away; • A Child's death; • A Child's abuse, neglect, and/or exploitation; and • Child on child physical and/or sexual abuse. <p>Minimum Standards for CPAs, 26 TAC, Chapter 749, Subchapter D, Division 1 Minimum Standards for GROs, 26 TAC, Chapter 749, Subchapter D, Division 1 The Provider must also report Serious Incidents to the DFPS Statewide Intake hotline at 1-800-252-5400.</p>
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Addendum #5 September 1, 2020

<u>Item</u>	<u>24-Hour Child-Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Section 1110	The provider must post the Foster Care Ombudsman's sign in English and Spanish in a location visible and easily accessible to Children.	Enhanced to clarify The provider must post the Foster Care Ombudsman's sign in English and Spanish in a location where it is easily accessible and legible to the child population served.
2.	Section 1115	For the purpose of this section, Continuous 24-Hour Awake Supervision means caregivers are awake to supervise children continuously, 24 hours a day;	Enhanced Section 1115 Continuous 24-Hour Awake Supervision by adding language after 1st paragraph For the purpose of this section, Continuous 24-Hour Awake Supervision means caregivers are awake to supervise children continuously, 24

		<p>children means child and youth under the age of 18.</p>	<p>hours a day; children means child and youth under the age of 18.</p> <p>Contractor Emergency On-Call Contact. The Contractor must provide and maintain a current designated emergency on-call contact during the overnight hours. The current contact information must be provided to the DFPS contract manager and must be available to contractor staff responsible for supervision. The Contractor will ensure the emergency on-call contact is readily accessible and is able to implement an immediate plan for compliance with supervision requirements.</p> <p>24-Hour Awake Supervision contract violations, subject to liquidated damages, are those violations validated through Contractor self-reported incidents or unannounced monitoring visits. Unannounced monitoring visits will be conducted during the overnight hours.</p> <p>On-site monitoring violations are defined as below:</p> <ul style="list-style-type: none"> • Failure to provide supervision. This is defined as staff assigned to supervise are not awake or supervision is not continuous. This includes but is not limited to, caregiverreported, instances of staff sleeping or having been sleeping, or awake staff not present in the building. • Failure to provide access. This includesbut is not limited to, DFPS monitoring staff's inability to access the facility. Including access that is denied; access that is delayed by more than 10 minutes; or there is no response to DFPS staff's attempt to obtain access to the facility or foster home. • Failure to properly document supervision. This includes, but is not limited to, Contractor staff prefilling or not completing thesupervision chart
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			<p>or other system such as an electronic system, that fails to record and therefore support the supervision rounds were conducted as required by the Contractor's supervision policy.</p> <p>24-Hour Awake Supervision violation identified during a monitoring visit. DFPS staff will:</p> <ul style="list-style-type: none"> • Contact the Contractor's emergency on-call staff and request an immediate plan for ensuring supervision will be in place for the night, • Remain on premises until compliance is met, • Notify the Contractor in writing of the unannounced visit, the nature of the contract violation identified, and they or their designee will be contacted by the DFPS staff and given the option to provide supporting information as to why a noncompliance should not be cited, and • Consider any additional information the contractor provides. <p>Self-Reported 24-Hour Awake Supervision violation. When a Contractor self-report is received the contractor will be contacted by the DFPS staff, and given the option to provide supporting information as to why a noncompliance should not be cited, and consider any additional information the contractor provides.</p> <p>Monitoring Disposition. DFPS will notify the contractor in writing of:</p> <ul style="list-style-type: none"> • A monitoring disposition of compliance, with no further action needed, or • A monitoring disposition of a contract violation, requiring: <ul style="list-style-type: none"> o A Contractor's written response within 3 business days of receipt of the written monitoring findings correspondence, the Contractor's analysis of the cause of the
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			violation, and a plan for correction and the elimination of the risk for repeat findings.
3.	Section 1410	<p>In addition to Minimum Standards notifications, the Contractor will: Notify the CPS Caseworker, the CPS Supervisor, and the Regional Placement unit for the Child's legal region within 24 hours, when the Contractor knows that a Child placed by the Department and in the Contractor's care requires hospitalization;</p> <p>Notify the residential contract manager within 10 calendar days if there are payment issues which cannot be resolved by the applicable regional foster care billing coordinator.</p>	<p>Added an additional notification In addition to Minimum Standards notifications, the Contractor will: Notify the CPS Caseworker, the CPS Supervisor, and the Regional Placement unit for the Child's legal region within 24 hours, when the Contractor knows that a Child placed by the Department and in the Contractor's care requires hospitalization;</p> <p>If an onsite psychiatrist evaluates a youth for concerns of needing acute psychiatric hospitalization and determines that a hospital assessment is not necessary, the Contractor will notify the CPS Caseworker and the CPS Supervisor within 24 hours of the onsite psychiatrist's determination.</p> <p>Notify the residential contract manager within 10 calendar days if there are payment issues which cannot be resolved by the applicable regional foster care billing coordinator.</p>
4.	Section 3300	The provider must give all Children a written copy of the CPS Rights of Children and Youth in Foster Care (Form 2530) at the time of placement. The provider, Caregiver, or CPS Caseworker must review the document with the Child and explain the Child's rights. If the Child is 5 or older the Child MUST sign the document.	<p>Removed "or CPS Caseworker"</p> <p>The provider must give all Children a written copy of the CPS Rights of Children and Youth in Foster Care (Form 2530) at the time of placement. The provider or Caregiver must review the document with the Child and explain the Child's rights. If the Child is 5 or older the Child MUST sign the document.</p>
5.	Section 4500	Life-skills trainings are tailored to a Child's skills and abilities and must include, at a minimum:	<p>Added "Mental Health Services;" to list Life-skills trainings are tailored to a Child's skills and abilities and must include, at a minimum:</p> <ul style="list-style-type: none"> • Performing basic household tasks;

