FOSTER PARENT HANDBOOK

A Resource Guide
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Section I:

THE NUTS & BOLTS OF CHILD WELFARE
MISSION: The mission of Our Kids is to oversee and lead a coordinated system of care delivering excellence to abused, abandoned and neglected children and their families in Miami-Dade and Monroe counties.

VISION: Our Kids’ vision is that the at-risk children of Miami-Dade and Monroe counties grow up in safe, permanent families.

MOTTO: We create safe havens for children and families through adoptions and foster care.
Dear Foster Parents:

First of all, I want to thank you for coming forward to assist our community’s children during a very difficult time in their lives. Without your ongoing support and commitment, I can't imagine how much more difficult this time would be for our kids. We thank you for giving of your time, energy, and love in opening your heart and home to our children and supporting them in their time of need.

Whether a child remains with you and your family for a few days, months, or on a permanent basis through adoption or long-term placement, our job at Our Kids is to assist you so that you can continue to provide the best support to our children. With this goal in mind, we have developed this handbook as a resource to assist you in providing quality care to the children placed in your home.

Once again, my heartfelt thanks for your unending commitment to our children. By our continuing to work together as a team in this partnership for children and families, we can make a difference in their lives!

Sincerely,

Frances P. Allegra
Executive Director

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LEARNING THE CHILD WELFARE’S ABC’s

ADD – Attention Deficit Disorder
ADHD – Attention Deficit Hyperactivity Disorder
ADM – Alcohol, Drug Abuse & Mental Health
AHCA – Agency for Health Care Administration
ARS – Adoptions & Related Services
ASFA – Adoptions & Safe Families Act
CBC – Community Based Care
CBHA – Comprehensive Behavioral Health Assessment
CIS – Client Information Systems
CMH – Children’s Mental Health
CMS – Child Mental Services
CPI – Child Protection Investigator
CPT – Child Protection Team
CSA – Child Safety Assessment
CST/SST – Child Study Team/Student Support Team
CWLS – Child Welfare Legal Services
DCF – Department of Children & Families
DJJ – Department of Juvenile Justice
CHILD WELFARE’S ABC’s continued:

DOB – Date of Birth
DS – Developmental Services
ESI – Early Services Intervention
ESS – Economic Self-Sufficiency
FAHIS – Florida Abuse Hotline Information Systems
FAS – Fetal Alcohol Syndrome
FCR – Foster Care Review
FCMA – Foster Care Management Agency
FDLE – Florida Department of Law Enforcement
FH – Foster Home
FP – Foster Parent
FSFN – Florida Safe Families Network
GAL – Guardian Ad Litem
HS – Home Study
HV – Home Visit
ICPC – Interstate Compact for the Placement of Children
IEP – Individual Education Plan
ICWA – Indian Child Welfare Act
ILS – Independent Living Services
JR – Judicial Review
JRSSR – Judicial Review Social Study Report
LE – Law Enforcement
MAPP – Model Approach to Partnerships in Parenting
CHILD WELFARE’S ABC’s continued

MAS – Maintenance Adoption Subsidy
MDT – Multi-Disciplinary Team
MEPA – Multi-Ethnic Placement Act
NCIC – National Crime Information Center
OK – Our Kids of Miami-Dade/Monroe, Inc.
OTI – Out-of-Town Inquiry
PDS/PDR – Pre-Dispositional Study/Report
PS – Protective Supervisor
RCF – Relative Caregiver Funds
RFA – Request for Assistance
RGC – Residential Group Care
RTI – Road to Independence
SED – Severely Emotionally Disturbed
SIDS – Sudden Infant Death Syndrome
SSA – Social Security Administration
SSI – Social Security Income
SSN – Social Security Number
STFC – Specialized Therapeutic Foster Care
TPR – Termination of Parental Rights
TANF – Temporary Assistance for Needy Families
TFH – Therapeutic Foster Home
VPS – Voluntary Protective Services
WIC – Women, Infants & Children
1. **Adoption and Related Services** – Recruit adoptive families and provide permanent placement of special needs children whose parent’s parental rights have been terminated.

2. **Adoption Exchange System** – The state automated reporting system used to collect data and to register children legally freed for adoption.

3. **Adoptive Placement** – That point in the adoption process when a child is placed in an adoptive home and the prospective adoption parents sign an agreement.

4. **Adoption Recruitment** – The process of finding adoptive parent resources for waiting children, using either formal media-based campaigns or informal procedures recognized as effective by the adoption agency. The registration of families approved by the FCMA for adopting Florida’s Special Needs Children is registered on the Florida Adoption Exchange System as a form of recruitment.

5. **Adoption Support Services** – Services provided to secure an adoptive home for a child through: (a) legal termination of parental rights; (b) the evaluation of child’s placement needs; (c) pre-placement planning; (d) the recruitment, MAPP training, and evaluation of interested prospective adoptive parents; (e) adoptive placement activities; (f) supervision of the child in adoptive home until legal adoption; (g) adoption finalization; and (g) post-adoption services.

6. **Case Plans** – A plan in intervention, which is negotiated with the family and other parties and specifies the reasonable efforts of all parties to achieve the child’s permanency goal. It will ensure the child’s safety and well being from the beginning of service provision until services are terminated. It includes a concurrent case plan describing efforts to place the child for adoption, or with a legal guardian, or attempts to preserve the child’s in-home placement or to reunify the child with the parent(s).

7. **Home Study** – The process of preparing, evaluating and assessing applicants for adoptive parenthood or foster care and completing a written report of the entire process. The written report must include a recommendation for approval of the application to adopt in accordance with rule 65C-15.028, Florida Administrative Code, when used for the purposes of evaluating a family for adoptive placement. The written report used for the purposes of a home study for prospective Foster Care Licensing requirements must be in accordance with rule 65C-15.024.
8. **Concurrent Planning** – A process of supporting reunification and simultaneously supporting all of the preparation necessary to quickly implement an identified alternative goal if safe, timely reunification is not successful.

9. **Educational Plan** or status involves active discussions with the youth around realistic educational and career goals as well as identifying any training and/or assistance needed in order to achieve those goals. Contact must be made with the high school the youth attended in preparation for the transition staffing.

10. **Eligibility** – Any child, male or female, under the age of 18 who is in need of a supported foster care setting and who is adjudicated dependent or appears to have a clear recommendation that an adjudication of dependency is forthcoming and supported foster care is identified to be in the child’s best interest.

11. **Follow-up services** – The process of providing additional support services to Foster Parents and foster children, available 24 hours a day, 7 days a week. This includes donations of goods and local community activities, as well as respite and limited transportation services.

12. **Foster Care** – A voluntary or court ordered, temporary, out-of-home care placement for a planned period of time for children whose own families are unable to care for them.

13. **Foster Home** – A private residence licensed pursuant to Section 409.175, F.S. in which children who are unattended by a parent or legal guardian are provided 24-hour care to include emergency shelter, family foster homes, therapeutic foster homes, and medical foster homes for children with special needs.

14. **Foster Placement** – The placement of a child in a foster home by the FCMA after the child has been adjudicated dependent with a judicial disposition for foster care.

15. **Full Case Management** – The identification, linkage, coordination and monitoring of all services for the child or family by a licensed child placing agency. The FCMA’s full case manager serves as the single and continuous point of contact for the child, family and other stakeholders from entry into services until exit from services. Any child male or female under the age of 18 is eligible for this service.

16. **Independent Living Services** – An array of services to youth in foster care from 13 – 23 years of age to prepare them to live on their own and which may provide a subsidy for some youth.
17. **Interstate Compact** – A law, effective in all states and the District of Columbia and the U.S. Virgin Islands which establishes a contract among the states and jurisdictions to ensure orderly procedures and licensing requirements for the interstate placement and post-placement supervision of children and which defines responsibilities for those involved in placing children.

18. **Judicial Review (JR)** – A review done by the courts or other legally appointed person or body, i.e. the Citizen’s Review Panel (CRP). The Judicial Review or JR is done after the child’s removal from the home or the acceptance of the case plan, whichever comes first, and at least every six (6) months until the court terminates supervision.

19. **Judicial Review Social Studies Report (JRSSR)** – The written report providing the status of a child’s placement, each party’s compliance with the case plan, and the child’s medical and educational status. As a foster parent, you are entitled to receive a copy of the report, be noticed of the judicial review hearing, and asked for input.

20. **Legally available for adoption** – A finding by the Circuit Court that the parental rights of a child have been removed by the court and the child has been placed in the custody of the Department for the purposes of adoption.

21. **Licensing/Re-licensing Studies** – follow the FAC 65 C-13 to ensure the health, safety, and welfare of all children entrusted to state custody. The Provider will provide the necessary pre-service and in-service training, as well as required documentation in order to submit the necessary documents to the Department of Children and Families Licensing division.

22. **Model Approach to Partnership Parenting (MAPP)** – Child Welfare League of America’s training to all prospective foster and adoptive parents in order to prepare them to meet the needs of children entrusted to their daily care. A main focus in the pre-service training shall involve partnering with the birth families in order to assist in the reunification process when possible.

23. **Outcome** – means the condition or circumstances of the client after services or treatment have been provided and the extent of change in modifying or stabilizing the original condition or needs that led to client services or treatment.

24. **Permanency** – That condition under which a child can remain in a setting for the remaining years of the child’s minority. The primary permanency goal remains that of reunification. In the event that this goal is not in the best interest of the child, the
following are other permanency goals, listed in the order of preference: (a) adoption; (b) Permanent guardianship of the dependent child; (c) Permanent placement with a fit and willing relative; and (d) Placement in another planned permanent living arrangement (or APPLA).

25. **Permanency Goal of Adoption** – A child whose parental rights have been terminated by the courts and the 30-day appeals process has expired.

26. **Post-adoption** – Ongoing, comprehensive support services that include education, counseling, family forums, and advocacy which address clearly identified developmental issues and social-emotional challenges frequently shared by adoptee and their families. Post-adoption services involve preventive measures to ensure the preservation of adoptive families. Additionally, post adoption services include subsidy related tasks to ensure that the adoptive families receive, if applicable, ongoing maintenance subsidy and access to medical subsidy, until the child’s 18th birthday.

27. **Recruitment** – the process of identifying appropriate individuals in the community to participate as volunteer Foster Parents.

28. **Retention** – A program of support for all foster/adoptive parents recruited through efforts directly associated with this contract. This support program shall include but not be limited to networking, training, and mentoring.

29. **Reunification** – The process of returning a child to the parent(s) or caregiver from whom the child was removed following an out of home placement.

30. **Road To Independence (RTI) Scholarship** – An award intended to help young adults who are former foster children in the state receive the educational and vocational training needed to achieve independence. The amount of the award shall be based on the living and educational needs of the young adult and may be up to but not exceed the amount of earnings that the student would have been eligible to earn working a 40-hour-a-week federal minimum wage job.

31. **Screening** – The FCMA will appropriately screen potential candidates using the guidelines set forth in the 65C-13 and 65C-16, F.A.C., regarding the licensing and approval of foster/adoptive families. An appropriate screening tool will be used to achieve this objective. In addition, the FCMA will be responsible for initiating the FAHIS, local and fingerprint clearances for the prospective and/already licensed foster/adoptive parents.
32. **Safety Plan** – A plan developed to ensure that the child is safe while dependency is being determined and the case plan is being developed.

33. **Special Needs Child** – As described in section 409.166(2)(a), Florida Statutes, a child whose permanent custody has been awarded to the Department, and:
   a. who has established significant emotional ties with their Foster Parents, or
   b. is not likely to be adopted because he is:
      i. eight years of age or older;
      ii. has mental retardation;
      iii. has a physical or emotional handicap;
      iv. of black or racially mixed parentage; or
      v. a member of a sibling group of any age, provided two or more of the group remain together for purposes of adoption.

34. **Teen or Normalcy Plan** - includes a list of those activities that should be allowed, encouraged and supported based on the age and maturity level of each individual youth. Some of these include support of school attendance/participation and encouragement and support for educational planning, i.e. college, vocational or technical programs.

35. **Young Adult Case Management** – Refers to full case management services for clients, male or female, 18 to 23 years of age that are eligible for this service. Eligible clients 18 years of age or older are no longer under the jurisdiction of the Dependency Court; therefore, the Provider will have no responsibility for any judicial action, including Judicial Reviews, reports, court hearings, etc.
Section II:
WORKING TOGETHER IN PARTNERSHIP
One way foster parents can help children reunify with their birth family is by continuously working in partnership with the FCMA, lead agency, Department of Children and Families, courts, GALs and the birth parents. When children see harmony among the adults that impact their lives, they can relax, let go and just be children again. Children will worry less about trying to “fix” the adults around them. As we know, children coming into care blame themselves for the removal from their home while trying to cope with the loss of no longer living with their parents.

If foster parents commit to working with birth parents, children will feel better about themselves. When birth parents feel supported and included, they will, in most cases, work with foster parents to help ease the emotional stress on their children. This is turn gives children permission to be “OK” in the foster home. The more comfortable children feel in their foster home, the more unlikely they are to defy foster parents in order to show loyalty to their birth family. By working together and reducing the perception of divided loyalty, foster parents can more effectively work with the children in their homes. Foster children can feel emotionally safe, and birth parents can learn valuable parenting skills from foster parents.

Remember that just as parents have enough love for all of their children, children have enough love for all of their parents, even substitute parents.
Being a foster parent is a tough but very rewarding job. Knowing that you can make a difference in the life of a child is a priceless gift.

The purpose of this handbook is to assist you in providing the children placed in your home with safety and permanency in order to ensure their well being at all times. In addition, this handbook will clearly set out what Our Kids expect of you as foster parents. The following pages contain the roles and responsibilities of a foster parent, the minimum standards for foster care licensure, recent changes to the 65C-13 for foster care licensure and the Bilateral Service Agreement.
As a Foster Parent or Temporary Caregiver for our children your roles and responsibilities include but are not limited to the following:

- Ensure the children are available for the case manager’s visit in the foster home once every 30 days.
- Ensure the child’s safety and well being at ALL times.
- Ensure that any child over 3 to school entry is enrolled and attends on a daily basis an accredited, licensed early education or child care program (as outlined in the Rilya Wilson Act).
- Ensure that the child’s needs for food, clothing and shelter are met at all times.
- Take the child to medical, dental, vision, and mental health appointments.
- Attend court hearings, meetings, and staffing.
- Cooperate with parental and sibling visitations as specified in the court order.
- Ensure that the children are supervised by an approved caregiver at all times.
- Ensure the Child’s Resource Record (or Blue Book) accompanies the child when he leaves your home and that it is current.
- Ensure all information remains CONFIDENTIAL regarding the child and his/her family.
- Ensure the child is given his/her medication in the dosage prescribed by a doctor or psychiatrist.
- Reward and praise the child.
- Treat the child as if he or she were your own: provide love, care, guidance, and support.
- Complete a minimum of 8 hours of in-service training yearly.
- Ensure that no legal action to get custody of the child placed in your home is taken without the Department of Children and Families’ consent.
- Work as a member of the team with the FCMA, Department, providers, courts, and all the other members of the partnership so to ensure the child’s continued safety and well being.
- Contact local law enforcement and your assigned FCMA immediately if a child runs away, is missing or does not return home (even if the foster parent knows where the child is).
- Contact the FCMA immediately if there is any change occurring in your household, e.g. someone moves into your home (even if for a short period of time), upcoming move, loss of income, etc.
- Contact the FCMA immediately if you, any household member or the foster child becomes involved with law enforcement.
FOSTER PARENTS’ BILL OF RIGHTS

As a foster parent, I/we understand that my/our rights include but are not limited to those listed below. Furthermore, as stated in the FAC65C-13, I/we understand that serving as a licensed out-of-home caregiver is a privilege and public trust. I/we do not have an inherent right to a license as an out-of-home caregiver.

1. The right to be treated with dignity, respect and consideration as a professional member of the partnership for children and families at all times.

2. The right to be provided with ongoing and pertinent in-service training in order to assist me/us in being able to more effectively meet the needs of the children placed in my/our care and to develop and/or enhance my/our skills.

3. The right to be informed as to how to contact the appropriate full case management agency staff in order to receive information and assistance to access supportive services for the children placed in my/our care.

4. The right to be provided a clear and written understanding of the full case management agency’s plan concerning the placement of the children in my/our home.

5. The right to be provided a fair, timely, and impartial investigation of complaints or foster parent referrals concerning my/our licensure, to be provided due process during the investigation; the right to be provided the opportunity to request and receive mediation or an administration review of decisions that affect licensing parameters, or both mediation and an administration review; and the right to have decisions concerning a licensing corrective action plan specifically and clearly explained and tied to the licensing standard(s) violated.

6. The right to be provided with a Child Resource Record (or Blue Book) on each child placed in my/our home at the time of placement or within 72 hours. Additional or necessary information that is relevant to my/our providing continued quality care to the child to be provided as it becomes available.

7. The right to receive timely financial reimbursement - that has been pre-approved by the full case management agency - commensurate with the care needs of the children placed in my/our home.

8. The right to be notified timely of scheduled meetings and staffing concerning the foster child in order to actively participate in the case planning and decision-making process regarding the child placed in my/our temporary care, including individual service planning meetings, administrative case reviews, interdisciplinary staffing, and individual education planning meetings; the right to be informed of decisions made by the court or the full case management agency concerning the child; the right to provide input concerning the plan of services for a child and to have that input given full consideration in the same manner as information presented by any other professional on the team; and the right to communicate with other professionals who work with the foster child within the context of the team, including therapists, physicians, and teachers.
9. The right to be provided, in a timely and consistent manner, with any information a case manager has regarding the child and the child’s family which is pertinent to the care and needs of the child and to the making of a permanency plan for the child. Disclosure of information concerning a child’s family shall be limited to that information which is essential for understanding the needs of and providing care to the child in order to protect the right of the child’s family.

10. The right to be given reasonable written notice of any changes in the child’s case plan, any plans to terminate the placement of the child with me/us, or the reason(s) for the change or termination in placement. (Notice shall be waived only in cases of a court order or when the child is determined to be at imminent risk of harm.)

11. The right to be notified in a timely and complete manner of all court hearings, including notice of the date and time of the court hearing, the name of the judge or hearing officer hearing the case, and the location of the court proceeding.

12. The right to be considered as a placement option when a foster child who was formerly placed with me/us is to be re-entered into foster care when such placement would be consistent with the best interest of the child and other children in my/our home.

13. The right to have timely access to the full case management agency’s appeals process and the right to be free from acts of harassment and retaliation by any other party when exercising the right to appeal.

14. The right to be provided with the telephone numbers that are critical to ensuring a child’s safety, permanency and well being, for example (1-800-FLA-FIND) in the event the child or children placed in my/our home does not receive a visit from the child’s case manager at least every 30 days and the Florida Abuse Hotline (1-800-96-ABUSE) in the event that I/we suspect that a child or children placed in my/our home has been abused or neglected (including incidents of child-on-child sexual abuse).

15. In order for me/us to have a right to be treated as a member of the partnership that helps to create safe havens for children and their families, I/we agree to carry-out the responsibilities as delineated on the following page. These responsibilities include but are not limited to the following: (a) Participating in the child’s case plan; (b) Supporting the child’s educational goals; (c) Fostering normal activities so to ensure the child feels that he/she is a member of my/our family; (d) Co-parenting by working in partnership with the child’s parents; and (e) Immediate reporting of any critical incident.

__________________________________________  _________________
Foster Parent      Date

__________________________________________  _________________
Foster Parent      Date

__________________________________________  _________________
FCMA Representative     Date
All children deserve to be treated as human beings having unique needs, feelings, and ideas. As foster children have suffered the loss of being temporarily separated from their parents and family, they need special safeguards, resources and care. As a caregiver, I/we will ensure the rights of the children placed in my/our home is/are respected at all times. A foster child has the following rights:

(1) The right to live in a safe home and be treated with respect.

(2) The right to be loved and cared for by a family: his own family, a foster family or adoptive family.

(3) The right to attend school; obtain special education services if needed, and participate in sports, clubs, and extracurricular activities.

(4) The right to be represented by an attorney at law in administrative and court hearings so that his/her interests are always protected.

(5) The right to receive a high quality of child welfare services including regular visitations with the birth family, unless prohibited by court order.

(6) The right to be free from physical, sexual, emotional, and other abuse to include corporal punishment.

(7) The right to receive adequate and healthy food and adequate clothing.

(8) The right to receive appropriate medical, dental, vision and mental health.

(9) The right to a private storage space in the home wherein he/she can store his/her personal belongings.

(10) The right to receive money allowance using the money given monthly for foster care payments to the foster parent.

(11) The right to have his/her personal property and belongings respected, even if he/she is on runaway or has left the placement.

(12) The right to have his/her information or records kept confidential in accordance with state and federal laws; including medical, mental health, and educational.

(13) The right to attend classes or programs that will prepare him/her for independent living.

(14) The right to maintain contact with the biological parents, siblings, foster parents, and any other person(s) important to the child’s life – as allowed by the courts and the FCMA and when in the child’s best interest.
(15) The right to have things explained to him or her in words he or she can understand.

(16) The right to be told how his or her money being held by the Department of Children and Families is being used.

(17) The right to bring his or her property with him or her when he or she leaves your home.

(18) The right to have any person who asks him or her to fill out or sign a paper explained to him or her.

(19) The right to make a complaint to the FCMA or Department of Children and Families about how the child is being cared for by you, the FCMA, or other people providing the child services.

(20) The right to attend court hearings involving his or her care and to tell the judge what is happening to him or her and what he or she wants.

(21) The right to have a Guardian Ad Litem (GAL) appointed to him or her by the judge and to have immediate and unlimited ability to meet with him or her.

(22) The right to have all efforts in court made without delay in order to ensure the child’s permanency is achieved in the shortest amount of time possible.

(23) The right to a permanent home or family.

(24) The right to enjoy the same rights established in the Constitution of the United States and Florida as every other person in the state: individual dignity, liberty, privacy, pursuit of happiness, and the protection of his or her civil and legal rights.

I/we have read the aforementioned and will support it as it relates to the safety, permanency and well being of the children placed in my/our home. I/we agree that if I/we encounter a problem resulting in my/our not being able to uphold the terms of this agreement I/we will immediately notify my/our full case management agency for assistance and support.

I/we have been provided with a copy of the Children’s Bill of Rights for the Foster Parent form. I/we also understand that a copy of this form will be placed in my/our licensing file.
A NEW Approach to Fostering: Co-Parenting

Co-Parenting or shared parenting is a new approach providing many benefits to foster parents. Co-parenting is more than just having contact between the birth family and the foster parent. Rather, co-parenting envisions the development of an actual partnership between the birth parents and the foster parents that is focused on the well-being of the child. By working in partnership with birth parents, foster parents are helping the child to let go of parentified anxious behavior and become a child again. When a child sees harmony among the adults in his/her life, he/she can relax and allow him/herself to be a child. The child worries less and spends less time trying to “fix” the adults around him or her.

Seeing birth and foster parents work together can change the way a child functions. When birth parents feel accepted and supported, they are more likely to work with foster parents on issues relating to the child and to give the child permission to be “OK” in the foster home. Hopefully, over time, the child will comfortably settle into the foster home because he/she no longer must prove loyalty to the birth parents to the exclusion of the foster parents. By reducing this tension, foster parents can positively work with and influence the children placed in their homes.

Other benefits of co-parenting include:

(1) Birth parents can provide foster parents with vital information and insights about their children. With this information, foster parents can more effectively and more appropriately meet a child’s needs earlier in their relationship. Similarly, foster parents should keep birth parents apprised of all issues relating to the children in their care, as long as there is no safety issue militating against the sharing of information. This will help birth parents continue to be involved in their children’s lives and prepare them for reunification. An exchange of information between birth and foster parents will decrease many misunderstandings and potential conflicts over issues regarding the children;

(2) Co-parenting will increase efficacy for foster parents. When birth families feel supported by foster parents, they support foster parents in their parenting decisions.

(3) Co-parenting creates a bridge between the two families. The foster family serves as a mentor and a support for the birth family. This is especially important with very young children. When the family recovers and the children return home, lines of communication and support should remain open. From the perspective of bonding and attachment, the foster parent and the foster children should remain like an extended “family” despite living in different households. In this way, important attachments are not suddenly disrupted, and the foster and birth families become a support system for one another. This positive connection may prevent children from re-entering care.

(4) When foster parents co-parent, they acquire a unique understanding of the parent/child relationship and the strengths and deficits in the family unit. This information is vital to the caseworkers in preparing case plans and assessing permanency goals. Moreover, the information is vital for judicial decision-making. Foster parents can assist the court in understanding the family dynamics and provide the court with valuable information regarding parenting strengths and weaknesses and needed services.
MINIMUM STANDARDS OF CARE FOR FAMILY FOSTER HOMES

Foster parents must be able to meet the minimum standards for Family Foster Homes as set forth in the Florida Administrative Code 65C-13 and in the guidelines in Chapter 39 and Chapter 409. The standards therein must be adhered to in order to ensure the safety, permanency and well being of foster children in care when they are temporarily placed in a family foster home. When unusual situations make it advisable to waive one or a minimal number of requirements, only the Regional Administrator or the Chief Executive Officer for the Community Based Care Lead Agency will have the authority to grant such a waiver and to provide written assurances that the home can provide for the care and needs of a child. Documentation of any exception to the Minimum Standards must be on file in the foster parent’s licensing case file.

Serving as a licensed-out-of-home caregiver is a privilege and public trust. No applicant has an inherent right to a license.

1. **Skills and Abilities**

Foster parents and the full case management agency (FCMA) staff must work together as a team with a shared and common goal of permanency planning for children; the primary goal for most children is family reunification. As a team member of the partnership, the family will face many challenges. Foster parents are expected to provide continuity of care while helping a child repair the effects of earlier life experiences. Foster parents must evidence the maturity, stability, fitness, skills and competency to successfully protect, nurture, and meet the developmental needs of children; support the agency’s established case goals and Permanency Plan for children placed in their care. Foster parents need to have a number of specific skills:

   a. **Understanding of the Impact of Fostering**

   The foster parent must be able to identify their individual and family strengths and needs, and communicate these to the agency. Foster parents should recognize how the addition of a new family member can affect family relationships (including the extended family), life styles and support systems. The foster parent should understand their role in fostering and know the kinds of children whose needs they can best meet.
b. Teamwork and Communication

The foster parent must be willing and able to communicate with the child, the FCMA, birth parents and other foster/adoptive parents who may have different outlooks because of different experiences, ages and cultures. Consequently, their participation and attendance at the Foster Parent Association Meetings is recommended as this will assist foster families in being able to better understand and fulfill their roles and responsibilities in working with children, birth families, the FCMA, GALs, professional partners for the child, etc. They must work in partnership to help children be reunified with birth families, be adopted or move into independent living.

c. Parenting Abused/Neglected Children

Foster parents must be able to effectively parent children who have been abused, neglected, abandoned and/or emotionally maltreated. Families must help children develop a positive self-concept and identity, recognizing that past experiences and losses may have contributed to their poor self-image and identity-confusion. They must help children understand and deal with the past in non-judgmental ways which make them feel good about who they are. Families must be willing to seek outside assistance in order to meet a child’s specific needs.

d. Understand Grief, Loss and Attachment Issues for Children in Care

Children removed from their birth families experience profound losses and need help in managing their grief. Foster parents must have resolved their own losses and be able to anticipate the effects of future losses on the family. Since children who have experienced loss often have difficulties attaching, families will need to understand bonding and attachment in order to be able to help the children.

e. Understand, Prevent and Manage Misbehaviors

Children that come into care will exhibit many inappropriate behaviors that reflect the physical and emotional pain they have undergone. Foster families must understand the feelings, the reasons behind the behaviors and be able to help children get their needs met in ways that make children feel lovable, capable, worthwhile and responsible. Foster parents must adhere to the policy prohibiting physical discipline/corporal punishment and use positive methods to modify the inappropriate behaviors.
f. **Support Primary or Birth Family Connections**

Families must help children maintain and develop relationships that keep them connected to the past, the source of their identity and self-esteem. Since most children are reunified with their birth families, visitations between the birth families and the child – unless there is a court order prohibiting the visitation - should take place as soon as possible. Visitations between siblings should also take place as soon as possible given the unique bond that exists between siblings.

g. **Provide a Safe, Nurturing and Healthy Environment**

Recognizing that children in foster care are vulnerable to further abuse and exploitation, foster parents must be able to protect children from any form of maltreatment. In addition, foster parents must provide a healthy, safe and permanent environment to the children placed in their care, following all state and local health and safety regulations. Supervision of all children is necessary, but especially so for infants and young children, both when awake and asleep.

2. **Background Screening**

Any and all persons residing temporarily or permanently in the foster home along with any frequent visitor to the home and having access to the children must undergo a complete background screening. The screenings shall at a minimum include a local, statewide (FDLE) and nationwide check (FBI). The fingerprinting or nationwide check (FBI) applies to any adult (age 18 and over). The fingerprinting must be performed via LIVESCAN at one of the full case management agencies. The outcomes to be clearly documented in the licensing case file. Any person between the ages of 12 – 17 must have a local and FDLE check completed. Any and all persons will have a records checks done through the child abuse registry. If the person has resided in any other state over the past five years, a request for abuse and neglect histories must be made of those states and the results obtained will be reviewed and documented in order to ensure our children’s safety and well being. A civil record checks regarding domestic violence complaints and orders of protection must also be conducted. Any call outs to the home by law enforcement that did not result in criminal charges will need to be obtained for those families pursuing initial foster care licensure.

Persons who are currently licensed as foster parents and any adult household member will be re-screened at least annually as part of the application for relicensing. The annual rescreen shall be limited to a local, abuse and neglect record
check, and a civil records check. For a child in the home between the ages of 12 – 17 the FDLE check will also be conducted annually.

If a teenager (16 and older) is used to babysit, a background screening to include an abuse and neglect record check, local and an FDLE check will also be conducted. Documentation to be provided in the licensing case file regarding the foster parent being responsible for ensuring that the baby-sitter is suitable and appropriate for the age, developmental level and behaviors of the children.

3. **Income**

A family must demonstrate that they have sufficient income to maintain their family excluding the board rate received for the children placed in the home. Being a foster parent is a privilege and a trust, not an entitlement.

4. **Marital Status and Other Significant Relationships**

The prospective foster parent must provide proof of current marriage or divorce, if applicable. If involved in a relationship, this will be explored during one of the home visits conducted. The impact fostering will have on your family as well as our children’s safety and well-being will be assessed. This person will also need to complete a full criminal background and abuse check. In the event the foster parent gets married after becoming licensed, the unlicensed spouse will need to complete the pre-service training within six months. (A foster parent must be at least 21 years of age.)

