



DCCCA
IMPROVING LIVES

Child Placing Agency Foster Family Policy Manual

Updated 2022

WELCOME!

Welcome to the DCCCA Child Placing Agency team. We are pleased you have chosen DCCCA as your sponsoring agency. As you have learned throughout your training, you play an extremely important role in the lives of children.

This manual is designed to cover some of the policies and questions you may have as a foster parent through our agency and should be used as a guide. You have also been provided a foster home regulation book which is enforced by the Department for Children and Families (DCF) Licensing Division. Please review all these regulations and policies carefully.

Your Child Placing Agency Specialist will make sure you have what you need to be a successful foster parent. The Specialist will monitor your home after you receive your license to ensure you are in compliance with all regulations and will provide 24/7 support. In addition, the child in care and his or her family will also have a Case Manager and in some cases, a Family Support Worker. Their primary role is to make sure the child has all his or her needs met. It will be the Specialist's role to make sure you have the tools you need to be a successful foster parent. Together, we will work in partnership to help each child reach their permanency goal.

Additional information and policies will be sent to you periodically to update and maintain this manual. Please discuss any questions or concerns you have with your Specialist or their Supervisor.

We are glad to have you as a part of our team!



Child Placing Agency

Foster Family Policy Manual

Signature Page

By signing this, I/we agree that I/we have read the DCCCA Child Placing Agency Foster Family Policy Manual. Upon reading the manual, I/we have had an opportunity to ask questions of a Specialist. I/we understand and agree to adhere to DCCCA and DCF Licensing policies as outlined in this manual including:

- Confidentiality Policy
- Behavior Management & Restraint Policy
- Mandated Reporter Policy

If changes are made to this policy manual, I/we will be provided the changes in writing and be given an opportunity to ask questions.

Foster Parent Signature

Date

Foster Parent Signature

Date

Specialist

Date

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Agency and Program Information

DCCCA was founded in Lawrence, Kansas and incorporated as a non-profit human service agency in 1974. DCCCA was originally named the Douglas County Citizens Committee on Alcoholism, but the name was legally simplified to DCCCA, Inc. in 1989. DCCCA offers a continuum of drug and alcohol treatment and prevention services to children, adults and families, as well as traffic safety, corrections and child welfare services. The agency employs approximately 260 staff members. DCCCA became licensed as a Child Placing Agency in Kansas in 2001.

DCCCA's Mission Statement:

DCCCA provides social and community services that improve the safety, health, and well-being of those we serve. DCCCA's overall goal is "Improving Lives".

DCCCA's Child Placing Agency Mission Statement:

We believe in every child's right to a stable placement with a foster family who is dedicated to his or her emotional and physical well-being, educational opportunity and permanency with his or her birth family or adoptive family.

To uphold that mission statement, DCCCA recruits, trains, licenses, and supports foster families in Kansas. DCCCA Child Placing Agency (CPA) Specialists are the DCCCA staff that provide support to these homes. Often multiple agencies are involved with each foster family, birth family, foster child, and specific responsibilities must be delineated in our agreements with these partnering agencies to ensure adequate services are provided. DCCCA CPA Specialists will maintain foster family and child files, and the Case Management Provider (CMP) will also maintain child files.

DCCCA recruits, trains, and licenses foster parents using the Trauma-Informed Partnering for Safety and Permanence Model Approach to Partnerships and Parenting (TIPS-MAPP) or Trauma-Informed Partnering for Safety Deciding Together (TIPS-DT) curriculum. Foster parents who serve specialized youth participate in detailed training relevant to the needs of the children in their home. CPA Specialists make a minimum of one home visit a month following a family's licensure when foster children are placed in the home. Specialists will assist foster families in meeting the needs of the foster children placed in their home by collaborating with the child's Case Manager and providing supportive visits to foster families.

Staffing Pattern

The DCCCA Executive Director/CEO is Lori Alvarado. Ms. Alvarado holds a degree in communications and has a 25-year history of working in social services at DCCCA, for the state of Kansas and in early childhood. She became the CEO in September of 2013.

Jeanette Owens, Chief Child Welfare Officer, holds a master's degree from Pittsburg State University in Community Counseling. Ms. Owens has worked for DCCCA since 2002 and became the Chief Child Welfare Officer in 2020.

Mary Ann Smith, Child Welfare Director, holds a master's degree in Social Work. Ms. Smith has worked for DCCCA since 2009 and became the Child Welfare Director in 2020.

Lisa Marx, Child Placing Agency Director, holds a master's degree from the University of Kansas in Social Work. Ms. Marx has worked for DCCCA since 2006 and became the Child Placing Agency Director in 2020.

Coordinators and Supervisors of the CPA program shall have a master's degree and be licensed as a social worker or have a graduate degree in a related area of human services.

Specialists have a bachelors or master's degree in a human service-related field and are responsible for monthly visits with families sponsored by DCCCA. Specialists will be assigned a caseload of approximately 20 active foster families.

Placement Specialists have a minimum of a high school diploma or GED and two years of experience working with children and families. Placement Specialists are responsible for working with CPA Specialists and other agencies to locate placement matches for foster children.

The Community Engagement Specialist and Training and Licensing Specialists have a minimum of a high school diploma or GED and two years of experience providing child welfare and/or family services. The Community Engagement Specialist and Training and Licensing Specialists recruit potential foster and adoptive families for children who are unable to be placed with kin. The Community Engagement Specialist and Training and Licensing Specialists work with potential foster and adoptive families to complete pre-licensure and/or adoptive requirements.

Procedure for Assigning Caseloads

DCCCA's goal is to ensure safety, permanency, and well-being for all children. DCCCA functions under the following caseload guidelines:

One active foster family equals one case. The average caseload per Specialist should be held to between 20-22 cases. DCCCA defines 'active' as a family that has a child placed in the home or in respite in the last 30 days. In addition, the total number of children placed in each Specialist's assigned families is taken into consideration. The average number of children placed should be approximately 35. However, DCCCA adapts to the current environment of position vacancies, staff on leave, etc. by redistributing cases as needed. DCCCA will consider miles traveled, time and effort required based on level of care of the child, foster parent support needs, proximity to other foster families, foster family availability for Specialist home visits, Specialist area of expertise and experience, etc. DCCCA follows these guidelines to allow for necessary contacts and supports with the foster family to occur. Supervisors review caseloads monthly and adjust as needed. Adjustments could be to provide Specialists with additional supports such as assistance with completing reports, visits, attending meetings, or changing caseload size.

Internal Financial Management

The DCCCA Chief Financial Officer (CFO) oversees DCCCA, Inc. financial operations. The CFO assembles a monthly statement of accounts for each program which is then reviewed by the Executive Director and Board of Directors. An independent audit is conducted annually, and the year-end financial statement and auditor's report is prepared and available for review upon request.

DCCCA has a financial plan for the Child Placing Agency. It includes procedures for reimbursing foster families for their daily expenses and for collecting payments from DCF and/or CMPs.

Collecting Payments from DCF/CMPs

DCCCA receives payments for CPA services from DCF and various CMPs. DCF and CMPs pay based on the placement information in their database which calculates the total nights in care for each child.

Recruitment and Initial Response

DCCCA will be responsible for reaching out and informing the community about children needing foster homes including the number and characteristics of children needing to be placed in local areas.

DCCCA abides by the Children's Alliance "Principles of Recruitment." DCCCA pledges to follow these recruitment principles:

- DCCCA's goal is to enlist new families, not to redistribute current foster families.
- DCCCA will not send unsolicited recruitment materials to licensed foster families or engage in any other unsolicited recruitment activities with licensed foster families, including phone calls or home visits.
- DCCCA efforts will focus on recruiting homes to serve the population of children in the system, including adolescents and teens with challenging behaviors.

The most effective way to recruit foster parents is by word-of-mouth of foster families. DCCCA foster parents will be encouraged to share their experiences with friends, relatives and the community, while maintaining confidentiality. Newspaper ads, posters, community presentations or public service announcements may also be effective recruitment tools.

Recruitment information circulated to individuals and groups includes:

- The importance of the role of the foster family in the life of a foster child
- The benefits and rewards of being a foster family
- The benefits of being part of a professional team
- The age and characteristics of local children needing foster family placements
- The realistic characteristics of the type of children needing placed statewide

The DCCCA Engagement Specialist responds promptly to all inquiries about foster care. Questions and concerns are discussed with a CPA Training and Licensing Specialist. In-home consultations will be scheduled with individuals interested in learning additional information. This discussion will include seeking sponsorship through DCCCA and the value and necessity of obtaining a license. DCCCA staff will provide pre-licensure training options with the family.

Occasionally, either a candidate or the agency will decide that it is not appropriate to continue the licensing process. For example, if a personal reference is returned with negative feedback and the issue(s) cannot be resolved, DCCCA carefully considers all aspects of the situation before reaching a decision and may discontinue working with the family. If an applicant withdraws during the pre-licensure process, that person will be given the utmost respect for making an informed decision. The decision to discontinue working with a family is not made lightly. The CPA team will discuss the issues and concerns presented. The home will be notified of the teams' decision. When appropriate, specific information will be provided. If references or background check results are negative, DCCCA may decide that it is inappropriate to continue with the licensing process. This decision will be made by a committee of the CPA Training and Licensing Specialists,

CPA Supervisors, and CPA Coordinators (when applicable). The names of individuals that provide references, positive or negative, will not be released to the candidate.

Recruitment Incentive Policy and Procedure

DCCCA foster families that feel supported are the best recruiters for DCCCA. When a foster family recruits a potential home, and that home becomes licensed and a placement or respite has taken place, the recruiting home may be eligible for a recruitment bonus. Foster families that were referred by a current DCCCA foster family must list the current foster family on the Quick Information form in order to receive the recruitment bonus.

Recruitment bonuses are tracked by CPA Administration and are processed by the 10th of each month. If one or more people are listed on the Quick Information form as the referral source, the recruitment bonus will be split evenly. The standard recruitment bonus is \$250 but may be raised to \$300 or \$500 on occasion to increase referrals. Once a home qualifies for the referral bonus, a thank you letter is sent along with a check or direct deposit slip at the next processing period. Before the referring entity can receive more than \$600, a W-9 is required to be on file with the DCCCA Accounting Department.

DCCCA Website

Foster parents can access the DCCCA website by going to www.dccca.org/child-placing-agency. The website can be used to access information, forms, training dates, and newsletters.

DCCCA CPA Facebook Group

Once a family becomes licensed, they can request to be added to the closed Facebook group by searching for 'DCCCA CPA'. Families must be approved to join the private group by a DCCCA Facebook Administrator. This closed group offers a space for DCCCA to provide information and resources to foster families and for foster parents to encourage and support one another. A closed Facebook group means that foster parent participation, posts, and comments are hidden from the public.

The group is monitored closely, but not constantly. If you have an emergency, please contact a Specialist.

Below are the DCCCA CPA Facebook group rules:

In order to ensure foster parents get the most out of this group, there are a few guidelines. Posts that do not follow these guidelines will be removed and members will be given one warning before being removed from the group:

- Only DCCCA foster parents will be members of this group. DCCCA foster parents, in good standing, that close their license can remain a part of the group
- Confidentiality rules regarding foster children apply within this group
- Posts and comments from DCCCA will come from a team of CPA staff specifically trained to moderate this group to ensure that you get consistent, correct information. If a foster parent needs to speak to their Specialist, the Specialist should be contacted by phone or email.
- Posts promoting personal businesses or sale items will not be permitted in this group. Postings for commercial purposes are prohibited.

- Posts or comments containing explicit, or derogatory language in any form will not be tolerated
- Posts containing this type of language will be removed. DCCCA wants this to be a space where everyone can support each other and build safe, happy homes.

Foster Parent Job Description

JOB FUNCTION

To provide a nurturing family setting that demonstrates role modeling and support to children in foster care and their families.

REQUIRED QUALIFICATIONS

- Be a minimum of 21 years of age
- Have a valid driver's license, provide DCCCA with annual validation of driver's license, viable means of transportation, and maintain current vehicle accident and liability insurance
- Maintain adequate income to support a family without relying on foster care reimbursement – as demonstrated on a budget
- Provide a home environment that meets DCF Licensing regulations
- Demonstrate the ability to maintain healthy relationships at home and in the community
- Agree to work within DCCCA's guidelines, expectations and show an ability to relate appropriately to DCCCA personnel
- Couples must each meet licensing criteria individually
- Must show evidence of reasonable mental, emotional, marital and employment stability
- Respect a child's origins and connection to his or her birth family
- Attend required trainings
- Agree to work cooperatively to plan and follow through with treatment goals

DUTIES AND RESPONSIBILITIES

- Completes required pre-licensure and ongoing training
- Provides supervision, protection, and care to the foster child in accordance with the identified needs of the child
- Respects the rights, values, and beliefs of the foster child and birth parent(s)
- Provides positive parental role modeling to empower the child and promote a positive self- concept
- Provides transportation as well as support and guidance for appointments and activities recommended by the treatment team and/or Case Manager
- Teaches and/or monitors daily living skills for children
- Teaches and monitors life skills as required by DCF
- Participates in case planning and becomes an active member of the treatment team
- Maintains medical records and records foster child's behavior and/or progress on a regular basis
- Meets medical and behavioral needs of the child
- Maintains foster child's file to meet DCF Licensing regulations
- Provides ongoing support to the foster child
- Provides for personal, behavioral, social, spiritual, and medical needs of the foster child or requests assistance in these areas
- Encourages participation in appropriate activities, compliance with educational plan, and opportunities for socialization and personal growth

- Maintains home in a safe and clean condition
- Reports all observed issues/concerns to the child's Case Manager and Specialist in a timely manner
- Updates Case Manager and Specialist on all changes in the foster family or foster child's status
- Establishes and maintains effective working relationships with foster child, birth parents, DCCCA, DCF, DCF Licensing, CMP staff members, law enforcement, and related community agencies
- Prepares and cooperates with plans to transition children into another placement as determined by the case plan or court order

Programs

POLICE PROTECTIVE CUSTODY (PPC)

Police Protective Custody (PPC) is a 72-hour time period, excluding weekends and holidays, where law enforcement has determined that a child is in imminent danger or a perpetrator has access to the child, or the non-involved parent is unable to protect the child from harm. When a child is placed in PPC, law enforcement directly transports the child to Juvenile Intake and Assessment Center (JIAC). Once the intake process is completed, a placement decision is made, and the child will be transported to a safe and appropriate destination. The 72-hour time period is set for DCF and law enforcement to investigate the allegations.

Requirements for foster homes providing PPC:

- One foster parent is required to be at home while the child is placed in the home for PPC
- Respite is not allowed for the child in PPC care
- Children in PPC do not attend school, daycare or any regular activities in the community
- The foster family will ensure there is no contact between the child and family members (including email, telephone, correspondence and face-to-face) unless prior arrangements have been made and approved by DCF
- The order of police protective custody form will be used as a medical consent and medical release in the event medical care is necessary for a youth placed in PPC
- After the 5th night of placement in PPC the payment stops unless an exception is granted

Once a decision has been made about the safety concerns, the child may:

- Return to their home;
- A kinship home may be located, and the child moved with related or non-related kin; or
- the child is placed in foster care.

There is a possibility if the child comes into DCF custody the CMP might ask the foster family if the child can remain in the foster home. The foster family will need to let their DCCCA Specialist know if they are interested in placement.

The reimbursement rate is \$49 a night.

CHILD IN NEED OF CARE (CINC)

A Child in Need of Care (CINC) is a child under state custody and legal guardianship. In Kansas, DCF contracts with a CMP to oversee the case of each foster child to ensure their needs are being met.

When a report of abuse or neglect of a child is made, DCF will determine if it needs to be investigated. After DCF has assessed the child's situation, they may deem them to be at risk for further abuse or neglect and request they be removed from their current living situation. DCF will make the request through the court system for the county the child is living in. A judge must order the child be placed into the custody of the State of Kansas with DCF. DCF then sends a referral to the CMP in that area to provide case management services. The CMP then assigns a Case Manager to the child who will coordinate services for the child and family. DCCCA works with the CMPs to find foster homes for children in need of care. The child's Case Manager creates a case plan with the family to identify what tasks need to be completed for the child to achieve permanency. In most cases, the initial case plan goal will be reintegration. If reintegration is no longer a viable option, the Case Manager will explore other permanency options such as adoption, guardianship or independent living. Until permanency is achieved, the CMP and DCF are the child's legal guardians. DCCCA works closely with foster parents to help ensure the foster family and the child's needs are being met while the child is in the foster home.

RESPITE CARE

Respite Care allows short-term placement for a child when the long-term foster family needs a break or is unavailable to care for the child due to vacation or personal issues.

FAMILY PRESERVATION RESPITE

DCCCA foster families have the opportunity to provide care to children residing with their families who are in need of respite and currently receiving Family Preservation Services (FPS). Each Family Preservation respite is arranged by the CPA Specialist. It is possible the child and family may need regular respite which allows for the foster parents to develop a relationship with the child and the child's family. The reimbursement rate for this service is \$37/night and \$20/day for day respite. Foster parents will be provided with the following documents:

- Consent for Respite Care Placement
- Respite Placement Medical Consent
- Permission to Transport during Respite
- Child Specific Respite Care Information Sheet
- School Release/Permission Form if needed

EMERGENCY CARE

Emergency Care is for children in need of immediate protection and placement for overnight or a short period of time. Placement Staff typically schedule these placements directly with the family and work to ensure the child can remain in the home for as long as possible the following day to eliminate early-morning pick-ups. When possible, these placements are scheduled for multiple days at a time. It is best for the child if there is a stay-at-home parent due to these children not meeting qualifications for self-care time or being enrolled in school or daycare.

SERIOUS EMOTIONAL DISTURBANCE (SED) Services

DCCCA contracts with local mental health centers to provide services to children on the SED waiver who have mental or emotional difficulties and are being served by the mental health center (MHC). These children are living at home with their guardians and are not in foster care but are often at-risk of being placed in foster care or in a psychiatric residential treatment facility (PRTF). These services must occur in a licensed foster home. Ages of the children on the SED waiver range from 4-18. Exceptions can be submitted for children younger than 4 and older than 18 through the age of 21. Reimbursement for these services is through the medical card. Children in these services must be supervised at all times by the foster parent.

SED respite care is a short-term service that gives families and children a needed break. It is typically 1-3 days but sometimes is needed just for the day or for longer periods of time. Respite may be planned or used when there is a crisis in the home. Foster families provide a safe environment for a child as well as communicate with the child's parent/guardian about respite details when needed.

Professional Resource Family Care (PRFC) is intended to prevent or reduce psychiatric hospitalization. It provides temporary support in a family environment where children learn new skills and through co-parenting, the children's parents receive support and enhance their skills. There is regular family contact, and the child returns home as soon as possible, generally in 30-60 days.

Requirements include:

- High school diploma or equivalent
- Minimum 21 years of age
- Completion of online respite and/or PRFC trainings
- Pass KBI, DCF child abuse check, DCF adult abuse registry, Office of Inspector General (OIG) exclusions, System for Award Management (SAM) exclusions, RN-Nurse Registry Exclusion searches, and motor vehicle screens
- Certification in First Aid, CPR, and Crisis Prevention/Management (examples: Crisis Prevention Institute (CPI), Mandt, etc.)

INTELLECTUAL DEVELOPMENT DISABILITIES (I/DD) Services

DCCCA affiliates with local Community Developmental Disability Organizations (CDDO) to provide services to children on the I/DD waiver who have intellectual or developmental disabilities and are being served by the CDDO. These children may or may not be in foster care. These services must occur in a licensed foster home. Ages of children on the I/DD waiver range from 5-21.

For children in foster care, the reimbursement is through the DCF grant. Reimbursement for children not in foster care is through the medical card. An assessment is completed by the CDDO to determine a tier level for the child. There are 5 tiers: 1 being the highest level of needs and 5 being the lowest level of needs. The tier level determines the reimbursement rate.

Initial Licensing Steps

The Training and Licensing Specialist will provide foster parent applicants a How to Prepare for a Foster Home Survey outline of licensing regulations. This is vital to the preparation and success of a licensing home visit. DCCCA will work in partnership with the family to ensure the regulations are followed.

