

BLUEGRASS

THERAPEUTIC FOSTER CARE



FOSTER PARENT

HANDBOOK

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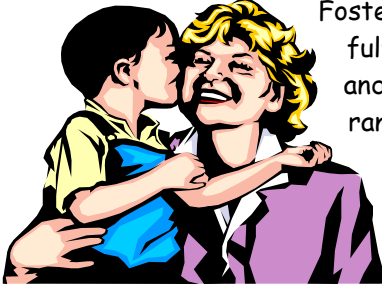
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This manual has been developed to provide information that will assist foster parents in providing the highest quality of service possible to the children placed in their care. Bluegrass TFC staff shares with you the role of meeting the needs of the children in your home.



Foster parenting can be as challenging and demanding as it is rewarding and fulfilling. It is essential, therefore, that the agency assists you in developing and maintaining skills and the knowledge base required to meet the wide range of parenting needs of the children we serve. Your knowledge, understanding, commitment and daily care are necessary for the well being of children who require out-of-home care. You will experience great satisfaction with the knowledge that you are impacting the

healthy growth and development of the children placed in your care. This growth might never be possible without the commitment demonstrated by you and other Bluegrass TFC foster parents who share this common experience with you. It is important, therefore, that we begin our team effort with a common view of our vision, values and mission for the children and families we serve.





BLUEGRASS THERAPEUTIC FOSTER CARE

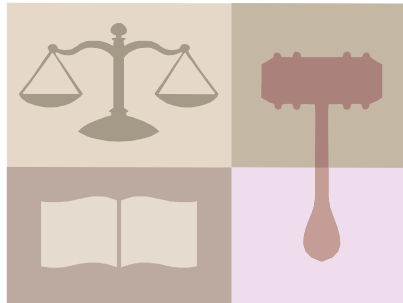
MISSION STATEMENT

The Therapeutic Foster Care Program (TFC) is an integral part of the overall mission of the Board. The Board's mission is to assist individuals and families in the enhancement of their emotional, mental, and physical well-being by providing mental health, mental retardation, developmental disabilities, and substance abuse services. The Board recognizes its responsibility to serve those who have limited options for meeting their needs. The Board plans with communities, develops innovative programs to respond rapidly to needs, and, as appropriate, help influence community priorities to ensure that individuals and community-based service gaps are addressed. The TFC program is a community-based program, family orientated mental health service for children. This program works in partnership with Board programs, parents, and other human services systems in the community.

The goal of the Therapeutic Foster Care Program is to provide a therapeutic environment for the child in as normalized a setting as possible until the child is able to return to his/her family, a less restrictive setting or is adopted. In this program, family members are considered a part of the treatment team when reunification is the goal. Every effort will be made to keep the child's bond to his or her birth family or guardians strong regardless of the ultimate permanency goal.

The program services children in the Board's therapeutic foster homes which may be located in any of the seventeen counties of the Bluegrass Region.

LEGAL



Bluegrass Therapeutic Foster Care (TFC) a program of Bluegrass Mental Health Mental Retardation Board is a licensed child-placing agency in the Commonwealth of Kentucky through the Office of the Inspector General and must comply with all regulations in 922 KAR 1:310 and other noted regulations. Licenses are renewed annually.

Bluegrass TFC operates under a contract with The Cabinet for Health and Family Services to provide foster and therapeutic foster care services.

In addition Bluegrass TFC follows a set of organizational polices and procedures and meets the standards for JACHO accreditation of services.

In most instances, the Department for Community Based Services (DCBS) has the authority to place and maintain children in therapeutic foster care through a series of orders handed down by the courts. These orders give the Department temporary custody, or at some point permanent custody, by terminating parental rights. Throughout the duration of the court order, DCBS acts as legal custodian of the child.

The Adoption and Safe Families Act of 1997 has established strong national goals for children in our nation's child welfare system. These goals are safety, permanence and well being. You will find as you go through training and this manual that changes in Kentucky's foster care policy and practice emphasize the safety and health of children as being of paramount concern in providing services.

Bluegrass TFC also provides respite and crisis foster care placements for children who are not in the custody of The Cabinet for Health and Family Services. These children are clients of Bluegrass Mental Health Mental Retardation Board Inc. and the purpose of these placements is to strengthen families, prevent custody, and to assist families and Board clinicians in providing treatment. In these cases birth family or custodial agent gives permission for the foster care placement and emergency medical treatment for children while in care.

FAMILY FOSTER HOMES

Various types of family foster homes and services are provided for children in out-of-home placement. The home into which a child is placed should be based on the identified needs of the child at the time of placement. Family foster care provides the least restrictive and most family-like environment for children who are in need of out-of-home placements. The following types of family foster home situations may be provided based on the preparation and approval of the foster home.

Regular Family Foster Home

Regular family foster homes provide temporary care for children who have a range of parenting needs, from basic to highly skilled. Ideally, placement into a regular foster home is time limited, during which time the birth parents are receiving services in an effort to resolve the problems that resulted in the child coming into placement. If the situation allows, it is sometimes recommended that foster parents share their child-rearing and homemaking skills with birth parents.

Bluegrass TFC follows these state guidelines for placement of children in regular foster homes: According to Kentucky state regulations the number of children placed in a foster home by a child-placing agency shall not exceed six (6) including the foster parent's own children. The number of children residing in a foster home that cares for a child in the custody of the cabinet shall not exceed five (5), including the foster parent's own children.

Therapeutic Family Foster Home

Therapeutic family foster homes provide "specialized care" for children with increased levels of physical, mental or emotional needs who can function within a family setting. Foster parents providing this type of care receive special training in addition to the basic training provided. This prepares them to better understand, accept and manage the child's physical, emotional/behavioral needs and challenges. These foster parents are trained to provide care for children who exhibit moderate to severe behavioral management problems, which may include hyperactivity, impulsiveness, defiance, sexual behavior, verbal and/or physical aggression, anxiety, depression, destructiveness, and other behaviors. Foster homes providing increased levels of care have greater restrictions on the number of children the foster parents can care for at any given time, including their own.

Bluegrass TFC follows these state guidelines for placement of children in therapeutic foster homes: According to Kentucky state regulations the number of children residing in a therapeutic foster home shall be limited to a total of six (6) children, including no more than two (2) therapeutic foster care children. The number of children residing in a therapeutic foster care home that cares for a child, in the custody of the cabinet, shall be limited to four (4) children, including no more than two (2) therapeutic foster children.

When placing children under two (2) years of age, the child-placing agency shall have a maximum of two (2) children under the age of two (2) placed in the same foster home at the same time with the exception of a sibling group, who may remain together. For any exceptions to these guidelines we are required to submit a written justification.

Daily Per Diem/Payment Schedule

Bluegrass TFC will provide a daily per diem reimbursement to foster parents. This daily per diem is provided to the foster parents for reimbursement for the cost of providing the child with room and board, clothing, food, travel expenses, personal items and recreational expenses.

This reimbursement is not considered taxable income and not reported to the Internal Revenue Service. Any questions regarding this should be directed to your tax professional.

Any extraordinary expenses the child may incur can be reviewed on a case by case basis and the agency is very generous in assisting foster families with these expenses in an effort to meet the needs of the children and foster families. In some cases, the Cabinet may also assist with these expenses. In most all cases children are Medicaid eligible or have private insurance to pay for all medical expenses.

Foster parents are reimbursed monthly. Foster parents submit invoices to our office monthly. In the event it becomes necessary for you to inquire as to the status of your check or if you have a question about the amount please contact the Bluegrass TFC office.