		<ul style="list-style-type: none"> • Performing basic household tasks; • Maintaining personal hygiene; • Doing laundry; • Grocery shopping; • Meal preparation and cooking; • Learning about nutrition to promote healthy food choices; • Using public transportation (when appropriate); • Balancing a checkbook; • Managing personal finances in accordance with the Financial Literacy Education Program Expectations developed in collaboration with the Office of Consumer Credit Commissioner and the State Securities Board (Refer to Resources to Aid Caregivers below); and • Establishing a savings account for youth and young adults who have a source of income. 	<ul style="list-style-type: none"> • Maintaining personal hygiene; • Mental Health services; • Doing laundry; • Grocery shopping; • Meal preparation and cooking; • Learning about nutrition to promote healthy food choices; • Using public transportation (when appropriate); • Balancing a checkbook; • Managing personal finances in accordance with the Financial Literacy Education Program Expectations developed in collaboration with the Office of Consumer Credit Commissioner and the State Securities Board (Refer to Resources to Aid Caregivers below); and • Establishing a savings account for youth and young adults who have a source of income.
6.	Section 4900		<p>Added Section 4900 Runaway Prevention Contractors must develop and implement policies and practices that support runaway prevention for the children and youth placed in their operation.</p> <p>The policies and practices should consist of:</p> <ul style="list-style-type: none"> • An evaluation of behaviors indicating a higher likelihood of running away to identify children at risk of running away. • Treatment planning which includes a discussion and documentation of efforts to prevent the child or youth from running away when they have risk factors that indicate they are at a higher risk for running away. • Strategies for working with the child or youth to prevent runaway behaviors. • The use of de-escalation techniques for staff and foster parents when working with a child or