HOW TO PREPARE FOR A FOSTER HOME SURVEY

- Read the Kansas Laws and Regulations for Licensing Family Foster Homes for Children (Provided by your Child Placing Agency)
- Copy of current driver's licenses for all persons in the home who drive
- Proof of current automobile liability and accident insurance for all vehicles
- TIPS-MAPP or TIPS-DT Certificate
- Proof of household income available (pay stubs, income tax returns, etc.)
- Rabies vaccinations for all dogs and cats
- Current health assessment for each family member in the home
- TB test for each family member age 16 and older
- Immunization records for all children under 18 years of age
- Emergency plan posted in case of fire, tornado, storm, flood and serious injury (use a copy of the floor plan of your house and draw the various emergency routes in different colors)
- Handrail on all stairways in the home
- Balusters must be less than 4 inches apart or be guarded
- 2 or more steps and a landing that are more than 21 inches must be guarded
- Child safety gate at the bottom and top of stairway for children under 3 years (this includes outside areas such as a deck)
- Well water tested by the local health department
- Trigger locks on all guns or have them in secure locked storage
- Store and lock all ammunition separately from firearms (best to have all weapons locked in a safe or cabinet designated for storing weapons only)
- Alcohol locked or out of reach
- Electrical outlets covered if planning to care for children under 6 years
- Safety latches placed on cabinets/drawers where dangerous chemicals, cleaning supplies, sharp instruments are stored or keep items stored high (at least 6 feet)
- Medications must be locked, by themselves, in a container/drawer/cabinet
- Smoke detector on each level of the house, including the basement and every sleeping room
- Carbon monoxide detectors adjacent to each sleeping room
- Pond or other natural body of water on the property must be fenced or there must be a separate fenced play area that can be accessed upon exiting the home
- Bedrooms to be used by foster children must have a solid, hinged door to ensure privacy
- Documentation of 3-hour face-to-face First Aid training for each foster parent
- CPR is required if there is a pool on the premises or you are providing SED respite (DCCCA strives to sponsor free First Aid and CPR classes through Children's Alliance on a monthly basis across the state)
- Universal Precautions and Medication Administration training
- Trampolines are not allowed unless there is an approved exception in place

Complete Family Foster Home Application Packet (provided by DCCCA):

- Application
- Authorization for Background Check (one form per person over the age of 10)
- Out of state Background Checks (if applicable for household members 18 and above)
- Floor Plan
- Foster Family Budget (DCF will review at licensing visit)
- Safety Plans (if applicable)

Collected by DCCCA to submit with Initial Application Packet to DCF:

- TIPS-MAPP or TIPS-DT Certificate
- First Aid Certificate (MD, PA, ARNP, RN, LPN, EMT, First Responder, paramedic meets requirements for First Aid with documentation of current certification)
- CPR Certificate, if home has a pool or visits a swimming area where a lifeguard is not present (ACLS meets requirements for CPR with documentation of current certification)
- Medication Administration Certificate (MD, PA, ARNP, RN, LPN, paramedic, pharmacist meets requirements for Medication Administration with documentation of current certification)
- Universal Precautions Certificate (MD, PA, ARNP, RN, LPN, EMT, First Responder, paramedic meets requirements for Universal Precautions with documentation of current certification)

Collected by DCCCA, but not submitted to DCF (uploaded to eReach):

- Sample Menu
- Vehicle Safety Check
- Health Assessments for all family members
- Immunization records for children under the age of 18
- TB test results for anyone over the age of 16
- Confidentiality Policy
- Behavior Management Policy
- Copy of driver's license
- Copy of vehicle insurance
- Income verification (copies of pay stubs or tax returns)
- Pet vaccination records
- Direct Deposit Authorization (must include a copy of a voided check or a document from the bank with the account number)
- Fireplace waiver, if not in use, or documentation from a chimney sweep (if applicable)
- Motor Vehicle Report (MVR)
- Respite Certificate (if approved)

DCCCA will complete a walk-through of the home in preparation for the DCF surveyor. DCCCA will complete a survey and Notice of Survey Finding (NOSF) noting any areas of noncompliance. DCCCA will submit the application packet to DCF Licensing. Upon receipt of the application, a DCF Licensing surveyor will be assigned to complete a walk-through of the applicant's home. The Specialist will attend this survey visit to support the home and provide any required documents.

Following the DCF Licensing visit, an NOSF will be left by the surveyor. If the home has regulation violations, a permanent license will not be issued until DCCCA completes a Compliance Action Plan (CAP) and submits it to DCF Licensing.

Once a license is issued, DCCCA will notify the family and welcome them. If a Specialist has not been assigned, one will be assigned at this point.

Background and Child Abuse Registry Checks

Prior to licensure and annually, each foster family shall complete and pass a criminal background and child abuse registry check for all individuals in the home 10 years of age and older. Any time a new individual 10

years of age and older (excluding foster children) regularly volunteers, works or resides in the foster home, the above checks must be completed prior to occurrence.

Due to the Adam Walsh Child Protection and Safety Act of 2006, all members of the foster family, living in the home, 14 years of age and over, must be fingerprinted and results kept in DCF's RAPBACK database as part of the licensing process. DCCCA Training and Licensing Specialists will fingerprint whenever possible or will provide alternate locations to be fingerprinted. The family will need to connect with that location for specific details. When going to the designated location, each family member will need to provide identification. Fingerprints will be added to the RAPBACK system to ensure ongoing, real-time notifications and updates about any arrests and/or charges that do not end up in convictions. When a family closes their foster care license, their fingerprints should be removed from the RAPBACK system by DCF Licensing.

DCCCA will be notified by DCF Licensing if a family member or caregiver has a prohibited offense and will provide the individuals with further instructions and/or alternatives, if appropriate.

Full approval to provide foster care will not be given by DCF Licensing until both KBI and FBI results have been submitted and each parent is approved.

Assessment Process

Prior to licensure, each family applying for a foster care license will participate in an initial family assessment, as well as at time of renewal and when there are changes in health, marital status, family composition, employment, and amendments.

The assessment will include, but is not limited to, the following:

- Financial information
- Other family members
- Motivation for providing foster care
- Family environment
- Family's attitudes towards foster children and/or current placements:
- Family's attitudes towards birth parents
- Adjustment of foster parent's own children
- Child caring skills/parenting styles and strengths
- Family's strengths and needs, including licensing concerns
- Three references have been obtained and are in the file
- All clearances, checks have been completed and are in the file
- Any concerns or issues with references or clearances
- Type of children desired for placement
- Type of children not appropriate for placement

During annual assessments, foster parent's skills are evaluated, and recommendations are made based on observations and placement stability over the past year.

Mandated Reporter Policy

Foster parents, as well as DCCCA CPA staff, are mandated by state law to report suspected neglect, physical, mental, emotional or sexual abuse of a child in foster care within 24 hours of discovery. This must be done by telephone or electronically to DCF Kansas Protection Report Center or local law enforcement. Foster parents must also notify their Specialist and the Case Manager within 24 hours of discovery by telephone or in writing.

Kansas Protection Report Center 1-800-922-5330

A Guide to Reporting Abuse and Neglect in Kansas

www.dcf.ks.gov/services/PPS/Documents/GuidetoReportingAbuseandNeglect.pdf

Abuse and Neglect Allegations

When an abuse or neglect allegation against a DCCCA foster parent occurs, the concern will be directed to DCF Kansas Protection Report Center. DCF Intake and Assessment will review the concern and determine if DCF Prevention and Protection Services (PPS) and/or a DCF Licensing investigation is necessary. DCF is not required to notify the family or DCCCA that a report has been made. All concerns reported to DCF will be referred to DCF Licensing for review. Although DCF PPS or DCF Licensing may notify the Specialist of the allegation(s), the Specialist cannot discuss the details of the incident with the foster family until DCF has met with the family unless DCF allows permission in the event of extenuating circumstances. At times law enforcement may also be involved in investigations. Any law enforcement investigation takes precedence over any DCF investigation.

A foster child may be removed by DCF PPS or the CMP if it is determined in the best interest of the child while an investigation is being conducted. DCCCA also reserves the right to place the foster home on hold until the investigation is complete. The primary goal of each Specialist in this situation must be the safety and well-being of the child.

When DCF PPS, DCF Licensing, and/or law enforcement contacts a foster parent regarding an allegation:

- The family should immediately notify their Specialist. The foster family has the right to request their Specialist be present during interviews. However, DCF PPS, DCF Licensing, and/or law enforcement may deny the request.
- DCF Licensing will review the complaint and may make an unannounced visit, or they may attempt to visit the foster home with the DCCCA Specialist. The Specialist cannot notify the foster parent that DCF PPS and/or DCF Licensing will be attending the scheduled visit. During the visit, DCF Licensing and/or DCF PPS will conduct interviews to address concerns and will complete a walk-through of the home. DCF Licensing will determine if there are regulatory violations in the home. These violations may or may not pertain to the abuse or neglect allegation.
- A Notice of Survey Finding (NOSF) will be completed and left with the family. The family should provide a copy of any NOSF to their Specialist if they were not in attendance.
- In the rare event of significant licensing violations, DCF Licensing may recommend revoking the foster home license.
- DCF will indicate that allegations are either substantiated, affirmed, or unsubstantiated. Foster families substantiated or affirmed for abuse or neglect will require a staffing and they may not be

able to remain sponsored by DCCCA. Unsubstantiated allegations may require further action by DCCCA depending on the circumstances.

- The Specialist and Supervisory team will review the results of the investigation and determine if further action is needed. Further action may include a safety plan or a Compliance Action Plan (CAP). These plans will need to be approved and accepted by DCF Licensing.

Foster Parent Insurance

PROPERTY INSURANCE

DCF Licensing requires foster parents to obtain accident and liability vehicle insurance for vehicles owned or leased by a foster family used to transport foster children. Foster parents and other individuals in the home who are transporting, shall submit a copy of their valid driver's license and proof of current vehicle insurance to their Specialist. Each foster family is responsible for reviewing their homeowners/renters and vehicle insurance coverage to determine its coverage prior to initiation of sponsorship. Foster parents are strongly encouraged to maintain appropriate renters, homeowners, and household insurance to cover physical damages that might occur due to caring for foster children. DCCCA is not responsible for repairing or replacing items damaged by a foster child.

PROFESSIONAL LIABILITY INSURANCE

DCCCA provides professional liability insurance coverage to be available for liability issues such as abuse and/or neglect allegations.

The professional liability insurance has a liability limit of \$100,000 per claim. There is a \$1000 deductible per claim that is subtracted from the insurance check to the family.

Examples of situations the policy could cover include:

- Injury of a foster child in the care of a foster parent who is subsequently sued by the child's legal guardians.
- Malpractice liability for failure to provide medical care, therapy, dietary or other special needs of the foster child.

Who is insured?

The licensed foster parents are insured, but only with respect to foster care services performed on behalf of the Certificate holder (DCCCA). If you are insured, the following are included as insured:

- Your relatives who are residents of your household;
- Foster children under the age of 18 while in your custody and control;
- Your legal representative if you die, but only with respect to duties as such.

Individuals who are not insured include relatives or others providing care in the foster home that do not reside in the foster home.

eReach

ExtendedReach (eReach) is the documentation system DCCCA uses to organize family and child information. eReach has a Foster Family Website component that allows foster parents to:

- Upload a picture of the foster family
- See documents needed for the foster care license
- Keep track of training hours
- Find reimbursement information
- Upload documents
- Find forms
- Sign documents
- See information about foster children in the home

Foster parents will receive an email from alerts@extendedreach.com. Foster parents will click the link and follow the instructions. Below is an example of the emails the foster family will receive.

-----Original Message-----

From: alerts@extendedreach.com <alerts@extendedreach.com>

Sent: Tuesday, March 2, 2021 8:46 AM

To:

Subject: [External] Invitation to DCCCA's Foster Family Website

EXTERNAL:

Mickey and Minnie,

Welcome to DCCCA's Foster Family Website, an easy-to-use, secure online center that will help you stay connected. Here, you will find many great resources that will allow you to serve your community's hurting children and their families.

Please join DCCCA's Foster Family Website by clicking the link below to create your own individual account:

https://kshome.extendedreach.com/Clients/Kansas/ksfcfp.nsf/F_SIGNUP?Open&UNID=E7894E04BEAEDBA285258685005BA159&E=1

Once you have logged into your own personal account, we encourage you to bookmark this website in your web browser so you may access it easily for future updates, trainings and more. We hope that you will come here often and find this site valuable.

If you have questions regarding the Foster Family Website, please contact your agency worker or refer to the Foster Family Website User Manual:

<http://ffwwelcome.extendedreach.com>

Your friends at DCCCA

Once the password has been changed, the foster family will receive the following email:

-----Original Message-----
From: Foster Family Website <alerts@extendedreach.com>
Sent: Tuesday, March 2, 2021 8:47 AM
To:
Subject: [External] Foster Family Website Activation from DCCCA

EXTERNAL:

Mickey,

Your user id is now active.

To access the DCCCA Foster Family Website, go to this web site address:

<https://kshome.extendedreach.com/>

If you have any questions, please contact your Specialist.

Any forms the Specialist sends from eReach will also come from alerts@extendedreach.com.
The Foster Family Website can be accessed at any time at <https://kshome.extendedreach.com/>.

On the Foster Family Website are 3 tabs: Communication, Children and My Foster Home

COMMUNICATION

The Communication tab opens at login. Foster parents can communicate with the Specialist on the Message Board and review past communications. There is also a section for Reminders of when documents are due.

CHILDREN

Under the Children tab foster parents can see each Current Placement and Blank Child Forms, which can be printed and used for any child as necessary. When a child is selected, the foster parent will be able to see information about them including Medications, Shared Files, Contacts, Reminders. Online forms are forms that can be completed for that specific child.

MY FOSTER HOME

The My Foster Home tab has information about the family, how to contact the DCCCA Specialist, blank forms that can be printed, training hours completed for current renewal period, shared documents and reimbursement information. There is also a Checklist of all documents that will be needed for foster care license renewal, including some documents that can be found by selecting Show Optional Items. Optional items are shown with a white circle next to them. Green circles indicate that a document is up to date. Yellow circles indicate that a document is due soon, and red indicates that a document is past due or has expired. To upload a document, select Upload Documentation, select the type of report, and Choose file; then submit.

Annual License Renewal

All foster homes must renew their license once per year. The renewal date is based on when the full license was issued. For example, if a license was issued in March 2021, the renewal date will be March 2022. However, if the family moves, the renewal date will change. If there is a change of ownership, adding or

removing someone from the license, the renewal date may change to reflect the updated information. Families should complete all renewal paperwork in eReach.

The following is a list of documents that are required for each renewal. Complete all items included below and ensure all forms are signed by each foster parent on the license. The Specialist will check the child's binder to verify required documentation is present.

Renewal Application Includes:

- Renewal Application and Foster Family Budget (residents living in the home)
- FCL002 Authorization for Background Check (completed for any child who has turned 10 since the previous renewal and anyone newly associated with the home who is over the age of 10. This form should also be completed for anyone who is no longer associated with the home to remove them from the DCF database.)

Items the family will need to complete/provide:

- DCCCA Confidentiality Policy
- DCCCA Behavior Management Policy
- MVR
- Yearly Mechanical Safety Check form (each vehicle used to transport foster children)
- Copy of current driver's license
- Copy of current proof of vehicle insurance for every driver in the home transporting foster children
- Direct Deposit Authorization Form (if changes)
- Copy of annual health assessment for each foster parent
- Copy of immunization records for children under 18 years of age (if updated)
- Copy of TB test for any child who has turned 16 since the last renewal
- Current copy of income verification (i.e., recent pay stub or recent tax return)
- Copy of training certificates for each foster parent (if not previously provided)
- Copy of current rabies vaccination (if applicable)
- Copy of annual chimney inspection and completed recommendations or signed waiver not to use (if applicable)
- Copy of well inspection (if applicable)
- Copy of septic inspection (if applicable)
- Copy of fire and tornado drills
- Copy of PH and chlorine level tests (if applicable)

Be prepared to discuss information regarding changes with your family in the past year to complete the annual family assessment.

- Employment/Education
- Family Composition
- Health of family members
- Other significant changes that affect the family as a whole

A copy of all paperwork will be provided to the foster family to keep in the home.

The Specialist will complete the renewal survey with the family and email all required paperwork to DCF Licensing at least 30 days prior to the due date.

DCF Licensing conducts the annual renewal surveys on all family foster homes. The Specialist should be notified by DCF Licensing staff and the foster family when an appointment for the survey has been scheduled. The Specialist should attend or another DCCCA representative if the Specialist is not available. It is important the foster home is compliant in all areas. Noncompliance findings will need to be corrected within 5 calendar days of the surveyor's visit.

If a renewal application is not submitted by the 15th of the month following when it is due, DCF Licensing expects for the CPA to submit a Family Foster Home Request to Close or a Child Placement Agency Withdrawal of Sponsorship form. If there are extenuating circumstances, the foster family should discuss with the DCCCA Specialist.

Foster Parent Training Guide and Resources

A minimum of 8 hours of training is required each year per foster parent, with at least 2 hours obtained through group training. Additional training is required, based on the level of care (LOC) of the children placed long-term in the home. Specialists will help foster families identify the training hour requirements for their renewal. The following situations will be considered when determining required training hours:

- if all of the foster children are long term placements, each foster parent will need to complete the training hours associated with the highest LOC.
- If a foster family typically accepts Basic 1 or 2 level children for long term placements but accepts a child with an Intensive 1 or 2 LOC, training hours for the lower LOC is the requirement because it is based on the LOC for long term placements.
- When the LOC is raised or lowered for a foster child, each foster parent is expected to complete the appropriate training hours of the LOC for the 'majority' of the licensing year. For example: A foster child who has been with the foster family for 11 months with a LOC of Basic 3 and the LOC increases to Intensive 1 right before the foster family's renewal, training hours for Basic 3 would be the requirement at the time of the renewal. The LOC for the 'majority' of the licensing year will be required.

Training hours for each LOC are listed below.

- Basic 1, Tiers 2-5, and respite only = 8 hours
- Basic 2 = 9 hours
- Basic 3 = 11 hours
- Intensive 1, Intensive 2, Treatment Transition, and Tier 1 = 13 hours (An exception may be available for this level.)

DCCCA wants to acknowledge foster parents who have life/work experiences and will offer an exception to required training hours based on experience. For example, if a foster parent is employed at a PRTF, CMP, is a teacher, counselor, probation officer, etc., that work experience could be counted as training hours. Every individual will still be required to meet the minimum of 8 hours; and the work/life experience will only count towards the 13 hour training requirements.

- licensed and/or relevant work experience for 2 to 5 years = 1 hr. 12 hours will need to be completed.
- licensed and/or relevant work experience for 6 to 9 years = 3 hrs. 10 hours will need to be completed.
- licensed and/or relevant work experience 10 or more years = 5 hrs. 8 hours will need to be completed.

Foster parents will need to discuss this with their Specialist to see if the exception would apply. Specialists must submit the training hour exception request form to the Supervisor for approval.

Certificates should be saved in the foster home's personal file or in eReach to be presented at the time of license renewal. Certificates can be uploaded by foster parents in eReach under the My Foster Home tab > Upload Documentation > Report type: Other Training (Parent A or B).

Trainings can be provided by DCCCA, universities, online programs, other foster care agencies or community providers from which the foster parent receives certificates of attendance. Some programs and/or situations may require specific training (i.e. SED Respite, etc.). Foster parents willing to accept foster children who may require physical restraint and/or that are participating in the SED Program are required by DCCCA to participate in an approved physical restraint training. Examples of DCF approved physical restraint trainings are Crisis Prevention Institute (CPI), Managing Aggressive Behaviors (MAB) and the MANDT system.

DCCCA encourages foster parents to complete a variety of trainings. Training topics must cover areas such as:

- Attachment issues and disorders
- Cultural Diversity
- Behavior Management
- Child development
- Communicating with the families of children in foster care
- Constructive problem solving
- Health; Home safety
- Human sexuality
- Interactions with children
- Regulations governing family foster homes
- Medication administration
- Post-traumatic stress disorder and other Mental Illnesses
- Separation issues
- Specific topics related to children with special needs; etc.

Training options:

BOOKS or VIDEOS

Books and videos must be approved by the Specialist to meet training requirements. The 'Licensed Family Foster Home Report of Directed Readings or Approved Video' form must be completed and submitted to the Specialist to receive training hours. The form is located on the DCCCA website at <https://www.dccca.org/wp-content/uploads/Book-Video-Newsletter-2020.pdf>

Training hours:

| Video | Length of video |
|-----------------------------------|---|
| 10 pages | 15 minutes |
| 25 pages | 30 minutes |
| 50 pages | 60 minutes |
| 100 pages | 120 minutes |
| Popular article | 15 minutes |
| Professional journal (5 pages) | 30 minutes |
| DCCCA newsletter/training article | 30 minutes (up to 3 hours per licensing year) |

SUPPORT GROUP

DCCCA provides information about known support groups to families to allow the opportunity to connect, network, and obtain group training hours.

VIRTUAL TRAININGS, SEMINARS, CLASSES, CONFERENCES

Foster parents may complete trainings from the Children's Alliance website (www.childdaily.org), other online trainings, and seminars, classes, and conferences. Approval for trainings should be obtained prior to completion to ensure the training will be approved by DCF Licensing. Documentation of completion of trainings must be provided to the Specialist and include the name of the training, date, time, and trainer's name.

It is expected that each foster parent keeps track of their training hours and provides copies of certificates to their Specialist.

Please see DCF Licensing regulation K.A.R. 28-4-806 for additional training requirements. Failure to meet the licensing regulations shall result in a Compliance Action Plan (CAP) for the foster parent.

Monthly Newsletters

Newsletters are created and e-mailed to foster parents at the beginning of each month.

The newsletter will include a Family Spotlight, Employee Spotlight, Shining Stars, Family Centered articles, training and support group information, policy of the month, agency information/events, informational articles, and a Staff Contact List.

The Family Spotlight highlights an experienced foster home with at least two years of licensure with DCCCA that has not been previously recognized.

The "Shining Stars" section features kids identified by foster families to spotlight their accomplishments, everything from taking a first step to graduating from high school.

Homes can receive .5 hours of credit for each newsletter they read up to 3 hours (each renewal year) by completing a Book-Video-Newsletter Form, located on the DCCCA website at <https://www.dccca.org/wp-content/uploads/Book-Video-Newsletter-2020.pdf>

Foster Parent Appreciation Events

DCCCA strives to hold at least two local foster parent appreciation events each year, a Christmas party and an appreciation event that is typically held in May or June. Staff work together to plan the party and secure donations of food and gifts.

Foster families receive gifts from DCCCA around the time of each event. If a family does not attend the event, then the staff is responsible for ensuring the family receives gifts in a timely manner, by the end of the event month.

Foster Home Transfers from Other Agencies

When a foster family is interested in transferring to DCCCA, they should contact DCCCA at 1-877-306-6250 or <https://family.binti.com/users/signup/dccca-ks-transfer>. DCCCA will answer their questions, provide information about DCCCA and conduct a pre-screen. At least two DCCCA CPA staff members will schedule to meet in the foster home, conduct a transfer family assessment, obtain a Release of Information (ROI) and an FCL 000 Release of Compliance History.

