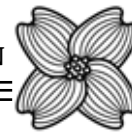




RULES OF
Department of Social Services
Division 35—Children’s Division
Chapter 60—Licensing of Foster Family Homes

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TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 35 – Children's Division
Chapter 60 – Licensing of Foster Family Homes

13 CSR 35-60.010 Family Homes Offering Foster Care

PURPOSE: The principles of this rule are to support the licensing of family homes that are resilient, safe, healthy, and economically secure and where the household members are committed to the parental protecting and nurturing of foster youth placed in the family home.

(1) For the purpose of this regulation, the following terms shall be defined as follows:

(A) Foster Parent. A resource provider licensed under these regulations who operates a foster family home, or relatives of a child in foster care who are licensed to provide relative care;

(B) Relative. A relative is a person related to another by blood, adoption, or affinity within the third degree;

(C) Relative Care. Care provided by persons related to the foster youth in any of the following ways by blood, marriage, or adoption: grandparent, brother, sister, half-brother, half-sister, stepparent, stepbrother, stepsister, uncle, aunt, or first cousin;

(D) Traditional Foster Family Home. A private residence of one (1) or more family members providing twenty-four- (24-) hour care to one (1) or more, but less than six (6) children who are unattended by parent or guardian and unrelated to either foster parent by blood, marriage, or adoption;

(E) Foster Youth or Foster Child. A person in the custody of the Children's Division to a maximum age of twenty-one (21) years of age;

(F) Family Support Team (FST). The group of individuals assembled to participate in a Family Support Team Meeting, a meeting convened by the division or another children's services provider on behalf of the family and/or child for the purpose of determining service and treatment needs, determining the need for placement, developing a plan for reunification or other permanency options, determining the appropriate placement of the child, evaluating case progress, and establishing and revising the case plan;

(G) Waiver. Authorization by the Children's Division to excuse certain relative care providers from specifically identified non-safety licensing standards;

(H) Foster Family Home Applicant. One (1) or two (2) primary adult individual(s) who live in the same household and complete and submit a prescribed application to provide foster care services as parent substitutes to foster youth placed in the home. When two (2) individuals are applying –

1. Both individuals must be assessed separately as if they were applying as a single individual;

2. If either applicant cannot be approved, the application shall be denied; and

3. If both applicants are approved, a single license certificate shall be granted listing the names of both applicants;

(I) Resource Provider. Licensed foster parent as required by 13 CSR 35-60; and

(J) Administrative Hold. License status of a foster parent that is operating under a provisional status due to licensing concerns, an investigation or assessment of abuse or neglect in the home, or other reasons as identified in Children's Division policy.

(2) Process for applying for a license, or for the renewal of a license, as a foster family home.

(A) As required in sections 210.481–210.536, RSMo, any

individual(s) planning to offer twenty-four- (24-) hour care to one (1) or more foster children must submit a signed copy of the application form approved by the Children's Division.

(B) The applicant for the license renewal shall have the burden to establish by a preponderance of evidence that the applicant satisfies all of the qualification requirements for a license.

(C) The applicant for a license or the renewal of a license shall provide any and all documentation and shall execute such authorizations to release information that the Children's Division may determine to be necessary or convenient to obtain information about the applicant and members of the applicant's household. If the applicant, or any member of the applicant's household, fails without good cause to provide the information or fails to execute an authorization to release the information, the division may deny the license.

(D) Any applicant, any household member age eighteen (18) and older, and any child less than eighteen (18) who has been certified as an adult for the commission of a crime, or has been convicted or pled guilty or *nolo contendere* to any crime, shall register with the Family Care Safety Registry (FCSR) and submit signed release forms and fingerprints for the purpose of obtaining background screening for child abuse or neglect, criminal, and circuit court records.

1. Fingerprints shall be sent to the Missouri State Highway Patrol for criminal background checks.

2. Subject to appropriation, the total cost of fingerprinting required by section 210.487, RSMo, may be paid by the state, including reimbursement of persons incurring the cost of fingerprinting under this subsection.

(E) Upon compliance with licensing law and regulations, the director shall authorize issuance of a license for a term not to exceed two (2) years, subject to renewal on expiration.

1. The license is not transferable and applies only to the foster family home to whom it is issued. Upon approval, a single license listing the individual(s) shall be issued. Only one (1) license can be issued per household. All adults age eighteen (18) and older in the household who will have child care responsibility will be required to attend state-approved foster parent training.

2. The license is the property of the division, not the licensee, and is subject to revocation upon failure of the individual(s) to comply with the licensing requirements. A licensee does not have a right to renewal of his or her license.

3. The license shall be kept on the premises of the home. The license is a public record and shall, upon request, be made available for inspection.

4. The number, sex, and age range of foster children the home is authorized to accept for care shall be specified on the license and shall not be exceeded except for the temporary placement of sibling or mother and child family groups. The foster family shall be able to indicate age and gender preference.

5. There shall be no fee for the license or investigations conducted by the personnel of the division or providers contracted by the division.

6. An identification card shall be issued to each foster parent at the time of initial licensure or renewal, verifying current licensing status.

(F) The division shall maintain a file on each applicant for a foster care license. The file shall contain any and all information pertinent to the licensing process including, but not limited to, the application for license and renewals of license and all supporting documentation. Except as otherwise provided herein or otherwise required by law, information contained



in a foster care licensing file that may be confidential and not disclosed to the public includes, but is not limited to –

- 1. Information which is confidential under the Missouri Sunshine Law, section 610.010 *et seq.*, RSMo;
- 2. Protected health information of the applicant and household members as provided in HIPAA, 45 CFR Parts 160 and 164;
- 3. Information regarding foster children placed in the home;
- 4. Information relating to substance abuse diagnosis, care, and treatment, which is confidential pursuant to 42 CFR Part 2.1 and other applicable federal law;
- 5. Identifying information, addresses, and contact information, the release of which may put the health or safety of foster children, foster parents, or household members at risk; and
- 6. Other information as may be ordered by a court of competent jurisdiction. Notwithstanding, any provision in these rules to the contrary, parents and legal guardians may have access to information pertaining to foster parents as provided in section 210.498, RSMo.

(G) License Supervision.

- 1. Licensing staff of the division or its contractor may inspect the foster family home at reasonable times to verify compliance with the licensing rules.
- 2. The licensee shall cooperate with such inspections. Notwithstanding, any provision in these rules to the contrary, parents and legal guardians may have access to information pertaining to such inspections as provided in section 210.498, RSMo.

AUTHORITY: sections 207.020, 210.506, and 660.017, RSMo 2016. Emergency rule filed July 18, 2006, effective Aug. 4, 2006, expired Jan. 30, 2007. Original rule filed July 18, 2006, effective Jan. 30, 2007. Amended: Filed Sept. 15, 2015, effective March 30, 2016. Emergency amendment filed Oct. 8, 2025, effective Oct. 23, 2025, expired April 20, 2026. Amended: Filed Oct. 8, 2025, effective April 30, 2026.*

**Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982, 1986, 1993, 2014; 210.506, RSMo 1982, amended 1993, 1995; and 660.017, RSMo 1993, amended 1995.*

13 CSR 35-60.020 Capacity of Foster Homes

PURPOSE: This rule tells the ages and number of children to be kept in a foster home. It also lists the exceptions.

- (1) The maximum number of children in a foster home shall not exceed six (6). Each foster child shall be counted as one (1) placement. The children of the foster parent are counted within the maximum number of children in the foster home until they reach the age of eighteen (18) years. The Children’s Division may waive the maximum number of children who may be placed in the same foster home to permit the placement of foster children sibling groups and placement of a minor parent and his/her child(ren).
- (2) Foster parent(s) shall not provide care for more than two (2) children under age two (2) and no more than four (4) children under the age of five (5) unless necessary to accommodate a sibling group on a temporary basis.
- (3) The maximum capacity of homes providing care for youth with elevated needs as defined in 13 CSR 35-60.070 and youth with elevated medical needs as defined in 13 CSR 35-60.100

shall not exceed four (4) placements with no more than two (2) placements of youth with elevated needs. The children of the foster parent are counted within the maximum until they reach the age of eighteen (18) years.

- (4) The number of children placed in a foster family home may, at the discretion of the division, exceed the numerical limitation in section (1) of this rule for the following reasons:
 - (A) To allow a child in foster care who is also the parent of a child to remain together in a foster family home;
 - (B) To allow siblings to remain together;
 - (C) To allow a child with an established meaningful relationship with the family to remain with the family; or
 - (D) To allow a family with special training or skills, as determined by the division, to provide care to a child who has a severe disability. Severe disability shall mean the same as a youth with elevated medical needs, as defined in 13 CSR 35-60.100 Foster Care Services for Youth with Elevated Medical Needs.

(5) Foster parents shall notify the division of all contracts for the care of children held at the time of application for an initial license. Foster parents shall notify the division of all contracts for the care of children entered into, terminated, or suspended after licensure.

(6) If a licensed foster parent is also licensed or registered as an in-home child care provider, no foster child under the age of seven (7) may be placed in the foster parent’s home unless necessary to accommodate a sibling group on a temporary basis. The number of foster children placed at the foster parent’s home shall not cause the licensed or registered child care provider to exceed the number of children for which the provider is licensed or registered.