5. **References**

There will be a minimum of three personal references – that are not related to the applicant – obtained. The person must have known the applicant for at least three years. References will also be obtained from the adult children of each applicant so to determine suitability as a licensed caregiver. An employment reference will be obtained to verify two year employment. If the applicant has been with the present employer for less than two years, a secondary employment reference will be obtained. (Work hours and flexibility of schedule in case of emergency, medical or school appointments for the children will also be explored.) School references will be obtained from the childcare provider of any preschool age child or from the school of any child residing in the home. Two additional references will also be obtained from neighbors or community members.
6. **Confidentiality**

The foster parents along with all adult members residing in the home (or frequenting the home) will be asked to sign the confidentiality policy so to ensure that any information that comes to their attention and knowledge is kept confidential and is not disclosed to anyone other than authorized persons by the FCMA. A copy of the confidentiality form will be provided to the individual.

7. **Environmental Inspection**

A statement from the local health department indicating that a satisfactory environmental inspection has been completed is required. Fire drills shall be conducted at a minimum of two times a year or whenever a new child is placed in the home. The family will also have a written plan for evacuation in the event there is a disaster. The plan will include where the family will go and information as to how the family can be reached by the FCMA in the event an emergency occurs.

8. **Gas Heaters**

Gas heaters in the foster home must be vented to avoid fire and health hazards. However, unvented, fuel-fired heaters equipped with oxygen depletion safety shut-off systems may be operated in foster homes. It is a good safety practice that all homes with gas appliances (stove, fireplace and water heaters) have carbon monoxide detectors. All electrical wiring shall meet required building codes. Fireplaces, space heaters, steam radiators, and hot surfaces shall be shielded against accidental contact. Access to children under six will be restricted by a barrier.

Extension cords shall not extend from one room to the next with the exception of situations involving an emergency loss of power due to a natural or manmade disaster.

9. **Safety Considerations**

Smoke alarms must be present in the home and functioning at all times. The family must also have a first aid kit and a fire extinguisher with a current tag.

Firearms must be locked away from children. Ammunition must be kept locked and stored separately from firearms.

Poisonous chemicals (cleaning supplies and toxins) shall be kept in a locked location. Hooks, child safety latches and other baby proof devices do not qualify as
a locked storage for poisonous chemicals. Alcoholic beverages and medication shall also be stored away from children. Combustible items will be stored away from sources of heat.

Homes having a swimming pool must meet all community ordinances to operate a pool. The pool must be fenced with a gate, which is kept locked to prevent unsupervised access by children. Families having a swimming pool or whose home is adjacent to bodies of water unprotected by a four-foot barrier will be required to complete a basic water safety course. Access to swimming pools and bodies of water shall be restricted when supervision is not available and children shall never be left to swim alone.

If there are burglar bars, they must be breakaways so to allow easy access in the event of an emergency.

10. Animals

Florida law requires that all dogs, cats, and ferrets be vaccinated for rabies. Re-immunizations are required either annually or triennially depending on the vaccine for animals over the age of four months. The family shall also have a secure method to restrict access to potentially dangerous animals so to ensure our children’s safety.

11. Health

A medical history that includes the physical, mental health and other treatments for all household members will be explored. If there is a concern regarding the physical, mental or emotional health of any member of the household and possible injurious effects on a child, the applicant must supply recent medical reports and evaluations. This licensing counselor completing the home study will explore and document this information in the home study.

12. Pre-service Training

Licensed foster parents with the Department of Children and Families must satisfactorily complete the pre-service training/preparation as part of the minimal requirements for licensure. The training includes appropriate methods of discipline and emphasizes that corporal punishment is prohibited as well as the importance of maintaining birth family connections.
13. **Continued Parent Development**

Foster parents must complete a minimum of 8 hours of in-service training yearly as part of their requirements for continued re-licensure. Half of the training will be completed in the classroom and the other half may be obtained online, via literature, video or in-home instruction. Newly-licensed foster parents are required to complete psychotherapeutic medication training within 120 days of their becoming licensed. The foster parent will also need to complete training on fostering the sexual aggressor/victim child. Documentation of all trainings taken must appear in the licensing case file.

14. **Appropriate Utilization of Foster Home**

No more than five (5) children, including the children of the foster family, shall be placed in a foster home.

No more than two (2) children under twenty-four (24) months, including the children of the foster family, may be placed in a foster home.

A minimum of forty-square feet per child is required (unless the home was licensed before the new rule was promulgated – 4/6/08).

An adult shall be within hearing distance and accessible to the rooms wherein there are children under the age of six (6) sleeping.

Bunk beds shall be equipped with safety rails on the upper tier for a child under ten (10) or for any child whose physical, mental or emotional condition indicates the need for such protection. Bunk beds shall not be bunked higher than two tiers.

No child shall sleep in a bed with an adult.

Each child will have a separate bed.

A child over twelve (12) months cannot sleep in the bedroom of an adult unless deemed to be medically needed. A doctor’s note must be placed in the licensing file of the Department and the FCMA. Children over thirty-six (36) months must not share a bedroom with a child of the opposite sex.

15. **Face-to-face contact**

At least once every 30 days, the child’s case manager shall have face-to-face contact with children in foster care and their foster parent(s). The child’s case
manager will provide current and proper identification and sign the foster parent’s Visitation Log.

16. **Family Day Care**

A foster parent may be a Family Day Care provider for a maximum number of five (5) children. Therapeutic and Medical Foster Homes cannot be dually-licensed. The foster parent will need to ensure that all licensing standards and requirements for family foster homes and family day care homes are met and maintained at all times.

The caregivers shall limit their operation as a Family Day Care to the following: (a) Hours of operation shall be only between 6:00AM and 7:00PM. (b) Based on the premise that the foster care maintenance assistance is for the care of a foster child for a twenty-four (24) period and includes the provision of daily supervision of the foster child, the out-of-home caregiver cannot be paid for a foster care board rate and a child care subsidy for the same child. (c) The foster home will receive a minimum of two visits per year: once by daycare licensing staff and once by the licensing unit staff. (d) Complaint investigation to be conducted in conjunction with a representative from the child care licensing area.

17. **Employment Outside the Home**

A single foster parent or both foster parents can be employed outside the home if childcare is provided and if able to meet the needs of the children in foster care. All prospective families and licensed foster parents will be asked to identify a relief or back-up person to assist them in providing ongoing care to our children. The identified individual(s) must have a complete abuse and background check done along with completing the required documentation.

18. **Religion**

Children in foster care should be afforded the opportunity to practice the faith of their choice or that of the birth parents as well as be encouraged and supported in the development of their ethnic background. The family’s attitudes regarding the prohibition against seeking medical treatment, celebrating holidays or birthdays and discipline practices encouraged by their faith will be explored and documented in the home study.

19. **Driver’s License**

Foster parents need to have transportation available twenty-four (24) hours a day. They cannot transport children in vehicles such as truck beds, motorcycles, or any
other high-risk method of transportation that would endanger our children. No child will be transported on his or her lap. The vehicle to be used to transport our children must be in safe condition, in compliance with the applicable motor vehicle laws of the state and be equipped with seat belts and approved car seats. The vehicle must be smoke-free when foster children are being transported.

The person providing the transportation must possess a valid and current Florida driver’s license along with auto insurance. A part of the foster parent partnership expectation is that they provide transportation for children placed in their home. Foster Parents have the sole responsibility to transport and accompany the child to all medical, dental, and/or other appointments. This is critical to providing information to the doctor regarding and receiving information and instruction with respect to the child’s care. In the event of an emergency in which the foster parent cannot provide the transportation, then he or she will contact the child’s case worker for assistance. Even in an emergency situation, the foster parent must make every effort to be accessible by phone should the doctor need more information. The Department of Vehicles database will be accessed at the initial application for licensure and at each time of re-licensure so to ensure the caregivers do not have any driving violations less than five (5) years old on file relating to driving under the influence of alcohol or drugs.

20. Foster Home Approval

Foster parents will be approved as a foster home resource for only one agency; however, they may accept children from another agency with prior approval from their original approving agency.
RECENT (SUMMARIZED) CHANGES TO THE FAC65C-13 FOR FOSTER CARE LICENSURE:

- The FCMA licensing will be immediately notified of any frequent visitor to the home so to ensure fingerprinting takes place within five (5) days.
- A Household Member includes any and all visitors expected to stay an indefinite period of time or college students expected to return to the home.
- All new household members must be fingerprinted within five (5) days of residence.
- All foster parents must complete training regarding psychotherapeutic medications within 120 days of initial licensure.
- Exit interviews will be conducted on those foster children that remain in the foster home for more than 30 days. (Any issues raised in the exit interview will be address in the re-licensing summary.)
- Two (2) Community Input reviews will be requested to assist in the re-licensure of the home.
- The vehicle shall be smoke free when transporting foster children.
- Any change in the foster home must be immediately reported to the FCMA licensing: These include but are not limited to the following: (a) law enforcement involvement of any household member; (b) change in marital status; (c) changes in household composition; (d) change in physical address; (e) changes in financial situation; (f) serious health issues; (g) additional changes include home phone number, mailing address, employment and/or work schedule.
- Overnight trips exceeding one night must be approved by the service worker.
- Caregivers shall support the child’s effort to learn to drive and obtain a license.
- Caregivers are not required to buy auto insurance for a youth.
- Background checks for dating/outings are not required.
- Failure to report a situation that threatens the safety of a child or results in non-conformity with the licensing requirements may be a reason to deny or revoke a license.
- A foster parent that marries or reconciles and the spouse has not had the required pre-service training must secure the needed training within six (6) months of the date of marriage or reconciliation. (No new children shall be placed until this has been satisfied.)
RECENT (SUMMARIZED) CHANGES TO THE FAC65C-13 FOR FOSTER CARE LICENSURE (cont’d):

✓ Serving as a foster parent is a privilege and public trust: applicants do not have an inherent right to a license.
✓ A respite home must be licensed.
✓ Babysitters must be at least 16 years old and have received a background screening.
✓ Babysitting is limited to less than 24 hours in duration.
✓ Foster children shall not provide supervision to children in the home.
✓ The Department is the licensing authority for all family foster homes and has the final authority for approval, denial or suspension of ANY license.
THE BILATERAL SERVICE AGREEMENT

At the initial time of licensure and again at each time of re-licensure, your licensing counselor will ask you to sign the *BILATERAL SERVICE AGREEMENT*. This agreement clearly delineates your responsibilities as a foster caregiver to the children placed in your home, biological parents, FCMA, and the Department of Children and Families. It also contains the responsibilities of the FCMA and the Department to you. The Bilateral Service Agreement will be reviewed, discussed, and signed by you and the licensing counselor at the time of the home visit. You will be given a copy of the agreement for your records and the original will become a part of your re-licensing file. A copy of the current Bilateral Service Agreement is found in the following pages.
BILATERAL SERVICE AGREEMENT

Purpose:

*Becoming a foster parents is a privilege, not a given right, that comes with a great deal of public trust and responsibility. This vast responsibility requires a strong partnership among the foster parents, the Department of Children and Families and Community-Based Care Agencies. As team members, each member will work in collaboration to resolve any issues and maintain a child-centered focus.*

The purpose of this Agreement is to identify the expectations for foster parents and the Department of Children and Families on behalf of the children and families that are served in the foster care program. This agreement reflects standards of care that are current requirements in Florida Administrative Code, which are based on statutory authority found in section 409.175, Florida Statutes. The premise of this agreement is that the department, Child Placing Agencies and foster parents must work as partners to assure safety, to provide for the physical and mental well being and to obtain permanency for each child.

**CPA and Department Responsibilities to foster parents include:**

a. To treat foster parents with courtesy, respect and as an important team member.

b. To show support by responding within (whenever possible) 24 hours to telephone messages and written correspondence.

c. To the fullest extent possible, to schedule all meetings with the foster parents at mutually convenient times.

d. To provide or arrange for training opportunities that are offered at a time and location that are as convenient as possible for foster parents.

e. To meet, address and resolve complaints regarding foster parents or disputes between the foster parents and the department/CPA, if necessary.

f. To notify foster parents within 2 working days when a new caseworker is assigned to children in their home. To provide the new counselor’s name, work phone number, an after-hours phone number and the caseworker’s supervisor’s name and telephone number.

g. To provide at least once a year, performance feedback through the use of the Caseworker’s Review of Foster Parent(s) Performance form. The Child exit interviews completed during the year will be included as part of the performance review, when available.

h. To discuss prior to placement of a child, any and all available information pertaining to the child.

i. To provide the child’s Resource Record to the foster parents no later than 72 hours after placement. To provide updated information to the foster parent in a timely manner.

| Foster Parent(s) | CPA Representative |
j. To provide the case plan, which is a record of services to for the child and family, within 72 hours of placement of the child or within 24 hours of acceptance of the case plan by the court.

k. To provide a board payment for each child placed in the home based on the established rate structure. Payments will be made each month in a prompt fashion.

l. To provide each year, a clothing payment based on the established rate for new clothing and shoes for the child.

m. To provide the foster parents a minimum of one face to face visit every calendar month by the child’s caseworker when there is a foster child in the home. This visit must take place in the foster parents’ home. The visits may need to take place more frequently if the foster parents and/or child are experiencing difficulties.

n. To provide the foster parents who are caring for a child on shelter status a minimum of one home visit per calendar week by the caseworker.

o. To ask for the opinions and ideas of the foster parents when preparing updated case plans, during monthly visits to the home, case plan meetings, departmental staffings, court hearings and any other forum in which the foster child is discussed.

p. To provide notice of all court hearings and departmental staffings, pertaining to children in their care, at least 72 hours prior to the meeting or hearing.

q. If available, respite care will be provided by the CPA with a 30-day notice when the foster parents request such service. Emergency respite care, as defined by the CPA shall be provided when requested by the foster parent(s).

**Foster Parent Responsibilities to the child include:**

a. To make a commitment to work with the child for the length of time necessary until permanency is achieved.

b. To provide acceptance and care to the child by praising the child often, showing appropriate emotional responses, listening to the child’s feelings and asking for the child’s opinions.

c. To treat the child as if the child is their own. The child must receive the same food as the rest of the family, should be taken on family outings, and vacations and should be shown the same amount of time, interest, and patience the rest of the family receives.

d. To ensure that the child has supervision appropriate to his/her age and/or developmental level, or as specified in the child’s safety plan.

e. To assist and participate in planning visits with the child’s parent(s) or relatives.

f. To never make negative statements about a child’s family.

g. To work with the child, parents, CPA, and significant others to ensure that the child has a smooth transition when he/she returns to family or is placed in another permanent home or interim placement.

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Foster Parent(s)  CPA Representative
h. **To transport and accompany the child to medical, dental, and mental health appointments.**

i. To provide the child an opportunity to learn the value and use of money though the giving of allowance which is included in the board payment.

j. To buy the child clothing and necessary toiletries with the monthly board rate and clothing allowance.

k. To keep an inventory of all belongings the child brought to the home as well as those purchased or subsequently obtained for the child. These belongings must go with the child when they leave the foster home.

l. To support and encourage the religious beliefs, ethnic heritage and language of the child and the child’s family. If the child wishes to attend cultural events or religious services, the foster parents will provide or arrange transportation.

m. To adhere to the following safety and discipline policies. Failure to comply with the safety and discipline policies may result in the removal of children from the home.

**Safety Policies:**

1. **Swimming pools** must have a barrier on all four sides of at least four feet. The barrier may consist of a house plus a fence on the remaining three sides or a four-sided fence. All access through the barrier must have one of the following safety features: alarm, key lock, self-locking doors or a bolt lock that is not accessible to children. When the swimming pool is not in use, all entry points must be locked. Above ground pools must have steps or ladders leading to it secured, locked, or removed when the pool is not in use. Hot tubs and spas shall be required to have a safety cover that is locked when not in use. Swimming pools must be equipped with one of the following life saving devices:
   (1) Ring buoy;
   (2) Rescue tube; or
   (3) Other appropriate flotation device with a rope attached which is sufficient length to cover the area.

2. All medications, poisonous chemicals, and cleaning materials must be in a locked place and inaccessible to children.

3. Alcoholic beverages should be stored out of the reach of small children. To avoid access to alcoholic beverages by older children, it is recommended that these beverages be kept in a locked place.

4. If the substitute care parents own a gun, the ammunition and unloaded firearm must be kept separately in locked cabinets.

5. Pets in the home must be vaccinated and their vaccinations must be current.

6. The home must be safe from fire hazards. All combustible items must be stored away from sources of heat. The home must not be heated by unvented gas.

Foster Parent(s)  CPA Representative
7. All fireplaces, space heaters, steam radiators, and hot surfaces must be shielded against accidental contact. The substitute care parents must have an evacuation plan posted in a conspicuous place and must share it with each child. The substitute care parents must conduct periodic fire drills to make sure all the children understand the procedures. Fire drills should be held at least every six months. The date of the fire drill should be recorded and reviewed at the time of re-licensure.

8. If the home is equipped with burglar bars, the caregiver must demonstrate that:
   (a) The burglar bars can be released to allow exit; or
   (b) That other means of exit are readily available from each sleeping area.

9. Substitute parents must have transportation available 24 hours a day. All vehicles used to transport children must be in safe condition, in compliance with applicable motor vehicle laws of the state, and equipped with seat belts and approved car seats for children under the age of four years.

n. To give the child medication in the dosage and duration as prescribed by a doctor or psychiatrist and keep thorough documentation, through a medication log in the Child Resource Record.

o. To enroll each school age child in school within three school days of child’s placement in the home. To request assistance from the caseworker if there are problems.

p. To inform the school in writing that they (foster parents) wish to be notified and participate in Individual Education Plan meetings, school activities and conferences.

r. To attend and take part in court hearings, whenever possible, and other staffings concerning the child and the child’s family.

s. To promote the following conditions for the child in the home:
   1. Opportunities and encouragement to communicate and have contact with family members, friends and other people important to the child. The only exception is when the court specifically bars contact with an individual.
   2. Respect for the child’s body, person, possessions, bed and personal space.
   3. Encouragement and assistance in decorating his/her room with items that reflect the child’s interests, heritage, culture, family and individual personality.
   4. Opportunities to develop interests and skills through participation in school and community activities, such as music, art, sports and special interest clubs.
   5. Encouragement and support in making new friends and maintaining past friends who have a positive relationship with the child.
   6. Encourage the child’s sense of pride and accomplishment in his/her abilities when goals are achieved. Provide special recognition and praise when the child does something important for their progress and well being.

Foster Parent(s) CPA Representative
7. Provide the child with suitable clothing, is appropriate for the weather, and appropriate for the age of the child. Whenever reasonable, the child’s preferences in clothing should be considered.

**Foster Parent Responsibilities to the CPA include:**

a. To treat CPA staff, the child’s family, and Guardian ad Litem, etc. with respect and courtesy.

b. To complete a review of the caseworker as requested for children who were in the home 30 days or more.

c. Each licensed foster parent must take part in at least 8 hours of yearly in-service training approved by the CPA.

d. To notify the CPA immediately of a potential change in address, living arrangements, marital status, family composition (who is in the home), employment, significant health changes or any other condition that may affect the child’s well-being.

e. To notify the CPA promptly of all contacts the family or any member of the home has with police or any law enforcement agencies.

f. To take only the CPA’s children into care and make no plans for allowing other children or adults to reside in the home, without prior approval is given by the CPA.

g. To be available 24 hours per day seven days per week to receive children if the home is licensed as an emergency shelter home.

h. To accept the direction and supervision given by the CPA in caring for the child.

i. To accept the agreed upon board payment per month.

j. To use the clothing allowance for the designated child, to buy the child clothes and shoes.

k. To obtain authorization from the CPA prior to spending money if repayment is expected.

l. To hold confidential all information about the child and the child’s family and discuss the information only with a CPA staff member or a specialist (i.e., doctor, psychiatrist, therapist) working with the child.

m. To keep the Child’s Resource Record up-to-date.

n. To allow the child to be removed from the foster home only by a CPA staff member, or another party granted permission by the CPA or the court, in writing. To verify the identity and authority of staff and other parties when not known to the foster parent.

o. To obtain prior approval for the movement of the child to another home for the purpose of paid respite.

__________ Foster Parent(s)  CPA Representative
p. To know where and with whom the child is staying and the type of supervision the child is receiving when foster parents approve an outing or overnight activity. Children may not remain in an unlicensed setting without the explicit approval of the CPA.

q. To take the following actions if the child is missing or has runaway: to abide by the CPA’s runaway policy and procedure.

r. To notify the CPA immediately if the child needs medical attention for sickness, injuries or significant changes in the child’s health.

s. To immediately notify the CPA of any sexually inappropriate action or behavior by the foster child.

t. To work with the CPA to meet the needs of the child by attending scheduled meetings to discuss the child and his/her family, whenever possible.

u. To work with the CPA in planning for the child, which may include transfer to an adoptive placement or return to parent(s) or relative(s) or becoming an adoptive placement.

v. To refrain from engaging in any legal action to acquire custody of the child without the CPA’s consent. Adoption by a child’s foster parents is often the best choice for finding a permanent home for a child when reunification is not an option. In these situations the foster parents and the department will work together to achieve this goal.

w. To notify the CPA if any caseworker with a child in the home does not make a visit each calendar month. Notification should be made by calling 1 800 FLA-FIND.

x. To not sign blank or incomplete visitation forms or to falsify any record on which the CPA relies.

The CPA may remove the child from the foster home at anytime but will, whenever possible, give a two-week notice. Foster parents may request the department to remove a child from the home, but will give the department at least 2 weeks notice, except when the child poses a threat to himself, herself or others, or a crisis in the foster family compromises the foster care parents’ ability to care for the child.

**DISCIPLINE POLICIES:**

1. The foster parents must discipline children with kindness, consistency, and understanding, and with the purpose of helping the child develop responsibility with self-control.

2. The foster parents must help each child learn that he/she is responsible for his/her behavior by teaching him the natural and learned consequences of his/her behaviors.

3. Foster parents must use positive methods of discipline, including the following:
   (I) Rewarding/praising, acceptable behavior

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Foster Parent(s)  CPA Representative
(II) Verbal disappointment of the child’s behavior.

(III) Loss of privilege(s).

(IV) Grounding, restricting the child to the house or yard, or sending the child out of the room and away from the family activity; and

(V) Redirecting the child’s activity, for example, if a child is playing with a sharp object take the object away, and replace it with a safe toy.

4. The foster parents must not allow children in care to be subjected to verbal abuse, derogatory remarks about themselves and family members.

5. The foster parents must not subject children to cruel, severe, humiliating or unusual punishment, for example, to use soap to wash out the mouth, eating hot sauces or pepper, placing in hot water, kneeling on stones, etc.

6. The foster parents must not use corporal punishment of any kind.

7. The foster parent must not delegate discipline of a foster child to another child or to an adult not known to the child.

8. The foster parents must not withhold meals, clothing, or shelter as a form of punishment.

9. The foster parents must not punish children for bed-wetting or errors that occur during the toilet training process.

10. The foster parents must not resist implementation of the case plan as punishment for misdeeds of a child.

11. The foster parents must not deny a child contact or visits with his family or threaten to deny or terminate any future or present visits as punishment.

12. Foster parents may assign additional routine home chores as the consequence of misbehavior, although these chores must not involve physical exercise so excessive as to endanger the child’s health, or so extensive as to interfere with time set aside for school work, sleeping, or eating.

The foster parent(s) must not threaten a child with removal from the home or with a report to authorities as punishment for behavior. The threatening of the child with removal plays into the child’s conviction that he is doomed to a series of placements and rejections. The Family Services counselor’s task is to identify the child’s specific behaviors which are causing the substitute parent to request the child’s removal. Once problems are identified, the Family Services counselor along with the substitute parents and child assess ways to correct the problem. If problems are not corrected and the substitute family continues to request removal, a conference should be held by the Family Services counselor with the substitute family and child to discuss the possibility of removal and replacement. Involving the child in the planning may help him/her feel he/she has some control of his/her life.

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Foster Parent(s)   CPA Representative
Non-compliance with any of the above provisions may result in administrative action by the Department which could include corrective action, suspension, revocation or denial of further licensure pursuant to Chapter 120, Florida Statutes.

I/we have read, understand and agree to abide by the terms of this agreement.

___________________________________ ______________________
Foster Parent’s Signature Date

___________________________________ ______________________
Foster Parent’s Signature Date

___________________________________ ______________________
Child Placing Agency Representative Signature Date

___________________________________
Title

Foster Parent(s) CPA Representative
BILATERAL SERVICE AGREEMENT SIGNATURE PAGE

To Be Used at Each Re-licensure

___________________________________  ______________________
Foster Parent’s Signature  Date

___________________________________  ______________________
Foster Parent’s Signature  Date

___________________________________  ______________________
Child Placing Agency Representative Signature  Date

___________________________________
Title

COMMENTS:

___________________________________

___________________________________

___________________________________

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Foster Parent(s)  CPA Representative
INSTRUCTIONS FOR COMPLETING THE BILATERAL SERVICE AGREEMENT

The Bilateral Service Agreement is for use between the Department, a Community Based Care Lead Agency, or a Contract Case Management Provider and a Foster Parent.

The licensing counselor must:

A. At Initial Licensure
   1. Review the Bilateral Service Agreement with each newly licensed foster parent, secure the signature of each parent on the document, and sign the agreement on behalf of the department.
   2. File the original agreement in the licensing file and provide a copy to the foster parent(s).
   3. Provide a copy of the following documents to the foster parent and explain each:
      A. Attachment A: Safety and Discipline Policies
      B. Family Services Counselor’s Review of Foster Parent(s) Performance, CF-FSP 5223
      C. Foster Parent’s Review of Family Services Counselor Performance, CF-FSP 5224
      D. Quality of Foster Home: Community Input, CF-FSP 5225
      E. Child Service Agreement, CF-FSP 5227

B. At Re-licensure
   1. Review the Bilateral Service Agreement with each foster parent at the time of re-licensure, ask for comments and concerns, secure the signature of each parent on the Re-Licensure Bilateral Service Agreement Signature Page, and sign the document on behalf of the department.
   2. Address any concerns/issues noted by the family.
   3. File the original in the licensing file, and provide a copy to the foster provider.
   4. Provide a copy of the Family Services Counselor’s Review of Foster Parents Performance form to each counselor who has worked with a child in the home during the past year.
   5. Review the input provided and address concerns. File the completed forms in the licensing file.
   6. Provide copies of the Quality of Foster Home: Community Input form, to individuals within community who have interacted with the child and/or foster provider within the past year. (Examples: GUARDIAN AD LITEM, service providers, school, etc)
   7. Review the input provided and address concerns as needed. File copies of completed forms in the licensing file.

Any Counselor who places a child must:

A. At the time of placement of a child:
   1. Complete the Child Service Agreement.
   2. Ask the foster parents to sign and date the agreement.
   3. Sign and date the agreement on behalf of the agency.
   4. Provide a copy to the foster parents and place the original in the child’s case file.

B. At the time a child leaves a foster home:
   1. Provide a copy of the Foster Parent’s Review of the Family Services Counselor’s Performance form to the foster parent(s) at the time a child departs from the home (for children in the home for 30 days or more) and request that it be completed and mailed to the Family Services counselor’s supervisor.
   2. The completed form must be reviewed by the Family Services counselor’s supervisor for feedback and to address concerns, and then placed in the counselor’s file.

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Foster Parent(s)           CPA Representative
ADDENDUM TO THE BILATERAL SERVICE AGREEMENT

Name of Foster Parent(s): _________________________________________

FCMA: _________________________________________________________

FCMA Representative: ____________________________________________

In addition to the expectations delineated in the Bilateral Service Agreement - which are based upon the standards of care that are current requirements in the Florida Administrative Code 65C-13 for foster care licensure - as a temporary caregiver for children in foster care, I/we understand and agree to abide by the following provisions:

1. I/we have the sole responsibility of transporting and accompanying the child to all medical, dental, and/or other appointments. This is critical to providing information to the doctor regarding and receiving information and instruction with respect to the child’s care. In the event of an emergency wherein I/we cannot provide the transportation, I/we will immediately contact the child’s case worker for assistance. Furthermore, in this emergency situation, I/we will make every effort to be accessible by phone should the doctor need more information.

2. Upon the installation of a computer in my/our home from the Our Kids At Home Project, I/we will check my/our e-mails at least twice a week for any information that will assist me/us in continuing to provide quality care to the children placed in my/our home. (This also includes but is not limited to visiting suggested websites that will assist in the child’s educational, psychological, mental and physical development, e.g., [www.theparentacademy.net](http://www.theparentacademy.net) and [www.dadeschools.net](http://www.dadeschools.net) (contains a link to The Parent Resource Guide).

3. I/we will work in partnership with the child’s service worker and my/our provider agency, to address the child’s educational needs and to allow for the continuation of school attendance and participation and will support educational planning, i.e. college, vocational or technical programs, etc. This includes but is not limited to the participation and attendance to school conferences, awards and achievements, etc.
ADDENDUM TO THE
BILATERAL SERVICE AGREEMENT

4. I/we will provide the children placed in our home with opportunities in the home and through life skills classes and organized activities to learn and practice skills needed for independent living, such as food preparation, money management, consumer awareness, personal hygiene and appearance, housekeeping, accessing health care services, transportation, job seeking, education, study skills and interpersonal relationship building or other skills provided to ensure the child’s independent living skills plan.

5. I/we understand that the primary goal for most of children placed in my/our home is that of reunification with the birth family. Consequently, I/we agree to work with the parents of the children toward reunification. I/we agree to participate in planning and facilitating visits for the children with his or her parents and family members as indicated in the case plan.

6. I/we understand that Our Kids is in the process of developing a Foster Parent Evaluation that will be completed quarterly by my/our provider agency. If I/we receive an “exceeds” rating in each of the areas identified in the evaluation, I/we may be eligible for a performance incentive for that quarter. If I/we do not consistently meet expectations in one or more of the areas as identified in the evaluation, I/we may be placed on a corrective action plan.

____________________________________  ____________
Signature of Foster Parent      Date

____________________________________  ____________
Signature of Foster Parent      Date

WITNESSED BY:

_______________________________________________________________    ____________________
Signature of FCMA Representative    Date
1. Any person providing respite care in their own home MUST have a current foster care license and be in good standing with the Department and the FCMA. In other words, if the home is not licensed the foster care child CANNOT be babysat in that home.

2. If the person is NOT a licensed foster parent, then he/she MUST undergo a complete background screening along with filling out a Relief or Back-up Packet before providing care to our children. The Relief or Back-up Packet can be obtained from your Licensing Counselor. Once the screening results come back and the needed paperwork is completed and turned in to your Licensing Counselor, he or she will let you know when he/she has been approved as a Relief or Back-Up Person. When the Relief or Back-up person is not a licensed foster parent, he/she will need to care for the children in your home – as it is licensed.
When you initially went through the process of becoming a licensed foster parent, we informed you that you needed to have stable and sufficient income in order to meet your own needs without relying on the child's board payments. We also informed you that as a foster parent you would become a temporary volunteer caregiver for those who needed it the most, our children. You would be providing children with the needed love, guidance, and support they needed while in care. You would become their voice!

