

Iowa Department of Human Services

FOSTER PARENT HANDBOOK

TABLE OF CONTENTS

| | <u>Page</u> |
|------------------------------------------------------|-------------|
| INTRODUCTION | 1 |
| Definition of Foster Care | 1 |
| Licensing Authority | 2 |
| State and Federal Laws and Regulations | 2 |
| BECOMING A LICENSED FOSTER PARENT..... | 7 |
| Your Licensing Rights and Responsibilities..... | 7 |
| Impact on the Foster Family | 8 |
| Standards for Foster Parents Under Iowa Law | 9 |
| Characteristics of Foster Parents..... | 9 |
| Physical Standards for Your Home..... | 11 |
| Providing Child Care in a Licensed Foster Home | 14 |
| APPLICATION AND PRESCREENING..... | 14 |
| Orientation | 15 |
| Application for License | 15 |
| Foster Home Pre-Service Training | 16 |
| Criminal Record and Child Abuse Record Checks..... | 16 |
| Home Study | 17 |
| Renewing Your License..... | 18 |
| Unannounced Home Visits | 18 |
| Renewal Process | 18 |
| Concern Regarding the Quality of Care | 19 |
| Licensing Decision | 20 |
| Full License..... | 20 |
| Licensed Capacity..... | 20 |
| Emergency Placements Over Licensed Capacity | 21 |
| Provisional License..... | 21 |
| Denial of a License | 22 |
| Suspension of a License..... | 23 |
| Revocation of a License..... | 24 |
| Appeal Process for Licensing Decisions..... | 25 |
| THE FOSTER CHILD..... | 27 |
| Your Placement Rights and Responsibilities..... | 27 |
| Placement Selection: Getting the Call | 31 |
| Questions to Ask When Considering a Placement | 31 |
| Knowing When to Say “No”..... | 33 |
| Staying Within Licensed Capacity..... | 33 |
| Placement of Children From Outside Your County | 33 |
| Placement of Children from Out of State | 34 |
| Placement Information..... | 35 |

TABLE OF CONTENTS

| | <u>Page</u> |
|---------------------------------------------------------------|-------------|
| Introducing the Child to Your Family and Home..... | 36 |
| Preplacement Visits | 36 |
| Placement Day | 36 |
| Family Names | 37 |
| Adjustment Period | 38 |
| Some Hints To Smooth The Road | 39 |
| Medical, Dental, and Mental Health Care | 41 |
| Required Medical Care | 41 |
| Medical Information | 42 |
| Medications..... | 43 |
| Consents and Authorization Required for Medical Care..... | 43 |
| Birth Control, Family Planning and Responsible Behaviors..... | 44 |
| Mental Health Services..... | 44 |
| HIV Testing | 45 |
| Education | 47 |
| Head Start Program..... | 47 |
| Child Development Services..... | 48 |
| School Permission Slips and Consent Forms | 48 |
| Educational Staffings..... | 48 |
| School Fee Waivers | 49 |
| Alternative Schooling | 49 |
| Higher Education | 50 |
| Safety | 50 |
| Rooms Where Foster Children Sleep..... | 50 |
| Emergency Plan | 51 |
| Supervision, Babysitters, and Child Care | 52 |
| Release of Foster Children..... | 53 |
| Social Issues..... | 54 |
| Cultural Considerations | 54 |
| Religion..... | 54 |
| Social Activities and Recreation..... | 55 |
| Household Responsibilities and Chores..... | 55 |
| Child's Allowance: Personal Spending Money | 56 |
| Visits and Family Contact..... | 56 |
| Birth Parents' Rights..... | 57 |
| Birth Family's Role in the Child's Life | 58 |
| Birth Family's Role in Your Life..... | 58 |
| Setting Boundaries and Safety | 59 |

TABLE OF CONTENTS

| | <u>Page</u> |
|--------------------------------------------------------------|-------------|
| Transportation | 59 |
| Transportation Reimbursement..... | 60 |
| Traveling With Your Foster Child..... | 60 |
| Children with Special Needs..... | 61 |
| Respite | 62 |
| TEENS | 65 |
| Rules, Structure, and Independence..... | 66 |
| Driving..... | 66 |
| Auto Insurance | 66 |
| Vehicle Ownership..... | 66 |
| Foster Children Providing Transportation for Others | 67 |
| Transition Planning..... | 67 |
| Teaching Living Skills..... | 67 |
| Employment and Taxes..... | 68 |
| Foster Care Past Age 18 | 68 |
| Applying for College Financial Aid | 68 |
| The Benjamin Eaton Scholarship..... | 69 |
| COMMUNICATION AND RECORD KEEPING..... | 73 |
| Confidentiality | 73 |
| Definition of Confidentiality..... | 74 |
| When Can Information Be Shared? | 74 |
| Discussing Your Foster Child With Other Foster Parents | 75 |
| Confidentiality of Written Records..... | 76 |
| Newspapers, Television, and Other Media | 76 |
| Record-Keeping..... | 77 |
| Basic Information..... | 78 |
| Taking Notes..... | 78 |
| Medical Information | 78 |
| Life Books..... | 79 |
| Reporting Information to the Agency | 80 |
| Contact With the Child's Worker | 80 |
| Communicating in an Emergency..... | 82 |
| Reporting Changes That Affect Your License | 83 |
| New Household Members..... | 83 |
| Updating Record Checks | 84 |
| Household Members Leaving..... | 84 |
| Moving to a New Home..... | 85 |
| Remodeling Your Home..... | 85 |
| Resolving Differences with the Agency | 85 |

