



FOSTER PARENT HANDBOOK



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GLOSSARY

Approval (of Foster Family/Parent/Home)—Official certification by FCS that a foster/adoptive parent(s)/home has met all of the standards of FCS and is eligible to receive/retain placements from FCS only.

Closed Records—Information filed in the records of clients that have been discharged from FCS

Corporal Punishment – Punishment administered through the intentional infliction of pain or discomfort to the body through (i) actions such as, but not limited to, striking or hitting with any part of the body or with an implement; (ii) pinching, pulling or shaking; or (iii) any similar action that normally inflicts pain or discomfort

Direct Care Staff—Childcare workers that have been certified by FCS to provide care and supervision of children placed in a foster home that is approved by FCS.

Home Study—A series of questions (from both the home study interview form and “PRIDE Connections”— homework/exercises between sessions of the Pre-PRIDE training process), answers by prospective foster parent(s), and the interpretation and analysis of those interactions by a qualified FCS staff member. Often adjunct information, e.g., background checks, floor plan, etc., is included as well.

Indian Child Welfare Act - The Indian Child Welfare Act (ICWA) is a federal law passed in 1978 to protect Indian children from being removed from their homes by outsiders who did not understand the Indian culture. It requires that tribal courts/authorities be involved with all placement proceedings involving Indian children in a federally recognized Indian tribe. There are folders of information available to staff and foster parents in each office providing more information on the ICWA. This information will be made available to any Indian foster child placed with FCS and the foster parents he/she is placed with.

Legally Responsible Person/Party—The parent(s) or agent that maintains legal custody of the child

Occasional Caregiver—A provider of supervision that is pre-approved by the child-placing agency to provide supervision of a child on a non-routine basis for periods of time not to extend overnight

Plan for Permanency/Permanency Plan—The set of goals, responsibilities and actions to be accomplished in providing for the ultimate destination of a child

Plan of Service—The identified needs of a client and the resultant goals, objectives, responsibilities, actions and target dates

PRIDE—An acronym (Parent Resource for Information, Development and Education) for the pre-training program provided to prospective foster/adoptive parents

Treatment Team Meeting—The name For Children’s Sake has given to its version of the *Plan of Service*

Respite Care—Supervision provided by a approved foster/adoptive parent or certified respite provider while the primary foster /adoptive family takes a break overnight(s)



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Respite Provider—A provider that has been approved as a foster or foster/adoptive parent or completed the requirements of FCS to provide care and treatment on a regular basis or overnight for a child that is in the placement of another approved foster home.

Therapeutic Foster Care—Foster care services that are provided for children and youth with exceptional needs

Treatment Plan--A more clinical term used for the *Plan of Service*

Treatment Team—The providers of care and treatment for a child in placement (usually includes child, family of origin, legally responsible party, FCS case manager, therapist, psychologist, psychiatrist, foster parents)

FOSTER CARE

Definition

Planned, temporary or extended substitute family care and family living for a child whose parent(s), for any number of reasons, cannot care for him/her.

Mission

For Children's Sake is dedicated to promoting positive environments for children and families that develop trust, stability and independence.

Vision

A nurturing home environment for every child.

Philosophy

In serving the youth, it is imperative that the whole family is served in the process of facilitating the goals of the permanency plan. Without the familial support, changes children undergo while involved in the program will not be stable. A "team" approach has been considered the most effective, with FCS workers, the foster family, school personnel, counselors, pastors, and any other available resources being applied to the child and the family to reach appropriate goals for each individual child.

Competencies

- Protecting and nurturing children
- Meeting children's developmental needs and addressing their developmental delays
- Supporting relationships between children and their families
- Connecting children to safe, nurturing relationships intended to last a lifetime
- Working as members of a professional team

SERVICES PROVIDED BY FOR CHILDREN'S SAKE

1. SCREEN FOSTER PARENT APPLICANTS.

Although there is a great need for foster parents, FCS does not take unnecessary risks. To ensure that the children we serve are in the best of hands, all persons who wish to become foster parents through FCS are subjected to a thorough screening process. This process includes an intensive initial training



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schedule (see TRAINING below) and the satisfaction of those requirements listed on the “Foster Family File Checklist”, provided during the training process. Both Federal Criminal Background Checks (FBI Fingerprint Checks) and state CPS checks are completed on foster parent applicants. Any questionable element discovered in this process must be thoroughly investigated and corrective action taken before children are placed. Background checks expire after 90 days if the foster home is not approved. FCS policy is to get foster homes approved within 90 days from the start of PRIDE. FCS will pay for all background checks for foster parents and household residents. If the background checks expire and FCS is waiting on paperwork, visits, or any information from the foster parents, it is the responsibility of the foster parents to pay for the second set of background checks for all household members. Falsification or willful placement of erroneous entries on background check records (to include Sworn Disclosure Statement) can/may result in immediate ceasing of the foster parent approval process.

At least two FCS staff members are involved in the interview/training process, including the staff member conducting the home study and the staff member conducting the training and the staffing of the home study. In addition, other FCS staff members provide insight from their participation and observations during the PRIDE pre-service training and the staffing of the home study. Since therapeutic foster families are considered subcontractors, any persons employed by a therapeutic foster family are subject to that particular family’s policies.

FCS must show evidence that foster parents, who do not hold a high school diploma or GED, have the capacity to comprehend and benefit from training, provide appropriate care and supervision to meet children’s needs, participate in service planning and delivery, and provide appropriate role models for children in placement. FCS considers these conditions satisfied if these candidates demonstrate that they can glean the essential principles from the PRIDE pre-service training. All applicants provide learning feedback (a series of answers to questions pertinent to the pre-service training, called “PRIDE Connections”). FCS evaluates this feedback to aid in determining the extent to which an applicant is able to benefit from the training and be prepared to meet the needs of foster children.

FCS approves a foster family home according to capability, not necessarily capacity. Capability is assessed during the screening process and periodically reviewed by members of FCS staff. Foster parents must be at least 21 years of age; respite providers and direct care staff must be at least 21 years old; “occasional care givers” must be at least 18 years old.

2. SELECT APPROPRIATE CHILD FOR APPROPRIATE HOME.

When selecting foster families for foster children, the needs of the child are addressed first and then a list of foster families whose strengths would most likely meet these needs is identified, (i.e., foster families are selected for the children as opposed to children being selected for foster families). The treatment team discusses all placement decisions. In addition to training and supervision requirements, many other issues factor into the treatment team’s decision to place a child in a particular foster home.

On a regular basis, the case managers, therapists, and administrative staff meet to select the most appropriate setting consistent with the child’s needs. The staff members reach a consensus based on discussion of criteria that include but are not limited to the following:



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- Placement with his/her siblings, where there is a family group
- Physical capacity of the foster home
- Current circumstances of the family
- Amount of time since last placement was made
- Amount of time since last child left placement
- Culture of the family and community
- Temperaments and desires of the family
- Desires, interests, age of the foster child as these compare with the desires and capabilities of the family
- Experiences of the foster family
- Rural vs. urban issues, and whether the foster home is in reasonable proximity to the child's family and home community
- Issues affecting other residents in the home, e.g., FCS will not place teenagers of differing genders in the same home unless they are part of a sibling group and the Program Director have approved the placement because of extenuating circumstances.
- Aggressive teens will not be placed in a single parent's home without an adequate staff plan
- Child's needs as compared with the training completed by members of the foster family, e.g., children with special medical needs will be placed only with foster families who have completed specialized training in caring for those needs
- Proven performance of the foster parents

3. FACILITATE PLACEMENT PROCESS AND SUPERVISE CASE PLANNING FOR THE CHILD.

FCS, in collaboration with the child's legally responsible party, provides an individual service plan for each child in care. The legally responsible party for the child shall determine the parameters of the biological family's participation, the frequency of communication and the type of communication to be shared. To facilitate the placement process, FCS will:

- Consult with selected foster family regarding taking the selected child.
- Provide the family with as much background information as is necessary and available to make an informed, wise decision and help the child in placement.
- Inform the family of the legally responsible party's plans for the child, i.e., placement with family of origin or relative, adoption, or permanent foster care and preparation for adult living.
- In addition, if the plan for permanency is re-unification, FCS coordinates with the child's legally responsible party to facilitate the reunification of the child to the biological family.

4. SUPERVISE PLACEMENT AND PROVIDE DIRECT SOCIAL SERVICES.

FCS case manager visits the children/ foster families monthly in order to evaluate needs and intervene as necessary. The number of visits depends on the program and child's level of care.