			<p>youth who have risk factors for running away behaviors.</p> <p>The policies and practices must:</p> <ul style="list-style-type: none"> • Be trauma-informed • Use the reasonable and prudent parent standard for decision making about the child or youth. • Use a Runaway Prevention Plan when a child or youth: <ul style="list-style-type: none"> • has a recent episode of running away or human trafficking victimization, or • has verbalized a serious desire to runaway or their behaviors have escalated indicating the need for intervention. <p>The runaway prevention plan can be developed by the operation or the operation can use DFPS FORM 2882.</p> <p>Runaway Prevention Plans must:</p> <ul style="list-style-type: none"> • Be completed within 48 hours of identification of a child or youth who is at higher risk of running away as indicated by a history of running away within in the last 6 months, recent threats to run away, or human trafficking history. • Be child-centered. • Be strengths-based. • Be proactive in planning for if the child does run away. • Present alternatives for the child to use as an outlet for frustrations that are a result of the risk factors for running away. • Plan for the child's safety and well-being. • Explore reasons for past runaway episodes and triggers.
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			<ul style="list-style-type: none"> • Be evaluated monthly to ensure updates are made or if the plan can be ended due to runaway risk being mitigated. • Include child's input. • Have Caseworker be invited to contribute to the plan, but contractor can proceed without caseworker if contractor is unable to get a hold of the caseworker or caseworker is unable to attend. <p>Note: When an operation implements a Runaway Prevention Plan the child's assigned caseworker and supervisor need to be informed in writing and provided a copy of the Runaway Prevention Plan within 24 hours.</p> <p>Staff assigned to provide supervision for the child must be informed of the child's risk for running away. Training should be provided to staff and foster parents that builds skills in de-escalation.</p>
7.	Section 6500	A pre-school program may be provided by a school district, Head Start, or some other early childhood program provider.	<p>Added sentence on how to obtain Verification Letter</p> <p>A pre-school program may be provided by a school district, Head Start, or some other early childhood program provider. To obtain a pre-kindergarten Verification Letter, email the child's full legal name and date of birth to Prekverificationltrs@dfps.state.tx.us</p>
8.	Section 8220		<p>Added 72-Hour Discharge Notice</p> <p>This type of notice may be used when a Child is absent from the operation without permission and it is not suspected that the Child will return in the foreseeable future. If the child returns to the operation before the 72-hour discharge expires, then the provider must allow the child to remain at the operation and the discharge notice</p>

			is no longer in effect. If the youth returns prior to the 72 hours, the 72-hour discharge is voided.
9.	Appendix IV	*Shift: A unit derived from applying the applicable ratio using child FTE placement days for payment purposes and child FTE paid days for reconciliation.	Enhanced and clarified the definition of *Shift *Shift: A unit derived from applying the applicable ratio using child FTE placement days for quarterly payment purposes and child FTE paid days for end of fiscal year reconciliation.
10.	Appendix V		Added new Appendix V: 24-Hour Awake Supervision Progressive Intervention and Liquidated Damages DFPS will conduct unannounced visits necessary to confirm awake and continuous in-person supervision. A finding of noncompliance results from a monitoring visit or a self-reported incident as documented in a DFPS final monitoring report. Each instance of a self-reported violation occurring within any one eight-hour sleeping period is equal to one contract violation for failure to maintain awake and continuous supervision. Non-Consecutive Findings The Contractor will participate as detailed below when non-consecutive monitoring visits or self-reported supervision incidents result in findings subject to liquidated damages. The period will be a rolling 12-month period beginning with an instance of noncompliance. Contract Action #1 is conducted when four or fewer, non-consecutive findings of failure to provide 24-hour awake and continuous supervision, are determined during on-sight monitoring visits or self-reported instances DFPS staff will: <ul style="list-style-type: none"> • Stay on premises until compliance is met, • Contact the facility leadership (ex. Director and Administrator) to address and identify cause contributing to the non-compliance, including

