



Morrison County provides cost-effective, high-quality services in a friendly and respectful manner.

Health and Human Services

Nathan Bertram

Director

213 S.E. 1st Avenue

Little Falls, Minnesota 56345-3196

General Information: 320-632-7800

Toll Free: 1-800-269-1464

Fax: 320-632-0225

www.co.morrison.mn.us

Dear Prospective Applicant:

Thank you for your recent inquiry about foster care. We are sending you some basic information on licensing requirements, the licensing study process, and program information.

We ask that as you read through the information you keep in mind this is basic information intended to give you a general guideline regarding licensing for foster care. We know it might seem a bit overwhelming, but the licensing process is actually quite simple when broken down into a series of visits in your home. The home visits consist of family interviews and foster care orientation training that totals six hours.

After you have a chance to review the information, please contact our intake worker at: **320-632-7800** or **1-800-269-1464** to inquire about the next informational meeting. At that time, we will give you more specific information about the licensing process, answer questions you may have and give you appropriate forms to begin the licensing procedure.

If at any time you are reviewing this information and you have a question, please feel free to contact Kim at 320-632-0278 or Nikki at 320-631-0402.

Sincerely,

Kim DeZurik and Nikki Alich
Child Foster Care Licensors

Foster care: Temporary out-of-home care for children

Children who cannot safely remain in their homes may be placed temporarily in family foster care or a group residential facility. In Minnesota, approximately 10,475 children and youth experienced out-of-home care during 2023. On an average day, there were approximately 6,150 children and youth in out-of-home care, based on preliminary 2023 data.

Children enter foster care for a variety of reasons

During 2023, approximately 4,225 children and youth entered out-of-home placement. The most common reasons for removal from their homes were:

- Caretaker drug abuse (27%)
- Allegations of neglect (14%)
- Allegations of physical abuse (11%)
- Child mental health (9%); these were largely voluntary placements for children 12 years and older.

Placement options available for children

As part of an effort to preserve family connections while children are in foster care, 63% of those in family foster care on any given day were placed with relatives in 2023. Removing children from people they love and environments that are familiar to them can be traumatizing. When children must leave their homes, placement with relatives is considered first. Whenever possible, children are placed in their community and continue to attend their home school. Children may be placed in:

- Emergency foster care when removed from their homes by law enforcement. This immediate care may be provided through emergency relative placement, a nonrelative foster home, or a shelter facility.
- Foster homes licensed by county, Tribal or private agencies. Family foster homes, including relatives working to become licensed, offer a temporary substitute home until children can be safely reunified with their families.
- Programs in home settings where supportive services are provided by staff.
- Residential programs that offer intensive treatment for children with serious mental health and behavioral needs, often as a result of trauma.
- Permanent homes, preferably with a relative, through adoption or transfer of permanent legal and physical custody when reunification is not possible.

Family foster homes are urgently needed

Many Tribal Nations, counties, and private agencies have a shortage of family foster homes and are urgently seeking additional families to be licensed to care for Minnesota's children. Specific needs vary by agency, but in general, there is a particular need for homes:

- Able to keep sibling groups together
- Interested in caring for youth ages 14-21, who make up more than one-quarter of children in foster care
- With expertise in or willing to learn to support children with trauma and other mental health needs
- Able to meet the needs of youth in terms of culture, race, ethnicity, religion, sexual orientation, and family languages spoken
- Reflective of the ethnic and racial diversity of children in foster care, who in 2023 were:
 - 39% white
 - 26% two or more races
 - 19% American Indian/Alaska Native
 - 14% African American/Black
 - 2% Asian/Pacific Islander
 - 10% Hispanic/Latino ethnicity, of any race
 - From homes that speak a variety of languages. English, Spanish, Somali and Hmong are the most frequently listed primary languages.
- Supportive of LGBTQ2S+ youth
- Able to mentor minor parents and support them in caring for their children.

Foster families provide critical temporary care and nurturing to children in crisis. They come from all walks of life and may be single, married, partnered, with or without children, renters or homeowners. Foster parents play a role in recognizing the trauma children may have experienced and help give them the structure, nurturing and stability they need.

The Minnesota Department of Human Services website outlines the [steps to becoming a foster parent](#). Those interested can contact their Tribal or county social service agency, or a private agency, for more information about their needs for homes.

Supports available to meet children's needs

Foster parents receive initial training prior to placement and ongoing training while licensed to help prepare them to meet the needs of children in their care.

All foster parents receive the same supports, including foster care maintenance payments and other services to help meet the needs of children in their care. Agency staff arranges for Medical Assistance or other coverage for medical, dental, mental health and vision care for children in foster care. If a child in foster care needs additional services, agency staff help determine options and eligibility for services.

The Minnesota Department of Human Services provides funding for training and support services statewide. For more information, visit [Foster Adopt Minnesota](#) and refer to [Permanency support services for adoptive, foster and kinship families DHS-4925 \(PDF\)](#).

Most children reunited with parents or achieve permanency with relatives

For children who left out-of-home placement during 2023:

- 55% resided with a parent or legal guardian
 - 51% were reunited with their parent or guardian from whom they were removed
 - 5% resided with a parent who was not the caregiver from whom they were removed
- 27% achieved permanency living with relatives
 - 14% through transfer of permanent legal and physical custody
 - 10% through adoption or Tribal customary adoption
 - 3% were living with other relatives
- 8% achieved permanency through adoption or Tribal customary adoption with unrelated individuals
- 8% reached the age of majority
- The remaining children left foster care for reasons such as transfer to another agency (1%), running away from placement (1%) and death (0.1%).

Disproportionality in Minnesota's foster care system

Younger children, children from rural counties, and children of color and American Indian descent are disproportionately represented in the foster care system. Of the children in foster care during 2023:

- Approximately 65% were living in Greater Minnesota (outside the seven-county metro area)
- Approximately 22% were under 3 years old
- American Indian children were approximately 16 times more likely than their white counterparts to experience out-of-home care; those of two or more races were eight times more likely; Black children were approximately twice as likely; and Hispanic/Latino children were twice as likely.

Resources

Below is a list of available resources.

- [Foster Adopt Minnesota Fostering Network webpage](#)
- The department's [Foster care webpage](#)
- The department's [Child welfare data dashboard webpage](#)



For accessible formats of this information or assistance with additional equal access to human services, write to dhs.info@state.mn.us, call 651-431-4671, or use your preferred relay service. ADA1 (2-18)

MORRISON COUNTY HEALTH AND HUMAN SERVICES

Licensing Study Process

Morrison County Health and Human Services will require that prospective applicants attend an orientation/informational meeting at which time licensing requirements will be presented. Group orientations will be offered at least every two months unless lack of demand or other unusual circumstances indicate an individual orientation should be offered. The application and other licensing forms will be given at this time.

Upon receipt of the application the agency licensing worker will contact the prospective applicant within 10 days.

Within 30 days of this contact an appointment will be scheduled to begin the home study process.

A request for a fire inspection will be submitted no later than five days after the initial home study visit. The State Fire Marshal's Office is allowed up to 60 days to complete the inspection.

For foster care licensing at least two subsequent home study visits will be made. Processing time varies depending on length of time to receive completed information on criminal record checks, references, evaluations, and fire inspections.

Upon completion and receipt of all studies, reports, and evaluations, the agency shall make a recommendation to the Department of Human Services as to the appropriateness of licensure and will submit the provider and license applications within 20 working days.

MORRISON COUNTY HEALTH AND HUMAN SERVICES

Summary of Licensing Requirements

In order to be licensed for child foster care, family day care, or adult foster care, an applicant will be evaluated based on a study of the individual household members and a study of the home.

The study of the individuals may include: 1) at least three references; 2) physician's reports; 3) criminal background study; 4) social history; 5) employment history; 6) residence history. Based on this information the agency reserves the right to also require additional information to substantiate issues of chemical dependency, or termination of parental rights.