Notwithstanding, the state does provide a foster parent with a board rate payment that varies according to the age and specific needs. The board rate allows for the child's clothing needs to be met. From the child's board rate, he or she is to also receive a monthly mandatory allowance. If a child is too young and/or is not capable of managing an allowance, you must still set aside an amount each month for an allowance. You will also need to document the allowance amount as well as how it was spent. On the following pages, there are two sample allowance logs that you can use. The allowance log should be kept in the Child Resource Record or Bluebook.

(NOTE: As a foster parent, you will not expect the child to use this allowance to purchase personal hygiene items, school supplies, clothing or other necessities. Allowances cannot be withheld as a form of discipline. The case manager will verify with the child when he or she conducts the face-to-face contact at the home – every 30 days – that the allowance is being given.)

The child also receives Medicaid to cover his or her medical expenses. The state will also pay for child care services – totally or in part depending on the daycare facility.

Remember that the Board Rate for foster care is dependent on several things: (1) The legal status of the child; (2) The age of the child; (3) The child’s emotional, medical and behavioral issues; and (4) The different rates according to the FCMA. For additional information regarding the board rate assigned to a specific child, the timeframe for mailing out the board rate, clothing allowances, etc. please contact the child’s case manager. If you cannot reach the child’s case manager, please contact the case manager’s supervisor.
The Birth Parents

When you initially went through the MAPP Pre-service Training, we made you aware of the challenges that lay ahead in temporarily fostering a child. We asked that you look at being a foster parent as a family helping another family: the child’s birth parents. We informed you that visits were one of the first opportunities to develop the alliance between the birth family and the foster parent. Both sets of parents should have a strong common bond so to ensure the best interest of the child they parent. When you support birth parents in their efforts for reunification, the goal is more likely to be achieved. The children are less likely to feel divided loyalties and fearful about their future if they can see the important adults in their lives working together: this assists in the child’s adjustment in your home as well as promotes a better relationship between you and the child. The child will not see you as his enemy but as his or her ally. You as foster parents play an important role in creating the partnership with the birth parent.

We understand that you have reasons why you find it difficult to commit to the goal of reunification as you have viewed the effects of maltreatment on the child firsthand and you do not want to jeopardize the child’s safety and well being. However, we need to always focus on what is in the child’s best interest - the opportunity to grow up in their own family. Commitment to this belief and goals makes the partnership possible! As a member of this partnership, we need to remember that birth parents also have rights – unless they have been terminated by the courts – to their children. On the next page, we have delineated some of these rights.
BIOLOGICAL PARENTS’ BILL OF RIGHTS

When any child is placed in the custody of the state, Biological Parents are still able to maintain many legal rights until and unless a determination is made by the courts having legal jurisdiction that those rights should be terminated. Additionally, good child welfare practice requires that the respect for the right of parents should continue to the greatest extent possible. These rights include but are not limited to the following:

1. The right to be provided with information regarding the child’s medical, dental, mental and psychological status while in temporary care;

2. The right to translation and interpretation services in order to be able to communicate effectively with the Department of Children and Families, Full Case Management Agency (FCMA), courts, and other professionals regarding the safety, permanency and well being of my child;

3. The right to be notified and be able to participate and provide input in the case planning and decision-making process involving the child;

4. The right to assistance, if needed, with transportation, so to ensure they have an opportunity to attend court, medical appointments, etc. as it relates to ensuring the return of the child;

5. The right to receive a written copy of the case plan as well as be able to discuss any issues or concerns as noted therein with the FCMA;

6. The right to be treated by the Department of Children and Families, FCMA, and the other partners with dignity, respect, and trust;

7. The right not to be discriminated against on the basis of religion, race, color, creed, gender, marital status, national origin, age, or physical handicap;
BIOLOGICAL PARENTS’ BILL OF RIGHTS

8. The right to receive information from the FCMA on how to access economic services or financial aid and any other assistance, and reach personnel 24 hours per day, seven days per week;

9. The right to have ongoing visitation with the child, unless there is a court order prohibiting the visitation. The visitation to take place at a mutually-agreed upon, convenient and easily-accessible location;

10. The right to be notified in advance, in writing and via telephone, by the FCMA or the court of any hearing or review where the case plan or permanency of the child are an issue, including periodic judicial reviews held by the court or Court Review Panel;

11. The right to have the child continue with his or her own birth family values and beliefs, while in temporary foster care, unless it jeopardizes the child’s safety and well being;

12. The right to be apprised of information, laws, and guidelines and any changes in policies and procedures, that would delay the safe return of the child.
As members of the partnership for children and families, Foster Parents need to ensure that they communicate regularly with their Case Managers. Foster Parents and Case Managers need to communicate often and effectively, respect each other’s roles, make decisions together, solve problems together, and resolve conflicts. All members of the team have a common goal: to provide a safe, nurturing environment for the children in care. When communication is open, it is easier to accomplish this goal.
Role of the Case Manager

One of the other key members of this partnership that you will be interacting with regularly includes your child’s case manager. His or her responsibilities include but are not limited to the following:

1. The Case Manager shall have face-to-face contact a minimum of every thirty (30) days by visiting the child in the out-of-home placement.

2. The Case Manager shall discuss with the caregiver the case plan’s progress and the child’s progress, development, health and education.

3. The Case Manager will ensure that the data in the Department’s system of record, FSFN, always contains accurate and current information regarding the child. This includes but is not limited to the child’s placement history, home visit date, etc.

4. The Case Manager will provide any and all available background information on the child: social history, medical information, psychiatric information, and educational information.

5. Within two (2) days of the receipt of a case file, the Case Manager will contact the Foster Parent and inform him or her that he has been assigned to the specific foster child’s case. Contact information will be provided to the Foster Parent at that time: the Case Manager’s office and cell numbers along with those of the supervisor and the on-call worker’s telephone contact information.

6. The Case Manager will inform the Foster Parent of any upcoming staffing, conference or court hearing, at least within seventy-two (72) hours, in order to allow the Foster Parent an opportunity to participate and provide input with regards to the child’s safety, permanency and well being.

7. The Case Manager will provide a copy of the home visit form to the Foster parent at the time the home visit is made (SAMPLE HOME VISIT CAN BE FOUND IN THE FORMS SECTION.)

8. The Case Manager will inform the foster parent of any changes relating to the child’s psychological, physical, or educational needs.
9. The Case Manager will inform the Foster Parent of visitations between the birth parents and the foster child and/or the foster child and his or her siblings. Visitations are to take place as soon as possible.

10. The Case Manager will treat the Foster Parent with respect, dignity and courtesy at all times.

11. The Case Manager will ensure that the Foster Parent has a Child Resource Record (CRR) or Blue Book for each child that is placed in the home. The CRR will be given at the time the child is placed or within 72 hours of placement.

12. The Case Manager will ensure that he or she provides the child’s Medicaid Card to the Foster Parent. If the Medicaid Card is not available, the Case Manager will ensure that he or she completes the application and submits to the Child in Care Unit.

13. The Case Manager is to present proper identification to the Foster Parent at the time of the home visitation along with ensuring that he or she signs the Visitation Log.

14. The Case Manager will show support by responding within (whenever possible) twenty-four (24) hours to the Foster Parent’s telephone messages and written correspondence.
Your job is truly unique because each child that enters foster care is unique. For reasons beyond his or her control, separation from the home and family has occurred. The many fears, worries and anger looming large to the child need special attention and understanding. Consequently, the foster child placed in your home may be in shock. You will care for, worry about, scold and love this child as you do your own, although, he or she is not exactly like one of your own. You are raising someone else's child without the backdrop of family kinship and supportive comfort.

You take the foster child "as is." You will not start at the beginning as you did with your own. Your foster child will come to you with a definite personality, range of habits, expectations and attitudes - all shaped by relationships formed in the past. This is a child you will share: a child to be enjoyed by your family and his family; a child destined to bring both sunshine and rain; but most importantly, a child needing your ever-present love and support!
AS A CHILD I HAVE THE RIGHT TO...

(1) LIVE IN A SAFE HOME.

(2) BE TREATED WITH RESPECT.

(3) BE TREATED AS A MEMBER OF THE FAMILY.

(4) BE ACCEPTED AND LOVED FOR WHO I AM.

(5) GO TO SCHOOL.

(6) BE IN SPORTS, CLUBS OR AFTERSCHOOL ACTIVITIES.

(7) NOT BE TOUCHED IN A WAY I DO NOT WANT OR FEEL COMFORTABLE.

(8) NOT GET HIT WHEN I DO SOMETHING WRONG.

(9) EAT A HEALTHY AND BALANCED MEAL EACH DAY.

(10) HAVE ENOUGH SUMMER AND WINTER CLOTHES THAT FIT ME.

(11) GO TO THE DOCTOR AND DENTIST.

(12) HAVE MY OWN SPACE SO THAT I CAN KEEP MY CLOTHES AND PERSONAL THINGS.

(13) RECEIVE AN ALLOWANCE.

(14) NOT HAVE INFORMATION ABOUT ME SHARED WITH OTHERS.

(15) SPEAK TO MY COUNSELOR OR GUARDIAN.

(16) GO TO COURT AND SPEAK TO THE JUDGE.

________________________________________
NAME
The Guardian Ad Litem (GAL)

Many children in the custody of the Department of Children & Families are represented before the court by a Guardian Ad Litem (GAL). A GAL is a court-appointed, especially-trained, volunteer who serves as an officer of the court to ensure that the best interests and wishes of the child are represented at legal proceedings. The GAL is there to help and provide a strong voice in court and a positive systemic change on behalf of abuse and neglected children.

A GAL investigates abuse allegations independently, monitors services provided, and makes recommendations to the court. The GAL has the right to interview the child they represent and to be involved in making major decisions which affect the child. If you want to know if a GAL has been appointed to the case, please ask your Child’s Case Manager. The telephone number to the GAL office in Miami-Dade County is (305) 638-6861. The office is located at the 3302 NW 27th Avenue, Miami, FL 33142.
Section III: PREVENTING CHILD ABUSE IN FOSTER CARE
Child Abuse in Foster Care

Any person who knows or has reasonable cause to suspect that a child has been abused, neglected or abandoned by a parent, legal custodian, caregiver or other person responsible for the child’s safety and well being shall immediately report such knowledge or suspicion to the Florida Abuse Hotline of the Department of Children and Families.

To report an abuse you can call the 1-800-96-ABUSE (1-800-962-2873) or 1-800-453-5145 for TDD (Telephone Device for the Deaf) services. The reporting of an abuse can also be done via fax. (The form has been attached; however, it is also available online at http://www.dcf.state.fl.us/abuse/howtoreport.shtml). Once you have completed the form, it will need to be faxed to 1-800-914-0004.

Telephone reporters will always be told prior to concluding the conversation whether the information has been accepted as a report. If you have faxed the information, notification will be provided only when additional information is needed to accept a report, or when the report does not fall within the jurisdiction of Children and Families.

REMEMBER: All reports are confidential.

Knowingly and willfully making a false report is a 3rd degree felony. This can result in a fine or imprisonment if convicted. Section 39.205, Florida Statutes (F.S.) states what the department has to do concerning false reporting for children and Section 415.111, F.S. addresses false reporting for adults.

Following the sample abuse report form are the Department’s Discipline Policy, Incident Reporting Procedures (and form) and Letter of Missing Children.
**FLORIDA ABUSE HOTLINE Fax Transmittal Form**

**To Report Abuse/Neglect/Threatened Harm/Exploitation**

Fax Number: 1-800-914-0004

TO LEARN MORE ABOUT REPORTING ABUSE, READ THE DEPARTMENT OF CHILDREN AND FAMILIES BROCHURE: REPORTING ABUSE OF CHILDREN AND VULNERABLE ADULTS

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**REPORTER INFORMATION**

This information is required for professionally mandated reporters – please refer to Chapter 39, Florida Statutes.

- **Your Last Name:**
- **Your First Name:**
- **Today’s Date:**

- **Your Occupation:**
- **Your Agency:**
- **Fax #:**
- **Phone #:**

- **Work Address:**
- **City:**
- **Zip Code:**
- **County:**
- **State:**

- **Alternate Contact Person:**
- **Title:**
- **Phone #:**

- **Would you like to be notified as to whether or not an abuse report was accepted based on the information provided?**
  - Yes
  - No

  If yes, please indicate your preferred method of notification.
  - Telephone
  - U.S. Mail

---

**VICTIM INFORMATION**

If the victim is a child, list other children and adult household members in the home. If any household members have a disability, describe the disability in the DESCRIPTION OF INCIDENT section on page 2; if the victim is an adult, include information as to how his/her ability to care for or protect self is impaired.

- **Current Location/Address:**
- **City:**
- **Zip Code:**
- **County:**
- **State:**

- **Home Address:**
- **Apt/Lot#:**
- **City:**
- **Zip Code:**
- **County:**
- **State:**

- **Home Phone:**
- **Work Phone:**
- **Cell Phone:**

---

**LAST NAME**

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<th>3</th>
<th>4</th>
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<tr>
<td>FIRST NAME</td>
<td>DOB</td>
<td>SEX</td>
<td>RACE</td>
<td>SSN</td>
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<tr>
<td>Is this person a victim?</td>
<td>Yes</td>
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**PERSON(S) RESPONSIBLE FOR ALLEGED ABUSE, NEGLECT, ABANDONMENT OR EXPLOITATION**

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<td>NAME</td>
<td>DOB</td>
<td>SEX</td>
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<tr>
<td>Yes</td>
<td>No</td>
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Revised 03/2006

Page 1

CONFIDENTIAL
FLORIDA ABUSE HOTLINE Fax Transmittal Form

DESCRIPTION OF INCIDENT

Please describe what happened, when and where the incident occurred, the frequency of occurrence, and a description of injuries and/or threat of harm.

WHAT happened?


WHEN and WHERE did the incident occur?


Does anyone in the household have any disabilities?


Are there any dangers to a protective investigator?


Additional Addresses (e.g., day-care, school, etc.):


Description of injuries/threat of harm:


FOR ADULT VICTIMS ONLY: Describe how the adult victim’s ability to care for or protect self is impaired.


OTHER INDIVIDUALS

Please list others who might be aware of the abuse/abandonment/neglect/exploitation of the victim.

<table>
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<tr>
<th>NAME</th>
<th>RELATIONSHIP TO THE VICTIM</th>
<th>ADDRESS</th>
<th>HOME PHONE</th>
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DO NOT SEND COPIES OF MEDICAL NOTES, CASE FILES, ARREST REPORTS, OR SIMILAR DOCUMENTS.
FOSTER CARE LICENSING

DISCIPLINE POLICY AGREEMENT

- The Agency has legal responsibility for the welfare of the children in foster care, including protecting them from any further physical, mental and emotional harm. Subsequently, as Foster Parent(s), Adoptive Parent(s), or Relief Person, you will need to employ positive discipline methods to help influence our children in teaching them positive behaviors. Therefore, the following disciplinary practices are FORBIDDEN on our children. FAILURE OF THE FOSTER PARENT(S), ADOPTIVE PARENT(S), OR RELIEF PERSON TO COMPLY MAY RESULT IN THE REMOVAL OF THE CHILD(REN) FOR AN INVESTIGATION AND RESULT IN CLOSURE OF YOUR HOME.

1. Group punishment for misbehavior of one child.
2. Withholding meals, correspondence, telephone calls, and/or family visits.
3. Hitting a child with any object.
4. Slapping, smacking, whipping, washing mouth out with soap, or any other form of physical discipline.
5. Humiliating or degrading punishment which subjects the child to ridicule.
6. Delegating authority for punishment to another child or person that is not the Foster Parent(s), Adoptive Parent(s), or Relief Person. NO OTHER CHILD, ADOLESCENT, OR ADULT IN THE HOUSEHOLD SHALL HAVE THE AUTHORITY TO DISCIPLINE.

- The following are acceptable or alternative techniques to physical punishment supported and allowed by this agency. These techniques are discipline methods that can help our children learn how to problem solve methods for getting their needs met and for feeling good about themselves.

1. Reinforcing acceptable behavior through verbal and non-verbal expressions. For example, praising or rewarding positive behavior, i.e., extra hugs and kisses, stars and smiley faces on a bulletin board.
2. Verbal disapproval of the child’s behavior, not the child. For example, “I don’t like ball throwing in the house”.
3. Taking away privileges. For example, watching television, playing or participating in a special event.
4. Grounding (restricting the child to the house or yard) or sending the child to his/her room and away from the family activity (for short periods of time).
5. Re-directing or providing alternatives for the child’s destructive behavior. For example, suggest the child play with a toy instead of a sharp object.

I/We have read the Agency’s Discipline Policy and agree to comply.

__________________________________  __________  ____________________________________  ______
Adult Household Member or Relief  Date  Adult Household Member or Relief  Date

Foster Care Licensing
401 NW 2nd Avenue, S-10th Floor, Miami, FL 33128
INCIDENT REPORTING PROCEDURES

An incident is any occurrence or event that interrupts normal procedure or precipitates a crisis. There are two types of incidents: critical and non-critical. A critical incident is one that is likely to have an adverse impact on the FCMA’s ability to protect and/or serve its clients. Some examples of critical incidents include the following: Abuse/ Neglect/Exploitation/Threat of Harm; Aggression/threat; Altercation; Baker Act; Bomb Threat; Client Injury (requiring medical attention); Child Born to an Active Client (if minor child is in foster care and gives birth while living in out-of-home foster care); Client death; Contraband; Criminal activity; Damage; Disease Epidemic; Drugs; Elopement/runaway; Emergency room visit; Escape (from a locked facility); Foster Home/Facility Complaint; Hospital admission; Illness; Media coverage; Medication issues; Misconduct; Physical aggression; Self-injurious behavior; Sabotage; Sexual battery; Suicide attempt; Suicide ideation/threat; Teen Pregnancy (for licensed out-of-home care only); Theft/Vandalism/Damage; and other incidents (unusual occurrence or circumstance initiated by something other than natural causes or out of the ordinary such as a tornado, kidnapping, riot or hostage situation, which jeopardizes the health, safety and welfare of clients who are in the physical custody of Our Kids).

Although your Licensing Counselor – at time of re-licensure - will be providing you with the Incident Report Form delineating the procedures to follow along with the pertinent telephone numbers in order to report an incident, one has been attached. The standard procedure includes the following: the Child’s Counselor must be notified within 1 (one) hour. If the Child’s Counselor or Supervisor cannot be reached you will be asked to contact the Placement Unit or the on-call worker. This reporting assists in a confidential incident report to be general. Immediate reporting of an incident is critical as all parties need to be aware: Birth Parents (that have not had their rights terminated), legal counsel, Guardian Ad Litem, and the FCMA’s Executive Director MUST be notified of the incident within 24 hours.
Letter of Agreement for Missing Children

In the event that the whereabouts of a foster child placed in my home is unknown to me, _______________________________________, I agree to the following procedures:

Foster Parent(s) Name(s)

1. I will exhaust every possible contact to immediately locate the child.
   
   I will immediately contact my local area law enforcement agency and report the child as a missing person.
   
   My local law enforcement agency is ______________________________________
   
   And the number to contact is ____________________________________________

2. I will immediately contact the case worker assigned to the child or the worker’s supervisor to report the incident and inform them of the case number provided by the law enforcement agency.
   
   In the event that the case worker is unavailable or does not return the phone call within one hour
   
   I will contact the Missing Children Unit for my agency.

   Case Worker Name ________________________ Phone Number ________________________

   Supervisor Name ________________________ Phone Number ________________________

   Missing Children Unit Number ________________________________________________

By signing below I am acknowledging that I understand the procedure to report a child missing and have been provided with all the contact numbers for all the children residing in my home.

_______________________________      _______________
Foster Parent Signature                               Date

_______________________________       _______________
Foster Parent Signature                                Date

Please retain a copy for your records

Our Kids Of Miami-Dade/Monroe Inc
Rohde Building, 401 NW 2nd Avenue
S-10th Floor
Miami, Florida 33128
Investigating Allegations of Abuse or Neglect in the Foster Home

In order to ensure our children’s safety and well being, **ALL** abuse reports, licensing complaints, and foster care referrals must be addressed by the Licensing Counselor in the re-licensing study. Consequently, the Licensing Counselor will also be asking you questions regarding the specific incident(s) so that it can be reported accurately and the best recommendation made for continued licensure. The narrative will include the types of children that are most appropriate for you and your family, the number of children, age, gender, special needs and behaviors. A summary of your family’s ability to continue the provision of foster care services will also be completed and encompass the following:

1. A recommendation will be made concerning the appropriateness of continued licensure; and a written summary of on-going training needs including a professional development plan.

2. If continued licensure is recommended the licensing counselor shall provide a description of the type of children for whom the family appears most appropriate including number of children, age, gender, behaviors and special needs.

3. If continued licensure is not recommended, the summary shall address the specific statutory reasons for the recommendation and identify the standards the applicant is unable to meet. You as the foster parent(s) will be made aware of the appeal process by the Department of Children and Families (DCF).

In the event the licensing violations do not pose an immediate threat to the children’s safety and well being, the FCMA will prepare a corrective action plan to correct the deficiencies – that will need to be approved by the DCF. The plan will provide timeframes and indicate that failure to complete within the timeframe specified will result in the suspension, denial or revocation of the foster care licensure. (NOTE: If there is a pattern of deficiencies that has not be corrected by prior attempts at corrective action, a determination whether action to suspend, deny or revoke the license will be taken at that time. The foster parent will once again be notified of the action to be taken and that re-licensure will not be recommended. The foster parent will be provided with the right to appeal the action through an administrative proceeding.)
Visits to Your Home: Announced and Unannounced

At the time of re-licensure your assigned licensed counselor will conduct a minimum of one face-to-face visit in the home and interview all of the household members prior to recommending you for a year of re-licensure. In order to ensure the ongoing safety and well being of our children, in addition to the monthly face-to-face visits done by the case manager, the licensing counselor will also conduct periodic visits to your foster home, e.g. The licensing counselor will visit your home within seven calendar days of a child's placement so to ensure that all the appropriate services identified by the case manager are in place to support the foster parent.

If a complaint investigation or foster care referral is received on your home, the licensing counselor will contact you within 24 hours and a visit may be made at that time in order to interview the child or children for purposes of assessing the child's safety and well being.

NOTE: Authorized licensing staff of the Department of Children and Families, lead agency or your FCMA may make unannounced inspections of a foster home. The inspection may include doing a walk-through of all the rooms in the home and areas on the property. All household members may also be interviewed at that time.
Section IV: MEETING ALL OF THE CHILD’S NEEDS
Day Care and Afterschool Care

Foster children who receive child care, or before and after school care, must be in the care of a **licensed and accredited** child care facility or an **approved** registered family child care home. You will need to contact your child’s case manager directly in order that he or she can do a Child Care Referral. Once the referral is made, the determination will be made so to ensure you meet the criteria for child care services.

Once a child is enrolled in child care, you need to remember that children between the ages of 3 and 4 must remain enrolled and attend on a daily basis per the Rilya Wilson Act. A copy of the Rilya Wilson Act can be found on the following pages. In accordance with the Rilya Wilson Act, each unexcused absence or seven consecutive excused absences will be immediately reported by the child care program to your FCMA. Additionally, each excused absence must be reported to the child care program directly on the day of the child’s absence.

The Children’s Trust has information available regarding afterschool or summer programs. You can visit them on-line by going to [www.thechildrenstrust.com](http://www.thechildrenstrust.com) or by calling their helpline directly at 211.
This document provides an explanation of the requirements of the Rilya Wilson Act. This law requires coordination by department staff and Community-Based Care Provider staff with Local School Readiness Coalitions and licensed early education or child care providers. The activities required by the law are designed to ensure the safety and well-being of specified children who are receiving licensed early education or child care services. The law also provides priority for child care services for specified children who are at risk of abuse, neglect or abandonment. Additionally, the law requires a study of licensed early education and child care services and how they may or may not enhance child safety.

Definition of Terms

1. “Age three to School entry” means a child from the date of his or her third birthday to the date that the child enters a public, private or charter school for the first time (i.e., for the purpose of attending kindergarten or primary school classes).

2. “Children who are subject to this law” or “Child who is subject to this law” means children age three to school entry who are under court ordered protective supervision or in the custody of the department or a community-based lead agency and are enrolled in a licensed early education or child care program.

3. “Child’s residence” means the location where the child is currently residing with a caregiver who is responsible for the day to day care of the child. This may be the child’s own home, the home of a relative or non-relative, a shelter or foster home, a residential group care facility, or any other setting where the child is currently residing.

4. “Community-based lead agency” means a contracted Community-Based Care Provider whose staff perform the functions of department staff.


6. “Excused absence” means an absence in which the parent or caregiver with whom the child resides reports the child’s absence by the end of the business day on which the absence occurs.

7. “Licensed early education or child care program” means a program licensed by the state or local county licensing agency to provide early education or child care services to children during a portion of a 24 hour day.

8. “Under court ordered protective supervision or in the custody of the department or a community-based lead agency” means a child who has been ordered by the court to receive protective supervision services whether in his or her own home or in the home of a relative or non-relative, or a child who has been ordered by the court into the custody of the department or of a community-based lead agency (Community-Based Care Provider). Note: The study of licensed early education and child care services that is mandated by this law is not limited to court ordered services, so the term used in the explanation of the study varies slightly. The differing terminology implies the inclusion of children under voluntary supervision for purposes of the study.

Child Attendance and Reporting Requirements

The Rilya Wilson Act specifies certain requirements in regard to children age three to school entry who are under court ordered protective supervision or in the custody of the department or a community-based
lead agency and are enrolled in a licensed early education or child care program. The act does not specify the section of Florida Statute that will contain these requirements, but it is expected that they will be placed in Chapter 39, F.S. This act neither requires nor prohibits early education or child care services for children not subject to this law who are under investigation or supervision for child abuse, neglect or abandonment pursuant to Chapter 39, F.S.

The following information provides the requirements of the law for the children who are subject to the law, as well as guidance regarding how it should be implemented.

1. Each child who is subject to this law must participate in licensed early education or child care services at least five days a week, unless exempted by the court.
   a. When preparing the case plan and petitioning the court in regard to acceptance of the case plan, it is important to determine if there is a need for an exception to the five day requirement (e.g., limited transportation, work schedule, involvement in therapy or treatment services).
   b. The case plan must specify the number of days per week the child is to attend licensed early education or child care and, if addressed in the court order, the court order must be consistent in this regard with the case plan.
   c. Unless there is an overriding need, the case plan and court order should not cite a specific licensed early education or child care program. This will avoid the necessity of amending the case plan and court order if a change in programs is necessary.

2. The department must notify the operator of a licensed early education or child care program whenever a child who is subject to this law is enrolled in the program.
   a. Each district/region must coordinate with the Local School Readiness Coalitions to establish procedures for sharing the information required by this act. Direct notification by the child’s Child Welfare or community-based lead agency counselor is encouraged for purposes of efficiency and timeliness.
   b. The information regarding the child’s at-risk status must be provided at the time of the child’s enrollment in a licensed early education or child care program. The information provided should also include the number of days per week the child is to attend the program.
   c. The information should be provided to the operator of the licensed early education or child care program or to the director of the particular location where the child is enrolled. The procedures established by the district/region should ensure that management personnel at these programs who are knowledgeable about the child’s attendance on a day to day basis are the individuals who are provided the information.
   d. For purposes of confidentiality, care must be taken to notify only designated staff at the early education or child care program or service location.

3. Children who are subject to this law cannot be withdrawn from the program without the prior written approval of the department or the community-based lead agency.
   a. The child’s Child Welfare or community-based lead agency counselor must provide a signed document verifying for the operator of the licensed early education or child care program or to the director of the particular location where the child is enrolled that approval to cease attendance or reduce the weekly required number of day’s attendance is approved.
   b. The child’s counselor should consult with his or her supervisor prior to granting the approval.
   c. Prior to reducing the weekly required number of days a child is to attend licensed early education or child care services, or prior to ceasing such services, the court must approve an amended case plan or issue an order that recognizes the change in requirements, unless services to the child are ceasing due to the initiation of school entry.
d. If the child is ceasing services at a licensed early education or child care program to initiate school entry, court approval prior to ceasing attendance is not required. However, the court should be petitioned to modify the case plan and court order as soon as practicable.

e. If the child is ceasing services at one program and will be attending another licensed early education or child care program for the weekly required number of days ordered by the court, court approval is not required, unless the case plan or court order cite the specific program the child is attending.

4. Providers of licensed early education or child care services are to notify the local designated departmental or community-based lead agency staff following each unexcused absence or seven consecutive excused absences for a child who is subject to this law.

a. The licensed early education or child care program must report absences by the end of the business day following an unexcused absence or a seventh consecutive excused absence.

b. The absences should be reported to the child’s Child Welfare or community-based lead agency counselor.

c. Procedures established in coordination with the Local School Readiness Coalitions should specify how this notification is to occur.

5. For a child who is subject to this law, the child’s Child Welfare or community-based lead agency counselor must make a site visit to the child’s residence following two consecutive reports of unexcused absences or a report of seven consecutive excused absences to determine whether or not the child is missing.

a. To ensure the safety and well being of the child and determine whether or not the child is missing, the site visit to the child’s residence should be made within one business day following receipt of the notification of absences.

b. When the child is determined to be missing, the child’s counselor must notify local law enforcement and initiate established procedures for locating missing children. The notification to law enforcement must be made within four hours of the determination, as required by CFOP 175-85, “Prevention, Reporting and Services to Missing Children”.

c. When the child is determined to not be missing, the parent or caregiver with whom the child resides must be informed that failure to ensure that the child attends the licensed early education or child care program is a violation of the case plan.

6. When more than two site visits are conducted due to the requirements of this act, the child’s Child Welfare or community-based lead agency counselor must notify the court of the parent or caregiver’s noncompliance with the case plan. Court notification must occur whether or not the child is determined to be missing.

Local Procedures for Implementing Child Attendance and Reporting Requirements

Each district/region is to establish local procedures to ensure that the requirements of the Rilya Wilson Act are implemented. This includes actions regarding case planning and court orders and coordination with the Local School Readiness and child care programs. The procedures must also include information gathering activities associated with children who are subject to this law. These procedures may be district/region wide, county specific or multi-county within a district/region, depending on the most effective approach for the child welfare/community-based lead agency staff and the Local School Readiness Coalitions.

Though this law addresses only licensed early education or child care programs, if there are extraordinary circumstances that result in a child’s participation in unlicensed care, the procedures must address how the child’s referral and attendance will be tracked along with children in licensed care. Licensed programs are the first choice for care and unlicensed care is allowed only by exception. This exception may be made when no licensed programs are available within close proximity to work or home. In this
case, the counselor must document the justification for using an unlicensed provider and the counselor’s supervisor must approve the use of unlicensed care.