Children's Review Program/Level of Care

Children who are in the custody of the Cabinet are assigned a Level of Care by The Children's Review Program, which is a contractor for The Cabinet for Health and Family Services upon being placed in out-of-home care. Those children who are in a respite or crisis foster care placement are not assigned a level of care. The decision on the level of care is initially based upon the information provided to the Children's Review from the state agency worker for child. After the initial level of care, the child has a Utilization Review every six months which includes a Progress Report prepared by the child's Bluegrass TFC case manager utilizing all the information provided by foster parents. During this utilization review the child's level is assessed and reassigned as indicated.

The following is a summary of the Levels of Care:

Level 1

A Level 1 child requires a routine home environment that: (a) provides maintenance; (b) provides guidance; (c) provides supervision to meet the needs of the child; and (d) ensures the emotional and physical well being of the child.

Level 2

A Level 2 child; (a) may engage in nonviolent antisocial acts, but be capable of meaningful interpersonal relationships; and (b) requires supervision in a structured supportive setting with (1) counseling available from professional or paraprofessional staff; (2) educational support and (3) services designed to improve development of normalized social skills.

Level 3

A Level 3 child (a) may engage in an occasional violent act; (b) may have superficial or fragile interpersonal relationships; (c) require supervision in a structured, supportive environment where the level of supervision and support vary from low to moderate, proportional to the child's ability to handle reduced structure; (d) may occasionally require intense levels of intervention to maintain the least restrictive environment; and (e) requires a program flexible enough to allow: (1) extended trials of independence when the child is capable; (2) a period of corrective and protective structure during relapse; and (3) counseling available from professional or paraprofessional staff.

Level 4

A Level 4 child (a) has behavioral and physical, mental or social needs that may present moderate risk of causing harm to himself or others; (b) requires a structured supportive setting with: (1) therapeutic counseling available by professional staff; and (2) a physical environment, and treatment program designed to improve social, emotional, and educative adaptive behavior.

Level 5

A Level 5 child has (a) a severe impairment, disability or need; (b) is consistently unable or unwilling to cooperate in his own care; or (c) presents a severe risk of causing harm to himself or others; and (d) requires Level 4 services and a (1) highly structured program with twenty-four hour supervision; or (2) specialized setting that provides Bluegrass TFC and effective care for a severe, chronic medical condition complicated by a behavioral disorder or emotional disturbance.

INITIAL CERTIFICATION OF A THERAPEUTIC FOSTER HOME

All foster parents must complete an orientation and preparation training curriculum during the initial certification process before a child can be placed in the home.

The following is also required to certify your home:

- An in home interview with you and all household members
- Completion of a Bluegrass TFC Safety Audit
- Copies of current driver's license (if applicable)
- Copies of auto insurance (if applicable)
- Copy of home owner's insurance (if applicable)
- Current financial statement
- Current medical statements for all household members
- Copy of T.B. Test Results
- Copies of current inoculations for all household pets
- Annual criminal records check on each household member 16 years of age or older
- Annual CAN registry checks for all household members over the age of 12.
- Contract with Bluegrass Mental Health Mental Retardation Board
- Copies of documentation of all marriages, divorces, death certificates of spouses, child custody orders, and child support orders, as applicable.
- Home Study narrative (completed by Bluegrass TFC staff)

Ensuring the Continued Quality of the Foster Home

All foster parents are required to complete additional training hours during each certification year. The training must relate to the skills required in the day-to-day parenting of children in care. The minimum number of hours currently required is 24.

Training requirements can be met several ways. The agency offers training by case managers and therapists in the foster home during home visits, and can provide training materials and video tapes for foster families, Foster parents are encouraged to utilize numerous other resources including the internet, books, articles, and video tapes. Foster parents are also encouraged to utilize community resources for training.

The failure or refusal of a foster parent to complete the required annual training will result in the closure of the foster home.

RECERTIFICATION

The certification of a foster home is for one year. Approximately 90 days before the expiration of your certification period you will be contacted regarding your desire to recertify your home.

The following will be required to recertify your home:

- Completion of a minimum of 24 hours of ongoing training
- An in home interview with you and all household members
- Completion of a Bluegrass TFC Safety Audit
- Copies of current driver's license (if applicable)
- Copies of auto insurance (if applicable)
- Copy of home owner's insurance (if applicable)
- Current financial statement
- Current medical statements for all household members
- Copy of T.B. Test Results
- Copies of current inoculations for all household pets
- Annual criminal records check on each household member 16 years of age or older
- Annual CAN registry checks for all household members over the age of 12.
- Agency review of foster home during past year
- Board Contract/Misc
- Copies of documentation of any changes in marital status, child custody orders, and child support orders, as applicable.
- Completed Recertification Home Study narrative (completed by Bluegrass TFC staff)

The recertification of your foster home is a joint process that involves you, your household and Bluegrass TFC staff wherein you review the successful outcomes and challenges of the previous year. The maintenance of standards and quality of care provided by you are among the areas reviewed by us. You will have an opportunity to provide input regarding your experiences during the previous year and the support needed to strengthen your role as foster parents.

Following this re-evaluation process Bluegrass TFC will make a decision as to whether or not your home will be recommended for recertification for another year.

In the event any of the following occur within your certification period we will need to re-evaluate your home prior to the annual review:

- Any person comes to reside in your home for more than 2 weeks.
- A serious injury or illness involving medical treatment beyond first aid;
- Death of a foster child;
- Removal of a foster child from the home by any person or agency other than the placing agency, or attempts at such removal.
- Any involvement of a foster child with law enforcement authorities.
- Child having been punished by anyone in any of the following means/manners:
 - Cruel, severe or humiliating actions.
 - Corporal punishment inflicted in any manner.
 - Denial of food, clothing or shelter.

- Withholding implementation of the child's treatment plan.
- Denial of visits, telephone or mail contacts with family members, unless authorized by court of competent jurisdiction.
- Assignment of extremely strenuous exercise or work.
- A report of abuse, neglect or dependency that results in a finding that is:
 - Substantiated
 - Reveals concerns regarding the care of a child.
- Any other factors that may jeopardize the physical, emotional or mental well being of a child in your home.
- Any fire in your home requiring the services of a fire department.
- Your home becomes uninhabitable for any reason.
- Any impending change in your marital status or in the household occupancy.
- Any sudden onset of a health condition that impairs your ability to care for a child in the home.
- A death or disability of a family member.
- Any sudden, substantial decrease in or loss of income in your home.
- If you are cited charged with or arrested for a violation of law other than a minor traffic violation.
- Any planned move of your home.

When any of the aforementioned affects your foster home, Bluegrass TFC will conduct and document a review of your home which will contain the following:

- Identifying information
- The current composition of the household
- A description of the situation that initiated the review.
- Assessments of the family functioning to determine if the child's needs are being met.
- A corrective action plan that may include a recommendation to close the home.

Rights and Responsibilities

The Rights of Foster Parents

As a foster parent and respected member of the Bluegrass TFC team, you have many rights. To be provided:

- Pertinent information about the child and his/her family.
- A clear understanding of your role as a foster parent, and the role of the birth parent and the agency with respect to the child in care.
- Respect, consideration, trust and valuation as a member of the Bluegrass TFC team, making an important contribution to the agency's objectives.
- Involvement in crucial decisions regarding the child as a team member who has pertinent information based on your day-to-day knowledge of the child. This includes the opportunity to share your knowledge of the child for treatment planning. You will be provided with a copy of your child's Treatment Plan.
- Continuation of your own family patterns and routines as much as possible.
- Reimbursement for the child's care in accordance with our established per diem rates
- Recourse to the Foster Parent Grievance Procedures to resolve differences of opinion related to the care of the child or to your role as a foster parent.
- Communication with the agency when needed. In some instances you may have difficulty reaching your case manager who may be out in the field. You should be able to access other key staff during normal office hours. In emergency situations you can contact the on-call worker at the published pager number and will receive a response as quickly as possible.
- Knowledge of the child's permanency plan.
- Confidentiality of all records the agency has regarding your home. All requests for release of information will require your written authorization. The exceptions would be the Cabinet for Health and Family Services, The Children's Review Program (CRP); the Office of Inspector General (JACHO), (our accrediting body) or any other entity who has authorize to provide oversight of programming.