The FCL 000 Release of Compliance History will be sent to DCF to receive compliance information. Following the transfer home visit and completion of initial paperwork, a transfer staffing must be held to determine if DCCCA would like to sponsor the family. If DCCCA has agreed to accept sponsorship of the home, the family will be notified (typically by one of the staff that completed the transfer home visit). The foster family must speak to their current sponsoring agency to inform them of their decision to transfer prior to DCCCA submitting the ROI. Once that has occurred, the ROI should be sent to the current sponsoring agency. Paperwork from the previous sponsoring agency must be received, reviewed, and accepted before transfer paperwork is submitted to DCF, unless an exception has been made due to the other agency not providing the file. When a family has been accepted by DCCCA as a transfer, the appropriate forms are submitted to DCF Licensing via email to request the transfer. The transfer date will be the date the foster family wrote on the form.

DCCCA Cross Training

Foster families that have transferred or were trained by another agency must complete Cross Training. This training will occur quarterly or as needed for families and staff to learn more about DCCCA policies.

Cross Training topics include, but are not limited to:

- Reflecting and revisiting the motivation to do foster care
- Why DCCCA staff is on-call 24/7 and expectations from families regarding after-hours communication
- Reminding families who they can call in case of emergency such as Specialist, Supervisor, Placement staff, Coordinator, Advisor, etc.
- Reiterating the roles of the Specialist such as providing support to the family regarding behaviors of the children, issues with the child's worker, and acting as a sounding board for issues in the family
- Communication expectations
- Respite policy and practices
- Disruption policy

- What is expected regarding attending court, preparing court reports, and having the Specialist review the report
- Attendance and expectations of case plan meetings
- Mentoring expectations of the foster family with the birth family
- Importance of accurate documentation
- Cell phone expectations of foster children
- Transportation expectations
- Regulations regarding foster children's belongings, gifts, and earnings
- Understanding the value of foster children's belongings, regardless of foster parent's interpretation of the item
- Foster parents should be conscientious of their interactions with birth parents and the foster child's perception of that relationship
- Appropriate ways of addressing the foster child and what the foster child feels comfortable with
- How foster child will address foster parent based on comfort level
- Rules regarding haircuts and the need for birth parent's permission
- Social media rules such as not posting pictures of foster children on the internet
- Sleeping arrangements including appropriate beds, bedding, and room sharing
- Regulations regarding medication documentation, storage, and administration
- Importance of scheduling and attending medical and therapy appointments
- Maintaining confidentiality and respect toward the foster children
- The importance of nurturing equal relationships between birth and foster children
- Behavior management policy
- Matching foster children with foster homes that are the best fit for the child and the family

Amendments

If a foster family wishes to change the parameters of the foster home license (capacity and/or age range) and it is appropriate, the foster parent(s) will work with the DCCCA Specialist to request an amendment. The Specialist will staff with a Supervisor and if approved, the form will be filled out, signed by foster parent(s) and submitted. When requesting a reduction in age range for ages ten and younger, the amendment request shall include verification of compliance with environmental regulations (K.A.R. 28-4-820) and sleeping arrangements (K.A. R. 28-4-821). 2) To request an increase in capacity, the amendment request shall include a floor plan (include room and window dimensions) with bedrooms numbered. It is important to note DCF Licensing may conduct a walk-through of the home if an amendment is submitted.

If an amendment is requested at the time of renewal, the renewal application should reflect the current licensed information. An amendment form and worksheet must be submitted with the renewal paperwork. If a foster family is licensed for specific children and would like to provide general foster care, a new application and updated family assessment must be submitted.

The foster family will receive a copy of the amended license, if approved, from either the DCCCA Specialist or DCF Licensing. An amendment will not change a renewal date.

Specific Child to General Care

Foster families that want to change their license from an NRKIN home to general care must complete a new application. DCF Licensing will likely conduct a walk-through of the home. A change in program type will replace the need for a current renewal. A new license will be issued with a new renewal date.

Exceptions

There may be times that a foster family is unable to meet licensing regulations and an exception is needed. Some examples include room size, going over capacity, the use of alarms in a bedroom and more. Over capacity exceptions must be approved by DCF Licensing prior to the child being placed in a foster home. When the Specialist identifies the need for an exception, they will complete an exception request. Once the exception is approved by DCF Licensing, DCCCA will provide a copy to the foster family for their records and DCCCA will keep a copy as well.

In some instances, an exception will be denied. Some reasons include:

- Complaint investigation pending at the time of submission of the request
- Home is licensed for a specific child(ren) only and request is to place child(ren) unrelated to the specific child(ren) in placement
- Home is on a CAP (Compliance Action Plan) for annual training hours not completed at renewal
- Home is on a CAP in response to a complaint investigation and the CAP requires additional training or classes that are not yet completed at the time of the request
- No indication that other homes or CPAs were checked for placement without the need for an exception
- Home already has an exception for over capacity

Change of Ownership

When a foster home is adding or removing a foster parent to the license, a Change of Ownership must be completed. The foster family will complete the paperwork that is required for an initial licensing and mark 'Change of Ownership' on the Application. It is important to note DCF Licensing will likely conduct a walk-through of the home to ensure the home is still in compliance based on the changes. A Change of Ownership will replace the need for a current renewal. A new license will be issued with a new renewal date.

Foster Family Move

If a foster family is planning to move to a new home, the Specialist should be notified as soon as possible. The current foster home license is voided once the family moves to a new address. A new application must be submitted within 14 days of the move. A walk-through of the new home should be done by the Specialist prior to the move to identify any licensing barriers.

Upon receiving/processing the application, DCF Licensing will issue a temporary permit for those homes that move with a child in placement, if all health and safety concerns listed on the NOSF are addressed. A full license will be issued upon the licensing survey being completed and the home being in full compliance. No new placements of children should occur until the temporary permit is received.

Closures

If a foster family is considering closing their license, the procedure is as follows:

A Supervisor will contact the foster family to discuss reasons for closing and alternatives to closing. Alternative options could include the foster home going 'on hold' for the time being, considering respite, explore looking at the foster family's preferences, additional support services, providing a mentor family, requesting a different Specialist, etc.

If the decision is to close the foster home license, the Supervisor or the Training and Recruitment Supervisor will complete an exit interview with the family.

The foster family should complete an Intent to Close form and return the form to DCCCA to be submitted to DCF Licensing. DCF Licensing will close the home the date listed on the form.

Withdrawal or Transfer of Sponsorship

The decision to end sponsorship will not be made lightly. DCCCA staff will assist the family in problem solving, but if the foster family decides to leave the agency, that decision will be respected. The foster family may choose to transfer to another agency or close their foster care license for many reasons. Examples may include changes in a family status, financial, health or medical reasons, inability to meet licensing regulations or dissatisfaction with DCCCA.

When a foster family chooses to transfer to another agency, the foster family should communicate with their Specialist to discuss the transfer process. DCCCA should get a request for records from the other agency and will promptly provide the records.

DCCCA may choose to withdrawal sponsorship. The following are some reasons that withdrawing may occur:

- Lack of following DCCCA/DCF Licensing policy (failure to complete a Compliance Action Plan or to follow a Safety Plan)
- Substantiated or Affirmed abuse or neglect
- Repeated investigations
- Lack of communication
- Lack of completed closure form after repeated attempts to obtain from the foster parent(s)

If DCCCA decides to withdraw sponsorship due to the family being unable to meet DCCCA and/or DCF Licensing requirements, the foster family may be given the opportunity to transfer to another agency in a provided time frame. If the family is unable to transfer within that time frame, DCCCA will submit the Withdrawal of Sponsorship form to DCF Licensing and provide notice to the family.

Dispute Resolution Procedure and Grievance Policy

DCCCA will not deny services based on race, religion, color, gender, national origin or citizenship status, age, disability, political affiliation, sexual orientation or any manner prohibited by the laws of the United States and the state of Kansas.

Disagreements with DCCCA, Inc. policies and procedures, state regulations and/or laws, or policies and procedures of the CMPs are not grounds to initiate the dispute resolution process.

If at any time a foster parent believes he/she have not been treated fairly, the foster parent shall attempt to resolve any disagreements or concerns with the immediate DCCCA staff involved before proceeding through the dispute resolution process.

The foster parent is encouraged to discuss concerns with their Specialist. If the issue is not resolved at the level of foster parent to Specialist, the foster parent shall request a formal meeting with the CPA Supervisor to discuss the area(s) of concern. Should further resolution of the issue be required, the foster parent should request a formal meeting with the CPA Director. Any complaint at this level should be in writing and state why the actions taken up to this point have not been appropriate and what actions need to happen to resolve the issue. In most cases, another DCCCA staff member will be present during this meeting. If there is no resolution following this meeting, the foster parent may present the complaint in writing, to the CEO of DCCCA.

Within one week, the CEO shall review the complaint. If the complaint is denied, a written response will be provided within one week which includes the reasons for the decision made. The CEO may meet with the foster parent to attempt to reach a resolution. This review and/or meeting is entirely within the discretion of the CEO. Once the CEO reaches a decision regarding the complaint, the decision is final and is not subject to further internal dispute resolution processes or internal appeals. The foster parent will be notified in writing of the final decision.

If the foster parent wishes to appeal the Withdrawal of Sponsorship decision, a written and signed letter of appeal should be completed as described in the Dispute Resolution and Grievance Policy, no later than 10 days from notification of the withdrawal of sponsorship. When appropriate, DCCCA will give the home 30 days' notice prior to withdrawal of sponsorship.

Placement Procedure

Placement Staff receives numerous referrals each day for children needing placement. These may come through phone calls, email, or the DCF CareMatch system.

A CareMatch algorithm should be used to review information on all foster homes and selects the homes whose criteria best meet the needs of children awaiting placement. When a home is identified as a match in CareMatch, Placement Staff notifies the assigned Specialist. The Specialist will then call the family and review the information about that child. If the Specialist is unavailable due to being in a home visit, at court, traveling, on vacation or sick, the Supervisor will be contacted. When appropriate, Placement may contact the family directly. All information on the referral should be shared with the family.

For an extensive list of questions that foster parents may choose to ask, see Questions to Ask Prior to Placement of a Child in the Forms section of this manual.

Pre-placement visits (PPV's) are typically for children who have higher levels of care and are utilized to avoid disruptions for children who have already had multiple placements. DCCCA would rarely recommend a PPV for young children or Basic LOC placements due to the trauma that each move creates.

Best practice is to place siblings together when appropriate. Some potential reasons this may not be possible include sibling dynamics, the size of the sibling set, safety, space in the foster home, and/or foster parent's vehicle space.

Even though placement has been arranged, there is no guarantee the child will be placed. Reasons for the placement not occurring include a home or contiguous county placement being located, placement in relative or nonrelative kinship home, placement with siblings, child is not located, etc. It is the responsibility of the CMP to continually locate, explore, and utilize relative and non-related kinship homes for placement throughout the duration of the case.

Once placement has been confirmed by the CMP and DCCCA, the Case Manager, Family Support Worker, or Transporter should contact the foster home to make arrangements for the child to be placed. Foster parents will sign a placement agreement in eReach for each child placed in the home by going to the Foster Family Website. Under the Children tab, select the child, and select Placement Agreement (DCCCA Family) in the Online Forms section. The placement agreement outlines the responsibilities of DCCCA and the foster parents. At the bottom of the form is a place for an electronic signature. Both foster parents (if applicable) should sign. Once signed, click Submit, and it will automatically be sent to the Specialist to complete. Once the Specialist completes it, a PDF document will appear in the child's file that can be downloaded, printed or shown for medical appointments.

Deciding Factors for Placement

It is important to consider the following factors when considering a child for placement:

- Location needs based on referral
- Siblings
- Child's age
- Child's gender
- Child's history
- Child's behaviors
- Child's mental health
- Child's medical health
- Composition of foster family
- Religious activity and attendance of foster family or child
- Activity level of foster family or child
- Foster family's willingness and ability to meet the identified needs of the child
- Strengths and needs of the foster family and child
- Proximity to child's school
- Community supports available to meet the child's needs
- Day care needs

Assessing the strengths and needs of the foster child and those of the foster family directly contributes to placement stability and satisfaction. DCCCA staff encourages foster parents throughout their sponsorship to carefully consider each referral. It is important for foster parents to know their own abilities and be willing to reassess their abilities prior to each placement. DCCCA foster families have the choice to decline placement.

Once a child is placed in a foster home, the length of placement is subject to change as determined by the CMPs. Potential reasons for change in placement may include a relative or non-related kinship home, a foster home with a prior relationship to the child, reuniting all siblings in one foster home, or closer placement has been located to facilitate reintegration with the birth parent(s). DCCCA staff are committed to supporting foster families during these changes.

It is the responsibility of the CMP to continually locate, explore, and utilize relative and non-related kinship homes for placement throughout the duration of the case.

Level of Care (LOC)

Each foster child has a reimbursement rate associated with their level of care (LOC). Rates are determined by the CMP by using a LOC tool.

The corresponding reimbursement rate for each LOC is as follows:

| | |
|------------------------|-------|
| Basic 1 | \$24 |
| Basic 2 | \$40 |
| Basic 3 | \$60 |
| Intensive 1 | \$75 |
| Intensive 2 | \$90 |
| Transitional Treatment | \$108 |

There are some children who qualify for an I/DD-Tier LOC. There are 5 tiers: 1 being the highest level of needs and 5 being the lowest level of needs. The tier level determines the reimbursement rate. These children may qualify for Supplemental Security Income (SSI) which may affect the daily reimbursement rate. Discuss with the Specialist if there are questions or if applicable.

ADD-ON RATES

There is a \$25 emergency add-on that may be approved on a case by case basis based on the efforts of the CPA and foster family for emergency placements. This is limited to 4 consecutive days. The CMP must approve the add-on rate and typically they do not.

There are additional add-on rates, \$10 for pregnant youth in care and \$15 for youth with a baby not in DCF custody.

LOC DISPUTE

There are times when the Specialist must dispute a LOC. Examples of this could include when an agency lowers the LOC of a child or if a child's behaviors have increased and a higher LOC is needed. Specialists will notify foster families of potential rate changes, date of the change, and the change in reimbursement amount. If a dispute is appropriate, DCCCA has 7 calendar days (not business days) to submit the necessary paperwork. In order to ensure each child's LOC is accurate, it is imperative that all behavioral, mental health, medical, social, and educational needs are reported to the Specialist.

When disputing a LOC decrease or asking for an increase, the Specialist and/or the Case Manager will ask the foster family to complete a Caregiver Response Tool (CRT) or ask questions regarding information on frequency, duration, and intensity of the below areas:

- Describe behaviors occurring in all settings
- List all medications child currently takes
- List all mental health services the child receives, i.e.: individual therapy, psychosocial group, case management, medication management, etc.

- Get letters from therapist and school giving updates on child's treatment goals and behaviors at school

The CMP will refuse to process requests for increases if documentation is not consistent with the information in the monthly reports and/or critical incident reports. Therefore, it is important to communicate information with the DCCCA Specialist and the Case Manager on a regular basis.

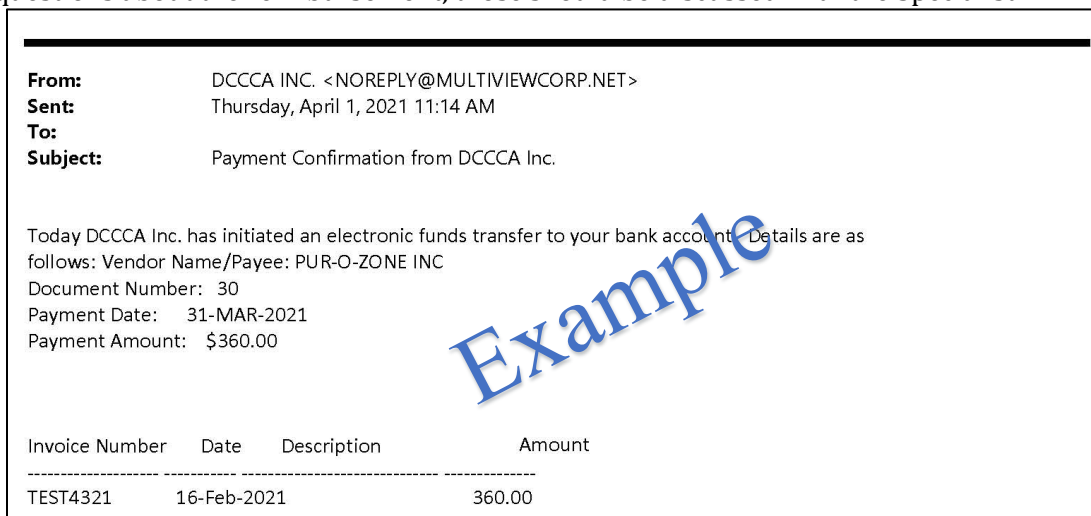
If the LOC is changed, a new Foster Family Placement Agreement must be signed in eReach.

Reimbursing Foster Families

Each family is entitled to reimbursement for the care of each foster child. The amount of the reimbursement is based on the LOC of each child. The Specialist tracks reimbursement by the nights each child is in care, and it is the foster family's responsibility to notify their Specialist with any placement changes immediately (including overnight visitation and respite). No reimbursement will be given for the day of discharge. Foster parents receive reimbursement twice a month from DCCCA. The reimbursement periods are the 1st-15th, paid on the 24th, and the 16th-last day of each month, paid on the 9th. Reimbursements can be viewed in eReach under the Family Website.

DCCCA recommends foster families utilize direct deposit for the reimbursement. Direct deposit eliminates barriers associated with paper checks being lost in the mail, sent to the wrong address, delayed by holiday, etc. If there is a change to the foster family bank account being utilized for direct deposit, a new direct deposit form must be completed along with a voided check or a document from the new bank with the account number.

Confirmation of deposit for reimbursement will come in an email from DCCCA, INC <NOREPLY@MULTIVIEWCORP.NET>. Foster parents will not be able to reply to this email. If there are questions about the reimbursement, those should be discussed with the Specialist.



Guidelines for how the monthly reimbursement could be used to meet the child's needs include:

- Clothing and shoes
- Personal items: diapers, shampoo, toothpaste. etc.
- Daycare costs not covered by the CMP - deposits, enrollment

- Fees, activities, etc. (school enrollment fees should be waived for all foster children)
- Allowance
- Independent living needs
- Recreational activities
- Family activities

If a child placed in the home is hospitalized and the foster parent is willing to take the child back, the foster home could be reimbursed for holding the bed. Days 1-7 are reimbursed at the current LOC, days 8-14 are reimbursed at \$24/day, and days 15-90 are reimbursed at \$5/day. If the child is on the I/DD waiver, days 1-14 are reimbursed at \$24/day, and days 15-90 are reimbursed at \$5/day. Requests to extend a bed hold past 90 days can be made by DCCCA to the DCF Foster Care Program Manager for approval.

Section 131(a) of the Internal Revenue Code states that qualified foster care reimbursements are generally excluded from the gross income of foster care providers. Reimbursements which are not designated specifically for the care of foster children are not excluded from gross income and are taxable. This would include recruitment bonuses paid for bringing new homes to the agency. DCCCA must report these payments to the IRS each year. DCCCA is not able to give tax advice, so it is recommended that foster families contact a tax advisor if there are any questions, or the foster family needs further clarification. Please keep all reimbursement documentation for record purposes.

Federal Laws / Acts / Rights

There are several federal laws/acts/rights that apply to foster homes and the placement of foster children:

FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT

This Act was created to help vulnerable children find a safe, loving, and permanent home by increasing opportunities for adoption and relative guardianship. Improvement of education and health care services for children in foster care and extended federal support for transition programs to the age of 21 are also included. This act will also offer federal protections for American Indian children.

Areas of focus:

- Notice to relatives when children enter foster care will be provided to increase the chance of children staying with a family member
- Kinship Navigator Programs – ‘Family Connection’ grants will be provided for these programs to connect relatives with resources and support when caring for children of a family member
- Subsidized guardianship payments for relatives – States are provided with federal funds for payments to guardianship families for supporting children of family members
- Licensing standards of relatives – Non-safety related licensing standards for relatives may be waived on a case-by-case basis
- Incentives for adoption – State incentives are increased to find adoptive families for children in foster care, especially older youth or children with special need
- Adoption assistance – Increases opportunities for children with special needs to receive federally supported adoption assistance without regard to family income
- Establishes ‘Family Connection’ grants – Increases resources for Kinship Navigator programs and provides funds for ‘Family Group Decision Making’, ‘Family Finding’, and ‘Residential Family-Based

Substance Abuse Treatment' programs which help children remain with family members and out of foster care

- Keeping siblings together – States are required to make reasonable efforts to place siblings together when they must be removed from their parent's home. When siblings are separated, states must make reasonable efforts to provide frequent visits
- Extended federal support for training of staff who work with and care for children in the child welfare system

INDIAN CHILD WELFARE ACT (ICWA)

ICWA is a federal law that seeks to keep American Indian children with American Indian families. Congress passed ICWA in 1978 in response to the high number of Indian children being removed from their homes. The purpose of ICWA is "...to protect the best interest of Indian children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children and placement of such children in homes which will reflect the unique values of Indian culture..." (25 U.S.C. 1902).

Criteria for Placements:

ICWA describes criteria that must be met when placing a child in foster care or pre-adoptive care. Preference shall be given to a placement with (i) a member of the Indian child's extended family, (ii) a foster home licensed, approved, or specified by the Indian child's tribe, (iii) an Indian foster home licensed or approved by an authorized non-Indian licensing authority or (iv) an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs (25 U.S.C. 1915 (b)).