TABLE OF CONTENTS

| | <u>Page</u> |
|-------------------------------------------------------------|-------------|
| DISCIPLINE AND BEHAVIOR MANAGEMENT | 89 |
| Reasons for Misbehavior | 90 |
| Goals of Behavior Management | 91 |
| Building a Child's Self-Esteem | 92 |
| Parenting Techniques..... | 93 |
| Prohibited Discipline | 95 |
| Behavior Emergencies | 96 |
| Crisis Planning | 97 |
| Contacting the Agency, Providers and Law Enforcement..... | 97 |
| Runaways..... | 98 |
| Suicidal Behavior..... | 99 |
| Substance Abuse | 100 |
| Sexual Acting Out..... | 101 |
| Unmanageable Defiance: Verbal and Physical Aggression..... | 102 |
| Delinquent Behavior | 102 |
| Working With Providers to Manage a Child's Behavior..... | 104 |
| PREVENTING CHILD ABUSE IN FOSTER CARE | 107 |
| Definition of Child Abuse | 107 |
| Dynamics of Abuse and Neglect | 110 |
| Profile of Parents..... | 110 |
| Reasons for Child Abuse | 111 |
| What to Do if You Suspect Abuse: Mandatory Reporting | 112 |
| Abuse in Foster Family Care | 113 |
| Preventative Practices | 114 |
| Assessing Allegations of Abuse Against Foster Parents | 114 |
| Reviews and Appeals of Child Abuse Assessment Reports | 115 |
| PERMANENCY PLANNING..... | 119 |
| Overview of Permanency Planning | 120 |
| Concurrent Planning | 121 |
| Multi-Ethnic Placement Act (MEPA)..... | 123 |
| How Children Enter Foster Care | 123 |
| Juvenile Court..... | 124 |
| Legal Definitions | 125 |
| Permanency Planning: Working as a Team..... | 125 |
| Juvenile Court Judge..... | 126 |
| Guardian Ad Litem | 126 |
| DHS Social Worker or DHS Case Manager | 127 |
| Juvenile Court Officer (JCO)..... | 127 |
| Private Agency Foster Care Worker | 128 |
| Foster Parent | 128 |

TABLE OF CONTENTS

| | <u>Page</u> |
|----------------------------------------------------------------------|-------------|
| Birth Parent | 128 |
| Other Service Providers | 128 |
| Iowa Citizens Foster Care Review Board..... | 129 |
| Court-Appointed Special Advocate (CASA)..... | 129 |
| Juvenile Court Proceedings | 130 |
| Removal Hearing | 131 |
| Adjudication Hearing..... | 131 |
| Dispositional Hearing | 131 |
| Review Hearings..... | 132 |
| Permanency Hearing..... | 132 |
| Termination of Parental Rights Hearing (TPR)..... | 133 |
| Participating in Juvenile Court Hearings..... | 134 |
| Speaking at Hearings | 135 |
| Giving Sworn Testimony..... | 135 |
| Providing Written Reports | 135 |
| Other Court Processes..... | 136 |
| Communication With Parties to the Court Proceedings | 137 |
| | |
| PLACEMENT TRANSITION AND TERMINATION | 141 |
| Reasons Placements May End | 141 |
| Requesting Removal of Your Foster Child..... | 141 |
| Receiving Notice of Removal of Your Foster Child by the Agency | 142 |
| Objections to Removal and Right to Administrative Conference | 142 |
| Preparing the Child for the Move | 143 |
| Working Through Feelings | 143 |
| Transferring the Child and Belongings..... | 144 |
| Entering the Adult World: Over Age 18..... | 145 |
| Moving to a New Level of Care | 145 |
| Moving to Another Foster Home..... | 145 |
| Returning Home..... | 146 |
| Moving to an Adoptive Home | 146 |
| Letting Go..... | 146 |
| Contact After Removal | 147 |
| Adoption Issues..... | 148 |
| Transitioning a Child to an Adoptive Home..... | 148 |
| Adopting Foster Children | 149 |

TABLE OF CONTENTS

| | <u>Page</u> |
|----------------------------------------------------------|-------------|
| FINANCES | 155 |
| Monthly Financial Support | 156 |
| Basic Maintenance Payment | 157 |
| Sibling Allowance | 158 |
| Transportation and Travel | 158 |
| Reimbursement of Medical Transportation | 158 |
| Difficulty-of-Care Payment | 159 |
| Emergency Rate | 160 |
| Teen Parent Maintenance Payment | 160 |
| Payment Codes for Foster/Adoptive Families | 160 |
| Payment for Other Needs | 161 |
| Clothing Allowance | 161 |
| Child Care | 162 |
| Tangible Goods and Ancillary Needs | 162 |
| School Fees | 162 |
| Respite Care | 163 |
| Reserve Bed Days | 163 |
| Training Stipend | 164 |
| Other Financial Supports | 164 |
| Medicaid | 164 |
| School Lunch Program | 164 |
| Driver's Education Fee Waiver | 164 |
| WIC | 165 |
| Food Assistance | 165 |
| Income Tax Issues | 166 |
| Family Medical Leave Act | 166 |
| Insurance and Liability | 166 |
| Vehicle Insurance | 166 |
| Home Owners or Renters Insurance | 166 |
| Foster Home Insurance Fund | 166 |
| TRAINING | 171 |
| Pre-Service Training Requirement | 171 |
| In-Service Training Requirement | 171 |
| Approved Training Opportunities | 172 |
| Applying for Approval for Other Topics | 172 |
| Mandatory Reporter Training | 174 |
| Documenting Completion of Required Training | 174 |
| Training Required for Treatment-Level Foster Homes | 174 |