The Responsibilities of Foster Parents

In order to provide the best possible home environment for the child, you must work closely with the child's case manager. You and the agency are allies in the job of caring for children in out-of-home placements. Our purpose or mission should be one and the same-to provide services that support the strengthening of families and the protections of children from further abuse or neglect. This is an extraordinary responsibility but one of necessity on your part. Some of your responsibilities include the following:

- Provide the most nurturing care possible, using the agency's guidelines and policies, and the child's case plan requirements as a guide for setting goals for children.
- Rigorously follow confidentiality guidelines.
- Provide day-to-day care for the child, including on-going supervision, nurturance, appropriate training and discipline, and basic maintenance.
- Ensure all children placed in your home have been oriented to foster home emergency plans.

- Be available for scheduled supervisory visits by the agency with you and the child.
- Share the responsibility of getting the child to scheduled appointments. The foster parenting role requires that you assume much of the responsibility of the day to day needs of the child. In some instances, this may require planning with the Case Manger to ensure the child has transportation.
- Keep records such as logs, daily documentation, calendars and life-books, documenting the child's needs, successes, developmental achievements, and any other milestones occurring while in your care.
- Support the child's visits with birth parents, siblings, and/or other relatives.
- Support the child's reunification with parents, siblings, relatives, or any other permanency plan that has been established for the child.
- Assist children in their move from your home to another placement.
- Communicate, as appropriate, with birth parents during visits regarding the child's daily experiences, including needs, successes, and milestones.
- Observe the child closely and report any behaviors of concern to your case manager. Always share this information with your case manager.
- Support the religious/cultural practices of the child.
- Work closely with the child's school and teacher.
- Provide assistance with homework.
- Shop for clothing and personal needs of the child.
- Dress children in clothes that are clean, neat, serviceable, and appropriate for their sex, age, size and the occasion.
- Keep your case manager abreast of any problems, potential problems, or concerns with the child's placement in your home.
- Give a two-week notice before requesting a child's unplanned removal from your home. In the event there is a safety issue involved this may not be necessary.

Rights of the Birth/Legal Parents

What are the rights of birth parents or legal parents? Unless modified by a court order, birth parents retain many rights following the removal of their child from their home. Birth parents retain the right to:

- Be included in plans for the child's placement.
- Have their child placed in an environment that is consistent with the child's needs, within reason.
- Have their child placed in an environment that is sensitive to the child's religious, cultural and social background.
- Visit their child. The right to embrace and enjoy their child is not canceled unless it is determined not to be in the best interest of the child; to nurture a relationship that may have been faulty at one time is a right of the birth parent.
- Learn through past mistakes, to make appropriate changes in their behavior, and work to improve their relationship with the child.
- Legal representation in all matters affecting the health and welfare of their child. While the Cabinet has the legal right to give consent for the routine medical care of the child in foster care, the birth parent has the right to appeal decisions of the agency or the court, and has the right to grant permission for major non-emergency surgery prior to the termination of their rights.
- Review legally permitted portions of the case record pertaining to them and their children.
- Request a court hearing when in disagreement with the case plan.

- Information on how to obtain confidential information about the child not available to the Cabinet.
- Petition the court at any time for the return of custody prior to termination of parental rights.

Responsibilities of the Birth/Legal Parents

While the court may have suspended some of the rights of the birth parents, they retain certain distinct responsibilities. The birth parents are obligated to:

- Recognize that there are specific reasons why the court removed the child from their care. They must understand the reasons and what they must do to change the current situation to allow the child to be returned to their care.
- Cooperate with the Case Plan and work toward solutions to the existing problems. The parents are obligated to seek remedies and assistance to deal with the factors which caused the child's removal. This responsibility includes cooperation in all phases of the recommended foster care plan.
- Understand that foster parents are a very important part of the care and/or treatment program. The birth parent must recognize that foster parents are not purposely alienating or keeping the child from them, but are giving freely of themselves in an attempt to fill a gap in the child's life.

Rights of the Agency

- To be made aware of as soon as possible, of the following:
 - 1) Any issues of concern regarding the child or the child's well being.
 - 2) Any significant change in the foster parent's ability or willingness to provide continued care for the child in the home.
 - 3) Any changes in the foster parent's home that would directly or indirectly, impact the child in the home.
- To make placement decisions based on the needs and best interest of the child.
 - 1) To remove a child from a foster home in which his safety and/or well being are in jeopardy.

Responsibilities of the Agency

- The agency's primary responsibility in regard to children who are placed in care is to work in partnership with foster parents or other caregivers to achieve the goals and complete the case plans established for the child's permanency. This is done primarily through the Treatment Director or Case Manager whose responsibilities include, but are not limited to, the following:
 - 1) Plan with the foster parent in placing a child in the home.
 - 2) Provide as much information as possible about the child.
 - 3) Maintain face to face contact with the child at least twice monthly, with at least one being in the foster home and one outside the foster home
 - 4) Maintain weekly contact via telephone and fax in addition to face to face contacts listed above.

- 5) Arrange visits between children and their parents, siblings, or significant others.
- 6) Have monthly supervisory contact with the foster home.
- 7) Remove a child from a foster home that does not adequately meet the child's safety or on-going needs.
- 8) Provide a 14-day notice of the agency's decision to make an unplanned removal of a child from your home (except when a child is determined to be at risk).
- 9) Facilitate the child's medical, dental and psychological care.
- 10) Keep the foster parents abreast of the Case Plan and permanency plans for the child.
- 11) Assist the foster parent in preparing the child to deal with unusual events/circumstances.
- 12) In the event the child experiences a traumatic experience while living in your foster home, i.e. death of a parent, sibling, or other event, the agency will facilitate the providing of services to help both the child and the foster parents deal with the situation.
- 13) Assist or provide direction to the foster parents in collecting and maintaining materials to be used in developing life books for children.
- 14) Notify the foster parents when the Cabinet is moving to terminate parental rights and provide the opportunity for the foster parents to be considered as an adoptive home.

Rights of the Child

- The child does not lose his inherent rights as a child simply because he has been removed from the home of his birth parents and placed in foster care. There are feelings of fear, hope, anxiety, joy, anticipation and grief—all emotions that any human being would experience under similar circumstances. Simultaneously, the child has a need to be nurtured, accepted, challenged and to view himself as a worthwhile person. In order to support the needs of children in care, foster parents must be aware of the various rights of children that contribute toward the fulfillment of such needs. Some of the child's rights while placed in your home include the following:
 - 1) The right to grieve for his family. No matter what has happened to him, a child usually cares for his family. He does not forget them due to the circumstances and, in the majority of cases, would like to return to them.
 - 2) The right not to have his birth family criticized by the foster parent. There will probably be times when the child will want to talk with you about his family. What he says may be truthful or it may be fantasy, and it may be difficult for you to know exactly how to respond to him. Never say anything critical about the child's parents. Draw attention to the feelings that the child is experiencing at the moment, not to what he is saying.
 - 3) The right to visit with his parents, siblings and other significant persons in his life, unless otherwise ordered by the court or the child's safety is at risk. The case manager will arrange visits and will always try to be considerate of the child, the birth family and the foster family.
 - 4) The right to be angry or upset. Think about his dilemma for a moment. He has been taken from what he knows, loves, and believes to be a part of himself, and placed in a new environment with total strangers. The child has been forced into a situation that may make him feel like a helpless victim.

