

 Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration on Children, Youth and Families	
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	3. Originating Office: Children’s Bureau	
	4. Key Words: Family First Prevention Services Act; National Model Foster Family Home Licensing Standards	

INFORMATION MEMORANDUM

TO: State and Tribal Agencies Administering or Supervising the Administration of Title IV-E of the Social Security Act

SUBJECT: National Model Foster Family Home Licensing Standards

LEGAL AND RELATED REFERENCES: Public Law (P.L.) 115-123

PURPOSE: To issue National Model Foster Family Home Licensing Standards

BACKGROUND:

Legislative Context. The President signed the Bipartisan Budget Act of 2018, Public Law (P.L.) 115-123 into law on February 9, 2018. P.L. 115-123 includes the Family First Prevention Services Act (FFPSA) in Division E, Title VII. Section 50731 of the FFPSA directs HHS to identify “identify reputable model licensing standards with respect to the licensing of foster family homes” (as defined in section 472(c)(1) of the Social Security Act (the Act)). In response to this directive, the Children’s Bureau is issuing the National Model Foster Family Home Licensing Standards.

Federal Register Notice on Proposed National Model Foster Family Home Licensing Standards (proposed model standards). The Children’s Bureau published proposed model standards in the Federal Register for a 60 day comment period on August 1, 2018 ([83 FR 37495](#)). The comment period ended on October 1, 2018. In response, we received 1,273 comments, including comments from states, Indian tribes/consortiums, organizations representing state or tribal interests, national public advocacy groups, private providers, private citizens, and universities.

INFORMATION:

Final National Model Foster Family Home Licensing Standards (final model standards). The final model standards and summary are contained in Attachment A. We note in the endnotes of Attachment A where we made revisions, and provide clarification.

We retained the same eight categories in the final model standards as proposed because they cover the essential components of licensing a foster family home to ensure: 1) the applicant has the capacity to care for a child in foster care, and 2) the physical home of the family is appropriate and safe for a child in foster care. Consistent with the proposed model standards, the final model standards strike a balance between allowing for individual circumstances, while establishing minimum requirements. Our general approach in finalizing the proposed model standards was to retain more stringent standards that ensure the safety and well-being of children placed in a foster family home. We believe this approach is appropriate given that the title IV-E agency has placement and care of a child in foster care and thus, has a duty to protect the child. We also gave considerable deference to the National Association for Regulatory Administration (NARA) Model Family Foster Home Licensing Standards in deciding whether to modify the standards.

Overall, we received comments on all of the proposed model standards, however, there was not a high volume of comments or concerns for any specific standards from our title IV-E agency grantees, with the exception of the transportation standards (which we modified and is addressed in the footnotes). Many of the comments we received from title IV-E agencies recommended changes to address very specific circumstances (e.g., extreme rural conditions or unique regional cultural practices related to alternate cooking and refrigeration and water supply). Others noted differences between individual state/tribal standards from the proposed model standards, and many comments noted barriers for relative placements. The vast majority of comments were from private citizens objecting to the proposed model standards regarding immunizations for children who are foster family home members. We also received requests to define numerous terms such as functional literacy, household pet, operable (regarding fire extinguishers), and a child with a severe disability. We did not revise the proposed model standards to address most of these specific circumstances or provide additional definitions because: 1) there is no federal requirement for title IV-E agencies to adhere to the final model standards (see Title IV-E Plan Requirement section below), and 2) title IV-E agencies may waive non-safety licensing standards for relative foster family homes (see section 471(a)(10)(D) of the Act). Therefore, title IV-E agencies may design licensing standards to meet the unique geographical, cultural, community, legal and other needs of the state or tribe, such as promoting relative placements. However, in many areas where commenters requested clarification (e.g., requirements for above-ground swimming pools, the use of phone calls and videoconferencing to contact references, and whether Cardiopulmonary Resuscitation (CPR) training must include a certification), we provided additional information in the endnotes to the final model standards.