The study of the home includes, but is not limited to the following:

1. Fire Inspections (Optional Health and Building Inspections)
 - a. 5.7 square foot window openings.
 - b. Safe wood burning appliances.
 - c. Smoke detectors on all levels.
 - d. Fire extinguishers.
 - e. Fire rated wall between house and garage.
 - f. Solid core door with self-closing device between house and garage.
 - g. Opening device above bathroom door to allow access when locked.
 - h. Inspection of basement sleeping areas.
 - i.
2. Home Safety Factors
 - a. First Aid supplies.
 - b. Storage of medications.
 - c. Storage of toxic substances.
 - d. Storage of guns, tools, and hazardous equipment.
 - e. Handrails on stairways.
 - f. Miscellaneous environmental safety issues.
3. Sanitation and Health Factors
 - a. Well water testing (annually).
 - b. House Pets -updated shots.
 - c. General household cleanliness.

All applicants will receive a complete copy of the licensing rule at the time of orientation or initial inquiry and must agree to abide by licensing standards.

MORRISON COUNTY HEALTH AND HUMAN SERVICES

Program Information

I. Types of Individual Placed in Foster Care

A. Child Foster Care (Birth to 18 Years)

1. Physically and sexually abused
2. Neglected and abandoned
3. Physical or mental illness of a parent.
4. Death of parents.
5. A child with emotional problems.

B. Adult Foster Care

1. Developmentally Disabled
2. Elderly
3. Mentally Ill
4. Physically Disabled
5. Recovering Chemically Dependent
6. Multiple Impairments

II. Responsibilities of the Provider and the Agency

A. Provider

1. Food
2. Lodging
3. Protection
4. Supervision
5. Household Services
6. Assistance with Family Visits
7. Maintain active communication with the agency
8. Follow case plan/goals set by the agency – work as part of team
9. Participate in educational opportunities
10. Assure that information about the client and the client's family is kept confidential

B. Agency

1. Explain agency policies
2. Explain roles of team members
3. Give enough information for providers to make an informed decision regarding placement
4. Go over agency placement plan and goals for the placement
5. Establish a guideline for family visitation
6. Incorporate a full range of community resources
7. Maintain active communication with the provider

8. Provide ongoing educational opportunities
9. Provide for annual evaluation of the foster home
10. Support the providers and assist with problems as they arise

III. Foster care is governed by the state rules for licensure, the local agency sets additional policies that apply within that county exclusively (A list of some of those policies follows.)

Complete information on each policy will be given at the time of initial licensure.

A. Child Foster Care

1. Motorized Vehicle Policy
2. Firearm Usage
3. Grievance Procedure
4. Respite Care Policy
5. Drugs Alcohol and Smoking
6. Emergency Medical Care

B. Adult Foster Care

- a. Nondiscriminatory Policy
- b. Respite Care Policy
- c. Grievance Procedure
- d. Procedure for Handling Cash Resource
- e. Medication Assistance

**FAMILY FOSTER CARE
AND
TREATMENT FOSTER CARE
MINNESOTA RULES, PARTS 2960.3000 -2960.3340**

**PREPARED BY MORRISON COUNTY HEALTH AND HUMAN
SERVICES
PART OF MN RULES, CHAPTER 2960
GOVERNING ALL CHILDREN IN OUT OF HOME CARE
EFFECTIVE JULY 1, 2024**

**PROVIDERS MUST HAVE A MEANS OF CONTACTING THE AGENCY 24
HOURS/DAY. TO SPEAK WITH A SOCIAL WORKER CONTACT:
SHERIFF'S OFFICE AT 320-632-9233
ASK FOR THE ON-CALL SOCIAL SUPERVISOR**

2960.3000 FOSTER FAMILY SETTINGS.

Subpart 1. Purpose and applicability. Parts 2960.3000 to 2960.3100 establish the minimum standards that a foster family setting must meet to qualify for licensure. Parts 2960.3200 to 2960.3230 contain requirements for foster residence settings. Additional licensing requirements for foster family settings that offer treatment foster care are in parts 2960.3300 to 2960.3340.

§Subp. 2. Outcomes. One of the goals of foster care must be that the foster child will experience a safe and healthy family life. The license holder must also promote the child's development as a physically and mentally healthy person. To accomplish these outcomes, the license holder must:

A. actively participate with the agency placing the child, to implement the case plan and meet the needs of the child; and

B. as much as possible, considering the child's age, the child's needs, and the case plan, include the child in the daily life of the family, including eating meals with the family and participating in recreational activities.

Subp. 3. Community interests. The license holder must rely on the advice and counsel of the advisory board or board of directors of the licensing agency regarding community interests and the needs of the community served by the foster home. A license holder, who is supervised by a county, may rely on the advice and counsel of the supervising county and its employees regarding community interests and the needs of the clients and community. The requirements of this subpart do not apply to foster homes licensed by the Department of Corrections.

Subp. 4. Statement of intended use. The license holder must work with the licensing agency to develop a statement of intended use. The statement of intended use must specify:

A. the number of children the foster home is licensed for, the age range of children to be placed in the home, and any limitations affecting the placement of children in the home;

B. whether or not the home will serve as an emergency shelter home, a treatment foster care home, or a home for medically fragile children; and

C. circumstances when the ratio of one adult to five children does not need to be maintained.

The statement of intended use must be approved by the licensing agency, but may be modified at any time by agreement between the licensing agency and the license holder to reflect changes that affect the placement of children in the home.

Subp. 5. Program outcomes. The license holder must cooperate with the licensing agency's attempt to determine the outcomes of a child's foster care placement. The outcome information must be shared with the license holder and incorporated into the evaluation process outlined in part 2960.3100, subpart 1, item G.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

Published Electronically: August 5, 2008

2960.3010 DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 2960.3000 to 2960.3340 have the meanings given them in this part.

Subp. 2. **Applicant.** "Applicant" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 3, and a person who has completed and signed an application form. Applicant includes a current license holder who is seeking relicensure or recertification.

Subp. 3. **Assessment.** "Assessment" means the process used by a qualified person to identify and evaluate the child's strengths, weaknesses, problems, and needs.

Subp. 4. **Aversive procedure.** "Aversive procedure" has the meaning given in part 9525.2710, subpart 4.

§Subp. 5. **Basic services.** "Basic services" means services provided at the foster home to the foster child that meets the foster child's basic need for food, shelter, clothing, medical and dental care, personal cleanliness, privacy, spiritual and religious practice, safety, and adult supervision.

Subp. 6. **Caregiver.** "Caregiver" means a person who provides services to a child according to the child's case plan in a setting licensed or certified under parts 2960.0010 to 2960.3340.

Subp. 7. **Case manager.** "Case manager" means the supervising agency responsible for developing, implementing, and monitoring the case plan.

Subp. 8. **Case plan.** "Case plan" means a plan of care for a foster child that is developed by the supervising agency with the child's parents and license holder and monitored by the placing agency.

Subp. 9. **Chemical.** "Chemical" means alcohol, solvents, and other mood altering substances, including controlled substances as defined in Minnesota Statutes, section 152.01, subdivision 4.

Subp. 10. [Repealed, 32 SR 2268]

Subp. 11. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or the commissioner of the Department of Corrections.

Subp. 12. **Cultural competence or culturally competent.** "Cultural competence" or "culturally competent" means a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals to work effectively in cross-cultural situations.

Subp. 13. **Deprivation procedure.** "Deprivation procedure" has the meaning given in part 9525.2710, subpart 12.

Subp. 14. **Direct contact.** "Direct contact" means providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to a child.

Subp. 15. **Disability.** "Disability" has the meaning given in Minnesota Statutes, section 363A.03, subdivision 12.

§Subp. 16. **Discipline.** "Discipline" means the use of reasonable, age-appropriate consequences designed to modify and correct behavior according to a rule or system of rules governing conduct.

Subp. 17. **Education.** "Education" means the regular and special education and related services to which school-age children are entitled as required by applicable law and rule.

Subp. 18. **Emotional disturbance.** "Emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 15.