The procedures must be completed and sent to Nelson Simmons in the central Child Welfare/Community Based Care Program Office no later than October 1, 2003. The following outline provides guidance in establishing the required elements of the procedures.

1. The procedures must include the following direction for children age three to school entry that are determined to need early education or child care services:
   a. Petitions, Court Orders and Case Plans.
      (1) Instruction in drafting case plans and petitions that are consistent and document the number of days per week the child is to attend care.
      (2) Guidance in ensuring that case plans are consistent with court orders in regard to the number of days a child is to attend care.
      (3) Guidance in ensuring that court orders are fully complied with in regard to the number of days per week a child is to attend care.
   b. Notification of Early Education or Child Care Providers.
      (1) Forms and procedures to ensure that notification of a child’s attendance is clearly communicated to a provider.
      (2) Instruction on ensuring confidentiality regarding the at-risk status of referred children is maintained.
         (a) Guidance regarding which Child Welfare/community-based lead agency staff will make the notification.
         (b) Guidance regarding which provider personnel are to be notified.
   c. Ensuring Attendance is Maintained as Planned.
      (1) Forms and procedures for authorizing the withdrawal from, or reduction in the number of days a child is to attend, a program.
      (2) Guidance on when and how the court is to be petitioned regarding a withdrawal from or reduction in the number of days a child is to attend a program.
      (3) Guidance regarding actions that may be required when a child changes from one provider to another and any required court actions.
   d. Notification of Child Absences.
      (1) Forms and procedures for providers to notify Child Welfare/community-based lead agency staff of absences from care as required by the law.
      (2) Guidance on the tracking of unexcused absences by Child Welfare/community-based lead agency staff to ensure that appropriate actions are taken after two consecutive unexcused absences.
      (3) Guidance on the tracking of excused absences by early education and child care providers to ensure that timely notification of seven consecutive excused absences is made as required.
   e. Site Visits and Court Notification.
      (1) Instruction on required site visits following two reported consecutive unexcused absences or a report of seven consecutive excused absences to ensure the visits are timely.
      (2) Guidance in instructing families of the importance of complying with the case plan when a site visit is required pursuant to the law.
(3) Guidance in initiating established procedures for locating missing children when a site visit results in a determination that a child is missing.

(4) Instruction in notifying the court of the family’s noncompliance with the case plan following two site visits made due to reported absences.

2. The district/region Child Welfare/Community Based Care Program Office must provide a monthly report regarding children age 3 to school entry to the central Child Welfare/Community Based Care Program Office by the end of each calendar month.

a. The report must provide counts of the following occurrences:
   - number of children referred
   - number of children denied service
   - number of children approved for service
   - number of children requiring a site visit based on reported absences
   - number of children determined to be missing through a site visit required because of reported absences

b. The procedures must provide a mechanism for gathering the required information by the Child Welfare/Community Based Care service units and transmitting it to the district/region Child Welfare/Community Based Care Program Office in time to compile it and send it to the central program office by the due date.

c. The information provided each month will be counts of occurrences that occurred during the previous calendar month. For example, occurrences during September would be reported by the end of October.

d. Each district/region must specify a contact person who is responsible for ensuring the gathering of the required information, compiling it and sending it to the central Child Welfare/Community Based Care Program Office. The contact person for the central program office where the reports will be sent is Nelson Simmons, phone (850) 922-0375 or SunCom 292-0375.

**Priority for Child Care:**

This act amends s. 411.01(6), F.S., to provide priority for participation in the school readiness program for children age 3 to school entry who are served by the department or a community-based lead agency pursuant to Chapter 39, F.S. and for whom child care is needed to minimize risk of further abuse, neglect or abandonment.

1. This priority is not limited to children who are under court ordered protective supervision or in the custody of the department or a community-based lead agency, so children under voluntary supervision are included.

2. The department does not anticipate a significant increase in the number of at-risk children referred for licensed early education or child care services as a result of this specified priority for children age three to school entry.

3. Children who are recipients of a Temporary Cash Assistance (TCA) grant through the Economic Self-Sufficiency Program (ESS) have the first priority for early education and child care services through the Local School Readiness Coalitions. This is due to a federal requirement that emphasizes the need for child care services for children who are on public assistance.

**Study of Licensed Early Education or Child Care Programs**

The department is required to conduct, in collaboration with the Partnership for School Readiness, a study of the children under protective supervision or in the custody of the department or a community-based lead agency in regard to services received through licensed early education or child care
programs. Much of the data required for the study will be generated from electronic systems such as HomeSafenet and School Readiness data systems. It will be necessary for the districts/regions to assist in some aspects of the study (e.g., client interviews and surveys, provider interviews and surveys, case reviews, staff surveys). The study has not yet been designed so a detailed description of the data to be gathered, the instruments to be used and the nature and extent of district/region involvement have not yet been determined. The design of the study should be completed by the end of August 2003. The following is a summary of the elements that are required for inclusion in the study:

1. The study will focus on children under protective supervision or in the custody of the department or a community-based lead agency who are age three to school entry.
   a. Data will be compiled on percentages of children enrolled and not enrolled in licensed early education or child care programs. The data will be compiled according to district/region, children’s ages, and type of placement or living arrangement.
   b. The study will identify children whose case plans require providing early education or child care services, including those for whom such service is not being provided.
   c. The study will include a description of the expansion of programs and associated costs required for all such at-risk children from birth to school entry age to be served in licensed early education or child care programs. This data will be compiled according to specific age groups.
   d. The study will explore and provide recommendations for ways in which licensed early education or child care programs can best assist in assuring that such at-risk children from birth to school entry age remain safe.

2. The study will also examine whether licensed child care or after school programs can assist in assuring that children under protective supervision or in the custody of the department or a community-based lead agency who are between the age of school entry and age 13 can remain safe. Recommendations shall be provided, if necessary.

3. A report of the study is to be submitted to the legislature by December 31, 2003.
As the child's temporary caregiver, in order for your child to start performing better, you need to become actively involved in his or her education. Involvement begins when the parents support the learning at home. So what can you do to help your child? Read to and with your child. Ask them about their homework. Turn off the television so that reading and learning can take place. Let your child know that you expect them to do well and to get a good education and that you will help and support them so that they can be the best they can.

Presently, there are many available community resources to assist you in meeting your child’s educational needs. Via the Miami Dade County Public Schools website at www.dadeschools.net you can access THE PARENT ACADEMY and view the Parent Resource Guide. THE PARENT ACADEMY is a FREE, year-round, parent engagement initiative helping parents become full partners in their children’s education. There are free workshops for parents (during the day and evening) and family learning events through the year. You can also visit their website directly at www.theparentacademy.net or call them at 305-995-2680. The Parent Resource Guide is available in English, Spanish, and Creole. This guide is a source for sharing information that will empower you to impact your child’s success in school and after graduation.
As a foster parent, you are responsible for giving the child the medication as prescribed by a licensed doctor and for recording the exact amount of any medication prescribed in the Medication Log – which is kept in the Child’s Resource Record or Blue Book (a sample Medication Log can be found in the Forms Section of this Handbook). No child shall be given prescription medication without a physician’s prescription. The Medication Log reflects the following information: (a) Date/Time given to the child; (b) Name of the child – one Medication Log per child; (c) the name of the Medication – to include any over-the-counter medication; (d) Quantity of the Medication in the container – at the time of admission; (e) Prescribing Doctor; (f) Reason for Administering the medication; (g) How administered; and (h) Who administered the medication.

If you feel the child should stop taking a prescribed medication due to it having an adverse effect on the child, you should not discontinue giving the child the prescribed medication. You need to immediately contact the child’s case manager or the child’s case manager’s supervisor and express your concerns. You also need to document it on the home visit form given to you once every 30 days when the child’s case manager visits your home.

Remember that newly-licensed foster parents need to complete the mandated psychotropic medication training within 120 days of their becoming licensed as a foster parent. For information on how and where you can go to complete this training, please contact your licensing counselor.
Applying for the Child’s Medicaid

As the child placed in your foster home is in licensed care, the child’s case manager is the one responsible to applying for the child’s Medicaid. The child’s case manager will first need to report that he or she has been assigned the case to the Our Kids Eligibility Unit at (305) 455-2595. Once reported, the case manager will then submit the completed Medicaid application to the Child in Care Unit for the authorization of benefits.

If benefits have already been authorized and a new Medicaid card is being sought, the child’s case manager will be the one to contact the Child in Care Unit at (305) 377-5192. The issuance of the card takes between four to five weeks since they are issued by the Agency for Health Care Administration in Tallahassee. If the child is having a medical emergency and no Medicaid card is available, the case manager will obtain an emergency Medicaid ID if necessary. Your FCMA will be responsible for securing and paying the medical, vision, and dental care for those children who are not eligible for Medicaid, or who need services not covered by that program.
Clothing Allowance

Children placed in your home will receive a clothing allowance once a year. The FCMA will usually give out the clothing allowance prior to the start of a new school year. The clothing allowance can be issued by the FCMA in the form of a voucher, gift card, check or cash. Remember to keep ALL your receipts.

You can also contact your FCMA or Foster Parent Association for additional sources for clothing.

As a reminder, you should not incur any expenses for which you expect reimbursement from the FCMA without their prior written authorization.
When a Child Comes Into Your Home

Whenever a foster child is placed in your home, you need to think about how the child is feeling along with how you are feeling. The child probably feels that he has been rejected by his or her parents, whom he or she loves despite their inadequacies. They are the persons that he or she knows. Unfortunately, you are the unknown. The child’s home – no matter how cramped or dirty, was home and your home may seem bewildering, even terrifying to the child. Feeling rejected - the child’s view of you and your home can be seen as punishment.

A foster child knows how his or her parents have reacted to him or her; however, but he or she doesn’t know how you are going to react. An early discussion of limits may help avoid a need to test them. Remember that testing may occur anyway to see if you mean what you say. Although this will be quite aggravating to you, you need to be patient and reach out to your support systems. The child may refuse to eat, hoard food, or even overeat. The child may cling to you or may flee from you. The child may last out his anger by hitting you, breaking things, or keep his or her anger bottled up inside. He or she may wet the bed because of his anger and insecurity. I know that you do not want to hear what I am about to tell you but it is going to take time, patience, skill and love to resolve the child’s issues and problems and those prompting the need for foster care. On the other hand, the child can be an angel for several days or weeks. If you remember your MAPP training, this is what is known as the “honeymoon” period.

The following is a list of hints that many foster parents have found useful in helping a foster child adjust into their home:

1. Welcome the child quietly. Do not overwhelm him or her with attention or a show of affection. This can be extremely threatening.
2. Help the child settle into a regular routine as quickly as possible.
3. Let the child know the rules in your home. Be as consistent as possible in enforcing the rules.
4. Do not be disappointed if the child does not respond to you immediately (I know that this one is easier said than done.)
5. Give the child opportunities to talk to you, but do not pry into his or her past life.
6. This one is very important and many times forgotten: NEVER, NEVER, NEVER say any negative things and/or criticize his or her parents. On the contrary, you need to reinforce the parents’ relationship with their child as much and whenever possible.
7. Do not threaten the child with his caseworker as a means of dealing with his behaviors: Don’t tell the child you will call Placement and have him moved immediately if he doesn’t behave. By your saying this, you, too – alike his parents – will be giving up on him or her. He or she needs your love, support and understanding.

8. Help the child develop a feeling of pride and confidence by giving him tasks within his or her ability. This will help the child with his or self-esteem and identity.

9. When the child succeeds at something – no matter how big or small – express your pleasure and recognition of his or her abilities.

10. Be sure the child has a place to keep personal things.

11. Refrain from ridiculous or severe punishment, e.g. in the case of bedwetting, shame or punishment will only aggravate the problem.

12. If you feel you have tried everything and nothing is working, ask your child’s case manager, other foster parents, or the child’s therapist for suggestions.

HELPING THE CHILD DEAL WITH SEPARATION ISSUES:

As you learned during the MAPP Training, one of the most important and potentially difficult tasks you have to deal with is “separation and loss” issues. The child must deal with his or her initial separation from his or her parents, with his or her leaving them to come back from visits, with the daily separations that the child may have from you and the final separation from you when he or she is hopefully able to be reunified with his parents. This will be difficult for the child and he or she will need your help in coping with the feelings about these separations. It is normal for a child to be confused, angry, feel deserted, helpless and a multitude of other feelings. Unfortunately as the child does not know how to express him or herself, these may come out in different inappropriate and negative behaviors.

When the child separates from his or her parents, the feelings the child has will depend on his or her age, length and nature of the relationship with his or her parents, other life experiences and his or her ability to understand what is happening. Regardless of why a placement is made, the child will usually feel a sense of helplessness. In order for the separation to be more acceptable to the child and to feel more in control of the situation, the child will blame him or herself. Then he or she does not have to feel helpless if he or she feels that he or she is responsible for the separation. Therefore he can be at fault and not his parents. This is where working in partnership and as a member of a team is crucial. As separation and loss are quite complex and has many sides, these feelings may occur at various times during the placement. Don’t blame yourself and especially not the child for the behaviors!
THE SHOCK OR HONEYMOON PERIOD

The child may display very shallow feelings or none at all. He or she may show some false happiness, uncontrollable giddiness, docility, and robot-like actions. He or she does everything that he is or she is asked to do and never mentions his or her family. The child is agreeable to have around. You as the child’s foster parent feel that the child is “adjusting beautifully” in your home. He or she seems TOO GOOD to be true! That’s because it isn’t true…this period will last from one to three weeks.

ANGER

A child may begin to come out of his or her shock and give up the expectation of returning home soon. When he fully realizes what has happened to him or her, he or she may begin to exhibit certain negative behaviors. The child may become preoccupied with his or her loss and angry at the people closest to him or her, at his or her parents, at him or herself, and at God, perhaps wondering, “Why has this happened to me?” The child may even stop being so obedient; he or she may wonder if his or her behavior made him or her so unlovable and unwanted. The child may be fighting a raging battle inside with the whole force of his or her being directed at an effort to regain what he or she has lost. His or her behavior may include sleeplessness, night wandering, night terrors (he or she can’t be brought out of them as he or she could the nightmares), or weeping without any apparent reason. The child may make active efforts to contact his lost family by running away, even though he or she is angry with them. He or she may show an obvious desire for help, but backs off when it is offered. He or she may refuse to be comforted or express feelings of guilt about behaviors which he or she may believe contributed to his or her being removed from the home. Children have an amazing knack of choosing the means of protest which is most threatening to parents. It seems they know what buttons to push! One child may break things, another may get sick, or lash out at you, the foster parent.

DESPAIR

When his or her active efforts to get what he or she has lost are unsuccessful, he or she will become discouraged, give up, hurt, stop fighting, make no efforts at anything, or become more concerned with things than people and probably want to be left alone.

You can probably even see pain on his or her face. He or she may have a sense of complete helplessness and apathy. He or she may go to bed, get sick more often, hide in the garage, go into a fetal position, etc. This is similar to the shock stage with its robot-like actions, simple motions, no plans, no desire to take care
of him or herself, even to bathe! He or she may not start anything new, may regress to thumb-sucking, bed-wetting, playing with toys, etc. Even your teenagers may display some infantile behaviors.

Unfortunately, the anger and despair may last several months each, depending upon the child’s adjustment and his or her capacity to handle extreme stress. He or she can’t be comforted nor should you try to do more than just say, “I know that this is a rotten day for you. Remember that I am here if you need me and I care about you.”

DETACHMENT/REATTACHMENT

Then, finally, one day the child wakes up and finds there is something to look forward to after all. There is still that sense of loss, but the child is able to be realistic about it. He or she has hope, a sense of mastery over his or her situation and relates to the world. He or she shifts from having a lack of involvement to feeling response to people. He or she stands straight, gives attention to his or her grooming, takes an interest in his or her surroundings, and shows more organized and purposeful behavior. This change can bring some sense of reward for those months when you accepted him or her when his or behavior was unacceptable. But remember that this change DOES NOT happen overnight. Hang in there, it DOES get better!
The Child’s Resource Record (Bluebook)

One of the most important resources available on your foster child is the Child Resource Record - CRR (also known as the Blue Book). The CRR must be given to you at the time of placement or within 72 hours. If you do not receive one for each child that is placed in your home, you need to contact your child’s case manager and request it immediately.

Once you have the CRR, you need to ensure that it is kept current. Whenever the child leaves your home, you need to ensure that he or she takes this book. This will help him at his next placement, which will hopefully be with his birth parents. Remember that the information contained in the CRR must remain confidential at all times. Staff entries in the CRR must be dated and signed.

Some of the information contained in the CRR includes but is not limited to the following:

- **Section I – Child Demographics**: Copy of Birth Certificate, Copy of Social Security Card and the Interim Placement Card;

- **Section II – Medical Information**: Immunization Records, Doctor’s Records, Dental Records, Medication Administration records, Eye Exam Reports, Medicaid Card Number, and Plan.

- **Section III – Education/Early Education Development**: School Education Plan (AIP/ESE/IEP), School Report Cards, FCAT Results, School Incident Reports, Discipline Reports, and Education Evaluations.

- **Section IV – Independent Living**: Documentation, Independent Living (I/L) Assessments, and Staffing/Action.

- **Section V – Legal**: Court Order for Shelter/Foster Care, Current Case Plan, and Most Recent Judicial Review.

- **Section VI – Other**: This section is for any other important and available documentation regarding the child.
Creating a Life Book

A Life Book is an excellent tool and process to help children understand their life experiences in order they can function better, feel better about themselves, and be better prepared for their future. It’s is a combination of a scrapbook, diary and a story. The Life Book is an important part of a child’s connection to his or her birth family. The best time to begin a Life Book is when a child comes into the foster care system, when birth family and child’s developmental and family history information are more available. Unfortunately, this process often does not happen. It then becomes the task of the case managers and the foster parents, or even the adoptive parents (if no one else has done it), to begin to retrieve and collect important identity information for this child. A Life Book should be developed with the child.

Remember that you can get information you will need for your child’s Life Book from the following sources: Case records; case records from other agencies that have had contact with the child; birth parents; foster parents; grandparents or other relatives; previous case managers; hospital where the child was born; well-baby clinics; other medical personnel; previous neighbors; teachers and schools; court records; newspapers (birth announcements, marriage announcements); school pictures (from school records); policemen who have had previous contact with the birth family; and church and Sunday school records.

There is no right or wrong way to prepare a Life Book. You can be as creative as you and your child want. In helping you to put one together, below is a guideline of some of the information you want to include (if available) in your child’s Life Book:

BIRTH INFORMATION: Birth Certificate, weight, height, special medical information, and a picture of the hospital.

BIRTH FAMILY INFORMATION: Picture of the birth family, names, birth dates of parents, genogram, names, birth dates of siblings, and where they are, physical description of parents, especially pictures of parents and siblings, occupational/educational information about birth parents, any information about the extended family members.

PLACEMENT INFORMATION: Pictures of foster family or families, list of foster homes (name, location of foster homes), names of other children in foster homes to whom child was especially close, names of social workers, pictures of social workers to whom the child was especially close.

MEDICAL INFORMATION: List of clinics, hospitals, etc. where the child received care; and care given (surgery, etc.), immunization record, any medical information that might be needed by the child as they grow up, or as an adult, height/weight changes, loss of teeth, when walked, talked, etc.
**SCHOOL INFORMATION:** Names of schools, pictures of schools, friends and teachers, reports cards, and school activities.

**RELIGIOUS INFORMATION:** Places of worship the child attended, confirmation, baptism and other similar records, and papers and other materials from Sunday school.

**OTHER INFORMATION:** Any pictures of child at different ages of development, stories about the child from parents, foster parents, and social workers, and accomplishments, awards, special skills, likes and dislikes.

It is never too late to start a Life Book! Foster Parents have an important role in collecting information and working with the case managers to help the child develop his or her Life Book.
Client Trust Funds

Client Trust Funds are accounts established to administer monies received from Social Security Administration on behalf of children placed in the care of the State that have been determined to be disabled and/or eligible for survivor benefits. These monies are to be used solely for the well-being of the child and cannot be used for expenses otherwise covered by another funding source (i.e. Medical expenses covered by the Medicaid program). Whenever a child's need is to be met, the case manager, agency or foster parent(s) may acquire the items or services for the child and then submit a request for reimbursement to Our Kids Financial Department. When submitting the request for reimbursement, there must be an accompanying receipt(s): (1) Only receipts with the vendor's (store) printed name on them will be accepted; (2) Receipts cannot be created and written by the provider; (3) Receipts older than three months will not be accepted; and (4) If the goods or services do not match the request, the reimbursement will be denied.

SSI alone or SSI/SSA trust fund accounts cannot exceed a limit of $2,000.00. If the client's assets surpass the limit established, the benefits are suspended and Medicaid eligibility may be closed. SSA trust funds do not have regulated assets limits. However, Our Kids has established a limit of $10,000.00 which prevent the lost of Medicaid eligibility and coverage.

When a child spends more than 30 consecutive days in any of the following facilities, the case must be reported to the Social Security Administration in order to have the account placed on hold which will avoid overpayments and excess of assets: DJJ facilities, hospitals or medical facilities, runaway status.

When a youth ages out, a request to withdraw the balance in the trust fund account must be submitted to Our Kids before the 18th birthday. This request must have a written statement to support the youth's ability to manage the funds. If the youth is not capable of handling the money or leaves care without withdrawing the balance, the money in the Trust Fund account will be returned to the Social Security Administration. The young adult must go to the Social Security office and apply to become his/her representative payee in the month of the 18th birthday. Social Security will then evaluate the youth adult to determine if he/she remains disabled as an adult. When a child is adopted or released to the custody of relatives/non-relatives, the balance in the Client Trust Fund account will be returned to the Social Security Administration. The new caretakers must apply to become the new representative payee. Our Kids assists them in the process of becoming the child’s payee by providing guidance.

On the following page we have provided you with contact information regarding the Client Trust Fund.
Important Numbers for the Client Trust Fund

For more information or publications contact Social Security Administration toll-free number: **800-772-1213**

You can also visit [http://www.socialsecurity.gov/payee](http://www.socialsecurity.gov/payee)

**Client Services Unit**

Ana Janssens  
Client Trust Services Supervisor  
(305) 455-6247  
janssensa@ourkids.us

Utoepia Naylor  
Client Trust Fund Specialist  
(305) 455-6251  
nayloru@ourkids.us
Placement/Replacement

If no children have been placed in your home for some time and you have not been contacted by your FCMA’s Placement Unit, you need to make sure you contact them. You may have changed your telephone number recently and they may not have your new contact information. This is why it is critical that you immediately inform your licensing counselor when any changes occurring in your home. Placement may also not have contacted you because they may not have the types of children you are looking to care and/or are licensed for. If you have the needed skills, capabilities, experience, support systems, and space to care for another type of child, please let Placement and your licensing counselor know. The greatest need for homes is and continues to be for our adolescents, teen mom with babies, and large siblings groups.

In an effort to create some form of stability for our children, we ask that the foster parent support the continued enrollment at the child’s same school whenever possible.

Remember that a foster parent will not threaten a child with being removed from their home or with a report to law enforcement as the consequences for their unacceptable behavior and will not prohibit visitation with the family and significant others as punishment. In the event the child is exhibiting unacceptable behaviors in the home, the foster parent will immediately notify the child’s case manager and request assistance and intervention in order to salvage the placement.

If for any reason the child needs to be moved from the foster home, the foster parents will provide a two-week notice whenever possible unless the child is posing a threat to himself or others, or a crisis in the foster parent’s family compromises their ability to care for the child. In turn, the FCMA will also provide the foster parent with sufficient notice, two weeks, whenever possible.
Preparing Your Child for Independent Living

As temporary caregivers for our children, we need to be able to better prepare our youth while they are in our home for the challenges and opportunities that lie ahead of them in life. We cannot wait until they are 17 to begin helping them transition into adulthood. By that time, it will be too late.

In order to assist children in foster care between the ages of 13 – 18 in transitioning to independent living as adults, Florida Statutes 409.1451(4) states that they need to be able to have the opportunities to participate in and learn from life skills activities in their foster homes and communities that are reasonable and appropriate for their age. Such activities may include but are not limited to the managing of money earned from a job, taking driver’s education and participating in after-school or extracurricular activities.

To support these opportunities for participation in age-appropriate life skills, activities and responsibilities, we have attached a (sample) age-appropriate activities/responsibilities/skills list as well as a transition planning checklist that will help you to help these children become better-equipped with the needed life skills and education necessary to become self-sufficient, live independently and maintain employment.

Your FCMA will also be able to provide you with additional information about independent living services, including Road to Independence Program, Aftercare, Transitional Support Funds, and other services that are available for your youth.
(Sample) Age-Appropriate Responsibilities, Activities and Life Skills
For Children Between the Ages of 13 - 18

Age Appropriate Responsibilities:

Age 13:
* Keeping his/her room clean
* Doing his/her homework
* Maintaining hygiene
* Attending Court Hearings and taking part in Case Planning
* Knowing judge and GAL(s)

Age 14:
* He/she should undertake one to two additional chores in the home
* Prioritize academics/schooling
* Do his/her laundry
* Begin attaining effective studying/time management skills
* Become active in school and/or the community
* Prepare for FCAT test - which is necessary for high school graduation
* Attend court hearings and take part in case plan planning
* Know judge and GAL(s)
* Introduce oneself to caseworker's supervisor: personal contact, phone call, letter, or e-mail

Age 15:
* Begin pursuing job opportunities suitable for age (including volunteer opportunities)
* Take Life Skills classes per pre-ILP requirements
* Begin displaying effective studying/time management skills
* Youth should prepare for ACT and SAT tests by enrolling in test prep classes and/or practicing with study aids (i.e. CD-ROMS, books, internet, etc.)
* Attend court hearings and take part in case plan planning
* Know judge and GAL(s)
* Introduce oneself to caseworker's supervisor by personal contact, phone call, letter, or email
* Consider applying for learners permit and taking a Driver's Education course.

Age 16:
* Youth should have a part – time job or be actively involved in school/community
* Youth should continue to maintain stability in school (i.e. GPA)
* Youth should plan class schedules for remaining years/terms in high school or GED program
* Attend court hearings and take part in case plan planning
* Know judge and GAL(s)
* Introduce oneself to caseworker's supervisor: personal contact, phone call, letter, or e-mail
**Age 17:**

* Youth should have an adequate amount saved up in his/her account to start out on their own
* Youth should have all required courses for the arrival of their graduation
* Attend court hearings and take part in case plan planning
* Know judge and GAL(s)
* Introduce oneself to caseworker’s supervisor by personal contact, phone call, letter, or e-mail
* Update caseworker of any changes in residence or contact information
* Clearly communicate academic and personal plans to one authorized to help make those plans a reality

**Age Appropriate Activities:**

**Age 13:**
* Youth should have some form of an after-school program
* Youth should be able to participate in one sports club
* Youth should be able to attend the functions of other youth of the age with the supervision of their legal guardian

**Age 14:**
* Youth should have one after school program
* Youth should be able to attend extra-curricular activities, but not exceeding over three per week
* Youth should be able to attend public places with their friends with the supervision of their legal guardian

**Age 15:**
* Youth should be able to attend extracurricular activities but not to exceed over four a week
* Youth should have off campus outings with their friends without the supervision of their guardian (activity should not exceed 3 hours)
* Youth should have a curfew of 8 p.m. on weekdays and 9 p.m. on weekends

**Age 16:**
* Youth should have the same amount of extra-curricular activities as of the age of 16
* Youth should be able to go on off campus trips without the supervision of their guardian (but not over 6 hours)
* Youth should have a curfew of 9 p.m. on weekdays and 10 p.m. on weekends

**Age 17:**
* Youth should be able to participate in all functions of their school including prom, homecoming, etc.
* Youth should have a curfew of 11 p.m. on weeknights and 12 p.m. on weekends
* Youth should be able to go out with friends on outings and outings should not exceed past their curfew

**Age Appropriate Life Skills:**

**Age 13:**
* Youth should be aware of proper hygiene habits
* Youth should have a working knowledge on how to have a clean room
* Youth should have a working knowledge on how to wash his/ her laundry

**Age 14:**
* Youth should begin to learn how to cook
* Youth should know the proper function of different cleaning materials
* Youth should have a working knowledge on road and city maps and different means of transportation

**Age 15:**
* Youth should have proper cooking and cleaning habits
* Youth should know how to complete a job application
* Youth should begin to know how to prepare a resume

**Age 16:**
* Youth should know how to apply for a job
* Youth should have interviewing skills
* Youth should know how to iron and color-coordinate clothes for different events

**Age 17:**
* Youth should begin to learn or already know how to budget their money
* Youth should know how to look for a place to live
* Youth should have a working knowledge of the career plan that they have chosen, whether it is work force or to a college
# TRANSITION PLANNING CHECKLIST

## Preparing Teens for Adulthood

<table>
<thead>
<tr>
<th>Youth’s Name</th>
<th>Date</th>
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Review the following list of items with your teen to see how well-prepared is your teen to make the transition from foster care to early adulthood. For any items that are checked “No” please assist the youth in meeting that need and be sure to record the date when the task has been completed. **If you need additional assistance or support, please contact your Child’s Case Manager and/or advocate for your youth by reaching out to other community partners.** Once completed please place this Checklist in the Child’s Resource Record.

*Does the youth in my care:*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If No, Date</th>
</tr>
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<tbody>
<tr>
<td>Have a list of important phone numbers?</td>
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<tr>
<td>Have a certified birth certificate?</td>
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<td>Have a Social Security Card?</td>
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<tr>
<td>Have photo identification, e.g., a valid driver’s permit, license, or State ID?</td>
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<td>Have the information needed, if they choose to attend a vocational program, a community college, or a university?</td>
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<tr>
<td>Have a resume or a fact sheet with information needed to complete job applications?</td>
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<tr>
<td>Have the necessary skills to be successful in job interviews?</td>
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<tr>
<td>Know how to read a paycheck stub?</td>
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<tr>
<td>Know how to complete a W-2 form and file their taxes?</td>
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<td>Have a savings or checking account?</td>
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<tr>
<td>Know how to write a check or obtain a money order?</td>
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<tr>
<td>Have a planned budget for spending and saving?</td>
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<tr>
<td>Have a realistic idea of how much it costs to live successfully on your own?</td>
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<td>Know how to find and what to look for when seeking affordable safe housing?</td>
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<td>Have a list of items needed to live on your own?</td>
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<td>Know what to look for when looking for a potential roommate?</td>
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<td>Understand a lease or rental agreement?</td>
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<td>Demonstrate smart shopping skills? i.e. uses coupons, comparison shops, shops at discount stores, used clothing and furniture stores, and buys generic items.</td>
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<td>Know the basics of preparing healthy meals?</td>
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<td>Know that you may be eligible for a state medical program after leaving foster care and where to get it?</td>
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<td>Have a copy of your medical history?</td>
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<td>Lead a healthy lifestyle and understand methods of birth control and safe sex?</td>
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<tr>
<td>Know how to use the phone book and know what community resources are available?</td>
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<tr>
<td>Involved in any community activity or belong to a local recreation center?</td>
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<tr>
<td>Know what to look for when buying a car?</td>
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<tr>
<td>Know how to use public transportation?</td>
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When Your Child Ages
Out-of-Care

Youth who graduate from the foster care system at 18 have the following services available; however, as a member of the partnership you as the foster parent need to ensure that you work with your adolescent so that he or she will be able to transition successfully to independence. If you have any questions and/or need additional support you can contact the child’s case manager and/or reach out to other adult mentors in your community. Remember that mentoring relationships provide support and advocacy for foster youth and can assist them with personal, academic, and career development. A supportive mentoring relationship is crucial for young adults aging out of the foster care system who lose their support structures, such as a foster family or group home environment.