TABLE OF CONTENTS

| | <u>Page</u> |
|-----------------------------------------------------------------------------------|-------------|
| TREATMENT-LEVEL FOSTER CARE..... | 177 |
| What Are the Responsibilities of a Certified Treatment-Level Foster Parent? | 177 |
| How Do I Become a Certified Treatment-Level Foster Parent? | 178 |
| How Is a Foster Child Approved for Treatment-Level Foster Care? | 178 |
| What Is a Behavior Management Intervention Plan? | 179 |
| What Can I Expect From a Provider? | 180 |
| What is My Role With the Provider?..... | 181 |
| What About Financial Reimbursement?..... | 181 |
| Are There Requirements of Other Adults Living in My Home?..... | 181 |
| Does My Treatment Certification Need to Be Updated Annually?..... | 182 |
| What Does Decertification of Treatment-Level Home Mean?..... | 182 |
| RESOURCES AND SUPPORT | 185 |
| Agency Supports..... | 185 |
| DHS Service Areas | 186 |
| Foster Parent Associations and Support Groups..... | 186 |
| Iowa Foster and Adoptive Parents Association (IFAPA) | 187 |
| Foster Parent Liaison | 187 |
| Support Groups | 188 |
| National Foster Parents Association (NFPA) | 188 |
| Recruiting Other Foster Parents..... | 189 |
| APPENDIX..... | 193 |
| Glossary | 193 |
| Caring for Children With HIV | 198 |
| Universal Precautions and Infection Control | 200 |
| Bill of Rights for Foster Children | 202 |
| Rights of Parents of Children in Foster Care*..... | 203 |
| 100 Ways to Say “Very Good” | 205 |
| Code of Ethics for Foster Parents | 206 |
| Age Characteristics of Children..... | 207 |
| Medical Forms | 225 |
| Medical Assistance Eligibility Card (470-1911) | 225 |
| Physical Record (470-0580) | 225 |
| Medical Transportation Claim (470-0386) | 226 |
| Foster Care Forms..... | 233 |
| Foster Family Placement Contract (470-0716)..... | 233 |
| Family Case Plan (470-3453) | 233 |
| Report of Suspected Child Abuse (470-0665) | 234 |
| Foster Parent Training Report (470-2540)..... | 234 |
| Foster Parent Training Application (470-2541)..... | 234 |

TABLE OF CONTENTS

| | <u>Page</u> |
|--------------------------------------------------------|-------------|
| Tools You Can Choose To Use | 261 |
| Foster Child Cover Sheet | 261 |
| Foster Child Medical Log | 263 |
| Foster Child Medication History | 265 |
| Medication Record..... | 267 |
| Physical Description of Child | 269 |
| Supervised Visit Summary | 271 |
| Transition Planning Checklist..... | 273 |
| What You Need to Know When Transporting Children | 274 |

INTRODUCTION

This handbook provided by the Iowa Department of Human Services, is intended to provide you, the foster parent, vital and practical information regarding your important task of providing care to Iowa's children and their families. It is also designed to introduce you to services that may be available to you or children placed in foster care in your home.

The Iowa Department of Human Services (DHS) has the responsibility to provide certain social services to the children and families of Iowa, ranging from in-home services to out-of-home placement, including foster home care. DHS is committed to the principle that no child shall be removed from the family home unnecessarily. Both state and federal laws recognize that:

- ◆ Foster care services are an important protection for children, but that children have a right to be treated in their own home whenever possible; and
- ◆ Children who must be removed from their home have a right to be treated in the most family-like setting possible.

That is why your job is so important! Thank you for caring enough to help meet the needs of Iowa's children.

Definition of Foster Care

Iowa Code Section 237.1 defines child foster care as “the provision of parental nurturing, including, but not limited to, the furnishing of food, lodging, training, education, supervision, treatment or other care, to a child on a full-time basis by a person other than a relative or guardian of the child.”

The DHS Employees' Manual states: “Family foster care is 24-hour temporary substitute care for children unable to remain in their own homes. It also offers services to families and children to reunify the family or develop another permanent plan for the child.”

According to Iowa Code Section 237.2, the purpose of foster care is “to provide appropriate protection for children who are separated from the direct personal care of their parents, relatives, or guardians and, as a result, are subject to difficulty in achieving appropriate physical, mental, emotional, educational, or social development.”

“Foster care services” include the process of assessment, planning, treatment, supervision, review, and court involvement.

The purposes of placing a child in foster care are to:

- ◆ Protect the child and provide sufficient care for the child in a nurturing, stimulating environment.
- ◆ Help the child cope with separation, and repair damage resulting from events in the child's past.
- ◆ Develop and execute a permanent plan for the child's future.

“Permanency goals” include family reunification, placement with a relative or guardian, adoption, supervised apartment living, or another planned permanent living arrangement.

Family foster care is offered to children who have a range of special needs. It is the least restrictive of Iowa's foster care services. The care provided depends on the child's needs, and the experience, expertise, and resources of the foster family.

The family foster care program provides for rehabilitative treatment services and supportive services. When a child's needs cannot be met in a foster family setting, the child is placed in foster group care, residential treatment, or other institutional setting.

Licensing Authority

Iowa Code 237 and 238, 441 Iowa Administrative Code 108, 112, 113, 117, 156 and 185

DHS is the final authority for licensing all foster care facilities and agencies. Both private agencies and DHS staff may complete licensing home studies. Private agencies make a recommendation to DHS who then makes the final decision and issues the license. A child's relative who meets licensing standards may become a licensed foster parent.

