

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

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

- (1) Prior to licensure or within six months from the date a provisional license is issued, each applicant shall complete 30 hours of preservice training. Preservice training shall include the following:
  - (a) general orientation to foster care adoption process;
  - (b) communication skills;
  - (c) understanding the dynamics of foster care;
  - (d) separation and loss;
  - (e) attachment and trust;
  - (f) child and adolescent development;
  - (g) behavior management;
  - (h) working with birth families and maintaining connections;
  - (i) lifebook preparation;
  - (j) planned moves and the impact of disruption;
  - (k) the impact of placement on foster and adoptive families;
  - (l) teamwork to achieve permanence
  - (m) cultural sensitivity;
  - (n) confidentiality;
  - (o) health and safety;
  - (p) trauma informed care; and
  - (q) the Reasonable and Prudent Parent Standard as defined in G.S. 131D-10.2A.
- (2) Prior to licensure or within six months from the date a provisional license is issued, therapeutic foster parent applicants shall receive ten hours of preservice training in behavioral mental health treatment services in addition to the training required by Item (1) of this Rule, including the following:
  - (a) the role of the therapeutic foster parent;
  - (b) safety planning; and
  - (c) managing behaviors.
- (3) During the initial two years of licensure, each therapeutic foster parent shall receive additional training in the following areas:
  - (a) development of the person-centered plan;
  - (b) the dynamics of emotionally disturbed and substance abusing youth and families;
  - (c) the symptoms of substance abuse;
  - (d) the needs of emotionally disturbed and substance abusing youth and families; and
  - (e) crisis intervention.
- (4) Foster parents shall complete certification in first-aid, cardiopulmonary resuscitation (CPR) and universal precautions provided by either the American Heart Association, the American Red Cross, or equivalent organizations before a foster child is placed with the foster family. Division staff shall determine that an organization is substantially equivalent if the organization is already approved by the Department or meets the same standard of care as the American Heart Association or American Red Cross. First-aid, CPR, and universal precautions training shall be renewed as required by the American Heart Association, the American Red Cross, or equivalent organizations. Successfully completed shall mean demonstrating competency, as evaluated by the instructor who has been approved by the American Heart Association, the American Red Cross, or other organizations approved by the Division of Social Services to provide first-aid, CPR, and universal precautions training. Training in CPR shall be appropriate for the ages of children in care. Documentation of successful completion of first-aid, CPR, and universal precautions shall be maintained by the supervising agency. The Division shall not accept web-based trainings for certification in first-aid, CPR, or universal precautions.
- (5) Child-specific training shall be provided to the foster parents as required in the out-of-home family services agreement or person-centered plan as a condition of the child being placed in the foster home. If the child or adolescent requires treatment for abuse, for example, if the child or adolescent engages in reactive, sexually reactive, or sexual offender behaviors, specific treatment shall be identified in his or her person-centered plan. Training of therapeutic foster parents is required in all aspects of reactive and offender-specific sexual treatment and shall be made

available by a provider who meets the requirements specified for a qualified professional as defined in 10A NCAC 27G .0104. When the child or adolescent requires treatment for substance abuse, specific treatment shall be identified in his/her person-centered plan. Training and supervision of therapeutic foster parents are required in all aspects of substance abuse and shall be made available by a provider who meets the requirements specified for a qualified substance abuse prevention professional as defined in 10A NCAC 27G .0104. This training shall count towards the training requirements of Item (6) of this Rule.

- (6) Prior to licensure renewal, each foster parent shall complete twenty hours of in-service training. This training may be child-specific or may concern issues relevant to the general population of children in foster care. In order to meet this requirement:
  - (a) each supervising agency shall provide, or cause to be provided, 10 hours of in-service training for foster parents annually;
  - (b) the training shall include subjects that would enhance the skills of foster parents and promote stability for children;
  - (c) a foster parent may complete training provided by a community college, a licensed supervising agency, or other departments of State or county governments and, upon approval by the supervising agency, such training shall count towards meeting the requirements specified in this Item; and
  - (d) each supervising agency shall document in the foster parent record the type of activity the foster parent has completed pursuant to this Item.
- (7) A foster family caring for a child with HIV (human immunodeficiency virus) or AIDS (acquired immunodeficiency syndrome) shall complete six hours of training on issues relevant to HIV or AIDS annually. This training shall count towards the training requirements Item (6) of this Rule.
- (8) Training for physical restraint holds pursuant to 10A NCAC 70E .1103.

*History Note: Authority G.S. 131D-10.1; 131D-10.2A; 131D-10.3; 131D-10.5; 131D-10.6A; 143B-153; Eff. September 1, 2007; Amended Eff. August 1, 2017; November 1, 2009; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3, 2017.*