- FCS case managers must structure their home visits as follows:
 - At least one private visit with the foster parent(s) per month
 - At least one family visit with the foster child and foster parent(s) per month (and other family members if applicable)



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- At least one private visits with the foster child per month
- At least one unannounced visit to the foster home per quarter
- At least one visit with both the foster mother and foster father (if applicable) per quarter
- Plan for children's educational needs.
 - Officially request enrollment of child in school and ensure necessary records transfers
 - Accompany parents and child to enroll child in school (as needed)
 - Request and approve (or gain approval) necessary intervention if needed.
 - Request and approve tutoring if needed.
- Request and approve necessary psychological, psychiatric, dental and/or medical services.

5. PROVIDE SUPPORT AND SUPERVISION FOR FOSTER FAMILIES.

- Provide foster families with quarterly case Treatment Team Meeting revisions and results.
- Conduct in-service parenting enrichment training. (The schedule of requirements may vary with individual family needs).
- Provide counseling support to the foster family on issues pertaining to family relationships; insight into child's behavior and how to effectively manage it; feelings involved in child's learning; and other important issues involving the child and family.
- Provide regular payments, established by the Board of Directors, in addition to reimbursement for other FCS approved expenses incurred in the process of providing the child therapeutic resources, e.g., initial clothing allowance, transportation for requirements of the plan of service in excess of 50 miles round trip of the foster home. Foster family reimbursements are made on the 15th and last day of each month for the two-week period beginning four weeks prior.
- Provide consultation and support 24 hours per day, seven days per week, as needed. Foster parents may call the office during working hours (9:00 to 5:00 Monday through Friday) and the on-call number after hours.

6. PROVIDE INFORMATION FOR THE LEGALLY RESPONSIBLE PARTY.

- FCS provides services as dictated by current contracts, which assists the child's parent(s) in maintaining and enhancing parental functioning and parental care in accordance with the child's plan of service.
- FCS provides the legally responsible party with information that will assist it in its permanency planning.

7. PROVIDE SERVICES FOR THE BIOLOGICAL FAMILY.

- FCS provides an orientation of the foster care service to the child's biological parent(s), dependent upon what is specified in the court order and the child's plan of service and as approved by the legal guardian. The orientation consists of a discussion about the foster care service, the biological parent(s)' continuing involvement with the child and the agency, and a discussion of their rights and responsibilities while the child is in foster care.



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- FCS makes arrangements, where necessary, to allow for at-risk children to return home. If services are not available in the agency, the agency coordinates to the fullest attempt possible for the provision of the required services.
- FCS case managers meet face-to-face with the child's biological parent(s) within the first two weeks of placement when this is dictated by the child's service plan and as approved by the legal guardian. The agency will continue to meet with biological parent(s) once every four weeks for short-term foster care. Long-term foster care may indicate that additional face-to-face interviews take place as indicated in the child's case plan.

8. ENSURE SAFEGUARDS FOR THE LEAST RESTRICTIVE PLAN FOR PERMANENCY.

Prior to being placed in a foster home, FCS and the legally responsible party will explore the need for long-term care as follows:

- Ensure that adoption, family placement, extended family, and temporary foster care options have been evaluated.
- Ensure that children under the age of twelve are considered for other placement options, if possible.
- Ensure that all possible options for children over twelve are considered prior to long-term placement.



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LEVEL OF CARE SYSTEM

For Children's Sake has a Level of Care System which consists of two different levels. Each child in foster care is placed at a specific level, determined by the treatment team, which best meets his/her needs. The Levels of Care and description regarding some of the differences of each are as follows:

Intensive/Specialized Level

Level III – Specialized Foster Care: Intensive level of care is provided to children presenting with a severe impairment/risk levels of behavior. The ratio of children to case manager is 8 children per case load. This level of case management services includes: 4 private visits with the foster child/month, 2 family visits with foster family/month and 2 private visits with foster parent/month.

Level III – Specialized Child and Family Case Overview: This is a level of care is for clients who are in TFC but are not currently eligible for Medicaid case management services. This level of service includes family specific training, monitoring and support for family member specific issues to develop coping mechanisms and skills for dealing with difficult child/adolescent behaviors and situations. Progress and overview reports are provided to ensure the family is in compliance with the child/family's unique needs. Overview staff works closely with other service providers to ensure foster home monitoring and compliance with all required mandates and outcome goals. The ratio of children to overview staff is up to 9 children per case load. This level of service includes: 4 private case overview visits with the foster child/family member/month, 2 case overview family visits with foster family/month and 2 case overview private visits with foster parent(s)/month.

Children at this level present with severe emotional, behavioral and/or medical needs. These are children who require constant supervision and extra support in order to maintain in the community.

Case Managers are required to have at least the following visits/contacts each month:

- Two Home Visits
- Four Private Client Visits
- Two Private Foster Parent Visits
- Two Family Visits

Specialized children are eligible for four Non-referred Short Term Foster Care nights per month.

Therapeutic Level

Level II – Therapeutic Foster Care: This level of care is provided to children presenting with moderate impairment/risk levels of behavior. The ratio of children to case manager is 10 children per case load. This level of case management support services includes: 2 private visits with the foster child/month, 1 family visit with foster family/month and 1 private visit with foster parent/month.

Level II – Therapeutic Child and Family Case Overview: This is a level of care is for clients who are in TFC but are not currently eligible for Medicaid case management services. This level of service includes family specific training, monitoring and support for family member specific issues to develop coping mechanisms and skills for dealing with difficult child/adolescent behaviors and situations. Progress and overview reports are provided to ensure the family is in compliance with the child/family's unique needs. Overview staff works closely with other service providers to ensure foster home monitoring and compliance with all required mandates and outcome goals. The ratio of children to case manager is 10 children per case load. This level of case management support services includes: 2 private visits with the foster child/month, 1 family visit with foster family/month and 1 private visit with foster parent/month.

Children at this level present with moderate impairment and/or risk factors related to emotional, behavioral



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and/or medical needs. Most Therapeutic Level children attend individual therapy weekly and may attend family therapy weekly; however, they may attend therapy more often as needed. The majority of the children placed with FCS are placed at the Therapeutic Level.

Case Managers are required to have at least the following visits/contacts each month:

- One Home Visit
- Two Private Client Visits
- One Private Foster Parent Visit
- One Family Visit

Therapeutic children are eligible for three Non-referred Short Term Foster Care nights per month.

Basic Level

Once children are in care, the Treatment Team may decide to move them down to Basic Level once they have stabilized. Children at this level present with mild impairment and require minimal case management support and services.

Level I- Therapeutic Basic Foster Care: This level of care is provided to children presenting with mild impairment and have no more than one moderate risk factor. The ratio of children to case manager is 12 children per case load. This level of case management support services includes a minimum of 2 face to face visit/ month with one visit occurring in the placement setting.

Level I – Therapeutic Basic Child and Family Case Overview: This is a level of care is for clients who are in TFC but are not currently eligible for Medicaid case management services. This level of service includes family specific training, monitoring and support for family member specific issues to develop coping mechanisms and skills to deal with difficult child/adolescent behaviors and situations. Progress and overview reports are provided to ensure the family is in compliance with the child/family's unique needs. Overview staff works closely with other service providers to ensure foster home monitoring and compliance with all required outcome goals. The ratio of children to case manager is 12 children per case load. . This level of case management support services includes a minimum of 2 face to face visit/ month with one visit occurring in the placement setting.

Children at this level may still require individual and/or family therapy, with the frequency determined by their therapist and Treatment Team.

Case Managers are required to have at least the following visits/contacts each month:

- One Home Visit
- Two Private Client Visit
- One Private Foster Parent Visit
- One Family Visit

Basic level children are eligible for two Non-referred Short Term Foster Care nights per month

Respite Paperwork Required for All Levels of Care

1. **A Respite Verification Form** is required for each respite.
2. Foster parent must sign the form and give the form to the parent who is providing respite for the child.
3. Respite parent must sign the form and return it to FCS by the end of the month in which the respite took place in order to get payment for the respite.



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FOSTER PARENT RIGHTS

You have a right...

1. To be treated with dignity, respect and consideration as a team member who is making an important contribution to the agency's objectives.
2. To a clear understanding of your role as a foster parent, the role of the agency and the roles of the members of the child's legal family.
3. To continuation of your own family patterns and routines, thus acknowledging the ebb and flow of family life and its normalizing benefits to the child in your care.
4. To select pertinent training and be given support in your efforts to improve your skills in providing day to day care and meeting the special needs of the child in your care.
5. To know how to contact the agency and receive help, twenty-four hours a day, seven days a week.
6. To timely, adequate financial reimbursement for your knowledgeable care of a child.
7. To view all legally available information placed in your foster home record by agency staff immediately upon placement of the information in the record.
8. Prior to placement, to review a child's case file as it pertains to the child, to assist in determining if this would be a proper placement for your family if there are unanswered questions of concerns after speaking with the child's caseworker.
9. To say no to a placement or to have a child moved when absolutely necessary, without reprisal, unless you have a specific agreement with the agency that indicates otherwise.
10. To ask for "a break" or "time off" as needed, with follow-up contacts by the agency.
11. For your family to be considered first when issues of health and/or safety occur.
12. To have a clear understanding of FCS's plans concerning placement of children in your home.
13. To be notified of meetings in order to actively participate in the case planning and decision-making process regarding the child in your care and to have your input treated in the same manner as information presented by the other members of the professional team.
14. To be provided all pertinent information regarding the child, in a timely manner both prior to placement and on an ongoing basis. (Information shared with the foster family after a placement is terminated is contingent upon the legally responsible party's permission).
15. To reasonable notification of changes in the plan of service or termination of the placement and the reasons for the changes in the plan of service or termination of placement.