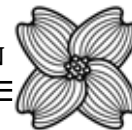
AUTHORITY: sections 207.020, 210.506, and 660.017, RSMo 2016. Original rule filed July 18, 2006, effective Jan. 30, 2007. Amended: Filed Sept. 15, 2015, effective March 30, 2016. Amended: Filed July 1, 2020, effective Jan. 30, 2021.*

**Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982, 1986, 1993, 2014; 210.506, RSMo 1982, amended 1993, 1995; and 660.017, RSMo 1993, amended 1995.*

13 CSR 35-60.030 Minimum Qualifications of Foster Parent(s)

PURPOSE: This rule explains who can qualify to be a foster parent. It gives the health requirements, standards of living, and personal information required.

- (1) Age of Foster Parent(s). Applicant(s) shall not receive a license when one (1) or both are younger than twenty-one (21) except as provided for relative care in section 210.565, RSMo.
- (2) Citizenship Status of Foster Parent(s). Applicant(s) who provide foster care must be a citizen of the United States, either through birth or naturalization, or be able to verify lawful immigration status.
- (3) Personal Qualifications Required of Foster Parent(s).
 - (A) Foster parent(s) must be able to acquire skills and demonstrate performance-based competence in the care of children including but not limited to –
 - 1. Understanding trauma and trauma-informed parenting;
 - 2. Supporting families and maintaining children’s connections;
 - 3. Understanding the child welfare system and the social,



emotional, and physical impact it has on children and families;

4. Understanding the importance of cultural identity in foster care and adoption; and

5. Understanding children’s mental health issues and how substance use can impact children.

(B) Foster parent(s) shall cooperate with the division in all inquiries involving the care of the foster children. The foster parents’ ability to meet these competencies shall be reevaluated at each re-licensure.

(C) Foster parent(s) shall be responsible, mature individual(s) of reputable character who exercise sound judgment, display the capacity to provide good care for children, and display the motivation to foster.

(4) Health of Foster Family.

(A) Applicant(s) and all proposed foster family members must be determined by a physician to be in good physical and mental health. The physician shall complete a form provided by the licensing agency for each family member that verifies that the individual poses no risk to the health and safety of a foster child. If there is any question about the physical or mental health of any proposed foster family member, the licensing agency may require additional examinations or evaluations.

(5) Foster Parent Training.

(A) Pre-service Training. Prior to licensure, each adult with parenting responsibilities is required to successfully complete a competency based training approved by the Children’s Division.

(B) In-Service Training. To maintain a foster home license each foster parent shall meet performance based criteria as part of a professional family development plan and complete a prescribed number of foster parent training hours as approved by the licensing authority during each two- (2-) year licensure period. The subject of training shall be directly tied to the foster parent professional development plan and related to the needs and ages of children in their care.

(6) Personal information elicited in the home assessment shall include, but not be limited to –

(A) Family size and household composition of the foster family;

(B) Ethnic and racial background of the foster family;

(C) Religious preferences and practices of the foster family;

(D) Lifestyles and practices of the foster parents;

(E) Educational practices of the foster family; and

(F) Employment of the foster parents.

(7) Parenting Skills Information Elicited in the Home Assessment.

(A) Foster parent structures environment so that it is safe and healthy for the child.

(B) Foster parent expresses positive feelings toward the child verbally and physically.

(C) Foster parent recognizes and responds appropriately to the child’s verbal and physical expressions of needs and wants.

(D) Foster parent consistently uses basic behavior management techniques in dealing with the child.

(E) Foster parent consistently uses appropriate techniques to discipline the child and does not use or will not use corporal punishment on any child in the custody of the division.

(F) Foster parent guides the child toward increasing independence.

(G) Foster parent behaves in a way that recognizes the developmental stage of the child.

(8) All information which is collected by the division in the licensing study will be condensed to comprise a foster home profile which will be available to team members when children are placed into the care of the division, in order for placement decisions to be made in the best interests of the child. The profile will not contain any protected health information, financial information, or information on biological or adopted children of the foster family.

*AUTHORITY: sections 207.020 and 660.017, RSMo 2016. * Emergency rule filed July 18, 2006, effective Aug. 4, 2006, expired Jan. 30, 2007. Original rule filed July 18, 2006, effective Jan. 30, 2007. Amended: Filed Sept. 15, 2015, effective March 30, 2016. Amended: Filed Oct. 1, 2018, effective May 30, 2019. Amended: Filed Sept. 6, 2023, effective April 30, 2024.*

**Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982, 1986, 1993, 2014, and 660.017, RSMo 1993, amended 1995.*

13 CSR 35-60.040 Physical and Environmental Standards

PURPOSE: This rule explains what physical and environmental conditions are required for licensing and further describes sleeping arrangements and fire and safety requirements.

(1) Conditions of the Home.

(A) The foster home shall be so located that a foster child has access to schools, recreational, religious, and other community resources.

(B) The home, grounds, and all structures on the grounds must be properly maintained in a clean, safe, and sanitary condition and in a reasonable state of repair within community standards.

(C) The home shall be of size and space and shall have furnishings and equipment to accommodate comfortably the foster parent(s) and all household members.

(D) The interior and exterior must be free from dangerous objects and conditions (meaning that any danger presented from such objects or conditions must be mitigated).

(E) The home shall have space for indoor play and access to outdoor play space. The outdoor play space shall be fenced when in the judgment of the division, nearby street traffic, railroad tracks, lakes, rivers, creeks, streams, swimming pools, or other potential hazards suggest the necessity for such fencing.

(F) The division may require inspection of the home by fire, health, sanitation, safety, or other officials, when in the agency’s judgment such inspection is needed to assist the division in making a decision about the safety of the home. The home must comply with all local, county, and state ordinances.

(G) The home shall have heating and/or cooling as required by the geographic area, consistent with accepted community standards and in safe operating condition.

(H) The home’s private water supply shall be adequate and safe for human consumption. The home’s water supply may be required to be tested at the time of licensing, and the cost of testing will be covered by the applicant. If the private water supply is found to be unsafe for human consumption, an alternative source for drinking water shall be made available. The home’s water heater shall be set in accordance with the manufacturer’s recommended temperature setting.

(I) The interior of the home shall be free from an accumulation of visible dirt or any vermin, insect, or rodent infestation. The division may excuse compliance with this regulation with



respect to a temporary infestation that the foster parent has taken appropriate steps to address.

(J) The home shall have adequate lighting, ventilation, and proper trash and recycling disposal, if recycling is available. Windows and doors shall be screened as needed unless the area is air conditioned.

(K) All interior doors shall be designed to permit the opening of a locked door from the outside in an emergency.

(L) The home shall have a properly operating kitchen with a sink, refrigerator, stove, and oven.

(M) The home shall have at least one (1) toilet, sink, and tub or shower in operating condition.

(N) Mobile Homes.

1. There shall be an exit at each end of the home.

2. The mobile home shall be skirted with latticed or solid skirting and securely anchored by cable to the ground.

(O) Household swimming pools shall include the following safety requirements:

1. A barrier on all sides. For the purpose of this regulation, the exterior non-climbable surface of an above-ground pool that is at least four feet (4') tall may constitute a barrier;

2. Methods of access through the barrier must be equipped with a safety device, such as a bolt lock;

3. Swimming pools must be equipped with a life saving device, such as a ring buoy; and

4. If the swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system.

(P) Hot tubs and spas must have safety covers that are locked when not in use.

(2) Hazardous Materials and Substances.

(A) All flammable liquids, matches, cleaning supplies, poisonous materials, alcoholic beverages, marijuana, medication, or other hazardous items shall be stored so as to restrict access by children to such items, to the extent such restrictions are appropriate for the age and development of the children in the household.

(B) For the purposes of this regulation, the terms “consumer,” “qualifying patient,” “marijuana,” “marijuana infused products,” “medical use,” and “primary caregiver” shall have the same definitions set forth in 19 CSR 100-1.010.

(C) Foster parents and household members shall not use or possess substances that they are not permitted to use or possess by law.

(D) Foster parents and household members who use, possess, purchase, or cultivate marijuana must follow all rules and procedures set forth by the Department of Health and Senior Services (DHSS) in 19 CSR 100-1.010 through 19 CSR 100-1.050.

(E) Foster parents shall not use prescription and non-prescription medications, alcohol, or marijuana to the extent that such use would leave the foster parent in an impaired physical or mental state and prevent the foster parent from parenting the child.

(F) Foster parents, household members, and guests shall not use marijuana, tobacco, or nicotine products that emit smoke or vapor, including e-cigarettes, vape pens, or vaporizers, in –

1. The foster home when a child in division custody is placed in the home;

2. A vehicle when transporting a child in division custody; or

3. The presence of a child in division custody.

(G) Foster parents and household members who are qualifying patients, primary caregivers, and/or authorized by DHSS to cultivate marijuana must obtain identification cards from the DHSS. All foster parents and household members

shall, upon request, provide the division with a copy of their identification cards as applicable.

(H) All consumer, qualifying patient, and primary caregiver cultivation shall take place in an enclosed, locked facility, as defined in 19 CSR 100-1.010 and with the plant specifications set forth in 19 CSR 100-1.040.

(3) Sleeping Arrangements.

(A) Foster parents must provide a safe and comfortable sleeping space including sleeping supplies, such as a mattress and linens, for each individual child, as appropriate for the child’s needs and age and similar to other household members.