State and Federal Laws and Regulations

Agency policies, state laws and rules, and federal laws and regulations govern foster home licensing and foster parenting. Foster parents, the Department of Human Services, and Juvenile Court Services are limited in what they can and cannot do by these laws. The primary legal sources that affect child welfare programs in Iowa are:

◆ Adoption and Safe Families Act

The federal Adoption and Safe Family Act (ASFA) requires state child welfare systems to focus more intently on a child's need for safety, permanency, and well being. Emphasis has been placed on effective casework and permanency planning, beginning at the moment a child enters care.

The goals of ASFA are to improve the safety and well being of families and children and to promote adoption and other permanent homes for children who need them. States must continue to provide reasonable efforts services to keep families together. ASFA requires that safety of children be the paramount concern and recognizes that sometimes children cannot be safely returned to their home, even if services were offered.

In addition, the law bans adults with forcible felony convictions or other specific serious convictions from being adoptive parents or foster parents.

◆ **Multiethnic Placement Act**

The federal Multiethnic Placement Act (MEPA) prohibits discrimination based on race, color, or national origin in foster care licensing, adoption approval, and child placement. Ethnicity may not be routinely considered in placement decisions. The placement of a child into family foster care may not be delayed or denied on the basis of race, color, or national origin of the foster parent or the child.

Foster care placements need to be consistent with what is best for the child. Matching the needs of the foster child with the abilities and expertise of the foster families is the most appropriate way to attend to the best interest of the child. It also reduces the number of moves a child in foster care placement will experience.

MEPA allows for the recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

DHS and private agency staff are responsible for recruitment, which is targeted at meeting the needs of the children we serve. An adequate pool of qualified, trained foster homes are necessary to assure the best placement for children needing out of home care.

◆ **Code of Iowa**

The Iowa Code is a compilation of the laws of our state published in a series of bound books that can be found at any public library. The primary laws that apply to licensed foster parents are found in Chapters 234, 235 and 237. You can access the Iowa Code on the Internet through DHS's policy web site at <http://www.dhs.state.ia.us/policyanalysis>, through the "Links" button on the left of the screen.

◆ **Iowa Administrative Code**

The Iowa Administrative Code (IAC) contains the rules that describe the way that each state agency will carry out Iowa's laws. It is published in a series of loose-leaf books. The rules adopted by DHS are found in Section 441. The chapters that apply most to licensed foster parents are 441 IAC, Chapters 108, 112, 113, 117, 156, 185, and 202.

You can review a copy of the IAC in any public library. DHS rules are also available on the Internet at <http://www.dhs.state.ia.us/policyanalysis>. You can access rules of other state agencies through the “Links” button on the left of the screen.

◆ **Iowa Department of Human Services Employees Manuals**

There is an employee manual for each DHS program. These manuals describe agency policy and the laws and regulations on which they are based. (DHS policy is based on the Iowa Code and the Iowa Administrative Code.) The manuals also describe how employees should apply these policies to individual situations.

As a foster parent, the manuals that apply most to you are Chapter 12-B, *FOSTER FAMILY HOME LICENSING*, and Chapter 18-D, *FAMILY FOSTER CARE*. These manuals and most other DHS manuals are available on the Internet at <http://www.dhs.state.ia.us/policyanalysis>. A printed version of the manual can also be found in any DHS office.

BECOMING

A

LICENSED

FOSTER PARENT

BECOMING A LICENSED FOSTER PARENT

Foster family licensing is designed to protect children and the foster families. The licensing process involves a mutual assessment, with the family taking an active role in the determination about whether to become a licensed foster home. It is also designed to help you identify what age, sex, and behaviors of a child would make a good match for your family.

Your Licensing Rights and Responsibilities

Prospective and licensed foster parents have the following **rights** with respect to licensing:

- ◆ To apply for a license.
- ◆ To appeal a negative licensing decision.
- ◆ To receive a copy of the *Foster Parent Handbook*.
- ◆ To review the licensing file (except for confidential items and third-party information, such as references and criminal history).
- ◆ To have training opportunities.
- ◆ To receive a \$100 stipend for pre-service training costs when licensed and annually for in-service training costs when license is renewed.
- ◆ To file an insurance claim for damage caused by foster children in your care.

Prospective and licensed foster parents have the following **responsibilities** with respect to licensing:

- ◆ To read your *Foster Parent Handbook*.
- ◆ To provide information necessary for completion of licensing study (including medical, references, and explanation of any founded child abuse reports or criminal history).
- ◆ To complete the licensing process within 120 days of the date the applicant begins the pre-service training and within 90 days for reapplications.
- ◆ To notify DHS regarding any changes in residence or household composition as set out in the communication section.
- ◆ To complete at least six hours of training annually.
- ◆ To complete at least two hours of mandatory child abuse reporter training within six months of licensure and again every five years.
- ◆ To cooperate with the annual unannounced visit.

- ◆ To accept placements only within the licensed capacity.
- ◆ To report any suspicion that a child in your care has been abused.

Impact on the Foster Family

You must take care of the needs of your own children, just as you would take care of the needs of a foster child. For the biological or adopted child in your family, the arrival of a foster child can be just as difficult as the impact of the birth of another child, or more so.

The foster child often arrives without the preparation that surrounds the birth of a sibling. The phone call, your decision, and the arrival of the child can all occur within a few hours. The foster child may be close in age (actual or developmental) to your own child, and strong competition and rivalry can emerge.