- 5) The right to privacy-privacy of person, privacy of place, privacy of things. This is a basic right of any child or adult. The child has a right to be quiet and alone sometimes so he can think without disturbances. There needs to be a place in the home where he can go for privacy and where his belongings are respected.
- 6) The rights to receive unopened mail addressed to him, unless prohibited by a court order, case plan or consensual agreement between the agency and the Cabinet.
- 7) The right to be complimented on any improvement in his development-physical, social or emotional. Constructive criticism may be helpful, but praise, when due, can work magic.
- 8) The right to continued and private contact with his case manager.
- 9) The right to be cherished by a family of his own, either his family, aided by services and supports, a foster family, or an adoptive family.
- 10) The right to receive sensitive, continuing help in understanding and accepting the reasons for his own family's inability to take care of him, and in developing confidence in his own self-worth.
- 11) The right to receive continuing, loving care and respect as a unique human being...a child growing in trust in himself and others.
- 12) The right to grow up in freedom and dignity in a neighborhood of people who accept him with understanding, respect and friendship.
- 13) The right to receive help in overcoming deprivation or whatever distortion in his emotional, physical, social, intellectual and spiritual growth may have resulted from his experiences; the right to receive a healthy preparation for citizenship and parenthood.
- 14) The right to representation by an attorney in administrative or judicial proceedings so that his or her best interests are safeguarded.

THE PLACEMENT PROCESS

If possible, visits between the foster parents and the child will be arranged prior to placement. This procedure benefits all parties involved in the process. The time, place, number of visits and the persons involved will depend upon the circumstances in each case.

Steps you can take to help the pre-placement visits run smoothly include the following:

- If the child is in the hospital, you should visit him there.
- When visits take place at the foster parent's home it is always helpful to have only your household members present.
- Have available pictures of family members who are not present.
- Show the child his room, and the area where his personal belongings will be kept.
- Discuss with the child where he will attend school.

Any questions or concerns about the child or the placement should be discussed after the visit.

The Placement of a Child in Your Home

The time frame in which a child is placed in your home following your certification as a foster home depends upon several factors. A few of those include 1) the overall number of children in your area needing placement at the time and 2) the age, range, gender, and characteristics of the children you have noted and have been approved to foster. The second factor is based primarily on the mutual decision between you and your Program/Treatment Director regarding the type of child whose needs you have stated you can meet and the level of parenting for which your home has been approved.

If circumstance allow, a visit will be planned in advance. In many instances, particularly after working hours, a child will be placed following only a brief call from the Cabinet regarding the child's general circumstances. Regardless of whether or not the placement is planned or an emergency the agency will share with you all applicable information available regarding the child and his situation.

Types of information that may be shared with you when a child is initially placed in your home include the following:

- The 111A Foster Home Contract Supplement (a form which will provide you with information concerning the child's history and risk factors of certain behaviors and supervision plan)
- Circumstances surrounding the child's placement in care.
- The child's placement history, if previously placed.
- Grade level, achievement level, and educational experiences and adjustment.
- Previous experiences with parents or other caretakers.
- Behavior patterns with parents, caretakers, or significant others.
- Medical history and any specific needs.
- Eating and sleeping patterns.
- Information regarding siblings or other significant persons in the child's past.
- Special instructions (dietary restrictions, medical needs, emotional needs, etc.)

The fundamental responsibility for the child placed in your home rests with the agency. The agency will do everything in its power to promote, protect and safeguard the welfare of the child. The agency must assure that the placement is appropriate to meet the needs of the individual child and that the child receives proper care while in placement.

The agency must ensure that the rights and responsibilities of the child, the birth parent and the foster parents are respected and fulfilled. The Case Manager must also maintain continued supervision of the child while he is living in the foster home. As a valued member of the foster care team, your perceptions of what is in the best interest of the child are important. You will be involved in planning for the child in preparation for the treatment plan meetings conducted every 90 days during placement.

Placement of the Child from Another Agency Foster Home

Unless there is an emergency move, the placement of a child from one foster home to another should be planned. In addition, the following should be provided.

- A pre-placement visit in your home.
- As much information as possible about the child.
- An updated 111A.
- A copy of the most recent treatment plan, with updated medical and educational information.
- Any other information or items that would minimize the trauma of the move for the child, including the child's experience in the last placement.
- If appropriate, the opportunity for the former foster parents to share information regarding their parenting experiences with the child.

How the Child Reacts to Placement

When the child is initially placed in your home, he will not become comfortable with you and his new surroundings immediately; even infants may experience a period of adjustment when placed in an unfamiliar environment. A child's reaction to placement depends largely upon his past experiences. The fact that your home provides a nurturing environment will not prevent this natural human process. An important point to remember is that the child's transition into your home will be made easier if you do not take his behavior personally.

Additional points to remember when a child is initially placed into your home.

- Be patient; don't expect miracles.
- The child is attempting to make some sense of new people, new surroundings, and behaviors that are different from what he is accustomed to.
- No matter how terrible the previous situation was, the child will probably display some sadness and anxiety due to his loss.
- The child may be unclean and poorly dressed with little, if any, clothing, or the child may be appropriately dressed with an adequate wardrobe. No matter what the child's condition, do not immediately discard his clothing and other personal possessions. They have special meaning to the child.
- The child may blame himself for what has happened. Assure him this is not the case.

- The child may be withdrawn, tearful, anxious, angry or overly active and playful. With some children, there will be no obvious effects of the placement.
- No matter what the child's behavior or disposition, it is important that you and your family show acceptance, warmth, and most of all understanding during this very difficult time for the child.

MEETING THE NEEDS OF THE CHILD IN YOUR HOME

How the Child Should Address Foster Parents

"A rose by any other name is still a rose." The child placed in your home should feel free to call you whatever is easiest for him and most comfortable for you. Experienced foster parents have found it helpful to suggest several acceptable names and allow the child to decide which one to use. Older children may not be able to address the foster parents by names that suggest that their own parents are being replaced. In many instances, children adopt the name being used by other children in the home in addressing the foster parents.

Supervision of the Child in Care

Children are responsibly supervised at all times while in placement. As foster parents, your parental responsibilities require a higher standard of conduct than that of the birth family from whom the child has been removed. A well trained foster parent, in actuality, is a "professional parent."

Supervision is provided or arranged by the foster parent based on the each child's level of care, age, condition and individual needs. When the foster parent is away from the home due to employment, training, or personal situations, a plan for the provision of substitute care by a competent and reliable person is put into place. In addition, foster parents must assure that any substitute caregiver is able to manage the parenting needs of the child left in their care. Any substitute caregiver must be made aware of and agree to follow agency guidelines regarding supervision, discipline and the safety needs of children in placement.

Situations requiring youth to be home alone after school hours or during the foster parent's business or personal appointments are sometimes acceptable based on the individual needs of the child. Primary factors to consider in determining if a teen should be left alone are age and level of maturity. Other factors include the following:

- Judgment and level of maturity, development or mental capacity.
- Demonstration of dependability, responsibility and trustworthiness.
- History of emotional/psychological stability.
- History of runaways and other status offenses.
- History of alcohol and substance abuse.
- The number of youth in the home involved and their relationship with each other.
- Safety of the home environment
- Child's ability to easily access the foster parent or other reliable adult.

Foster parents are required to consult with their case manager before leaving a child in the home unsupervised.

Violations of Supervision Requirements

If there is a substantiated allegation of children being left improperly supervised, a Corrective Action or closure of the home may take place.