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16. To file a grievance if any of the above rights have been violated or denied. If you have a grievance, either call or write to your Case Manager. If the Case Manager does not respond to your satisfaction, call or write to the Program Director. If the Program Director does not respond to your satisfaction, call or write to the Executive Director. If the Executive Director does not respond to your satisfaction, call or write to the CEO. If the CEO does not respond to your satisfaction, notify the Board of Directors of FCS, and the Board will respond to your grievance either at the next regularly scheduled board meeting or sooner if the Board deems it necessary.



CHILDREN'S RIGHTS

1. Children must not be abused or neglected. (First and foremost, do no harm).
2. Children must have the opportunity for sibling visits and contact when a sibling group is not placed in the same home or foster home. Foster Parents will provide transportation to ensure that siblings have the opportunity to visit. FCS will attempt to provide the foster home for visits for sibling groups when requested by the legally responsible party. On the same note FCS prohibits any cancellations of biological family visits as a disciplinary action.
3. Children must have an appropriate education.
4. Children must have an opportunity to participate in community functions and recreational activities and have their social needs met.
5. Children must have clothing suitable to their age and size and have some choice in clothing selection.
6. Children must be given training in personal care, hygiene, and grooming. Each child must be supplied with equipment for personal care, hygiene, and grooming.
7. Money a child earns or is given as a gift or allowance must be his personal property.
8. A child's money must be accounted for separately from the agency's funds or the funds of the foster home with whom (s) he is placed.
9. A child must not be required to use his personal money to pay for room and board, unless it is a part of the service plan and approved in writing by the parents or legally responsible party and the child-placing agency.
10. Children have the right to privacy in writing, sending, or receiving correspondence (including electronic mail) and telephone calls. The children's mail or calls will not be censored unless the mail or calls is/are suspected of containing unauthorized, injurious or illegal material, information or substances. If so, the need for restriction is determined by a psychiatrist, licensed psychologist, or master's level social worker, and the Program Director of FCS, and the need is documented in the child's record. If the restrictions last more than a month the same personnel must reevaluate the restrictions at least monthly, explain those reasons to the child and document the reasons for continued restriction in the child's record.
11. A child must be allowed to bring personal possessions to the agency home and allowed to acquire other personal possessions, with the exception of tobacco, drugs/alcohol, prescription medication, and weapons.
12. Children have the right to file a grievance if they are dissatisfied with the service. If a child wishes to file a grievance, he or she should notify any of the professional staff at FCS. Each FCS worker has the responsibility to respond within forty-eight hours. If the child is dissatisfied



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with the response (s) he may appeal to the Program Director of FCS, Executive Director of FCS.

13. CEO of FCS or the Board of Directors of FCS. Any time a child feels (s) he is not making progress in the appeal process (s)he may contact his/her legally responsible party or state licensing representative.
14. Children have a right to participate in and be informed of their plans of service and to receive the services based solely on their needs. If there is a discrepancy among the services identified and the care, treatment, and/or payment of such services, FCS serves as an advocate to ensure resolution of such conflicts.
15. Children are protected from breaches of confidentiality and privacy as well as research conducted without their consent and the consent of the legally responsible party. Foster children's identities shall be protected ("white out") from anyone viewing information from their records without (a) the authorization (signed, valid "Release of Information") from either (a) the legally responsible party or (b) an authorized representative from the referring agency. Children's identities are not protected from those that "need to know:" (a) members of the "treatment team" (those that sign plans of service) and their supervisors, authorized representatives from the state system, e.g., licensing personnel, investigative personnel, caseworkers and their supervisors, child advocates, state contract personnel and their subcontractors; or (b) the legally responsible party.
16. Foster children shall not be required to acknowledge their dependency, neglect, destitution or gratitude. They shall not be required to perform at public meetings or be used for media or fundraising events. Any information that invades the privacy of the child may not be used without express written consent of the child and his/her parent(s) or legally responsible party.
17. Children have a right to report an inappropriate restraint in accordance with the above grievance procedure.
18. Foster children have a right to review information in their ("open" as well as "closed") records according to the following procedures. The request should be made to the child's case manager at For Children's Sake. The request should include the type of information requested and the purpose of request. The Program Director will review the request within one work week, and (s)he will determine compliance with the request. (S)he may censor any information that (s)he believes would be more injurious than beneficial to the child; the reasons for such censorship will be explained to the child. If the child feels that the decision is unfair, the child may appeal the decision in accordance with the above grievance procedure. All client files are locked in a file cabinet in the local administrative office of For Children's Sake when not in use. Files which must be taken out of the office for court hearings, treatment plan meetings, etc., must be checked out and documented in the file as follows: *Date and time out; reason for checking out; Date and time in; signature of person checking the file out.* All information in the files is confidential and may not be expunged. Other access to client records is available only to those members of the treatment team who are either direct employees of FCS, the referring agency, or subcontractors of FCS who have a need to know.



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19. Children have a right to the best effort of For Children's Sake to have any disability needs met. Children with physical, mental, medical and/or emotional disabilities will be afforded all resources available to For Children's Sake including but not limited to: Foster home recruitment, training, screening, support and supervision; clinical services provided by FCS staff or subcontractors; money from fund-raising efforts for services not included in payments made to FCS or by Medicaid; and referral to other resources which may be better equipped to meet particular needs.

FOSTER PARENT REQUIREMENTS

Treatment Team Meeting

The foster parents are an integral part of the development of the foster child. Foster parents are charged with the implementation and daily monitoring of the child's Treatment Team Meeting goals. Therefore, at least one foster parent is required to attend the Treatment Team Meeting for each foster child in that family's care. Therapeutic foster parents' views are given equal consideration in the planning process.

Court Reviews

The court or agency of placement may require the presence of one or both of the foster parents at the child's review hearing to respond to questions on the daily development of the child. When possible, the foster parents will be given ample notice of the request by FCS case manager.

Permanency Planning Team Meeting

An internal administrative review of the plan for each child will be conducted by the referring agency every six months. Included in the review are the child, child's legal parents and all available members of the treatment team. The review will determine the progress toward achieving a plan for permanency and whether services as described in the plan are being provided.

School Conferences

The educational placement is also an integral part of the child's development, which requires the undivided attention of the foster parents. At least one foster parent is required to attend meetings addressing the behavior and academic development of the foster child. Foster parents are the primary point of contact for the school when addressing educational assessments and an Individual Education Plan (IEP) when needed, and early childhood care and development and any needed early intervention services for those younger children not yet placed in the public school setting but in need of services.

Foster Parent Log Notes

For Children's Sake believes that log notes are a critical and highly valued service provided by our foster parents.

The frequency with which foster parents complete log notes is determined by the level of care of the child in placement. A \$40.00 monetary penalty will also be assessed based on these levels for notes not completed.

Please not that in an effort to ensure full compliance and the highest level of treatment provided to the children we serve, we also apply further consequences for families who do not complete log notes consistently over a period of time.



While we much prefer that foster parent log notes be completed in email for a variety of reasons (i.e. immediate access by case manager and therapist, secure tracking, etc.), we recognize that there are some families who handwrite or type their logs and submit them to their case manager in such a format. There is an easy to use form on the Website under the foster parents tab that ensures you hit the areas needed for notes and can easily be emailed, typed or handwritten.

Please keep in mind that it is always helpful to read foster parent logs that include as much information as possible. Information should be relevant to the time period being discussed and the events the child experienced during that time period. Please use the Foster Parent Log Note template provided by your FCS case manager or found on our website under the Foster Parent Forms section. Use this format even if the note is handwritten.