When placing an American Indian child in an adoptive placement, preference shall be given to a placement with (1) a member of the child's extended family, (2) other members of the Indian child's tribe or (3) other Indian families (25 U.S.C. 1915 (a)).

If a foster family is identified as ICWA, a copy of the Certificate Degree of Indian Blood (CDIB) card must be provided to the Specialist.

If an ICWA foster home is identified for an American Indian registered child not placed in an ICWA home, the child could be moved to the ICWA foster home with little notice.

MULTI-ETHNIC PLACEMENT ACT (MEPA)

MEPA was enacted in 1994 to prevent the denial or delay of placement for foster care while foster parents of the same race were found.

Its purpose is threefold:

- to decrease the length of time children experienced waiting to be adopted
- to prevent discrimination in the placement of children on the basis of color, race or national origin
- to identify and recruit foster homes who can meet the need of the children

States are required to diligently recruit potential foster families who reflect the ethnic and racial diversity of the children needing homes. MEPA prohibits placement decisions based solely on race, color or national

origins but these factors can be used when making decisions on the capacity of a specific home to meet the needs of the child.

DCCCA will place children in a home that can meet their needs by following MEPA guidelines.

REASONABLE AND PRUDENT PARENTING STANDARD

The Reasonable and Prudent Parenting Standard calls for the foster parent to consider factors in making decisions on behalf of the child. Foster children should be given the same opportunities and choices as children not in foster care. Foster parents will be reasonable and make careful decisions, weighing the benefits and potential risks to decide in the best interest of the child. Examples of opportunities/activities could include:

- School or community-based sports
- Civic activities, such as volunteering, Girl Scouts or Boy Scouts
- Cultural activities—theatre, dance, or arts
- Attending a community event such as a festival or holiday celebration
- Social activities with friends and peers, including unsupervised social activities, such as:
 - Going to the movies
 - Trips to the mall
 - Athletic events
 - Dating
 - Visiting friends' houses & having friend's visit the foster home
- Use of cell phones, internet, and social media
- Job opportunities
- Travel, yearbook photos, driver's licenses, and learner's permits

The foster parent needs to use their judgment in giving opportunities to the foster children. The child's age, maturity and developmental level while balancing the overall health and safety of the child should be considered by the caregiver when using the Reasonable and Prudent Parenting Standard.

ADOPTION ASSISTANCE AND CHILD WELFARE ACT

This Act was created to redirect federal fiscal incentives away from out-of-home placement and into preventative services to keep families together. If removal of the child is necessary, reunification or adoption is supported by this Act. Federal reimbursement of adoption subsidies for children with special needs is also made available.

Areas of focus:

- Foster care is intended to ensure the child's needs for nurturance and protection are met in the foster care system
- The foster care program seeks to ensure that the parent-child attachment is strengthened and preserved to meet the child's needs for nurturance and protection
- The foster care program seeks to strengthen and preserve the child's ability to form attached relationships which meet the child's need for nurturance and protection
- Emphasizes family reunification
- Requires regular and systematic judicial oversight of children in foster care

- Provides financial incentives for states to comply with the law
- Requires “reasonable efforts” to prevent removal and achieve reunification is made to receive federal money

ADOPTION AND SAFE FAMILIES ACT (ASFA)

This Act was created to establish a program of adoption assistance, to strengthen the program of foster care assistance for children, and to improve the child welfare, social services, and aid to families with dependent children programs, and for other purposes.

Areas of focus:

- Requires that “reasonable efforts” be made to prevent or eliminate the need for removal of children from their homes or for them to return home safely but does not require “reasonable efforts” be made when there are aggravated circumstances
- Permanency planning hearings should be held every 12 months after a child enters foster care
- States must initiate/join in termination proceedings for children who have been in foster care for 15 out of the past 22 months but allows for circumstances where it may not be necessary to file termination
- ‘Promoting Safe and Stable Families’ program is available for family preservation and support services. Reunification services are available for 15 months from the time a child enters foster care
- Adoption incentives are available to increase the number of adoptions of children in foster care
- States are required to provide health insurance coverage for all special needs children in subsidized adoptions
- States must have procedures for criminal history background checks for prospective foster and adoptive parents before a child is placed
- States must develop plans for and may not delay or deny placement of a child for adoption when an approved family is located outside the jurisdiction handling the child’s case
- States must develop plans to ensure children in foster care are provided with quality services
- References to the safety of the child must be included in the case plan for children in foster care

Foster parents, pre-adoptive parents, or relatives caring for children in foster care must be notified of and have the opportunity to be heard at any review process.

Icebreaker Conversation

An Icebreaker is an informal, facilitated conversation between the child’s birth parents (or removal caregivers) and foster parents. The Icebreaker provides an opportunity for communication and collaboration between birth parents and foster parents so they may begin to partner together to parent the child in care. When birth and foster parents collaborate, the child may adjust more easily with the foster family, is better able to maintain the bond with their birth parents and do better in school.

Icebreakers are facilitated by the Case Manager and typically occur at the CMP’s office. They are most beneficial when they occur early in the child’s placement, and ideally would occur within the first 10 days of placement. These conversations usually last 30-45 minutes. Children under 12 years of age do not need to attend these conversations and children over 12 years of age may attend if it is appropriate and approved by the case team. If it is not possible to hold an in-person conversation, the use of technology may be explored by the case team.

It is the foster parent's role during these conversations to:

- Arrive on time
- Introduce yourself; explain how long you have been a foster parent and why you decided to become a foster parent
- Share what the child's bedroom looks like, activities you enjoy, etc.
- Focus on the child's needs and how you can work with the birth parents and case team to meet those needs
- Recognize the importance each person has in the child's life
- Ask specific information about the child from the birth parents such as bedtime and daily routines, favorite toys, hobbies, foods, likes/dislikes, medical needs, diagnoses, etc.

There may be instances when an Icebreaker conversation is not appropriate such as:

- The child is in a temporary placement
- Birth parents are unwilling or unable to participate
- There are safety concerns for any participant

Case Plan Conferences

A case plan is a consolidated list of goals, objectives, and services the birth parents must complete and identifies the permanency plan. The case plan also includes tasks for the child to complete and outlines the visitation schedule between birth parents and child, Case Manager and birth parents, and Case Manager and child.

When a child comes into care initially, a case plan meeting must be scheduled within 30 days. The Case Manager will schedule the meeting and send invites to the following participants:

- Birth parents
- Parent's attorneys
- Guardian Ad Litem
- Placement
- DCF representative
- Any other interested parties

Foster families are encouraged to participate in the meeting, either in person or by phone. This is the opportunity for the foster parents to report medical, dental, mental health appointments and outcomes, strengths of the child, and areas of concern. If services are needed for the child, those can be added to the child's case plan tasks. The Specialist is also encouraged to participate in the case plan meeting, especially if the foster parents are not able.

At the first case plan meeting, the Case Manager will go over the reason for referral, strengths and challenges of the birth parents, risk factors, support network for birth parents, and necessary services. The goal of the case plan will also be identified. Most often, the goal will begin as 'reintegration.'

The following needs may be addressed in the case plan:

- Social skills
- Physical health
- Mental health
- Family relationships
- Daily living skills
- Academics
- Behavioral and emotional stability
- Visitation

A case plan meeting is required to be held every 180 days a child is in care. The purpose of the meetings is to update the case plan tasks and add or change any tasks as necessary. Case plan meetings can be held earlier than the specified 180 days if the case plan goal is changing. When the goal changes to Reintegration/Adoption, Adoption, or Alternative Planned Permanency Living Arrangement (APPLA), the case plan must be revised to reflect the change, and a DCF representative must be present or on the phone. The CMP is required to submit the case plan to DCF for approval. Once DCF has approved the plan, copies should be mailed to the foster home where the child is placed. This document should go in the child's binder.

The following is a list of the child's tasks that appear on almost all case plans:

- Kan Be Healthy, dental, vision, and immunizations will be maintained and kept current
- CMP will provide case management and DCF will provide case monitoring
- Transportation will be provided per company policy
- A binder and 'Life Book' will be maintained for the child while in out of home placement
- Child will attend daycare or school regularly (if applicable)
- Other possible tasks can include therapy, developmental assessments, and, when appropriate, high risk activity permission, restraint approval, driving permission, and/or a self-care plan

Permanency Goals

All foster children have an assigned permanency goal. Some children may have dual goals, based on the status of their case. For example, a child who has been in the foster care system previously may have a dual goal of reintegration/adoption at the time of re-entering the system. Permanency goals include reintegration, adoption, permanent custodianship, or alternative planned permanency living arrangement (APPLA).

REINTEGRATION

The ideal goal for every child in foster care is for them to be reintegrated back into their home with parents or relatives. Therefore, reintegration is typically the initial goal for a foster child. Reintegration may occur with either both parents, one parent, or a relative who they have lived with previously. In order to achieve reintegration, parent(s) or relative(s) must complete all case plan tasks and be able to maintain stability. If child(ren) have been in out of home placement for 15 of the last 22 months, the goal of adoption may be added to the case plan, resulting in a dual goal. At times this does not occur. Discuss with your Specialist if you have concerns.

When the goal is reintegration/adoption, the parents may continue working toward achieving their case plan tasks. In addition, adoption tasks will be added to the case plan. If the foster family is an adoptive resource for the child, they may begin working on the adoption packet and gathering necessary documents. It is extremely important for the Specialist to frequently remind the foster family that the child could be moved or placed with relatives or non-related kin (NRKIN) at any time.

ADOPTION

When the case plan goal changes to adoption (following termination/relinquishment of parental rights), if the child is over age 14, they must consent to being adopted. Once they have consented, or if they are younger than 14 years of age, the CMP will begin seeking out adoption resources. If the child has siblings, a home willing to adopt siblings together will be sought out first. If there is not a home that is able to adopt all siblings, a sibling split will be requested by the CMP to DCF. Approval of a sibling split is based on the relationship of the siblings, therapist recommendations, placement history, behaviors, number of siblings, and any other pertinent information. If the sibling split is not approved, an adoptive resource for all children will be pursued. If the split is approved, the siblings may be adopted by separate families.

PERMANENT CUSTODIANSHIP

Permanent Custodianship is typically for older children and can occur without termination or relinquishment of parental rights. There is still a legal process to Permanent Custodianship and both parents must consent. Foster families may qualify for financial assistance. The maximum amount is approximately \$300.00 per month per child. Once the foster parent has obtained Permanent Custodianship, they exercise all of the rights of a parent. No on-going oversight or intervention of the court is required, although the court can make orders regarding certain issues.

ALTERNATIVE PLANNED PERMANENCY LIVING ARRANGEMENT (APPLA)

APPLA, also known as Independent Living, is typically considered for older children or for children who have no other permanency options. The Independent Living program through DCF provides services and supports to older youth in foster care to help them successfully transition to self-sufficiency. To be eligible for services, the youth must be in foster care and 14 or older. Additional eligibility requirements vary for individual services. Examples of services and supports include:

- Financial support to assist with completing high school or obtaining a GED
- Educational and Training Voucher to support post-secondary education and/or certified training programs
- Tuition waiver
- Room and board assistance
- Transportation costs
- Book/material fees for educational or training programs
- Leadership opportunities
- Independent Living subsidy
- Medical services through the Medical Card Extension Program

Youth may receive Independent Living skills training, if requested and identified by the youth.

Foster parents should communicate with their Specialist and the youth's Case Manager to determine appropriate services and to request benefits.

Once the youth turns 18, has a diploma or GED, and has a plan for living arrangements and income, the youth can request to be released from custody. Occasionally, the judge will release a child from foster care without an appropriate plan in place.

Specialist Contact and Monitoring

Foster families must be visited by a Specialist a minimum of once per month. During these visits, the Specialist will discuss progress made and behaviors of any foster child(ren) placed in the home. The Specialist will complete a full walk-through at every visit. The Specialist will also address any concerns or requests that the foster family has. Any areas of non-compliance that are discovered at the time of the visit must be addressed during that visit so that full compliance can be achieved.

Frequency of visits:

- Each foster family with a placement must be visited a minimum of one time per month.
- Respite homes that are regularly active must be visited a least one time per month.
- Respite homes that are not regularly active must be seen every 3 months or before a child can be placed there for respite, whichever comes first. Documentation must be completed monthly.
- Homes can be placed on hold for various reasons. Those homes do not need to be visited until they are taken off hold or a child needs placed, whichever comes first.
- The Specialist must visit the home prior to a child being placed in the home if a home visit has not been completed in the past month.

At minimum, one foster parent must be present for the monthly visit, if feasible, preferably both foster parents are present. There is often one foster parent in a home who is more involved in communication with the Specialist. It is important for the Specialist to engage with each foster parent to ensure full understanding of requirements, regulations, and needs. Critical incident data often indicates that there are fewer incidents involving regulation violations when there is consistent communication and involvement from each foster parent.

It is not required for the children to be present for the monthly visit, however, it is strongly recommended that the Specialist observe the foster child in the foster home.

The Specialist and foster parent will communicate to determine if additional visits throughout the month are necessary. The Specialist provides on-call crisis intervention and support 24-hours a day, seven days a week. If the assigned Specialist is not available, the Supervisor should be contacted if there is an emergency. A full list of all emergency contact numbers will be provided in the monthly foster parent newsletter and on the DCCCA website.

When completing a walk-through of the home, the following must be assessed:

- Safety gates at top and bottom of stairs (if licensed for less than 3 years of age)
- Pool/hot tub compliance and logs reviewed (if applicable)
- Sharps compliance (if licensed for under 6 years of age)
- Medication logs reviewed and copied or scanned
- Medication locked
- Outlet covers (if licensed for less than 6 years of age)

- Chemicals/household supplies out of reach or locked (if licensed for less than 10 years of age)
- Household cleaner/personal care products out of reach or locked (if licensed for less than 6 years of age)
- Fireplace protected (if licensed for less than 3 years of age)
- Firearms locked (if applicable)
- Ammunition locked separate from firearms (if applicable)
- Smoke detector/carbon monoxide detector compliance
- Tornado/fire drill log reviewed
- Safety plan/CAP reviewed (if applicable)
- Children's binders reviewed

Information that should be collected about each foster child in the home includes:

- Safety concerns for the child regarding placement
- Any behaviors of the child that puts themselves or others at risk
- If there are risks, a safety plan addressing those concerns
- Critical incidents
- Actions taken to address critical incidents
- Dates, location, length of visits with birth family, Case Manager/Family Support Worker, CASA and any significant comments about those visits
- Medications the child is taking (if applicable)
- Any medication errors, steps to resolve those errors, adverse reactions or refusal to take medications, scanned copy of medication log (if applicable)
- Health visits that occurred that month
- Dates of most recent Kan Be Healthy, dental, and vision exams
- Status of immunizations – are they current?
- Mental health services received, provider's name(s) (if applicable)
- Health related comments
- If the child attends school, name of school and teacher and grade level
- Is the child attending their home school?
- If the child is not attending school, how are their educational needs being met?
- Is there an Individual Education Plan (IEP)? What does it include? Date of last evaluation?
- Progress and concerns regarding education
- If the child attends daycare, name and location of daycare
- Update on the child's case – court date, permanency goal, how the foster parents are supporting the child as they work toward the permanency goal
- Child's community connections
- Date the child's binder was provided to the foster family
- Additions to the child's life book
- Life skills (for ages 4+)
- Activities the child participates in
- Adjustments to the foster home, including any concerns
- Milestones
- If the child is employed, name of business, number of hours worked per week
- If the child is on probation, progress being made toward completing probation
- If the child was discharged, the date and reason
- Informal visitation details

Required Documentation for Foster Children

Each foster child's binder must contain the following:

- Placement Agreement
- Consent to Medical Care *
- Initial Referral from DCF * (5110)
- Case Plan
- Placement history (from CMP referral)
- Contact information for the CMP
- Authorization to Release Confidential Information (ROI)*
- Medical card *
- Lifebook
- Journal Entry or other court documents*
- Birth Certificate (if possible to obtain)
- Kan Be Healthy Assessments (to be completed within 30 days of initial placement, if necessary)
- Immunizations records
- Medical records
- Dental records (to be completed within 60 days of initial placement, if necessary)
- Vision records (if applicable)
- TB test (if the child is 16 years or older)
- Mental health records (if applicable and possible to obtain)
- School/Program records (TinyK, Infant/Toddler Services)
- ICPC documentation (if applicable)
- Social Security Card (if possible to obtain)
- High Risk Activity form (if applicable)
- Safety Plan (if applicable)
- Self-Care Plan (if applicable)

*These items should be in the child's binder when they arrive. The rest of the items will be obtained and provided over time.

To request any of the above information contact the DCCCA Specialist and/or the child's Case Manager. A copy of the request of documentation should be kept in the child's binder.

Foster parents should ensure a current copy of the child's immunization record is in the child's binder. If there is no documentation, foster parents can ask the child's doctor to request the records from the previous medical provider. If records are not received, foster parents can contact the local health department and ask for the immunization records. All immunizations that are administered in the state of Kansas should be input into a system that all health departments have access to. If immunization records are not located and the Case Manager is not able to find out which immunizations have been administered from the birth parents, foster parents should consult with the child's doctor to determine how to update or to obtain the child's current immunization records.

Rights of Children in Foster Care

It is the responsibility of each DCCCA staff and foster family member to ensure that each child is treated in a legal, humane, dignified and conscientious manner at all times. Failure to do so may constitute grounds for a Compliance Action Plan or could result in withdrawal of sponsorship.

The Kansas Youth Advisory Council developed a Children's Rights Policy. In agreement with the Children's Rights Policy, DCCCA encourages mental, physical, and spiritual growth and health. DCCCA promotes sensitivity and protection of the rights of youth in out of home care, which is founded on respect for the dignity and worth of children and youth.

PRIVACY

Foster parents shall allow reasonable privacy for each child in the home.

CONTACT BETWEEN YOUTH AND PARENTS OR GUARDIAN

The frequency and type of contact between the youth and his/her family will be determined by the Case Manager and identified in the child's case plan. Contact between the youth and their parent is typically encouraged while the child is in foster care unless the rights of the parents have been terminated by a court order or family contact is deemed not to be in the best interest of the child. The foster home will be encouraged to log phone calls, mail, and visits. However, as previously stated, the Case Manager will dictate any limitations on contact with family members.

MAIL, PHONE CALLS, AND VISITS

A foster child may need to request permission to use the phone, according to the foster family rules for hours of use or length of calls. A child may also have rules set out by the Case Manager that outline appropriate contact. A child in foster care shall be allowed to send and receive mail and have visits and telephone conversations with their Case Manager, their attorney and other professionals involved unless the best interest of the youth, safety and security of the foster family or a court order necessitates restrictions. Foster parents may be asked to monitor and/or supervise contact with the birth family as identified in the child's case plan. Foster parents will be asked about the type of contact and date the contact occurs. Foster parents should communicate with their Specialist regarding any concerns about contact with the birth family.

PERSONAL POSSESSIONS AND GIFTS

A child has the right to bring personal possessions with them as long as they are appropriate and safe. A child has the right to receive gifts, etc. unless there are compelling and documented reasons why this cannot occur. A child is encouraged not to bring expensive items, i.e. jewelry or electronics for general safety reasons. When a child is moved or discharged from the foster home, the child has the right to his or her personal belongings. It is recommended that all foster parents maintain an inventory list. An inventory form is available in the back of this manual or foster parents may take pictures to document the child's belongings.

All items purchased specifically for and given to the child during placement must remain with the child. Items purchased for foster home use may remain in the foster home. Foster parents should be clear when presenting the items as to whether they are for a specific foster child or for the foster home/foster family as a whole. Examples of this include bikes, gaming systems, bedding, phones, etc.

Confidentiality Policy

Protected information (i.e.: child's diagnoses, child's medical concerns, child's history, child's birth family information) does not need to be shared with most individuals that foster families may come in contact with on a frequent basis.

Information should not be shared through casual conversations without a valid Release of Information. An exception is that foster parents might need to provide necessary, limited confidential information to those providing care for foster child(ren), that protects the safety and well-being of the foster child and others. It is important that foster parents do not provide unnecessary details and specifics of the child's history. It is also important to be cognizant of discussions in public locations that could be overheard by others (i.e. phone conversations, court lobbies, support groups, restaurants).

Examples of individuals who generally do not need to know confidential information includes, but is not limited to, church personnel, school personnel, neighbors, relatives, family friends, other foster parents, other children in care, or birth children, unless they are providing care as mentioned above.

Keep individual child files and medical records in a confidential area where other household members, friends, relatives, children, and/or any other child in care cannot gain access to the information.

Foster parents should be mindful of confidentiality when using social media, such as Facebook. Photos of foster children should only be posted online with a completed DCCCA Social Media Release form that is signed by the Case Manager. The child's name, circumstance, or any other identifying information cannot be posted online.

Home Visits or Parental Contact

Visitation is a right of children in foster care, and visitation with birth families is not to be withheld. Visits and parental/sibling contact will be made in accordance with the child's case plan. Visits may be supervised, monitored, or unsupervised and may be held in the CMP's office, in the community, in the birth parent's home, and/or via phone calls. Visits range, in length, from 1 hour per week to weekends or several days. Frequent contact between a foster child and his/her family should be encouraged and supported, when permitted by the Case Manager.

Foster parents shall respect and promote appropriate connections foster children have made prior to placement. Foster parents can take on the role of mentor and facilitator of interactions between the foster child and his/her family. When appropriate, foster families are encouraged to include birth parents in the child's school activities and programs, doctor's appointments, holiday or birthday events, and other activities that promote interactions between family and child. Foster parents will log contact, including home visits, between the foster child and his/her family. The Specialist will request this information at the monthly home visit.