Visitations

Whether the child has been removed by an order of the court, or has been voluntarily placed in foster care by the birth parents, the parents will likely continue to command a role in the child's life. Unless permanent separation has taken place, voluntarily by the birth parents or by termination of parental rights, it is imperative that the child and his birth parents be allowed visitation. There is a high correlation between the number of visits between a child and his parents and the successful return of the child to his parents.

Foster parents play a major role in seeing that children experience successful visits with their birth relatives by preparing them for the visit before hand and following up with them afterwards. It is important that foster parents work along with the child's case manager in making visits as easy and natural as possible.

The case manager and the Cabinet will define visit schedules and they will be placed in the DCBS case plan under the visitation agreement. A great deal of consideration is given to all persons involved particularly the foster parents who will responsible, in most cases, to get the child to and from visits.

Parent and child visitations may take place in a number of different settings and may be supervised or unsupervised. Children have a right to visit with their parents and siblings as long as it is determined to be in their best interest. It is wise to remember that a child's birth parents are his own. He cannot, in most instances, forget them entirely. Even if they will never make a home for him, a child's parents are important to him. Your greatest service to a child would be to encourage and support his faith in his birth parents. This approach forms a healthy basis for future relationships, including the child's relationship with you.

The child should be made to feel that it is acceptable to talk about his birth parents following visitations, or at any time for that matter. If talk is negative, it is not necessary to agree or disagree. Focus on the child's feelings and provide feedback by helping the child isolate or identify his feelings and providing validation. You should contact your case manager if what the child is saying about the parent or his display of emotions give rise to concern.

When Birth Parents Pose a Problem

It is important that foster parents immediately report any concerns regarding the birth parents, particularly as it relates to unauthorized visits, telephone calls or threats. While it is important to support children in maintaining connections with birth parents and other significant people in their past, this should never be done at the expense of the safety and security of the child or the foster family. You will find, however, that most birth parents are not difficult to work with

and many of them welcome the care and stability you are providing for their child during their period of crisis.

Developing the Child's Life Book

Life books are important to children in placement. Children in care often experience gaps or "blind spots" in their life experiences, primarily due to the traumas they have had to deal with. A well-done life book does an excellent job of helping children maintain connections or links with their past as well as carry memories of their time spent with your family to their new, and hopefully, permanent placement. Life books may also provide helpful information to the new caregiver, whether it is another foster family, an adoptive family or the birth parents.

A life book may consist of a simple compilation of dates, milestones, photos, and memorabilia that have been placed in an inexpensive folder or it may be an elaborately done album that has been carefully and creatively constructed by the foster parents and child. Either way, these books serve an important function in helping the child view his or her life as meaningful and provide a sense of connection and self-worth.

Putting Together a Child's Life Book

❖ Basic life book tools

Pen/Pencil- Used to record information. Write down information as soon as possible after it occurs. This helps to maintain the accuracy of the information being provided. Information should never be written in a way that demeans the child or the birth family. Even the most sensitive situations can be described in a meaningful, non-threatening way.

Notebook- Notebooks may be use to keep recorded events and anecdotes (a brief description of an interesting, amusing or significant incident) that require more detailed writing or explanation than can be placed on a calendar.

Calendar- The calendar may also be used to note the child's accomplishment of milestones. Calendars are indispensable for recording information on the spur of the moment. When a child takes his first step or you discover the first tooth being "cut", you can immediately record this event on your calendar and just forget it until you're ready to transfer this information to a more permanent place.

Large Envelope- Large envelopes may be used to store photos, the child's artwork, grade reports, school awards and certificates, a hospital identification badge and other items that may have some significance to the child.

❖ Items that may be included in a child's life book

- Birth family page (may include photos or information about birth parents)
- The child's birth page (may include birth/hospital information, photos, etc.)
- Child's family tree

- Important people in child's life (foster family, friends, teachers, coaches, case manager, etc)
- Child's first (smile, tooth, steps, hair cut, lost tooth, etc.)
- Favorites (foods, toys, places, school subjects, movies, TV shows, books, etc.)
- Places traveled to (cities, school trips, family trips, etc.)
- Special holiday remembrances
- Birthdays (a snapshot of a child, birthday cake, cards, party participants, etc.)
- School memories (school and class photos)
- Accomplishments (report card, awards, artwork, schoolwork, etc.)
- Other categories or items you may choose.

These items may be arranged in a scrapbook or an inexpensive, brightly colored folder. Items should be arranged chronologically as they occurred in the child's life. If the child were old enough, it would be more meaningful to have his involvement in putting the book together. The thoughts and feelings of the child should be included as well as tactfully stated facts.

The Child's Personal Property

The personal items the child brings with him or receives-regardless of their condition, appearance, or cost-are very important to him. The child should have control of such articles and have access to them unless they pose a danger to him or others. The child should not be expected to give them up or value them less, and should never be criticized because of his attachment to such things. Packing items the child is not using in "his special box" may satisfy the child's need to secure his belongings and the foster parent's desire for order in the home. If the child's lack of orderliness is a major concern, use this as an opportunity to teach him how to care for and store personal belongings.

Clothing

During placement, you and your case manager will determine the adequacy of your child's wardrobe.

- **Initial Clothing:** Upon placement into your home an initial clothing inventory will be completed within 24 hours. If the child does not have adequate clothing to meet immediate needs, the agency may authorize an emergency clothing order. This must be approved through your case manager.
- **Annual Clothing:** It will be your responsible to ensure that the child has adequate and appropriate clothing during the time they are placed in your home. Part of your reimbursement is to be used for this purpose. In the event you are not providing for this need, your case manager will arrange to shop for the child's needs and the funds for these purchases will be deducted from your next reimbursement check.
- **Clothing Inventories:** Complete clothing inventories will be prepared when a child arrives in your home; at the change of seasons (minimally 2x a year) and upon the child leaving your home.

Basic clothing needs are the responsibility of the foster parents and the cost is included in the daily per diem. However, extraordinary clothing needs sometimes require financial assistance to the foster parents from the agency or the Cabinet. These can be discussed with the case manager on a case by case basis.

A child's clothing is included among his personal belongings and should be taken with him when he is moved to another placement. Clothing that the child has clearly outgrown, but is in good repair, may be saved for other children coming into your home. This, of course, should be done with the agreement of the child, who may want to hold onto an item of clothing that has sentimental value.

Children should be dressed in clean, serviceable clothing that is appropriate for their size, age, gender and the occasion. Any exception to this would be at the child's request. Nothing shatters a child's self esteem more than being teased by his peers because he is inappropriately dressed. Children who may have few positive attributes in their favor would benefit greatly from the attention you give to their personal appearance. Talk with your case manager about any unusual clothing circumstances.

Mail

Sending and receiving mail are important to children. Opportunities should be provided for this, if possible, even if the mail has to be sent to the agency and then mailed off to the parent. Mail should never be opened or read by the foster parent, except at the child's request. Any concerns regarding the contents of mail received by the child should be shared with your Case manager.

Gifts

Foster parents frequently provide children with gifts. It is important that gifts be given with no strings attached. Let the child know the gift is his and that he can take it with him if he should leave your home, no matter what the circumstances.

Medical Care

Your case manager will provide you with information about the child's physical and mental health. In certain instances, this information is not readily available and, as a result, will not be available for you at the time of the child's placement.

You will be asked to obtain routine medical care. Physicals are scheduled once a year. Most children are covered under Medicaid and you will be provided with that medical card. The agency can help you identify health care providers in your community who accept Medicaid.

Since you will be providing the day-to-day care for the child in your home, it is recommended that you go with the child for health examinations and treatment. Your case manager will provide you with any information needed by your doctor or other medical provider. You will provide the agency with documentation of each health care visit.