Therapy

Many foster children placed with FCS are provided individual and/or family therapy services by FCS therapists. It is the responsibility of the foster parent(s) to ensure that the child attends/ is transported to his/ her therapy sessions. FCS charges \$45 for all therapy appointments missed or canceled with less than 24-hours notice. This amount will be deducted from your stipend following the missed appointment. Missed appointments or appointments canceled without sufficient notice have the potential to be troublesome and to challenge the therapeutic relationship. To protect that relationship as is required by our designation as a "Therapeutic Child Placing Agency", our policy concerning missed appointments is adhered to with only one exception: Emergencies do occasionally happen and each family will be allowed three "gratis" less than 24-hours notice cancellations per year for illness, emergency, or inclement weather. However, please keep in mind that any appointment that is a "no show" in which the foster parent does not call the therapist ahead of time to let him/her know the child will not attend will result in an automatic deduction of \$45 per such session.

Client and Foster Parent Paperwork

In an effort to ensure full compliance with state licensing regulations, For Children's Sake of VA expects that foster parents will submit needed paperwork and complete needed trainings within the specified time frame.

FOSTER PARENT RESPONSIBILITIES

Foster care is responsible human service work performed in community residence for children adjudicated delinquent or abused and/or neglected. Persons involved in this work operate on the basis of a placement contract with FOR CHILDREN'S SAKE. These persons exercise general supervision over all phases of the residence program that directly effects the youth placed. They are responsible for providing substantial, direct service with special emphasis on creating a whole-like atmosphere with warmth and sufficient structure.

Responsibilities to the child

- Commitment - following through with what is in the best interests of the child, regardless of what happens.
- Acceptance - conveying acceptance of child, if not his/her behavior.
- Family living - teaching the child to participate in normal family life in the home; i.e. Provide consistent structure



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- Health and safety - responsibility for the child's health and safety.
- Independence - teaching and encouraging behavior necessary for stable employment.
- Communication - counseling with child concerning problems of daily living and interpersonal relations.
- Preparation - participation in both planned and unplanned recreational activities, including trips away from the residence.
- Carrying out responsibilities listed in each individual Treatment Team Meeting of the children in the home.
- Contact with birth parents - children in long term care will have an individual service plan in which the legally responsible party will specify the type and frequency of contact between the child and the biological family. FCS will adhere to this plan.

Responsibilities toward biological family

- Recognizing substitute parenthood.
- Be sociable.
- Be realistic - recognize their problems are caused by life circumstances, but are responsible to change and may be willing to change if someone gets positively involved.
- Cooperate with visitation plan.
- Be aware of competition (child may love both).
- Encourage children into healthy relationships with their family (letter writing, visiting, etc.)
- Do not criticize.
- Although many behaviors of the biological family are not supportable, support the family members.
- Encourage family to fulfill their responsibilities listed in each individual case Treatment Team Meeting.

Responsibilities toward For Children's Sake

- Cooperation with FCS staff and all regulations.
- Accepting children from no other agencies.
- Providing feedback regarding problems and needs of foster children in the home. Foster parent log notes are completed monthly and turned in to FCS staff,
- Participating in the child's Treatment Team Meetings.
- Attendance in the in-service training seminars sponsored by FCS
- Adherence to regulatory standards and the policies and procedures of FCS.
- Submit all required documentation on a timely basis

Responsibilities toward own family

- Do not make a project of the foster child.
- Do not treat foster child as a guest so that he is treated differently from your own children.
- Although foster child, by nature of his problems, may require more time and differential treatment, do not spend more or less time, or treat better or worse, than you would your own child with similar problems.
- Respect husband or wife's decisions (avoid "splitting").



FOSTER HOME PROVISIONS FOR THE CHILD

The foster family shall provide for the child: proper bedding, comfortable clothing, safe drinking water, nutritious food, supervised leisure time, medical attention, educational services, transportation, and protection and nurture for the child.

Clothing

The clothing allowance provided to the foster parent for clothing for the child every year by the county holding custody (\$315/year for children ages 0-4, 394/year for children ages 5-12, and \$473 for children ages 13 and over, all clothing reimbursements require original receipts. Foster parents should always save receipts) In addition to the county stipend for clothing, foster parents should allot the following amount from their monthly stipend for foster child clothing expenses: Children ages 0-4 \$59/month, \$76/month for children ages 5-12, and \$118 for children ages 13 and above for clothing, The following procedure should be completed for clothing allowances:

- The foster parent(s) should complete the Request for Reimbursement and return it to the FCS case manager, along with original receipts within 30 days of placement. Please keep in mind that original receipts will not be returned. It is advised that foster parents make copies of **original receipts** prior to submitting them to FCS.
- For accounting purposes, it is preferred that clothing purchased for the foster child be purchased on his/her own receipt, or at a minimum, clearly labeled by each individual item with the appropriate child's name. Original receipts must be submitted in order to guarantee reimbursement.
- Upon receipt, the case manager will forward the receipt(s) to FCS accounting department.
- Foster parent(s) must keep all clothing receipts in order to guarantee reimbursement.
- Receipts for clothing purchased during the months of January to June must be submitted no later than June 30th and no later than December 31st for clothing purchased during the months of July to December in order to guarantee reimbursement.

Personal expenses and allowances

Foster parents must allot at least \$90/month for children ages 0-4, \$97/month for children ages 5-12, and \$104/month for children 13 and over from their monthly stipend for personal care, recreation and reading expenses. Children should not be expected to purchase personal care items out of their own money, and these items should not be deducted from their allowance (exception may be children with a goal of Independent Living, and appropriate guidelines for personal expenses will then be determined by the Treatment Team).

The Virginia Department of Social Services (DSS) provider regulations requires that all school-aged foster children have a monthly allowance. For Children's Sake implements this through you, the foster parents, as you give your foster children their allowances each week and month. Children can learn valuable developmental lessons about responsibility, self-discipline, self-control, saving towards goals, etc. Whether a child is 5 or 15, he or she can benefit from these life skills.

When each foster child's treatment team members meet, they will determine how much, if any, additional allowance money might be beneficial for that child to receive, particularly for children with Independent Living goals. Allowance money is NOT to be used for essential items such as toiletries, family outings, required recreational events, etc. While allowance may be deducted for failure to complete chores, the child must have another way that he/she can earn this money



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back. If the money is not earned back within the specified time period, then it must be put aside in a savings for the child, which he/she must be provided with upon leaving the home.

Recreation

FCS supervises many foster homes, each having its own recreational resources within the foster home and the community. Children's recreational needs are appraised for the plan of service, and foster families possessing the necessary recreational resources are sought. The child's strengths, needs, and aptitudes are matched to an individualized or group program. Activities should be both spontaneous and planned. Activities should be included, which address the child's therapeutic needs, provide an outlet for stress, and allow the child to enjoy himself/herself, given the child's interests and aptitudes.

School/Education

Private school tuition will not be reimbursed unless the need is indicated and requested by FCS. The foster parents will be responsible for school enrollment and attendance through the twelfth year. The FCS case manager will assist when necessary. When children in foster care are of school age, foster parents are expected to take the lead in maintaining regular school contacts; e.g., introducing the child to the school, attending PTA meetings, parent-teacher conferences and other school activities that will help the child grow in every way. The FCS case manager is available to assist as necessary.

When a child has serious learning and/or behavior problems, the foster parent(s) should contact the case manager immediately. The case manager will contact the school to share information and to help in arranging a program to meet the needs of the child. FCS case manager will meet with school personnel in these cases (as necessary) to determine the least radical intervention necessary to ameliorate the case (e.g., more highly structured or longer periods of study in school and/or at home; developing a reward/consequence system at school and/or home with a system of communication between school and home, etc.). If necessary, FCS will request testing for consideration of a different placement for the child. Foster parents shall not give the school permission to spank a child in foster care. Children in foster care are usually eligible for the free lunch program at school.

Responsibilities of foster parents with regard to education include:

- Ensuring regular school attendance
- Keeping the FCS case manager informed of the foster child's progress in school and of all upcoming school meetings, to include forwarding all report cards to the FCS case manager.
- When necessary, helping the foster child learn appropriate study habits.
- Maintaining necessary contact with school officials.
- Providing structured time and resources for productive study and homework.

Property Damage

Property damage by a foster child is to be submitted to the foster parent's home insurance. In the case that the foster parents' home insurance denies the claim, then the foster parents can request that the claim be submitted to the FCS insurance policy, keeping in mind that this request does not guarantee submission nor reimbursement for damage.

Transportation Policy



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Foster parents are responsible for providing routine transportation for the children, including but not limited to medical appointments, therapy, and family visits. Only in an unusual and occasional circumstance, (which prevents a foster parent from being able to drive a child, and no other arrangements can be made), should assistance be provided by FCS for transportation.

Foster Parents may be reimbursed for mileage prescribed by the child's plan of service (i.e. treatment team meetings, therapy, court hearings, etc.) as long as the trip is at least 50 miles one way from the foster home. Activities that are not prescribed by the child's plan of service (i.e. FCS events or other recreational activities) for the child and family will not be reimbursed without prior approval from the FCS Program Director. Mileage is reimbursed to the foster parents at a maximum of \$599 per calendar year. Mileage is paid at a rate established by FCS. In order to be reimbursed for mileage, foster parents must submit a mileage reimbursement report for no more than one month at a time, which must be approved by the Program Director. Any trip out of the state that a foster parent wishes to be reimbursed for must be approved by the FCS Program Director prior to the trip taking place.