As a reminder, section 471(a)(10) of the Act requires title IV-E agencies to develop plans that provide for the establishment and maintaining of standards for foster family homes and child care institutions. These standards must be reasonably in accord with related standards developed by national organizations, including standards related to admission policies, safety, sanitation, protection of civil rights, and permit the use of the reasonable prudent parent standard.

Title IV-E Plan Requirement:

In ACYF-CB-PI-18-07, we instructed title IV-E agencies to submit a title IV-E plan amendment providing specific and detailed information about:

- Whether the agency foster family home licensing standards are consistent with the final model licensing standards identified by HHS and if not, the reason for the deviation, and
- Whether the agency waives non-safety licensing standards for relative foster family homes (pursuant to waiver authority provided by section 471(a)(10)(D) of the Act), and if so, how caseworkers are trained to use the waiver authority and whether the agency has developed a process or provided tools to assist caseworkers in waiving these non-safety standards to quickly place children with relative (section 471(a)(36) of the Act).

We instructed title IV-E agencies to submit this amendment no later than March 31, 2019 (unless a legislative delay or a delay for tribes, tribal organizations or consortia is approved by the Secretary for the title IV-E agency). Title IV-E agencies should use the final model standards in Attachment A to this Information Memorandum (IM) to complete the title IV-E plan in accordance with ACYF-CB-PI-18-07. Title IV-E agencies are not required to submit any information in response to this IM.

INQUIRIES TO: Children’s Bureau Regional Program Managers

/s/

Jerry Milner
Acting Commissioner
Administration on Children, Youth
and Families

Attachments:

Attachment A – National Model Foster Family Home Licensing Standards

Attachment B – Children’s Bureau Regional Program Managers

Disclaimer: IMs provide information or recommendations to States, Tribes, grantees, and others on a variety of child welfare issues. IMs do not establish requirements or supersede existing laws or official guidance.

Attachment A

National Model Foster Family Home Licensing Standards

Subject Standards	Standards and Summary
<p>Foster Family Home Eligibility – Threshold Requirements</p>	<p>A. Foster Family Home Eligibility: A foster family home license includes the following:</p> <p>a. Threshold Requirements</p> <ul style="list-style-type: none"> i. Applicants must be age 18 or older. ii. Applicants must have income or resources to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child or children in foster care. iii. Applicants must be able to communicate with the child, the title IV-E agency, health care providers, and other service providers.ⁱ iv. At least one applicant in the home must have functional literacy, such as having the ability to read medication labels.
<p>Summary – Foster Family Home Eligibility – Threshold Requirements</p>	<p>The foster family home eligibility standards provide threshold requirements for licensing a foster family home to assess the applicant's: 1) age, 2) financial stability, 3) ability to communicate with the child, agency, and providers, and 4) literacy.</p> <p>The minimum age for applicants is 18. Applicants must be financially stable to meet their family's needs prior to placing a foster child in the home. The communication standards are flexible in that applicants must be able to communicate with the title IV-E agency, service providers, and a child in foster care. At least one applicant in the home must have functional literacy to ensure at least one applicant reads and writes at the level necessary to participate effectively in the community in which they live.</p>
<p>Foster Family Home Eligibility – Physical and Mental Health</p>	<p>b. Physical and Mental Health: All applicants must have recent (conducted within the prior 12 months) physical exams from a licensed health care professional that indicate that the applicants are capable of caring for an additional child or children.</p> <ul style="list-style-type: none"> i. All household members must disclose current mental health and/or substance abuse issues. ii. All household members must provide information on their physical and mental health history, including any history of drug or alcohol abuse or treatment.