Subp. 19. **Family.** "Family" means persons related to the child by blood, marriage, or adoption, or an individual who is an important friend with whom the child has resided or had significant contact.

Subp. 20. **Foster care.** "Foster care" has the meaning given in part 9560.0521, subpart 9.

Subp. 21. **Foster child.** "Foster child" means a person under 18 years of age, a person in special education, or a juvenile under the jurisdiction of a juvenile court who is under 22 years of age and is placed in a foster home.

Subp. 22. **Foster family or household members.** "Foster family or household members" means persons related by blood, marriage, or adoption and unrelated persons who are presently residing together.

Subp. 23. **Foster family setting.** "Foster family setting" means the foster home in which the license holder resides.

Subp. 24. **Foster home.** "Foster home" means the dwelling unit used by the license holder to provide foster care to the foster child.

Subp. 25. **Foster parent.** "Foster parent" means an individual licensed under Minnesota Statutes to provide foster care.

Subp. 26. **Foster residence setting.** "Foster residence setting" means a foster home in which the license holder does not reside.

Subp. 27. **License.** "License" means written authorization issued by the commissioner of human services or corrections allowing the license holder to provide foster care service at a foster home for a specified time and in accordance with the terms of the license and the rules of the commissioner of human services or corrections.

Subp. 28. **License holder.** "License holder" means an individual, corporation, partnership, voluntary association, or other organization or entity that is legally responsible for the operation of the foster home that has been granted a license by the commissioner of human services under Minnesota Rules and Minnesota Statutes, chapter 245A, or the commissioner of corrections under Minnesota Statutes, section 241.021, subdivision 2. The duties of the license holder may be discharged by a person designated by the license holder to act on behalf of the license holder.

Subp. 29. **Licensed professional.** "Licensed professional" means a person qualified to complete a diagnostic evaluation, including a physician licensed under Minnesota Statutes, chapter 147, or a qualified mental health professional licensed under Minnesota Statutes, section 148B.18, subdivision 10, or a person defined as a "mental health professional" in Minnesota Statutes, section 245.4871, subdivision 27.

Subp. 30. **Licensing agency.** "Licensing agency" means a county, individual, corporation, partnership, voluntary association, the Department of Corrections, or other organization or entity that recommends licensure of an applicant for a license or license renewal to the state according to parts 9543.0010 to 9543.0150.

Subp. 31. **Medication assistance.** "Medication assistance" means helping children take medication and monitoring the effects of medication but does not include administering injections. For purposes of this

subpart, "medication" means a prescribed substance that is used to prevent or treat a condition or disease, to heal, or to relieve pain.

Subp. 32. **Person assisted by medical technology.** "Person assisted by medical technology" means a person who has a chronic or acute health condition which requires the routine use of a medical device to assist or maintain a life-sustaining body function and requires ongoing care or monitoring by trained personnel on at least a daily basis.

Subp. 33. **Placing agency.** "Placing agency" means a private agency licensed according to parts 9545.0755 to 9545.0845 or a county agency that places a child according to parts 9560.0500 to 9560.0670.

Subp. 34. **Psychotropic medication.** "Psychotropic medication" means a medication prescribed to treat mental illness and associated behaviors or to control or alter behavior. The major classes of psychotropic medication are antipsychotic or neuroleptic, antidepressant, antianxiety, antimania, stimulant, and sedative or hypnotic. Other miscellaneous classes of medication are considered to be psychotropic medication when they are specifically prescribed to treat a mental illness or to alter behavior based on a foster child's diagnosis.

Subp. 35. **Residential program.** "Residential program" means a program that provides 24-hour-a-day care, supervision, food, lodging, rehabilitation, training, education, habilitation, or treatment for a child outside of the child's home pursuant to Minnesota Statutes, chapter 245A.

Subp. 36. **Respite care.** "Respite care" means temporary care of foster children in a licensed foster home other than the foster home the child was placed in.

Subp. 37. **Screening.** "Screening" means an examination of a child by means of a test, interview, or observation to determine if the child is likely to have a condition that requires assessment or treatment.

Subp. 38. **Seclusion.** "Seclusion" means confining a person in a locked room.

Subp. 39. **Shelter care or emergency shelter care.** "Shelter care" or "emergency shelter care" means a residential program offering short-term, time-limited placements of 90 days or less to children who are in a behavioral or situational crisis, need out-of-home placement in a protective environment, and have an immediate need for services.

Subp. 40. **Staff.** "Staff" means a person who works for a foster residence setting license holder and is employed to work as an hourly employee, shift-staff employee, or houseparent.

Subp. 41. **Substitute care.** "Substitute care" means temporary care of foster children inside the foster home by someone other than the foster parent for overnight or longer.

Subp. 42. **Time-out.** "Time-out" means a treatment intervention in which a caregiver trained in time-out procedures removes a child from an ongoing activity to an unlocked room or area commonly used as a living space that is safe and where the child remains until the precipitating behavior abates or stops.

Subp. 43. **Treatment foster care.** "Treatment foster care" means a culturally relevant, community-based and family-based method by which planned, integrated treatment services are provided to foster children and their parents by foster parents who are qualified to deliver treatment services. Treatment service may be provided to children with severe emotional disturbance, developmental disabilities, serious medical conditions, or serious behavioral problems, including, but not limited to, criminal sexual conduct, assaultiveness, or substance abuse.

Subp. 44. Treatment plan. "Treatment plan" means a written plan of intervention, treatment, and services for a child in a foster setting that is developed by a license holder or placing agency on the basis of a child's screening, assessment, and case plan. The treatment plan, which is developed with the child and the child's parents, identifies goals and objectives of treatment, treatment strategy, a schedule for accomplishing treatment goals and objectives, and the entities responsible for providing treatment services to the child.

Subp. 45. Variance. "Variance" means written permission from the commissioner of human services or corrections for a license holder to depart from a rule standard for a specific period of time pursuant to Minnesota Statutes, section 245A.04, subdivision 9.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09; 254A.03; 254B.03; 254B.04

History: 28 SR 211; 32 SR 2268

Published Electronically: August 5, 2008

2960.3020 LICENSING PROCESS.

Subpart 1. License required. An individual, corporation, partnership, voluntary association, other organization, or controlling individual must not provide foster care without a license from the commissioner of human services or corrections unless an exclusion specified in this chapter or Minnesota Statutes, section 245A.03, subdivision 2, applies.

Subp. 2. Application. Application for a license must be made to the county agency in the county where the applicant resides or to a Minnesota-licensed child placing agency on a form approved by the commissioner of human services. Group foster homes licensed by the Department of Corrections under chapter 2925 and Minnesota Statutes, section 241.021, subdivision 2, as of the adoption of this chapter, may apply to the Department of Corrections for a foster care license according to subpart 12. An application for licensure is complete when the applicant signs the license application and submits all of the information required in this subpart.

Subp. 3. License does not guarantee placement. Licensure under parts 2960.3000 to 2960.3340 is not an entitlement, a right, or a guarantee that children will be placed in the foster home. The agency responsible for the child retains the right to choose which licensed foster home is best suited for an individual child in need of foster care placement.

Subp. 4. License not transferable. A license under parts 2960.3000 to 2960.3340 is not transferable to another person, entity, or site.

Subp. 5. Commissioner's right of access. The commissioner of human services' right of access must be according to Minnesota Statutes, section 245A.04, subdivision 5. The commissioner of corrections must have access to a Department of Corrections licensed foster home according to Minnesota Statutes, section 241.021.

Subp. 6. Limited licensure. A license holder may be licensed through only one Minnesota-licensed child placing agency or county social services agency at a time. A license holder must not be licensed at the same time by both the Department of Human Services and the Department of Corrections. A license holder must not simultaneously hold a relative foster care emergency license issued according to

Minnesota Statutes, section 245A.035, and a separate foster family setting license issued under this chapter.