You should discuss the illness of a child and any need for treatment with your case manager. In case of serious illness, take the child to the emergency room of a hospital if you cannot reach the child's physician for instructions. As soon as possible, notify the case manager at the agency or through the emergency pager number given to you. If hospitalization should be necessary, the state worker may be required to provide necessary authorization, which your case manager would obtain.

Ensuring ongoing medical care for each child is the responsibility of the foster parent. This includes transportation to appointments. The case manager will assist foster parents in determining each child's medical needs and ensuring those needs are met on an ongoing basis. Medical care is almost always discussed during home visits and at quarterly treatment team meetings.

Dental Care

Routine dental care should begin by age 3 and may be obtained by Medicaid providers. Routine examinations should occur at least annually and all corrective treatment completed.

Vision Care

Vision care generally begins at school age and may be obtained by Medicaid providers.

Specialized Services

Most children require special health services such as psychological or psychiatric evaluations and treatment. Your case manager will help you to identify and select places for you to seek this treatment.

School

A child of school age will be enrolled in school by the foster parent, or if the school requires either the agency case manager or the state worker can facilitate this. You will fill the parenting role for the child in school. However, there will be some instances where the Case manager will need to be directly involved with the school.

Some school related activities you will be involved with on the child's behalf include:

- Checking on and/or assisting child with homework.
- Signing various requests, report cards, etc.
- Attending and sharing in PTA and other school functions and activities.
- Advising your case manager of the child's progress in school, grade reports, notes from the school, teacher conferences, or your own observations.
- Providing a suitable place for the child to do homework. There should be a certain time of the day-understood by the child and expected by you-that the child routinely completes homework.

Problems such as truancy, emotional problems, and special education needs require the involvement of your case manager, yourself and the school.

Creating a Learning Environment in Your Home

Children often learn more from what they observe in their environment than from verbal instruction. Foster parents can create an environment in their home that encourages children to want to learn. Some of the measures you can take to achieve this include the following:

- Have a variety of books, including those for children, in your home. Many books in good condition may be purchased at little or not cost from second hand stores, yard sales, during sales at bookstores. Obtain a library card for the child.
- Read to younger children.
- Let children observe you reading the newspaper, books and other materials.
- Encourage children to express themselves verbally. They may share information regarding their school day, a field trip, their feelings and other experiences that occur from day to day.
- Identify days or evenings or special hours for reading or board games-no television
- Establish a special place for studying, homework and reading.
- Support and encourage children's hobbies such as collecting, making or building things.

Character Development: Recreation, Chores, and Spirituality

- Recreation- recreation is an important aspect to a child's development. It provides opportunities for self-expression and aids in the development of a positive self-identify through personal achievement. Recreation also provides a positive emotional outlet for children and opportunities to develop such traits as sportsmanship, fairness, cooperation, self-control and others. Foster parents should observe children closely and encourage and support them in their talents and interests.

Children should be provided with opportunities, if possible, to participate in activities of interest, such as: dance (ballet, etc.); sports (soccer, etc.); music; art; theatre or other interests. Special events and other outings enjoyed by children may include the following:

| | | | |
|------------------|-----------------|---------------|------------------|
| -circuses | -roller skating | -picnics | -carnivals |
| -sporting events | -movies | -county fairs | -family reunions |
| -camping | -concerts | -theme parks | |

Children should also be provided opportunities to visit other local places of interest that may enhance their growth and development. They may include the following:

| | | | |
|----------------------------|------------|----------------|----------|
| -museum | -zoo | -planetarium | -airport |
| -park | -live play | -state capitol | -library |
| -cultural/historical sites | | | |

Children can be very resourceful in helping to plan their own leisure time activities. This should be encouraged, and may be used as a special treat or a "reward" for continued positive behavior.

- Chores- Children typically do not maintain a positive attitude about having to perform family chores. However, these and other responsibilities are instrumental in helping the child develop such character traits as dependability, cleanliness, diligence and responsibility. In deciding what chores you will assign the child to complete, your best guide is what would you expect of your own child at the same age and level of maturity, or what should reasonably be expected of a child at that stage of development. Younger children will require some help with chores. Try to make this a fun experience for them.

In some instances, certain chores may be assigned to children in order to challenge or strengthen their capabilities. The assignment of too many challenging tasks, however,

will only serve to discourage or anger the child, and should be avoided. Children should never be made to feel that they have to "earn their keep." Rather, they should be made to understand that as a member of the family, the responsibilities assigned to them represent their share of the overall family responsibilities in the upkeep and maintenance of the home.

- Moral/Spiritual Development- It is important that children be provided opportunities for moral and spiritual development. However, this should not conflict with the preferences of older children, particularly when there is a significant philosophical difference in religious beliefs, or with birth parents when rights have not been terminated. This can be a very delicate area and should be discussed with your case manager.

Beliefs and actions that may be taught and modeled by foster parents, and which may contribute to the moral and spiritual development of children, are commonly found within most religious and spiritual precepts in one form or another, and may include the following:

| | | |
|--------------------------|------------|---------------------|
| -self-respect-self-worth | -honesty | -respect for others |
| -courage | -courtesy | -self-control |
| -cheerfulness | -fairness | -kindness |
| -perseverance | -tolerance | -virtuousness |

When to call your Case Manager

Your child's case manager will be in contact with you on a regular basis, by phone, and case managers will be visiting your home at least two times a month, but at times may visit more as necessary. At this time, you should share with them information regarding the child's status, including progress and any other needs or concerns. You may contact your case manager or the office at anytime during regular office hours if there is a need to speak to someone between visits. You have been provided with a list of emergency numbers to use at those times when the office is closed. You are provided with a main number and a back up to call if you do not get a response within a reasonable amount of time. It is very important that you contact these numbers if any of the following should occur:

- The child leaves your home without your permission.
- The child is seriously ill or has been seriously hurt and requires immediate medical attention. Take the child to the hospital emergency room if you cannot reach the child's doctor for advice. The agency will most likely need to complete any authorization forms for payment and hospital records.
- The child gets into serious trouble with the school, the police, or anyone else.
- If anyone, including the child's birth parents, tries to take the child from your home without the agency's permission.
- If there is any major changes or serious illness in your home.
- If the child's behavior poses a serious threat to the safety of himself or your family.
- If any physical intervention is used.
- If you feel you can no longer care for a child placed in your home.

Home Visits by the Case Manager are required by the Cabinet and are an integral component of the child's treatment and an important avenue for the foster family and case manager to

stay updated on the child's progress, and are opportunities for foster families to discuss all pertinent issues related to the child. Home visits are also training opportunities and foster home supervision opportunities. It is important that all foster family members are involved in home visits.

Children in Therapy

Bluegrass TFC is a program of Bluegrass Mental Health Mental Retardation Board Inc., the mental health center for the 17 counties of central Kentucky. Each child placed in the custody of the Cabinet or in respite or crisis foster care will have an individual mental health clinician. Some cases a Bluegrass TFC clinician will provide the therapy, and in other cases a Board clinician will be providing therapy. Often IMPACT clinicians may also be involved with the child. It is the responsibility of the foster parents to be aware of each child's clinical treatment plan and to provide transportation to the therapy sessions as directed by the treatment plan.

Ensuring that each child receives therapy is a joint responsibility of the clinician, case manager and foster parent. Foster parents are responsible for providing transportation to therapy appointments as the treatment plan requires. The case manager will coordinate therapy appointments with the clinician and foster parent. Therapy issues are usually discussed during home visits and foster parents often confer directly with clinicians and are sometimes involved in therapy sessions. It is extremely important that foster parents observe confidentiality regarding treatment issues.