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	<ul style="list-style-type: none"> iii. The title IV-E agency may require further documentation and/or evaluation to determine the suitability of the home. iv. All children who are household members must be up to date on immunizations consistent with the recommendations of the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP), and the American Academy of Family Physicians (AAFP), unless the immunization is contrary to the child’s health as documented by a licensed health care professional. v. All household members who will be caregivers of infants must have an up-to-date pertussis (whooping cough) vaccine consistent with the recommendations of the ACIP, unless the immunization is contrary to the individual’s health as documented by a licensed health care professional.ⁱⁱ All household members who will be caregivers of infants and children with special medical needs must have an up-to-date annual influenza vaccine consistent with the recommendations of the ACIP, unless the immunization is contrary to the individual’s health as documented by a licensed health care professional.ⁱⁱⁱ
<p>Summary - Foster Family Home Eligibility - Physical and Mental Health</p>	<p>The physical and mental health standards ensure each applicant is physically, mentally, and emotionally capable of caring for an additional child or children through a required physical exam from a licensed health care professional conducted within the prior 12 months. Household members must provide a health history, including any history of drug or alcohol abuse or treatment, and must disclose any current mental health or substance abuse issues. The model also includes language clarifying that the title IV-E agency may require additional documentation or evaluation in this area to determine whether the home is suitable (as may be necessary to fully understand whether the mental or physical health of an applicant or household member would be relevant to licensing).</p> <p>In addition, the physical and mental health standards include immunization requirements to prevent exposing children in foster care to potentially-life threatening communicable diseases. These requirements apply unless the immunization is contrary to the individual’s health as documented by a licensed health care</p>

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	<p>professional. For children who are household members, the model requires that they be up to date on immunizations consistent with the recommendations of the AAP, the ACIP, and the AAFP.^{iv}</p> <p>Consistent with the recommendations of the ACIP, all household members who will be caregivers of infants must have an up-to-date pertussis (whooping cough) vaccine and annual influenza vaccine, and all household members who will be caregivers of children with special medical needs must have an up-to-date annual influenza vaccine.</p>
Foster Family Home Eligibility – Background Checks	<p>c. Background Checks</p> <p>i. Applicants must submit to criminal record and child abuse and neglect registry checks as required in section 471(a)(20) of the Social Security Act (the Act).</p>
Summary – Foster Family Home Eligibility - Background Checks	<p>The background check standards mirror the requirements under section 471(a)(20)(A) and (B)(i) of the Act which requires title IV-E agencies: 1) to perform criminal record checks (fingerprint-based checks of national crime information databases (as defined in section 534(f)(3)(A) of title 28, United States Code) for any prospective foster parent, 2) to check any child abuse and neglect registry maintained by a state or tribe for information on any applicant and on any other adult living in the prospective foster family home, and 3) to request a check of any other child abuse or neglect registry in a state or tribe in which any such applicant or other household adult has resided in the preceding five years.</p> <p>In accordance with section 471(a)(20)(A)(i) and (ii) of the Act, the title IV-E agency must not grant final approval to the applicant if a criminal record check reveals a felony conviction for:</p> <ul style="list-style-type: none"> • Child abuse or neglect, • Spousal abuse, • A crime against children (including child pornography), • A crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, and • Physical assault, battery, or a drug-related offense within the last five years.
Foster Family Home Eligibility –Home Study	<p>d. Home Study: Applicants must have completed an agency home study, which is a written comprehensive family assessment to include the following elements:</p> <p>i. At least one scheduled on-site visit to assess the home to ensure that it meets the state, tribal</p>

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	<p>and/or local standards applicable to the safety and care of the home;</p> <ul style="list-style-type: none"> ii. At least one scheduled in home interview for each household member to observe family functioning and assess the family’s capacity to meet the needs of a child or children in foster care; iii. The title IV-E agency has discretion on whether to interview or observe each household member based on his or her age and development; and iv. Multiple applicant references that attest to the capability of the applicant to care for the child, including at least one from a relative and one from a non-relative.
<p>Summary- Foster Home Eligibility – Home Study</p>	<p>We propose broad home study standards that requires the title IV-E agency to conduct in-person and on-site interviews and obtain references for all applicants. An applicant must have completed an agency home study, including at least one scheduled on-site visit to the home, at least one scheduled in home interview for each household member, and multiple applicant references (including at least one from a relative and one from a non-relative). The model standards specify that the title IV-E agency has discretion on whether to interview or observe each household member based on his or her age and development. For example, if a title IV-E agency were to adopt this model standards as written, this would give the title IV-E agency flexibility to observe rather than interview an infant or severely developmentally disabled child.^v</p>
<p>Foster Family Home Health and Safety – Living Space</p>	<p>B. Foster Family Home Health and Safety</p> <ul style="list-style-type: none"> a. Living Space: The home must be a house, mobile home, housing unit or apartment occupied by an individual or a family. The home must have: <ul style="list-style-type: none"> i. An adequate supply of safe drinking water; ii. A properly operating kitchen with a sink, refrigerator, stove, and oven; iii. At least one toilet, sink and tub or shower in operating condition; iv. Heating and/or cooling as required by the geographic area, consistent with accepted community standards and in safe operating condition; and v. A working phone or access to a working phone in close walking proximity.