Subp. 7. Notice of changes in household conditions. The license holder must immediately notify the licensing agency of foster home and foster family or household member changes that affect the terms of the license or the ability of the license holder to provide care to children.

Subp. 8. Roomers and boarders. A license holder must not have adult roomers or boarders in the foster home without the licensing agency's approval. Roomers or boarders are subject to an applicant background study according to part 2960.3060, subpart 2.

Subp. 9. Variance standards. A license applicant or license holder may request, in writing, a variance from rule requirements that do not affect the health, safety, or rights of the child or others. The commissioner of human services or corrections may grant variances according to Minnesota Statutes, section 245A.04, subdivision 9. A variance request must include:

- A. the part or parts of the rule for which a variance is sought;
- B. the reason why a variance from the specified provision is sought;
- C. the period of time for which a variance is requested;
- D. written approval from the fire marshal, building inspector, or health authority when the variance request is for a variance from a fire, building, or health code; and
- E. alternative equivalent measures the foster care applicant or license holder will take to ensure the health and safety of children if the variance is granted.

The decision of the commissioner of human services or corrections to grant or deny a variance request is final and not subject to appeal under Minnesota Statutes, chapter 14.

Subp. 10. Other licenses. A license holder cannot concurrently hold a license for family child care or adult family foster care without a variance from the licensing agency.

Subp. 11. Denial of license. The commissioner of human services or corrections shall deny a license if the applicant fails to fully comply with laws or rules governing the program or fails to cooperate with a placing or licensing agency. Failure to fully comply shall be indicated by:

- A. documentation of specific foster home deficiencies that may endanger the health or safety of children;
- B. failure to be approved by fire, building, zoning, or health officials;
- C. documentation of a disqualification of the applicant for licensure or relicensure, or the controlling individual regarding a background study which has not been set aside; or
- D. any other evidence that the applicant is not in compliance with applicable laws or rules governing the program.

§Subp. 12. Department of Corrections licensed foster homes. Foster homes licensed by the Department of Corrections under chapter 2925 and Minnesota Statutes, section 241.021, subdivision 2, at the time of the adoption of this chapter, may continue to be licensed as foster homes by the Department of Corrections, acting as the licensing agency. Foster homes that are licensed by the Department of

Corrections must meet the standards in parts 2960.3000 to 2960.3340. The Department of Corrections will use the standards in this part to issue or deny a foster care license.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211

Published Electronically: March 30, 2015

2960.3030 CAPACITY LIMITS.

Subpart 1. **Maximum foster children allowed.** A foster home must have no more than six foster children. The maximum number of children allowed in a home is eight, including a foster parent's own children. The license holder must maintain a ratio of one adult for each five children.

§Subp. 2. **Capacity limits.** The capacity limits in items A to C apply to foster homes.

A. A foster home must have no more than three children who are under two years of age or who are nonambulatory, unless the license holder maintains a ratio of at least one adult present when children are present for every three children under two years of age or children who are nonambulatory.

B. A foster home must have no more than four foster children at one time if any of the children have severe or profound developmental disabilities, have severe emotional disturbance, or is a person assisted by medical technology.

C. The number of foster children a foster home may accept must be limited based on the factors in subitems (1) to (5):

- (1) the license holder's ability to supervise, considering the adult-to-child ratio in the home;
- (2) the license holder's training, experience, and skills related to child care;
- (3) the structural characteristics of the home;
- (4) the license holder's ability to assist children in the home during emergencies; and
- (5) the characteristics of the foster children, including age, disability, and emotional problems.

Subp. 3. [Repealed, L 2019 1Sp9 art 2 s 134]

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211; L 2005 c 56 s 2; L 2019 1Sp9 art 2 s 134

Published Electronically: October 30, 2019

2960.3040 FOSTER HOME PHYSICAL ENVIRONMENT.

Subpart 1. **Fire, health, building, and zoning codes.** The foster home must comply with applicable fire, health, building, and zoning codes.

Subp. 2. **Sleeping space.** A foster child must be provided with a separate bed suitably sized for the child, except that two siblings of the same sex may share a double bed. A foster child must not be assigned sleeping space in a building, apartment, trailer, or other structure that is separate from the foster family home or in an unfinished attic, an unfinished basement, or a hall or any other room normally used for purposes other than sleeping. Bedrooms that are used by foster children must have two exits.

Subp. 3. **Space for belongings.** A foster child must have an identified space for clothing and personal possessions with cabinets, closets, shelves, or hanging space sufficient to accommodate clothing and personal possessions.

Subp. 4. **Dining area.** The dining area must be able to accommodate, at one time, all persons residing in the home.

Subp. 5. **Construction or remodeling.** Changes in a foster home resulting from construction or remodeling must meet applicable building codes. The license holder must notify the licensing agency of changes to the licensed setting resulting from construction if those changes affect a licensing requirement.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211

Published Electronically: August 5, 2008

2960.3050 FOSTER HOME SAFETY.

Subpart 1. **Inspection by licensing agency.** Prior to licensure, the foster home must be inspected by a licensing agency employee using the home safety checklist from the commissioner of human services. The applicant must correct deficiencies in the foster home which were identified by the agency. The licensing agency may require a health inspection if the foster home's condition could present a risk to the health of a foster child.

Subp. 2. **Fire code inspections required.** If one of the conditions in items A to E exist, the foster home must document inspection and approval of the foster home according to Minnesota Statutes, section 299F.011, and the Uniform Fire Code by the state fire marshal or a local fire code inspector who is approved by the state fire marshal:

- A. the foster home contains a freestanding solid fuel heating appliance;
- B. the foster home is a manufactured home as defined in Minnesota Statutes, section 327B.01, subdivision 13, and was manufactured before June 15, 1976;
- C. the licensing agency identifies a potential hazard in a single-family detached home, or a mixed or multiple-occupancy building;
- D. the home is to be licensed for four or more foster children; or
- E. the foster home has a foster child sleeping in a room that is 50 percent or more below ground level.

Subp. 3. **Emergency procedures.** The license holder must give the licensing agency a floor plan of the foster home showing emergency evacuation routes. Emergency procedures must include a plan for care of children, evacuation, temporary shelter, and gathering at a meeting place to determine if anyone is

missing. The plan must specifically address the needs of children whose behavior increases the risk of having a fire. The foster parent must give the emergency procedures to the agency, and the foster parent and licensing agency must review the emergency procedures during relicensure.

Subp. 4. Pets. A foster home serving children less than six years of age must not keep reptiles, chickens, or ducks as pets. A foster home serving children six years of age and older that keeps reptiles, chickens, or ducks as pets must require a thorough hand washing following the handling of the animal, its food, and anything the animal has touched. Pets in family residences must be immunized and maintained as required by local ordinances and state law.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211

Published Electronically: August 5, 2008

2960.3060 LICENSE HOLDER QUALIFICATIONS.

Subpart 1. Experience. The prospective license holder must agree to cooperate with the licensing agency and:

- A. have at least the equivalent of two years of full-time experience caring for or working with the issues presented by the children they will care for, whether they are the license holder's own children or other children;
- B. agree to receive training in child care and development as needed in order to meet the individual needs of the children placed in the foster home;
- C. be related to the child needing foster care; or
- D. be an important friend with whom the child has resided or had significant contact.

Subp. 2. Background study. A license holder and individuals identified in Minnesota Statutes, sections 241.021 and 245A.04, subdivision 3, must submit to a background study.

- A. Background checks conducted by the Department of Human Services must be conducted according to Minnesota Statutes, section 245A.04, subdivision 3.
- B. Background checks conducted by the Department of Corrections must be conducted according to Minnesota Statutes, section 241.021, subdivision 6.

Subp. 3. Personal characteristics of applicants. The applicant must comply with the requirements of items A to G.

- A. The applicant must be at least 21 years old at the time of application.
- B. The applicant and household members must provide a signed statement which indicates that they are receiving all necessary medical care, do not pose a risk to the child's health, and are physically able to care for foster children and indicate any limitations the applicant and household members may have.