			<p>challenges and barriers, and to provide technical assistance as needed to assist in identifying a solution, and</p> <ul style="list-style-type: none"> • Provide written notification of a contract violation of the 24-Hour awake and continuous supervision contract term. <p>Contract Action #2 is conducted when five non-consecutive findings of failure to provide 24-hour awake and continuous supervision, are determined during on-sight monitoring visits or self-reported instances DFPS staff will:</p> <ul style="list-style-type: none"> • Complete the interventions steps identified as <p>Contract Action #1 above, and</p> <ul style="list-style-type: none"> • Meet with the Contractor's Board President and contract signatory to address the identification of a pattern of violations and to explain the progressive intervention steps, and • Obtain reasonable assurance for compliance from the Contractor's representatives. <p>Consecutive Findings & Liquidated Damages The Contractor will participate as detailed below when consecutive monitoring visits or self-reported supervision incidents result in findings subject to liquidated damages. Liquidated damages will be assessed in the state fiscal year in which the first instance of non-compliance was identified and calculated using applicable instances of findings until compliance is satisfied. Liquidated damages will be collected during the end of year reconciliation process through an adjustment of the 2nd quarter payment or final payment if a contract should terminate prior to the end of the fiscal year.</p> <p>DFPS staff will conduct the following contract actions associated with the conditions identified below: (see Chart below)</p>
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Contract Action	Conditions	Process	Liquidated Damages
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#1	Four or fewer, non-consecutive findings of failure to provide 24-hour awake and continuous supervision, are determined during on-sight monitoring visits or self -reported instances.	DFPS staff will: <ul style="list-style-type: none"> • Stay on premises until compliance is met, • Contact the facility leadership(ex. Director and Administrator) to address and identify cause contributing to the non-compliance, including challenges and barriers, and to provide technical assistance as needed to assist in identifying a solution, and • Provide written notification of a contract violation of the 24-Hour awake and continuous supervision contract term in the form of a final monitoring report. 	NA
#2	Five non-consecutive findings of failure to provide 24-hour awake and continuous supervision, are determined during on-sight monitoring visits or self -reported instances	DFPS staff will: <ul style="list-style-type: none"> • Complete the interventions steps identified in Contract Action #1 above, and • Meet with the Contractor's Board President and contract signatory to address the identification of a pattern of violations and to explain the progressive intervention steps, and • Obtain reasonable assurance for compliance from the Contractor's representatives. 	NA
#3	<p>Condition 1: One finding is determined in each month in a consecutive 2 month period</p> <p>OR</p> <p>Condition 2: Two consecutive findings.</p>	<ul style="list-style-type: none"> • Follow Contract Actions #1&2. • DFPS Director of Placement will participate in Contractor contact. 	* Withhold supplemental payments for 1 shift equal to $\$15.46 \times 8 = \123.68 , for each instance of noncompliance beginning with the second instance of noncompliance.

#4	<p>Condition 1: One finding is determined in each month in a consecutive 3 month period.</p> <p>OR</p> <p>Condition 2: Three consecutive findings</p>	<ul style="list-style-type: none"> • Follow Contract Action #3 above • **Place facility on placement hold. 	<p>Updated 08/29/2025</p> <p>* Withhold supplemental payments for ALL shifts for each instance of noncompliance beginning with the third instance of noncompliance.</p> <p>Liquidated damages will continue until 2 unannounced visits within a 4-week period are conducted and sustained compliance is verified:</p>
#5	<p>Condition 1. One finding is determined in each month in a consecutive 5 month period.</p> <p>OR</p> <p>Condition 2. Five consecutive findings</p>	<p>Follow Contract Action #3 above.</p> <p>**Continue with placement hold, as DFPS seeks the federal District Court's permission to remove child(ren) and youth in PMC due to failure or inability to provide 24-hour awake night supervision and if approved, proceed with the removal of child(ren) after taking appropriate next steps with the state court with jurisdiction of the child or youth's SAPCR and relevant interested stakeholders.</p>	<p>Withhold supplemental payments for All shifts for each day beginning with the second instance of noncompliance until compliance is satisfied or children have been removed from the operation.</p>
			<p>(End of Chart) <i>Note: Kinship homes are excluded from placement changes.</i></p> <p>* NA for CPA foster homes.</p>

			<p>Updated 08/29/2025</p> <p>** If CPA, placement hold is specific to the foster home in violation of supervision. Placement hold will continue through attrition resulting in the number of children to 6 or fewer therefore no longer necessitating awake night supervision. Program will discontinue placements that will necessitate 24-Hour Awake Supervision in the specific foster home.</p>
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Addendum #4
March 31, 2020

<u>Item</u>	<u>24 Hour Child Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Appendix IV		<p>Added Appendix IV</p> <p>Effective November 8, 2019, a quarterly supplemental payment to assist with the cost of providing 24-Hour Awake Night Supervision to children in DFPS conservatorship, as provided for in the Open Enrollment, Section 3.2.11 Utilization and Payment. Child Specific Contracts and Temporary Emergency Placement (TEP) placements are excluded from supplemental payments.</p>

The methodology is specific to GROs with 6 or more children in placement at either one of the following two GRO categories and at the associated ratios:

GRO Category	Ratio
Treatment or Emergency Care Services	1:15 staff to child FTE**
Child Care (Non-Treatment or Emergency Care)	1:7 of staff to child FTE

Methodology: # of shifts X (\$15.46 X 8) = payment.