Children in foster care have special needs and often demand extra attention, which your own children may resent. These feelings may be hard to put into words, and can often be mixed with feelings of guilt. (“I’m not happy about sharing my toys, but I also feel guilty because I’m supposed to want to share.”) It’s important to be alert to possible feelings of resentment by your children.

The entire family needs to incorporate the foster child into family activities to enable the foster child to feel cared for and secure. At the same time, you need to make an effort to have special time with the family and individual time with each of your biological or adoptive children. Some families take short “time-outs” between foster care placements in their home, to come together again as a family.

You may also find yourselves worrying about the behavior of the foster child and the influence of that behavior on your children, especially if they are young or impressionable. On the other hand, your children can serve as excellent role models and may become more sensitive to others’ backgrounds and experiences.

You can help with some of the feelings your children might have about the foster children in their home. Allow your children to express feelings about foster care that sometimes might not be positive. Encourage communication and avoid quick responses or judgments that might shut down communication.

Empathize with your children about the difficulty of having other children come into their home, into their space, and that it’s okay to sometimes be frustrated and angry about being a foster family and having to share home, family, and belongings with someone else.

For younger children, the concept of foster care can be difficult to absorb. Preschool children may have difficulty understanding who this stranger is who has entered your home. When a foster child leaves, your child may become very concerned about where the child went and if the child will be okay in the new place. In the extreme, young children may fantasize that they made the foster child leave, or that they might have to leave to a new family just as the foster child did.

Younger children who worry about what happens to foster children when they leave may need additional reassurance. Some follow-up (a return visit, phone call, letter) by the foster child or new caretaker can be of help. Many foster parents keep an album of photographs and short stories about the foster children who have been part of their family.

Best Practice: Make your decision to become a foster family a “family” decision.

Standards for Foster Parents Under Iowa Law

Iowa Code Section 237.3

The licensing decision for a foster family home shall consider, but not be limited to the following:

- ◆ The number, qualifications, character, and parenting ability of foster parents to ensure the health, safety, and welfare of children placed in family foster care.
- ◆ The physical environment of the home.
- ◆ The provision of housing, health, safety, and medical care for children receiving care.
- ◆ A written social assessment of the quality of the living situation in the foster home, to be completed by the licensing worker.
- ◆ The provision of personal references regarding the foster parent’s character.

Characteristics of Foster Parents

To be a licensed foster parent, the applicant must:

1. Have personal characteristics suitable for foster parenting, such as:
 - ◆ Be at least 18 years of age.
 - ◆ Have no health problems that would be a hazard to children and or would prevent the foster family from providing care to a foster child.
 - ◆ Have sufficient income and resources to provide adequately for the family’s own needs. (Families receiving public assistance can be considered.)
 - ◆ Provide evidence of marital adjustment and stability (if married).

- ◆ Have time available to parent foster children.
 - ◆ Be a stable, responsible, mature person who is not unsuited by reason of substance abuse, lewd or lascivious behavior, or other conduct likely to be determined as detrimental to the physical or mental health or morals of the child.
2. Have the capacity to:
- ◆ Exercise good judgment in caring for children.
 - ◆ Accept agency supervision.
 - ◆ Accept foster children unconditionally.
 - ◆ Deal with a child's acting-out behaviors.
 - ◆ Separate from foster children and not hamper return to the birth family or a move to another permanent placement. (This can be accomplished through increased parental visitation, contributing to the child's life book, and identifying positive ways to say good-bye.)
 - ◆ Treat foster children in a manner similar to birth or adoptive children in the home as far as participation in normal family life are concerned.
 - ◆ Ensure that all family members agree with providing foster care in the home.
 - ◆ Have realistic expectations of foster children.
3. Provide the foster child with:
- ◆ An opportunity for healthy social relationships through participation in neighborhood, social, and community or group activities. This includes having friends come into the foster home and to visit in friend's homes.
 - ◆ A healthy and normal daily routine that allows time for rest, education, and play.
 - ◆ An educational opportunity to complete high school, vocational training, or independent living skills, in accordance with the child's abilities.
 - ◆ Religious freedom, in that the foster parent:
 - Respects the foster child's religious background and affiliation.
 - Gives children the opportunity to attend religious services and religious instruction.

- Doesn't require children to participate in any religious training or observances contrary to their wishes or the wishes of the biological or adoptive parents.
- ◆ Protection by:
 - Providing supervision and care according to the case plan and the policies of the supervising agency.
 - Releasing the child only to the person specifically designated by the agency, parent, or guardian from whom the child was received into care.
 - Making arrangements to place the child with a responsible person if an emergency requires the foster parent's temporary absence from the home.
- ◆ Training and discipline by:
 - Handling children with kindness and understanding of the child's age, development, and past experiences.
 - Not depriving a foster child of food as punishment. (A child could be denied dessert or another treat, but meals are not to be withheld.)
 - Not subjecting a foster child to verbal abuse, threats, or derogatory remarks about the child or the child's family.
 - Not using corporal punishment.

Physical Standards for Your Home

The foster home must:

1. Be safe, clean, properly lighted and heated, well ventilated, and free from vermin and rodents.
 - ◆ Rooms above ground must have adequate window area or mechanical artificial ventilation.
 - ◆ Rooms must have ceiling heights of seven feet or more.
 - ◆ Rooms below ground must be free from excessive dampness, noxious gases, and objectionable odors.
2. Provide adequate space for where foster children sleep. Sleeping rooms must:
 - ◆ Have been constructed to provide sleeping accommodations or remodeled for sleeping to provide proper heat and ventilation.