Foster Parents Transportation

All modes of transportation must be safe and licensed in accordance with applicable laws. Anyone transporting a client must be licensed to operate the vehicle used. In addition, anyone providing transportation must be an occasional care provider and be able to provide management of aggressive behavior. All persons transporting children in the care of FCS must submit a copy of a valid driver's license, copy of current automobile insurance policy, and copy of DMV driving record to FCS prior to being approved to transport a child. DMV driving record must be updated annually. Contractors providing transportation are paid in accordance with a written agreement.

Seats and seat belts shall be provided by the foster family for each client transported. All FCS clients are required to wear seat belts while being transported, and are required to be transported according to the Virginia Child Safety Seat Law:

- Virginia law requires that children under 8 years of age be restrained in a child safety seat that meets federal standards.
- Virginia law requires all children age eight through age 15 to be properly secured in an approved child safety seat, booster seat or safety belt no matter where the child is seated in the vehicle.
- Under Virginia law the driver is responsible for ensuring that all children in the vehicle are properly restrained.

Further, when four or more preschool children are transported in the same vehicle, at least two adults must be present. An adult must be available to assist the driver when there are two or more preschool children needing special assistance in boarding or riding.

Traveling out of state

Children in foster care are only permitted to travel out of state if there is authorization from FCS and the legally responsible party. Notify your child's case manager as soon as you know (2 weeks notice, please) that you wish to take a child out of the state. Foster parents must take a copy of the



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signed Travel Agreement with them when they travel. (Permission is also needed if the foster child is going to stay overnight anywhere other than in the foster home.)

Removal of Children from Therapeutic Foster Homes considerations (Subsequent Placement)

Is the child dangerous to him/herself or others? If the risk can be reasonably managed (e.g., temporary hospital stay, temporary increased supervision, etc.) this should be tried first.

Does the foster family feel as though they are a danger to the child? If a foster family feels someone is stressed to the point of losing control and hurting the child, FCS may provide respite or some other type of intervention until it is determined that other interventions are ineffective.

Is regression not OK? Sometimes children must regress before they progress.

Is maintaining not OK? Some children do well to be able to maintain in a foster placement, whether or not they improve.

Have specific interventions for the complaint initiating the request for removal been tried? For behaviors other than dangerous behaviors (above) Treatment Team Meetings should address the most pressing needs before a subsequent placement is considered.

Before a child is removed (for any reason other than "dangerous behavior"), the treatment team must agree that the move is in the best interest of the child. If a foster family wishes to request the removal of a foster child from their home, the family must put the request in writing. FCS will then convene a meeting with the foster family and all other involved parties to discuss the request for removal, possible interventions that may assist in maintaining the placement, etc. Removal of the child and "30 day notices" as described in the "Foster Family Agreement" are reserved for the foster family's use only when the treatment team, Program Director, and foster family cannot reach an agreement regarding the removal of a child. The final decision rests with the Executive Director.

Upon discharge, a discharge summary will be completed. It must address the reasons for discharge, medical and developmental needs, and prognosis.

Contact between Biological Parents and Siblings

In order to allow parent(s) and sibling(s) the opportunity for regular visits with each other as a means to maintain or improve the relationships among family members and to prepare for family reunification, regular visits are scheduled. Exceptions to this policy shall be made in those individual cases where circumstances necessitate less frequent visits. In those cases, reasons will be given to the clients. Supervision of visits is provided when needed.

An attempt will be made to provide or arrange a visiting site that may allow the parent(s) and the child to interact in a therapeutic manner. The legally responsible party will attend visits if (s)he feels it is necessary or helpful.

Often, visits with biological family are ordered by the courts and/or arranged by referring agency. FCS facilitates family visits when applicable. The day and hours of the visits, may be court ordered or arranged by FCS and referring agency.

All visits, phone calls, letter writing and other contact must be in compliance with the plan of service provisions for the child as agreed upon by all treatment team members, including, but not



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limited to: FCS case manager, therapist, legally responsible party, and child. Restrictions to family contacts will be reviewed and revised in the best interests of the child at each service plan review meeting on a quarterly basis.

Family activities - Church, etc.

The child is to participate in any activity the foster home does together as a family unit (church, vacations, picnics, weddings, etc.). Church attendance will be in the line with the habits of the family. Foster children may hold beliefs that are different than their foster parents and should be permitted to do so without reward or punishment. FCS will respect the religious practices of each child or youth. Religious concerns will be considered when making initial placements. Whenever possible, placements will be made with foster families with the same or similar backgrounds. Whenever possible, FCS staff will discuss with the child's parents or legally responsible party their wishes regarding the child's participation in religious activities.

Child Care/Supervision

Foster children must be supervised at all times by the foster parents or other designated adult. FCS treatment team must approve exceptions. For the care of children in therapeutic foster care, a caregiver that is approved by FCS (approved foster parent, respite provider, occasional caregiver, or direct care staff) must be available for supervision 24 hours per day. The least restrictive definition of "supervision" is *on the same premises and able to intervene as necessary*. Appropriate supervision and care must be arranged whenever the full time caregiver is not present in the home. Recreation must be supervised for both levels as well. Children may, however, be permitted independent time away from home according to their developmental competencies, e.g., going to a friend's house, going for a walk, going to a movie, etc., provided that recreational and/or developmental plans approve such privileges in the corresponding sections of each, individual *Treatment Team Meeting*. Until the first Treatment Team Meeting is completed (within 30 days of intake) children have no independent time unless special approval from the Program Director is granted. Exceptions to these plans need prior approval of FCS.

Foster parents may not leave children at home unsupervised for any period of time; exceptions for each, individual child must take into account children's developmental ages and competencies and be included in the plan of service (*Treatment Team Meeting*).

It is important to note that all occasional care providers must be at least 18 years of age.

For Children's Sake therapeutic foster families, must report any changes in family composition to the case manager of FCS assigned to their facilities or to the Foster Home Development staff immediately upon the occurrence of the change.

In cases where there is a guest staying in the foster home for a period of two weeks or more, FCS should be notified immediately. FCS reserves the right to request background checks on any person staying in the foster home if deemed necessary. Furthermore, in accordance with licensing standards, any person staying in the foster home for an extended period of time must have background checks completed within 30 days of the start of their stay. When guests remain in the foster home for over 90 days, or when there is a boarder in the foster home, FCS should be notified immediately. In compliance with licensing standards, FCS must complete/receive background checks, health statement, and TB test for any extended guest or boarder. Furthermore, an FCS staff member must come out to the foster home to interview the extended guest/boarder in order to write an addendum to the initial home study indicating that this person now resides in the foster home. FCS



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reserves the right to request DMV driving record, copy of driver's license, and copy of current auto insurance in any case where it is reported/suspected that the extended guest/boarder will be transporting the foster child(ren) in the home.

Other Impact

Any significant incident that good judgment and common sense would dictate might have significant effect(s) on foster children is required to be reported by the foster family to FCS immediately upon the occurrence of the change. Some examples include: foster family member illness/hospitalization; loss of job; death in extended family; significant damage to property (fire, theft, etc.); criminal activity in foster family; etc.

Discharges

Upon discharge of a child from its care, FCS will provide follow-up services as needed based upon the child's discharge summary.

Considerations in Placing Children with a History of Perpetration

- Other children in the home—Children with a history of repeated perpetration may not be placed in the same foster home as other children that are more than 24 months different in age if they are of the same sex as the former victim(s) of the perpetrator except in below conditions.
- Foster home monitoring requirements—The foster home in which more than one child lives and in which a child with a history of repeated perpetration is placed must have an automated monitoring system and/or a staffing pattern that ensures accountability of the client's whereabouts at all times, especially during sleeping hours.
- Foster Parent capabilities—the foster parents of a foster home in which above conditions are present must have had significant supervised experience and/or training in the area of sexual abuse, perpetration and victimization.
- Temporary placements (less than 45 days) and guests—Foster parents of a foster home in which above conditions are present must inform the child's FCS case manager and Program Director of any children that will be staying with them, who are (a) not part of the foster family configuration, (b) not formally placed through FCS, or (c) placed in respite care by another foster family. They must, in this event, have a supervision plan endorsed by the case manager and Program Director of FCS.
- Exceptions to the above conditions may be made by the entire treatment team only, based on consideration of the well-being of all children involved and special considerations (that will be documented in the plan(s) of service of the child(ren) affected by the exception).