C. The applicant and adult household members must sign a statement that they have been free of chemical use problems for the past two years.

D. The applicant must help the licensing agency obtain at least three letters of reference that provide information about the license holder's support system, the observed license holder's interactions with children, and the ability of the license holder and foster family to accept different points of view.

E. The applicant must help the licensing agency get previous foster care studies completed on the applicant by any other agency to which the applicant has applied for foster care licensure.

F. The licensing agency must make a determination as to whether a prospective license holder and foster parent can provide appropriate structure and is suitable to be licensed if a prospective license holder or foster parent has had either of the following:

(1) a child for whom the applicant is legally responsible was removed from the applicant's home and placed in foster care, a correctional facility, or a residential treatment center for severe emotional disturbance under Minnesota Statutes, chapter 260C, within one year prior to the date of application; or

(2) the applicant has a child in voluntary foster care under Minnesota Statutes, section 260C.193, 260C.201, 260C.227, or 260D.11.

G. The licensing agency may consult with a specialist in such areas as health, mental health, or chemical dependency to evaluate the abilities of the applicant to provide a safe environment for foster children. The licensing agency and the specialist must evaluate each applicant individually. The licensing agency must request a release of information from the applicant prior to assigning the specialist to evaluate the applicant. The licensing agency must tell the applicant why it is using a specialist to evaluate the applicant.

Subp. 4. **Home study of applicant.** The applicant must cooperate with a home study conducted by the licensing agency. At a minimum, there must be one in-home interview and documented interviews with all household members over seven years of age. The home study must be completed using the commissioner of human services' designated format. The applicant must demonstrate the ability to:

A. provide consistent supervision, positive and constructive discipline, and care and training to contribute to the foster child's well-being;

B. understand the licensing agency's programs and goals;

C. work within agency and state policies;

D. share responsibility for the foster child's well-being with the foster child's social worker, school, and legal parents;

E. actively support the foster child's racial or ethnic background, culture, and religion, and respect the child's sexual orientation;

F. accept the foster child's relationship with the child's family and relatives and to support visitation and family reunification efforts;

G. have a current network of support that may include extended family, and neighborhood, cultural, and community ties that the applicant can use to strengthen the applicant's abilities, and for support and help;

H. meet the foster child's special needs, if any, including medical needs, disabilities, or emotional disturbance;

I. deal with anger, sorrow, frustration, conflict, and other emotions in a manner that will build positive interpersonal relationships rather than in a way that could be emotionally or physically destructive to other persons; and

J. nurture children, be mature and demonstrate an ability to comply with the foster child's care plan, and meet the needs of foster children in the applicant's care.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211; L 2012 c 216 art 6 s 13

Published Electronically: September 27, 2012

2960.3070 FOSTER PARENT TRAINING.

Subpart 1. Orientation. A nonrelative foster parent must complete a minimum of six hours of orientation before admitting a foster child. Orientation is required for relative foster parents who will be licensed as a child's foster parents. Orientation for relatives must be completed within 30 days following the initial placement. The foster parent's orientation must include items A to E:

A. emergency procedures, including evacuation routes, emergency telephone numbers, severe storm and tornado procedures, and location of alarms and equipment;

B. relevant laws and rules, including, but not limited to, chapter 9560 and Minnesota Statutes, chapters 245A, 260, 260C, and 260E, and legal issues and reporting requirements;

C. cultural diversity, gender sensitivity, culturally specific services, cultural competence, and information about discrimination and racial bias issues to ensure that caregivers will be culturally competent to care for foster children according to Minnesota Statutes, section 260C.212, subdivision 11;

D. information about the role and responsibilities of the foster parent in the development and implementation of the case plan and in court and administrative reviews of the child's placement; and

E. requirements of the licensing agency.

Subp. 2. In-service training. Each foster parent must complete a minimum of 12 hours of training per year in one or more of the areas in this subpart or in other areas as agreed upon by the licensing agency and the foster parent. If the foster parent has not completed the required annual training at the time of relicensure and does not show good cause why the training was not completed, the foster parent may not accept new foster children until the training is completed. The nonexclusive list of topics in items A to Z provides examples of in-service training topics that could be useful to a foster parent:

A. cultural competence and transcultural placements;

B. adoption and permanency;

C. crisis intervention, including suicide prevention;

D. sexual offender behaviors;

- E. children's psychological, spiritual, cultural, sexual, emotional, intellectual, and social development;
- F. legal issues including liability;
- G. foster family relationships with placing agencies and other service providers;
- H. first aid and life-sustaining treatment such as cardiopulmonary resuscitation;
- I. preparing foster children for independent living;
- J. parenting children who suffered physical, emotional, or sexual abuse or domestic violence;
- K. chemical dependency, and signs or symptoms of alcohol and drug abuse;
- L. mental health and emotional disturbance issues;
- M. Americans with Disabilities Act and Individuals With Disabilities Education Act;
- N. caring for children with disabilities and disability-related issues regarding developmental disabilities, emotional and behavioral disorders, and specific learning disabilities;
- O. privacy issues of foster children;
- P. physical and nonphysical behavior guidance, crisis de-escalation, and discipline techniques, including how to handle aggression for specific age groups and specific issues such as developmental disabilities, chemical dependency, emotional disturbances, learning disabilities, and past abuse;
- Q. birth families and reunification;
- R. effects of foster care on foster families;
- S. home safety;
- T. emergency procedures;
- U. child and family wellness;
- V. sexual orientation;
- W. disability bias and discrimination;
- X. management of sexual perpetration, violence, bullying, and exploitative behaviors;
- Y. medical technology-dependent or medically fragile conditions; and
- Z. separation, loss, and attachment.

Subp. 3. Medical equipment training. Foster parents who care for children who rely on medical equipment to sustain life or monitor a medical condition must meet the requirements of Minnesota Statutes, section 245A.155.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211

Published Electronically: October 13, 2021

2960.3080 PLACEMENT, CONTINUED STAY, AND DISCHARGE.

Subpart 1. **Placement criteria.** Foster care placement is governed by the statement of intended use developed by the licensing agency and the license holder. The license holder may decline to accept a foster child without a stated reason. The requirements of parts 2960.0510 to 2960.0530 do not apply if the foster home serves as an emergency shelter home.

Subp. 2. **Screening.** The license holder must cooperate with the placing agency to ensure that the child's needs are identified and addressed.

Subp. 3. **Child's property.** The foster child must be allowed to bring personal possessions, as agreed upon between the child, the child's parent, the placing agency, and the license holder, to the foster home and must be allowed to accumulate possessions to the extent the home is able to accommodate them.

Subp. 4. **Information about foster children.** Before placement or within five days following placement, the placing agency shall give the license holder written information in items A to K about the child:

- A. the child's placement history summary;
- B. name and nicknames;
- C. date of birth;
- D. gender;
- E. name, address, and telephone number of the child's parents, guardian, and advocate;
- F. race or cultural heritage of the child, including tribal affiliation, if any;
- G. description of the child's presenting problems, including medical problems, circumstances leading to placement, mental health concerns, safety concerns including assaultive behavior, and victimization concerns;
- H. description of assets and strengths of the child and, if available, related information from the child, child's family, including siblings, and concerned persons in the child's life;
- I. name, address, and telephone number of the contact person for the last educational program the child attended, if applicable;
- J. spiritual or religious affiliation of the child and the child's family; and
- K. information about the child's medication and diet needs and the identities of the child's recent health care providers.

The child's placing agency shall update the information in items A to K as new information becomes available.

Subp. 5. **Cooperation required.** The license holder must cooperate with the child's placing agency according to items A and B.