(B) A foster child shall not be permitted to sleep in any building, apartment, or other structure which is separate from the foster family home; nor shall any foster child be permitted to sleep in an unfinished attic, in an unfinished basement, or in a hall or any other room which is normally used for a purpose other than sleeping.

(C) A foster child shall not be permitted to sleep in finished basement bedrooms or in bedrooms above the second floor of a single family dwelling unless suitable provision has been made for heating, ventilation, and humidity control and all exits from these bedrooms have been approved by the division.

(D) At night a responsible adult shall sleep within calling distance of the foster child.

(E) Foster children of the opposite sex, who are six (6) years of age or older, shall not sleep in the same room.

(F) A foster child shall not sleep in the bedroom of an adult age twenty-one (21) years and older except that foster children two (2) years of age or younger may sleep in the bedroom of a foster parent, and foster children two (2) years of age or older may sleep in the bedroom of the foster parents for special temporary care, such as during a child’s illness.

(G) A foster child, including infants, shall never co-sleep or bed-share with foster parents.

(H) Each bed or crib shall be of a size as to ensure comfort of the foster child, shall have a firm mattress or an orthopedic supportive surface, in good, clean condition with waterproof covering, if needed, and suitable covers adequate to the season. All sleeping environments and practices for infants shall be consistent with safe sleep practices as determined by the division.

(I) Each foster child over the age of two (2) shall have bed space equivalent to one-half (1/2) of a full-size bed. Each foster child under the age of two (2) shall have a separate bed. The abuse and neglect history of each child should be taken into consideration before allowing a child to share a bed with another child.

(J) Separate and accessible drawer space for personal belongings and closet space for clothing shall be available for each foster child.

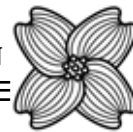
(K) There shall be no surveillance cameras in areas of the home that violate the privacy of the foster child, including but not limited to bathrooms and dressing areas.

(4) Emergency Preparedness, Fire and Safety Requirements, and Evacuation Plans.

(A) All foster homes shall have a working phone or access to a working phone in close walking proximity.

(B) The foster parent(s) shall maintain a comprehensive list of emergency telephone numbers, including fire department, police, doctor, ambulance, and poison control, which shall be posted in a prominent place.

(C) The foster family shall have a written emergency evacuation plan, in case of fire or other emergencies. A foster



child shall be instructed in the evacuation plan. The plan shall be posted in a prominent place in the home.

(D) Every room used for sleeping, living, or dining purposes shall have at least two (2) means of exit, at least one (1) of which shall be a door or stairway providing a means of unobstructed travel to the outside. An operable window will be considered as one (1) means of exit.

(E) No room or space shall be occupied for living or sleeping purposes which is accessible only by a ladder, folding stairs, or through a trap door.

(F) In apartment buildings where the foster family residence is on the second floor or above there shall be an exit stairway.

(G) The foster home shall have at least one (1) smoke detector on each level of occupancy of the home and at least one (1) near all sleeping areas.

(H) The foster home shall have at least one (1) carbon monoxide detector on each level of occupancy of the home and at least one (1) near all sleeping areas.

(I) The foster home shall have a charged portable ABC fire extinguisher of at least five- (5-) pound capacity located near the kitchen area.

(J) The foster home shall be free of obvious fire hazards, such as defective heating equipment or improperly stored flammable materials.

(K) Fireplaces, wood stoves, heaters, radiators, or floor furnaces shall have all protective features required by the fire inspector.

(L) The foster family shall maintain first-aid supplies.

(5) Firearms Requirements.

(A) Any and all firearms and ammunition not being carried on one’s person shall be stored in locked areas or cabinets using keys or other locking mechanisms so as to be inaccessible to children.

(B) Firearms and ammunition on one’s person in the presence of a foster child shall be held in a secured holster and not accessible to children subject to the following:

1. No firearms shall be present in any vehicle transporting a foster child unless the firearms are –

- A. In a locked glove box;
- B. In a locked container; or

C. In a secure holster inaccessible to children, when carried or concealed on a person possessing a concealed carry permit; and

2. An exception to subparagraphs (5)(B)1.A. through C. of this rule will be made for any governmental law enforcement employee transporting a foster child who must carry firearms and ammunition as part of their job responsibilities.

(C) No firearms possessed in violation of a state or federal law or a local government ordinance shall be present at any time in the foster home, on any household member, or in any vehicle in which a foster child is riding.

(D) Firearms and ammunition storage shall be made available for external viewing by Children’s Division staff to assure firearms and ammunition are inaccessible to children. External viewing by Children’s Division shall occur upon reasonable notice during reasonable hours for the purpose of foster home licensure, re-licensure, and quarterly visits. This rule shall not prohibit or hinder the Children’s Division’s ability to assure the safety and wellbeing of children and children’s living conditions. Firearms and ammunition storage shall be available for external viewing without prior notice as part of the periodic visits to the foster child’s home by the foster child’s legal custodian or if –

1. There is a reasonable basis to believe there is a violation

of subsections (5)(A) through (C) of this rule; or

2. There are allegations of child abuse or neglect.

AUTHORITY: sections 207.020, 210.506, and 660.017, RSMo 2016. Original rule filed July 18, 2006, effective Jan. 30, 2007. Amended: Filed Sept. 15, 2015, effective March 30, 2016. Amended: Filed June 22, 2020, effective Jan. 30, 2021. Rescinded and readopted: Filed Feb. 2, 2024, effective Aug. 30, 2024. Emergency amendment filed April 21, 2025, effective May 5, 2025, expired Feb. 11, 2026. Amended: Filed April 21, 2025, effective Nov. 30, 2025.*

**Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982, 1986, 1993, 2014; 210.506, RSMo 1982, amended 1993, 1995; and 660.017, RSMo 1993, amended 1995.*

13 CSR 35-60.050 Care of Children

PURPOSE: This rule sets forth the duties of foster parents to cooperate with Children’s Division and to provide physical care to a foster child. The rule further lists the division’s expectations concerning education and training, moral and religious training, discipline, chores and work, recreation and leisure, earning and spending money, supervision, and transportation.

(1) Duties of Foster Parent(s) to Cooperate with Children’s Division.

(A) As used in this regulation, the term “division” shall refer to Children’s Division or its foster care case management contractor, as applicable.

(B) The foster parent(s) shall cooperate in the division’s delivery of social services to the foster child’s family.

(C) The foster parent(s) shall actively participate in family support team meetings either through attendance or, in lieu of physical attendance, written or oral input.

(D) The foster parent(s) shall notify the division at least two (2) weeks prior to any change in family situation including, but not limited to –

- 1. A change in address;
- 2. Telephone number;
- 3. Employment;
- 4. Household composition; or
- 5. Marital status.

(E) Except in family emergencies, the foster parent(s) shall notify the division within two (2) weeks of any intended addition to household membership so that any required background checks may be completed and results obtained and approved prior to the individual joining the household. In cases of family emergency, the foster parent(s) shall immediately notify the division of any additions to the household membership so that background checks may be completed immediately thereafter.

(F) The foster parent(s) shall notify the division if any member of the household is arrested for, pleads guilty to, or is convicted of a criminal offense.

(G) The foster parent(s) shall consult with the division regarding any decisions concerning the child’s care besides routine day-to-day care and decisions relating to extracurricular, enrichment, cultural, and social activities that are governed by the reasonable and prudent parenting standard set forth in section 210.665, RSMo.

(H) The foster parent(s) shall inform the division before allowing the foster child to go on visits to the foster child’s relatives.

(I) The foster parent(s) shall notify the division immediately of any emergencies involving the foster child. This includes serious illness, or injury requiring medical treatment, or other



situations in which sound judgment dictates that the division be notified. This requirement does not relieve the foster parent(s) from first taking action, such as obtaining emergency medical treatment for the child before notifying the division.

(J) If the foster parent(s) discover that the child is missing, the foster parent(s) shall notify the division immediately. Within two (2) hours of discovering that the child is missing, the foster parent(s) shall also file a missing child complaint with the law enforcement agency having jurisdiction, and inform the National Center for Missing and Exploited Children that the child is missing.

(K) The foster parent(s) shall allow the division a reasonable period of time in which to make suitable plans for the foster child when the foster parent(s) have requested the child’s removal. The foster parent(s) shall give the division two (2) weeks’ advance written notice when requesting removal of a child unless there is an emergency. The advance written notice must include an explanation of the reason why the foster parent(s) is requesting the child’s removal.

(L) Foster children shall not be permitted to use or be known by the foster parent(s) surname, unless the child, child’s parent(s), and the division give their consent in writing.

(M) The foster parent(s) shall notify the division at least thirty (30) days prior to moving out of state.

(2) Physical Care.

(A) The foster parent(s) shall work with the division to provide all necessary medical and dental care for each child.

1. The foster parent(s) shall obtain medical and dental examinations for the child immediately following placement and at least annually thereafter in cooperation with the division.

2. The foster parent(s) shall keep the division informed of any health needs of the child.

3. The foster parent(s) shall respond to emergency medical needs in accordance with division policies and procedures and local legal requirements.

4. The foster parent(s) shall not disclose confidential medical information.

5. The foster parent(s) shall maintain a medical file on each foster child placed in the home. The file shall follow the child in the event of removal from the foster home.