Supporting Children with Visits

Most children will feel happy and excited about visits with their parent(s), but there may be times when they become upset either prior to, during, or after a visit. Some behaviors foster parents might see in children before and after visits are nightmares and sleep disturbances, regressing to infantile behavior, whining,

wetting the bed, excessive crying, sadness, becoming aggressive, being unable to listen and/or complaining of physical pain. Older youth may express difficult feelings by appearing moody or avoidant, behaving disrespectfully or defiantly, and/or engaging in “rule-breaking” behaviors.

Foster parents can help children prepare for a visit by providing extra emotional support. It is sometimes helpful to have special before-visit rituals to comfort the child, such as arranging special clothes or drawing pictures for parents. Keep the child informed of planned visits, when appropriate, and help them be realistic about who will be at the visit and how long they will last. Always be mindful to be positive when talking about birth parents.

After the visit, foster parents can support the child(ren) by letting them talk about their feelings, encourage questions about the visit or their situation, and answer them as honestly as possible. Foster parents can reassure the child about any concerns or issues. It is important to spend additional time nurturing the child, regardless of how the visit went, but especially when a visit does not go well or was cancelled. Foster parents should assure the child he or she was not the reason for anything that went wrong and visiting for short periods of time is difficult.

If a child is consistently unhappy or distressed after visits, report this to the Case Manager and Specialist. Keep in mind that changes in a child’s behavior after a visit does not necessarily mean the visit was harmful in any way. However, if the behavior changes are severe or overly disruptive to the foster family, professional help may be necessary. Be sure to report any suspicion of child abuse immediately to the KS Protection Report Center at 1-800-922-5330 as well as the Specialist and Case Manager.

Culture and Religion

DCCCA foster parents will meet the cultural and religious needs of foster children placed in their home. Each child in foster care has the right to their own religious and cultural beliefs. Birth parents or guardians can request their child(ren) attend church and/or participate in religious functions. If it is not appropriate for parents or guardians to help facilitate participation, foster parents will assist in creating a plan to meet their needs. Foster parents should not knowingly impose personal religious values and practices on foster children in their home.

DCCCA shall attempt to match a child in care with a foster family who holds similar religious beliefs and practices if such is made known at the time of referral.

DCCCA foster parents will respect and promote positive family connections and positive cultural, ethnic, religious heritage and traditions. Whenever possible, children should remain part of their community by participating in appropriate events and activities to maintain connections.

If it is approved by the CMP, birth and foster families should be encouraged to participate in church, school, and community programs together to build connections.

Medical Needs Policy

Each foster family shall obtain emergency, ongoing medical, dental, and mental health care for foster children as needed. Each child’s medical record should be kept current and all medical information should be kept in the child’s binder and should be sent with the child if there is a change in placement. A copy of the

medical consent, Release of Information, and medical card should be provided to a respite home in case of emergency.

Foster homes will be selected to meet the needs of persons served. Children will be matched with foster homes based on physical accessibility and if the physical accessibility of the child changes, whenever possible those components will be added to the foster home or the persons served are afforded a change in location.

Children who receive Home and Community Based Services (HCBS) will have a person-centered plan (completed by the Managed Care Organization) that is supported by medical necessity (mental health, safety, etc.) and reflects their rights being equal to the rights of other children receiving non-HCBS services. DCCCA will request copies of the person-centered service plan and provide to the foster family.

Within 30 days of placement in the home, each foster child shall have a general medical examination by a licensed physician, or a nurse approved to conduct assessments. Ideally the foster child will receive a medical exam within the first two weeks. This exam may not be necessary if the child has received a KAN Be Healthy (KBH) examination within the last year, and the documentation is on file. Copies shall be kept at the foster home in the child's binder, and a copy shall be provided to the Case Manager and the Specialist.

Each child 3 years and older shall have a dental examination by a dentist within 60 days of placement unless the foster child has been examined within 6 months before placement. Results of the examination shall be recorded on DCF Licensing forms, kept in the child's binder, and a copy provided to the Case Manager and the Specialist.

Each foster family shall ensure that immunizations for each child are current as medically appropriate and are maintained for protection from diseases. An exemption from this requirement shall be permitted only with one of the following: written certification from a physician licensed to practice in Kansas stating that the physical condition of the child is such that immunization would endanger the child's life or health, or a written statement from the child's parent or legal guardian that the parent is an adherent of a religious denomination whose teachings are opposed to immunizations.

In case of a medical emergency, the foster parent is responsible for taking the foster child to the emergency room. Foster parents must ensure that an approved adult remains with the child. A medical and surgical consent form and medical card will be required for treatment. If hospitalization is required, an approved adult must remain with the child throughout the hospitalization. If there are issues or concerns with an approved adult remaining with the child, the foster family must discuss with the Specialist.

Foster parents should not sign any paperwork related to making medical decisions and payments. Signing documents may result in foster parents being held financially responsible. If foster parents receive a bill for medical services for a foster child, they should notify the Specialist immediately. The Specialist and the Case Manager shall be informed of all serious incidents immediately and follow the critical incident protocol.

Foster parents will document and keep records according to DCF Licensing policy regarding children in foster care. Health records will include:

- Current Kan Be Healthy (KBH)/medical records
- Immunization record
- TB test (for children 16 and older)
- Current dental exam (for children 3 years and older)
- Vision and hearing screens

- Dates of all medical, dental and psychological care
- Record of each illness and action taken

MEDICATION

Medications (prescription and non-prescription) must be locked in their own container/area and inaccessible to children. All prescription and non-prescription medication is kept in the original container at the recommended temperature and administered in accordance with the instructions on the label. Prescription medication containers should be labeled with the first and last name of the child, date the prescription was filled, name of the licensed physician who wrote or approved the prescription, the expiration date of the medication and legible instructions for administration and storage. Foster parents should request an additional, labeled prescription container from the pharmacy for each prescription for use at school, on a home pass, or during respite. Some over the counter medications may be covered by the child's medical card with a prescription. Medication should not be in the child's possession at any time.

Each foster parent administering medication should know the purpose and side effects of medications given to the foster child. The following should be documented on the medication log when giving prescription or non-prescription medication to foster children:

- Name of the individual administering medications
- Date and time medication was given
- Any change in the child's behavior, response to the medication or any adverse reaction
- Any change in the administration of the medication from the instructions on the label or notation about each missed dose
- Any direction from the physician to change the order as written on the label
- Each medication log shall be signed by the caregiver and be kept as part of the foster child's medical record

All of the above information should be sent to the DCCCA Specialist at the time of placement and each time there is a change in medication so that the Specialist can update the system.

Medication Logs can be found on the Foster Family Website in eReach with 3 options: Printable, Electronic, or Online Form. Printable and Electronic are on the Children tab under Blank Child Forms on the right. To complete the Online Form, go to the Children tab and choose the child who is receiving medication. On the right side under Online Forms is the Medication Log option. All of the information listed above should show correctly on the form. If it is not there or it is not correct, the Specialist needs notified that changes need to be made. The system will allow foster parents to add a couple of medications if an over-the-counter need should arise (e.g. Tylenol for a headache), but long-term prescriptions should be shared with the Specialist. To fill out the Medication Log, click on the date and choose: medication given, medication not given, client refused or see notes. Save as Draft every time a change is made until the end of the month. At the end of the month, it can be signed and submitted.

MEDICAL TRANSPORTATION

Reimbursement for medical transportation to and from services/appointments may be eligible through the medical card. Foster parents should request additional information from their Specialist.

Mental Health Needs

Foster children often meet criteria for mental health services. Mental health services must be provided by a mental health professional who accepts the medical card. This may be a DCCCA therapist, the local mental health agency, or a private mental health practice. Foster parents are responsible for transporting and ensuring foster children attend mental health services in accordance with their treatment recommendations. Foster parents are expected to cooperate with mental health professionals by providing updates and giving input when requested. Specialists will work to support the foster families and provide information on trainings and other resources to best meet the mental health needs of the child. Foster parents need to keep records of mental health services and appointments in the child's file.

Educational Needs

A foster child's parent/guardian is responsible for all decisions regarding education. When parental rights are terminated, a child will need an educational advocate. Foster parents should collaborate with the Case Manager to explore this service.

Foster parents are expected to work with the parent/guardian or the educational advocate and school personnel to advocate for the child when appropriate. Foster parents should attend school conferences and assist the student in achieving educational goals.

Foster parents are not allowed to sign educational documents as the child's parent/guardian unless they have been appointed as the child's educational advocate.

Foster parents are responsible for ensuring foster children are attending and participating in school or an approved school related program.

Day Care Needs

When foster parent employment/education requires the need for day care, a licensed provider must be used. The day care provider must be approved and agree to accept the DCF rate which varies upon county, age, and type of setting. The DCCCA Specialist will assist foster families in completing a Foster Care Childcare Application which the Specialist will submit to DCF. Once the application is processed, an Electronic Benefit Transfer card (EBT) will be sent to the foster home. The EBT card will be "loaded" at the first of each month and can be used for all qualifying childcare payments. If a child is reunified or needs to leave the foster home, the childcare funds for the remaining time will be removed from the EBT card.

A Guide to Foster Care Child Care can be found at <http://www.dcf.ks.gov/services/PPS/Documents/Guide%20for%20Foster%20Caregivers.pdf>, which explains the steps to apply:

1. Choose a DCF enrolled childcare provider (<http://www.ks.childcareaware.org/>).
2. Fill out the Foster Care Child Care (FCCC) Application.
3. (<http://www.dcf.ks.gov/services/PPS/Pages/PPSservices.aspx> under the "Foster Care Services" heading).

4. Complete the Verification of Employment for Childcare Eligibility form from DCCCA and have each employer sign the form.
5. Submit the Application to DCCCA Specialist.
6. DCCCA Specialist will email the completed application to DCF.

Each application is child-specific; however, the foster family can complete their information on the application and add the child's information at the time of placement. A Changes for Foster Care Benefit form will need to be completed for each foster child who enters the foster home. Additionally, the Changes for Foster Care Benefit form will need to be submitted if there are changes in employment hours, childcare hours, childcare provider, or a move to a new foster home.

If the FCCC Application is denied for some reason, the request will automatically be forwarded to the Child Care Exception Payment (CCEP) program for processing. The CCEP program will contact the foster family and/or DCCCA Specialist if additional information is needed.

If the foster family receives an EBT card from the FCCC program, but the benefits on the card are not enough to cover the childcare costs, the CCEP program can pay the provider the remaining amounts due. The foster parent would need to request an invoice from the childcare provider and submit it to DCF.FCCCEBTexception@ks.gov. The invoice needs to include:

- Name of child(ren) in foster care who received the care
- Name of foster parent
- Child Care Provider's name and address
- Dates of Service
- Amount Charged
- Amount Paid by EBT Card
- Amount Due

If any of this information is missing from the invoice it can be included in the email.

If the child in foster care is on the I/DD waiver, they may not qualify for the CCEP program. The I/DD foster care rate is higher to cover such costs.

There are 4 types of providers who provide childcare to children in foster care:

- KDHE licensed childcare providers-Kansas Department of Health & Environment licenses daycare providers in Kansas
- DCF enrolled childcare providers-A KDHE licensed childcare provider must become an enrolled provider with DCF in order to take EBT card payments from the FCCC program
- Individuals related to the child in foster care-Qualified relatives of the child in foster care can enroll with DCF without becoming a licensed childcare provider with KDHE
- Individuals not related to the child in foster care-Private individuals not related to the child in foster care and not licensed through KDHE

If a foster family is using an individual not licensed as a childcare provider in Kansas, to qualify for CCEP funding the individual must provide childcare in the foster home, not the childcare provider's home. Qualified relatives of the foster child are exempt from this rule. Childcare can be provided in the home of a

qualified relative of the child in foster care. Qualified relatives include grandparents, great grandparents, adult siblings, aunts/uncles, 1st cousins, great aunts/uncles, great-great grandparents, and adult grand nephews and nieces.

Non-enrolled providers (including non-licensed individuals) must sign a Child Care Provider Agreement and agree to the CCEP program's established rates which are:

- \$3.00/hr per child in foster care; or,
- Up to \$6.00/hr per child in foster care (enhanced rate) if child's level of care is Basic 3 or higher and prior approval has been received; or,
- A set hourly amount approved by DCF Foster Care Program Manager based on the needs of the child.

The CCEP Program Child Care Provider Agreement is signed by all childcare providers needing payment from the CCEP program (including non-licensed individuals) where they agree to:

- Be considered a contractor of DCF and not an employee which means any payment made to them through this program is reportable to the IRS as income and they are responsible for all income tax withholdings, and their payment is subject to debt set-off by the State of Kansas.
- Submit a W-9 form so DCF can get them set up for payments in SMART, the State's accounting system.
- Submit a DA-130 form plus voided check or letter from their bank listing their bank's routing number and their account number so they can be set up for direct deposit.
- Allow 30 days to receive payment after submitting an invoice or timesheet.

Non-licensed individuals providing childcare will have the following checks, assessments, and tests performed by DCCCA prior to performing any service:

- KBI criminal background check
- Child Abuse/Neglect Central Registry check
- DCF/PPS history checks
- Health assessment
- TB test

Transportation

The following are DCF Licensing regulations regarding foster family transportation of foster children:

- Provide to DCCCA, consent for a Motor Vehicle Record's check annually or as requested
- Vehicle maintained in safe condition and vehicle safety check form completed annually and provided to DCCCA
- Vehicle has current accident and liability insurance, and a copy is provided to DCCCA
- Trailers pulled by another vehicle, camper shells, or truck beds are not used
- Vehicle has first aid kit
- Copy of valid driver's license is provided to DCCCA

The following are DCF Licensing regulations regarding transportation of foster children by any member of the foster family or others:

- Driver must have a valid driver's license
- Health assessments and consent forms for the foster child shall be in the vehicle if being transported more than 60 miles from the family foster home
- Appropriate restraints are used according to regulations, i.e. seat belts, child safety seats
- All passenger doors are locked while the vehicle is in motion
- Order in the vehicle should always be maintained
- All parts of children's body must remain in the vehicle
- Children enter and exit the vehicle away from traffic
- Children under 10 years are not left in vehicles unattended
- When vehicle is vacated, no child is left in the vehicle
- No smoking in the vehicle when a child is in placement
- Prior written approval for out-of-state travel is obtained from the Case Manager

Any child in foster care who attends middle school or junior high may be transported to and from school by a driver who resides in the family foster home who is between 16 and 18 with a valid driver's license. Any child in foster care who attends high school may be transported to school, work, or social activities by a driver who is between 16 and 18 with a valid driver's license. All drivers must meet the requirements of the Kansas Motor Vehicle Drivers' License Act. Parent or legal guardian of the foster child and the Case Manager must give written approval for the above-mentioned transportation. Permission for a foster child to drive must be included in the case plan.

The CMPs and DCCCA expect foster parents to transport children when possible. This provides consistency, a familiar presence, and better communication on behalf of the child. For these reasons, DCCCA does not provide transportation. In situations when appointments are scheduled by the Case Manager and foster parents are unable to transport, DCCCA encourages foster parents to communicate with the Case Manager to make alternative arrangements. If transportation by the CMP is needed, at least a week's notice is required.

Foster families should provide transportation to and from school, daycare, court appointments, after-school but school-related activities, school conferences, sports, recreational activities, religious services, family visits, sibling visits, and case plans tasks where mileage is less than 40 miles roundtrip. This mileage is included in the foster care daily reimbursement rate for each child and does not qualify for reimbursement.

Family visits, sibling visits, court reviews, and case plans tasks where mileage is more than 40 miles roundtrip does qualify for reimbursement from the CMP. CMPs have the option to approve or disapprove non-local transportation. Families should contact their Specialist to receive the mileage reimbursement form and instructions.

Whenever reimbursement is available for transportation through Medicaid reimbursable services such as therapy or medical appointments, foster families are expected to seek reimbursement through Medicaid (see backside of medical card) and will not be paid by the CMP.

Out of State Travel

Foster parents are encouraged to take foster children on vacation and family outings. When traveling out of state and staying the night, approval must be obtained from the CMP or the court. Foster parents should

notify the Case Manager of travel plans prior to traveling (10 days is suggested). When staying overnight out of state, written permission must be obtained and kept by the foster parents during the travel time. If approval is not granted, respite may be needed. When taking a daytrip out of state, permission may be needed from the CMP; this varies by county. Foster parents should contact their Specialist for further guidance.

Daily Living Skills

Foster parents shall assist each child in learning developmentally age-appropriate daily living skills that allow the opportunity to improve self-concept and strengthen identity in preparation for life. Beginning at 4 years of age, foster parents will provide opportunities for learning and practicing daily living skills. Each Case Manager may have certain skills they would like the foster child to work on. However, foster parents are not limited to just these skills.

Once a child reaches age 14, the Case Manager will work with the foster child and the foster parent to complete the Casey Life Skills Assessment (CLSA) to identify areas where assistance is needed. These areas could include daily living, emotions, school, and community behaviors and may be added to the case plan. For children 14 years of age and older, they should have a CLSA completed annually to be included with the child's case plan and in their file.

Suggestions on daily living skills:

- Emergency situations
- Hygiene (use of deodorant, lotion, hair care, etc.)
- Budgeting (allowance, savings account, job, etc.)
- Assisting in the kitchen
- Common household chores (laundry, taking out the trash, etc.)
- Simple repairs (patch walls, paint, clean spots on carpet, etc.)
- Communication
- Recreation activities

Activities for Foster Children

Foster parents will provide safe play areas and recreational activities for foster children. Activities for foster children are ways to promote positive socialization and self-confidence.

RECREATION

Recreation and outside activities are an important component of daily living for children. Foster parents will ensure foster children have access to individual, school and community recreational activities according to the child's age and interest.

Examples of activities may include, but are not limited to:

- Participation in both individual and group activities
- Community projects-volunteer services
- Church

- Sports
- Clubs (Boy Scouts, Girl Scouts, etc.)

Foster parents should be knowledgeable of the recreational resources within their community. The cost of most activities is considered the responsibility of the foster parent. Birth parents should be made aware of the child's activities to attend, when appropriate. Some activities may require a high-risk permission form to be signed by parent/legal guardian or Case Manager. Communicate with your Specialist to determine if the form is needed.

FOSTER HOME PLAY AREA

Outdoor play areas should be located, arranged, and maintained to allow for supervision by the caregiver and to reduce the risk of injury. The play area should be well-drained and free of known health, safety and environmental hazards. Children in foster care under the age of 6 must always be supervised.

Play equipment shall be age appropriate and in good repair. Swings and climbing equipment shall be anchored and not used over hard surfaced materials. There are no trampolines allowed on the foster home premises. Children in foster care are prohibited from using trampolines in home settings. In rare instances, use of a trampoline for children in the home, except for foster children, is permitted with an approved exception and a physician's note. A safety plan is required in addition to the approved exception.

A safety plan may be required for some play areas. Communicate with your Specialist to determine if a safety plan is required.

Court and Court Reports

Each court has different expectations and time frame requirements.

A Guardian Ad Litem (GAL) is assigned, by the state, to each child at intake and follows the child's case. The GAL's role is to make decisions and/or recommendations to the court which are in the best interest of the child, not what the child wants. The GAL is supposed to meet and talk with the child, however, that may not occur.

DCCCA encourages foster parents to complete a report to be submitted to the court. The report should be provided to the Specialist prior to submission. It is important to remember that these documents are available for all interested parties to read. These reports should contain facts on how the case is progressing and avoid statements that are opinions. A Foster Parent Report to the Court form is included in the Forms section of this manual.

Interested party status is a legal status which allows a family to be present in a child's court hearing, introduce evidence, and cross-examine witnesses. Becoming an interested party requires the family to request interested party status, which may or may not be approved by the court. The foster family should meet the legal definition of "relative," or be living with the child (typically for at least 6 months) and must be approved by the presiding judge. Other circumstances are occasionally approved for interested party status. The foster family can request legal counsel to navigate this process.

Behavior Management and Restraint Policies

BEHAVIOR MANAGEMENT POLICY

- Foster parents shall ensure that positive methods are used for behavior management appropriate to the age and developmental level of the child. These methods shall encourage cooperation, self-direction, and independence. Behavior management techniques shall help the child develop inner control and manage their behavior in a socially acceptable manner.
- Time out shall be used in accordance with the child's age and developmental level and only long enough to regain self-control. For each child in foster care who is not able to develop self-control or self-management, behavior management techniques shall be approved, in writing, by the case planning team.
- Prohibited punishment includes:
 - Punishment that is humiliating, frightening, or physically harmful to the child
 - Corporal punishment, including hitting with the hand or any object, yanking arms or pulling hair, excessive exercise, exposure to extreme temperatures, or any other measure that produces physical pain or threatens the child's health or safety
 - Restricting movement by tying or binding
 - Confining a child in a closet, box, or locked area
 - Forcing or withholding food, rest, or toilet use
 - Refusing a child access to the foster family home
 - Mental and emotional cruelty, including verbal abuse, derogatory remarks about a child in foster care or the child's family, statements intended to shame, threaten, humiliate, or frighten the child, or threats to expel a child from the home
 - Placing soap, or any other substance that stings, burns, or has a bitter taste, in the child's mouth or on the tongue or any other part of the child's body

RESTRAINT POLICY

- Foster parents willing to accept foster children who may require physical restraint and/or that are participating in the SED Program is required by DCCCA to participate in an approved de-escalation and physical restraint training. Examples of DCF approved physical restraint trainings are Crisis Prevention Institute (CPI), Managing Aggressive Behaviors (MAB) and The MANDT System.
- A physical restraint is defined by DCF Licensing as the "bodily holding of a child in foster care by a caregiver as a means to help the child regain self-control when the child is behaving in a manner that presents a danger to self or others".
- DCCCA has a Limited Use Physical Restraint Policy. Physical restraint will be used only in emergency situations when needed to protect others or themselves from immediate serious physical harm and with extreme caution after other less intrusive alternatives have failed.
- Foster parents will use physical restraint with these principles in mind:
 - Physical restraint should only be used after every effort has been made to de-escalate a situation. If a foster parent believes there is a need for physical restraint, techniques learned in restraint training should be used.
 - Before physically restraining a child, the foster parent should consider whether the risks of restraining outweigh the risks of the continued behavior. Foster parents must also consider their ability to physically contain the child. Each foster parent should also consider removing themselves from the situation and/or calling law enforcement when appropriate.