- A. The license holder must provide basic services to the child.
- B. The license holder must cooperate with the child's case manager and other appropriate parties to develop and implement the child's case plan during the child's stay in the foster home. The license holder shall cooperate in the following areas:

- (1) identify and share information, if appropriate, with persons who are directly involved in the child's treatment plan and tell those persons about major treatment outcomes the child will achieve while in the home, including attaining developmentally appropriate life skills that the child needs to become functional in the community;
- (2) report the child's behaviors and other important information to the placing agency and others as indicated in the child's case plan;
- (3) recommend changes in the child's case plan to the case manager if needed;
- (4) give the placing agency additional significant information about the foster child as it becomes known;
- (5) facilitate the child's school attendance and enroll the child in a local school district or, if appropriate, the child's district of residence;
- (6) provide a child with timely access to basic, emergency, and specialized medical, mental health, and dental care and treatment services by qualified persons; and
- (7) maintain a record of illness reported by the child, action taken by the foster parent, and the date of the child's medical, psychological, or dental care.

Subp. 6. Foster child services. The license holder must:

- A. work with the child's placing agency and child's parents to develop a plan to identify and meet a foster child's immediate needs. The license holder must collaborate with the placing agency to provide the basic services to the child;
- B. encourage age-appropriate activities, exercise, and recreation for the foster child;
- C. seek consultation or direction from the placing agency if issues arise that cannot be resolved between the license holder and the foster child;
- D. explain house rules and tell the foster child about the license holder's expectations about behavior, the care of household items, and the treatment of others; and
- E. know the whereabouts of the child in the license holder's care. The license holder must be guided by the case plan or court order in determining how closely to supervise the child. The license holder must immediately notify the placing agency if the child runs away or is missing.

Subp. 7. Foster child diet. A foster child must be provided food and beverages that are palatable, of adequate quantity and variety, served at appropriate temperatures, and have sufficient nutritional value to promote the child's health. If the child has a medically prescribed diet, then the license holder must provide the diet as ordered by a physician or other licensed health care provider.

Subp. 8. Discipline. The license holder must consider the child's abuse history and developmental, cultural, disability, and gender needs when deciding the disciplinary action to be taken with the child. Disciplinary action must be in keeping with the license holder's discipline policy. The discipline policy must include the requirements in items A and B.

- A. Children must not be subjected to:

- (1) corporal punishment, including, but not limited to: rough handling, shoving, ear or hair pulling, shaking, slapping, kicking, biting, pinching, hitting, throwing objects at the child, or spanking;
- (2) verbal abuse, including, but not limited to: name calling; derogatory statements about the child or child's family, race, gender, disability, sexual orientation, religion, or culture; or statements intended to shame, threaten, humiliate, or frighten the child;
- (3) punishment for lapses in toilet habits, including bed wetting or soiling;
- (4) withholding of basic needs, including, but not limited to: a nutritious diet, drinking water, clothing, hygiene facilities, normal sleeping conditions, proper lighting, educational services, exercise activities, ventilation and proper temperature, mail, family visits, positive reinforcement, nurturing, or medical care. However, a child who destroys bedding or clothing, or uses these or other items to hurt the child's self or others, may be deprived of such articles according to the child's case plan;
- (5) assigning work that is dangerous or not consistent with the child's case plan;
- (6) disciplining one child for the unrelated behavior or action of another, except for the imposition of restrictions on the child's peer group as part of a recognized treatment program;
- (7) restrictions on a child's communications beyond the restrictions specified in the child's treatment plan or case plan, unless the restriction is approved by the child's case manager; and
- (8) requirements to assume uncomfortable or fixed positions for an extended length of time, or to march, stand, or kneel as punishment.

B. The license holder:

- (1) must not require a child to punish other children;
- (2) must follow the child's case plan regarding discipline;
- (3) must not use mechanical restraints or seclusion, as defined in part 2960.3010, subpart 38, with a foster child;
- (4) must ensure that the duration of time-out is appropriate to the age of the child; and
- (5) must meet the requirements of part 9525.2700, subpart 2, item F, regarding the use of aversive or deprivation procedures with a foster child with a developmental disability.

Subp. 9. Visitation and communication. The license holder must follow the visitation and communication plan in a foster child's case plan, which was developed by the placing agency and child's parents, or required by court order. In the absence of a case plan or court order regarding visitation, the license holder must work with the placing agency and the child's parents to jointly develop a visitation plan.

Subp. 10. Complaints and grievances. The license holder must work with the licensing agency to develop written complaint and grievance procedures for foster children. The procedures must meet at least the following requirements:

A. the agency or license holder must tell the child and the child's parent or legal representative about the complaint and grievance procedures and upon request give the child or the child's parent or legal representative a copy of the procedures and any forms needed to complain or grieve;

B. the license holder must notify the placing and licensing agency about a written complaint or grievance and the resolution of the complaint or grievance; and

C. a license holder's response to a complaint or grievance that alleges abuse or neglect must meet the requirements of the Maltreatment of Minors Act, Minnesota Statutes, chapter 260E.

Subp. 11. Discharge. The license holder must work with the child's placing agency to ensure a planned discharge and compliance with Minnesota Statutes, section 260C.212, subdivision 3. Before an unplanned discharge, the license holder must confer with other interested persons to review the issues involved in the decision. During this review process, which must not exceed 30 days, the license holder must determine whether the license holder, treatment team, if any, interested persons, and the child can develop additional strategies to resolve the issues leading to the discharge and to permit the child an opportunity to continue to receive services from the license holder. If the review indicates that the decision to discharge is warranted, the reasons for it and the alternatives considered or attempted must be documented. A child may be temporarily removed from the foster home during the review period if the child is a danger to self or others. This subpart does not apply to a child removed by the placing authority or a parent or guardian.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211; L 2005 c 56 s 2

Published Electronically: October 13, 2021

2960.3090 RESPITE AND SUBSTITUTE CARE FOR FAMILY SETTINGS.

Subpart 1. Notice requirements. In nonemergency situations, the license holder, parent, and placing agency must agree on respite care and substitute care arrangements within ten working days prior to the use of respite care or substitute care or must agree on respite care according to an ongoing written agreement. In an emergency that may require the use of respite or substitute care, the license holder must notify the placing agency of the emergency as soon as possible. The license holder must notify the placing agency when respite care or long-term substitute care is being provided.

Subp. 2. Qualifications of long-term substitute caregiver. A substitute caregiver must:

A. be at least 18 years of age;

B. have completed a background study within the past 12 months;

C. have no statutory or rule disqualification;

D. if providing more than 30 cumulative days of substitute care in a 12-month period:

(1) submit a signed statement attesting to good health and being physically able to care for foster children; and

(2) have at least six hours of training or 20 hours of experience in caring for children with the particular needs of the foster children to be cared for; and

E. provide documentation of medical equipment training on the equipment used to care for the foster child from an appropriate training source.

Subp. 3. **Short-term substitute caregiver.** As used in parts 2960.3000 to 2960.3340, "short-term substitute care" means less than 72 hours of continuous care for a child. A short-term substitute caregiver does not have to meet the requirements of subpart 2. However, the foster parent and the placing agency must agree that the short-term substitute caregiver is able to meet the needs of the foster child. The short-term substitute caregiver must provide documentation of medical equipment training on the equipment used to care for the foster child from an appropriate training source.

Subp. 4. **Information to respite caregiver.** The license holder must give a respite care provider the information in items A to D related to the foster child's health, safety, and welfare:

- A. information about the foster child's emotional, behavioral, medical, and physical condition;
- B. any medication the foster child takes;
- C. the foster child's daily routine and schedule; and
- D. the names and telephone numbers of individuals to contact in case of emergency and information about medical providers and how to obtain medical care for the child.

Subp. 5. **Information to substitute caregivers.** The license holder must give a substitute care provider the information in subpart 4, and in items A to D:

- A. the location of a fire extinguisher and first aid supplies;
- B. emergency and fire evacuation plans;
- C. information about child abuse and mandatory reporting laws; and
- D. if an emergency occurs which involves the foster child, the substitute caregiver must notify the placing agency as soon as possible about the emergency.

Subp. 6. **Overnights and short trips.** The license holder must seek direction from the placing agency about whether or not the foster child may go on overnights or short trips outside the supervision of the license holder.