- **Aftercare Support Services (18 – 23 years).** This service is available to all youth who leave the system after 18, regardless of length of time in foster care. The services include emergency assistance to prevent homelessness and secure housing/utilities, mentoring, tutoring, mental health and substance abuse counseling, life skills classes, parenting classes, job training, financial literacy and counselor consultations as well as emergency financial assistance.

- **Transitional Support Services (18 – 23 years).** This is available to former foster youth who have spent 6 months in foster care and who leave care at age 18. The services provided are short term and include financial, counseling, housing, employment, education, mental health, disability, and other services the youth may need to assist own efforts to achieve independence. The burden is placed on the young adult to demonstrate need and to develop a plan including young adult’s own efforts to achieve self-sufficiency and develop personal supports. (NOTE: The youth who are not attending school full-time may receive transition funds to assist in achieving self-sufficiency.)
• Road-to-Independence Program (18 – 23 years)

(NOTE: Although the youth is able to receive the stipend until 23, the youth must make an initial application before his or her 21st birthday. It is available to the former foster youth who has spent 6 months in foster care, left care at 18, and is a state resident. Road-to-Independence is also available to a youth who has been adopted from foster care after age 16.)

In order for the youth to be eligible for this program, he or she must also have met one of the following educational requirements: (1) Enrolled as a full-time student in an accredited high school; (2) Enrolled full-time in an education program designed to give the youth a high school diploma or its equivalent; or (3) Earned a regular high school diploma, a GED, a special diploma or a special certificate of completion AND has been admitted for full-time enrollment at a post-secondary educational or vocational program. If all these conditions are met, the youth will be able to get a stipend.
When Your Child Leaves the Foster Home

You have known all along that the foster child placed in your home would not be staying with you forever. If the child has remained in your home for 30 days or longer, an Exit Interview will be conducted. (On the following pages, you will find the Exit Interview Form.) The child will be interviewed, as appropriate to his age, after he has left your home. The child’s feelings about his placement in your home will be further explored. These interviews will help us in determining the quality of care and safety that is being provided in each foster home.

Even though the child was placed with you, a permanent living arrangement has always been the goal. The permanency goal can be returning to his or her parents, going to an adoptive home (your home may become his adoptive home if you have expressed a desire to adopt him to her to the child’s case manager), or for some reason, you and he or she may not be able to make a success of living together and the child will be moved. Remember that the courts and the FCMA have the legal authority for making long term plans for your child.

So when your child leaves your home, it will be hard on everyone. After all, saying good-bye, to someone you care about is not easy. If you feel like it, don’t be ashamed to smile through your tears when he or she leaves. Tell him or her that you will miss him or her. At the same time, do not forget to be supportive of his or her return to his or her family or other placement. He or she can appreciate your honesty without developing guilt feelings about causing your sadness. It is healthy to show controlled sadness, rather than false happiness.

Occasionally, you may be asked to cooperate with a plan with which you do not agree. You may think the child is going to be returning to the same situation. Remember, he or she has been given an example of a good home and some strengths and habits that will stay with him or her. When your FCMA knows that a change has to be made, the case manager will discuss it with you as early as possible and help you to prepare the child. Permission to leave should also be given to the child. The child may be upset and need some friendly convincing with regards to his or her return to his or her parents.

Communication with the child after he has returned to his or her home should be discussed with the child’s case manager. Usually the family needs time to become a family again and outside influences may be tempting and upsetting. Close
relationships have been known to develop between foster parents and the foster child and his or her family. In some cases (maybe years later) a foster child you thought had failed may contact you with memories of the good feelings he had for you and the good times he spent in your home. Times such as these are rewarding and any headaches or heartaches you may have experienced with the child seem like a small price to have paid. You have helped a child go on with his or her life! Foster parenting is not a lifetime commitment to a child, but rather a commitment to be meaningful during a child’s lifetime. Foster care involves families helping families!
Adopting a Foster Child

Every child deserves to have a family to call his or her own. In the event that reunification is not possible, adoption becomes a viable alternative for permanent placement. Consequently, if the child placed in your home becomes available for adoption, in most cases, the case manager will ask if you are interested in adopting the child. By saying “yes” to adopting this child, we will have avoided another move in this child’s life. Studies show that more than 60% of those children that become available for adoption are adopted by their foster parents.

In the event that you are interested in adopting a child whose parental rights have been terminated and is placed in your home, please do not hesitate to let the child’s case manager know immediately so that an alternate placement will not need to be sought.

As the child has already been placed with you, the adoption can be expedited. The cost to adopt is minimal as the main costs involved are the court costs and attorney fees. In most cases, these costs are less than $1,000 and are usually reimbursed by the state as this is considered a non-recurring adoption expense. (NOTE: Non-recurring adoption expenses are those reasonable and necessary adoption fees, court costs, attorney’s fees, and other expenses that are directly related to the adoption of a special needs child.)

Following the adoption, you will be able to continue receiving financial assistance for the child (an adoption stipend until the child 18th birthday), Medicaid, and a tuition waiver for up to four years of college at Florida universities, colleges, vocational and training schools.

If additional information is needed please contact your child’s case manager. You can also view additional adoption information by contacting 1-800-96-ADOPT or visiting the adoption website at http://www.dcf.state.fl.us/adoption/.
Section V:
ORDER IN THE COURTS
Foster Parents provide critical information to judges who make decisions about children in foster care. Foster parents can give valuable information regarding medical, dental, educational and behavioral information, child visits with the parents and/or siblings, and offer recommendations for services needed by the child. Therefore, you should make every effort to attend and participate in the child’s court hearings. If you are unable to attend please feel free to provide your input to the child’s case manager.

There are judicial reviews held every five to six months. These are required for all children in foster care. Their purpose is to determine how the child is doing in foster care and that efforts that are being made to ensure that child’s permanency. Judicial reviews are held before a general magistrate or a citizen review panel (CRP). The CRP is comprised of 3 – 5 volunteers who assist the Juvenile Court by reviewing the child’s case and providing the court with their findings and recommendations. If approved by the judge, the recommendations become court orders.

The Clerk of the Court of the 11th Judicial Circuit (located at 3300 NW 27th Avenue) will send you a notice stating the date, time and location of the hearing. If the review is before the CRP you will also receive a letter from the staff at Foster Care Review. If you are not notified of judicial reviews, you can call your case manager or the clerk’s office at (305) 638-6268 and ask for a foster care clerk.

Once a child comes into care, the clock starts ticking! The case manager has ongoing deadlines that must be met so to ensure the child’s permanency is achieved as soon as possible. Attached is the dependency flowchart from when the child initially comes into care until permanency is achieved through reunification with his or her birth parents or adoption along with a Primer on Dependency Proceedings to assist you in better understanding the legal process.
CHANGES IN THE PERMANENCY GOALS

The following manual, Caregiver and the Courts (A Primer on Dependency Proceedings for Florida Foster Parents and Relative Caregivers), provides general information about the dependency court process. The permanency goals identified therein have been updated: In 2006, FS Ch. 39 established the following permanency goals: Reunification, Adoption, Permanent Guardianship of a Dependent Child, Placement with a fit and willing Relative, and Placement in Another Planned Permanent Living Arrangement (APPLA).

As with the other four permanency goals, APPLA is planned and is intended to establish permanency for a child through a supportive relationship with a significant adult or adults that the court is satisfied will endure over time; however, it is the least preferred of the permanency goals. Compelling reasons when this placement will be pursued may include, but are not limited to:

(1) The case of a parent and child who have a significant bond but the parent is unable to care for the child because of an emotional or physical disability, and the child's foster parents have committed to raising him or her to the age of majority and to facilitate visitation with the disabled parent;

(2) The case of a child for whom an Indian tribe has identified another planned permanent living arrangement for the child; or

(3) The case of a foster child who is 16 years of age or older who chooses to remain in foster care, and the child's foster parents are willing to care for the child until the child reaches 18 years of age.
CAREGIVERS AND THE COURTS

A Primer on Dependency Proceedings for Florida Foster Parents and Relative Caregivers

FLORIDA DEPARTMENT OF
CHILDREN & FAMILIES
INTRODUCTION

A Primer for Florida Foster Parents and Relative Caregivers

Federal Law now gives foster parents (including pre-adoptive parents) and relatives caring for children the right to be heard in court, subject to certain restrictions. As a foster parent or relative caregiver, you are an important member of the team caring for a dependent child. You may have valuable information that would help the court make its decisions. If you want your information to have the greatest chance of being heard by the court, it is important for you to understand the legal issues judges face at different types of hearings about the child, how to assess whether certain information is appropriate for the court process, and how best to present it to the court.

This brief manual provides general information about the court process as well as, in the last section, some specific suggestions on how you can participate in the process. By providing the juvenile court with current, detailed information, you can help the court to make the best possible decisions about the child in your care.

THE COURT PROCESS

How a Case Gets to Court

The dependency process begins when someone reports suspected child abuse or neglect. The Department of Children and Families or a County Sheriff’s Office under contract with the department will conduct an investigation. If the investigator believes that the child's safety requires immediate removal from the home, a petition for shelter is filed and heard by the Court within 24 hours of the child's removal. If the investigator believes that a child is in need of court protection, either with or without removal from the home, then a petition is filed to declare the child a dependent of the court. This petition is called a Petition for Adjudication of Dependency and alleges facts that the investigator believes are the basis of the need for protection.

Initial Hearing

Within 24 hours after a child is removed from a parent¹, the juvenile court holds an initial court hearing, called the shelter hearing. This hearing is the court's first chance to hear about the situation that brought the family to the attention of the Department of Children and Families (DCF). At the shelter hearing the judge decides whether the child’s safety requires that she be removed from her home until legal proceedings take place on the allegations of abuse or neglect filed against the parent(s), and whether the safety of the child requires that she should stay in shelter, in the temporary custody of a relative, appropriate non-relative, or DCF.

Since the initial hearing happens very quickly after the child is removed from her home and most caregivers do not have firsthand knowledge about the events addressed by the court, you probably will not have information to submit at the initial hearing.

Adjudicatory Hearing

The child’s parents have a right to a trial on the allegations of abuse or neglect charged against them. At this hearing, the court receives evidence and determines whether the allegations of abuse or neglect are true. If it decides that they are, then the court sustains or upholds the petition. To do this, the court must determine whether the alleged abuse, neglect or abandonment fits the maltreatment descriptions in Chapter 39, Florida Statutes, which authorizes the court to intervene for a child’s protection.

¹ Some children live with a legal guardian. If a child is removed from a legal guardian, the court follows the same process as if the child were removed from a parent.
Most relative caregivers and foster parents will not have information on whether the child falls within one of the categories that authorize the court to take charge of the child.

Disposition Hearing

If the court declares that the child is a court dependent, the judge then decides whether the child should remain with a parent or be legally removed from the parents’ care. If the child is removed from the parents, the court then considers who should care for the child. The court must consider relatives as the first placement alternative. If placement with a relative is not possible, the child is usually placed in a foster home.

In most cases, the court orders a reunification plan for the parents so that the child can return home. A reunification plan describes the responsibilities and duties of both the social services department and the parents to remedy the problems that caused the child's removal. At the disposition hearing the court can also make orders about visitation, issue restraining orders, and make any other orders the judge finds are in the best interest of the child.

The decisions that are made at the disposition hearing focus on the parents’ ability to provide care for the child and on services the child and family need in order to reunify as soon as possible; input by a foster parent or relative caregiver is usually not appropriate. However, in cases where the child has been in your home for many months, you may have information about the child’s needs that could assist the court.

Six-Month Review Hearing

The juvenile court must review the cases of all children placed in foster or relative care at least once every six months. At the first review hearing, information is given on the parents' progress with their reunification plan and on how the child is doing in foster care. The court may return the child to his home or may order that the child continue to live in a relative's home or a foster home.

As the child's foster parents or relative caregivers, you must be given notice of this hearing. The notice must tell you that you may attend all hearings or submit to the court, in writing, information you believe to be relevant.

Foster parents or relatives caring for a child often have valuable information about the child's physical, emotional, educational, and social development. This kind of information may help the court to understand the child's needs. If you have been supervising visits between the child and a parent, you may also have some information about the parent's progress to relay to the court at the review hearing.

Permanency Hearing

A permanency hearing must be held within 12 months of the date the child entered out-of-home care. The court will decide if the child can safely be returned home or if efforts to reunify the child with his birth family should end. In some cases, the court may decide to continue trying to reunify the family. It is important to remember that terminating reunification services does not terminate parental rights. The

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2 A child is considered to have entered foster care on the removal date.
child’s parents are often able to continue visits and other involvement with the child even if the court terminates reunification services.

If the child cannot return home, another permanent plan will be selected at the permanency hearing. That plan could be adoption, long term relative placement or another planned, permanent living arrangement. The preferred choice is the most permanent home possible for the child, so the court considers first adoption. If adoption is determined by the court to not be in the child's best interest, then the following options are considered:

- Long-term custody (adult relative or other adult approved by the court)
- Long-term licensed custody
- Independent Living
- Guardianship pursuant to chapter 744

Foster parents and relative caregivers are given notice of the permanency hearing in the same way they are given notice of the review hearing.

You may have information about the child's physical, emotional, educational, and social development while in foster care that will be helpful to the court at this stage of the proceedings.

Post-Permanency Review Hearings

A hearing is held every six months to update the court on the child's progress and needs. This continues until either the child is adopted or until the Department's supervision over the child’s long term relative placement is terminated by the court. Foster parents and relative caregivers are given notice of the hearings in the same way they are given notice of review and permanency hearings.

Once a year, the court must address whether or not the permanent plan for the child continues to be appropriate. The court can add or modify orders until the child turns 18 or until Department supervision is terminated.

Information focused on the child's physical, emotional, educational, and social progress may assist the court in deciding issues having to do with the child's placement, services to the child, and visitation.

HOW YOU CAN PARTICIPATE IN COURT HEARINGS

Federal Law

The Adoption and Safe Families Act, passed by Congress in 1997, says that foster parents, pre-adoptive parents, and any relative providing care for a child must be given notice of, and the opportunity to be heard in, any review or hearing to be held with respect to the child. It does not require that foster parents, pre-adoptive parents, or relatives providing care for a child be made parties to the action. This means that, although caregivers can go to court and present information, they do not have the same legal rights as DCF, the child's birth parents, or the child. Caregivers are not required to attend court hearings under the law.

Information the Court May Consider Helpful

The information you provide is meant to assist the court in making decisions about the child in your care. Following are some types of information that the court may find useful. You do not need to address
all of these, only the ones important to the child's case. It is helpful to provide factual information, describe behavior you have observed in the child, and present information about the child's needs. In general, you should focus on giving firsthand information about the child in your care and not offer opinions about other people involved in the court process (for example, the social worker, the child's birth parents, and the attorneys involved in the case).

1. **PLACEMENT INFORMATION**
   - The date the child came to your home and a brief description of the child's physical and emotional condition at that time.

2. **MEDICAL INFORMATION**
   - Doctor visits or hospitalizations since the last court hearing, and the results of those visits.
   - Any medications the child is taking, and the dosages.
   - Any adverse reactions the child has had to medical procedures or medications.
   - A brief description of the child's physical development, and any developmental lags you have observed.

3. **DENTAL INFORMATION**
   - Visits to the dentist since the last court hearing, and the results of those visits.

4. **EDUCATIONAL INFORMATION**
   - The child's grade in school, and whether the child is performing at grade level.
   - The dates of any school conferences you have attended, and the results of those conferences (especially if the child is in special education classes).
   - Any educational testing the child has had, who administered the testing, and the results of the testing.

5. **BEHAVIORAL INFORMATION**
   - A brief description of the child's behavior in your home.
   - Any services the child is receiving to address behavioral difficulties, who is providing the services, and how often the child goes for the services.
   - A brief description of how the child expresses his needs and feelings and how he calms himself.
   - A brief description of the child's eating and sleeping patterns and any difficulties the child has eating or sleeping.

6. **CHILD'S SPECIAL INTERESTS AND ACTIVITIES**
   - A brief description of any special activities the child participates in (Scouts, music lessons, church groups, etc.) and how often the child participates in them.
   - A brief description of any talents, interests, hobbies, or skills you have observed in the child.

7. **VISITATION**
   - The dates of visits between the child and her parents or other family members.
   - If you supervised the visits, a brief description of the behaviors of the child and the other family members present at the visits. Carefully describe only the behavior. Do not comment on the reason for the behavior.
   - A brief description of any arrangements for sibling visitation.
   - The dates of any telephone contacts between the child and the child's parents or other family members.
8. PROFESSIONAL CONTACTS

- All in-person and telephone contacts between you and the child's social worker.
- All in-person and telephone contacts between you and the child's attorney.
- All in-person and telephone contacts between you and the child's Court Appointed Guardian Ad Litem (GAL).

9. RECOMMENDATIONS

- A brief description of any services you believe the child would benefit from, and why.

**Written Reports or Court Attendance?**

Remember that judges have a small amount of time to listen to the people attending the court hearing and to make decisions about the child. Some judges prefer to have information from caregivers submitted in writing to the court before the hearing. Any reports you submit will be distributed to all the other people involved in the case. Written reports should be short (a few pages) and well organized, with headings. Reports should present only facts—never opinions. If you want to submit a written report, send it to the court as soon as possible after you receive notice of the hearing. You may also want to send a copy to the child's social worker, attorney, and GAL (if the child has one).

Some judges may limit your attendance at court to answering any questions he or she has about the child. Others may allow you to make a short statement. Remember, *the court has a limited amount of time, and your comments should be short and to the point.*

**Local Court Culture**

The information presented here is a general overview of the dependency process and how you can participate in it. It is important to understand, however, that each judge has procedures and rules about what happens in his or her courtroom. Before submitting written material or attending court proceedings, you should check with your social worker or the child's attorney about appropriate procedures in your local juvenile court.

Foster parents and relative caregivers are important members of the team providing care for dependent children. Your goal should be to give the juvenile court current, detailed information about the child. In doing so, you can assist the court in making the best possible decisions about the child in your care.

**Testifying in Court**

Foster parents and relatives caring for children are sometimes called as witnesses in dependency court proceedings. If you are to be called as a witness, one of the attorneys involved in the case will generally contact you to tell you that he or she plans to ask you some questions in court. In some cases, you may receive a subpoena (a legal document the court issues telling you when and where you must come to court). In court, after taking an oath to tell the truth, a witness sits in the witness stand and answers questions from one or more attorneys about what he or she saw or (sometimes) heard.

Here are some tips for testifying in court:

- Tell the truth.
• Dress professionally (as you might for a job interview).
• Be organized and prepared.
• Be calm and sincere, especially if you are challenged or criticized.
• Be serious and polite.
• Listen carefully to each question, pause, think, then respond directly to the question.
• Wait until the question is completed before you answer.
• When an objection is made about a question, wait to speak until the judge decides whether or not you should answer the question.
• If you do not understand a question, ask the lawyer to rephrase it.
• Answer each question completely.
• Be sure of the answer you are giving.
• Offer to explain your answer, if necessary.
• Use language you are comfortable using.
• Listen carefully when the other people in the courtroom are talking.
• Always show the highest respect for every person in the courtroom.

Special Thanks to the Judicial Council of California Center for Families, Children & the Courts for their input and assistance with the creation of this document.
MULTI-ETHNIC PLACEMENT ACT (MEPA)

The Multi-Ethnic Placement Act (or MEPA) prohibits the delay in a child’s placement on the basis of race, color or national origin. MEPA was an attempt - made by congress - to move children through the foster care system, to eliminate biases in foster care and adoptive placements and aid in the recruitment, training and utilization of foster and adoptive parents from every race, color and national original. The ultimate goal of MEPA is to decrease the length of time that children wait to be adopted and to ensure that children are expeditiously placed in permanent and safe homes. Consequently, the Department and the FCMA’s cannot deny any person the opportunity to become an adoptive or foster parent on the basis of race, color, or national origin of the person, or of the child involved or delay or deny the placement of a child for adoption or into foster care, on the basis of race, color or national origin.

CONFIDENTIALITY AND HIPAA

Any information relating to the child or the child abuse records is to be held confidential. Any person who willfully or knowingly makes public or discloses any information contained in the child abuse registry or the records of any child abuse case is guilty of a misdemeanor of the second degree. Therefore any information on our children that comes to your attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized persons. During your initial licensure as a foster parent and each year during your re-licensure you will be asked to review, sign and be provided a copy of the Confidentiality and HIPAA policies. We have provided a copy of the Confidentiality form on the following page.
THE ADOPTION AND SAFE FAMILIES ACT (ASFA) (Public Law 105-89) enacted in 1997

**SUMMARY OF LAW:**

- Emphasizes reduced time in care, safety, and consideration of the best interests of the child when deciding on permanent placement.

- Time in care: If foster care is required, length of stay in foster care should be brief. In Florida, we strive to achieve permanency within 12 months.

- Safety: Child welfare staff and foster parents must ensure the safety of children and demonstrate reasonable efforts to promote reunification if and when safety can be ensured.

- Concurrent Planning: At the same time that reasonable efforts are made to reunify children with their birth parents, efforts can also be made to identify and approve a qualified family to adopt the child. This concept is known as concurrent planning. Concurrent planning allows for the possibility of finding a foster family that could, if necessary, adopt the child should the child be unable to return home. It is ideal when a foster family can make a commitment to keep the child and adopt him/her permanently. These families provide continuity and stability for children.

- Permanent placement based on the best interest of the child: Although these laws assume that children and youth belong with their families, sometimes that is not possible. In these cases, families need help in making plans for their children and youth’s long-term care.
Section VI:

FOSTER PARENT RESOURCES
BELONGING TO A FOSTER PARENT ASSOCIATION (FPA)

In order to better assist foster parents - while remaining a strong voice on behalf of our children - FPAs have been created in each state. The FPA provides additional support, training, and advocacy with the aim of nurturing child safety, well being and stability while enhancing teamwork and partnership with the entire community. FPAs also act as a vehicle by which our foster parents can continue to improve themselves. They provide a forum of dialogue among parents, the Department, FCMAs, and other community partners (e.g., schools and courts) via e-mails, monthly meetings, conferences, and newsletters. Belonging to a FPA will assist in reducing foster parent burnout, stress, the need for the removal of children placed in your home, and closure of your home. Additionally, you can earn in-service training hours which are needed for the yearly renewal of your foster care license. We encourage our foster parents to become a member. Presently, Miami-Dade County has two Foster Parent Associations - in the South and North:

Trudy Petkovich (South) – (305) 301-4362 (Cell); (305) 213 – 6627 (Cell) (tpetkovich@kidshopeunited.org)  

Mary Burton (North) – (305) 835 – 6891; (786) 312-3651 (Cell)  
maryandcalvin@bellsouth.net or Mary.burton@okathome.us

Please contact Trudy or Mary in order to obtain further information regarding upcoming monthly meetings and becoming a member!
Respite Care

Anyone providing Respite Care in their own home must be licensed as a foster home. Additionally, any person that provides respite care in the foster home where the child is placed must be screened. MAPP training for a Respite Care Provider is strongly encouraged in order for the child’s needs to be better met. If the Respite Care Provider cannot attend this training, he or she will need to be provided with an orientation that will include the following: (a) The protocol for handling emergencies; (b) Confidentiality; (c) The Department’s discipline policy; (d) and an overview of the MAPP curriculum.

The person providing the Respite Care must be furnished with the following written information on the child that they will be temporarily caring for: (a) Telephone numbers for the case managers in the event of an emergency; (b) Medical authorization and instructions on seeking medical care; (c) Medications, instructions for administering, and the Medication Log for recording the proper administration of the medications; (d) Physician’s name; (e) School information; and the (f) Medicaid Number.

Please remember that a licensed out-of-home caregiver is entitled to be paid for respite. (Six hours or more shall constitute a paid respite day.) You will need to ensure that you receive prior approval from the FCMA prior to the respite period if reimbursement will be sought.

For additional information regarding Respite Care you will need to contact your FCMA’s Placement Unit.
The Parent Academy
Helping Parents Help Their Children Succeed In School

Get Involved!
For a schedule of free classes and events visit www.theparentacademy.net or call 305-995-2680

An Initiative of Miami-Dade County Public Schools

Parent (pər-ənt) n.
Role Model, Teacher, Mentor, Provider
Monroe County School District  
241 Trumbo Road, Key West, Florida 33040  
**Telephone Number:** (305) 293-1400  **Fax:** (305) 293-1408

WWW.KEYSCHOOLS.COM

- District Schools
- Public Criminal Record
- Key Math
- Anthony Schools
- Running Registration
- Home Generator
- Fairfax County School Calendar
- Public Information
- Marathon Registration
- WWW US SN Com
- Ohio K12

**Parenting Links:**

**Building School Relationships**

[Florida Partnership for Family Involvement in Education](#) Information, training and support for Florida families

[National Parent Teacher Association](#) Creating awareness and active involvement in schools by parents and teacher partnerships

[The FCAT Parent Network](#) A resource for parents to access their student’s test scores online and find other important information regarding their student’s education
**Foster Allegation Support Team (FAST)**

**FAST** provides support to foster parents when an allegation has been, or might be brought against them. Foster parents need to be kept informed of the procedures and the process through which an allegation will take them. FAST will provide support without judgment and in an environment which is as non-destructive as possible for the foster parents and their families. FAST can offer the foster parent the following services:

- Provides an immediate response as well as support to foster parents when an allegation has been, or might be, brought against them by clarifying the process, and providing clearer communication.
- Volunteers will be there when any foster parent asks for help or support.
- Volunteers will keep you informed of the procedures and the processes a foster parent can expect during an investigation.
- Volunteers work toward better investigations, more compassion, tolerance and respect for foster parents, children and families.
- Volunteers have a firm commitment to maintain the confidentiality of the reports.
- Volunteers support and help, which means listening to foster parents when they have a need to vent a sense of hurt, anger and shock at what has happened to them.
- Volunteers never allow themselves to get involved in name calling, accusations, or other counterproductive behaviors which may cause foster parents to stray.
- Volunteers help foster parents learn the concept of “fair fighting”. You must remember to treat the other side with absolute respect and insist on the same.
- Volunteers help foster parents gain an attitude of honest and straightforward integrity which allows their point to be viewed.

Families accused of neglect and abuse experience the accusation of integrity as a form of assault or victimization. People who have been accused of abuse often experience the same types of symptoms as those who have actually been abused:

- **TRAUMA:** Many foster parents express shock and disbelief.
- **BETRAYAL:** They feel their main source of support can no longer talk to them.
- **STIGMA:** Foster Parents report feeling shame, humiliation, inadequacy and a decline in self-esteem.
- **POWERLESSNESS:** The process can be lengthy and complex and often feel they have little information regarding the allegation.

Above all, do not forget that when you are the subject of an investigation, you need to ensure the following: (a) Begin a dated, written journal of events and communications; (b) Keep good records; (c) Insist on giving full input into the investigations; (d) Request assistance from your agency in explaining to the children what is happening and why; (e) Maintain your sense of professionalism as a foster parent; (f) Cooperate with the investigation; and most important, call **FAST** for the needed support at:

**1-800-FAST-119**
OK @ HOME PROJECT

The objective of the OK@ Home Project is to provide a digital hub (PC) for licensed foster homes so that the foster child is better prepared for their future role in society. Our Kids is installing in each licensed foster home, with children residing in the home, a brand new computer with a high speed broadband internet connection. The computer will have installed on it the Office suite of software including Windows, Word 2007, Excel 2007 and PowerPoint. In addition, each computer will be able to access 14 modules of computer-based training educational software. This software can be used for beginning readers through high school level English, Math and Science. The foster parents can assign tasks and tests within the computer based training system and monitor how well the children are doing in completing the tasks assigned.

A newly-licensed foster home should contact their Agency to request a new computer and internet connection. Upon receiving the request, Our Kids will contact the family by phone and arrange for an AT&T installer and a computer installer to come to the home at a time convenient to the family. Typically, an installation can be completed within six weeks. The cost for the installation, the computer, software and the broadband internet connection is paid by Our Kids. Our Kids will retain ownership of the computer and at the scheduled time of installation, the foster parent will be asked to sign a “User Agreement” that the family will abide by the policies and procedures issued for the use of the computer. The policies and procedures include prohibiting the malicious tampering or changing of any computer settings. The computer installer will spend up to two hours at the time of the installation to provide basic computer training to the family, if needed, and connect the computer to a printer, if provided by the family. In addition, each foster parent and child will be given a free email account to use. The internet connectivity provided through this computer system will be pre-screened to prevent virus or spam infections and will filter out indecent, profane or violent web sites to prevent them from being accessed on the computer.

After the installation of the computer, the foster children or foster parents can contact the IT Helpdesk at 305-455-1037 during the hours of 8:30a.m. - 5:30p.m. - Monday to Friday for assistance in using the software, internet connection or the computer. If the family needs assistance and it is not convenient for them to contact the Helpdesk at those times, the family can leave a message stating at what time it would be convenient and the Our Kids IT Helpdesk will try to set an appointment at that time. When the foster home is closed, or has not accepted children for more than 90 days, Our Kids retains the right to remove the equipment from the home.
FCMA Contact Information

Provider Agencies:

HIS HOUSE – 305-430-0085
(AFTER HOURS: 305-218-8356)
2000 NW 47th Avenue – Building 22
Opalocka, FL 33035

CHILDREN’S HOME SOCIETY – 305-324-1262
(AFTER HOURS: 786-301-2928)
10720 Caribbean Boulevard – Suite 800
Miami, FL 33189

KIDS HOPE UNITED – 786-573-9000
(AFTER HOURS: 305-308-4284)
10720 Caribbean Boulevard – Suite 500
Miami, FL 33189

CENTER FOR FAMILY & CHILD ENRICHMENT – 305-624-7450
(AFTER HOURS: 786-312-9782)
1825 NW 167th Street – Suite 102 – Miami, FL 33056

CHARLEE – 305-779-9600
(AFTER HOURS: 786-374-8881)
155 South Miami Avenue – Suite 700
Miami, FL 33130

FAMILY RESOURCE CENTER – 305-374-6006
(AFTER HOURS: 786-236-0614)
155 South Miami Avenue – Suite 400
Miami, FL 33130

WESLEY HOUSE FAMILY SERVICES – 305-809-5000
(AFTER HOURS: 305-809-4999)
3114 Flagler Avenue
Key West, FL 33040

Lead Agency:

Our Kids of Miami-Dade/Monroe - 305-455-6000
401 NW 2nd Avenue – Suite 1000
Miami, FL 33128
Community Resources:

The Children’s Trust – 305-571-5700 (or 211 – Helpline)
4500 Biscayne Boulevard – 2nd floor
Miami, FL 33137

(The trust supports children in our community by coordinating, integrating, and funding services in the areas of health, safety, and development while promoting parental and community involvement on behalf of all children.