- Each caregiver using physical restraint shall have a current certificate on file documenting the training in de-escalation methods and physical restraint procedures and techniques. If the foster parent does not have a current certificate on file, the foster parent should work with their Specialist to get enrolled in an upcoming course.
 - The child shall be restrained only until one of the following is achieved:
 - *The child regains behavioral control*
 - *The child is no longer a threat to self or others*
 - *The restraint must be less than 15 minutes*
 - Foster parents are to prevent any harm to the child as a result of the use of physical restraint. No restraint should prevent breathing or speaking.
 - During the restraint, the foster parent will continuously monitor the physical status of the child including skin color and respiration. If at any time during a physical restraint the child demonstrates significant physical distress the child must be released from the restraint immediately and steps must be taken to seek medical assistance, if necessary.
 - The use of mechanical restraints (ties, straps, bonds) is prohibited and cannot be used to restrict movement. Floor and any face down restraint positions are prohibited. If a child is prescribed medication to manage behavior, documentation is required to be in the foster home file as well as the child's file. If a foster parent uses time out procedures, they must continue to supervise the child. The foster parent may not confine a child in a closet, box, or a locked area.
 - Physical restraint is prohibited as a means of punishment or as a response to property destruction. It is also prohibited to physically restrain a child for refusing to comply with instructions or rules. In addition, verbal threats do not constitute a reason for physical restraint.
 - Any violation of the DCCCA Behavior Management and Restraint Policy may result in a withdrawal of agency sponsorship from the foster home.
- The foster parent will notify their Specialist as well as the CMP immediately following a restraint.
 - The foster parent will complete a critical incident report and restraint log immediately to submit to their Specialist. Copies of both will be kept in the foster family file. Following the receipt of the report, a Specialist will debrief the incident with the foster parent.
 - A restraint log should include the following:
 - Foster child's name and date of birth
 - Date, start, and end times of physical restraint
 - Description of other de-escalation methods attempted before the use of physical restraint
 - Description of the child's behaviors before, during and after the use of physical restraint
 - Description of any follow up actions taken
 - Name of the individual who restrained the child, the name of the foster parent completing the report, and the date it was completed
 - The foster parent is encouraged to debrief the incident with the foster child once the child has regained control.
 - The foster parent should discuss with their Specialist to have the CMP add restraint approval to the child's case plan.

Critical Incidents

The foster parent is responsible for reporting critical incidents involving foster children. Foster parents should notify their Specialist and the CMP verbally within 1 hour. The foster parent is also responsible for completing a written critical incident report and must provide it to their Specialist within 24 hours.

EMERGENCY/CRITICAL PROCEDURE

When to report an incident:

- Fire or other damage to property
- Vehicle accident involving a child in foster care
- Missing or runaway foster child
- Physical restraint of a foster child
- Injury of a child in foster care requiring medical attention
- Death of a child or any other resident in the family foster home
- Arrest of a foster child
- Incident involving presence of law enforcement
- Complaint investigation by DCF or DCF Licensing
- Any other incident that jeopardizes the safety of a foster child

All individuals are responsible for reporting any crimes committed to the appropriate authorities.

General Emergency Procedures or Provisions

When foster children are present in the home, a working telephone is required to be available to the foster child in case of emergency. Emergency telephone numbers shall be readily accessible or posted next to the phone for police, fire department, ambulance, nearest hospital and the poison control center. The name, address, and telephone number of the child's primary care physician shall be included.

The foster parent will ensure the emergency plan provided by DCCCA remains posted in a conspicuous place and is reviewed with family members and substitute care providers. The plan includes safety measures for fires, tornados, storms, floods and serious injuries.

The foster parent is responsible for conducting fire drills monthly. Tornado drills are to be conducted during the months of April through September. These should be documented on forms supplied by DCCCA and will be reviewed by the Specialist each month. Foster parents should not discard this form without first providing it to the DCCCA Specialist.

Safety Plan

A Safety Plan is a written summary that often refers to a child's specific needs or the environment of the foster home.

A Safety Plan for the home might include:

- Outdoor (unfenced backyard, bodies of water, close proximity to a busy road or railroad tracks)

- Prohibited person (If a foster family has listed a person with a prohibited offense on the background check form, DCF will notify DCCCA. DCF does not provide DCCCA with any specific information. The Specialist will notify the family that the person is prohibited, and a signed Prohibited Person Safety Plan is required to be submitted to DCF within 5 business days.)
- Other issues may require a Safety Plan

A Safety Plan for the child might include:

- Additional supervision needs (restricted from Internet, phone use, increased monitoring of medication administration, sexual behaviors, suicidal ideations, fire-starting, etc.)
- Additional safety precautions for a specific child in the home (foster child driving or being transported by another foster child)
- Self-care

All Safety Plans must be reviewed and signed by the foster parents and Specialist. Child-specific Safety Plans must also be approved and signed by the Case Manager.

Compliance Action Plan (CAP)

A CAP is a written summary of the steps that are to be taken by the foster family immediately following an area of concern regarding regulations or policies. DCF Licensing will request a CAP after the family is cited for an area of noncompliance. The CAP will be created by the Specialist and the Supervisor and discussed with the foster family. Foster parents must agree to and sign the CAP.

Some examples that may result in a CAP include:

- Not completing annual training (mandated CAP)
- Utilizing physical exercise as a punishment
- Instinctively swatting the hand of a child
- Using derogatory remarks or inappropriate language to a foster child
- Foster home is not meeting the cleanliness regulation
- Failure to complete or report critical incidents
- Repeated lack of supervision issues
- Inappropriate discipline
- Multiple traffic infractions
- Not locking up medication

Most CAPs are time-sensitive and must be completed prior to accepting new placements. If the CAP is not completed, DCCCA may decide to withdraw sponsorship.

Supervision and Substitute Care

Foster children must be supervised in accordance with their age, maturity level, risk factors, and developmental level. Additional supervision must be provided for children in foster care in any of the following situations:

- The child has mental health issues that place the child at higher concern for risk-taking behaviors that could result in unintentional injury or drowning
- The child would be a danger to self or others
- The child functions below the child's chronological age level

If a substitute caregiver is needed, an Authorization for Background Check must be submitted to the Specialist prior to utilizing the substitute caregiver. Each substitute caregiver must be at least 3 years older than the oldest child in foster care. During an absence of the foster parents:

- Between 6AM and midnight, if the absence is less than four hours, the substitute caregiver must be at least 14 years of age
- From four to ten hours the substitute caregiver must be at least 16 years of age
- For more than 10 hours or for a period between midnight and 6AM, the substitute caregiver must be at least 18 years of age

SELF-CARE

Any child in foster care that is at least 12 years of age may be permitted to stay at home without adult supervision for certain periods of time between the hours of 6AM and midnight if the following requirements are met:

- The potential for self-care is identified and written approval is included in the child's case plan
- Specific risk factors, including age, maturity level, behavior disorders, suicidal tendencies, developmental delays, thrill-seeking behavior, and difficulty with anger control, will be considered in developing the self-care plan
- A self-care plan will be developed and approved by the Specialist and the Case Manager
- Only children residing in the home may be present during self-care
- Any child who is at least 12 years of age may be in self-care for a maximum of two consecutive hours, for no more than four hours each day
- Any child who is at least 14 years of age may be in self-care for no more than four hours a day
- Any child who is at least 16 years of age may be in self-care for no more than ten hours each day

Informal Visitation

Informal visitation is visitation by a child in foster care in the home of an extended family member of the foster parent that is for 48 hours or less each month and that is for the purpose of normal socialization for the child in foster care. Non extended family members could be considered for informal visitation after the foster family discusses with their Specialist and then receives approval from the Supervisor. Providers of informal visitation must be 18 years of age or older.

For each provider identified as a resource for informal visitation, the following are required:

- Describe the relationship of the individual to the foster parent and provide their name and address to the Specialist
- Submit an Authorization for Background Check
- Obtain a copy of the current driver's license for each individual who could provide transportation during visitation

- Provide documentation that each individual has read and agrees to follow the DCCCA confidentiality, behavior management, and restraint policies
- Ensure that each individual has emergency contact numbers and a copy of the informal visitation plan in case of emergency
- Ensure that each provider has a copy of the medical consent form and health assessment for each child in foster care participating in informal visitation
- Notify Specialist of each occurrence of informal visitation

Each foster parent shall obtain the Specialist's approval of the informal visitation plan before using informal visitation. Contact your Specialist if you have any questions.

Respite Care Policies

ACCRUED RESPITE

One benefit DCCCA offers foster families is accrued respite. Each DCCCA foster home is provided with two respite days per month that they have a foster child for long-term placement in their home, regardless of the date of the month the child is placed. Respite is assigned per home, not per child. Foster homes can accrue up to six respite days at a time. Once respite is accrued, banked respite days will remain until used.

The foster family should request respite through their Specialist at least 72 hours prior to the date needed. DCCCA makes every effort to fulfill respite requests by using other DCCCA homes. DCCCA is familiar with DCCCA homes and whether they may be a good fit for the child needing respite in addition to whether the home has space, an exception is needed, they meet regulations for the age range, whether room share approval is needed, etc. If a DCCCA respite option has not been located, and all DCCCA homes have been exhausted, the Specialist will discuss with the Supervisor other respite options.

There are instances where a non-DCCCA home might be used for respite. These include times when it is in the child's best interest to stay with a familiar family, there is a sibling visit, prior placement home, for a pre-placement visit (PPV), the location of the home is convenient, or to keep a child in school or near appointments.

In order for the child to acclimate to the foster home, it is not best practice and is highly discouraged to have a child go to respite within the first 30 days of placement in a foster home. There are exceptions that can be made in certain situations and should be discussed with the Specialist.

It is important to remember:

- Respite is not guaranteed. Use of respite depends on the availability of respite providers, needs of the children and family, etc.
- The Specialist will be responsible for tracking respite
- Foster homes will accrue respite days during the months that foster children are in placement
- If additional respite is needed over the amount accrued, families can seek unpaid respite
- Respites over 6 consecutive nights must be approved by the CMP in advance
- It is not necessary to use all accrued respite days at once
- Respite should not be used on Thanksgiving Day and Christmas Day
- Families asking for respite for the children placed in their home are responsible for transportation to the respite home.

- There are times during respite when a family visit occurs. The placement foster family or respite family deemed responsible for the child during that time, will be reimbursed. If neither family is available, the Specialist will work with the families to determine an alternate solution.
- Any respite that occurs in a licensed foster home is respite and will be reimbursed as such. (Informal visitation cannot occur in a licensed foster home.)
- When a DCCCA home provides respite for a non-DCCCA home, the DCCCA home will receive reimbursement from DCCCA. The home should not accept reimbursement from the family needing respite.

DAY RESPITE

Day respite is reimbursed at 75% of the child's LOC. DCCCA can assist in arranging day respite. Occasionally, foster families may arrange day respite themselves. The DCCCA Specialist must know in advance, prior to the day respite occurring so appropriate reimbursement can be provided. The Specialist will then complete a Respite Authorization form that is submitted to the CMP.

IN-HOME RESPITE

Foster parents may prefer to have someone they know or a relative provide respite in the foster home. The identified person must be at least 21 years of age, pass a background check, agree to and sign the confidentiality policy and behavior management policy prior to respite taking place. Foster parents need to communicate the need for in-home respite to initiate the process. For a new in-home respite provider, at least 2-week notice is required to ensure sufficient time for the background check process. For an already established in-home respite provider, 48-hour notice is preferred to allow the Specialist time to complete the request form. The form requires the in-home respite provider's full name, address, and social security number. DCCCA will reimburse the foster family for the respite and the foster family will need to make arrangements to pay the in-home respite provider.

Disruption

Research shows each time a foster child moves, additional trauma occurs. In order to prevent additional trauma, each potential disruption must be staffed and approved by the Specialist and a Supervisor. Foster families and Specialists must openly discuss the challenges of caring for children in foster care. The Specialist will support foster parents and suggest helpful trainings throughout the length of the placement. Disruptions are minimized when foster parents continuously communicate their needs or concerns of the child.

Potential signs of disruption:

- Repeated frustrations and complaints regarding the child's behavior
- Increase in critical incidents
- Frequent utilization of respite
- Calling Specialist more frequently at all hours
- Vocalizing the desire to give notice
- Feelings of inadequacy, helplessness, and/or hopelessness

Steps taken to avoid a potential disruption:

- Placement Stability-Team Decision Making (PS-TDM) staffing or meeting with the Case Manager
- Respite care
- Individual and/or family therapy or additional resources for the child
- Review of medication management
- Explore training resources
- Staff the need for increased home visits by the Specialist

Foster parents are required to give a 14-day notice to have a foster child removed from their home. If a foster child has been in placement longer than 6 months, the foster parents are required to give a 30-day notice to have the child removed. Occasionally the CMPs may temporarily adapt their disruption policies requiring additional notice. This may occur around the holidays and in other emergency situations. Foster families will be notified if there is a temporary change to the disruption notice policy. Exceptions to this policy may include hospitalization or the child being charged and detained by law enforcement overnight.

Moves

The CMP may decide to move a foster child from a foster home. Most commonly this occurs when a child is reintegrated home or placed with a relative. Occasionally, the Case Manager may decide to move a child to a home that is better able to meet the child's needs, to be with siblings, to be in the home school area, and/or to be in the same or contingent county of removal.

When the CMP moves a child, DCCCA requests at minimum a 48-hour notice to be given to the foster family if the child has been placed in the foster home less than 6 months. If the child has been placed in the foster home longer than 6 months, the CMP should give 30-day notice.

The CMP has jurisdiction over where a foster child is placed. When a child's Case Manager has safety concerns, they may decide to remove a foster child from a foster home at any time with no notice. However, these emergency moves may be avoided if all parties involved are communicating effectively. DCF PPS has the authority to require a child to be moved.

Discharge

The foster parent will have all the child's belongings ready to accompany the child upon leaving the foster home. Belongings could include the child's clothing, toys, personal belongings, gifts given and the child's life book. The foster parent should reference an inventory list that they have maintained throughout placement. All medication needs to be given to the adult taking responsibility for the child. All records pertaining to the child shall be given to the CMP or accompany the child at the time of placement discharge. The foster parent shall continue to maintain confidentiality after the placement has ended.

Adoption

If a foster child's permanency goal changes to adoption, the foster family may decide they want to be considered as the adoptive resource. The foster family should let the Specialist and Case Manager know they are interested in adopting. The Specialist will work with the foster family to complete an Adoptive Family Assessment and an Adoption packet will need to be completed.

Adoptive Family Assessments

One of many support services DCCCA provides is completing Adoptive Family Assessments for licensed foster families as well as unlicensed adopt only families who are pursuing adoption of a foster child. The family assessment includes the following information:

- Information about each household member (name, date of birth, race, ethnicity, etc.)
- Information about each adult child of the adoptive parents
- Information about children who are not living in the home
- Information about each non-parent who may live in the home
- Detailed description of the home (type of home, number of bedrooms, outside space, etc.)
- Type of transportation available to the family
- Military history
- Criminal history
- The narrative includes the following information about each adoptive parent:
 - Personality traits
 - Personal history
 - Personal and emotional maturity
 - Coping skills and stress management
 - Stability and Quality of interpersonal relationships
 - Level of openness in relationships
 - Ability to empathize with others
 - Motivation to adopt
 - Experience parenting children not born to them
 - Ability to make and honor commitments
 - Parenting abilities and skills
 - Willingness to take a 'hands on' approach to parenting
 - Any previous adoption details
 - Strengths and needs of each parent and the relationship
- The couple will be required to give information about their relationship:
 - Information about the relationship
 - Support system
 - Religious affiliation and/or spiritual beliefs
 - Family finances (a budget is also required)
 - Attitudes and beliefs regarding adoption issues

The Specialist will include a summary of the contact they had with the family along with general observations.

All Adoptive Family Assessments must include a detailed budget on the appropriate form.

Best Interest Staffing (BIS)

Once the Specialist has submitted the Adoptive Family Assessment and it has been approved by the CMP, a BIS will be scheduled. Occasionally the BIS will be waived if there is only one interested adoptive resource and the child is already residing in the home. This meeting typically includes the Case Manager, Family Support Worker, GAL, CMP scribe (3rd party), DCF staff, Court Appointed Special Advocate (CASA), potential adoptive resources, and family assessment authors. If current placement is not an adoptive resource, they

would be invited to participate as well. Sometimes there will be additional questions asked by the team of the potential adoptive resource. DCCCA and the adoptive resource are asked to leave the room prior to the final recommendation being made. The recommendation is sent to DCF for review and approval. This is to occur within 10 days (may take longer), after which the Specialist will be contacted with the decision. The Specialist may need to notify the family if they have been selected as the adoptive resource.

Additional Adoption Steps

Following the BIS, the family that was selected can either review the file or waive the right to review the file. DCCCA highly recommends the family takes the time to review the file, even if the child has been in the home for a lengthy period, due to information consistently being learned throughout the process. The family can take notes regarding documentation in the file but cannot take copies of anything in the file.

The CMP completes the adoption subsidy packet and submits it to DCF. DCF then schedules a subsidy meeting with the adoptive family to negotiate whether the family will receive a subsidy and if so, determine the amount. The family will sign an Adoptive Placement Agreement (APA) and that is the date the adoption subsidy will begin, and the foster care reimbursement will end. The family must let DCCCA know as soon as the APA is signed. It is recommended that the foster family remain licensed until the adoption finalization has occurred, but it is not required.

Following the subsidy meeting/APA signing, the CMP completes the attorney's packet and submits the packet to the attorney that the adoptive parent is represented by. The attorney requests the court date for finalization. Finalization can occur in either the county of removal or the county the adoptive parent resides in. There should not be any cost to the adoptive parent if they use an attorney that accepts the DCF rate.

Child Welfare Acronyms

| | |
|-------|--|
| AACWA | Adoption Assistance and Child Welfare Act |
| ACF | Administration on Children and Families |
| ACLSA | Ansell-Casey Life Skills Assessment |
| ADA | Americans with Disabilities Act |
| APA | Adoptive Placement Agreement |
| APPLA | Alternative Planned Permanency Living Arrangement |
| ARNP | Advanced Registered Nurse Practitioner |
| ASFA | Adoption and Safe Families Act |
| BIA | Bureau of Indian Affairs |
| BIS | Best Interest Staffing |
| BSRB | Behavioral Sciences Regulatory Board |
| CAFAS | Child and Adolescent Functional Assessment Scale |
| CA | Children's Alliance |
| CANIS | Child Abuse and Neglect Information System |
| CAP | Corrective Action Plan |
| CARF | Commission on Accreditation of Rehabilitation Facilities |
| CASA | Court Appointed Special Advocate |
| CBS | Community Based Services |
| CDDO | Community Developmental Disability Organization |
| CFSR | Children and Family Services Review |
| COC | Cornerstones of Care |

| | |
|---------------|--|
| CINC | Children in Need of Care |
| CINC/CAN | Children in Need of Care, Abuse or Neglect |
| CINC/NAN | Children in Need of Care, Non-Abuse or Neglect |
| CLSA | Casey Life Skills Assessment |
| CM | Case Manager |
| CMHC | Community Mental Health Center |
| CMP | Case Management Provider |
| COA | Counsel on Accreditation |
| CPA | Child Placing Agency |
| CPS | Child Protective Services |
| CPS/FS | Child Protective and Family Services |
| CRB | Citizen Review Board |
| CRT | Caregiver Response Tool |
| CWLA | Child Welfare League of America |
| DCF | Department of Children and Families (state) |
| DCF Licensing | Department of Children and Families Licensing Division |
| DCF PPS | Department of Children and Families Prevention and Protection Services |
| DOB | Date of Birth |
| DOR | Date of Removal |
| DSM-V | Diagnostic and Statistical Manual (5th ed) |
| DT | Deciding Together |
| EAP | Employee Assistance Program |
| EBP | Evidenced Based Practice |
| EMCU | Exploited and Missing Children's Unit |
| ER | Emergency Placement |
| eReach | Extended Reach |
| ESL | English as a Second Language |
| FACTS | Family and Children Tracking System |
| FC | Foster Care |
| FFH | Family Foster Home |
| FPPR | Foster Parent Payment Report |
| FPS | Family Preservation Services |
| FSC | Family Support Coordinator |
| FSW | Family Support Worker |
| GAL | Guardian ad Litem |
| GED | General Education Development / General Equivalency Diploma |
| HCBS | Home and Community Based Services |
| HCBS/DD | Home and Community Based Services for Developmental Disabilities |
| HCBS/SED | Home and Community Based Services for Severely Emotional Disturbed |
| HIPAA | Health Insurance Portability & Accountability Act of 1996 |
| ICPC | Interstate Compact on Placement of Children |
| ICWA | Indian Child Welfare Act |
| I/DD | Intellectual/Developmental Disability |
| IEP | Individualized Education Plan |
| IFSP | Individual Family Services Plan |
| IL | Independent Living |
| JIAC | Juvenile Intake and Assessment Center |
| JO | Juvenile Offender |
| KBH | Kan Be Healthy |
| KCSL | Kansas Children's Service League |

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| KDHE | Kansas Department of Health and Environment |
| KDOC | Kansas Department of Corrections |
| KFAN | Kansas Family Advisory Network |
| KFAPA | Kansas Foster and Adoptive Parent Association |
| KPARC | Kansas Post-Adoption Resource Center |
| KVC | KVC Behavioral Health Inc. |
| LBSW/BSW | Licensed Bachelor of Social Work/Bachelor of Social Work |
| LCP | Licensed Clinical Psychotherapist |
| LMLP | Licensed Master Level Psychologist |
| LMSW/MSW | Licensed Master Social Worker/Master Social Work |
| LOC | Level of Care |
| LPC | Licensed Practical Counselor |
| LSCSW | Licensed Specialist Clinical Social Worker |
| MCO | Managed Care Organization |
| MEPA | Multi-Ethnic Placement Act |
| MH | Mental Health |
| NASW | National Association of Social Workers |
| NOSF | Notification of Survey Findings |
| OOH | Out of Home |
| OPPLA | Other Planned Permanency Living Arrangement |
| OTC | Over the Counter |
| PFA | Protection From Abuse |
| PHI | Protected Health Information |
| POC | Plan of Care |
| PPC | Police Protective Custody |
| PPM | Policy and Procedure Manual |
| PRC | Protection Reporting Center |
| PRN | As Needed |
| PRT/TPR | Parental Rights Terminated/Termination of Parental Rights |
| PRTF | Psychiatric Residential Treatment Facility |
| PS-TDM | Placement Stability-Team Decision Making |
| Rx | Prescription |
| SED | Severely Emotionally Disturbed |
| SFM | St. Francis Ministries |
| SLP | Speech-Language Pathology |
| SSI | Supplemental Security Income |
| TA | Technology Assisted Waiver |
| TAF | Temporary Assistance for Families |
| TANF | Temporary Assistance for Needy Families |
| TBI | Traumatic Brain Injury |
| TFI | TFI Family Services, Inc. |
| TIPS-MAPP | Trauma Informed Partnering for Safety and Permanency: Model Approaches to Partner in Parenting |
| WIC | Women, Infants, and Children |
| YAC | Youth Advisory Council |
| YRC | Youth Residential Center |



Questions to Ask Prior to Placement of a Child

Foster parents need to make an informed decision about their ability to meet the needs of any child placed with them. To help with this task the following is a list of questions to ask prior to accepting a placement. Please note that this is only a guide. DCCCA may not have all of this information. When a child is referred from another agency, DCCCA will only have the information supplied by the sponsoring agency.