(B) The foster parent(s) shall provide a routine for foster children for the establishment of good personal hygiene.

(C) The foster parent(s) shall provide food of quality and quantity sufficient to meet the nutritional requirements of the foster child according to his/her age and activities. All foods shall be prepared, served, and stored under sanitary conditions.

(D) The foster parent(s) shall provide clothing appropriate to the foster child’s age and of quality and quantity similar to other children in the community. Where it is appropriate and possible, foster children shall be allowed to participate in the selection of their own clothing. The possessions and clothing of the foster child shall follow the child in the event of removal from the foster home.

(E) Care of foster children shall not be combined with regular part- or full-time care of other children, unrelated aged individuals, or with any other service or business conducted in the home without the written approval of the division.

(3) Education and Training.

(A) The educational and vocational plan for the foster child shall be determined by the family support team.

(B) The division and Juvenile Office shall be informed of any educational plan other than education in a traditional public

school setting.

(C) The foster parent(s) shall comply with the attendance requirements set forth in the educational plan and state law.

(D) The foster parent(s) may “act as the parent” on behalf of the foster child in the development of an Individual Education Plan (IEP). The foster parent acting as the parent may represent a child in all matters relating to the identification, evaluation, educational placement, and the provision of a free, appropriate, public education for the child.

(E) The foster parent(s) shall maintain a school file for the foster child that includes materials obtained through the school, such as child-specific documentation, report cards, photographs, awards, certificates, or mementos. The file is to follow the child in the event of removal from the home.

(4) Moral and Religious Training.

(A) The foster parent(s) shall provide for the moral training of foster children and shall make opportunities available for religious education and attendance of services compatible with the child’s religious heritage, provided that this training would not be injurious to the foster child’s physical, mental, or emotional health.

(B) The foster parent(s) shall support a foster child’s cultural identity and individuality in foster care.

(5) Discipline.

(A) Discipline shall be used in a constructive, fair, and consistent manner. The foster parent(s) shall not subject a foster child to corporal or degrading punishment.

(B) No foster child shall be subjected to verbal abuse, threats of corporal punishment, derogatory remarks about him/herself or members of his/her family, threats to withhold family visits, threats to expel the child from the foster home, or the withholding of food, shelter, or clothing.

(C) No foster child shall be subjected to abuse or neglect as defined in section 210.110, RSMo.

(D) One (1) child shall not be permitted to discipline another child in a foster home.

(E) No foster child shall be deprived of mail or family visits as a form of discipline.

(6) Chores and Work.

(A) No foster child shall be used for soliciting funds or in any other manner exploited by the foster parent(s).

(B) The foster parent(s) shall provide work and chore experience for the foster child that is appropriate to the age, health, and abilities of each individual child. Chores and work shall not interfere with the foster child’s time for school, study periods, play, sleep, normal community contacts, or visits with his/her family.

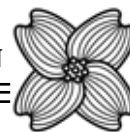
(C) The foster parent(s) shall differentiate between chores which a foster child is expected to perform as their share in family living and specific work assignments or opportunities as a means of earning money either in or outside the foster family.

(D) The foster parent(s) shall not require or permit work which requires the foster child to operate dangerous or hazardous equipment or machinery unless adequate safety equipment and proper adult supervision are provided.

(E) A foster child shall not be required to perform chores or work that is different in amount and type from the community standard for other children.

(7) Recreation and Leisure.

(A) The foster parent(s) shall provide opportunities for social



and physical development through recreation and leisure time activities.

(8) Earning and Spending Money.

(A) The foster parent(s) shall make every reasonable effort to provide opportunities for experience in earning, spending, and saving money based on age and individual requirements of each foster child.

(B) The foster parent(s) shall not require an employed foster child to pay room and board.

(9) Supervision.

(A) The foster parent(s) will adhere to the reasonable and prudent parent standard when making decisions involving the child’s participation in extracurricular, enrichment, cultural, and social activities. In making such decisions, the foster parent(s) shall consider –

1. The child’s age, maturity, and developmental level;
2. The overall health and safety of the child;
3. Potential risk factors and appropriateness of the activity;
4. The best interests of the child;
5. Promoting, where safe and as appropriate, normal childhood experiences; and

6. Any other relevant factors based on the caregiver’s knowledge of the child.

(B) The foster parent(s) shall provide and ensure safe and adequate supervision at all times appropriate to the foster child’s age and individual needs.

(C) The foster parent(s) shall not permit foster children to own or operate firearms without written authorization from the division and proper training.

(D) The foster parent(s) shall comply with all family support team recommendations and court orders regarding visitation plans; any exceptions require prior approval from the division.

(10) Transportation.

(A) The foster parent(s) must ensure that the family has reliable, legal, and safe transportation. Reliable transportation includes a properly maintained vehicle with safety standards within the minimum requirements of the law or access to reliable public transportation.

(B) The foster parent(s) shall cooperate with the division in providing transportation as indicated by the individual needs of each foster child including but not limited to medical and dental appointments, educational or training programs, and counseling.

(C) The foster parent(s) shall not permit a foster child to drive any vehicle without insurance coverage and a proper driver’s license or permit.

(D) If a privately owned vehicle owned by the foster parent(s), their family members, or their friends is used to transport the foster child –

1. The operator of the vehicle must have a valid driver’s license or permit;
2. The vehicle must be insured as required by law;
3. The vehicle must be registered as required by law; and
4. All children in the vehicle shall be secured by car seats or seat belts as required by law.

(E) Reimbursement of mileage allowed per division policy is not a guaranteed payment and is subject to the same restraints as provided in the *Department of Social Services Administrative Manual* travel policy for state employees.

AUTHORITY: sections 207.020 and 210.506, RSMo 2016. Original rule filed July 18, 2006, effective Jan. 30, 2007. Amended: Filed*

Sept. 15, 2015, effective March 30, 2016. Rescinded and readopted: Filed Jan. 18, 2024, effective Aug. 30, 2024.

**Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982, 1986, 1993, 2014, and 210.506, RSMo 1982, amended 1993, 1995.*

13 CSR 35-60.060 Records and Reports

PURPOSE: This rule requires that foster parents keep records on children placed in their care. The division’s assistance is required in this matter. The record’s contents are listed in this rule.

(1) General. A record shall be developed by the division on each foster child and given to the foster parents at the time of placement. As additional information is available, it shall be given to foster parent(s). This record shall be maintained by the foster parent(s) throughout the placement and shall follow the child in the event of removal from the foster home.

(2) Contents.

(A) Foster child’s name, birth date, date of placement, county of original jurisdiction, placement county, case manager’s name and office telephone number, and an after-hours telephone number for the case manager.

(B) Full name and address of the biological and/or legal parent(s) and other interested and responsible relatives where appropriate.

(C) All medical and dental information, including but not limited to diseases, surgical history, allergies, immunizations, psychosocial history, and mental health history.

(D) The foster child’s school records, rewards, pictures, church records, or any special items that will help to document the child’s background.

AUTHORITY: section 207.020, RSMo Supp. 2014, and section 210.506, RSMo 2000. Original rule filed July 18, 2006, effective Jan. 30, 2007. Amended: Filed Sept. 15, 2015, effective March 30, 2016.*

**Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982, 1986, 1993, 2014 and 210.506, RSMo 1982, amended 1993, 1995.*

13 CSR 35-60.070 Foster Care Services for Youth with Elevated Needs

PURPOSE: This rule defines Foster Care Services for Youth with Elevated Needs.

(1) Definitions for the purpose of this regulation:

(A) Family support team (FST)–The group of individuals assembled to participate in a family support team meeting, a meeting convened by the division or children’s services provider on behalf of the family and/or child for the purpose of determining service and treatment needs, determining the need for placement and developing a plan for reunification or other permanency options, determining the appropriate placement of the child, evaluating case progress, and establishing and revising the case plan;

(B) Foster Youth with Elevated Needs– A program designed for youth with identifiable and documented moderate or serious emotional and/or behavioral needs requiring intensive and individualized intervention to succeed in a community-based family setting and to achieve their goal of permanency. There are two (2) levels available to meet the child-specific



needs: Level A and Level B;

(C) Psychiatric hospital – A hospital which provides diagnostic and treatment services consistent with the needs of the child. This is the most restrictive placement option utilized by the Children’s Division;

(D) Medical foster care – A licensed foster home utilized to meet the needs of a child with extraordinary medical needs. Medical foster parents shall have a foster parent license and receive training from qualified medical care providers specific to the unique medical needs of the child;

(E) Residential care facility – A facility providing twenty-four (24) hour care in a group setting to children who are unrelated to the person operating the facility and unattended by a parent or guardian;

(F) Traditional foster home – A private residence of one (1) or more family members providing twenty-four (24) hour care to one (1) or more, but less than seven (7), children who are unattended by a parent or guardian and unrelated to either foster parent by blood, marriage, or adoption;

(G) Selection/screening team – A team constituted to evaluate a youth’s appropriateness for a higher level placement. The composition of the team shall be determined by the Children’s Division and shall take into consideration the type of expertise necessary to assess the unique needs of the youth being assessed. The team shall include the following individuals: case manager, supervisor, and the circuit or regional specialist or designated facilitator; and

(H) “Youth” or “child” – A person within the state who is under the age of eighteen (18), or in the custody of the Children’s Division to a maximum age of twenty-one (21).

