DEPARTMENT OF SOCIAL SERVICES

CHILDREN’S DIVISION

P.O BOX 88

JEFFERSON CITY, MISSOURI

JANUARY 21, 2005

MEMORANDUM

TO: AREA EXECUTIVE STAFF, CIRCUIT MANAGERS AND CHILDREN’S DIVISION STAFF

FROM: FREDERIC M. SIMMENS, DIRECTOR

SUBJECT: LICENSURE OF FOSTER/ADOPTIVE APPLICANTS AND COMMUNICABLE DISEASE

SECTION 6.3 ATTACHMENT B FOSTER FAMILY HOME LICENSING RULES

The purpose of this memorandum is to clarify the Children’s Division’s communicable disease policy. As per the Department of Health and Senior Services, a communicable disease is defined as a disease that can be transmitted from one person to another. These diseases can range from mild to serious. This definition is dependant upon a physician’s examination and diagnosis.

The CSR 40.60.020 foster/adopt home license rules state the following:

Health of Foster Family:

a) At the time of application for an initial license, foster parents shall authorize their physician to submit a statement on a prescribed form, regarding his opinion of the mental health of each foster family member and certifying that a physical examination was completed within the past year and that the foster family members are free from communicable disease. A tuberculosis test and/or chest x-ray shall be completed, if recommended by the physician.

The physician’s statement shall indicate whether the applicant has a communicable disease and shall further state whether the disease will present a medical risk to children and families and if the disease is easily transferred from
one person to another. If the physician’s statement reveals the above we will be unable to license the individual as a foster/adopt home.

If a currently licensed foster/adopt parent is occupationally exposed to blood or other potentially infectious material they would need to be evaluated for exposure to communicable diseases.

A foster or relative parent who accepts a child who has a communicable disease shall be required to be trained in the proper medical handling procedures for the child in their care to ensure continued safety of the child and foster/adopt family.

There may be individual situations when a relative or kinship provider who is infected with a communicable disease can be licensed as a child specific placement with parental consent.

NECESSARY ACTION:


2. Implement policy immediately upon receipt of this policy.

3. All comments and recommendations regarding this subject should be cleared through normal supervisory channels.

FMS/BW/VES