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<p>Summary – Foster Family Home Health and Safety – Living Space</p>	<p>These standards apply to the foster family home itself, which includes the grounds and all structures found on the grounds. These standards are written broadly to: 1) address the large amount of variance in home hazards across jurisdictions, and 2) prevent potential biases against rural or urban families. These standards are divided into two sections: Living Space and Condition of the Home.</p> <p>a. Living Space</p> <p>The living space standards are flexible in order to determine that the applicant’s dwelling (house, mobile home, housing unit, or apartment) includes basic essentials such as: adequate safe drinking water (which may include water from a municipal drinking source, a private well, or other source), properly operating kitchen facilities, a properly operating toilet, sink, and tub or shower^{vi}, heating and/or cooling, and a working phone (or access to a working phone in walking distance).</p>
<p>Foster Family Home Health and Safety – Condition of the Home</p>	<p>b. Condition of the Home: The applicant’s home, grounds, and all structures on the grounds of the property must be properly maintained in a clean, safe, and sanitary condition and in a reasonable state of repair within community standards. The interior and exterior must be free from dangerous objects and conditions, and from hazardous materials. The home must meet the following requirements:</p> <ul style="list-style-type: none"> i. Have adequate lighting, ventilation and proper trash and recycling disposal, if recycling is available; ii. Be free from rodents and insect infestation. iii. Proper water heater temperature; iv. Weapons and ammunition (separately) stored, locked, unloaded, and inaccessible to children; v. Pets are vaccinated in accordance with state, tribal and/or local law; vi. Have conditions that prevent the child’s access, as appropriate for his or her age and development, to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages; vii. Swimming pools,^{vii} hot tubs, and spas must meet the following to ensure they are safe and hazard free (and additionally must meet all state, tribal and/or local safety requirements):

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	<ol style="list-style-type: none"> 1. Swimming pools must have a barrier on all sides. 2. Swimming pools must have their methods of access through the barrier 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. 4. If the swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system. 5. Hot tubs and spas must have safety covers that are locked when not in use.
<p>Summary – Foster Family Home Health and Safety – Condition of the Home</p>	<p>b. Condition of the Home</p> <p>The condition of the home standards address the overall condition and safety of the home to ensure it is safe and in a reasonable state of repair considering the community where the home is located. Housing must be safe and clean. The interior and exterior must be free from dangerous objects and conditions, and from hazardous materials (meaning that any danger presented by these objects, conditions or materials must be mitigated). The home must have adequate lighting, ventilation, proper water temperature, and proper trash and recycling disposal (if recycling is available where the home is located). The home must be free from rodents and insect infestations, and pets must be vaccinated in accordance with state, tribal and local law. The standards include specific safety requirements for weapons, pools, hot tubs and spas as these pose a particular preventable danger to children. Weapons and ammunition must be (separately) stored, locked, unloaded, and inaccessible to children. Swimming pools, hot tubs, and spas must meet the listed requirements to ensure they are safe and hazard free (and additionally must meet all state, tribal and/or local safety requirements). Further, the home must have conditions which prevent the child’s access to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages as appropriate for his or her age and development. For example, this could include measures such as age-appropriate use of high shelving, child safety locks on cabinets, child-resistant medication packaging, and/or a locking liquor cabinet.</p>
<p>Foster Family Home Capacity</p>	<p>C. Foster Family Home Capacity: The total number of children in foster care in a foster family home must not exceed six consistent with section 472(c)(1)(A)(ii)(III) of</p>