- ◆ Provide at least 40 square feet of area per child, if for multiple occupancy. When sleeping rooms meet only the minimum space requirements, space in other parts of the home shall be provided for study and play.
 - ◆ Allow for grouping of children that takes into consideration their age and sex. Children six years of age or older shall not share a room with a child of the opposite sex. Children two years or older shall be provided bedroom space other than in the foster parents' bedroom. A foster child of any age shall not share a bedroom with any unlicensed adult living in the household.
3. Have a heating plant capable of maintaining a temperature of approximately 65° F during the day in severe weather at a point 24 inches from the floor.
 - ◆ Gas-fired space heaters, other stoves, fireplaces, and water heaters must be vented to the outside atmosphere.
 - ◆ Combustible materials must be kept away from furnaces, stoves, or water heaters. (According to the State Fire Marshall, combustible materials should be at least three feet away from furnaces, stoves, or water heaters.)
 4. Provide a safe outdoor space that will allow for active play according to the child's age and developmental needs. When hazards such as traffic, pools, railroads, waste material, and contaminated water exist, foster parents must make provisions to ensure the child's safety.
 5. Have a written safety plan to be used in case of fire, tornado, or blizzard. The house plan with the exits marked in case of fire and the location of where to go for tornadoes should be posted and available to any child placed in the home.
 6. Have at least one of the following for every floor of the house where foster children sleep:
 - ◆ Smoke detectors
 - ◆ A window exit that meets all of the following criteria:
 - It is large enough to allow the foster child to pass easily through it. Recommended guidelines are a minimum opening height of at least 24 inches, and width of at least 20 inches, and a finished sill height of not more than 44 inches above the floor.
 - Provisions are made to ensure that the foster child can easily reach, open the window without a tool, and climb through the window.
 - Provisions are made to ensure that the foster child can safely reach the ground from the window. This may require secure steps or stairs.
 - The foster child is aware of the window exit and how to use it.

- The path of exit to the outside from the sleeping room does not require the passage through more than one additional room, excluding hallways, stairs, and entryways. Recommend at least one direct exit to the outside in addition to one inside stairway.
- Bedrooms in the basement must have a direct exit to the outside and if the exit is through a window, it must meet fire code standards. (It is important that a child have access to a way out of the home even with a working smoke detector.)

Best Practice: Have both smoke detectors and window exits and practice the safety drills for exiting the home with the foster children. Carbon monoxide detectors should be in place for any basement sleeping rooms.

7. Have clean and ventilated toilet facilities. Private disposal systems shall be designed, constructed, and maintained so that no unsanitary or nuisance conditions exist, such as surface discharge of raw or partially treated sewage or failure of the sewer lines to convey sewage properly.
8. Provide the foster child with individual space, which is easily accessible for clothes and personal possessions.
9. Allow for isolation of an ill child.
10. Have completed and follow universal precautions to reduce the risk of exposure to blood-borne pathogens and other infectious materials.
11. Provide verification of inoculations of household pets that have access to the outdoors. Be sure your pet is child friendly. Always supervise interactions between your pets and foster children.
12. Provide adequate amounts of nutritious food and milk.
13. Provide for proper food storage and preparation.
14. Provide a safe water supply.
 - ◆ If a private well is the source of the water supply, the well and water must be tested annually and must not exceed maximum safe drinking water requirements for nitrate and coliform bacteria levels.

(The local health department or the laboratory testing your water can advise you about the standards and ways to treat your well to correct any problems and bring water into safe levels and compliance.)

- ◆ If the water sample is not safe, the foster parents shall provide a written statement that the foster children will be provided safe water, indicating where it will be obtained and how it will be transported and stored, in order to qualify for licensing.
15. Provide for adequate waste disposal. The home should have covered garbage containers that are sufficient, fly-tight, water tight, rodent-proof, and maintained in a sanitary condition.
 16. Store firearms and hunting paraphernalia to make them inaccessible to children and teens.
 - ◆ Any equipment such as knives, spears, arrows, bows, martial arts weapons, fire arms and explosives, must be maintained in a secure manner, (gun locks) locked in a cabinet, and inaccessible to a child of any age.
 - ◆ It is a requirement of the criminal code that no child aged 14 or older can be given access to firearms or ammunition without the express permission and direct supervision of the parent or guardian of the child. Foster parents cannot consent.

If you have any questions about any of the above licensing standards, contact your licensing worker.

Providing Child Care in a Licensed Foster Home

Registration through DHS is required if a licensed foster home is also providing child day care. Children in foster care are counted for the purpose of determining the type of child care registration required.

- ◆ If the foster parent is providing child care to six or fewer children, a family day care registration is required.
- ◆ If the foster parent is providing day care for between seven and eleven children, a group day care registration is required.
- ◆ If child care is provided to over eleven children simultaneously, the home must be licensed as a child care center and cannot be licensed as a foster family home.

APPLICATION AND PRESCREENING

Individuals or families may enter the foster care system through a formalized recruitment and orientation process or contact with currently licensed foster family parents. Either way, the first step in the approval process is an intake or orientation for the family.

The family completes an application for a foster home license and authorizes checks for criminal, child abuse, and sex offender records. Any records discovered may end the licensing process or may be deemed, after further investigation and evaluation, not to preclude licensing.

After the prescreening is completed, the prospective applicant completes the PS-MAPP pre-service training, which includes the home study process.