Subp. 7. **Foster residence settings.** Foster residence settings may not use respite caregivers, long-term substitute caregivers, and short-term substitute caregivers. Subparts 1 to 6 do not apply to foster residence settings.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211

Published Electronically: August 5, 2008

2960.3100 RECORDS.

Subpart 1. **Foster care license records.** The license holder must cooperate with the licensing agency to ensure the agency has the following records:

- A. a copy of the application for licensure signed by the applicant;
- B. a license holder agreement form supplied by the Department of Human Services which is signed by the applicant and the agency;
- C. reports and signed statements from specialists, and signed statements from the license holder, the license holder's children, and other household members concerning the physical health of the license holder, the license holder's children, and other household members;
- D. a current completed commissioner's home safety checklist (D.S.-644) plus a written report from the fire marshal on any specific fire hazards, if required;
- E. the prelicensing home study and supporting documentation;
- F. references obtained through the licensing process;
- G. a documented annual evaluation of the licensed foster home, conducted jointly by the license holder and the licensing agency, including, at a minimum:
 - (1) a review of all foster placements in the past year and an assessment of the impact and outcomes of the placement on the child, child's family, license holder, and development and implementation of the case plan;
 - (2) a review of any comments, suggestions, or concerns raised by placing agencies and an assessment of implications for training and foster home policies or procedures;
 - (3) a review of any grievances, their outcomes, and an assessment of implications for training and foster home policies or procedures;
 - (4) a review of the ability of the license holder to care for children; and
 - (5) the development of a plan for the next year's foster care training and development;
- H. documentation for any rule variance from this chapter; and
- I. a record of training received by the license holder and staff, if any, and foster parents, including a list of training on medical equipment used to sustain life or monitor a medical condition.

Subp. 2. Foster child records. The license holder must keep a record for each foster child in care. The record must include the child's medical records, which includes records of illnesses and medical care provided to the child; grievance records, including documentation of the grievance resolution; and other documentation as required by the child's case plan.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211

Published Electronically: August 5, 2008

ADDITIONAL REQUIREMENTS FOR FOSTER RESIDENCE SETTINGS

2960.3200 FOSTER RESIDENCE LICENSE HOLDERS.

Subpart 1. Scope. Parts 2960.3200 to 2960.3230 apply to foster homes which are foster residence settings.

Subp. 2. Purpose and applicability. Parts 2960.3200 to 2960.3230 apply to foster homes in which the license holder does not reside at the licensed foster home. The foster residence setting license holder must meet the requirements of parts 2960.3200 to 2960.3230, in addition to the requirements of parts 2960.3000 to 2960.3100.

Subp. 3. Exemption. The training and orientation requirements of part 2960.3070 do not apply to foster residence settings.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211

Published Electronically: August 5, 2008

2960.3210 STAFF TRAINING REQUIREMENTS.

Subpart 1. Orientation. The license holder must ensure that all staff attend and successfully complete at least six hours of orientation training before having unsupervised contact with foster children. The number of hours of orientation training are not counted as part of the hours of annual training. Orientation training must include at least the topics in items A to F:

- A. emergency procedures, including evacuation routes, emergency telephone numbers, severe storm and tornado procedures, and location of facility alarms and equipment;
- B. relevant statutes and administrative rules and legal issues, including reporting requirements for abuse and neglect specified in Minnesota Statutes, chapter 260E and section 626.557, and other reporting requirements based on the ages of the children;
- C. cultural diversity and gender sensitivity, culturally specific services, and information about discrimination and racial bias issues to ensure that caregivers have cultural sensitivity and will be culturally competent to care for children according to Minnesota Statutes, section 260C.212, subdivision 11;
- D. general and special needs, including disability needs, of children and families served;
- E. operational policies and procedures of the license holder; and
- F. data practices regulations and issues.

Subp. 2. Personnel training. The license holder must provide training for staff that is modified annually to meet the current needs of individual staff persons. The license holder must develop an annual training plan for employees that addresses items A to C.

A. Full-time and part-time direct care staff and volunteers must have sufficient training to accomplish their duties. To determine the type and amount of training an employee needs, the license holder must consider the foster care program's target population, services the program delivers, and outcomes expected from the services, as well as the employee's position description, tasks to be

performed, and the performance indicators for the position. The license holder and staff who care for children who rely on medical equipment to sustain life or monitor a medical condition must meet the requirements of Minnesota Statutes, section 245A.155.

B. Full-time staff who have direct contact with children must complete at least 18 hours of in-service training per year. One-half of the training must be skill development training. Other foster home staff and volunteers must complete in-service training requirements consistent with their duties.

C. Part-time direct care staff must receive sufficient training to competently care for children. The amount of training must be provided at least at a ratio of one hour of training for each 60 hours worked, up to 18 hours of training per part-time employee per year.

Subp. 3. **Documentation of training.** The license holder must document the date and number of hours of orientation and in-service training completed by each staff person in each topic area and the name of the entity that provided the training.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211

Published Electronically: October 13, 2021

2960.3220 STAFFING PATTERNS AND PERSONNEL POLICIES.

Subpart 1. **Job descriptions.** The license holder must have written job descriptions for all position classifications and post assignments that define the responsibilities, duties, and qualifications staff need to perform those duties. The job descriptions must be readily available to all staff.

Subp. 2. **Recruitment of culturally balanced staff.** To the extent permitted by law, it is the license holder's responsibility to actively recruit, hire, and retain staff who are responsive to the diversity of the population served. If the license holder's staffing plan does not meet the cultural and racial needs of the child, the license holder must document the reasons why and work with cultural or racial communities to meet the needs of the child. In addition, the license holder must contact a cultural or racial community group related to the child's racial or cultural minority background and seek information about how to provide opportunities for the child to associate with adult and peer role models with similar cultural and racial backgrounds on a regular basis.

Subp. 3. **Professional licensure.** The license holder must keep records showing that staff's professional licensure which is related to staff's foster care duties is current.

Subp. 4. **Staffing plan.** The license holder must prepare and obtain approval from the licensing agency of a written staffing plan that shows staff assignments and meets the needs of the children in care. The license holder must use the criteria in items A to D to develop the foster home's staffing plan.

A. The license holder must designate a person in charge at each facility.

B. In the temporary absence of the person designated as the person in charge at the facility, a different staff person must be designated as the person in charge of the facility.

C. The license holder must designate a person to coordinate volunteer services, if volunteers are used by the facility. The license holder must have a system for registration and identification of volunteers. Volunteers who have unsupervised contact with children must have a background check. The

license holder must require volunteers to agree in writing to abide by facility policies. Volunteers must be trained and qualified to perform the duties assigned to them.

D. The staffing plan must be appropriate for the program services offered to the children, the physical plant features and characteristics of the facility, and the condition of the children in care. The license holder must consider the factors in subitems (1) to (8) when developing the staffing plan:

- (1) the age of the children served;
- (2) the children's physical and mental health;
- (3) the vulnerability of the children;
- (4) the children's capacity for self-preservation in the event of an emergency;
- (5) the degree to which the children may be a threat to self or others;
- (6) the gender of the children;
- (7) disabilities of the children; and
- (8) the number and types of service programs offered or coordinated for the children.

Subp. 5. License holder and staff qualifications. The license holder and staff must have the education and experience required to meet the functions and program activities that the license holder declared in the foster home's statement of intended use according to part 2960.3000, subpart 4. The license holder must be a responsible, mature, healthy adult who is able to carry out the license holder's duties. The license holder must be able to accomplish the license holder's duties and meet the child's needs as stated in the child's case plan. Staff must be at least 21 years of age.

Subp. 6. Drug and alcohol use prohibited. The license holder must have a policy regarding use of illegal drugs or alcohol by staff, volunteers, and contract employees while staff, volunteers, and contract employees care for or have contact with foster children. The license holder's policy must prohibit the use of illegal drugs and use of alcohol by staff and others while caring for foster children, and require that staff and others who use illegal drugs or use alcohol while caring for foster children are subject to dismissal.