Switchboard of Miami – 305-358-1640

(24 – Hour helpline: 305-358-4357)

(Services are provided free to everyone in the community. Services include but are not limited to the following: transportation services, basic survival needs – food shelter, employment information, support during personal crises, life enhancing services for the elderly, physical and sexual abuse, etc.)

Neat Stuff – 305-638-5878
2624 NW 21st Terrace
Miami, FL 33142
(A store and distribution center filled with new clothes, toys, school items, prom outfits for teens, etc. for our foster children.)

Big Brothers Big Sisters of Greater Miami – 305-644-0066
701 SW 27th Avenue – Suite 800
Miami, FL 33135
(A one-on-one mentoring program to help the children in our community)

In Monroe County:

HELPLINE: 305-296-4357 (HELP) or 1-800-273-4558
www.keyshelpline.org

When people in Monroe County need help, all they need to do is call the HELPLINE (available 24 hours a day, 7 days a week.) HELPLINE’S trained volunteers offer crisis intervention, vital information, and referrals at no charge to people in need of assistance. HELPLINE receives thousands of calls a year from people who have nowhere else to turn. HELPLINE also provides 24-hour crisis intervention, information and referral services to Monroe County. Our volunteers make reassurance phone calls to the elderly and homebound in our community. Additionally, we train caregivers, providing them with community resources to ease the difficulties associated with caring for a loved one in the home environment. HELPLINE is anonymous, free, confidential and available 24 hours a day.
When A Foster Parent Should Call…

The child’s Case Manager will keep in touch with you frequently, especially during the initial stage of a placement. Once the child has settled, there may be less contact. Below are sample situations when you will want to telephone the child’s Case Manager for non-emergency calls:

1. **NON-EMERGENCY CALLS** are to report incidents such as, you are planning to move across town, or the family composition is changing. Non-emergency calls also report any changes in the behavior of the child or any concerns you might have of a general nature about the child.

2. **PLANNING AHEAD CALLS** when you know that you will have to be away from the family and have arranged for substitute care or before taking the child out-of-state or allowing the child to go on a trip; before making any significant change in the child’s life (i.e., a change in schools or a new job).

3. **I’M WORRIED CALLS**: When something about your foster child seems as if it might develop into trouble—perhaps they are associating with children who exhibit questionable behaviors, or have unexplained money or other items that they are unwilling to talk about, or slipping back to their old gang, or you think the child has more money than they should have. The child’s Case Manager would rather be in at the beginning of a problem than to wait until you are worn out from struggling with it alone and the situation has reached the point of no return.

4. **HELP! CALLS**: Foster Parents seem to encounter more “HELP” calls than other parents.

Emergencies when the caseworker should be contacted *immediately* are:

(1) If the child shows signs of depression, changes in eating habits, withdraws from family and friends, talks about suicide, excessive statements about self-worth, preoccupation with death and sudden proneness to accidents.

(2) If the child has run away. You should give the child reasonable leeway to come home. Call friends where he might be. Contact local law enforcement.
This will mean you will have to go to the station or have an officer visit your home to file a police report giving age, description and possible whereabouts.

(3) If the child has a sudden serious illness or accident or dental problem.

(4) If there is serious trouble with police, juvenile authorities or the school; or if the child is skipping school.

(5) If anyone, including the child's own relatives, tries to take him from your home, school, child care, or other organized institutions without prior arrangements by the child's Case Manager.

(6) If there is an emergency in your own family which makes it impossible for you to care for foster children for a certain period of time.

In all emergencies, take the common sense steps that any parent would in order to deal with the immediate situation, then notify the child's Case Manager, child's Case Manager's Supervisor or the on-call Case Manager. Please remember the Case Manager has many other children in his or her caseload. Consequently, he or she must be out of the office much of the time in order to ensure their safety and well being.
Health & Safety Tips for Foster Parents

As it relates to ensuring our children’s safety and well being at all times, the governing licensing statute requires that you have an environmental health and safety inspection done yearly.

Don’t forget that you will also need to have the following ready for the health inspector: (1) Current copy of your pet’s vaccinations (for dogs, cats and ferrets); (2) Floor Plan; (3) Evacuation and Disaster Preparedness Plan (see attached form); and (4) Fire Drill Log. A minimum of two should be done per year or whenever a new child is placed in the home. We have attached a sample fire drill log.

Additional Health and Safety Tips…

- Vehicle to be smoke-free when transporting children.
- If you own a swimming pool, you will need to take water safety training. To assist you in ensuring our children’s safety and well being at all times, we have attached guidelines for swimming pool safety. (NOTE: Attached is an In-service Training Log – please feel free to make copies - to assist you in documenting the trainings each of you have taken for the re-licensing year = 8 HOURS PER FOSTER PARENT)
- If your home is adjacent to any body of water or a swimming pool, you must instruct the children in water safety, as appropriate for their age.
- The taking of the water safety course does not apply to homes with wading pools – which are temporary and portable pools with a depth of less than two (2) feet. No standing water shall remain in wading pools when not in use.
- Although the recent changes to the licensing statute require that a radon test be done, one is not needed at this time if you reside in Miami-Dade County.
- The evacuation plan to be posted in a visible place in the home. The plan to be shared with all children as appropriate to their age and level of understanding upon placement in the home.
Although swimming pools can be fun, drowning has become the leading cause of accidental death in the homes of children under five years old. In order to ensure the continued safety and well-being of our children while they are near, around, or in a pool or body of water, the following guidelines are being provided in order to help caregivers provide children with the needed protection they deserve.

1. No matter what the child’s age or skill level, direct adult supervision is required at all times when children are in the area of or using the swimming pool, spa, or hot tub. There should always be at least one non-swimming adult available for direct supervision.

2. The swimming pool must have a barrier on all four sides of at least four feet in height. The barrier can be in the form of a chain link, wooden, ornamental, thick hedges, etc.

3. All access through the barrier must have one of the following safety features: alarm, key lock, self-locking doors, or bolt lock that is not accessible to children. Alarm triggers are recommended as they trigger loud sounds to warn the parent or guardian.

4. When the swimming pool is not in use, make sure that ALL entry points are securely locked.

5. Steps or ladders leading to above ground pools must be secured, locked, or removed when the pool is not in use.

6. Hot tubs and spas are required to have a non-penetrating safety cover that is locked when not in use.

7. Swimming pools must be equipped with one of the following life-saving devices: ring buoy, rescue tube or other appropriate flotation device with a rope attached that is sufficient in length to cover the area. All rescue equipment should be placed near the pool in a clearly marked and readily accessible spot. Periodically check and keep all safety equipment in good condition.

8. A rope and float line is recommended and should be placed across the pool to alert swimmers of the separation of the deep end from the shallow end of the pool.

9. Children who are not proficient in swimming must wear a life jacket or approved floating device when in the pool area.

10. All caregivers who have a swimming pool must complete a basic water safety and CPR course.

In addition to these guidelines, it is always good to have a first aid kit in a safe and convenient location. Periodically check to make sure that your kit is well-stocked with all the needed essentials. A cordless phone is also convenient and a good idea especially if you need to call for help or information quickly and without leaving the pool area. As we live in an area wherein there are many sunny days, remember to use the needed level of sunscreen protection that is right for you. Even on cooler, cloudy days, the sun’s ultraviolet rays can burn and damage skin cell. With these safety tips, we can all enjoy countless hours of fun and enjoyment!
Foster Parent’s Notes

(Please make copies as needed)
Contact Us…

Do you have any suggestions for additional items to be added to your handbook?

If so, please contact your FCMA directly!

Thank you once again for making a difference in the lives of our children!
Mandatory and Recommended Trainings for Foster Parents

All prospective families interested in becoming licensed as foster parents must complete the mandated pre-service training as a condition of licensure. The approved pre-service training is the Florida MAPP (Model Approach to Partnerships in Parenting). A minimum of twenty-one (21) hours must be completed.

*IF THE INDIVIDUAL COMPLETES THE MAPP TRAINING BUT CHOOSES NOT TO CONTINUE WITH THE LICENSING PROCESS AT THAT TIME, THE FCMA STAFF WILL DOCUMENT THE REASON(S) THE PROCESS WAS DISCONTINUED. PREVIOUSLY COMPLETED MAPP TRAINING MAY BE ACCEPTED TOWARDS LICENSURE FOR UP TO FIVE (5) YEARS FROM THE DATE THE TRAINING WAS COMPLETED. PREVIOUSLY LICENSED FOSTER PARENTS WITH A BREAK IN SERVICE OF LESS THAN ONE (1) YEAR, BUT WHO COMPLETED THE MAPP TRAINING LESS THAN FOUR (4) YEARS PRIOR TO REQUESTING RENEWAL MAY BE LICENSED WITHOUT COMPLETING THE MAPP TRAINING AGAIN.*

Prior to the renewal of the foster care license, each licensed foster parent must complete at least eight (8) hours of approved in-service training. Foster Parents will be offered in-service training opportunities through their FCMA. Foster Parents, as advocates for our children, are encouraged to look to other available trainings and resources in their community. Prior approval to any training you want to take in your community must be obtained by your FCMA. (You will need to provide them with the name and date of the training, trainer, length of the training, and a description of the training). You will also be required upon completion of the approved training to provide documentation to the FCMA that the training has been completed as the certificate will become a part of your re-licensing file.

The following training topics **must** be completed by foster parents: psychotropic medication and water safety (if a pool is owned). In order to assist you in providing quality care to our children, we recommend the following topics for training: fostering the sexually abused child and employing positive methods to modify inappropriate behaviors. (At the end of this section, we have attached a copy of the Operating Procedure 175-88 regarding the prevention and placement of child victims and aggressors involved in child-on-child sexual abuse along with safeguards, house rules, and characteristics and definitions to assist you in better caring for our children's needs.)
On-line in-service training is available, for example, http://www.fosterclub.org/grownups; however, in accordance with the licensing statute, you can only complete half of the required yearly in-service training on-line.)

Foster Parents participating in required in-service training will be reimbursed for mileage expense at a rate not to exceed the rate paid per mile to the FCMA personnel. Additionally, if the absence of the Foster Parent(s) during training would leave children without the required adult supervision (of an approved caregiver), the FCMA will make provisions for childcare or will reimburse the foster parent(s) for childcare expenses if it was not provided by the FCMA.
# ALLOWANCE LOG TRACKING FORM

**For Month Ending:**

<table>
<thead>
<tr>
<th>Name of Foster/House Parent</th>
<th>Tel:</th>
<th>Received</th>
<th>Y</th>
<th>N</th>
<th>Date</th>
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**Notes:**

__________________________________________________________

133
Child Allowance Accountability

Child’s Name: ________________________________

DOB #: ____________________________

Month/Year: _______________________

Foster Parent’s Name: _______________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Deposit</th>
<th>Withdrawal</th>
<th>Account Balance</th>
<th>Child’s Signature</th>
<th>Staff/Foster Parent Signature and ID#</th>
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<td><strong>Starting Balance</strong></td>
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</table>
Below is a SAMPLE COPY of the Monthly Home Visitation Form. Please ensure that before you sign it you have read, agreed, and provided your comments.

<table>
<thead>
<tr>
<th>PLACEMENT</th>
<th>VISITATION REPORT SUMMARY</th>
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</thead>
<tbody>
<tr>
<td>Date Placed</td>
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<tr>
<td>Date of Visit</td>
<td>Next Court Date</td>
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<td>☐ Foster Home</td>
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<td>☐ Shelter</td>
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<td>☐ Residential</td>
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<td>☐ Group Home</td>
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<td>☐ Relative</td>
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<td>☐ Other</td>
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<td>Name of Child</td>
<td>DOB / /</td>
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<td>Name/Address of Placement</td>
<td>Zip Code</td>
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<td>Relationship</td>
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<tr>
<td>Visit: Announced</td>
<td>Unannounced</td>
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<tr>
<td>Name of Counselor</td>
<td>Tel</td>
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Complete blanks with yes or no and describe status. EXPLAIN OBSERVATIONS/INFORMATION in the CASE NARRATIVE.

1. CONDITION of HOME
   Acceptable Environment Safe for Child Sufficient Food Toys/Play Area
   Total number of children in home Ages Siblings

2. CONDITION of CHILD
   Healthy Well Nourished Behavior FAHIS/LICENSEING notified / /
   Placement Appropriate Signs of Neglect/Abuse

3. SERVICES NEEDED
   Name: School
   Health Care: Medical Immunizations Dental Hearing Vision Mental Health CMS SSI
   Counseling/Therapy Clothing Tutoring Parenting Classes Therapeutic Visitation
   Developmental: Early Intervention (0-5) Substance Abuse Newborn FDLRS FSPT CRC
   Independent Living: Assessment Curriculum Plan Pregnancy Services 16+ DJ
   Economic Services Relative Caregiver Housing Vocational Domestic Violence Exit Interviews
   Assessments: Comprehensive Mental Health Behavioral Substance Abuse Academic Developmental
   Follow Up Actions

4. CLIENT RESOURCE RECORD
   Available Current Reviewed
   Medicaid/Medipass Card Copies of Social Security Card & Birth Certificate
   Shelter Order Case Plans Judicial Review Social Study Reports Day Care
   Physician Tel Annual Physical / / Last seen by Doctor / /
   Dental Last Visit / / Hearing Vision Developmental
   FSPT Case Manager Tel

5. COUNSELOR OBSERVATIONS

6. FOSTER PARENT/SHELTER/RELATIVE/SCHOOL/PROVIDER COMMENTS

7. CHILD’S COMMENTS

8. PROGRESS TOWARDS GOAL

9. FOLLOW UP/RECOMMENDATIONS for NEXT VISIT

10. FAMILY VISITATION
    Parents Siblings Therapeutic Dates

NEVER SIGN A BLANK FORM
## Family Safety Visitation Log

<table>
<thead>
<tr>
<th>Date of Visitations</th>
<th>Counselor’s Name Print</th>
<th>Counselor’s Program Area Check One</th>
<th>Counselor’s Office Phone Number</th>
<th>Counselor’s Supervisor Name</th>
<th>Purpose of Visit</th>
<th>Court Case Number</th>
<th>Name of Child(ren)</th>
<th>Counselor’s Signature</th>
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</table>

Caregiver’s Name: ____________________________

Caregiver’s Address: ____________________________
Foster Parent's Name: __________________________________________________________________________

Address: ________________________________________________________________________________

Re-licensing Period: From: ___________________ To: _______________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Who Was Present</th>
<th>Time Start</th>
<th>Time End</th>
<th>Length of Fire Drill</th>
<th>Notes</th>
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Foster Parent's Signature:

_____________________________________________________________________________________

Foster Parent's Signature:

_____________________________________________________________________________________
FOSTER HOME NATURAL DISASTER EVACUATION PLAN

& EMERGENCY CONTACT

Name of Foster Parent(s): ________________________________________________

Address: ___________________________________ City/Area: ________________

Home #: _______ Cell #: _______ Work #: _______

Where would you and your family go in case of either a voluntary or official emergency
ordered evacuation of your home?

Name _____________________________________________________________

Address ___________________________________________________________

Contact Number(s) ____________________________________________________

Please list the information of a contact person that does not reside in your home that will
know your whereabouts in case of an emergency and you cannot be contacted:

Name: ____________________________ Relation: ____________________________

Home #: ___________________ Cell #: ____________ Work #: _______________

By signing this below I acknowledge that my Full Case Management Agency’s disaster
evacuation plan has been explained to me and I have received a copy.

My assigned Agency is:

_______________________________________________________________________

_ _ _
(Prospective) Foster Parent Signature  Date

_ _ _
(Prospective) Foster Parent Signature  Date
INCIDENT REPORTING PROCEDURES FORM

An incident is any occurrence or event that interrupts normal procedure or precipitates a crisis. There are two types of incidents: critical and non-critical. A critical incident is one that is likely to have an adverse impact on the Full Case Management Agency’s ability to protect and/or serve its children. Some examples of critical incidents include the following: Abuse/ Neglect/Exploitation; Aggression/threat; Altercation; Baker Act; Bomb Threat; Child Injury (requiring medical attention); Child death; Contraband; Criminal activity; Damage; Drugs; Elopement/ runaway; Emergency room visit; Escape (from a locked facility); Hospital admission; Illness; Media coverage; Medication issues; Misconduct; Physical aggression; Self-injurious behavior; Sabotage; Sexual battery; Suicide attempt; Suicide ideation/threat; Theft; Vandalism; and other incidents (disease epidemic or abduction only).

I/we have been informed that in the event an incident occurs, I/we will notify the child’s Counselor within 1 (one) hour. If I/we cannot reach the child’s Counselor or Supervisor I/we MUST contact _________________________ at ______________________ and ask to be connected to the Intake/Placement Unit. He or she will take down the information and generate a confidential Incident Report. In the event the incident occurs after hours, I/we MUST contact the on-call person at _____________.

I/we understand that any incident MUST be reported within one (1) hour as ALL parties - Birth Parents (that have not had their rights terminated), legal counsel, Guardian Ad Litem, and the Executive Director - MUST be notified of the incident within 24 hours.

By signing below I/we acknowledge that I/we have been informed of the incident reporting procedures.

__________________________________________  ______________________
(Prospective) Foster Parent Signature     Date

__________________________________________  ______________________
(Prospective) Foster Parent Signature     Date

Our Kids Of Miami-Dade/Monroe Inc
Rohde Building, 401 NW 2nd Avenue
S-10th Floor
Miami, Florida 33128
FOSTER PARENT INSERVICE TRAINING LOG

For

Foster Parent Name

Foster Parent Name

IMPORTANT INSTRUCTIONS: Each foster parent is responsible for keeping track of activities they attend as part of the annual in-service training requirement. Please use this form to record your activities and turn a copy of it in when you are being re-licensed. If you have any questions regarding this matter, please contact your licensing counselor at 305-377-5369.

Date: ______________________   Date: _________________________
Topic: ______________________   Topic: _________________________
Speaker: ____________________   Speaker: ______________________
Hours Earned: _______________   Hours Earned: _______________
Sponsor: ____________________   Sponsor: ______________________

Date: ______________________   Date: _________________________
Topic: ______________________   Topic: _________________________
Speaker: ____________________   Speaker: ______________________
Hours Earned: _______________   Hours Earned: _______________
Sponsor: ____________________   Sponsor: ______________________

Date: ______________________   Date: _________________________
Topic: ______________________   Topic: _________________________
Speaker: ____________________   Speaker: ______________________
Hours Earned: _______________   Hours Earned: _______________
Sponsor: ____________________   Sponsor: ______________________

I certify that the information provided herein is true and correct to the best of my knowledge:

__________________________________________   _________________
Foster Parent’s Signature   Date

__________________________________________   _________________
Foster Parent’s Signature   Date
CONFIDENTIALITY

I (We) understand and agree that all information as it relates to child abuse records and clientele are to be held confidential in compliance with the Child Abuse Statute, Florida Statute 415.513(2) which state “any person who willfully or knowingly makes public or discloses any information contained in the child abuse registry or the records of any child abuse case except as provided in this section is guilty of a misdemeanor of the second degree.”

I (We) further agree to treat any such information on children that should come to my attention and knowledge as privileged and confidential, and that I will not disclose such information to anyone other than authorized persons.

HIPAA clause:

The Provider and all of its officers, employees and agents shall comply with the confidentiality provisions set forth in 42 CFR, Part II 45 CFR, Chapter 394 FS, Chapter 397 FS, Chapter 39, F.S., and other related rules and regulations regarding and will not release any information regarding a client of the Provider who is a recipient of services under this Contract except as specifically authorized by these statutes (except with the written consent of a person legally authorized to give that consent or when authorized by law). The Provider hereby acknowledges that failure to abide by the requirements of these statutes constitutes a criminal offense as set forth in Chapter 39, F.S. For details concerning the Provider’s requirements relating to HIPAA and 42 CFR, Part II.

I (We) have read and received a copy the agency’s Confidentiality Policy and agree to comply:

___________________________________________________________________________  __________  ____________________________________________________________________________  ______
Adult Household Member/Users/  Date  Adult Household Member/Users/  Date

___________________________________________________________________________  __________  ____________________________________________________________________________  ______
Relief Person/Users/  Date  Relief Person/Users/  Date

___________________________________________________________________________  __________  ____________________________________________________________________________  ______
Family Service Counselor/ Provider Agency  Date

Foster Care Licensing
401 NW 2nd Avenue S-10th Floor, Miami, FL 33128
# MEDICATION LOG

<table>
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<tr>
<th>Date /Time</th>
<th>Name of Child</th>
<th>Medication (Include OTC)</th>
<th>Qty of Medication In the Container (at time of admission)</th>
<th>Prescribing Doctor</th>
<th>Reason for Administering Medication</th>
<th>How Administered</th>
<th>Administered By</th>
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The aforementioned information is true and correct to the best of my knowledge:

________________________________________________     ____________

Foster Parent’s Signature         Date
State Institutional Claims

If you are seeking restitution for direct medical expenses and/or property damage caused by a foster child, you will need to complete a State Institutional Claim Form. In order to ensure that the claim is processed on time, the form must be completed in its entirety and include legible receipts (or estimates) from a licensed vendor. You will also be asked to provide the circumstances or situation that led to the filing of the claim.

Once completed and turned in to your Full Case Management Agency (FCMA), we will review the circumstances or situation that led to the claim’s filing. If the staff member reviewing the circumstances does not agree that the foster child was responsible for the injury or property damage, the staff member will note that opinion on the signature line. If the staff member reviewing the claim sees the circumstances from a different perspective than that of the claimant, the staff member’s perspective should be noted in writing on the form or an attachment.

All claims must be filed by the claimant in writing immediately when they occur as they need to be filed by the FCMA with the lead agency, Our Kids within 120 days of the occurrence.

As a claimant, you are not required to submit a claim to your homeowner’s insurance company for primary coverage of the expenses. You cannot submit a claim to request reimbursement from the Institutional Claims Fund and homeowner’s insurance for the same claim as this is fraudulent. If your homeowner’s insurance coverage is used, the Institutional Claims Fund may only be used to request restitution for any deductible amount and/or repair of damage the homeowner’s insurance coverage did not pay. The paperwork from the homeowner’s insurance must be included with the form and receipts.

An institutional claim can be filed for direct medical expenses and/or property damages for up to $1,500 caused by the foster children, or up to $1,000 caused by shelter children.

To better assist you, the Restitution Claim Form along with the accompanying Our Kids Operating Procedure can be found on the following pages. If additional forms are needed, please feel free to contact your child’s Case Manager or Supervisor, Licensing Counselor or Foster Parent Liaison (not all FCMA’s have a Foster Parent Liaison).
1. **Purpose.** This operating procedure outlines the procedure to follow when an individual wishes to seek restitution for direct medical expenses and/or property damage caused by a shelter or foster child.

2. **Definitions.** For the purposes of this operating procedure:
   
a. **State Institutions Claim Fund.** A program established by the Legislature pursuant to s.402.181(1), Florida Statutes (F.S.) for the purpose of making restitution for property damages and direct medical expenses related to injuries caused by shelter or foster children.

b. **Claimant.** The person who suffered personal injury or property damage.

3. **Authority.** Section 402.181, F.S.; Chapter 2-6, Florida Administrative Code (authorizing Restitution Claim Form -- see appendix A to this operating procedure).

4. **General Requirements.**
   
a. Statutory language in s.402.181(2), F.S. makes the following distinction necessary:

   (1) At the time the injury or damage occurred, if the child responsible was:

   (a) In shelter legal status [pursuant to a court’s shelter order], restitution up to $1,000.00 may be claimed.

   (b) In foster care legal status[pursuant to a court order granting custody to the CBC for placement in foster care], restitution up to $1,500.00 may be claimed.

   (2) The living arrangement, i.e., shelter or foster home or residential group care, has no bearing on the above distinction; it is based solely on the child’s legal status at the time the injury or damage occurred.

b. When a shelter parent, foster parent or other individual advises Family Safety staff of expenses they have incurred as a result of personal injury or property damage caused by a shelter or foster child, the staff members will:

   (1) Assist the claimant in completion of the Restitution Claim Form.

   (2) Ensure that the form is completed in its entirety and that legible receipts (or estimates) from a licensed vendor are attached.
(3) Review the circumstances of the claim and have the claimant sign the form.

(a) If the staff member reviewing the circumstances does not agree that the shelter or foster child was responsible for the injury or property damage, the staff member should note that opinion on the signature line.

(b) If the staff member reviewing the claim sees the circumstances from a different perspective than the claimant, the staff member’s perspective should be noted in writing on the form or an attachment. Example: A foster child and the biological child of the foster parent were playing in a rough manner and, as a result, the table lamp was knocked over and destroyed. The foster parent might believe that the foster child was at fault because the foster child was older and started the rough play. The staff member might believe that both children were equally at fault. In this case, the staff member would note his or her perspective of the circumstances before signing the form.

(4) The claim must be filed by the claimant, in writing (see appendix A to this operating procedure, Restitution Claim Form), with Our Kids, within 120 days of the occurrence upon which the claim is based.

c. The claimant is not required to submit a claim to his or her homeowner’s insurance company for primary coverage of the expenses.

d. The staff member must advise the claimant that it is improper (fraudulent) to request reimbursement from the Institutional Claims Fund and homeowner’s insurance for the same claim unless one is used to supplement the other. If homeowner’s insurance coverage is used, the Institutional Claims Fund may be used only to request restitution for any deductible amount and/or repair of damage the homeowner’s insurance coverage did not pay. Paperwork from the homeowner’s insurance must be included with the form and receipts. For example: If the damage cost $600 to repair and homeowner’s insurance paid $100 due to a $500 deductible, the $500 deductible could be claimed through Institutional Claims.

e. Claims that exceed $1,000.00 for children in shelter status, and $1,500.00 for children in foster care status require legislative approval. The staff member should assist the foster parent or other claimant in contacting his/her state legislative representative, if necessary. The representative can be referred to section 402.181(2), F.S. for the statutory reference to the necessary legislative approval.
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INSTITUTIONS CLAIMS
RESTITUTION CLAIM FORM

This document must be completed and submitted by the state agency filing a claim on behalf of an individual for restitution of direct medical expenses and/or property damage up to $1,500 caused by foster children, or direct medical expenses and/or property damage up to $1,000 caused by shelter children, or escapees or inmates of state institutions under the Our Kids Providers.

Please type or print legibly and complete all numbered items. Mail this completed document to the address shown on page 2.

1. Date of Incident:

2. Name and address of the claimant (the person who suffered personal injury or property damage).
   Name:
   Address:
   City/State: ZIP
   Home Telephone:       Work Telephone:
   Social Security Number:

3. If the claimant is a child, incompetent, deceased or otherwise incapable of preparing the claim, give the following information on the person who will receive the restitution payment on behalf of the claimant:
   Name:
   Address:
   City/State: ZIP
   Home Telephone:       Work Telephone:
   Social Security Number:
   The relationship to the claimant:
   _____ Parent       _____ Legal Guardian       _____ Estate Representative       _____ Other
   If “Other”, explain:

4. Give a brief statement of the facts upon which the claimant seeks restitution for injury or damages, or attach your agency incident report. Include sufficient information to establish that the person causing the injury or property damage was an inmate, escapee, patient, shelter or foster child. Include the full name(s) of the person(s) causing the injury or damage.

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Appendix A to OKOP 175-60
5. Name and address of the facility under Our Kids Provider at which the child in custody, inmate, escapee or patient was assigned at the time of the claimant’s injury or property damages. For claims resulting from the actions of shelter or foster children, indicate Provider and case worker.

Name of Facility: __________________________________________________________________________
Chief Administrative Officer or Case Worker: ___________________________________________________
Address: _________________________________________________________________________________
City/State: ZIP ___________________________________________________________________________
Telephone: _______________________________________________________________________________

6. Total amount of damages to property: $___________________ (Attach itemized receipts or estimate of repair)

7. Total amount of direct medical expenses: $ _____________________________ (Attach itemized receipts)

8. Statement of Claimant

By my signature, I certify that all information contained herein is accurate, based upon my direct and personal knowledge.

__________________________________________________    ___________________
Signature of Claimant or Claimant’s Representative     Date

9. Statement of Agency Representative

I am aware of the circumstances regarding this incident and I believe the information contained herein is accurate to the best of my knowledge.

___________________________________________________   ___________________
Signature           Date

Print Name: _________________________________________________________________________________
Position: __________________________________________________________________________________
Telephone: __________________________________________________________________________________

INSTRUCTIONS:

The claim must be filed in writing with the Office of Our Kids within 120 days of the occurrence of the physical injury or damage upon which the claim is based. Failure to file within the prescribed time frame will result in denial of the claim.

It is the responsibility of the state agency to ensure that all information necessary to determine eligibility is provided.

In order to protest a decision of the Office, the claimant shall request a hearing, in writing, within 60 days following the date of the claim notice, pursuant to the provisions of Section 120.57, Florida Statutes, and Chapter 28-5, Florida Administrative Code.
EXIT INTERVIEWS WITH CHILDREN

In Licensed Facilities, Residential Group Care and Family Foster Homes

1. **Purpose.** This operating procedure outlines the Department of Children and Families (DCF) Our Kids, and/or Full Case Management Agency (FCMA) policy regarding interviews with children upon their exit from a licensed facility, residential group care or family foster home. The purpose of the interview is to gain the child’s perspective concerning the safety and quality of care provided.

2. **Scope.** This operating procedure applies to all children in the custody of DCF and/or Our Kids who are exiting a licensed facility, residential group care or family foster home after 30 days of residence, and to FCMA’s staff in Miami-Dade and Monroe counties.

3. **Definitions for The Purposes Of This Operating Procedure.**
   
a. Child Exit Interview means the process of directing a specific set of questions to a child who has exited a licensed facility, residential group care or family foster home.

   b. Child Exit Interview Form means the specific set of questions designed for use with children from age 5 through 11 and age 12 through 18. (See appendices A and B to this Operating Procedure.)

   c. Placement pertains to child’s placement in a licensed facility, residential group home, or family foster home.