(2) Process for Determining Youth with Elevated Needs.

(A) Children in need of foster care will be placed in the least restrictive setting in a traditional foster home. In the event that the child’s condition or behaviors indicate that the child requires a higher level of care, the Children’s Division will assess the youth’s needs to determine which is the least restrictive, but most appropriate, placement to meet the needs of the particular youth based on available resources. The Children’s Division may conduct an elevated needs assessment on the recommendation of the child’s family support team, any member of the family support team, or at the written request of the child’s resource provider.

(B) The elevated needs assessment shall be conducted by the selection/screening team which will decide if the youth is an appropriate candidate for the program by considering the individual needs of the youth, the presenting behaviors of the youth, and the impact such behaviors have in the placement setting. Youth eligible for elevated needs should have more than one (1) presenting problem as listed in Presenting Problems Displayed By the Youth with Elevated Needs – Level A and Presenting Problems Displayed By the Youth with Elevated Needs – Level B sections of this regulation.

(C) Upon evaluation, the selection/screening team shall conclude –

1. That the youth is not appropriate for the Youth with Elevated Needs Program;
2. That the youth is appropriate, but a compatible home is not available in the county of origin or nearby counties; or
3. The youth is appropriate and there is a compatible home.

(3) Payment will be made for the least restrictive level of care found to be appropriate for the youth as determined by the screening team. The resource provider will only receive

payment for one (1) level of care for the youth. The division will not make multiple payments for the same level of care to the same provider for the same youth.

(4) Characteristics of a Youth with Elevated Needs – Level A.

(A) Youth with Level A Elevated Needs require significantly greater structure and supervision and are significantly less able to assume responsibility for their daily care than youth in traditional foster care. These youth typically, but not always, have experienced multiple out-of-home placements. Youth appropriate for Level A fall into one (1) of two (2) categories –

1. Youth presently in a residential setting who may be moved to a less restrictive setting, but are not reasonably able to effectively function in a traditional foster home or in their parents’ home; or

2. Youth lacking a viable placement in a traditional foster family home or in their family home, and who, because of their presenting problems, would be placed in a residential setting unless an available Level A foster home can be found.

(5) Characteristics of a Youth with Elevated Needs – Level B.

(A) Youth with Level B Elevated Needs have significantly serious emotional and/or behavioral problems that require the twenty-four (24) hour availability of a highly-skilled Level B resource parent. These youth –

1. Because of their presenting problems, would be placed in a level III or above residential treatment facility or psychiatric hospital; and

2. Have been discharged from a residential treatment facility or psychiatric hospital and are unable to function effectively in a traditional foster home.

(6) Presenting Problems Displayed By the Youth with Elevated Needs – Level A. Level A children have a documented history of presenting behaviors which render the child unable to effectively function outside of a highly structured setting. Examples of behaviors which the Children’s Division may consider include, but are not limited to:

(A) Significant behaviors which, if not modified, could result in the youth being designated as a status offender/juvenile delinquent;

(B) History of irresponsible or inappropriate sexual behavior, which has resulted in the need for extraordinary supervision;

(C) Significant, extraordinary, threatening, intimidating, or destructive behavior which is demonstrated by multiple incidents over a period of time;

(D) Significant and extraordinary oppositional and/or defiant behaviors when dealing with authority figures which pose a significant risk to the health and safety of the child or to others;

(E) Significant and extraordinary problems with peer-to-peer interactions which pose a significant risk to the health and safety of the child and/or his or her peers;

(F) Significant and extraordinary behavioral and academic problems at school that affect academic achievement or social adjustment;

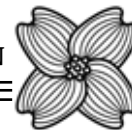
(G) Significant and extraordinary conduct problems with lying, stealing, or manipulating;

(H) Significant and extraordinary problems with his or her ability to control and/or appropriately express anger;

(I) Significant problems with the abuse of alcohol and controlled substances;

(J) Oppositional behavior which contributes to placement disruptions and the inability to function productively with peers, parent figures, birth family, etc.;

(K) Any of the above behaviors, coupled with medical



problems; or

(L) Any of the above behaviors displayed by one (1) or more youth within a sibling group, qualifying the entire sibling group for placement together, if appropriate. However, not all of the youth within the sibling group would be eligible for the Level A maintenance rate.

(7) Presenting Problems Displayed By the Youth with Elevated Needs – Level B. Level B children have a documented history of presenting behaviors or diagnoses which render the child unable to effectively function outside of a highly structured setting. Examples of behaviors or diagnoses which the Children’s Division may consider include, but are not limited to:

- (A) History of suicide or currently having suicidal thoughts, statements, and/or gestures;
- (B) Affective disorders;
- (C) Attention Deficit Disorder;
- (D) Post-Traumatic Stress Disorder;
- (E) Eating disorders;
- (F) Panic disorders;
- (G) Fears/phobias;
- (H) Obsessive/Compulsive Disorders;
- (I) Oppositional Defiant Disorders;
- (J) Depression/withdrawal;
- (K) Dissociative behaviors, black out, pass out, seizure;
- (L) Anger/rage;
- (M) History of fire setting;
- (N) Destruction of property;
- (O) Failure to form emotional attachments; and
- (P) Multiple short-term placements.

(8) Youth Who May Not be Appropriate for Level A. Youth who may not be appropriate for Level A may include, but are not limited to, the following:

- (A) Children who may function successfully in a traditional foster home or adoptive or guardianship placement;
- (B) Youth who qualify for a higher level of care and meet the criteria for Youth with Elevated Needs Level B;
- (C) Children under the age of three (3) who cannot be treated effectively through the behavior modification treatment model;
- (D) Youth who exhibit severe psychiatric behavior, as diagnosed by a psychiatrist/psychologist, such as an obvious lack of emotional contact, affect disturbances, and/or severe thought distortions;
- (E) Youth with a recent history of extreme or dangerous physical aggression;
- (F) Youth with a recent history of fire setting;
- (G) Youth who have recently attempted suicide and continue to have suicidal ideations;
- (H) Youth with an IQ score below sixty-five (65);
- (I) Youth who are medically diagnosed as chemically dependent;
- (J) Youth with severe medical or physical handicaps which present barriers that the child cannot or will not overcome;
- (K) Youth whose primary presenting problem, as diagnosed by a psychiatrist/psychologist, is sexual addiction and who need extremely structured treatment and unusually close supervision; or
- (L) Youth with personality disorders, as diagnosed by a psychiatrist/psychologist, who have severe problems forming attachments with caretakers and significant others.

(9) Youth Who May Not be Appropriate for Level B. Youth who may not be appropriate for Level B may include, but are not

limited to, the following:

- (A) Children who may function successfully in a traditional foster home or adoptive or guardianship placement;
- (B) Youth who qualify for a lower level of care and meet the criteria for Youth with Elevated Needs Level A;
- (C) Actively suicidal;
- (D) Homicidal;
- (E) Compulsive fire setter;
- (F) Sexual abuse offender which might endanger other family members;
- (G) Require around-the-clock awake supervision;
- (H) Unable to function in school, and alternative program (day treatment) is not available; and
- (I) Youth who have demonstrated behaviors that pose a significant risk of harm to the youth or others which require professional treatment in a hospital or institutional or structured residential care setting.

(10) Working with Youth with Developmental Delays. Youth with developmental delays may, or may not, be appropriate for Level B Foster Care. Appropriateness for Level B Foster Care should be based on the selection/screening team and/or the family support team (FST) evaluation of all the circumstances surrounding that particular youth. Youth should not be ruled out for Level B based solely on the singular characteristic of an IQ score falling below sixty-five (65). Instead, the team should consider a variety of information including, but not limited to, the following:

- (A) Youth’s functioning level;
- (B) Severity of developmental delays;
- (C) Ability for self-care;
- (D) Type of behavior problems;
- (E) Level of physical aggressions;
- (F) Age;
- (G) Compliance; and
- (H) Need for supervision.

(11) Level A Resource Provider Training Requirements. In order to qualify as a Level A resource provider, the resource provider shall complete all required hours of pre-service training in addition to successful completion of eighteen (18) hours of specialized training workshops from the following topics:

- (A) Team and relationship building;
- (B) Communication skills;
- (C) Behavior management techniques;
- (D) Discipline and punishment procedure;
- (E) Management of behavior crisis situations;
- (F) Development of an individual treatment plan;
- (G) De-escalation skills;
- (H) Negotiation;
- (I) Positive reinforcement technique; or
- (J) Professional skills for foster parents.

(12) Level B Resource Training Requirements. In order to qualify as a Level B resource provider, the resource provider shall complete all required hours of pre-service training, complete eighteen (18) hours of Level A specialized training, and participate in the following nine (9) hours of specialized training and practicum designed specifically for Level B resource providers:

- (A) Crisis Intervention – Two (2) hours;
- (B) Behavior Management – Two (2) hours;
- (C) Suicide Management – Two (2) hours;
- (D) Medication Management – Two (2) hours; and
- (E) Family Orientation – One (1) hour (training shall include



how the severely emotionally disturbed or behavior disordered child may impact the resource provider’s family).