Subp. 7. Medication administration. The license holder must have a policy on medication administration by staff. The license holder's medication administration policy must, at a minimum, require that staff document medication administration errors.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211

Published Electronically: August 5, 2008

2960.3230 COMMUNICATIONS AND DOCUMENTATION.

Subpart 1. Communication plan. The license holder must have a communication plan that ensures that all important information about a child is communicated to the license holder and staff. At a minimum, the communication plan must ensure that:

A. updated information about the child's needs, condition, care plan changes, medications, incidents, and other information which affects the health and safety of the child is documented and made available to staff and other persons who care for the child; and

B. staff who help the child meet care plan and treatment plan goals are given the information needed to carry out the staff's duties to help the child attain care plan and treatment plan goals.

Subp. 2. Documentation. A license holder must:

A. maintain and make available to the commissioner of human services or corrections sufficient documentation to verify that all requirements of the rules governing the care of the child have been met;

B. keep and share the child's records according to the requirements of statute; and

C. collect demographic information about children and their families and outcome measures about the success of services that meet the requirements of Laws 1995, chapter 226, article 3, section 60, subdivision 2, clause (1)(iii).

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211

Published Electronically: August 5, 2008

REQUIREMENTS: TREATMENT FOSTER CARE SERVICES

2960.3300 ADDITIONAL REQUIREMENTS.

A foster family setting license holder, who offers treatment foster care services, must meet the requirements of parts 2960.3300 to 2960.3340 in addition to the requirements of parts 2960.3000 to 2960.3100.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211

Published Electronically: August 5, 2008

2960.3310 ADMISSION, TREATMENT, AND DISCHARGE.

Subpart 1. Generally. Treatment foster care serves children and youth whose special needs would place them at risk of placement in more restrictive residential settings such as hospitals, psychiatric centers, correctional facilities, or residential treatment programs.

Subp. 2. Admission. Admission to a treatment foster care home must meet the requirements of items A and B.

A. Admission to a treatment foster care program is based on the recommendation of a licensed professional who is qualified to direct treatment and is familiar with the child's individual needs. The recommendation must be based on a diagnostic evaluation and recognize the reasons the child is at risk for placement in more restrictive residential settings. The recommendation must identify behavioral concerns to be addressed in a treatment plan.

B. Upon admission to a treatment foster care placement, a treatment team must be established for the child. Members of the treatment team are parents, treatment foster parents, county case manager, licensed professional directing treatment, treatment foster care social worker, and other persons identified by the team who are needed to develop and execute a comprehensive treatment plan.

Subp. 3. **Treatment.** The child's treatment plan must be developed within ten days of admission and meet the requirements in items A to D.

A. The treatment goals in the treatment plan must address the child's needs as determined by a licensed professional directing treatment. The treatment plan must be consistent with the placement plans in Minnesota Statutes, section 260C.212, subdivisions 1 and 2, the case plan in Minnesota Statutes, section 260B.198, subdivision 5, or service plan in Minnesota Statutes, section 256B.092. The child's treatment goals must be measurable and identify desired treatment outcomes. Treatment foster parents shall document daily observations of the desired treatment outcomes.

B. The treatment plan must identify treatment strategies to be used with the child by the treatment foster parents.

C. The plan must identify specific supports and services the treatment foster parents will use with the child. Substitute and respite care services must be addressed in the plan.

D. The treatment team must develop the treatment plan and meet the requirements in subitems (1) to (3).

(1) The treatment foster care social worker shall lead the development and documentation of the treatment plan.

(2) The treatment plan must be reviewed and evaluated every 30 days by the treatment foster parent and the treatment foster care social worker.

(3) The treatment team must reassess the treatment plan every 90 days. The treatment team must report the child's progress in attaining treatment goals and update the treatment goals as appropriate. A licensed professional directing the treatment, who must be familiar with the child's individual needs, must review the child's treatment plan and consider the child's progress toward meeting treatment goals, and provide recommendations about the treatment plan to the treatment team.

Subp. 4. **Discharge.** The treatment plan must define outcomes and goals that the child needs to meet for discharge from treatment foster care. The unplanned discharge of a child must follow part 2960.3080, subpart 11. If an unplanned discharge is by the request of the treatment foster parents, the treatment foster care licensing agency shall document the review and evaluation of the treatment foster parent's skills to determine if the treatment foster parents had the appropriate skills to care for the discharged child.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211; L 2012 c 216 art 6 s 13

Published Electronically: September 27, 2012

2960.3320 TREATMENT FOSTER CARE REQUIREMENTS.

Subpart 1. **Treatment foster care provider qualifications.** In addition to the qualifications in parts 2960.3000 to 2960.3100, treatment foster parents must:

- A. have previously been licensed as a foster parent for at least two years or have equivalent experience;
- B. be able to carry out the treatment plan in the foster home;
- C. ensure that the foster family is willing to accept children who need this level of service and are able to accept the increased involvement and supervision of treatment foster care;
- D. ensure that the foster family is able to work as part of a treatment team to implement in-home treatment strategies and document the child's progress, as defined by the treatment plan and treatment team; and
- E. have the commitment to work with the child, parents, and treatment team to set and implement strategies, which define outcomes that enable the child to live in the treatment foster home.

Subp. 2. **Intended use.** The statement of intended use required by part 2960.3000, subpart 4, must indicate that the foster home will be used as a treatment foster care home. The licensing agency must deem the foster home to be a treatment foster care home and consider information from the license holder's statement of intended use in the home study.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211

Published Electronically: August 5, 2008

2960.3330 TREATMENT FOSTER CARE TRAINING.

Subpart 1. **Initial training required.** Each treatment foster parent must complete the training requirements in items A and B.

A. The treatment foster care social worker, in partnership with the treatment foster parents, shall write a professional development plan for the treatment foster parent which is based on the training needs of the treatment parents and the child's individual treatment plan requirements.

B. Each treatment foster care parent must complete 30 hours of primary skill development training prior to accepting a treatment foster care placement. The content of this training must be about at least the following topics: grief and loss, attachment, behavioral intervention, child development, discipline, dynamics of child abuse, children's mental health, substance abuse, cultural competency, treatment plan development and documentation, relationship building with primary families, and the role of medication in treatment.

Subp. 2. **Annual training required.** Each treatment foster parent must complete 18 hours of annual training.

A. Annual training must be competency-based and emphasize skill development needed by the foster parent to care for the individual child placed in the home.

B. The training may be in various formats, including in-home training provided by treatment professionals, group presentations, or in-service training approved by the placing or licensing agency.

Subp. 3. **Exemption.** Foster parents who provide treatment foster care and meet the training requirements of this part are exempt from the training requirements of parts 2960.3070 and 2960.3210.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211

Published Electronically: August 5, 2008

2960.3340 TREATMENT FOSTER HOME CAPACITY.

Subpart 1. **Treatment foster home capacity.** The total number of treatment foster care children placed in one home shall not exceed two unless a variance is granted under subpart 3 for special circumstances. At no time shall a foster home exceed the capacity limits in part 2960.3030.

Subp. 2. **Continuing care.** A treatment foster home may continue to provide care for a child after the child has attained the child's treatment goals to support the permanency goals in the child's case plan.

Subp. 3. **Capacity limit variance.** The capacity variance conditions must ensure that the foster home will meet the individual treatment needs of the children in care and address specific vulnerabilities that may occur when children are placed together. The variance must identify added support services that will be offered to the treatment foster family to meet the needs of each child in the home and tell how the additional support services can be obtained. A variance granted to treatment foster care parents must also meet the requirements in part 2960.3020, subpart 9. A variance may be granted to allow the capacity of a treatment foster home to exceed two children, if one of the following special circumstances applies:

- A. there is a need to place a sibling group together in the foster home; or
- B. to place a child with foster parents with which the child had been previously placed.

Statutory Authority: L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09

History: 28 SR 211

Published Electronically: August 5, 2008