1. Child

- a) Name
- b) Age
- c) Gender
- d) Sexual orientation
- e) Current caseworker

2. Siblings

- a) Does the child have any siblings placed in another home?

3. This placement

- a) Is this an initial placement, disruption or Police Protective Custody?
- b) Anticipated length of placement
- c) What is the child's understanding of why he/she has moved or been separated from parents?

4. Previous placement(s)

- a) What was the reason for the removal?
 - o History of physical abuse?
 - o History of sexual abuse?
- b) Ask to phone/contact previous care provider.
- c) Has the child made any allegations against previous foster parents/group homes?

5. Permanency Plan

- a) Reintegration/adoption/independent living/guardianship?
- b) If the case plan goal is Independent Living, what are the specific goals for the youth?
(job/savings account/gathering household items/driver's license, etc.?)

6. Visitation Plan

- a) Who does the child visit with and how often?
- b) Who is the child allowed to have contact with? (siblings, grandparents, etc.)
- c) Who is the child not allowed to have contact with?
- d) Is there a risk of abduction?

7. Medical History and Current Medical Needs

- a) Medical diagnosis?
- b) When was the last Kan Be Healthy?
- c) Current medications? Is the child bringing medication with him/her?
- d) Neurological diagnosis?
- e) Dental needs?

8. Mental Health History

- a) Mental Health diagnosis?
- b) Current medications? Is the child bringing medication with him/her?
- c) Is the child in therapy locally? (therapist's name and contact information)
- d) Does therapy need to be scheduled?
- e) Transportation?
- f) Has the child been hospitalized?

9. Behavior Concerns

- a) Are there concerns with the child being around other children – older or younger?
- b) Has the child ever mistreated a pet?
- c) Gang affiliations
- d) Drug and/or alcohol concerns
- e) Law enforcement involvement?
- f) Fire setter
- g) History of lying or stealing
- h) History of running away
- i) Sexual acting out

10. School

- a) Last school attended and current grade?
- b) Learning Disorders?
- c) Special Education?
- d) Does the child have a current IEP?
- e) Does the child have an education advocate?

11. Reimbursement rate (current level of care)

12. Developmental level

13. Legal status, have the child's parental rights been terminated?

14. Is religion a concern?

15. Does child have any unusual habits? Likes? Dislikes?



Placement Agreement (DCCCA Family)

DCCCA: DCCCA Foster Care

Client Name

Date

Date of Birth

Race

Gender

Program
Foster Home

Placement Date
7/11/2021

Facility Name

Facility Address

Facility Phone number

Level of Care

Referral Source (CMP)

Nightly reimbursement rate

This agreement is effective

DCCCA, Inc. is authorized to place this child in a DCCCA-sponsored foster home. This agreement is effective from the date above until the child leaves the home or notification of change is made. :

DCCCA does not determine the reimbursement amount. The amount is established by the child's current Level of Care. Reimbursement amounts may change if the child's referral source/Case Management Provider (CMP) modifies the child's Level of Care. If the nightly reimbursement rate is changed, the new amount and effective date will be disclosed to the family. Families will be provided a fourteen days' notice of rate change whenever possible though, in some situations, DCCCA may not be made aware of changes made to a child's Level of Care until after the fact.

Foster Care

DCCCA, Inc. agrees:

- To reimburse foster families twice per month at the nightly rate above. The nightly rate will reimburse costs associated with room and board, clothing, personal needs of the child, and any additional daycare expenses incurred beyond the Department for Children and Families childcare benefits.
- To provide support services for the child and family, including 24-hour access to DCCCA staff for

emergency and critical incident or crisis-related situations.

- To share history, plans, goals, and other pertinent information concerning the child that is needed to provide appropriate care.
- To give prior notice to the foster family regarding removal of the child whenever possible. If the child has been in this placement six months or more, thirty days' written notice will be given except when the move is court-ordered, insisted upon by the agency responsible for the child, or for the protection of the child.

The foster family agrees:

- To maintain a foster home license from the state of Kansas.
- To abide by all State of Kansas Laws and Regulations for Licensing Family Foster Homes for Children.
- To participate as a team member with the CMP in planning and carrying out the case plan for the child, including visits with birth family.
- To maintain up-to-date records required by DCF Licensing.
- To accept placements only from DCCCA.
- To utilize foster care reimbursements to meet the needs and expenses of the child(ren). Expenses may include but are not limited to food, clothing, hygiene needs, school expenses, increase in utility bills due to placement, additional daycare costs, etc.
- To relinquish upon termination of the placement all personal possessions of the child.
- To notify the Specialist of any changes or impending changes in the family/household composition including, but not limited to marriage, death, divorce, adoption, or serious illness.
- To arrange and obtain regular medical and dental care for the child and keep the CMP and the Specialist informed of medical problems, appointments, and medications.
- To notify the CMP and Specialist of any critical incident verbally within 1 hour, and the Specialist in writing within 24 hours. Critical incidents include serious injuries or illness, placement disruption, runaway, suicide attempts, police intervention, or any other major incident or event that is critical to the child's care.
- To obtain prior permission from the CMP before taking the child outside the State of Kansas.
- To adhere to the DCCCA Confidentiality, Behavior Management, and Restraint Policies.
- To submit a report to the court approximately every six months regarding the foster children's adjustment, progress, and condition. This report is accessible to all interested parties. The child's case manager will provide the name of the Judge and the address to which the report should be mailed.
- To provide 14 days' notice to DCCCA when requesting the removal of the child. The foster family should assist in planning the transition to another placement unless the child is a danger to themselves or others, the child screens for acute psychiatric hospitalization, the child is charged and detained overnight by any law enforcement authority, or DCF/DCF Licensing requires removal of the child. If a child is in placement more than six months, 30 days' notice must be given for a removal unless one of the above guidelines is met.
- To understand that DCCCA recommends the foster parent(s) maintains appropriate renter's, homeowner's, and vehicle insurance to cover physical damages that might occur as a result of a child being placed in their home.

Respite/Night-to-Night

DCCCA, Inc. agrees:

- To make a monthly foster care reimbursement at the nightly rate above to the foster family, which shall cover room and board. Reimbursement occurs twice a month as established by the DCCCA reimbursement schedule.
- To provide social work services for the child and family and 24 hour access to staff for emergencies, critical incidents, or crisis related situations.
- To share history, plans, goals, and other pertinent information concerning the child that is needed to

provide appropriate care.

The foster family agrees:

- To maintain a foster home licensed from the state of Kansas.
- To abide by all state of Kansas Laws and Regulations for Licensing Family Foster Homes for Children.
- To Share pertinent observations or experiences regarding respite with their DCCCA Specialist who may share information to the agency responsible for the child.
- To maintain up-to-date records required by DCF.
- To accept respite placements only from DCCCA.
- To utilize foster care payment to meet the needs and expenses of the child(ren). Expenses may include but are not limited to increase in utility bills due to placement, food, clothing, hygiene needs, school expenses, etc.
- To notify the Specialist of any changes or impending changes in the family/household composition including, but not limited to marriage, death, divorce, adoption, or serious illness.
- To obtain emergency medical care for the child and keep the Specialist informed of medical problems, appointments and medications.
- To notify the CM and Specialist verbally with 1 hour (and in writing within 24 hours to DCCCA) of any critical incident such as serious injuries or illness, placement disruption, runaway, suicide attempts, police intervention or any other major incident or event that is critical to the child's care.
- To obtain prior permission from the CMP before taking the child outside the state of Kansas.
- To adhere to DCCCA Confidentiality, Behavior Management, and Restraint Policies.
- To understand that DCCCA recommends the foster parent(s) maintains appropriate renter's, homeowner's and vehicle insurance to cover physical damages that might occur as a result of a child being placed in their home.

Police Protective Custody - PPC

DCCCA, Inc. agrees:

- To abide by all DCCCA conditions listed above for Respite/Night-to-Night.

The foster family agrees:

- To abide by all Foster Family conditions listed above for Respite/Night-to-Night
- To follow the additional PPC requirements below:
- One foster parent is required to be at home while the child is placed in the home for PPC.
- Respite in another home is not allowed for the child in PPC care.
- Children in PPC do not attend school, daycare or any regular activities in the community.
- The foster family will ensure there is no contact between the child and family members (including email, telephone, correspondence and face-to-face) unless prior arrangements have been made and approved by DCF.
- The order of police protective custody form will be used as a medical consent and medical release in the event medical care is necessary for a youth placed in PPC.
- After the 5th night of placement in PPC the payment stops unless an exception is granted.

Foster Parent Signature

Date

Foster Parent Signature

Date

Related Home or Facility

Related Narrative

Signatures

Performed By:

Date

Re: Child Name: _____
Court Case Number: _____

To: Foster Parents

Thank you for your service as a foster parent. The court recognizes that foster parents are an essential part of the Kansas child welfare system. Kansas law allows foster parents to provide information to the court concerning the child(ren) in their care:

“The secretary shall notify the foster parent or parents that the foster parent or parents have a right to submit a report. Copies of the report shall be available to the parties and interested parties. The report written by foster parents shall be on a form created and provided by the Kansas Department for Children and Families (DCF).” K.S.A. 38-2261.

When children have been placed by the court in the custody of the Department for Children and Families (DCF) for out of home placement. DCF contracts with child placing agencies to provide services to children and their families. As a part of the DCF/provider contracts child placing agencies are responsible to notify the foster parents and parents of upcoming hearings.

Kansas law also requires that foster parents have a right to be heard at each permanency hearing which includes permanency hearings conducted by a Citizen Review Board. The right to be heard may be done by attending the permanency hearing and/or submitting the foster parent court report. If you choose to submit a report to the court, please use the attached report form.

The following is the name of the Judge and the address of the court to which the report may be sent (unless otherwise directed by the court). If the name or address changes, the updated information will be provided to you. Notice of the hearing dates will be provided at the previous hearing or by first class mail.

Name of Judge/Recipient: _____

Address of Court: _____

We hope you will take advantage of this opportunity to communicate your thoughts with the court.

Sincerely yours,

(This form supersedes Appendix 6B REV 1/07)

| | |
|------------------------|--|
| Child's Name: | |
| Foster Parent Name(s): | |
| Date of Report: | |
| Child's Case Manager: | |

Child's Progress:

The child's progress described below occurred during the following timeframe:

Start Date: _____ End Date: _____

Please circle the word which best describes the child's progress:

1. Child's adjustment in the home:
excellent good satisfactory needs improvement
2. Child's interaction with foster parents and family members:
excellent good satisfactory needs improvement
3. Child's interaction with others:
excellent good satisfactory needs improvement
4. Child's respect for property:
excellent good satisfactory needs improvement
5. Physical condition of the child:
excellent good satisfactory needs improvement
6. Emotional condition of the child:
excellent good satisfactory needs improvement
7. School status of child – attach a copy of the school report and/or grade cards to this report:

(This form supersedes Appendix 6B REV 1/07)

Foster Parent Report to the Court

| | | | |
|------------------|-------------------------------|-------------------------------|-------------------------------|
| School District: | | Grade: | |
| Grades: | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Attendance: | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Behavior: | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

8. Describe the frequency of interactions, and any significant events which have occurred with the child's Case Management Team. Members should include but are not limited to parents of the child, DCF, Guardian *ad litem*, and CASA:

| Person | Relationship to the child | Type of Interaction | Frequency of Interactions | Outcome of Interactions |
|--------|---------------------------|---------------------|---------------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

9. Does the child have opportunities to engage in on-going age or developmentally appropriate activities such as sports, music programs, and community organizations? ☐ Yes ☐ No

Provide a list of the opportunities:

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

(This form supersedes Appendix 6B REV 1/07)

10. Please comment on your assessment/observation regarding the overall adjustment, progress, and condition of the child:

11. Please comment on your assessment/observations regarding any concerns and progress regarding the parents/caregivers of the child.

12. Do you have any special concerns or comments with regard to the child not addressed by this form? Please specify.



(This form supersedes Appendix 6B REV 1/07)



Child Placing Agency Emergency/Critical Procedure

When to report an incident:

- Fire or other damage to property
- Vehicle accident involving a child in foster care
- Missing or runaway foster child
- Physical restraint of a foster child
- Injury of a child in foster care requiring medical attention
- Death of a child or any other resident in the family foster home
- Arrest of a foster child
- Incident involving presence of law enforcement
- Complaint investigation by DCF
- Any other incident that jeopardizes the safety of a foster child

*Contact the child's case manager and your DCCCA Specialist within 1 hour of the incident

IF A SITUATION IS LIFE THREATENING, THE FOSTER FAMILY SHOULD CALL 911 OR UTILIZE OTHER EMERGENCY FACILITIES

WHO/HOW TO CONTACT

During business hours:

- Contact the Case Manager

After hours:

- Cornerstones of Care: **1-913-267-1679**
- KVC: **1-913-621-5753**
- St. Francis Ministries: **1-888-732-4673 (SFA-HOPE)** to report incident (for crisis counselor call office # and stay on the line for answering service)
- TFI: **1-877-921-4114**

REMEMBER: It is DCF regulation for you to keep a copy and submit a copy of the incident report to your Specialist by the next business day.

Report abuse & neglect of children and adults: 1-800-922-5330



Child Placing Agency

Critical Incident Reporting Form

Please check which incident occurred. Report the incident immediately to the Case Management Provider and your DCCCA Specialist:

- ☐ Fire or other damage to property
- ☐ Vehicle accident involving a child in foster care
- ☐ Missing or runaway child in foster care
- ☐ Physical restraint of a child in foster care (complete restraint log as well)
- ☐ Injury of a child in foster care requiring medical attention
- ☐ Death of a child or any other resident in the family foster home
- ☐ Arrest of a child in foster care
- ☐ Incident involving the presence of law enforcement
- ☐ Complaint investigation by DCF
- ☐ Aggressive and assaulting behavior
- ☐ Any other incident that jeopardizes the safety of a child in foster care

Date of the incident: _____ Time of the incident: _____

Date reported: _____ Time reported: _____ Incident reported to: _____

Child involved: _____ Child's date of birth: _____

Location where incident took place: _____

Other individuals involved in the incident: _____

Describe any actions taken to prevent the incident: _____

Describe in detail the events of the incident: _____

Name of person reporting incident: _____

Date: _____

Foster Parent Signature: _____

Date: _____

REMINDER:

- Submit a written report to your Specialist by the next business day
- Keep a copy of the report on file in the home



DCCCA

Child Placing Agency

FOSTER PARENT RESTRAINT LOG

Name of child restrained: _____

DOB: _____

Date of restraint: _____

Start time: _____

End time: _____

Foster parent directly involved with restraint: _____

Witnesses:

Precipitating Indicators or Behaviors:

Non-Aggressive Interventions Used:

Narrative of Incident:

Outcome of Intervention:

Foster parent signature: _____

Date: _____



Please keep a list of items/belongings that each child arrives with and receives. When the child moves from your home, all items need to leave with that child.

Child's Name _____

Placement Date

[illegible]



Child Placing Agency

FIRE AND TORNADO DRILL LOG

FIRE DRILL LOG (Year - 20__)

| MONTH | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEPT | OCT | NOV | DEC |
|-----------|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|
| DATE/TIME | | | | | | | | | | | | |
| INITIAL | | | | | | | | | | | | |

TORNADO DRILL LOG (Year - 20__)

| MONTH | APR | MAY | JUN | JUL | AUG | SEPT |
|-----------|-----|-----|-----|-----|-----|------|
| DATE/TIME | | | | | | |
| INITIAL | | | | | | |

FIRE DRILL LOG (Year - 20__)

| MONTH | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEPT | OCT | NOV | DEC |
|-----------|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|
| DATE/TIME | | | | | | | | | | | | |
| INITIAL | | | | | | | | | | | | |

TORNADO DRILL LOG (Year - 20__)

| MONTH | APR | MAY | JUN | JUL | AUG | SEPT |
|-----------|-----|-----|-----|-----|-----|------|
| DATE/TIME | | | | | | |
| INITIAL | | | | | | |



Child Placing Agency

FOSTER PARENT MONTHLY REPORT

To be completed by foster parent prior to monthly visit with Specialist.

Child's Name: _____ Month: _____

Case Manager: _____ Agency: _____

Appointments

(Medical, Vision, Dental, Therapy, Medication mgt., Speech and Language, Developmental, etc.)

| Date | Type | Agency | Provider Name | Issues/Concerns |
|------|------|--------|---------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Contact/Visits

(Visits with Family, CASA, Case manager, etc.)

| Date | Name/Relationship | Length/Location | Comments |
|------|-------------------|-----------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

Education

Grade: _____ School/Daycare: _____ Teacher: _____

IEP? Yes ☐ No ☐ If yes, is IEP Current? Yes ☐ No ☐

Issues or Concerns:

Progress:

Medications

| Medication | Dose | Method (oral/topical/injection/inhaler) | Purpose | Possible/Observed Side Effects |
|------------|------|--|---------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Medication Errors (missed dose, refusal, given late, etc.):

Critical Incidents

(Report immediately to Case Manager and Specialist. Submit report by next business day.)

Immediately reported to CM & CPA? Y or N Report completed/submitted on time? Y or N

Date of Incident: _____

Description of Incident:



Foster Parent Monthly Report

Child Information

Items Missing in Redbook:

Additions to Life Book:

Child's Life Skills:

Milestones Reached:

Recreational Activities and Hobbies:

Community Connections:

Strengths of the Child:

Needs of the Child:

Concerns regarding child, Case manager, other:





MEDICATION LOG

Instructions:

1. When a medication is given, the foster parent will initial the box under the appropriate day of the month.
2. Be sure to save all paperwork given to you by the Pharmacy in the child's red book (i.e. administration instructions, possible side effects, etc.).

| Month/Year: | | Child's Name: | | | | | |
|--|----------------|-----------------------------|----------------|----------------|----------------|----------------|--|
| Foster Family Name(s): | | Foster Family Signature(s): | | | | | |
| Over the Counter? (Circle Yes/No) | OTC? Yes No | OTC? Yes No | OTC? Yes No | OTC? Yes No | OTC? Yes No | OTC? Yes No | |
| Medication Name | | | | | | | |
| Dosage | | | | | | | |
| Method (tablet, capsule, liquid, etc) | | | | | | | |
| Time(s) Given: | | | | | | | |
| Day/Date Below | Initial Below | Initial Below | Initial Below | Initial Below | Initial Below | Initial Below | |
| 1 | | | | | | | |
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| 30 | | | | | | | |
| 31 | | | | | | | |

Notes (including medication errors, behavior changes, and medication refusals, etc):



Child Placing Agency

HIGH RISK ACTIVITY

APPROVAL AND PERMISSION FORM

I, _____, parent, legal guardian, or legal custodian of _____, have taken into account the youth's age, maturity level, behavior disorder(s), suicidal tendencies, developmental delays, thrill-seeking behavior, and difficulty with anger control when considering whether to approve the following activities. Please initial approved activities for this youth. A copy will be provided to the foster family and placed in the child's file. This will also assist foster families and the Child Placing Agency to comply with DCF Licensing Regulations.

| | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Swim while being monitored by an adult who is CPR certified | <input type="checkbox"/> | Ride on all-terrain vehicles, i.e. 4-wheeler, go-cart, and motorcycle |
| <input type="checkbox"/> | Ride horseback with experienced adult | <input type="checkbox"/> | Fish with an adult |
| <input type="checkbox"/> | Shoot fireworks for the 4 th of July under direct supervision | <input type="checkbox"/> | Participate in sleepovers where there will be adult supervision by someone 18 or older |
| <input type="checkbox"/> | Travel out-of-state with foster family for day visits such as shopping, sporting event, etc. *overnight stays require written permission & consent to travel | <input type="checkbox"/> | Take over-the-counter medications approved by a doctor. Note known allergies: |
| <input type="checkbox"/> | Receive "routine" haircuts *no chemicals, colors, or significant changes will occur without prior consent | <input type="checkbox"/> | Participate in school/church related field trips in Kansas with approval by the Foster Parent |
| <input type="checkbox"/> | Operate a lawnmower with adult supervision | <input type="checkbox"/> | Ride bikes, roller blade, and roller skate |
| <input type="checkbox"/> | Camp with foster family which may include boating and/or water skiing with experienced adult | <input type="checkbox"/> | Operate power equipment, i.e. riding lawn mower, chain saw, carpentry saw, if 16 or older with experienced adult |
| <input type="checkbox"/> | Participate in sports and other school related activities | <input type="checkbox"/> | Other: _____ |

My initials in the box signify approval of the listed activity.