Subject Standards	Standards and Summary
	<p>the Act. Per section 472(c)(1)(B) of the Act, the number of foster children cared for in a foster family home may exceed this numerical limitation at the option of the title IV-E agency for any of the following reasons:</p> <ol style="list-style-type: none"> a. To allow a parenting youth in foster care to remain with the child of the parenting youth; 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; and d. To allow a family with special training or skills to provide care to a child who has a severe disability.
<p>Summary - Foster Family Home Capacity</p>	<p>The foster family home capacity standards mirror the requirements at section 472(c)(1)(A)(ii)(III) of the Act that the total number of children in foster care in a foster family home, must not exceed six, unless an exception outlined in section 472(c)(1)(B) of the Act applies.</p>
<p>Foster Family Home Sleeping Arrangements</p>	<p>D. Foster Family Home Sleeping Arrangements: Applicants must provide a safe 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. Foster parents must not co-sleep or bed-share with infants.</p>
<p>Summary - Foster Family Home Sleeping Arrangements</p>	<p>The sleeping arrangement standards ensure that children in foster care sleep in safe and comfortable sleeping spaces with appropriate furnishings to meet their basic needs and ensure privacy. Applicants must provide age-appropriate sleeping supplies, such as a mattress and linens for each child. All children in the home must be treated equitably, meaning each child has sleeping arrangements similar to other household members. For example, children in foster care should not sleep in public living spaces if other children have their own bedrooms. Further, sleeping arrangements should be age and developmentally appropriate for the children who are placed in the home. Co-sleeping or bed-sharing, when a parent(s) and infant share a sleeping surface (such as a bed, sofa or chair), is prohibited.</p> <p>We included this prohibition because approximately 3,500 infants (children under 12 months of age) die annually in the United States from sleep-related causes, such as sudden infant death syndrome (SIDS) and accidental suffocation and strangulation in bed.^{viii} Both bed sharing with infants and sleeping with infants sleeping on couches or armchairs increase the risk of infant death, including SIDS, entrapment, and suffocation. Room-sharing, i.e., when an infant shares a room with a parent(s), but sleeps on a separate</p>

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	<p>sleeping surface is not prohibited as it is considered a safe sleep practice that is linked to a reduced risk of SIDS.</p>
<p>Emergency Preparedness, Fire Safety, and Evacuation Plans</p>	<p>E. Emergency Preparedness, Fire Safety, and Evacuation Plans: The applicant must have emergency preparedness plans and items in place as appropriate for the home’s geographic location. The applicant’s home must meet the following fire safety and emergency planning requirements:</p> <ol style="list-style-type: none"> a. Have at least one smoke detector on each level of occupancy of the home and at least one near all sleeping areas; b. Have at least one carbon monoxide detector on each level of occupancy of the home and at least one near all sleeping areas;^{ix} c. Have at least one operable fire extinguisher that is readily accessible; d. Be free of obvious fire hazards, such as defective heating equipment or improperly stored flammable materials; e. Have a written emergency evacuation plan to be reviewed with the child and posted in a prominent place in the home; f. Maintain a comprehensive list of emergency telephone numbers, including poison control, and post those numbers in a prominent place in the home; and g. Maintain first aid supplies.
<p>Summary - Emergency Preparedness, Fire Safety, and Evacuation Plans</p>	<p>The standards help protect children and household members from harm in the event of an emergency, a fire, or a need to evacuate. The standards are written broadly allowing them to be tailored to unique emergencies, such as natural disasters, that may occur in specific jurisdictions. The applicant’s home must have at least one smoke detector and one carbon monoxide detector on each level of occupancy of the home and at least one of each near all sleeping areas, as well as an operable fire extinguisher. The home must be free of obvious fire hazards, and have first aid supplies. The applicant must post a written evacuation plan in a prominent place in the home (e.g., on a refrigerator or family bulletin board), and review it with the child. Safety procedures and emergency plans, and the communication thereof, increase the probability of safety and injury prevention for household members. Emergency readiness information provided by the Department of Homeland Security is available at http://www.ready.gov.</p>