Orientation

Department or private agency staff shall explain the following common rules and expectations for licensed foster family homes when prescreening the potential applicant for eligibility and interest in fostering a special needs child:

- ◆ The Department's policy to accept applications only from persons interested in fostering or adopting "special needs" children and the definition of a "special needs" child.
- ◆ The general requirements for being approved, such as the requirements to work with birth families toward reuniting the child and the birth family and to work as a member of the care and treatment team.
- ◆ The process and sequence of events to become a licensed foster family home:
 - Child abuse, criminal history, and sexual offender record checks
 - Pre-service training requirements
 - References
 - The elements of a home study

Application for License

Any person 18 years of age or older has the right to apply for a foster family home license. The person may apply through the Department or through a private child-placing agency.

Each applicant and any other adults residing in the home must sign form 470-0689, *Foster Family Home License Application*. This form gives the agency the right to study and evaluate the home and to conduct necessary record checks. Refusal of any adult in the household to cooperate with the records check is grounds to deny the application, based on failure to comply with licensing standards.

Note: All adults in the household who will be coparenting the child must participate in all aspects of the licensing process. When a married couple applies, both spouses must participate in all aspects of the process. Other adults living in the household who will not be parenting the child are counted as members of the household and are checked for abuse and criminal records, but are not listed on the license.

Receipt of an application does not guarantee that a license will be awarded or that a placement will be made. It is important to emphasize the review process required to approve a license and the matching necessary to prepare a family for a placement of a child.

To apply for a foster family home license, complete the following forms:

- ◆ *Foster Family Home License Application* (470-0689)
- ◆ *PS-MAPP Family Profile* (470-4019)
- ◆ *Physician's Report for Foster and Adoptive Parents* (470-0720)
- ◆ *HIV General Agreement* (470-3226)
- ◆ *Foster Care Private Water Supply* (470-0693), if needed.
- ◆ *Provisions for Alternative Water Supply* (470-0699), if needed.
- ◆ *Floor Plan* (no form)

Foster Home Pre-Service Training

In order to become a licensed foster family home, you are required by law to attend the 30 hours of pre-service foster parent basic training (PS-MAPP). Completion of this training is necessary before obtaining a full license (Iowa Code Section 237.5A). You are not obligated to become licensed after you receive this training. The one hour individual study module, "Universal Precautions on Foster and Adoptive Homes," must also be completed.

Pre-service training is provided free of charge to prospective foster parents, and is available through the community colleges. There are also pre-service training programs for treatment-level foster care. Refer to those sections in this handbook for more information.

After you receive your license as a foster home, you will receive a \$100 training stipend to help defray the costs of travel, childcare and other incidental expenses of attending the training.

Criminal Record and Child Abuse Record Checks

DHS must conduct checks of criminal and child abuse records in Iowa on any applicant for a foster family license and on people who live in the applicant's home who are over the age of 14. DHS will also check the Iowa Sex Offender Registry for everyone residing in the home. DHS may conduct these checks in other states where you have lived.

If confirmed abuse reports or criminal convictions exist, DHS must evaluate the record to determine whether the crime or abuse warrants prohibition of a license.

As a result of the Adoption and Safe Families Act of 1997, an evaluation is not necessary and the application will be denied when the applicant or any adult living in the applicant's home has been convicted of any of the following felony offenses:

- ◆ A drug-related offense committed within five years before the application date.
- ◆ Child endangerment.
- ◆ Neglect or abandonment of a dependent person.
- ◆ Domestic abuse.
- ◆ A crime against a child, including sexual exploitation of a minor.
- ◆ A forcible felony or a crime in another state that would be a forcible felony if committed in Iowa.

Home Study

A foster family "home study" is a written report containing documentation of the family's compliance with foster home licensing requirements. The worker writing the home study will assess your family in the following areas:

- ◆ Personal characteristics of foster parents, according to the licensing standards.
- ◆ Home and physical space and safety, according to the licensing standards.
- ◆ References given by the family and those contacted by the worker.
- ◆ Additional information that you may be asked provide about your family, such as:
 - Verification of marriage and divorce
 - Verification of auto insurance
 - Verification of income
 - Verification of treatment services received
 - Verification of deferred judgments

The worker will evaluate the following five core abilities expected of foster parents:

- ◆ Meet the developmental and well-being need of children coming into foster care or being adopted through foster care.
- ◆ Meet the safety needs of children coming into foster care or being adopted through foster care
- ◆ Meet their family's needs in ways that assure a child's safety and well-being.
- ◆ Share parenting with a child's family.
- ◆ Support concurrent planning for permanency.

Based on the evaluation of all the information, the worker will make a recommendation regarding licensure to DHS; however, DHS is responsible for all foster family licensing decisions.

DHS may approve a full license, give a provisional license, or deny a new foster family home license. Grounds for negative actions are under **Licensing Decision**. Foster parents have the right to appeal any adverse licensing decisions.

Renewing Your License

The foster care license is effective for one year and must be renewed each year. Make application for renewal of your license by contacting your licensing worker by phone or by using E-mail at least 30 days and no more than 90 days before your expiration date.

Unannounced Home Visits

At least once during the licensing year, the supervising agency, DHS, or a trained DHS volunteer is required by law to make an unannounced visit to your home. The purpose of the visit is to provide a glimpse at an average day in the foster family home, to assess the quality of the living situation, and to determine compliance with licensing standards.

This visit will be conducted at a time when your family is awake and in the home. The worker will avoid disrupting your family as much as possible. The interaction and quality of care in the home is of major importance. Impressions of the visit will be shared with you and a report will be made to the licensing worker. Failure to cooperate with this visit is reason to revoke a foster home license.