The hourly rate is \$15.46, for an 8-hour shift* in a 24-hour period.

Ex.1. Child Care, ratio 1:7.

80 placement days in a 30 day month (80/30) = 3 child FTEs = 1 shift a day

Payment = 1 shift X \$123.68 = \$123.68 a day X 30 day month = \$3,710.40 for one month in the quarter.

Ex. 2. GRO – Treatment Services, ratio 1:15. 560 placement days in a 30 day month(560/30) = 19 child FTEs = 2 shifts a day

Payment = 2 shift X \$123.68 = \$247.36 a day X 30 day month = \$7,420.80 for one month in the quarter.

**Shift: A unit derived from applying the applicable ratio using child FTE placement days for payment purposes and child FTE paid days for reconciliation.*

***Child FTE: Full time equivalent is calculated by:*

$$\frac{\text{Number of placement days}}{\text{Number of days in the month}} \quad \text{or} \quad \frac{\text{Number of paid days}}{\text{Number of days in the month}}$$

Payments to Contractors that utilized DFPS third-party staff will be calculated using the applicable formulas above and reduced by the number of shifts DFPS provided through a third party.

			Contractors with multiple contracts to include contracts with Community Based Care SSCCs, may receive an aggregated payment and subsequent reconciliation processed under a specific DFPS Agency Account ID#.
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Addendum #3 January 6, 2020

<u>Item</u>	<u>24 Hour Child Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Section 5600	5600 Sexual Abuse Caregiver Training Each caregiver and employee who provides direct care must complete the DFPS Caregiver Training on Sexual Abuse, the link for which will be posted at https://www.dfps.state.tx.us/Training/ . Training must be completed before being the only Caregiver responsible for a Child in care and on an Annual basis thereafter.	Enhanced Section 5600 5600 Sexual Abuse Caregiver Training Each caregiver and employee who provides direct care must complete the DFPS caregiver training on recognizing and reporting child sexual abuse: A Training for Caregivers or un capacitación para cuidadores, located at https://www.dfps.state.tx.us/Training/ . Training must be completed before being the only caregiver responsible for a Child in care and on an annual basis thereafter.
2.	Section 5610	5610 Documentation of Sexual Abuse Caregiver Training Caregivers must keep a copy of the certification of completed DFPS Caregiver Training on Sexual Abuse in their records.	Enhanced Section 5610 5610 Documentation of Sexual Abuse Caregiver Training Contractor must maintain a copy on file of the certificate of completion, generated by the DFPS training system, for each applicable individual caregiver and employee.
3.	Section 5620		Added Section 5620 5620 Sexual Abuse Caregiver Training Reporting Requirements

Updated 08/29/2025

			<div>The Contractor will submit a cumulative report in the format provided by DFPS, on a quarterly basis according to the following reporting periods and reporting frequencies:</div> <table><tr><td colspan="3"></td></tr><tr><td>Quarter 1</td><td>Oct, Nov, Dec</td><td>Jan 15</td></tr><tr><td>Quarter 2</td><td>Jan, Feb, Mar</td><td>April 15</td></tr><tr><td>Quarter 3</td><td>Apr, May, June</td><td>July 15</td></tr><tr><td>Quarter 4</td><td>July, Aug, Sept</td><td>Oct 15</td></tr></table>				Quarter 1	Oct, Nov, Dec	Jan 15	Quarter 2	Jan, Feb, Mar	April 15	Quarter 3	Apr, May, June	July 15	Quarter 4	July, Aug, Sept	Oct 15
Quarter 1	Oct, Nov, Dec	Jan 15																
Quarter 2	Jan, Feb, Mar	April 15																
Quarter 3	Apr, May, June	July 15																
Quarter 4	July, Aug, Sept	Oct 15																