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Transportation	F. Transportation: Applicants must ensure that the family has reliable, legal and safe transportation. Reliable transportation includes a properly maintained vehicle or access to reliable public transportation; if a privately-owned vehicle owned by the applicant’s family or friends is used to transport the child in foster care, legal transportation includes having a valid driving license, insurance and registration; and safe transportation includes safety restraints as appropriate for the child. ^x
Summary-Transportation	The transportation standards focus broadly on the applicant having a reliable, legal, and safe mode of transportation for a child in foster care to attend appointments, visitation, and meetings. The standards allow for safe transportation arrangements with family friends, and teen household members as appropriate.
Training	G. Training: Applicants must complete pre-licensing training on the following topics: rights, roles, responsibilities and expectations of foster parents; agency structure, purpose, policies, and services; laws and regulations; the impact of childhood trauma; managing child behaviors; first aid (including cardiopulmonary resuscitation (CPR) ^{xi} for the ages of the children in placement) and medication administration; and the importance of maintaining meaningful connections between the child and parents, including regular visitation. Foster parents must participate in ongoing training to receive instruction to support their parental roles and ensure the parent is up to date with agency requirements. Further, this training may also include child-specific training and/or may address issues relevant to the general population of children in foster care.
Summary - Training	The training standards include both pre-licensing and ongoing training and include mandatory pre-licensing training topics. The purpose of the pre-licensing training standards is to provide information to applicants so they can make an informed decision about their commitment to foster a child. In addition, the pre-service training is to prepare the applicant to be licensed as a foster parent. The ongoing training is to ensure the foster parents receive ongoing instruction to support their parental roles and remain up to date on policies, requirements, and services. Therefore, there are no mandatory training topics, as these depend on agency priorities and specific individual foster parent needs or the needs of specific populations of children in the state’s or tribe’s foster care system.
Foster Parent Assurances	H. Foster Parent Assurances: Applicants must agree to comply with their roles and responsibilities as discussed with the title IV-

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	<p>E agency once a child is placed in their care. The title IV-E agency must require assurances including:</p> <ol style="list-style-type: none"> a. Applicants will not use corporal or degrading punishment. b. Applicants will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and/or nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated. c. Applicants and their guests will not smoke in the foster family home, in any vehicle used to transport the child, or in the presence of the child in foster care. d. Applicants will adhere to the title IV-E agency’s reasonable and prudent parent standard per section 472(c)(1)(A)(ii)(I) of the Act.
<p>Summary - Foster Parent Assurances</p>	<p>There are four foster parent assurances broadly written to apply across title IV-E jurisdictions which cover corporal punishment, alcohol and drug use, the reasonable and prudent parent standard and smoking. Assurances help a potential foster family to have a clear understanding of expectations prior to approval as a foster family home, cover behaviors which cannot always be verified as part of the home study and typically are expectations after a home is licensed in caring for a child. Title IV-E agencies may wish to develop additional assurances as appropriate to their jurisdiction.</p>

ⁱ We removed “in the child’s own language” in response to comments about the availability of communication aids, non-verbal communication and other efforts to address language barriers. Contrary to our intention, the model standards appeared to exclude these forms of communication.

ⁱⁱ We added the Tdap vaccine as a model requirement for caregivers of infants, consistent with the ACIP recommendations. ACIP recommends that adults be vaccinated against pertussis (whooping cough) as part of the Tdap vaccination every 10 years (<https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>). Further, the Centers for Disease Control and Prevention recommends that adults who are not up to date on their pertussis vaccine receive a Tdap vaccination at least two weeks before coming into close contact with an infant (<https://www.cdc.gov/features/pertussis/index.html>).

ⁱⁱⁱ We added the annual influenza vaccination as a model requirement for caregivers of infants and caregivers of children with special medical needs. ACIP recommends that all adults be vaccinated for influenza annually (<https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>). Further, the Centers for Disease Control and Prevention puts special emphasis on the importance of influenza vaccination for household contacts and caregivers of children less than five years old, and particularly household contacts of children less than six months old; and household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza (https://www.cdc.gov/mmwr/volumes/67/rr/rr6703a1.htm?s_cid=rr6703a1_w).