(13) Reviews. The Children’s Division will conduct reviews to ensure that progress is being made toward permanency throughout the Level A or Level B placement. The division shall conduct reviews as often as the division determines is necessary to assess the needs of the child. However, the division shall convene the selection/screening team to assess the child’s placement at least every one hundred eighty (180) days. Children covered by an adoption subsidy or guardianship subsidy agreement will be reviewed at least every two (2) years. The division will seek a less restrictive setting once the youth’s presenting problems have been replaced with appropriate coping behaviors. The decision to terminate the child’s placement in a Level A or B setting shall be made solely by the Children’s Division. In making the decision, the division shall consult with and consider the recommendation of the FST.

*AUTHORITY: section 453.073, RSMo Supp. 2009, sections 207.020, 210.506, and 453.074, RSMo 2000, and Young v. Children’s Division, State of Missouri Department of Social Services, 284 S.W.3d 553 (Mo. 2009). * Original rule filed Feb. 23, 2010, effective Oct. 30, 2010.*

**Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982, 1986, 1993; 210.506, RSMo 1982, amended 1993, 1995; 453.073, RSMo 1973, amended 1978, 1981, 1982, 1985, 1997, 2001, 2005, 2008; and 453.074, RSMo 1985.*

13 CSR 35-60.075 Treatment Foster Care

PURPOSE: This rule establishes conditions for providing foster family homes for children with significant emotional or behavioral needs, who can reside in a family setting with the benefit of intensive and individualized therapeutic intervention.

(1) Definitions. For the purpose of this regulation, the following terms shall be defined as follows:

(A) “Treatment foster care” or “TFC” – A specialized program for children between the ages of six (6) and twenty (20) with significant emotional or behavioral needs who, with intensive and individualized therapeutic intervention, can remain in a family setting and achieve positive growth and development;

(B) “Treatment foster home” – A home where the child’s caregiver(s) have fulfilled the requirements to provide treatment foster care and are responsible for providing intensive, individualized therapeutic interventions and daily care for one (1) to two (2) children with significant medical, developmental, emotional, or behavioral needs; and

(C) “Level 2 Treatment Foster Care” or “Level 2 TFC” – A level of treatment foster care for children whose needs and/or behaviors are so persistent and severe that they require the coordination of multiple services and interventions, including therapeutic and community-based services for the child who could not otherwise be served in a community setting without that level of individualized intervention.

(2) Treatment Foster Care.

(A) TFC exists to serve children whose special needs are so severe that they are at risk of being placed in restrictive congregate care settings such as hospitals, psychiatric centers, correctional facilities, or residential treatment programs. TFC services are provided by agencies contracted with the division to develop and oversee treatment foster homes. Each treatment

foster home is assigned a TFC worker who is primarily responsible for the development of treatment plans. The TFC worker trains and supports the TFC parent(s) to implement key elements of treatment in the context of family and community life while promoting the goals of permanency planning for the child. The TFC worker also provides support and consultation to children enrolled in the TFC and their families. The TFC worker collaborates with other team members and coordinates activities to ensure children and families receive needed services according to their treatment plan. The TFC agency provides, at a minimum, weekly consultation to the TFC home and in-person contact every two (2) weeks.

(3) Process for Determining a Child’s Eligibility for Treatment Foster Care.

(A) A child’s eligibility for treatment foster care is identified through one (1) of the following triggering events:

1. The selection/screening team for the division’s Youth with Elevated Needs Program has recommended treatment foster care;
2. An independent assessor has recommended treatment foster care;
3. The child’s family support team has recommended treatment foster care; or
4. A clinician, such as a primary care physician or psychologist, who has examined or evaluated the child, has recommended treatment foster care.

(B) A division designee shall review the recommendation from one (1) of the parties above, using an agency-approved assessment tool, and supporting documentation such as the child’s current mental health evaluations, medical reports, therapy/counseling reports, and school records.

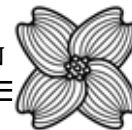
(C) The division designee shall evaluate the child’s condition and make a determination if treatment foster care is medically necessary, appropriate for the child, and the least restrictive placement in a community-based family setting.

(D) The division designee will determine an initial treatment period of up to nine (9) months in duration. The initial treatment period may be extended upon review and approval by division designee.

(E) The division designee shall have the final authority to determine if a child qualifies for treatment foster care and, if so, when a child’s placement in a treatment foster care home will end.

(F) Children who demonstrate one (1) or more of the following needs or behaviors may be eligible for Level 2 Treatment Foster Care.

1. Need for safety measures within the home, including, but not limited to:
 - A. Alarm system;
 - B. Locks;
 - C. Cameras; or
 - D. Physical separation from other children.
2. Need for one-on-one supervision by the TFC parent at least seventy-five percent (75%) of the time, including both waking and sleeping hours (exception to this requirement to allow for a substitute care provider during times that the TFC parent is unavailable).
3. Chronic elopement.
4. Need for treatment of current substance abuse.
5. *Diagnostic and Statistical Manual of Mental Disorders* (DSM) diagnosis of autism spectrum disorder (per DSM, Level 2 and 3 of autism spectrum disorder require substantial to very substantial support).
6. DSM diagnosis of intellectual disability (IQ 70 or below,



onset before 18, DSM 5 onset during developmental periods).

7. DSM diagnoses of scatolia (feces smearing), incontinence, or enuresis.

8. Need for additional supervision and services due to homicidal threats.

9. Known or suspected history of child human trafficking.

10. Dissociative behaviors.

11. Periods of unconsciousness (blacking out, epilepsy, seizure).

12. History of fire setting.

13. Multiple short-term placements (taking into consideration number and types of placements in placement history).

14. Medical condition requiring daily monitoring, dependence on mechanical support for mobility, or an appliance for breathing, feeding, or drainage, including, but not limited to:

A. G-tube;

B. Trach;

C. Wheelchair;

D. Epilepsy;

E. Diabetes requiring insulin;

F. Medical condition requiring a lift; or

G. Medical condition requiring assistance with bathing and toileting.

15. Nonverbal.

16. Self-harm with suicidal ideation or self-harm resulting in injury that requires medical attention, including cutting and swallowing harmful objects or substances.

17. Frequent utilization of 24/7 crisis intervention or acute hospitalization.

18. Involvement with the juvenile justice system.

19. Need for frequent respite above and beyond the approved level of respite.

20. Inability to maintain traditional school setting, including, but not limited to:

A. Homebound school;

B. Day treatment;

C. Non-traditional school setting;

D. Specialized school transportation; or

E. Extra-ordinary educational support.

(4) Qualifications of Foster Parents in Treatment Foster Care Homes.

(A) Qualifications. To be eligible to become TFC foster parents, applicants must meet one (1) of the following criteria:

1. Have one (1) year full-time experience in the care of a child, which may include a combination of any of the following:

A. Experience as a licensed foster parent in good standing;

B. Professional experience in the care/treatment of a child;

C. Volunteer experience in the care/treatment of children; and

D. Experience providing care for a child with special needs; or

2. Have graduated from a four- (4-) year college with a degree in child and family development, special education, psychology, sociology, or another closely related area; or

3. The division may allow an exception to be made to the eligibility requirements set forth above if the applicant is a relative of the foster child.

(5) Training Requirements.

(A) Pre-Service Training. Applicants must complete the

following pre-service training requirements to qualify as a foster parent in a treatment foster care home:

1. Successfully complete a competency based pre-service training approved by the division as provided in 13 CSR 35-60.030(5);

2. Complete a minimum of twenty-seven (27) hours of specialized foster care training approved by the division that includes the following areas:

A. Effective communication and relationship building techniques;

B. Positive reinforcement, discipline, and behavior management techniques;

C. Crisis management and de-escalation techniques;

D. Self-harming and suicide intervention and management;

E. Running behaviors, prevention and management;

F. Cultural competence and culturally responsive services; and

3. Relative caregivers who wish to become TFC foster parents will have up to ninety (90) days to complete nine (9) hours of pre-service relative training and will have up to six (6) months from the date on which the child is approved for relative TFC placement to complete the mandatory twenty-seven (27) hours of pre-service training set forth in paragraph (5)(A)2. above.

(B) In-Service Training.

1. In addition to the in-service training required of all foster parents pursuant to 13 CSR 35-60.030, TFC foster parents must complete five (5) additional hours of annual in-service training relating to the rehabilitative treatment and care of the foster child. As part of this ongoing training, the foster parent shall meet performance-based criteria as part of a professional family development plan.

2. The division may allow an exception to be made to the five- (5-) hour annual training requirement if the primary caretaker in a treatment foster care home is a relative of the foster child.

3. In addition to the requirements set forth in paragraph 1, Level 2 TFC foster parents must complete five (5) additional hours of annual in-service training relating to the rehabilitative treatment and care of the foster child.

(6) Competency Requirements.