Addendum #2 September 1, 2019

<u>Item</u>	<u>24 Hour Child Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Section 1110	The provider must post the Foster Care Ombudsman's sign in a location visible and easily accessible to children.	Enhanced to clarify both English and Spanish Foster Care Ombudsman posters are required The provider must post the Foster Care Ombudsman's sign in English and Spanish in a location visible and easily accessible to Children.
2.	Section 1115	<p>(Definition) For the purpose of this section, Continuous 24 – Hour Awake Supervision means caregivers are awake to supervise children continuously, 24 hours a day; children means children and youth under the age of 18.</p> <p>(Requirement) All providers serving more than six children in their facility must provide Continuous 24 – Hour Awake Supervision. Provider's supervision policies and procedures must consider and address the ages, needs, living arrangements, and</p>	<p>Enhanced Section 1115 for types of providers</p> <p>(Definition) For the purpose of this section, Continuous 24–Hour Awake Supervision means caregivers are awake to supervise children continuously, 24 hours a day; children means children and youth under the age of 18.</p> <p>Requirements for General Residential Operation All providers serving more than six children in their facility must provide Continuous 24 – Hour Awake Supervision. Provider's supervision policies and procedures must consider and address the ages, needs, living arrangements, and levels of service of the children and youth</p>

		<p>levels of service of the children and youth placed at a facility in addition to the physical environment and layout of the facility.</p> <p>The Provider must notify DFPS when this condition is not met in the format provided by DFPS. This report will be submitted within 24 hours of the occurrence and include Contractor actions.</p>	<p>placed at a facility in addition to the physical environment and layout of the facility. The Provider must notify DFPS when this condition is not met in the format provided by DFPS. This report will be submitted within 24 hours of the occurrence and include Contractor actions.</p> <p>The Provider must obtain approval from DFPS prior to modifying its policies and procedures for Continuous 24-Hour Awake Supervision.</p> <p>Requirements for Group Homes For the purpose of this section, <i>children</i> means children under the age of 18.</p> <p>The contractor must ensure that any foster home verified as a foster group home has a 24 hour awake supervision plan, approved by DFPS, on file with DFPS.</p> <p>The contractor must ensure that any foster group home with 7 or more total children in the home follows the 24 hour awake supervision plan approved by DFPS.</p> <p>The contractor must ensure that any foster group home has a 24 hour awake supervision plan approved by DFPS on file with DFPS prior to accepting placement of a child or youth in DFPS conservatorship.</p> <p>The contractor must ensure that the 24 hour awake supervision plan is updated and provided to DFPS within 24 hours of any change in the household composition. This includes admissions and discharges of children in DFPS conservatorship.</p> <p>Requirements for Foster Family Homes with more than 6 children For the purpose of this section, <i>children</i> means children under the age of 18.</p> <p>If a foster family home is granted a variance or completes a Foster Family Home Capacity</p>
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			<p>Exception Form allowing for the placement of a 7th or 8th child into a foster family home, the provider must:</p> <ul style="list-style-type: none"> • Complete an addendum on the family indicating how the caregiver will meet the additional children's needs including safety and supervision needs; • Submit the home study and the home study addendum to the CPS Director of Placement prior to the placement of the additional child(ren) into the foster home; • Submit a 24 Hour Awake Caregiver Supervision Plan; (Form 2128); • Submit the Foster Family Home Capacity Exception Form; and • Obtain approval from CPS prior to the placement of any additional children.
3.	Section 4500	<p>The provider must ensure that the caregiver teaches the child basic life and social skills, so that the child can care for him or herself and function in the community. The child must be offered a variety of experiential learning opportunities through the use of two or more basic life skills activities a month whether in the home or the community. Basic life skills activities are skills, attitudes, and new ways of thinking that the child is exposed to through hands-on learning opportunities. Life-skills trainings are tailored to a child's skills and abilities and must include, at a minimum:</p> <ul style="list-style-type: none"> • Performing basic household tasks; • Maintaining personal hygiene; • Doing laundry; • Grocery shopping; • Meal preparation and cooking; 	<p>Updated and enhanced the requirements The provider must ensure that the Caregiver teaches the Child Basic Life and Social Skills, so that the Child can care for him or herself and function in the community. The Child must be offered a variety of experiential learning opportunities through the use of two or more Basic Life Skills Activities a month whether in the home or the community. Caregiver must document opportunities provided to the child in the child's Plan of Service and any logs maintained by the Contractor.</p> <p>Basic Life Skills Activities are skills, attitudes, and new ways of thinking that the Child is exposed to through hands-on learning opportunities.</p> <p>Life-skills trainings are tailored to a Child's skills and abilities and must include, at a minimum:</p> <ul style="list-style-type: none"> • Performing basic household tasks; • Maintaining personal hygiene; • Doing laundry;