Contact with the child's DCBS worker

Most of the contact with DCBS will be done by your case manager and will be relayed to you. However, at times the DCBS worker will contact you directly. In the event this happens you will need to contact your case manager immediately and let them know what the contact was about.

On the other hand, if you feel the need to contact the child's DCBS worker directly please inform your case manager that you are going to do so and what you wish to contact them about.

If a DCBS worker contacts you directly and requests a visit to your home you must make arrangements for this, however, you still need to notify your case manager of the visit.

Other situations requiring agency contact and prior approval

- A change in schools (other than normal- going from elementary to middle)
- A major change in the school program.
- Leaving school.
- Taking a job.
- Baptism, confirmation, etc.
- A drastic change in the child's appearance (tattooing, body piercing, hair color, etc.)
- Obtaining birth control.
- Dating
- Obtaining drivers permits/license
- Self administering medication
- Unsupervised time

- Transportation other than from foster parents

Requirements for trips and out-of-town activities

Whenever a child is away from the foster home, the agency must have information about the child's whereabouts in the event of an emergency. DCBS must approve in advance any travel arrangements for the child. At least two weeks notice is preferred in seeking permission to take a child on an out-of-town trip; more notice may be needed for situations requiring parental or court approval.

- If you are planning a trip that includes the child:
 - Notify your case manager of your intended trip and the dates and details of the trip.
 - Request written authorization to take the trip.
 - Provide the case manager with an emergency contact number where you can be reached.
- If you are planning a trip without the child the agency should be notified within the same time frame so as to assure the continued care during your absence. Arrangements for respite services will be made by the agency. You will not receive reimbursement for any days the child spends in respite during your trip.

Other Trips

The agency will need to individually evaluate issues such as Bluegrass TFC and supervision when requests are being made for children to attend school-related or church-related out-of-town trips, conferences, sports competitions and the like.

Child Employment

As children grow and mature, they develop an increasing need for independence and self-fulfillment. One means of satisfying these natural developmental needs is through the acquisition of independently earned income-or employment. As a foster parent, you will play a major role in deciding whether employment is the appropriate plan for a teen in your home. Your case manager will assist you in assessing the child's overall situation before the two of you come to a mutual decision in the matter.

Use the following questions as a guide in deciding whether employment is appropriate for the teen in your home.

- Will working interfere with the child's school schedule and completion of his homework?
- Has the teen generally been responsible in the past?
- Will the work hours allow the child adequate rest, recreation, time to complete homework?
- Is the work environment conducive to this development?
- With the feeling of growing independence, will the teen still be willing to be accountable to you and his case manager?

If you and your case manager decide that employment is feasible for the teen, it will be your responsibility as caregiver to watch for positive and negative changes in attitude and behavior and convey these to your case manager. Having a part-time job will provide a great opportunity for teens to begin learning how to save and budget.

Children and youth are expected as a family member to perform routine chores in the home. However, this expectation is not appropriate if the work consumes so much time that the teen is unable to seek employment outside the home. Youth should be reasonably and justly compensated for working in a business that is owned or run exclusively by the foster parents. The decision as to reasonable compensation should be determined jointly by both you and your case manager.

Driving and Ownership of a Motorized Vehicle

Driving a motorized vehicle is considered a privilege and not a right for youth. It represents a significant milestone in their maturation and has a significant impact on their sense of identity and self-confidence. The responsibilities of driving involve tremendous social as well as legal implications for the youth, the birth parent, the foster parents and the agency. The deadly consequences of irresponsible and immature driving cannot be overemphasized.

Children in custody of DCBS may at times be granted permission to drive and/or own a vehicle. This is determined on an individual basis and **must be pre-approved by DCBS**. If a child in your home is requesting to be allowed to drive you must contact your case manager for direction.

Parenting the Mentally, Physically, or Medically Challenged Child

You may have begun giving some thought to your ability to parent a child who is mentally or physically challenged during your orientation and preparation training. Foster parents who have had some degree of experience in caring for this population of children will, of course, meet this challenge with a greater degree of comfort than others. Whether you are new to the experience or a well-seasoned pro, the requirements for successfully parenting children with diagnosed "special needs" are pretty much the same. Children who are mentally/physically/medically challenged are "children" just the same. They must first and foremost be viewed and accepted as growing and developing human beings with their own unique range of strengths and needs.

Fostering a child who is mentally/physically/medically challenged requires certain specialized skills and abilities in addition to the training received initially. These may include:

- Your family's ability to accept such a child.
- Your family's ability to assess it's strengths and needs in light of the medical and/or maintenance needs of the child; your understanding of the adjustments that will have to be made in your family's lifestyle or routine in order to accommodate the needs of the child; your family's ability to advocate for the child.
- Your family's ability to discuss observations regarding the child's medical and behavioral needs with your case manager, health professionals, the birth family, educational staff and other team members.
- Your family's ability to understand and follow through on established plans and requirements for meeting the child's day-to-day needs.
- Your family's ability to understand the child's medical or emotional condition and treatment needs, and how these factors will impact the child's growth and development.
- Your family's ability to maintain a home environment that accommodates the child's special needs, including availability of on-going supervision by an adult, physical space,

equipment needs, etc. It is important that the foster family is within reasonable proximity to medical and other resources, and maintains telephone services at all times.

- Your family's ability to be comfortable, yet realistic about the child's strengths and needs; the ability to build on the child's strengths and nurture his or her needs; the ability to bring as much "normalcy" to the child's life as possible.
- Your family's ability to develop and maintain a positive working relationship with a variety of community professionals who will be working closely with you in assessing and providing for the medical and educational needs of the child; your family's ability to be innovative in accessing community support for the child in your care.
- Your family's ability to manage the child's behavioral needs in a manner that takes under consideration his or her level of development and level of functioning. Families must be willing to seek out and participate in support groups that relate to the child's needs.
- Your family's ability to assist the child in understanding and accepting his disability. As foster parents, you must be comfortable with the child yet realistic. By facing limitations and problems realistically, you can better help the child to handle his or her feelings about being different yet feel lovable and worthwhile. The ability to build on the child's strengths is of the utmost importance.
- Your family's ability to understand the changes that will occur in your lifestyle and the impact the placement will have on the family.

AGENCY POLICY AND PROCEDURES

Bluegrass TFC has an Operational Policy and Procedure manual to direct the way we do business and to ensure that we are meeting standards in our day to day operation.

All policies are reviewed annually to ensure their continued compliance with regulated standards and that they provide for the delivery of quality services to all our stakeholders.

The entire Bluegrass TFC Policy and Procedure Manual is available in our office and is available for you to review upon request.

IMPORTANT DEFINITIONS

Adoption- Adoption is a way of meeting the developmental needs of a child by legally transferring ongoing parental responsibilities for that child from the parents to adoptive parents; and, in the process, creating a new kinship network that forever links the birth family and the adoptive family through the child who is shared by both.

Child Protective Services- The legal intervention of social work agencies, through the judicial (court) system, to protect children and families.

Emotional Maltreatment- Emotional maltreatment is defined by state law and is usually indicated by a combination of behavioral indicators including speech disorder; lags in physical development; failure to thrive; hyperactive/disruptive behavior; sallow, empty facial appearance; habit disorder (sucking, biting, rocking); conduct. Learning disorders; neurotic traits (sleep disorders, inhibition of play, unusual fearfulness); behavior extremes; overly adaptive behavior (inappropriately adult or infantile); developmental lags; attempted suicide.