(A) In order to be licensed as TFC foster parents, applicants must demonstrate competency in the following subject matter areas, which will be covered in the pre-service and in-service trainings:

1. Understanding trauma, grief, loss, and separation and the impact on child development;

2. Promoting successful transition into the family and the community;

3. Using trauma-informed strategies to meet the needs of children with exceptional care needs;

4. Assessing crisis situations and utilizing proper crisis intervention and regulation;

5. Recognizing and implementing positive approaches to challenging behaviors;

6. Understanding the importance of and advocating for permanency, family, and cultural connections; and

7. Understanding the importance of attachment, relationship building, connections, and creating a support system.

(7) Treatment Foster Care Parent Responsibilities. Foster parents in treatment foster care homes shall be responsible for the



following duties:

(A) Complying with all foster home licensing requirements set forth in this chapter;

(B) Providing therapeutic interventions in the home and acting as a liaison with clinical personnel;

(C) Assisting the child in understanding treatment goals, objectives, and interventions, and helping the child to achieve success;

(D) Complying with all requests from the division for visits, training, and meeting participation, including participation in treatment plan meetings and treatment foster care support group meetings;

(E) Ensuring routine transportation for each foster child, including transportation for the child to/from treatment team meetings, court appearances, medical, and counseling appointments; and

(F) Working closely with all necessary parties, including the child’s parents, visiting resources, and case managers to achieve permanency for the child, in accordance with the treatment plan.

AUTHORITY: section 207.020, RSMo 2016. Original rule filed Dec. 15, 2022, effective July 30, 2023.*

**Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982, 1986, 1993, 2014.*

13 CSR 35-60.080 Licensing Standard Waivers for Relative Resource Providers

PURPOSE: This rule describes the waiver of certain non-safety foster home licensing standards to be granted on a case-by-case basis for relatives to become licensed as relative resource providers.

(1) A relative care provider shall meet all licensing requirements to be licensed as a foster home. Notwithstanding the other provisions of this rule, the Children’s Division may grant a waiver of non-safety licensure standards on a case-by-case basis. The Children’s Division will grant a waiver of non-safety foster home licensing standards only if the relative provider establishes the safety and well being of the relative foster child(ren) can be assured if the waiver is granted.

(2) Only the following licensing non-safety standards may be waived to license a relative resource provider under this regulation:

(A) The requirements of 13 CSR 35-60.020(1), (2), and (3);

(B) The requirements of 13 CSR 35-60.030(1), (4)(A), and (5)(B); and/or

(C) The requirements of 13 CSR 35-60.040(2)(D) through (F), and (2)(J).

AUTHORITY: sections 207.020, 210.506, and 660.017, RSMo 2016, and section 210.565, RSMo Supp. 2020. Original rule filed Sept. 15, 2015, effective March 30, 2016. Amended: Filed June 22, 2020, effective Jan. 30, 2021.*

**Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982, 1986, 1993, 2014; 210.506, RSMo 1982, amended 1993, 1995; 210.565, RSMo 1990, amended 1994, 2004, 2009, 2011, 2017, 2019; and 660.017, RSMo 1993, amended 1995.*

13 CSR 35-60.090 Denial or Revocation of License

PURPOSE: This rule addresses the procedures for license denial or

revocation and the right for a hearing for a foster parent who is aggrieved by denial or revocation of his/her license, as required by section 210.526, RSMo.

(1) The division may deny a license to an applicant, or may revoke the license of a licensee, if the applicant or anyone in the applicant’s household –

(A) Fails consistently to comply with the applicable provisions of sections 208.400 to 208.535, RSMo, and the rules of the Children’s Division promulgated thereunder;

(B) Violates any of the provisions of its license;

(C) Violates state laws and/or rules relating to the protection of children;

(D) Furnishes or makes any misleading or false statements or reports to the division;

(E) Refuses to submit to the division any reports or refuses to make available to the division any records required by the division in conducting an investigation;

(F) Fails or refuses to admit authorized representatives of the division into his/her home at any reasonable time for the purpose of investigation;

(G) Fails or refuses to submit to an investigation by the division;

(H) Fails to provide, maintain, equip, and keep in safe and sanitary condition the premises established or used for the care of children being served, as required by law, rule, or ordinance applicable to the location of the foster home;

(I) Fails to provide financial resources adequate for the satisfactory care of and service to children being served and the upkeep of the premises; or

(J) Abuses or neglects children, or is the subject of reports of child abuse or neglect which upon investigation result in a court adjudicated, probable cause and/or preponderance of evidence finding, or is found guilty, pleads guilty to, or pleads *nolo contendere* to felony crimes against a person to include, but not limited to, felony possession, distribution, or manufacturing of controlled substance crimes as specified in Chapters 195, 565, 566, 567, 568, and 573, RSMo, or a substantially similar offense if committed in another state or country. The division may also deny or revoke a license to any person(s) who are on the respective Department of Health and Senior Services and/or the Department of Mental Health lists that exclude child or adult care employment and/or licensure.

(2) The division shall provide written notice of denial or revocation of a license. The notice shall –

(A) Inform the applicant or licensee of the nature of the decision;

(B) State generally the factual and legal basis for the division’s decision;

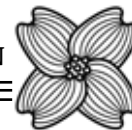
(C) State the effective date of the application, if applicable; and

(D) Notify the licensee of his/her right to seek administrative review.

(3) At any time during the denial or revocation process, the division may issue an amended notice of denial or revocation if additional, relevant information is discovered.

(4) Any notice for revocation shall be given ten (10) days prior to the effective date of the action.

(5) The licensee or applicant may not reapply for licensure within one (1) year from the date of denial or revocation. If a licensee or applicant for license has previously had an



application for foster parent license denied or revoked by the State of Missouri or any other state or country, the applicant shall fully disclose the reasons for the denial or revocation and shall establish by preponderance of the evidence that the reasons for the license denial or revocation have been cured or no longer exist.

(6) The Children’s Division will retain the option not to renew a foster home license in cases where a licensed foster home has not accepted a placement over a two- (2-) year period.

(7) Hearing on Administrative Review.

(A) The applicant/licensee who is aggrieved by the decision of the division to deny a license application, deny license renewal, or revoke an existing license shall have the right to a hearing on administrative review of the division’s decision.

(B) The licensee or applicant for a license may appeal the decision of the division to deny or revoke the license by filing a written request for administrative review with the division within thirty (30) days after the date of the notice of denial or revocation. The request for administrative review shall set forth the basis of the applicant/licensee’s objection to the division’s decision.

(C) The division may attempt to resolve the issue with the aggrieved party with an informal meeting prior to the hearing.

(D) If renewal of a license is denied and an administrative review hearing is properly requested, the applicant’s current license shall be placed on administrative hold pending the entry of an order after the administrative review hearing.

(E) If an existing license is revoked and an administrative review hearing is properly requested, the license shall be placed on administrative hold pending the entry of an order after the administrative review hearing.

(F) If the licensee or applicant for a license requests an administrative review hearing, the division shall hold said hearing following the procedures for an administrative review hearing in contested cases as set forth in Chapter 536, RSMo. The Administrative Hearings Unit of the Division of Legal Services of the Department of Social Services (Administrative Hearings Unit) shall hold all hearings. The Administrative Hearings Unit shall be authorized to issue subpoenas and subpoenas *duces tecum* pursuant to section 536.077, RSMo.

(G) After the hearing, the Administrative Hearings Unit shall issue a written decision and, except in default cases or cases disposed of by stipulation, consent order, or agreed settlement, the decision, including orders refusing licenses, shall include or be accompanied by, findings of fact and conclusions of law. The findings of fact shall be stated separately from the conclusions of law and shall include a concise statement of the findings on which the agency bases its order. Immediately upon deciding any contested case, the agency shall give written notice of its decision by delivering or mailing such notice to each party, or his/her attorney of record, and shall upon request furnish him/her with a copy of the decision, order and findings of fact and conclusions of law.

(H) The decision of the Administrative Hearings Unit shall be the final decision of the division. Any person aggrieved by a final decision of the division shall be entitled to judicial review as provided in sections 210.526 and 536.100 through 536.140, RSMo.

AUTHORITY: section 207.020, RSMo Supp. 2014, section 210.565, RSMo Supp. 2013, and section 210.506, RSMo 2000. Original rule filed Sept. 15, 2015, effective March 30, 2016.*

**Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982, 1986,*

1993, 2014; 210.506, RSMo 1982, amended 1993, 1995; and 210.565, RSMo 1990, amended 1994, 2004, 2009, 2011.

13 CSR 35-60.100 Foster Care Services for Youth with Elevated Medical Needs

PURPOSE: This rule defines foster care services for youth with elevated medical needs.

(1) Definitions for the purpose of this regulation.

(A) Youth with Elevated Medical Needs—a youth or child with medically diagnosed extraordinary medical condition(s) and or physical or mental disabilities as set forth in section (3) of this regulation.

(B) Resource provider—a foster parent who has a current license issued pursuant to 13 CSR 35-60.010–13 CSR 35-60.110.

(C) All other terms used in this regulation shall be defined consistent with 13 CSR 35-60.070.

(2) Process for identifying Youth with Elevated Medical Needs.

(A) The Children’s Division may conduct a medical needs assessment on the recommendation of the youth’s family support team, any member of the family support team, at the written request of the youth’s resource provider, or if ordered to do so by the court.

(B) The written request shall include: a completed assessment tool on a form provided by the division and all supporting medical documentation. The medical documentation shall include, at a minimum, the name and address of each of the youth’s physicians. Any person submitting a request shall provide any additional documentation as requested by the Children’s Division to process the request. The person submitting the request shall have the burden to prove by a preponderance of the evidence that the youth meets the criteria for a youth with elevated medical needs as set forth in this regulation.

(C) Upon receipt of the request, assessment tool, and all supporting documentation, the division will determine whether or not the youth is a youth with elevated medical needs as specified in this regulation. The Children’s Division will provide written notification of its decision to the person submitting the request.