4. **General Requirements.**

   a. The child exit interview is to be considered anonymous but not confidential. This means the interviewer tells the child that the information shared by the child will eventually reach the foster parent, and facilities administrators; however, the child’s name will not be attached to that information. Even though the foster parent and facilities administrators may be able to determine the child’s identity, it is important for foster parents and facilities administrators to have the information so that they know how children are responding to the care they provide.

   b. Children ages 5 through 18 must be interviewed if they have resided in the home/placement 30 days or more.

   c. The interview must be conducted within five days of the child’s exit from the home/placement.

   d. The interview shall not be conducted in the home/placement from which the child just exited. It must take place in a setting where the child feels comfortable and where the conversation can be considered private.
October 12, 2006

OKOP 175-61

The interviewer should ask the child questions and write the child's answers verbatim as much as possible. The child must not be given the form to complete. An audio tape of the interview may be made with the child's consent in order to facilitate a complete transcription of the child's responses.

If the child is non-verbal or unresponsive, the interviewer may gently persist but should reschedule the interview if the child becomes upset or exhibits other behaviors of concern.

Interviewers must be careful not to influence or lead the child in answering the questions through positive or negative facial expressions, body language or comments. Thanking the child for answering the question will encourage the child to answer, but not bias the responses. FCMAs may want to provide in-service training for staff on objective interviewing.

Interviewers must record any observations about the child's physical appearance or emotional state (positive or negative) that seem significant to the interview process.

If the child alleges abuse, neglect, or any maltreatment during the exit interview, the interviewer is mandated to make an immediate report to the Abuse Hotline. Once the report to the Abuse Hotline has been made, the designated Our Kids Licensing Specialist must be contacted. If the child reports issues regarding the quality of care that does not rise to the level of abuse, neglect or maltreatment, the interview must report these issues to the designated Our Kids Licensing Specialist.

A child whose exit from the home is due to running away will be temporarily exempt from the exit interview. Upon the child's return, efforts must be made to interview the child, regardless of the child's length of time in the home, to rule out unfavorable conditions in the home contributing to the child's runaway.

A summary of exit interviews conducted shall be sent to the Department of Children and Families Office of Family Safety as requested by that office.

5. Response and Follow-Up Requirement. Our Kids, and/or FCMAs will designate staff to coordinate appropriate response to both positive and negative feedback from the child exit interviews. Guidelines are as follows:

a. If the child indicates the quality of care he/she received was above average or exceptional, this information should be purposefully shared with the foster parents as positive reinforcement for their efforts. This may be accomplished in a variety of ways:

   (1) Positive responses may be shared with foster parents during home visit or by letter or phone call.

   (2) Positive responses may be summarized in writing on a quarterly or annual basis and shared with the foster parent.

b. If the child indicates the quality of care needs improvement, a careful assessment of the child's feedback should follow. An assessment involves consideration of the following:

   (1) Child's responses to the interview questions;
October 12, 2006

(2) Child’s developmental level and special needs;

(3) The foster parent(s’) response to the issue(s) raised;

(4) Observations obtained from all staff who has visited in the home within the previous 6 months;

(5) Feedback obtained from other foster children who may have exited the same foster home within the previous 6 months; and,

(6) Feedback obtained from any other relevant sources, e.g., teachers, therapists, guardians ad litem, if applicable.

c. When a safety or quality of care issue raised by the child is supported by other information, the full case management agency must develop a corrective action plan. The type of corrective action can range from providing more intense supervision/support/training for the foster parent to a more formal corrective action plan or a recommendation for revocation of the license, if appropriate. Decisions about the type and manner of response must take into account:

(1) The seriousness of the issue raised by the child.

(2) Protection of the child’s anonymity.

(3) Any needs or concerns the foster parent may have expressed.

(4) The frequency and/or chronicity of the conduct or condition being addressed.

d. When corrective action is necessary, written follow-up within a pre-determined time frame not to exceed 90 days must occur.

6. Documentation Requirements. The completed interview form, and Our Kids, and/or FCMA’s response, if any, and follow-up tasks must be placed in the:

a. Child’s case record. The form must be sent to the respective Regional Hub, where it will be scanned and e-mailed to the Regional Manager for review. The original will be filed in the case record.

b. Licensing records. The interview form must be shared with licensing staff and placed in the foster parent’s licensing file with the child’s name redacted.

c. Youth exit interview summaries will be sent to the Our Kids Regional Managers on a quarterly basis. The summary will include but not be limited to:

(1) The number of youth who should have been given an exit interview, by month.

(2) The number of youth who completed an exit interview, by month.
(3) The percent of youth interviewed who reported they were satisfied with the placement by month.

(4) The percent of youth interviewed who reported they felt safe in the placement, by month.

(Signed original copy on file)

Frances P. Allegra, Executive Director
DIRECTIONS FOR FCMA REPRESENTATIVE CONDUCTING AN EXIT INTERVIEW FOR FOSTER CHILDREN: AGES 5 - 11

♦ This foster child exit interview does not need to be completed unless the child has resided in the home thirty(30) days or more.

♦ This is an interview that is to be conducted by a Family Safety and Preservation staff member with the foster child. Explain to the child the purpose of the interview is to make sure children are living in safe homes, to help foster parents do their best and to find a home they will feel good about.

♦ Prior to the interview, the full case management agency staff member will select the time and location of the interview. The interview should be done in a location that provides the staff member and child an opportunity to talk privately without placing the staff person at risk for allegations.

♦ The interview cannot take place in the home the child has just exited.

♦ The full case management agency staff conducting the interview should read the questions to the child and write the responses on the interview form. An audio tape of the interview may be made with the child’s consent in order to facilitate a complete transcription of the child’s responses.

♦ If the child is non-verbal or unresponsive, the interview will be cancelled and the child will be exempt from the interview.

♦ If during the interview the child becomes visibly upset about the questions being asked, then the full case management agency staff should consult with the child’s therapist before proceeding with the interview.

♦ Interviews must be careful not to influence or lead the child in answering the questions through positive or negative facial expressions, body language, or comments. Thanking the child for answering the question will encourage the child to answer but not bias the responses.

♦ Interviewers should record enough detail regarding a child’s comments to ensure it is in the context of the child’s age and individual circumstances regarding things such as bedtimes, chores, privileges, etc.
♦ Children who have medical or mental conditions that prevent them from being able to comprehend or answer all of the questions will be exempted from this interview process. However, efforts should be made to determine the quality of their care in any home/placement they leave through other means, such as, unannounced visits to the home/placement. (This also is true for children under 5 years of age.)

♦ Interviewers may record any additional observations about the child’s physical appearance or emotional state (positive or negative) that seem important.

♦ If during the interview the child reports an event that would require a call to the Hotline, the interviewer/full case management agency employee, is mandated to report it to the Hotline. Once the report to the abuse hotline is made, the designated Our Kids Licensing Specialist must be notified. If the child reports issues regarding the quality of care that does not rise to the level that requires notification to the Hotline, the interviewer must report these issues to the designated Our Kids Licensing Specialist.

♦ The full case management agency staff should ensure that the original interview form is sent to the respective Regional Hub, where it will be scanned and e-mailed to the Regional Manager for review. The original interview form will be filed in the case record and a copy should be placed in the foster parent’s licensing file with the child’s name redacted.

♦ *If a child who is three or four years of age is considered to be a good candidate for this interview, the interview may be conducted.

Thank you for your time, effort and cooperation in obtaining valuable feedback for foster parents, FCMA’s and for Our Kids.
EXIT INTERVIEW
FOR FOSTER CHILDREN
AGES 5 - 11

1. How happy were you living in this foster home?
   Circle: Very Happy  Happy  Neither Happy or UnHappy  Unhappy Very Unhappy
   Why?

2. Who lived in the home with you?
   Were they nice to you? Circle: Yes No

3. What did you do together as a family?

4. What kinds of food did you eat? When and where did you eat?

B-8
5. Tell me something about bedtime?

6. What did you like the best about living in this home/placement?

7. Was there anything you did not like about living in this home/placement?

8. If you did something good, like pick up your toys, what happened?

9. If you did something you were not supposed to do, what happened?

10. Why did you leave the home/placement of ___________ and __________? (insert foster parents’ or placement names)

11. Do you think this home/placement is a good place for children? Circle: Yes No

12. Did you feel safe living with the other people in this home/placement? Circle: Yes No
13. Is there anything else you would like to tell me about living in this home/placement?


Interviewer’s Observations:

______________________________  ________________________
Interviewer’s Signature          Date

______________________________  ________________________
Interviewer Supervisor’s Signature Date
DIRECTIONS FOR THE FAMILY SAFETY AND PRESERVATION REPRESENTATIVE CONDUCTING AN EXIT INTERVIEW FOR FOSTER CHILDREN: AGES 12 - 18

♦ This foster child exit interview does not need to be completed unless the child has resided in the home thirty (30) days or more.

♦ This is an interview that is to be conducted by a full case management agency staff member with the foster child. Explain to the child the purpose of the interview is to make sure children are living in safe homes, to help foster parents do their best and to find a home they will feel good about.

♦ Prior to the interview, the full case management staff will select the time and location of the interview. The interview should be done in a location that provides the staff member and child an opportunity to talk privately without placing the staff person at risk for allegations.

♦ The interview must not take place in the home the child has just exited.

♦ The full case management agency staff conducting the interview should read the questions to the child and write the responses on the interview form. An audio tape of the interview may be made with the child’s consent in order to facilitate a complete transcription of the child’s responses.

♦ If the child is non-verbal or unresponsive, the interview should be cancelled and the child will be exempt from the interview process.

♦ If during the interview the child becomes visibly upset about the questions being asked then the full case management agency staff should consult with the child’s therapist before proceeding with the interview.

♦ Interviewers must be careful not to influence or lead the child in answering the questions through positive or negative facial expressions, body language or comments. Thanking the child for answering the question will encourage the child to answer but not bias the responses.

♦ Interviewers should record enough detail regarding a child’s comments to ensure it is in the context of the child’s age and individual circumstances regarding things such as bedtimes, chores, privileges, etc.

♦ Children who have medical or mental conditions that prevent them from being able to comprehend or answer all of the questions will be exempted from this interview process. However, efforts should be made to determine the quality of their care in any home they leave through other means, such as, unannounced visits to the home. This also is true for children under 5 years of age.

♦ Interviewers may record any additional observations about the child’s physical appearance or emotional state (positive or negative) that seem important.
♦ If during the interview the child reports an event that would require a call to the Hotline, the interviewer/full case management agency employee, is mandated to report it to the Hotline.

♦ The full case management agency should ensure that the original interview form is placed in the foster parent licensing file with the child’s name redacted, with one(1) copy going to the child’s case record and one(1) copy to the designated Our Kids administrator.

Thank you for your time, effort and cooperation in obtaining valuable feedback for foster parents, FCMA’s and Our Kids.
Name of Person Conducting the Interview: __________________ Date ____________

Location of Interview ____________________________________________________________________________________

Name of Foster Parent(s): __________________________________________________________________________________

Child’s Length of Stay in the Home/Placement: ________________________________________________________________

Date of Removal from This Home/Placement: __________________________________________________________________

Number of Foster Home/Placements: __________________________________________________________________________

District & County of Foster/Shelter Home: ______________________________________________________________________

Date of Removal from Biological Home/Placement: _______________________________________________________________

Child’s D.O.B.: __________________________________________________________________________________________

EXIT INTERVIEW
FOR FOSTER CHILDREN
AGES 12 - 18

1. Did the foster parent make you feel welcome and help you to feel comfortable when you arrived in the home/placement? Circle: Yes No
How? ________________________________________________________________________________________________

2. Do you believe you were treated fairly in this home/placement? Circle: Yes No
(For example: treated like a family member, able to express your concerns, treated about the same as other children, keeping in mind age and other individual factors.)
Why? ________________________________________________________________________________________________

3. Do you think living in this foster home/placement helped you in any way? Circle: Yes No
Why? ________________________________________________________________________________________________

4. What was the best thing about living in this home/placement?
_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

B-8
5. If there was one thing in the home/placement you could change, what would it be?

6. Did you feel safe in this home/placement? Circle: Yes  No
   (Did you feel safe living with the other people in the home/placement? Did you feel safe in the neighborhood?)
   Why/Why not?

7. If you did not feel safe, did you tell anyone?  Who?

8. Give me an example of discipline/punishment used in this home/placement?

9. Give me an example of rewards or praise used in this home/placement?

10. How did your foster parent(s)/staff show concern for you?

11. How were other children treated in this home/placement?

12. Did you ever ask to call your parents or other family members and were told no? Circle:  Yes  No  If yes, explain:

13. Did you ever ask to call your FCMA’s counselor and were told no? Circle:  Yes  No  If yes, explain:

14. Did you want to leave this home/placement? Circle: Yes  No  Why?

15. Why do you think you are leaving the home/placement?
16. Was there anything the FCMA could have done to make this home/placement better?

17. Do you have a Guardian Ad Litem? Circle: Yes No
   If yes, go to Number 18. If no – go to 19.

18. Did you ever ask to call your Guardian Ad Litem and were told no? Circle: Yes No
   If yes, explain:

19. Is there anything else you would like to tell me about your time in this home/placement?

20. How were you prepared or made ready to leave this home/placement?

21. Do you think this home/placement is a good placement for children to live? Circle: Yes No

22. Overall, how satisfied were you living in this home/placement? Circle one: Very Satisfied; Satisfied; Neither Satisfied or Unsatisfied; Unsatisfied; Very Unsatisfied
Interviewer's Observations:

________________________________________  ________________________
Child's Signature      Date

________________________________________  ________________________
Interviewer's Signature     Date

________________________________________  ________________________
Interviewer's Supervisor's Signature    Date
EXIT INTERVIEW FOR FOSTER CHILDREN

(ADDENDUM)

AGES 9 - 18

1. Do you feel that you were given plenty of food in this home/placement? Circle: Yes No

   If yes, explain:
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________

2. Do you feel that you had enough clothing in your size to wear in this home/placement? Circle: Yes No

   If yes, explain:
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________

3. Do you feel that you were taken care of in this home/placement when you were sick or had an accident? Circle: Yes No

   If yes, explain:
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________

_____________________________  ________________________
Child’s Signature      Date

_____________________________  ________________________
Interviewer’s Signature   Date

_____________________________  ________________________
Interviewer’s Supervisor’s Signature   Date
1. Did you have plenty of food in this home/placement? Circle: Yes No

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

2. Did you have enough clothes that fit you to wear in this home/placement? Circle: Yes No

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

3. Were you taken care of in this home/placement when you got sick or had an accident? Circle: Yes No

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

4. Did you ask to call your FCMA Counselor and were told no? Circle: Yes No

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

5. Did you ask to call your Guardian Ad Litem (GAL) and were told no? Circle: Yes No

______________________________________________________________________________________________________
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6. Did you ask to call your parents or other family members and were told no? Circle: Yes No

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

________________________________________  ________________________
Child’s Signature      Date

________________________________________  ________________________
Interviewer’s Signature     Date

________________________________________  ________________________
Interviewer’s Supervisor’s Signature    Date
Family Safety and Preservation

THE PREVENTION AND PLACEMENT OF CHILD VICTIMS AND AGGRESSORS INVOLVED IN CHILD-ON-CHILD SEXUAL ABUSE, SEXUAL ASSAULT, SEDUCTION OR EXPLOITATION IN SUBSTITUTE CARE

1. **Purpose.** This operating procedure establishes procedures and safeguards for identifying and assisting children in substitute care who are known alleged juvenile sexual offenders, sexual aggressors, or sexually reactive children, or who are known victims of sexual abuse. This operating procedure is to ensure that the needs of children in substitute care are taken into account when determining assessments, services, and placements. Careful attention to the needs of children in substitute care and associated risk factors can reduce the potential for further child-on-child sexual abuse, sexual assault, seduction or exploitation.

2. **Scope.** This operating procedure applies to all districts and authorized agents of the department involved with the placement and care of children in out-of-home care.

3. **Authority.**
   b. Sections 409.145 and 409.165, Florida Statutes.

4. **Explanation of Terms.** For the purposes of this operating procedure, the following definitions shall apply:
   a. “Alleged juvenile sexual offender,” as defined by s. 39.01, F.S., means:
      (1) A child 12 years of age or younger who is alleged to have committed a violation of chapter 794, chapter 796, chapter 800, s. 827.071, or s. 847.0133; or,
      (2) A child who is alleged to have committed any violation of law or delinquent act involving juvenile sexual abuse. “Juvenile sexual abuse” means any sexual behavior, which occurs with or without consent, without equality, or as a result of coercion. Juvenile sexual behavior ranges from noncontact sexual behavior such as making obscene phone calls, exhibitionism, voyeurism, and the showing or taking of lewd photographs to varying degrees of direct sexual contact, such as frottage, fondling, digital penetration, rape, fellation, sodomy, and various other sexually aggressive acts.

OPR: PDFS
DISTRIBUTION: X(electronic distribution): OSES; OSLS; ASGGS; Family Safety and Preservation staff; and Auditor General. Paper copies to Professional Development Centers.
b. “Assessment” means the gathering of information for the evaluation of a child’s physical, psychological, educational, vocational, social condition and family environment as they relate to the child’s needs for rehabilitative and treatment services, including substance abuse treatment services, mental health services, medical services, family services, and other specialized services, as appropriate.

c. “Substitute care” means any child in the care and custody of the department in an out-of-home placement, which includes relative caregivers.

d. “Sexual abuse of a child” means one or more of the following acts:

   (1) Any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is emission of semen.

   (2) Any sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.

   (3) Any intrusion by one person into the genitals or anal opening of another person, including the use of any object for this purpose, except that it does not include any act intended for a valid medical purpose.

   (4) The intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of either the child or perpetrator, except that it does not include:

      (a) Any act which may reasonably be construed to be a normal caretaker responsibility, an interaction with, or affection for a child; or,

      (b) Any act intended for a valid medical purpose.

   (5) The intentional masturbation of the perpetrator’s genitals in the presence of a child.

   (6) The intentional exposure of the perpetrator’s genitals in the presence of a child, or any other sexual act intentionally perpetrated in the presence of a child, if such exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation, or other similar purpose.

   (7) The sexual exploitation of a child, which includes allowing, encouraging, or forcing a child to:

      (a) Solicit or engage in prostitution; or,

      (b) Engage in a sexual performance, as defined in chapter 827.


   a. If the alleged juvenile sexual offender or the victim is in substitute care, the local department administrator or appropriate administrator of a contract provider will be notified and will ensure that the assigned counselor is involved in the response. If the child has a mental health therapist, the therapist will be involved in the assessment process and interviews of the child if this can be accomplished
without delaying the investigation. If there is no mental health professional providing services to either child, a mental health assessment of each child is required with recommended follow-up.

b If a juvenile sexual offender or child-on-child sexual abuse incident occurred or is suspected to have occurred, immediate consideration will be given to the safety of all children residing in the placement. The protective investigator, the assigned counselor(s), child protection team (CPT), child(ren)'s therapist (if assigned) and staff responsible for placement will work together to determine the most appropriate placement(s) for all child(ren) in the placement who may need to be moved.

c. The investigator, the assigned counselor(s), CPT and the child(ren)'s therapist (if assigned) will determine if immediate services are needed to stabilize/support the child(ren) involved or the placement in which they live and complete the investigation.

6. Placements for Children in Substitute Care Who May Be Sexual Victims or Aggressors. Not all victims of sexual abuse become sexually aggressive towards others, however the possibility does exist. Placement needs and risk factors must be considered when selecting placements for children who have been sexually victimized or who are sexually aggressive.

a The following procedures will be followed to ensure appropriate placement and treatment for victims of child-on-child sexual abuse and children who are sexually aggressive towards others:

(1) For initial out-of-home placements, the family services counselor or provider agency case manager who refers a child to foster care will complete the Service Planning Conference Checklist (attachment B), or gather like information. Information, as outlined in paragraph 6c below, will alert professionals and caretakers to special precautions to consider and help determine the most appropriate placement and treatment needs for a child. Services and/or supports for the child and/or caregiver which serves to strengthen the placement will be assessed and obtained, if needed.

(2) For subsequent placements, the family services counselor must consider placement needs and risk factors when selecting subsequent placements for a child who has been sexually victimized or who is (or has been) sexually aggressive. Information, as outlined in paragraph 6c below, will be used to determine if additional services and/or supports are needed to strengthen the new placement and avoid another placement disruption.

b Family Services Counselors will follow the guidelines outlined in paragraph 7 below ("Prevention of Child-on-Child Sexual Abuse") when placing a child(ren) currently involved in a child-on-child sexual abuse incident.

c If any child in substitute care is identified as having been sexually abused or as having a history of being sexually aggressive, the family services counselor will gather and consider all available pertinent historical information before selecting a placement. This information will include, but is not limited to, the following:

(1) Information related to the child’s abuse history (FAHIS, CIS and Risk Assessment), previously completed Service Planning Conference Checklist(s), previous assessments or evaluations, treatment, support services, forensic/disclosure interviews (completed by Child Protection Team), placement recommendations, and progress related to treatment goals.
(2) The sexual behavior, family dynamics and vulnerabilities (developmental disabilities, physical disabilities, age, physical size) of all family members living in the home must be given thorough consideration when matching a sexually abused or sexually aggressive child to a substitute care placement.

   d If any child in substitute care has been identified as being a victim of sexual abuse or has a history of being sexually aggressive, but has not had a clinical consultation with a professional trained in childhood sexual abuse, a referral will be initiated by the assigned family services counselor or their supervisor within three working days (of the child being identified). The consultation will address the treatment, service and placement needs of the child and will yield a written report to be filed in the child’s file.

The following safeguards must be used when placing a child known to be a sexual abuse victim or a sexual aggressor:

   a Older sexual abuse victims shall not be placed with younger children, if treatment agents or therapists indicate in writing that it is not safe to do so.

   b Family Safety and Preservation staff must provide caregivers (current and potential) with written, detailed and complete information related to sexual abuse victims and aggressors placed with them so they can prevent the reoccurrence of child-on-child sexual abuse incidents. The information given to caretakers must include, but is not limited to, the date of the sexual abuse incident(s), type of abuse, brief narrative outlining the event, type of treatment the child received and outcome of the treatment. If the child is currently in treatment when placed with the caregiver, contact information for the treatment provider must also be provided.

   c Every effort must be made to place sexually aggressive children in homes where there are no other children. A sexually aggressive child shall never be placed in a bedroom with another child. Children age 5 or younger may be placed in homes with other children, if they are the youngest child living in the home. Consideration must be given to the sexual behavior and vulnerabilities of the other children in the placement, e.g., mental handicap, physical disability, chronic illness, and physical size, age.

   d Substitute caregivers for sexually abused and sexually aggressive children must be given specific information and strategies to provide a safe living environment for all of the children living in their home.

   e The caregiver must have access at all times to a family services counselor, supervisor, or provider agency serving the same function, if assistance is needed.

   f. Family Safety and Preservation staff or a provider agency serving the same function and the caregiver must outline together a plan of care for a sexually abused child or a sexually aggressive child to manage any issues identified in the child’s history and assessments. The information outlined in paragraph 6c above will provide a basis for this child-specific safety plan.
The following “house rules” are recommended when sexually victimized and sexually aggressive children are in substitute care placements:

1. The children and the caregivers must be made aware of these rules and their purpose.
2. A child who has been sexually abused shall be placed in a private bedroom until the child becomes better known to the caregivers. If this is not possible, the child must be monitored very carefully and frequently by the caregivers until a reduction in supervision is determined to be appropriate.
3. Never place a sexually aggressive child in a bedroom with another child.
4. Limit access to bedrooms by establishing and enforcing ground rules on who is allowed to visit whose bedroom and under what conditions.
5. Establish rules regarding bathroom utilization (one family member uses the bathroom at a time with the door fully closed).
6. Establish a dress code which outlines the type of clothing acceptable, where it is acceptable and with whom present (not walking around the house in underclothes or pajamas).
7. Establish reasonable guidelines concerning what level of supervision (auditory, visual, in the same room) is required for persons living in the home.
8. Appropriate physical boundaries and interactions with others are modeled and enforced by caregivers for the children placed with them (requesting and refusing affection/hugs, greetings and good-byes).
9. The caregivers will encourage, model and support open communication among family members about important events occurring in the home. No secrets allowed.

The Family Safety Contract (attachment A) is recommended for use with a substitute caregiver when a child known to have been sexually victimized or a child who is sexually aggressive is placed with them.

(Signed original copy on file)

KATHLEEN A. KEARNEY
Secretary
FAMILY SAFETY CONTRACT

The ____________________________ Family agrees to the following rules designed for the protection of children in our care.

PREVENTION RULES

1. Caregivers will enforce and discuss, if appropriate, the following prevention rules with all family members living in their home.

2. Caregivers will establish reasonable guidelines concerning what level of supervision (auditory, visual, in the same room) is required for persons living in the home. Sexually victimized and sexually aggressive children newly placed with caregivers will require at least visual supervision until they become better known to the caregivers.

3. The following people are approved to supervise contact between the children:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

4. ________________________________ must have his/her own room.

5. ________________________________ may never be placed in a bedroom with a younger child.

6. Older children will never be responsible for baby-sitting or supervising younger children.

7. Caregivers will model and enforce appropriate physical boundaries among family members living in the home. Physical affection between children should be brief, and should avoid bodily contact, such as lying together or sitting on laps.

8. Caregivers will limit access to bedrooms by establishing and enforcing ground rules on who is allowed to visit whose bedroom and under what conditions.

9. Children will never be together in a bedroom or bathroom behind closed doors.

10. One family member uses the bathroom at a time with the door fully closed.

11. All family members will sleep in their own beds.

12. All family members bathe, shower, and toilet separately.
March 8, 1999

13. Family members will respect personal space, such as knocking before entering a room.

14. Caregivers will establish a dress code which outlines the type of clothing that is acceptable and under what circumstances.

15. Caregivers will encourage, model and support open communication among family members about important events occurring in the home. No secrets among family members allowed.

16. No pornography (magazines, pictures, or video) in the home.

INTERVENTION STRATEGIES

1. In the event that prevention measures break down and child-on-child sexual abuse occurs or appears to be imminent, caretaker will immediately.
   
   Separate the children.
   Report the incident to the child(ren)’s caseworker(s), and to the Abuse Hotline.
   Cooperate with authorities conducting an investigation.

2. Some additional and more specific rules that apply to our family based on the child’s known history and high risk factors:

   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

SIGNATURES:

Caregiver: ____________ Date: ________ Other: ________________ Date: ____________

Caregiver: ____________ Date: ________ Other: ________________ Date: ____________

Family Service Counselor: ________________________________ Date: ____________

Family Service Counselor Supervisor: ________________________ Date: ____________
# SERVICE PLANNING CONFERENCE CHECKLIST

*The form also serves as a Mental Health/Substance Abuse/Development Services screening instrument.*

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<th>Date of Conference</th>
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<th>Referral Form:</th>
<th>Referral To:</th>
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<th>Program/Unit Number</th>
<th>Program(s) Unit Number(s)</th>
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<tr>
<th>Child(ren)'s</th>
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<th>Sex/Race</th>
<th>School/Grade</th>
<th>Current Location of Child</th>
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<th>Social Security</th>
<th>Telephone</th>
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1. Give reasons for referral to service program(s)
2. List prior/current services rendered to family.

3. Indicate legal status: _____ Voluntary _____
   Future Hearing Dates/Types ________________________________

4. List alternate placements explored. List names of agencies/relatives, address, dates of contact and finding(s)

5. Provide family/child(ren) financial information (AFDC, SSI, SSA, Other Specify):

   Name and Phone

6a. Guardian ad litem appointed? ___Yes ___No ______________________

   b. Guardian advocate or other court appointed advocate? ___Yes ___No ______________________

7a. Has referral been discussed with family? ___Yes ___No
   b. Do they understand reason for the referral? ___Yes ___No
   c. Will they accept services? ___Yes ___No

ITEMS BELOW MUST BE COMPLETED FOR THE CHILD AT THE INITIAL SERVICE PLANNING CONFERENCE AND AGAIN AT THE TIME OF EACH SUBSEQUENT PLACEMENT.
8. If the child(ren) is/are part of a sibling group needing out-of-home placement, describe any obstacles that will need to be resolved in order to place the siblings together.

9. If the child has been a known victim of sexual abuse or has been a known sexual offender, describe when, where, how often and the specific circumstances involved.

b. If the child has acted out sexually, engaged in inappropriate sex play for age and maturity or demonstrated a premature understanding of sex, describe circumstances.

c. Additional information regarding a pertinent behavior or condition listed in item 9 which affects the child or parent.

10. When one or more of the behaviors/conditions in item 9 are present they require special consideration for case planning and placement (if applicable). For example: the case child needs out-of-home placement, the plan must specify the child’s daily supervision needs and in addition must specify how the caretaker will assure the safety and protection of the victim/offender as well as any other children in the home.

a. Based on the behaviors/conditions in item 9, special case planning considerations are:

b. Based on the behavior/conditions listed in item 9, special placement considerations are:

11. If this is a subsequent placement for the child, what information concerning prior placement history is significant in selecting a new placement? Use separate sheet if necessary.
This page from the Service Planning Conference Checklist will also serve as an attachment to the child's case plan.

12. Health and Education Information. Federal regulations require the child's health and education records to be attached to the case plan and to be updated at the time of each placement. To meet this requirement, the counselor must complete the following information. If any of the information below is not applicable, not available or not accessible, explain in the spaces below each item.

a. The names and address of the child's current health provider are:

b. The child's immunization record is attached to this form. Yes or No (Circle One) If the child's immunization record is unavailable or inaccessible, explain below and indicate where the record can be located:

c. The child's known medical problems including allergies are:

d. The child's current medications are:

e. Glasses/prosthetics/other:

f. Other relevant health information:

g. Name, grade level and location of child's current or last school attended:
h. Child is working at, above, below, (circle one) grade level.

i. The child's school record, e.g., last report card and/or last testing result is attached to this form. If the child's school record is unavailable or inaccessible, explain below and indicate where the record can be located.

j. Other relevant educational information:

13. To ensure the use of all available information in case planning and placement planning, the following background information must be attached. Check all attached reports:

   FAHIS ________ CIS ________ Risk Assessment ________

14. Staff responsible for the special case planning and placement planning as described in item 10.a and b. This includes disclosure of all available information to the child's caretaker.

   Name_____________________________ Unit___________________________

15. Describe program - specific service plan (who, what, when, where, how):

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________


   ______Referral to        ______Approved        ______Not Approved
   Program
Reason Not Approved: ____________________________________________________________

___________________________________________________________

___________________________________________________________

17. Services will be initiated by: _____________ Date

18. Other Comments:

___________________________________________________________

___________________________________________________________

___________________________________________________________
Mental Health/Substance Abuse/Developmental Services Screening Instrument Please mark (X) whether the behavior or condition is present in the child and/or parent and whether is current (within the past year) or historical (present at one time, but not within the past year).