The following guidelines MUST be adhered to for each activity listed above:

- All required safety gear will be used during activity
- Any safety plan established will be followed
- **Direct supervision by adult 18 or older will be provided at all times**

I have been made aware that the Foster Parent(s), in collaboration with DCCCA Child Placing Agency, will follow the above written plan for the outlined activities. A copy of this plan will be maintained in the foster home, in the youth's records in the home, and in the DCCCA Child Placing Agency record for the youth.

Parent, Legal Guardian, or Legal Custodian

Date

Permanency Worker

Date

Child Placing Agency Specialist

Date

Foster Parent

Date

Foster Parent

Date



Child Placing Agency

SOCIAL MEDIA RELEASE

_____ (foster parents) are authorized to post photographs including _____ (foster child) on social media as long as **ALL** of the following criteria are met:

- Confidentiality is maintained
- The child's Case Management Provider determines there are no safety issues related to posting an image of the child
- Foster parents verify with the child that they are comfortable with their image being posted (age appropriate)
- The child is not identified as a foster child and only a first name is used
- No case-specific information, reason the child is in foster care, visitation information, parent progress, or status of the family's case is ever posted
- There is a signed Social Media Release in the child's file

If any one of these criteria are NOT met, no pictures of the child are allowed to be posted on Social Media (including pictures with faces blurred or covered).

Case Manager

Date

Foster Parent

Date

Foster Parent

Date

DCCCA Specialist

Date



ACCOUNTS PAYABLE VENTER DIRECT DEPOSIT AUTHORIZATION FORM

Please check appropriate box(es):

☐ **NEW**

☐ **CHANGE**

☐ Address

☐ Add person in home

☐ Direct Deposit

☐ Remove person in home

ENTER ADDRESS AND NAMES THAT ARE OR WILL BE SHOWN ON LICENSE

ACCOUNT INFORMATION

YOUR NET CHECK WILL BE DEPOSITED INTO THE ACCOUNT CHECKED BELOW

| | |
|----------|---|
| CHECKING | Please complete banking information below and attach a voided check or direct deposit form generated from your bank with your name(s), account and routing information. |
| SAVINGS | Please complete banking information below and attach a bank generated form with your name(s), account, and routing information. |

* Your direct deposit may take 1-2 pay periods to be effective once DCCCA has complete and accurate direct deposit information. *

ROUTING NUMBER

ACCOUNT NUMBER

FINANCIAL INSTITUTION INFORMATION:

| |
|--|
| NAME |
| ADDRESS (PLEASE INCLUDE CITY AND ZIP CODE) |
| PHONE NUMBER (PLEASE INCLUDE AREA CODE) |

This authority is to remain in full force and effect until DCCCA has received written notification from me of its termination in such time and in such manner as to afford DCCCA and Depository reasonable opportunity to act on it.

I hereby authorize DCCCA to initiate credit entries and adjustment for any credit entry in error to my account indicated above and the financial institution named below to credit and/or debit the same to such account.

PRINTED NAME

CONTACT NUMBER

SIGNATURE

DATE

MAILING ADDRESS IF DIFFERENT FROM CHECK AND/OR LICENSE ADDRESS

Please mail to:
DCCCA, Inc. • Accounts Payable • 3312 Clinton Parkway • Lawrence, KS 66047 • 785-841-4138
ATTN: Office Manager



Foster Parent Reimbursement Schedule

1-877-306-6250

| Reimbursement Period Start Date | Reimbursement Period End Date | Reimbursement Date |
|---------------------------------|-------------------------------|--------------------|
| 12/16 | 12/31 | 1/9 |
| 1/1 | 1/15 | 1/24 |
| 1/16 | 1/31 | 2/9 |
| 2/1 | 2/15 | 2/24 |
| 2/16 | 2/28 or 2/29 | 3/9 |
| 3/1 | 3/15 | 3/24 |
| 3/16 | 3/31 | 4/9 |
| 4/1 | 4/15 | 4/24 |
| 4/16 | 4/30 | 5/9 |
| 5/1 | 5/15 | 5/24 |
| 5/16 | 5/31 | 6/9 |
| 6/1 | 6/15 | 6/24 |
| 6/16 | 6/30 | 7/9 |
| 7/1 | 7/15 | 7/24 |
| 7/16 | 7/31 | 8/9 |
| 8/1 | 8/15 | 8/24 |
| 8/16 | 8/31 | 9/9 |
| 9/1 | 9/15 | 9/24 |
| 9/16 | 9/30 | 10/9 |
| 10/1 | 10/15 | 10/24 |
| 10/16 | 10/31 | 11/9 |
| 11/1 | 11/15 | 11/24 |
| 11/16 | 11/30 | 12/9 |
| 12/1 | 12/15 | 12/24 |
| 12/16 | 12/31 | 1/9 |

Reimbursement dates are the 9th and 24th of each month.

Every effort is made to have your reimbursement at your bank or your check in your mailbox on the reimbursement date. For direct deposit, please remember that reimbursement days on Holidays or weekends may impact the date you receive your reimbursement. Once DCCCA initiates the direct deposit ACH, and the reimbursement instruction file is sent to our bank, the time that it may take to arrive into your account is based upon the banking systems with each individual bank.

Once a check has been picked up by the U.S. postal service, it may take some time before they deliver. If you have not received your reimbursement within three business days after the pay date, please contact your worker to initiate an investigation.



Child Placing Agency

CONFIDENTIALITY AGREEMENT

Information regarding children in foster care and their families should be held in confidence by all concerned. DCCCA, foster care contractors, biological parents and foster parents share information and work together as a team to ensure the well-being of the child.

When a child is placed in your home, the Specialist will share with you information that will help you in working with the child. Included in this may be an explanation of any mental or physical disabilities, information about any behavior problems and information about the child's family that is helpful in working with him/her, including names of siblings and relatives.

The information the Specialist shares with you about the child, or any information you receive directly from the child or his/her family is confidential. Remember that the child and the parents have a right to privacy.

Specialists and foster families should not make judgments about the biological parents and their family. Many children become upset when they overhear conversations about their family situations or when they are confronted by others with information that they feel should not be known. As a result, never discuss your foster child's personal business with relatives, neighbors, friends or others who are not entitled to this information.

Foster parents should be mindful of confidentiality when using social media, such as Facebook. Photos of foster children cannot be posted online as well as the child's name, circumstance, or any other identifying information.

I have read and agree to adhere to this Confidentiality Policy.

Foster Parent Signature

Date

Foster Parent Signature

Date

DCCCA Representative

Date



Child Placing Agency

BEHAVIOR MANAGEMENT AND RESTRAINT AGREEMENT

Behavior management is a basic part of child rearing. When used correctly, it contributes to the healthy growth and development of a child and creates positive patterns of behavior. The purpose of behavior management is to promote behaviors helpful to the child's development and to change or eliminate behaviors which are harmful to the child's development. Utilizing positive behavior management techniques increases its effectiveness.

Positive behavior management provides the opportunity to guide, teach, encourage, and promote a sense of satisfaction. This may help the child understand the consequences of his or her behavior. Effective, positive behavior management places behavioral limits on the child, and can provide the child a sense of security, develop a respect for order, and enable the child to predict and understand his or her surroundings.

Prohibited punishment includes:

- Punishment that is humiliating, frightening, or physically harmful to the child
- Corporal punishment, including hitting with the hand or any object, yanking arms or pulling hair, excessive exercise, exposure to extreme temperatures, or any other measure that produces physical pain or threatens the child's health or safety
- Restricting movement by tying or binding
- Confining a child in a closet, box, or locked area
- Forcing or withholding food, rest, or toilet use
- Refusing a child access to the foster family home
- Mental and emotional cruelty, including verbal abuse, derogatory remarks about a child in foster care or the child's family, statements intended to shame, threaten, humiliate, or frighten the child, or threats to expel a child from the home
- Placing soap, or any other substance that stings, burns, or has a bitter taste, in the child's mouth or on the tongue or any other part of the child's body

Such acts will result in a Professional Development Plan and may result in a withdrawal of agency sponsorship and criminal prosecution.

Foster parents willing to accept placements who may require physical restraint (children at the Intensive 1 and 2 rate of care or higher based on behavior) are required by DCCCA to participate in an approved de-escalation and physical restraint training. Examples of approved physical restraint training are Crisis Prevention Institute (CPI), Managing Aggressive Behaviors (MAB) and The MANDT System. DCCCA has a Limited Use Physical Restraint Policy.

I agree to adhere to DCCCA's Behavior Management & Restraint Policies.

Foster Parent Signature

Date

Foster Parent Signature

Date

DCCCA Representative

Date

Report of Directed Readings or Approved Video Viewing

Directions: Use this form to request approval for training hours. Complete and submit the CPA.

| Date Completed | Title of the Educational Book/Video | Author of Book/Video | Publisher of the Book/Video and Copyright Date | Number of pages(book) Hours/Minutes(video) | Subject Matter(child development, health and safety, behavior management, communication, problem solving, sexuality, regulations, mental health) |
|----------------|-------------------------------------|----------------------|--|---|--|
| | | | | | |

Evaluate the book/video tape: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Answer the following questions:

1. Summarize the book or video tape:
2. Describe three or more significant observations included in the book or video that pertain to foster parenting. Please include mention of how each pertain to foster parenting.
3. Discuss the significant observations included in the book or video which you can use in your foster home. How will these help you increase your skill and foster parenting ability?
4. If this book or video did not provide information which you can use, what were you hoping it would provide? [Why did you choose this book/video?]

Signature:(electronic) To sign right click in signature box, select sign document, create digital id.

| Name of Family Foster Home | License Number |
|----------------------------|----------------|
| | |

Licensee Signature

Date Submitted to Child Placement Agency

Child Placement Agency Use Only:

| College Course | | Number of Pages | | Length of Video | | Preparing a Presentation Presenting a Presentation | |
|----------------|----------|-----------------|------------|-----------------|------------|---|--------|
| 1 Credit Hour | 15 Hours | 100 Pages | 2 Hours | 2 Hours | 2 Hours | First Preparation | 1 Hour |
| 2 Credit Hours | 30 Hours | 50 Pages | 1 Hour | 1 Hour | 1 Hour | | |
| 3 Credit Hours | 45 Hours | 25 Pages | 30 Minutes | 30 Minutes | 30 Minutes | | |
| | | 10 Pages | 15 Minutes | | | First Presentation | 1 Hour |

Child Placement Agency Authorization

The above documentation was reviewed by:

Date of Review:

Based on the review, the book/video read or viewed by the licensee meets the requirements for annual training hours.

The licensee has been granted training hours

Signature of CPA Representative

Date Authorized

DO YOU KNOW YOUR RIGHTS AS A KANSAS FOSTER YOUTH?

YOU HAVE SCHOOL RIGHTS:

- to have all appropriate school supplies, services, tutoring, extra-curricular, cultural, and personal enrichment activities
- attend school daily
- receive your high school diploma if you have earned the 21 standard credits

YOU HAVE THE RIGHT TO HAVE YOUR PRIVACY PROTECTED AS LONG AS IT'S SAFE:

- to send and get unopened mail and phone calls (unless court ordered)
- have regular contact from and access to case managers, attorneys, and advocates and be allowed private conversations with such individuals
- workers and foster parents should share information about you that is accurate and necessary for your well being

YOU HAVE THE RIGHT TO:

- few changes in workers as possible
- contact your worker's supervisor if you have a conflict with your worker that can't be worked out between the two of you

YOU HAVE RIGHTS IN COURT, YOU CAN:

- when age or developmentally appropriate, be notified of all hearings
- attend all court hearings
- if you are less than 10 years old, attend all court hearings if deemed appropriate by case planning team
- go to court and tell the judge what you think about any placement or placement change that is proposed
- have your "best interests" represented in court by a GAL
- ask for a lawyer who will tell the court what you want, not necessarily your "best interest"

WHEN AGING OUT OF CARE, YOU HAVE THE RIGHT TO:

- be an active participant in developing a transition plan
- have services and benefits explained
- have a checking or savings account (when appropriate)
- learn to manage money (if right for your age, development level, and it's in your case plan)
- learn job skills for your age
- be involved in life skills training and activities

YOU HAVE THE RIGHT TO LIVE IN A SAFE, COMFORTABLE PLACEMENT:

- where you live in the least restrictive environment
- where you are treated with respect, have a place to store your things and where you can receive healthy food, adequate clothing and appropriate personal hygiene products
- with siblings when possible unless ordered by the court
- with a relative that should be the first placement to be investigated and considered. If family is not an option then you may request that someone from your community with similar religion or ethnic heritage be investigated and considered for placement
- to have visits with family unless ordered otherwise by the court
- with few moves as possible
- to make a list of items you want to take with you when you are placed out of home and give to your case manager
- to have all your belongings move with you
- where your belongings are packed in a suitcase or duffle bag if moved or going on a visit

DO YOU THINK YOU ARE BEING TREATED DIFFERENTLY?

If you feel you are being harassed or treated differently for any reason that has nothing to do with your care or safety, you should call your provider's constituency services person _____ for assistance.

Developed by the Kansas Youth Advisory Council, 2012.

CERTIFICATE OF HEALTH ASSESSMENT FOR PERSONS 16 YEARS OF AGE OR OLDER

K.A.R. 28-4-126(b)(1) requires each person over 16 years of age regularly caring for children to have a health assessment completed by a licensed physician or by a nurse trained to perform health assessments. All persons over 16 years of age living in a Family Foster Home [K.A.R. 28-4-316(b)(1)] must have a health assessment. A Physician Assistant (PA) may complete the health assessment and must include the signature of the licensed physician authorizing the PA. The Health Assessment must be recorded on this DCF form. Substitute forms are not accepted.

TO BE COMPLETED BY PROVIDER/STAFF (Please print)

Name of the facility (exactly as stated on the license) _____ License # _____

Street Address _____ City _____ Zip Code _____ County _____

Check type of child care facility:

- | | | |
|--|--|--|
| <input type="checkbox"/> Attendant Care Facility | <input type="checkbox"/> Group Boarding Home | <input type="checkbox"/> Secure Residential Treatment Facility |
| <input type="checkbox"/> Detention Center | <input type="checkbox"/> Staff Secure Facility | <input type="checkbox"/> Secure Care Center |
| <input type="checkbox"/> Family Foster Home | <input type="checkbox"/> Residential Center | <input type="checkbox"/> Juvenile Crisis Intervention Center |

Name of Foster Parent/Staff _____ Date of Birth _____
(First) (Middle) (Last) (MM/DD/YYYY)

Please check each question. If answer is yes, please explain.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you see a physician regularly for any health condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you taking any medication regularly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any surgery in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any handicapping conditions which might interfere with the care of children? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any chronic illness conditions such as: | | |

| | Yes | No | | Yes | No | | Yes | No |
|---------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|
| Headaches | <input type="checkbox"/> | <input type="checkbox"/> | Cancer | <input type="checkbox"/> | <input type="checkbox"/> | Alcoholism | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Disease | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Arthritis | <input type="checkbox"/> | <input type="checkbox"/> |
| High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> | Convulsions | <input type="checkbox"/> | <input type="checkbox"/> | Liver Disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Lung Disease | <input type="checkbox"/> | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> |

If Other, Describe: _____

TO BE COMPLETED BY LICENSED PHYSICIAN, OR NURSE TRAINED TO PERFORM HEALTH ASSESSMENTS:

I have reviewed the above information and have conducted an examination and any tests indicated. Sign one of the statements below: (1 OR 2)

1. **I do not find** evidence of physical or mental illness that would conflict with the ability to care for the health, safety or welfare of children.

Signature of Licensed Physician or Nurse trained to perform health assessments. _____ Date (MM/DD/YYYY) _____

2. **I found evidence** of physical or mental illness that would conflict with the ability to care for the health, safety or welfare of children.

Signature of Licensed Physician or Nurse trained to perform health assessments. _____ Date (MM/DD/YYYY) _____

Record results of TB test or attach results to this form.

Negative tuberculin test ☐ or negative chest x-ray ☐ on _____ (date) (Repeat test not needed unless there is exposure or symptoms.)

Test read by _____ Date (MM/DD/YYYY) _____
Licensed Physician/Nurse Signature or Health Department

CERTIFICATE OF HEALTH ASSESSMENT FOR FOSTER CARE PROVIDERS' OWN CHILDREN

Complete this section of the form for each child under age 16 residing in the foster home, excluding foster children.

Child's Name _____ Date of Birth _____ Sex _____

Parent(s) Name(s) _____

Address _____
Street City Zip Code

Please give dates for ALL immunization series completed by your child in the space below. Record MM/DD/YY. Update this for each time immunizations are given.

| | 1 | 2 | 3 | 4 | 5 |
|--|--|-----|-----|-----|-----|
| DPT, DTaP, TD (*DT only if child is allergic to DTP) | / / | / / | / / | / / | / / |
| POLO | / / | / / | / / | / / | |
| MMR | / / | / / | / / | | |
| Single Dose Only | RUBEOLA (MEASLES) | / / | / / | / / | |
| | MUMPS | / / | / / | / / | |
| | RUBELLA (GERMAN MEASLE) | / / | / / | / / | |
| | HIB (Hemophilus Infl. B) *RECOMMENDED | / / | / / | / / | / / |
| | HBV (Hepatitis B Vaccine) *RECOMMENDED | / / | / / | / / | |
| | VAR (Varicella-Chicken Pox) *RECOMMENDED | / / | | | |

This section is to be completed and signed by a nurse approved by DCF to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

PAST HEALTH HISTORY (DEVELOPMENTAL - ILLNESS - HOSPITALIZATION)

ALLERGIES _____

CURRENT MEDICATIONS _____

NUTRITIONAL STATUS _____ HEIGHT _____ WEIGHT _____

PHYSICAL EXAMINATION

| | |
|-------------|--------------------|
| HEAD _____ | ABDOMEN _____ |
| EENT _____ | GU _____ |
| TEETH _____ | GYN _____ |
| HEART _____ | SKELETAL _____ |
| LUNGS _____ | NEUROLOGICAL _____ |

SCREENING TESTS (DATES DONE AND RESULTS/DO AS NEEDED)

| | |
|-----------------|-------------------|
| VISION _____ | TBC TEST _____ |
| HEARING _____ | SICKLE CELL _____ |
| SPEECH _____ | HGB _____ |
| DDST _____ | UA _____ |
| OTHER _____ | |
| DIAGNOSIS _____ | |

RECOMMENDATIONS _____

DO YOU SEE THIS CHILD FOR REGULAR HEALTH SUPERVISION? ☐ YES ☐ NO

DOES THIS CHILD HAVE ANY BEHAVIORAL OR HEALTH PROBLEMS WHICH WOULD PRECLUDE A FOSTER CHILD FROM BEING SAFELY PLACED IN THIS HOME? ☐ YES ☐ NO

Date _____

Signature of Licensed Physician or Nurse approved to perform health assessments _____



**DCF LICENSED CHILD CARE FACILITY MECHANICAL SAFETY CHECKLIST
FOR VEHICLES USED TO TRANSPORT CHILDREN**

| | |
|-----------------------|------------------------|
| Facility Name: | License Number: |
| Address: | City: |

Complete a form for each vehicle used to transport children. A record of the check and corrections shall be kept on file at the facility or in the vehicle.

| | | |
|-----------------------------------|---------------------------------|------------------------------|
| Make of Vehicle: | Vehicle Year: | Number of Restraints: |
| Name of Insurance Company: | Insurance Policy Number: | |

A safety check was completed by _____ on _____ and were working as designed. (select each item checked)

| | | |
|--|---|--|
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Exhaust System | <input type="checkbox"/> Glass |
| <input type="checkbox"/> Horn | <input type="checkbox"/> Lights | <input type="checkbox"/> Outside Mirror |
| <input type="checkbox"/> Signal Lights | <input type="checkbox"/> Steering | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Tail Lights | <input type="checkbox"/> Tires | <input type="checkbox"/> Windshield Wipers |

A verification was completed by _____ on _____ and verifies the first aid items are in the vehicle. (select each item verified)

| | | |
|---|--|---|
| <input type="checkbox"/> 1 elastic bandage | <input type="checkbox"/> 1 pkg 4" x 4" gauze squares | <input type="checkbox"/> Adhesive tape |
| <input type="checkbox"/> Bandages (all sizes) | <input type="checkbox"/> Cleansing Agent | <input type="checkbox"/> Disposable non-porous gloves |
| <input type="checkbox"/> Roll of gauze | <input type="checkbox"/> Scissors | |

Signature of Licensee or Authorized Agent of Licensed Facility