Foster Care- Foster care is a protective service for families. Foster care usually means families helping families. Children who have been physically abused, sexually abused, neglect or emotionally maltreated are given a family life experience in an agency-approved certified or licensed home for a planned, temporary period of time. The primary goal of foster care is to reunite children with their families. Foster parents are also often in a position to emotionally support parents who cannot do the job of parenting and must make a plan for adoption or another permanent plan for their children.

Neglect- Neglect is defined by state law and is usually indicated by children who are underweight, have poor growth patterns, are consistently hungry, have poor hygiene, are inappropriately dressed, lack supervision, have unattended physical problems or medical needs, who are abandoned, who beg or steal food, have extended stays at school or rarely attend school, are constantly fatigued, show delayed speech development, inappropriately seek affection, do not change expressions, assume adult responsibilities and concerns, exhibit abdominal distention, have bald patches on the scalp, abuse alcohol, or other drugs, talk in a whisper or whine.

Permanence- Permanence is the assurance of a family for a child intended to last a lifetime. Permanence assures a child a family where he/she will be Bluegrass TFC and nurtured.

Physical Abuse- Physical abuse is defined by state law and is usually indicated by unexplained bruises, welts, burns, fractures/dislocations and laceration or abrasions. Other behavioral indicators include a child who feels deserving of punishment, is wary of adult contact, is apprehensive when other children cry, is aggressive, withdraws, is frightened of his or her parents, is afraid to go home, reports injury parents, often has vacant or frozen stares, lies very still while surveying surrounding (infant), responds to questions in monosyllables, demonstrated inappropriate or precocious maturity or indiscriminately seeks affection.

Risk- Risk is the likelihood of any degree of future harm or maltreatment. It does not predict when the future might occur but rather the likelihood of the harm happening at all.

Sexual abuse- Child sexual abuse involves any interaction, contact or non-contact, between a child and any person-child or adult-in a power position in which the child is being used for the sexual stimulation of another person. Sexual abuse is defined by state law and is usually indicated by a child's disclosure and a combination of physical indicators including difficulty in walking or sitting, torn or stained, or bloody underclothing; pain, swelling, or itching in genital areas; pain on urination; bruises, bleeding or laceration in external genital, vaginal, or anal areas; vaginal/penile discharge; venereal disease, especially in pre-teens; poor sphincter tone, pregnancy; bizarre, sophisticated or unusual sexual behaviors; change in school performance; withdrawal, fantasy or infantile behavior.

Termination of Rights- The legal ending of a parent's rights to his or her child. Most statutes for TPR require that a child has been abandoned; the parent exhibits significant abuse of drugs/alcohol; the parents are mentally ill or mentally retarded; the child has suffered repeated maltreatment; or the child has been in foster care for a specific length of time and the parents have failed to work with the placement agency to plan for the return of the child.

Well-being- Well-being is not defined in federal law, but includes the physical, emotional, social, mental and moral/spiritual healthy development of a child.

OFTEN USED ACRONYMS

| | |
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| AA | Alcoholics Anonymous |
| ADA | Americans with Disabilities Act |
| ADD | Attention Deficit Disorder |
| ADHD | Attention Deficit Hyperactivity Disorder |
| AOC | Administrative Office of the Courts |
| AR | Administrative Review |
| ARC | Admissions and Release Committee |
| ASFA | Adoption and Safe Families Act |
| AWOL | Absent without leave |
| BD | Behavior Disorder |
| CAN | Child Abuse and Neglect Registry |
| CASA | Court Appointed Special Advocate |
| CBCL | Child Behavior Checklist (Achenbach) |
| CC | Carbon Copy or copies sent to |
| CDW | Court Designated Worker |
| CFCRB | Citizens Foster Care Review Board |
| CHFS | Cabinet for Health and Family Services |
| CI | Critical Incident |
| CM | Case Manager (for BLUEGRASS TFC) |
| CP | Cerebral Palsy |
| CPS | Child Protective Services (P&P) |
| CQI | Continuous Quality Improvement |
| CRP | Children's Review Program |
| CSU | Crisis Stabilization Unit |
| DC | District Court |
| DCBS | Dept. for Community Based Services (fka DSS) |
| DD | Developmentally Delayed |
| DJJ | Department for Juvenile Justice |
| DOB | Date of Birth |
| DSM-IV | Diagnostic and Statistical Manual of Mental Disorders |
| DVO | Domestic Violence Order |
| EBD | Emotional Behavior Disorder |
| EBH | Emotionally Behaviorally Handicapped |
| ECO | Emergency Custody Order |
| ED | Emotional Disability |
| ED | Executive Director |
| EPO | Emergency Protective Order |
| EPSDT | Early Periodic Screening, Diagnosis, & Treatment |
| FAS | Fetal Alcohol Syndrome |
| FCPS | Foster Care and Permanency Services Unit (fka R & C) |
| FH | Foster Home |
| IV-4 | Federal Funding Stream for Foster Care Maintenance |
| FPP | Family Preservation Program |
| FSOS | Family Services Office Supervisor |
| FTT | Failure to Thrive |
| GAL | Guardian Ad Litem (Child's attorney) |
| GPS/MAPP | Group Preparation and Selection/Model Approach to Partnership in Parenting |
| HB | House Bill |
| HHS | Dept. for Health and Human Services (Federal agency) |
| HV | Home Visit |
| IEP | Individual Education Plan |
| ISP | Individual Service Plan |
| KAR | Kentucky Administrative Regulations |
| KC | Kinship Care |
| KDE | Kentucky Dept. of Education |
| KRS | Kentucky Revised Statutes |
| KSP | Kentucky State Police |
| LD | Learning Disabilities |

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|-------|---|
| LOC | Level of Care |
| LRE | Least Restrictive Environment |
| MEPA | Multi-Ethnic Placement Act of 1994 |
| MI | Mentally Impaired |
| MR | Mentally Retarded |
| MR/DD | Mentally Retarded/Developmentally Delayed |
| OAG | Office of the Attorney General |
| OCD | Obsessive Compulsive Disorder |
| ODD | Oppositional Defiant Disorder |
| OIG | Office of the Inspector General (fka Office of Licensing) |
| OOHC | Out of Home Care |
| P & A | Protection and Advocacy |
| PCC | Private Child Care |
| POC | Plan of Care |
| PPLA | Planned Permanent Living Arrangement |
| PRTF | Psychiatric Residential Treatment Facility |
| PSR | Periodic Service Review |
| PTSD | Post Traumatic Stress Disorder |
| QA | Quality Assurance |
| QC | Quality Central (fka Central Office) |
| QMPH | Qualified Mental Health Professional |
| R & C | Recruitment and Certification |
| RPC | Regional Placement Coordinator |
| RTF | Residential Treatment Facility |
| SBS | Shaken Baby Syndrome |
| SED | Severely Emotionally Disturbed |
| SIB | Self-Injurious Behavior |
| SNAP | Special Needs Adoption Program |
| SOP | Standard Operating Practice |
| SRA | Service Region Administrator |
| SRAA | Service Region Administrator Associate |
| SSN | Social Security Number |
| SSW | Social Services Worker (State social worker) |
| TD | Treatment Director |
| TFC | Therapeutic Foster Care |
| TPP | Total Treatment Plan |
| TPR | Termination of Parental Rights |
| TRH | Temporary Removal Hearing |
| TWIST | The Worker's Information System |
| TX | Treatment |

Acknowledgment

Primary Foster Parent

I, _____, hereby acknowledge that I have read the Therapeutic Foster Parent Handbook and agree to abide by all policies and procedures as explained to me herein.

Signature

Date

Secondary Foster Parent

I, _____, hereby acknowledge that I have read the Therapeutic Foster Parent Handbook and agree to abide by all policies and procedures as explained to me herein.

Signature

Date