		<ul style="list-style-type: none"> • Learning about nutrition to promote healthy food choices; • Using public transportation (when appropriate); • Balancing a checkbook; • Managing personal finances in accordance with the Financial Literacy Educational Program Expectations; and • Establishing a savings account for youth and young adults who have a source of income. 	<ul style="list-style-type: none"> • Grocery shopping; • Meal preparation and cooking; • Learning about nutrition to promote healthy food choices; • Using public transportation (when appropriate); • Balancing a checkbook; • Managing personal finances in accordance with the Financial Literacy Education Program Expectations developed in collaboration with the Office of Consumer Credit Commissioner and the State Securities Board (Refer to Resources to Aid Caregivers below); and • Establishing a savings account for youth and young adults who have a source of income.
4.	Section 5200	All children six months of age or older must receive an initial dental exam, known as a Texas Health Steps dental checkup. The initial checkup must be scheduled within 30 days after placement in DFPS conservatorship and is considered overdue after 60 days.	<p>Clarified Initial Dental timeline</p> <p>All Children six months of age or older must receive an initial dental exam, known as a Texas Health Steps dental checkup. The initial checkup must be scheduled within 30 days after placement in DFPS Managing Conservatorship and is considered overdue after 30 days.</p>
5.	Section 5600		<p>Added Section 5600 Sexual Abuse Caregiver Training</p> <p>No later than September 28, 2019 and on an Annual basis thereafter, each caregiver and employee who provides direct care must complete the DFPS Caregiver Training on Sexual Abuse, the link for which will be posted at https://www.dfps.state.tx.us/Training/.</p>
6.	Section 5610		<p>Added Section 5610 Documentation of Sexual Abuse Caregiver Training</p> <p>Caregivers must keep a copy of the certification of completed DFPS Caregiver Training on Sexual Abuse in their records.</p>

7.	Section 8231	<p>Within 24 hours of a child's detainment in a locked facility, jail or a juvenile detention facility the provider must:</p> <ul style="list-style-type: none"> • Notify the CPS caseworker and CPS supervisor of the arrest and identify the whereabouts of the child. The written notification must state if the provider will accept the child back into placement upon release from a locked facility, jail or juvenile detention. • DFPS will reimburse the provider for up to 14 days of foster care to hold the child's bed if the child is in a locked facility, jail or juvenile detention center. 	<p>Enhanced to clarify payments when a child is absent while detained</p> <p>Within 24 hours of a child's detainment in a locked facility, jail or a juvenile detention facility the provider must:</p> <ul style="list-style-type: none"> • Notify the CPS caseworker and CPS supervisor of the arrest and identify the whereabouts of the child. The written notification must state if the provider will accept the child back into placement upon release from a locked facility, jail or juvenile detention. • DFPS will reimburse the provider for up to 14 days of foster care to hold the child's bed if the child is in a locked facility, jail or juvenile detention center. These Foster Care Maintenance Payments during a Child's absence will only be made if each of the following conditions are met: <ul style="list-style-type: none"> o The Provider plans to accept the Child back to the same placement at the end of the absence; o The Provider is having frequent Face-to-Face contact with the Child on a regular basis as allowed; o The Provider is actively engaged in communicating with the facility care team regarding the Child's progress and discharge plan.
8.	Section 8232	<p>Following the provider making the Serious Incident report to the Child's CPS Caseworker and Chain of Command (see RCC Requirements Section 1411) regarding a Child that has run from the operation, the provider must:</p> <ul style="list-style-type: none"> • Notify the CPS Caseworker and CPS supervisor of the situation in writing. The 	<p>Enhanced to clarify payments when a child is absent while on runaway</p> <p>Following the provider making the Serious Incident report to the Child's CPS Caseworker and Chain of Command (see RCC Requirements Section 1411) regarding a Child that has run from the operation, the provider must:</p> <ul style="list-style-type: none"> • Notify the CPS Caseworker and CPS supervisor of the situation in writing. The written notification must state if the provider will accept