Guidelines for Supervision and Assistance During Bathroom Activities

The following guidelines are to be used with children during bathroom activities, based upon the child's capacity to self-bathe. These guidelines do not address the needs for children that are capable of bathing, but refuse or resist doing so for any reason. Unwillingness to bathe should be included in a child's treatment plan and addressed in accordance with the child's therapeutic needs. Treatment plans should include specific instructions for the care providers to manage the need for assistance during bathroom use and bath-time.

Guidelines for Supervising Children while Dressing

1. Foster parents, make every effort to have another adult or child present when you supervise children dressing and undressing.
2. Avoid physically helping children dress. Instead, use instructions before physically helping with clothes. If you must provide assistance, make sure others can see what you are doing.



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3. Avoid having multiple children changing clothes together in the same room at the same time. Have children that share rooms take turns changing.
4. Avoid changing clothes in front of children. Dress before or after the children, in your own area.
5. When a child is dressing or undressing, never:
 - Stand over a child in an intimidating manner, e.g., hands on hips, authoritarian posture
 - Stare at children
 - Show affection that would normally be appropriate, e.g., sitting close, putting a hand on child's shoulder, hugging
 - Comment on a child's body or development
 - Comment on your own or a third person's body

Guidelines to Prevent Possible "Grooming" (child abuse)

- Caretakers are prohibited from sleeping with children
- Caretakers shall not be nude in the presence of children
- Caretakers shall not engage in sexually oriented conversations with children
- Caretakers shall not possess sexually oriented material in the presence of children
- Caretakers and staff shall not share with children personal information about their relationships or dating and sexual activities unless necessary for the benefit of the child. Such information that is shared should first be approved by the case manager of FCS and be documented and reported to the case manager of FCS.
- Caretakers shall engage in physical activities such as wrestling, tickling, hugging, and sitting on caretakers' laps, etc. with consultation of the supervisor only.
- Caretakers can limit their liability by being careful not to be alone with children, especially those of the opposite gender, until a record of trust has been established.

MEDICAL AND DENTAL PROCEDURES

1. Per State Law, FCS shall ensure that each child receives a medical or nursing screening within 72 working hours of the child's admission to foster family care unless the child has had an evaluation within the last 30 days and the results of the evaluation are available.
2. FCS shall arrange for immediate medical attention when a medical problem is recognized at the time of referral.
3. Per State Law, FCS shall ensure that each child receives a physical exam, TB test, and a dental exam by a licensed doctor/dentist within 30 days of admission, unless the child has had an evaluation within the previous year and the results of the evaluation are available. Note: Dental exams need not be completed for children until they reach age three.
4. Per State Law, FCS shall ensure that each child receives other evaluations and follow-up treatments as ordered by the physician or dentist as a result of the initial evaluation.
5. Per State Law, after the initial evaluations, FCS shall ensure that each child has a medical evaluation every year, and a dental evaluation every six months.
6. Per State Law, FCS shall confirm the immunization record of the child within 30 calendar days of placement. An appropriate immunization schedule must be established for the child based on his/her immunization status.
7. FCS shall ensure that children receive all necessary medical care when they are ill.



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8. FCS shall encourage parents to participate in the program of regular and appropriate medical and dental care for their child.
9. Per State Law, foster parents must submit fully and accurately completed medication logs on the 5th of each month for the previous month's medication administrations.
10. A licensed physician/dentist in the community of the foster family is utilized by selection of the foster family. The physician/dentist shall provide evaluation and treatment in accordance with his/her licensing standards and accept payment from Medicaid as full payment.
11. Youth receives documentation and age-appropriate instruction regarding teen pregnancy, AIDS prevention, and general information about the prevention and treatment of disease.
12. Per State Law, any invasive procedures such as the use of suppositories or enemas requires prior authorization from the legal guardian along with a physician's written order.

ADMINISTRATION OF MEDICINE AND DRUGS

1. A foster parent(s) shall be responsible for ensuring that a foster child is provided with any routine health care or medication ordered by a physician.
2. FCS must obtain written authorization from the client (if the client is 18 or older) or from his or her legal guardian prior to administering psychotropic medications (for both newly prescribed psychotropic medications and prescriptions with any changes made, i.e. altered dosage).
3. Prescription drugs shall be administered by an adult only to a foster child for whom the medication was prescribed and according to the prescribing physician's instructions:
 - Prescription drugs shall be kept in the original container, labeled with the foster child's name, the correct dosage and relevant instructions.
 - Foster parents shall have the proper knowledge of intended and adverse side effects of medications prescribed.
 - Foster parents shall have the proper knowledge about and take necessary actions when placed children experience adverse reactions to medication including notifying the licensee when such occurs.
 - Foster parents shall have the knowledge of methods for proper, safe, and secure storage; retention; and disposal of medications.
4. If special procedures are required for the administration of medicine or drugs, the foster parent shall be trained in this procedure, prior to the necessity of administering that procedure.
5. Medications must be securely locked at all times. Failure to ensure that foster children have no access to medications except via administration by the foster parent(s) can be catastrophic!
6. The foster parent for all scheduled and non-scheduled administration of drugs must complete prescription/Non-prescription drug logs, to be submitted to the FCS case manager no later than the 5th of the following month.
5. The use of psychotropic or psychoactive medication as restraint is only permitted in emergency situations and only when ordered by a licensed physician. Procedures for orders, implementation and documentation for emergency medication must follow the guidelines of childcare licensing rules.



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7. Foster parents must inform FCS **immediately** of any changes in administrations schedules (e.g., refusal of child to take meds, errors, etc.) or adverse effects, either through phone call or after-hours page. The FCS contact worker should immediately report to the psychiatrist, who in turn will advise of ramifications and any action to be taken to mitigate any potentially adverse effects.
8. A prescribing psychiatrist or pharmacist must fully explain the benefits, risks and alternatives of psychotropic medications prior to administering.
9. The Psychiatrist must complete FCS' Psychiatric visit form for each medication evaluation visit. It is the responsibility of the foster parent to bring this form to the visit and request that the form be completed by the psychiatrist. Unscheduled and cancelled visits must be documented in the foster parents' logs.
10. Clients receiving psychotropic medications must be seen and evaluated by a Board Certified Psychiatrist (or MD) at least quarterly depending on the type of medication. The psychiatrist maintains a medication profile and recommends medical tests or blood work as necessary.
11. Foster Parents must document observed effects of medications based on material learned in Psychotropic meds training (re: symptoms and side effects) in the foster parent logs. Noticeable side effects must immediately be reported to the case manager and prescribing psychiatrist.

FEDERAL GOVERNMENT GUIDELINES FOR PROPER DISPOSAL OF PRESCRIPTION DRUGS

In the face of rising trends in prescription drug abuse, the Federal government today issued new guidelines for the proper disposal of unused, unneeded, or expired prescription drugs. The White House Office of National Drug Control Policy (ONDCP), the Department of Health and Human Services (HHS), and the Environmental Protection Agency (EPA) jointly released the new guidelines, which are designed to reduce the diversion of prescription drugs, while also protecting the environment.

The new Federal prescription drug disposal guidelines urge Americans to:

- Take unused, unneeded, or expired prescription drugs out of their original containers
- Throw the containers in the trash.
- Flush prescription drugs down the toilet only if the accompanying patient information specifically instructs it is safe to do so
- Return unused, unneeded, or expired prescription drugs to pharmaceutical take-back locations that allow the public to bring unused drugs to a central location for safe disposal
- Mix the prescription drugs with an undesirable substance, such as used coffee grounds or kitty litter, and put them in impermeable, non-descript containers, such as empty cans or sealable bags, further ensuring that the drugs are not diverted or accidentally .

EMERGENCIES AND THE PROCEDURES TO FOLLOW

1. Accidents and Serious Illness (life threatening, disabling, and disfiguring):

In case of an accident or a serious illness, the foster parents shall follow usual emergency procedures for first aid and have the child taken to a doctor, hospital, or Urgent Care Center for



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treatment. They shall notify FCS as soon as possible. FCS will notify the referring agency and licensing, within 24 hours or first working day following the incident. Foster parents should note that neither FCS staff nor FCS foster parents have the authority to give authorization for invasive medical procedures/ this authority must be given by the biological parent and/or the legal guardian. Therefore, it is extremely important that the foster parents page the FCS on-call pager as shortly after the serious incident has occurred as possible, so that FCS staff can begin to take the steps to obtain such approval if needed.

2. Death or Serious Injury:

Death of a child or children receiving services from FCS shall be reported immediately to FCS, and the Program Director of FCS shall report or designate the appropriate staff member to report the death verbally to licensing and to the purchasing agency within 24 hours of the occurrence, or within the first succeeding business day after the occurrence. The same procedure must be followed for injuries that, in the opinion of the physician may cause death, serious disability, or disfigurement of the body. The report shall include a full description of the circumstances leading to the death or injury, including time, place, apparent cause and the actions taken or proposed in response to the incident. Such oral reports shall be followed by written reports within 24 hours.