^{iv} The recommendations of the ACIP are generally adopted and supported by the AAP and the AAFP, which both currently have representation on the ACIP (<https://www.cdc.gov/vaccines/acip/members/index.html>).

^v The model standards do not specify how the references must be verified, meaning that, under the model, a reference could be obtained in writing, over the phone, through email or text, video chat, etc.

^{vi} The model standards do not require that the toilet, sink and shower or tub be in a single room.

^{vii} We did not intend that the term “swimming pool” would include temporary wading pools or “kiddie pools.”

^{viii} The AAP recommendation is supported by multiple agencies within the U.S. Department of Health and Human Services, including the Eunice Kennedy Shriver National Institute of Child Health and Human Development at the National Institutes of Health, the Maternal and Child Health Bureau of the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the Food and Drug Administration (<https://www.nih.gov/news-events/news-releases/hhs-agencies-express-support-infant-safe-sleep-recommendations>).

^{ix} The United States Consumer Products Safety Commission recommends installing a carbon monoxide detector in the hallway near every separate sleeping area of the home (<https://www.cpsc.gov/Safety-Education/Safety-Education-Centers/Carbon-Monoxide-Information-Center/Carbon-Monoxide-Questions-and-Answers-/>).

^x We revised the standards and summary to remove references to “only adults in the home” providing transportation. We agreed with commenters who expressed concerns that this is overly restrictive and unrealistic, and could be read to exclude safe transportation arrangements with family friends, caseworkers, and teen household members. We also made edits to clarify that the license, insurance, and safety restraint requirements apply only to privately-owned vehicles of the applicants, family or friends that are used to transport a child in foster care.

^{xi} We did not intend that training on CPR would necessarily include completion of a CPR certification course.

Attachment B

Regional Program Managers – Children’s Bureau

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2	<p>Region 2 - New York City Alfonso Nicholas alfonso.nicholas@acf.hhs.gov 26 Federal Plaza, Rm. 4114 New York, NY 10278 (212) 264-2890, x 145 States and Territories: New Jersey, New York, Puerto Rico, Virgin Islands</p>	7	<p>Region 7 - Kansas City Deborah Smith deborah.smith@acf.hhs.gov Federal Office Building, Rm. 349 601 E 12th Street Kansas City, MO 64106 (816) 426-2262 States: Iowa, Kansas, Missouri, Nebraska</p>
3	<p>Region 3 - Philadelphia Lisa Pearson lisa.pearson@acf.hhs.gov The Strawbridge Building 801 Market Street Philadelphia, PA 19107-3134 (215) 861-4030 States: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p>	8	<p>Region 8 - Denver Marilyn Kennerson marilyn.kennerson@acf.hhs.gov 1961 Stout Street, 8th Floor Byron Rogers Federal Building Denver, CO 80294-3538 (303) 844-1163 States: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p>
4	<p>Region 4 - Atlanta Shalonda Cawthon shalonda.cawthon@acf.hhs.gov 61 Forsyth Street SW, Ste. 4M60 Atlanta, GA 30303-8909 (404) 562-2242 States: Alabama, Mississippi, Florida, North Carolina, Georgia, South Carolina, Kentucky, Tennessee</p>	9	<p>Region 9 - San Francisco Debra Samples debra.samples@acf.hhs.gov 90 7th Street - Ste 9-300 San Francisco, CA 94103 (415) 437-8626 States and Territories: Arizona, California, Hawaii, Nevada, Outer Pacific—American Samoa Commonwealth of the Northern Marianas, Federated States of Micronesia (Chuuk, Pohnpei, Yap) Guam, Marshall Islands, Palau</p>
5	<p>Region 5 - Chicago Kendall Darling kendall.darling@acf.hhs.gov 233 N. Michigan Avenue, Suite 400 Chicago, IL 60601 (312) 353-9672 States: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p>	10	<p>Region 10 - Seattle Paula Bentz paula.bentz@acf.hhs.gov 701 Fifth Avenue, Suite 1600, MS-73 Seattle, WA 98104 (206) 615-3662 States: Alaska, Idaho, Oregon, Washington</p>