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<thead>
<tr>
<th>Child</th>
<th>Current</th>
<th>Historical</th>
<th>Parent</th>
<th>Current</th>
<th>Historical</th>
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<td>Alcohol use/abuse</td>
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<td>Arrests/criminal charges</td>
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<td>Running away</td>
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<td>Temper outbursts</td>
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<td>Truancy</td>
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<td>Suspension from work/school</td>
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<td>Bedwetting</td>
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<td>Soiling</td>
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<td>Victim of sexual abuse</td>
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<td>Sexual acting out</td>
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<td>Frequent physical complaints</td>
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<td>Mood swings</td>
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<td>Frequent crying</td>
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<td>Treatment for mental illness</td>
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<tr>
<td>Special education placement</td>
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<td>Suicidal tendency</td>
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<td>Physical aggression</td>
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<td>Verbal aggression</td>
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<td>Withdrawn behavior</td>
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<td>Harmful to animals</td>
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<td>Supervisor/Designee</td>
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<td>Signature of Receiving</td>
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<tr>
<td>Counselor/Investigator</td>
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<td>Counselor</td>
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<td>Signature of Other</td>
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<td>Signature of Supervisor</td>
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<tr>
<td>Participant</td>
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<td>Responsible for Placement</td>
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<td>Selection</td>
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<td>(FOR SUBSTITUTE CARE PLACEMENT ONLY)</td>
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<td>Signature of Other</td>
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<tr>
<td>Participant</td>
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</table>
RECOMMENDED SAFEGUARDS when placing a child known to be a sexual abuse aggressor or victim:

1. Older sexual abuse victims not placed with younger children unless indicated in writing by the therapist.

2. A sexual aggressor should be the only child placed in the home but if this is not possible or available, then this child must NEVER share a bedroom with another child.

3. Caregivers provided written, detailed and complete information regarding the child so to avoid a replication of those circumstances.

4. Child who is molesting the other children to be the youngest one placed in the home – only if no other homes available wherein they can be the only child.

5. Caregiver to have access to a Case Manager on the nights and weekends.

6. The Case Manager and the Caregiver will outline a plan of care for the child to handle any special management issues identified in the child’s assessment or history.
RECOMMENDED HOUSE RULES for sexually victimized and sexually aggressive children placed in foster homes:

1. The children and the caregivers must be made aware of these rules and their purposes.

2. A child who has been sexually abused shall be placed in a private bedroom until the child becomes better known to the caregivers. If not possible, child to be monitored very carefully and frequently.

3. Never place a sexually aggressive child in a bedroom with another child.

4. Limit access to bedrooms by establishing and enforcing ground rules on who is allowed to visit whose bedroom and under what conditions.

5. Establish rules regarding bathroom utilization (one family member uses the bathroom at a time with the door fully closed).

6. Establish a dress code which outlines the type of clothing that is acceptable and where and with whom.

7. Establish reasonable guidelines concerning what level of supervision is required for persons living in the home.

8. Appropriate physical boundaries and interactions with others are modeled and enforced by caregivers for the children placed with them (requesting and refusing affection/hugs, greetings and good-byes).

Caregivers to encourage, model and support open communication among family members about important events occurring in the home: no secrets are allowed.
FAMILY SAFETY FOSTER PARENT QUESTIONNAIRE

Counselor’s Name: _______________________________ FCMA: _________________________

Foster Parent’s Name: _________________________________________________________________
_________________________________________________________________

Child Profile:
1. Acceptable Age Range: __________   ______ Acceptable Sex:   Male and/or Female
   (Circle One or Both)

2. What hours are acceptable to contact you for placement: From _____AM to _____PM

3. I agree to accept children with the following characteristics: (Please check all that apply.)

- [] Sexual Offender
- [] Sexual Acting Out
- [] Self-Injury Behavior
- [] Sibling
- [] Drug
- [] History of Illegal Drug Use
- [] List of Alcohol Use
- [] Prescribed Medication
- [] Arrests/Criminal Charges
- [] Fire Setting
- [] Suspension From School/Work
- [] Victim of Sexual Abuse
- [] Victim of Sexual Violence
- [] Developmental Disability
- [] Eating Disorder
- [] Treatment for Mental Illness
- [] Suicidal Tendencies
- [] Physical Aggression
- [] Harmful to Animals
- [] Self-Injury Behavior
- [] ADD/ADHD (ADD-H)
- [] Homosexual
- [] Property Destruction
- [] Temper Outbursts
- [] Truancy
- [] Bedwetting
- [] Soiling
- [] Developmentally Delayed
- [] Sleep Disturbance
- [] Verbal Aggression
- [] Masturbation Behavior
- [] Pregnant Teen
- [] Pregnant Teen With Baby
- [] Lying
- [] Frequent Physical Complaints
- [] Mood Swings
- [] Frequent Crying
- [] Withdrawn Behavior
- [] Smokes Cigarettes
- [] Colic
- [] Wheelchair/Non-ambulatory
- [] Casts (broken bone injury)
- [] Teen Mom
- [] Frequent Family Visits
Other Characteristics:

- [ ] Bi-sexual
- [ ] Transsexual/Transvestite
- [ ] Special Medical Condition
- [ ] Running Away
- [ ] Stealing
- [ ] TPR'd
- [ ] Special Religious Conditions
- [ ] Allergies
- [ ] Other (Specify): ___________________

4. Will you take children with extreme behavior if the Department provides you with one-to-one supervision?

5. Is there any reason(s) why your foster home would not accept a child for placement? (Please explain.)

Person completing this questionnaire: ________________________________  ______________

Print Name  Tel. No.

A copy of the Characteristics and Definition Guidelines has been attached to this Family Safety Foster Parent Questionnaire
### CHARACTERISTICS AND DEFINITIONS GUIDELINES

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>Infancy</th>
<th>2 ½ to 5 years</th>
<th>5 to 11 years</th>
<th>11 years +</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male or Female</td>
<td></td>
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</tr>
<tr>
<td>Sexual Offender</td>
<td>N/A</td>
<td>N/A</td>
<td>Child has been sexually abused and repeats what has been done to him/her. More prevalent in males and symptoms are likely to be latent until adolescence.</td>
<td></td>
</tr>
<tr>
<td>Sexual Acting Out</td>
<td>N/A</td>
<td>Child displays behaviors that are sexually explicit, such as inappropriate touching of self and others in the mouth, genital area, breasts, etc. and / or child uses objects to touch self or others in a sexual manner.</td>
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<tr>
<td>Self-injury Behavior</td>
<td>N/A</td>
<td>Child exhibits or engages in behavior that causes physical damage to him/herself</td>
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<tr>
<td>Pending Therapeutic Placement</td>
<td>N/A</td>
<td>Child is waiting to be placed in a more intense placement due to the nature of his/ her mental health needs</td>
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<tr>
<td>Sibling Group</td>
<td>There is more than one child in the family.</td>
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<tr>
<td>Drug Use</td>
<td>N/A</td>
<td>N/A</td>
<td>Child uses over the counter or illegal drugs willfully to create an altered state in him/herself.</td>
<td></td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>N/A</td>
<td>N/A</td>
<td>Child uses alcohol willfully to create an altered state in him/herself.</td>
<td></td>
</tr>
<tr>
<td>Arrests / Criminal Charges</td>
<td>N/A</td>
<td>N/A</td>
<td>Behavior problems, non-compliant, often follows other children's behaviors, may be ungovernable and defiant, angry and aggressive.</td>
<td></td>
</tr>
<tr>
<td>Fire Setting</td>
<td>N/A</td>
<td>N/A</td>
<td>Child plays with matches; curiosity.</td>
<td>N/A</td>
</tr>
<tr>
<td>Suspension from School / Work</td>
<td>N/A</td>
<td></td>
<td>Child has been suspended from school for failure to perform in compliance with school rules and regulations, usually exhibiting behaviors that are disruptive and / or against the law.</td>
<td>Child has been suspended from school for failure to perform in compliance with school rules and regulations, usually exhibiting behaviors that are disruptive and / or against the law.</td>
</tr>
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<tr>
<td>Victim of Sexual Abuse</td>
<td></td>
<td>See sexual acting out above.</td>
<td>May be withdrawn depressed, fearful of relationships, mimics what has been done to him/her.</td>
<td>Preoccupation with self and sex; poor self image; issues of trust and building of relationships; preoccupation with sex; may seek numerous sexual relationships to validate worth; Depression; use of sex to control and dominate others; difficulty in handling and expressing their feelings; shame; feel different and that everyone knows; general adjustment disorders.</td>
</tr>
<tr>
<td>Victim of Sexual Violence</td>
<td></td>
<td>See above</td>
<td>See above</td>
<td>See above</td>
</tr>
<tr>
<td>Developmental Disability</td>
<td>Delay in developmental milestones corroborated by pediatrician and evaluations such as Denver Developmental Screening; fails to respond, laugh, make eye contact, babble, turnover, etc.</td>
<td>See infancy - Child does not respond according to age appropriate milestones, is not talking, feeding, exhibiting curiosity; falls easily;</td>
<td>IQ below 70. Unable to keep up with peers; Is able to learn with training that is broken down into small steps and takes a longer period of time to learn; does not generalize well across settings or activities.</td>
<td>See 11 years - requires special academic program commensurate with developmental level which should have been diagnosed earlier; can benefit from behavior management and special training commensurate with the severity of the disability; may manifest aggressive tendencies due to inability to make needs understood.</td>
</tr>
<tr>
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<tr>
<td>Eating Disorder</td>
<td>N/A</td>
<td>May only eat limited diet and not try new foods.</td>
<td>See 2 1/2-5 years; may vomit and purge; may hide food and overeat.</td>
<td>See DSM IV- R criteria; Child may be obese from overeating but if anorexic or bulimic will avoid and/or purge; uses laxatives; loss of weight; poor self-image and feelings of inadequacy; self-destructive behaviors.</td>
</tr>
<tr>
<td>Treatment for Mental Illness</td>
<td>N/A</td>
<td>RARE - child’s behaviors are aggressive or withdrawn and treatment should involve behavioral management, and/or therapeutic intervention in play therapy</td>
<td>Child shows symptoms such as isolation, defiance, aggression, assultive behavior, learning problems, difficulty in relating to peers and authority figures; school problems.</td>
<td>See DSM IV- R criteria; Child has had psychological and psychiatric evaluations with professional diagnosis based upon testing and symptoms that require therapeutic intervention in a residential or outpatient treatment setting with psychotropic medications. This applies to younger children as well. Academic placement is likely to be EH or SED.</td>
</tr>
<tr>
<td>Suicidal Tendency</td>
<td>N/A</td>
<td>Rare</td>
<td>See 11 + Years</td>
<td>Depression; Isolation; Withdrawn, hopelessness; may require one on-one supervision; Note changes in behavior; gives things away; anger is turned inward; needs psychotropic medication and individual treatment.</td>
</tr>
<tr>
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<tr>
<td>Physical Aggression</td>
<td>N/A</td>
<td>Hits, bites, scratches, temper tantrums; takes other children's toys.</td>
<td>Fighting, assaultive behavior.</td>
<td>Lacks anger control. Assaultive, fighting, ungovernable behaviors, refuses to listen to adult or authority figures; cannot get along with others in home or school; may have DJJ involvement. Poor peer relationships or gangs.</td>
</tr>
<tr>
<td>Harmful to Animals</td>
<td>N/A</td>
<td>Hits animals.</td>
<td>Performs acts that are injurious to animals.</td>
<td>See 5-11 years - endangers the lives of animals, may kill the cat or dog; harmful to pets as a manifestation of own anger and means of controlling another.</td>
</tr>
<tr>
<td>ADD /ADHD (ADD - H)</td>
<td>N/A</td>
<td>Difficulty concentrating; fails to listen, constantly in motion and will not listen.</td>
<td>Difficulty concentrating; hyperactive; may have difficulties in school, sleep disturbance.</td>
<td>See DSM IV -R criteria for all age groups. Attention deficit with or without hyperactivity will be evident on family relationships, peer relationships, academic performance and behaviors, always on the move - cannot sit still. Requires therapeutic intervention and medication, which must be monitored closely.</td>
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<tr>
<td>Homosexual</td>
<td>N/A</td>
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<td>Initiates same sex sexual relationships.</td>
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<tr>
<td>CHARACTERISTIC</td>
<td>Infancy</td>
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<tr>
<td>Bisexual</td>
<td>N/A</td>
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<td>Initiates both same and opposite sex relationships.</td>
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<tr>
<td>Transsexual / Transvestite</td>
<td>N/A</td>
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<td>See DSM IV -R criteria - person will dress and behave as a member of the opposite sex, e.g., boy dresses and acts like a female.</td>
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<tr>
<td>Special Medical Condition</td>
<td>Medical condition diagnosed by physician and requiring special treatment</td>
<td>See Infancy</td>
<td>See Infancy</td>
<td>See Infancy - Child has been diagnosed with an acute or chronic medical condition that requires specialized medical treatment and medications and/or special training and skills in order to meet the child's individual medical and psychosocial needs competently. HIV + children to be referred to Project Smiles.</td>
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<tr>
<td>Running Away</td>
<td>N/A</td>
<td>N/A</td>
<td>At this age or younger, it is most likely that the parent will abscond with the child.</td>
<td>Child has a history of leaving the designated placement, not informing anyone of his/her whereabouts. Behavior is often defiant, aggressive and ungovernable with poor self-image and poor academic performance. PUO must be issued within 24 hours and agency must maintain current photograph, demonstrating efforts to locate the child.</td>
</tr>
<tr>
<td>Stealing</td>
<td>N/A</td>
<td>N/A</td>
<td>Child takes other people's possessions without asking</td>
<td>See 5-11. Child may deny taking things: may shop lift; at this age level, the child may develop or have a DJJ history for theft.</td>
</tr>
<tr>
<td>Property Destruction</td>
<td>N/A</td>
<td>N/A</td>
<td>Child expresses anger through damage to material objects or to home.</td>
<td>At this age property destruction may escalate to vandalism without regard to what is right or wrong or any remorse or concern for consequences. It may be acting out of anger and rage, too.</td>
</tr>
<tr>
<td>Temper Outbursts</td>
<td>N/A</td>
<td>Child becomes hysterical, cries, yells, screams, may throw self on floor and be totally incorrigible.</td>
<td>Child is verbally and physically aggressive, behavior problem.</td>
<td>See 5-11; temper outbursts at this age may lead to fighting, inability to get along with peers, adults or authority figures; may curse and lack self-control.</td>
</tr>
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<tr>
<td>Truancy</td>
<td>N/A</td>
<td>N/A</td>
<td>Child may skip school.</td>
<td>Child has a history of skipping school and classes; may be performing poorly in school, be frustrated by learning problems.</td>
</tr>
<tr>
<td>Bedwetting</td>
<td>N/A</td>
<td>Child is still being trained to stay dry at night</td>
<td>Child wets bed frequently. Although there may be a medical cause, this is generally a symptom of psychological or emotional stress/problems.</td>
<td>See 5-11 continued - requires medical assessment and appropriate medication and therapy to address. This is a source of much embarrassment affecting the child's self image and self esteem and must be handled with sensitivity.</td>
</tr>
<tr>
<td>Soiling</td>
<td>N/A</td>
<td>See above</td>
<td>At this age, soiling is generally a symptom of underlying psychopathology that needs to be addressed with professional intervention.</td>
<td>The exception to 5-11 ID the developmentally disabled child who may have a medical problem.</td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>Infant does not demonstrate age appropriate milestones and will benefit from early intervention services.</td>
<td>Child is slow to walk, talk, socialize and responds like a younger child needs intervention services to address delays.</td>
<td>Child's maturational age is below chronological age and requires ongoing therapeutic interventions. Delay is usually resolved by age 5; either the child has reached age level in development or has been diagnosed with a developmental disability.</td>
<td>Child's maturational age is below chronological age and requires ongoing remediation and specialized services contingent upon the level of delay in conjunction with professionals and developmental services, may be in special education program.</td>
</tr>
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<tr>
<td>Sleep Disturbance</td>
<td>N/A</td>
<td>Child does not sleep through the night.</td>
<td>Con's - may walk in sleep and have nightmares.</td>
<td>Con's - See younger children - teens may want to sleep all day and stay out too late or stay up all night. Sleep disturbance may be a symptom of ADD &amp; ADHD.</td>
</tr>
<tr>
<td>Verbal Aggression</td>
<td>N/A</td>
<td>Thought of as being &quot;fresh&quot;.</td>
<td>See 11 +</td>
<td>Children are verbally abusive, taunts others, has no respect for authority, teases, gets into fights, anger is demonstrated by lashing out at others.</td>
</tr>
<tr>
<td>Masturbation Behavior</td>
<td>N/A</td>
<td>At this age may be part of self-exploration or symptom of sexual abuse.</td>
<td>Children do this because &quot;it feels good&quot;; assess cause and effect.</td>
<td>The hormones of puberty are raging!</td>
</tr>
<tr>
<td>Pregnant Teen</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>The adolescent girl is pregnant at the time placement is requested.</td>
</tr>
<tr>
<td>Pregnant Teen with Baby</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>The adolescent girl has recently given birth to her child and both need placement together.</td>
</tr>
<tr>
<td>Lying</td>
<td>N/A</td>
<td>N/A</td>
<td>Child states things that are not true.</td>
<td>See 5-11 Child fabricates stories, does not tell the truth, blames others and/or denies any responsibility.</td>
</tr>
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<tr>
<td>Frequent Physical</td>
<td>N/A</td>
<td>May be real or bid for attention.</td>
<td>May be real or bid for attention.</td>
<td>See other age - Child may complain of headaches, stomach aches, vomit, have aches and pains. May be bid for attention or excuse to not attend school. Nevertheless, medical attention must be sought to address physical ailments. If this is a pattern it should be addressed in counseling and with behavioral techniques.</td>
</tr>
<tr>
<td>Complaints</td>
<td></td>
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<tr>
<td>Mood Swings</td>
<td>N/A</td>
<td>Needs to be addressed - may be symptom of emotional problems; may be an adjustment issue.</td>
<td>See younger child.</td>
<td>Mood swings may be attributed to hormonal changes, adjustment issues, adolescence, emotional problems (bipolar) and need to be addressed, May be symptom of drug use so this needs to be evaluated and treated, too.</td>
</tr>
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</tr>
<tr>
<td>Withdrawn Behavior</td>
<td>Fearful, anxious, depressed, shy, traumatized by new situation.</td>
<td>See 2-5 May have been abused and neglected and has poor self-image and fear of new circumstances.</td>
<td>See others-Social isolation, symptom of trauma and abuse; depression (is there suicidal ideation?); difficult adjustment; reaction to former familial circumstances; angry and turns anger inward.</td>
<td></td>
</tr>
<tr>
<td>Smokes Cigarettes</td>
<td>N/A</td>
<td></td>
<td></td>
<td>Ramifications of smoking need to be addressed; peer-pressure; thinks this is an adult role; needs to be addressed in placement.</td>
</tr>
<tr>
<td>Colic</td>
<td>Child has physical stomach condition which causes fussing and crying sometimes excessively, may be accompanied by excessive passing of gas, both orally and rectally.</td>
<td>Child has physical stomach condition that causes verbal complaints of stomach pain or aches and/or crying. This may be accompanied by excessive passing of gas, both orally and rectally.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchair/Non-ambulatory</td>
<td>N/A</td>
<td></td>
<td>Child uses a wheelchair to ambulate. Placement needs to be accessible for children who use wheelchairs and may need training or specialized skills to address any medical needs that may be present.</td>
<td></td>
</tr>
<tr>
<td>CHARACTERISTIC</td>
<td>Infancy</td>
<td>2 ½ to 5 years</td>
<td>5 to 11 years</td>
<td>11 years +</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>----------------</td>
<td>---------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Cast (broken bone injury)</td>
<td>Child has been in the hospital for a broken bone and has a cast to heal the bone injury. Placement needs to have the capacity to deal with the child's injury.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen Mom</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>The adolescent has one or more children of her own and requests that they be placed together.</td>
</tr>
<tr>
<td>Frequent Family Visits</td>
<td>Goal is reunification</td>
<td>Family ties need to be maintained.</td>
<td>Same</td>
<td>Same - any placement resource should be a proactive partner in case planning and visitation and be assisted in serving as role model to birth family. FP role calls for participation in the visitation plan and transportation.</td>
</tr>
<tr>
<td>TPR'd</td>
<td>Child(ren) has (have) had his / her parental rights terminated and other permanent placement, such as adoption, is pending.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHARACTERISTIC</td>
<td>Infancy</td>
<td>2 ½ to 5 years</td>
<td>5 to 11 years</td>
<td>11 years +</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>----------------</td>
<td>---------------</td>
<td>------------</td>
</tr>
<tr>
<td>Special Religious Conditions</td>
<td>Child's family has religious beliefs, which necessitate special conditions in their diet, activity, visitation, or other services and placement.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td>Medical Diagnosis</td>
<td>Special diet</td>
<td>No pets</td>
<td>Applies to all ages - ensure that there are appropriate medical interventions to treat child.</td>
</tr>
<tr>
<td>CHARACTERISTIC</td>
<td>Infancy</td>
<td>2 ½ to 5 years</td>
<td>5 to 11 years</td>
<td>11 years +</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------</td>
<td>----------------</td>
<td>--------------</td>
<td>------------</td>
</tr>
<tr>
<td>MANY OF THESE ISSUES AND DESCRIPTIONS GO ACROSS AGE CATEGORIES - Foster parents need training and specialized skills to care for individual child's special needs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Our Kids of Miami-Dade/Monroe, Inc.

OK Policy NO. 215-6                          Revised February 2009

Critical Incidents, Accidents and other Risk and Safety Issues

Policy and Procedure

Purpose:
It is the policy of Our Kids and its full case management provider agencies to identify and report critical incident information to ensure child safety and to prevent future risk. It is the responsibility of all Our Kids staff and all contracted provider staff to promptly report all incidents, accidents, safety and risk issues in accordance with the requirements of procedures. The reporting procedures do not replace the abuse, neglect and exploitation reporting system. Regardless of their status as an event in client risk prevention, allegations of abuse, neglect or exploitation must always be reported immediately to the Florida Abuse Hotline and appropriate district human rights advocacy committees as required by law.

Scope:
a. This operating procedure applies to all incident reporting and client risk prevention in Department, Our Kids, and/or full case management agencies contract providers serving clients of the department and/or Our Kids. It is the responsibility of all departmental, Our Kids, and/or full case management agencies personnel to promptly report all incidents in accordance with the requirements of these procedures.  
b. This operating procedure does not replace the investigation and review requirements provided for in CFOP 175-17, Child Death Review Procedures, nor is it intended to impede any district or program office's ability to assess statewide trends, establish policies and seek statutory changes, which improve client risk management.

Definitions of Reportable Incidents:

The following are incidents or events that must be reported immediately to Our Kids:

1. **Client Death:** A child whose life terminates due to or allegedly due to an accident, act of abuse, neglect or other incident occurring while in the presence of a Our Kids employee, in a Our Kids operated or contracted program or service center, while in the physical custody of Our Kids, or when required pursuant to CFOP 175-17, Child Death Review Procedures.
2. **Client Injury or Illness:** A medical condition of a client requiring medical treatment by a licensed health care professional sustained or allegedly sustained due to an accident, act of abuse, neglect or other incident occurring while in the
presence of a Our Kids employee, or in a Our Kids or contracted facility.
3. **Suicide Attempt:** An act which clearly reflects the physical attempt by a client to cause his or her own death while in the physical custody of Our Kids or a Our Kids contracted or certified provider, which results in bodily injury requiring medical treatment by a licensed health care professional. This also pertains to suicidal ideation when resulting in an admission to a hospital or crisis stabilization unit.
4. **Disease Epidemic:** Any disease that fits the definition of “outbreak” likely to result in a high level of public interest.
5. **Sexual Battery:** An allegation of sexual battery by a client on a client, employee on a client, or client on an employee as evidenced by medical evidence or law enforcement involvement.
6. **Teen pregnancy** for Licensed out of home care only.
7. **Child born to an active client:** The minor child in foster care who gives birth while living in out of home foster care or any other circumstance involving foster care supervision, pursuant to CFOP 175-72, Family Safety and Preservation Procedures.
8. **Elopement:** The unauthorized absence of a child in the physical custody of Our Kids provider network or of a child receiving protective supervision.
9. **Escape:** The unauthorized absence as defined by statute, Our Kids policies and procedures of a client committed to, or securely detained in, a Department of Children and Families mental health or developmental services forensic facility covered by Chapters 393, 394 or 916, F.S.
10. **Other Incident:** An unusual occurrence or circumstance initiated by something other than natural causes or out of the ordinary such as a tornado, kidnapping, riot or hostage situation, which jeopardizes the health, safety and welfare of clients who are in the physical custody of Our Kids.

The following are incidents or events that must be reported within 24 hours to Our Kids:

1. **Altercation:** A physical confrontation occurring between a child or parent and employee or two or more children when a client is in the physical custody of Our Kids or contract provider, which results in one or more clients or employees receiving medical treatment by a licensed health care professional.
2. **Criminal activity:** Employees or clients. With regard to employees, criminal activity is reportable when it occurs while on Our Kids or subcontract agency property while the employee is on the business of the project, which results in an arrest.
3. **Abuse/Neglect/Abandonment/Threat of Harm.** Allegations of abuse, neglect, threat of harm or abandonment that justifies and requires a report to the Florida Abuse Hotline.
4. **Theft/vandalism/damage.** The intent is to report damage that is significant and non-accidental.
5. **Foster home/Facility Complaint.** A foster parent referral or licensing
complaint that require an assessment and investigation by the appropriate Our
Kids agency, although the incident may not require a report to the Florida Abuse
Hotline.

6. High Profile: any critical incident that will impact the life of a child, Our
Kids or the Department of Children and Families

Reporting Procedure

Any Our Kids staff or Our Kids contracted provider staff that becomes aware of
any incident that meets the high profile definition criteria must notify Our Kids
verbally be calling 305-455-1055.

High profile cases are as follows:

1. Child
   • Death
   • Abuse
   • Severe Injury
   • Criminal
   • Missing (Children under 12 years old)
   • Suicide attempts

2. Employee/Providers
   • Criminal
   • Negligence with care of a child
   • Fraud
   • Media involvement

3. Natural Disasters
   • Bomb Threat
   • Disease/outbreaks

Any Our Kids staff or Our Kids contracted provider staff that becomes aware of
any incident that meets the above definitions for immediate notification, must
initiate a verbal report of the incident immediately to Our Kids' central office at
(305) 455-2888. Depending on the time necessary to initiate the proper response
to the incident (calling law enforcement, transporting client to the hospital) the
verbal report must not exceed one hour from the time of the incident. The
incident report must be electronically completed using the Our Kids Incident
Report form (Attachment A). The report must be on the data base within 24 hours
from the time of the incident.

**For incidents which occur after hours, Fridays, weekends or holidays, the report
must be on the database by the next business day. (Example: Incident happened on Friday at 8:00PM will be reported on Monday at 8:00PM )

For incidents which occur with the providers who are not contracted with Our Kids, those providers will only complete a hard copy of the incident report and forward it to the full service case management agency for review and data entry. For incidents that occur in the foster home of one FCMA but the child involved in the incident is case managed by another FCMA the foster parent is responsible for notifying their supervisor/administrator as well as the assigned FCMA worker. Some FCMA’s may choose to have the supervisor/administrator contact the assigned FCMA worker. This needs to happen timely so that the assigned FCMA worker has time to complete the incident report within the established timeframe. The full service case management agency will maintain hard copies which will be kept in a central file marked “Confidential Incident Reports” and reviewed by their own QA system for the purpose of internal quality improvement.

Other notifications to the emergency on-call line include calls from Child Development Services who reports in accordance to the Riliya Wilson Act. Once the Incident Report Liaison is notified about day-care absences of at risk children, the assigned full service case manager and supervisor will be notified via electronic mail. The full service case manager will provide feedback via electronic mail of all contact with the child and caregiver including information of any home visits completed as a result of the reported absences from day care. An incident report is not required if everything is determined to be normal at the home visit. This determination is made by the full service case manager. If a critical incident is discovered, an incident report is required within the timeframe mentioned above.

The incident report will be routed to the appropriate people immediately after it is received. Depending on the nature of the incident, the following individuals/offices must be notified of the incident and or receive a copy of the Incident Reporting Form:

- Our Kids Chief Operating Officer
- Our Kids Director of Quality Assurance
- Our Kids Regional Manager (corresponding region)
- The Provider Quality Assurance/Quality Improvement Director
- Department of Children and Families (Risk Management Office)

within 24 hours or the next business day if the incident occurs after hours, weekends or holidays.

**Follow-Up Review of Incidents/Events to Prevent Future Occurrence**

The Our Kids Clinical QA Specialist will review the FCMA provider’s proposed follow-up within 24 hours of receiving the written report from the provider and respond to the provider if necessary. The provider will then respond to Our Kids Clinical QA Specialist to inform about the steps they have taken to prevent future occurrences. The Clinical QA Specialist and the
Regional Manager will work collaboratively in providing and receiving feedback from the provider. Once the feedback is received from the provider and the response is satisfactory, the report will be closed electronically. The QA Director is responsible for informing the Chief Operating Officer (COO) and/or designated senior management staff within 8 hours of the critical incident report being filed.

Immediate notification is required for any serious incident involving a child death or serious injury or illness requiring hospitalization. (High profile section)

Any incident that is likely to involve media or public attention or which resulted in serious injury to a child will be immediately reviewed by the Our Kids management team to determine the basic answers to who, what, when, where, and how the incident occurred. At a minimum, Our Kids staff will attempt to determine whether:

- a) Staff were in compliance with program policies and procedures;
- b) Appropriate handling of the situation and action taken to protect the child;
- c) Steps taken to maintain control or the situation and to limit risk to the child(ren) and liability to the project.

Our Kids will track and analyze all incident reports. On a monthly basis, Our Kids will report to the management team the number of reports filed, the nature of the reports, the actions taken as a result of the report, and any underlying problems that the reports may indicate need attention.

Aggregate summaries will be prepared and submitted to DCF, the CBC Alliance, and, if requested, the Board of Trustees on a semi-annual basis. Information will also be reviewed at each quarterly meeting of the Quality Assurance Committee. The Risk Management Plan contains additional information on risk and safety reviews.

Reports

- Case management reports will be produced so that Family Case Managers can manage their active caseload.
- Supervisory reports will be produced to assist Family Case Manager Supervisors in monitoring Family Case Manager and team
Managerial and administrative reports will be produced for Our Kids and case management providers to measure the productivity and performance of units.

- Incident and risk management reports.
- Financial and administrative reports.
- Contract performance reports.
- Utilization management reports will be produced to assist the lead agency in managing services and resources. The IT department will provide frequent reports based on Our Kids Utilization Review process. These reports will include information about expiring placements and other time specific processes. The IT department will also generate reports that provide a multitude of trend analysis reports for authorized services, service utilization, and re-authorizations.