3. Runaways

Children abscond for several reasons including, but not limited to: dissatisfaction with foster home's food, need for attention, lack of proper structure, no incentive not to, dynamics surrounding return home. A child is considered "absent without permission" when (s)he is not where (s)he is supposed to be and the foster parent or FCS staff feels the child cannot be retrieved to his/her proper place without endangering the child. If the child's whereabouts are known and the child is refusing to return immediately or if the child's whereabouts are unknown, then the child would be considered absent without permission.

If your child absconds, take the following steps:

1. DON'T PANIC!! Make certain he or she has actually run away. Unless past history indicates differently (e.g., (s)he returns within an hour), consider the child a runaway immediately upon your knowledge that the child is missing.
2. Notify the FCS duty worker **immediately**.
3. The FCS duty worker will notify the Program Director, who will instruct the case manager regarding the action to take. Usually, the case manager will instruct you to check out familiar places first such as a friend's house or school and if necessary to report the runaway to your nearest local police and state police.
4. If you have an idea where the child may be, make an attempt to retrieve him/her. If the foster family cannot or will not retrieve the child, the case manager should procure assistance from another FCS worker.
5. Notify police and FCS of child's return.
6. FCS staff will notify the legally responsible party (case worker/probation officer, etc.), the Program Director of FCS within 24 hours of the incident or first working day following the incident, as well as the resolution of the incident. A written report will be completed within 24 hours of the incident.

4. Suicidal and Other at-risk behavior:

Foster parents must report immediately to FCS any indications of behavior that could be dangerous to self or others. If a child threatens to kill another person, FCS Program Director or



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his/her designee should notify both the police and the party threatened. Reported information should include: name, date, time, who reported to, case number.

In cases of suicide risk, the single most effective deterrent to suicide is care and understanding from a person that is prepared. In the event that supervision is needed, the foster parent, other trained volunteer, FCS case manager, or contract staff may be employed by FCS to monitor the child while FCS takes necessary steps to seek more restrictive and appropriate placement. Return of the child to the foster family after the crisis is resolved in these cases is desired when possible.

Signs that a child may be considering suicide include: **isolation, depression, withdrawal, loss of interest, talk of suicide, tattooing, unkempt appearance, giving away prized possessions, calm after depression, change in usual behavior, guilt and shame (out of proportion to the offense), high anxiety, aggression, agitation, somatic complaints, changes in sleeping or eating habits, other unusual behaviors or activities.**

The highest risk periods are: first 24 hours of placement, after drugs or alcohol consumption, after personal loss, around court hearings, and before release from the program. If you feel your child is at risk, involve and engage the child as much as possible, monitor him/her closely and frequently (for high risk, every 3 minutes), and keep him/her from isolation. In a crisis attend to the child immediately, encourage the child to share his feelings, absorb the hostility, and use “mirror language” (reflective listening). A genuine caring attitude is very important. Foster parents will be encouraged to negotiate a contract with the at-risk child, soliciting a period of time that the child will not attempt to harm him/herself without talking to the foster parent or other treatment team member first. Foster parents or other staff must be able and willing to provide 24-hour care and supervision for youth at risk for suicide until the crisis has been resolved to the satisfaction of FCS staff.

5. Policy and Procedures for Investigating and Reporting Suspicions or allegations of Misconduct:

All staff and foster parents of FOR CHILDREN’S SAKE are required to report all allegations or suspicions of abuse and/or neglect to the Child Abuse and Neglect Hotline immediately of the suspicion or allegation. The reporting agent should immediately report the allegation verbally to the FCS supervisor; (s)he must complete an Incident Report and submit it to the FCS supervisor within twenty-four hours of allegation. If abuse or neglect is suspected, the child should be removed immediately from the foster home, pending the outcome of the investigation. All CPS and serious incidents must be reported to licensing within 24 hours of the incident.

In order to preserve the integrity of the investigation, the reporting agent must not investigate allegations beyond documenting reported or observed data. Based upon the information reported to the supervisor, (s)he must assess the alternatives and decide on the course of action that would best preserve the safety and well-being of the alleged victim and all other potential victims. The supervisor should consult with other treatment team members in this process unless taking the time to do so might endanger the alleged victim(s). In that event, or in the event that there is insufficient information and gathering more information would compromise the integrity of the investigation, the supervisor should ensure that the most conservative course of action is followed.

In the event that the state authorities conduct an investigation, FCS should suspend judgment regarding final resolution until the investigation is completed and the results are reported to FCS.



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The supervisor should then assess alternatives and consult with the treatment team as necessary to make a decision based on the results of the investigation. For Children's Sake may not continue or resume a child's placement in a foster home in which abuse or neglect has been indicated or had "reason to believe" that the suspicions or allegations are founded unless:

- a. The abuse or neglect is not considered to be significantly harmful;
- b. The abuse or neglect is very unlikely to recur;
- c. The client(s), caretaker(s), treatment team members, Program Director and Executive Director of FCS, legally responsible party and licensing all agree on this course of action.

Occasionally, the investigation or initial assessment of the Child Abuse and neglect hotline may indicate that the abuse or neglect allegation(s) is(are) unfounded. However, a minimum standard of licensing, policy or standard of FCS, contracting requirement, or other standard may be violated. In this event, For Children's Sake should cite the possible infraction(s), investigate the possible infraction(s), assess the causes and implications of any confirmed infraction(s), and develop a plan of correction that includes, but is not limited to: goals, responsibilities, actions to be taken, time frames, possible sanctions, review schedule, etc.

6. Other

You are required to report any crisis to FCS that may affect your ability to parent: Serious injury or illness to you or a member of your family; loss of income; storm or fire damage to your home requiring relocation, or other relevant events. FCS foster parents will take advantage of the respite pool to ensure that staffing is able to deal with critical and stressful times. Foster parents must notify their case manager within 48 hours upon them being charged with a crime (includes moving traffic violations). If the foster parent does not come forward, it can/may result in termination of being a foster home.

7. How to contact your Case Manager

Your case manager can be reached by phone during office hours, 9:00 a.m. to 5:00 p.m., Monday through Friday. The Chantilly office number is **703-817-9890**. If your case manager is not available, ask to speak with the duty worker or the case manager's supervisor. Please do not hesitate to call us if you have questions or a problem with which you need assistance.

On-Call System

After 5:00 p.m. on weekdays and on weekends, from 5:00 p.m. Friday until 9:00 a.m. Monday, FCS case managers have an on-call system to handle emergency calls. Please call the on-call number **1-540 454-3056** if an emergency should occur, and a case manager will return your phone call. All case managers are informed of FOR CHILDREN'S SAKE'S emergency policies.

POLICY ON DISCIPLINE/BEHAVIOR MANAGEMENT

For Children's Sake stands firmly against abusive punishment; punishment administered in anger; punishment that will break the child's spirit (personal worth); punishment administered in a fashion that implies that the child is unwanted, unnecessary, foolish, ugly, dumb, a burden, an embarrassment or a disastrous mistake. FCS is interested in teaching foster parents (and biological parents) effective parenting techniques and healthy family relationships that will obviate punishment. FCS does not allow corporal punishment – Punishment administered through the intentional infliction of pain or



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discomfort to the body through (i) actions such as, but not limited to, striking or hitting with any part of the body or with an implement; (ii) pinching, pulling or shaking; or (iii) any similar action that normally inflicts pain or discomfort

Discipline, properly administered, should promote a value of self-control- a positive regard from others and for self. Only foster parents or adult caregivers approved by FCS may discipline a child in the care of FCS. Foster parents must adhere to the following:

1. The Rules, Rewards and Consequences of FCS (below) are the only interventions permitted by FCS except as outlined below, included in the child's plan of service, or authorized by FCS Case Manager or Program Director, and documented in the child's file.
2. Quiet time is *voluntary*, but may be a part of a routine schedule. Caretakers must grant quiet time and permit a child use of quiet time until (s)he is ready to terminate the quiet time unless the plan of service indicates otherwise. If a child wishes to terminate quiet time and the caretaker requires the child to remain in the quiet time area, the quiet time procedure becomes subject to the requirements and restrictions of time-out (below).
3. Time-out is initiated by the caretaker. Children must be permitted to physically leave the designated time-out area, but consequences (explained to the child prior to initiating the time-out) may be attached to the child's leaving the designated time-out area. Use of time-out is subject to the following parameters:
 - Before initiating time-out, the caretaker must explain to the child the behavior necessary to end time-out, and the caretaker must terminate time-out in accordance with the pre-set commitment.
 - Time-outs should be one minute for each year of the child's age.
 - Staff may not prevent or physically restrict a child from leaving the area except as is required under the guidelines for passive physical restraint policy and procedures (below).
 - The child in time-out cannot be prohibited from attending school.
 - Caretakers must not use time-out for their convenience or as a substitute for program treatment.
4. FCS **does not** permit corporal punishment, mechanical restraints, chemical restraints or seclusion.