(3) Characteristics of a Youth with Elevated Medical Needs. In order to qualify as a youth with elevated medical needs, the youth must have a diagnosed medical or mental health condition that requires twenty-four- (24-) hour availability of a resource provider specifically trained to meet the elevated medical needs in order to successfully function in a foster family home setting and does not require placement in an institutional setting such as residential care or a hospital. A youth with elevated medical needs must meet the criteria outlined in subsection (A) or (B) below:

(A) Youth with elevated medical needs will have at least one (1) of the following diagnosed conditions and that condition significantly and substantially impairs the youth’s ability to function on a daily basis:

1. Down Syndrome;
2. Trisomy 18 (Edward’s Syndrome);
3. Triple-X Syndrome;
4. Pierre Robin Syndrome;
5. Cystic Fibrosis;
6. Cancer;
7. Autism Spectrum Disorders;



- 8. Cri-du-Chat Syndrome;
- 9. Trisomy 13 (Patau’s Syndrome);
- 10. Fragile X Syndrome;
- 11. Epilepsy/Seizure Disorder;
- 12. Cerebral Palsy;
- 13. HIV positive status;
- 14. Fetal Alcohol Syndrome;
- 15. Klinefelter’s Syndrome;
- 16. Turner’s Syndrome;
- 17. Prader-Willi Syndrome;
- 18. Spina Bifida;
- 19. Sickle Cell Disease;
- 20. PKU (phenylketonuria);
- 21. Systemic Lupus Erythamatosus;
- 22. Hypoxic-Ischemic Encephalopathy (HIE) and at term (36 weeks gestation or more);
- 23. Short Gut Syndrome with Dependence on Parenteral Nutrition;
- 24. Visual Impairment which meets the following criteria:
 - A. A medical diagnosis of visual acuity 20/70 or less in the better eye with maximum correction; or
 - B. A very limited field of vision (20 degrees at its widest point); or
 - C. A progressive disease leading to either of the above;
- 25. Congenital viruses/bacteria, herpes, syphilis, cytomegalovirus, toxoplasmosis, and rubella;
- 26. Cranio-facial anomalies (*i.e.*, cleft palate, etc.);
- 27. Hearing impairments, which meets the following criteria:
 - A. For children below five (5) years of age, inability to hear air conduction thresholds at an average of forty (40) decibels (db) hearing level or greater in the better ear; or
 - B. For children five (5) years of age and above:
 - (I) Inability to hear air conduction thresholds at an average of seventy (70) decibels (db) or greater in the better ear; or
 - (II) Speech discrimination scores at forty percent (40%) or less in the better ear; or
 - (III) Inability to hear air conduction thresholds at an average of forty (40) decibels (db) or greater in the better ear, and a speech and language disorder which significantly affects the clarity and content of the speech and is attributable to the hearing impairment;
- 28. Diabetes Mellitus Type I or Type II requiring daily glucose monitoring;
- 29. Hydrocephalus with Ventriculo-Peritoneal Shunt;
- 30. Cyanotic Congenital Heart Disease;
- 31. Developmental delays in at least one (1) area severe enough to qualify for First Steps of Missouri early intervention program as provided in 34 CFR 303.322:
 - A. Cognitive development;
 - B. Communication development;
 - C. Adaptive development;
 - D. Physical development, including vision, and hearing;
- or
- E. Social or emotional development;
- 32. Immobility;
- 33. Requires wheelchair and is dependent on mechanical support to be mobile; or
- 34. Has appliance for breathing, feeding or drainage (*i.e.*, catheter, colostomy, gastrostomy tube, or tracheostomy).
- (B) Submission of written certification from the treating physician of a diagnosed serious or chronic medical condition that significantly and substantially impairs the foster youth’s ability to function on a daily basis in a foster family home

setting.

(4) Medical resource provider requirements for placement of youth with elevated medical needs. In order to qualify to receive the medical maintenance rate from the division, the resource provider shall –

(A) Be licensed as required in 13 CSR 35-60.010–13 CSR 35-60.110;

(B) Enter into a contract with the Children’s Division to provide medical foster care;

(C) Successfully complete and provide documentation of the completion of individualized medical training specific to the needs of the youth provided by the youth’s health care provider or other provider and approved by the division; and

(D) Be currently providing placement for a youth who meets the criteria of a youth with elevated medical needs.

(5) Reviews. After a youth has been identified as a youth with elevated medical needs, the Children’s Division shall periodically review the status of the youth to determine whether the youth continues to meet the criteria for youth with elevated medical needs. The division shall conduct reviews as often as the division determines is necessary to assess the elevated medical needs of the youth, however, the division shall review the elevated medical needs at least annually.

(6) Termination.

(A) The Children’s Division may terminate the youth’s status as a youth with elevated medical needs when the Children’s Division determines that the youth no longer meets the criteria as set forth in this regulation.

(B) The Children’s Division will terminate the payment of medical rate maintenance to the resource provider when the youth no longer meets the criteria as set forth in this regulation or the criteria in section (5) are no longer met.

AUTHORITY: sections 207.020, 453.073, and 453.074, RSMo Supp. 2014, and section 210.506, RSMo 2000. Original rule filed Sept. 15, 2015, effective March 30, 2016.*

**Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982, 1986, 1993, 2014; 210.506, RSMo 1982, amended 1993, 1995; 453.073, RSMo 1973, amended 1978, 1981, 1982, 1985, 1997, 2001, 2005, 2008, 2014; and 453.074, RSMo 1985, amended 2014.*

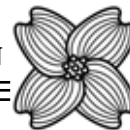
13 CSR 35-60.110 Removal of a Parent from a Foster Family License

PURPOSE: This rule explains the process to remove one (1) foster parent from a foster family home license.

(1) If a licensee who was approved for a two- (2-) parent foster family home license moves away from the foster family home, both persons listed on the license shall notify the division in writing two (2) weeks prior to this change, or within two (2) weeks after its occurrence if the change in residence was unplanned.

(A) Each licensee on the two- (2-) parent license who desires to continue providing foster care services shall be re-assessed by the division as a single foster parent family home.

(B) Each licensee who fails to notify the division within the time frame identified herein will be in violation of their license and the division shall commence the revocation process as outlined in 13 CSR 35-60.090.



(2) If a licensee who was approved for a two- (2-) parent foster family home license dies, the surviving licensee shall notify the division in writing within two (2) weeks of the death.

(A) If the surviving licensee desires to continue providing foster care services, he or she shall be re-assessed by the division as a single parent foster family home.

(B) If the surviving licensee fails to notify the division within the time frame identified herein, he or she will be in violation of their license and the division shall commence the revocation process as outlined in 13 CSR 35-60.090.

AUTHORITY: sections 207.020, 453.073, and 453.074, RSMo Supp. 2014, and section 210.506, RSMo 2000. Original rule filed Sept. 15, 2015, effective March 30, 2016.*

**Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982, 1986, 1993, 2014; 210.506, RSMo 1982, amended 1993, 1995; 453.073, RSMo 1973, amended 1978, 1981, 1982, 1985, 1997, 2001, 2005, 2008, 2014; and 453.074, RSMo 1985, amended 2014.*

2007, 2013, 2018; 210.506, RSMo 1982, amended 1993, 1995; and 660.017, RSMo 1993, amended 1995.

13 CSR 35-60.120 Criminal Background Check Screening due to Coronavirus-Related Closures

PURPOSE: This rule will allow for an alternate criminal history background check process and timeframe for foster parent applicants due to coronavirus-related closures of fingerprinting locations.

(1) Notwithstanding any other regulations to the contrary, beginning April 17, 2020, any applicant, any household member age seventeen (17) and older, and any child less than seventeen (17) who has been certified as an adult for the commission of a crime, or has been convicted or pled guilty or nolo contendere to any crime, shall register with the Family Care Safety Registry (FCSR) and submit signed release forms and fingerprints for the purpose of obtaining background screening for child abuse or neglect, criminal, and circuit court records.

(A) Fingerprints shall be sent to the Missouri State Highway Patrol for criminal background checks. Subject to geographic availability, as determined by the Children’s Division, fingerprinting shall be completed prior to issuance of a license.

(B) In the event fingerprinting is not available due to closures of fingerprinting locations in the applicant’s geographic region, a name-based criminal background check utilizing the individual’s name, date of birth, social security number, sex, and race is satisfactory for licensure provided that fingerprints are submitted to the Missouri State Highway Patrol for positive identification as soon as possible, but no later than one hundred eighty (180) calendar days from the date of the preliminary name-based background check, or ninety (90) calendar days from the expiration of the state’s emergency declaration, whichever occurs sooner.

(2) The failure to follow all requirements and timeframes for criminal background checks, including fingerprints, shall be grounds for license revocation in accordance with 13 CSR 35-60.090.

AUTHORITY: sections 207.020, 210.486, 210.506, and 660.017, RSMo 2016, and section 210.487, RSMo Supp. 2020. Emergency rule filed May 6, 2020, effective May 21, 2020, expired Feb. 25, 2021. Original rule filed May 6, 2020, effective Nov. 30, 2020.*

**Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982, 1986, 1993, 2014; 210.486, RSMo 1982, amended 1993; 210.487, RSMo 2004, amended*