		<p>written notification must state if the provider will accept the Child back into placement upon return within a certain time frame.</p> <ul style="list-style-type: none"> • DFPS will reimburse an Emergency Shelter for up to 5 days, and a non-Emergency Shelter provider for up to 14 days of foster care to hold the Child's bed pending the Child's possible return. <p>Title 40, Texas Administrative Code, Section 700.323</p>	<p>the Child back into placement upon return within a certain time frame.</p> <ul style="list-style-type: none"> • DFPS will reimburse an Emergency Shelter for up to 5 days, and a non-Emergency Shelter provider for up to 14 days of foster care to hold the Child's bed pending the Child's possible return. <p>Title 40, Texas Administrative Code, Section 700.323</p> <p>These Foster Care Maintenance Payments during a Child's absence will only be made if each of the following conditions are met:</p> <ul style="list-style-type: none"> o The Provider plans to accept the Child back to the same placement at the end of the absence; o DFPS staff have provided written approval for the appropriate time frames; and o The Provider is actively engaged in efforts to locate the Child, in cooperation with the CPS Caseworker and law enforcement.
9.	Appendix I		<p>Added glossary definition of Annually Annually: As it relates to Annual training, annually is defined as once every 365 days.</p>
10.	Appendix II	<p>Basic Service Level Child Placing Agency \$48.47</p> <p>Moderate Service Level Child Placing Agency \$85.46</p> <p>Moderate General Residential Operation (Excluding Emergency Shelters) \$103.03</p> <p>Specialized Service Level Child Placing Agency \$109.08</p> <p>General Residential Operation/Emergency Care Services (GRO/ECS) \$129.53</p>	<p>Updated five daily rates</p> <p>Basic Service Level Child Placing Agency \$49.54</p> <p>Moderate Service Level Child Placing Agency \$87.36</p> <p>Moderate General Residential Operation (Excluding Emergency Shelters) \$108.18</p> <p>Specialized Service Level Child Placing Agency \$110.10</p> <p>General Residential Operation/Emergency Care Services (GRO/ECS) \$137.30</p>
11.	Appendix III	<p>B502.01 Each Caregiver receives, at a minimum, 35 hours of pre-service training</p>	<p>Revised B502.01 Basic Care Level Training Requirements</p> <p>B502.01 Each Caregiver receives, at a maximum, 35 hours of pre-service training prior</p>

		prior to providing direct care services to a child, prior to home verification or approval of a foster home. Pre-service training components are referenced within Minimum Standards.	to providing direct care services to a child, prior to home verification or approval of a fosterhome. Pre-service training components are referenced within Minimum Standards. Providers may exceed 35 hours of pre-service training based on the needs of the child being placed and whether the child is receiving treatment services including the treatment of emotional disorders, pervasive development disorder, primary medical needs, intellectual and developmental disabilities, physical disabilities, and child victims of human trafficking.
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Addendum #1 July 31, 2019

<u>Item</u>	<u>24 Hour Child Care Requirements Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1.	Section 1115		<p>Added Section 1115 Continuous 24-Hour Awake Supervision (Definition)</p> <p>For the purpose of this section, Continuous 24 – Hour Awake Supervision means caregivers are awake to supervise children continuously, 24 hours a day; children means children and youth under the age of 18.</p> <p>(Requirement)</p> <p>All providers serving more than six children in their facility must provide Continuous 24 – Hour Awake Supervision. Provider’s supervision policies and procedures must consider and address the ages, needs, living arrangements, and levels of service of the children and youth placed at a facility in addition to the physical environment and layout of the facility.</p>

			The Provider must notify DFPS when this condition is not met in the format provided by DFPS. This report will be submitted within 24 hours of the occurrence and include Contractor actions.
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