FCS prohibits the following discipline practices:

- Ridicule, verbal abuse or threats, or derogatory, degrading or humiliating remarks.
- Cancellation of biological family visits.
- Physical punishment inflicted upon the body (e.g. spanking or shaking).
- Punishment for bed-wetting or actions related to toilet training.
- Delegation of discipline to another child or group of children, except as part of an organized self-government program that is conducted in accordance with written policy and directly supervised by staff.



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- Denial of: mail, food, water, shelter, sufficient sleep, clothing or bedding, personal care property, essential program or treatment service, communication with or visiting by or with the family.
- Assignments of physically strenuous exercise or work solely as punishment.
- Requiring a child to remain silent for long periods of time.
- Group punishment for the misbehavior of an individual child.
- Delegation of discipline to person(s) other than adult care giver(s) of the child.
- Threats of removal from the foster home.
- Placement of a child alone in a locked room.
- Restriction to the foster home for more than 24 hours without expressed consent of FCS.
- Use of Aversion Stimuli
- Punishment by peers

Consequences that account for a child's special needs are most desired. For Children's Sake provides training before and after foster families become licensed which deals with these needs in detail. Generally, expectations should be clear beforehand and the consequences should be set as well. Logical and natural consequences, withdrawal of privileges (which, preferably, are not opportunities that are beneficial to the child); time out (see above Time-Out policy); restrictions and "grounding" (either pre-set or in consultation with the FCS Case Manager, generally long enough to be effective but not so long to foster bitterness and resentment); and fines (in an amount equitable with the infraction and the child's available resources) are some examples of consequences which can be utilized. The reason for any consequence or restriction must be explained to the child when the measures are imposed.

Children who are in foster care can be demanding and bring extra stress to the foster family. The children may even "look for" abuse, because they have been abused and may relate that to being "loved." If you find yourself on the verge of abusing a child in some way, contact the child's case manager immediately regarding your concerns.

BEHAVIORAL MANAGEMENT training for all direct service personnel and therapeutic foster parents, prior to becoming foster parents, is required. Behavioral Management training must be taken through FCS within 90 days of the approval date. Behavioral Management training recognizes the importance of personal involvement with the child whereby the foster parent is able to recognize significant verbal and physical cues. Thus, the foster parent will receive from FCS a thorough staffing of the child's past behavioral problems and detailed information on how to deal with these problems through training. The foster parent will be able to identify the differences among "crisis management" and discipline, guidance, and behavior management. Through initial training and continuing education, FCS contends that personal restraint is seldom, if ever, necessary.

Restraint:

The application of physical forces alone, the use of a device, or the use of emergency medication in order to control physical activity.

Personal Restraint:

The application of physical force, including escorting, without the use of any device for the purpose of restricting the free movement of the whole or a portion of a child's body in order to control physical activity.



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Seclusion:

The involuntary confinement of a child alone in a room or other space with the child's freedom to leave physically restricted.

It is the policy of FCS that no child in its care should be secluded or restrained. All individuals involved in the care of a child placed with FCS will receive a copy of the Behavior Management and Restraint Policies prior to admission. This will include, but is not limited to, the legal guardian, referring agencies, and professionals working with the child and all FCS direct care staff, to include foster parents. All behavior management and restraint is documented in the child's record and on an *Incident Report* form in the MIS, which immediately and automatically notifies the Case Manager Supervisor, Program Director and Executive Director.

In dealing with children in crisis, Foster Parents must consider the following:

- Take into considerations the developmental age, neurological deficits, and past history of the child in each situation.
- Offer choices and avoid power-struggles.
- Allow face-saving for children; allowing the "last word".
- Use humor and diversion where appropriate.
- Establish a relationship vs. muscle environment within the home; developing a therapeutic alliance.
- Foster a relationship that enhances the "Win-win" vs. "Win-lose" in every interaction/intervention with the child.
- Intervene at the appropriate time when de-escalation may be accomplished
- Promote an atmosphere in the home, which demonstrates an adherence to the 4C's philosophy: Cooperation, Communication, Consistency, and Compromise.
- Maintain and promote the child's dignity with courtesy and respect.
- Model appropriate conflict resolution through his/her behavior.
- Establish a positive peer culture within the home.

It is not reasonable to expect that preventive measures will eliminate all aggressive behavior. In the event that the child may become agitated beyond verbal displays of anger, the foster parent must still engage in the *least restrictive* means:

- Verbal limits and redirection
- Posturing, touching, and guiding
- With the notification of appropriate authorities for assistance, if absolutely necessary

However, foster parents must not engage in personally restraining a child especially as indicated below:

- Placing a child face-down and place pressure on the child's back
- Obstructing the airways of the child or impair the breathing of the child
- Obstruct the foster parent's view of the child's face
- Restricting the child's ability to communicate



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Occasionally, children and youth in therapeutic foster care may require physical intervention. In such cases law enforcement officers may be employed. Episodes of dangerously aggressive behavior or behavior requiring intervention of enforcement officers will be documented and provisions for prevention of further occurrences will be made no later than the next service plan review. If, in the judgment of the Program Director, a service plan review and revision is required earlier, then the treatment team will meet at their discretion.

PROHIBITIONS

Inappropriate/forbidden behavior controls are:

- Sanctions;
- Discipline that is an act of retaliation;
- Discipline that produces physical or psychological injury;
- Corporal Punishment (forbidden to be used by any individual associated with FCS);
- Unnecessary physical force or violence;
- Threats of violence-cursing, profanity, any acts of intimidation;
- Unreasonable silence rules;
- Isolation;
- Degrading unnecessary tasks;
- Deprivation of family visits/food/drink/sleep/rest/phone calls/mail;
- Deprivation of bathing/access to toilet facilities;
- Any form of medication/chemical behavior control;
- Any use of mechanical constraints.
- Allowing anyone other than an authorized, trained person to restrain a child.



POLICY ON "SAFE TOUCH"

Since 85% or more of children placed in treatment foster care have been sexually abused, FCS recognizes the need to minimize the risks associated with sexual acting out for the foster parents, the children and the agency. Therefore, FCS requires the following safety precautions:

1. Training for all staff and foster parents during their orientation periods re: the "Safe Touch" program of FCS.
2. Fully executed "Family Safety Contract" (see Appendix) for each child in placement (as appropriate developmentally) at intake and reviewed with each child at each "Treatment Team Meeting."
3. Additional precautions ("Safety Plan") for foster-adopt homes in which children who are placed are deemed by the Program Director a "high risk" for sexual acting out.
4. "Safety Plans" are valid only if they *ensure* the safety of children when they are followed, i.e., if the direct care staff/foster-adopt families execute according to instructions, the risk of sexual molestation is zero.
5. Unless Clinically deemed appropriate by the Program Director, no children sleep in the same bedroom that are more than 35 months different in age and no child age 12 months or older will sleep in the foster parents' bedroom unless specifically approved by the Program Director and documented in the child's record. Such exceptions need to be reviewed by the Program Director at each Treatment Team Meeting and whenever information regarding the child's risk level indicates a need for review.

PRESSING CHARGES AGAINST FOSTER CHILDREN

FCS foster parents occasionally find themselves in situations with foster children that require police intervention. Calling the police is decided on an individual basis. It is in the child's best interest to discuss this with your FCS case manager prior to the possible need to do so. Although we try to manage circumstances prior to having a need for this type of intervention, it is not always possible. FCS supports foster parents calling the police in the event of:

- Assault behavior against self or others
- The use of unauthorized drugs on the foster home property
- The use of alcohol on the foster home property

When the police are called, they will press charges against the child if he/she is twelve years old or older. Then, foster parents and FCS will follow the procedures established by the local authorities.

In the event that police intervention is required, foster parents should notify their FCS case manager as soon as possible. The FCS case manager is responsible for notifying the rest of the child's team, including the county caseworker within 24 hours or by the next working day verbally, and via written report within 48 hours.



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**FOR CHILDREN'S SAKE
FOSTER PARENT HANDBOOK CONFIRMATION**

I have received a copy of the For Children's Sake Handbook for Foster Homes, which includes the foster parent responsibilities, the agency's responsibilities, and their discipline policy. I have received copies of the "Minimum Standards," and I accept my responsibility to For Children's Sake to adhere to these policies and regulations.

Foster Parent

Date

Foster Parent

Date

FCS Staff/Trainer

Date