Renewal Process

The renewal process consists of:

- ◆ Completing an application.
- ◆ Updating your home study after the worker visits your home and ensures that your home continues to meet all licensing standards.
- ◆ Completing the *HIV General Agreement* form.
- ◆ All licensed foster parents completing training requirements for renewal. Be sure you have completed the child abuse reporting training within six months of your initial licensing date and every five years thereafter. See **TRAINING** for more specific information.

Note: In-service training **MUST** be completed before renewal, and provisional licenses **CANNOT** be issued for failure to complete the required number of training hours. Failure to have your in-service training completed by the time of your renewal will result in the loss of your foster home license.

- ◆ Assessing your experiences during the past year, including children placed in the home, relationship with the DHS, changes in the family and training needs. Any issues and concerns will be addressed in the licensing study update. (See also **Does My Treatment Certification Need to Be Updated Annually?**)
- ◆ If you use a private well, completing the water analysis and applicable forms.

Other activities that may occur include:

- ◆ Criminal record checks for each person in the home over the age of 14.
- ◆ Child abuse record check.
- ◆ Iowa sex offender registry check.
- ◆ Physician's report.
- ◆ Verification of marriage and divorce.
- ◆ Verification of auto insurance.
- ◆ Verification of income.
- ◆ Verification of pet vaccinations.
- ◆ Getting references from the DHS workers and providers about how they believe your foster care experience over the past year has gone.

See **Licensing Decision** for information on decisions for reapplication of a foster home license.

Concern Regarding the Quality of Care

When the Department receives a written or verbal complaint, either the licensed child placing agency or DHS will conduct an evaluation of your home to assess compliance with the licensing standards. The intent of this is to encourage the correction of deficiencies so that no capable foster home is lost and the foster care services are improved.

All incidents of mistreatment of the foster child coming to the attention of the supervising agency will be investigated promptly and reported to the proper authorities. When needed, a written corrective action plan may be developed with the foster family and the opportunity given to make necessary changes.

If an assessment is initiated on a foster family, the Iowa Foster and Adoptive Parent Association (IFAPA) has a toll-free number to contact for information about the process. See IFAPA booklet, "Foster Allegation Information Resource (FAIR)."

Licensing Decision

DHS may approve or deny a new foster family license. Grounds for negative actions are set in 441 Iowa Administrative Code 112.5(237), and are covered in this section. Foster parents have the right to appeal any adverse licensing decisions.

Full License

If you and your home meet all licensing standards, DHS will approve the application or reapplication and issue a license. At the initial approval, you will receive a certificate (form 470-0727) that includes:

- ◆ The name of each licensee,
- ◆ The type of license (full or provisional),
- ◆ The address of the home which is licensed,
- ◆ The number of foster children who may be cared for in the home at any one time,
- ◆ The beginning date of the license, and
- ◆ Any special limitations of the license.

At renewal, you may receive only a gold seal to be affixed over the expired seal on the license.

Best Practice: Post your license, with current seal, in an area that is visible upon entering your home.

A **full** license shall be in effect for one year from the date of issuance unless:

- ◆ There are changes in the circumstances of the licensee necessitating re-issuance.
- ◆ The license is revoked.
- ◆ The license is invalid for other reasons.

Licensed Capacity

All family foster home licenses are issued with a license capacity number that can be found on your licensing certificate. The physical space, including available beds, sleeping rooms and arrangements, are evaluated when determining licensing capacity.

A foster family home will be licensed for the care of up to five children, including your family's biological and adoptive children, provided you are able to meet the licensing standards for all the children. This number indicates the maximum number of foster children you can accept into your home, unless you are approved for a variance to capacity.

The DHS service area manager or designee may approve a variance to licensing capacity when:

- ◆ The variance is necessary to keep a sibling group together, or
- ◆ The variance allows for the care of up to three foster children by foster parents who:
 - Have three or more biological and adoptive children in their home, **and**
 - Have shown the ability to parent a large number of children, **and**
 - Have space available to accommodate the increased license capacity.

Your caseworker and licensing worker should be familiar with how to request a variance. The variance process is in place to review whether a home can ensure safety and compliance with all applicable standards before DHS grants a higher number of placements than what your license allows.

It is your responsibility to stay within your license capacity. You need to let the placement worker know that you cannot accept any further placements if you are at your licensed capacity number. If you accept more children than the number you are licensed for, you are out of compliance with licensing standards. Do not put your license status in jeopardy by accepting too many children.

Any respite placements must be within your capacity number. Emergency placements require an exception unless you are a pre-approved “over capacity” emergency home.

Emergency Placements Over Licensed Capacity

Foster homes may exceed capacity as emergency homes and can have “emergency beds” above licensed capacity. The home must comply with all licensing standards, emphasizing parenting ability and physical standards of the home. Emergency placements cannot exceed 30 days. Contact your licensing worker for more specific information about emergency “over-capacity” homes.

Provisional License

DHS may grant a provisional license for the period needed for a family to meet the standards, up to a maximum of one year, when the following conditions are met:

- ◆ The family does not meet all the licensing standards.
- ◆ A provisional license has not previously been issued to the family for the same deficiencies.

- ◆ The deficiencies would not pose an immediate danger to a child's physical or mental health.
- ◆ The deficiencies do not directly affect the quality of care to be provided to a foster child.
- ◆ The family has a corrective action plan that includes the deficiencies and standards the family does not meet, a plan for correcting these deficiencies, and a date by which the standards will be met.

A provisional license is not allowed for the completion of PS-MAPP pre-service training.

The licensing worker will re-evaluate the provisional license at the end of the corrective action period to determine whether the family successfully completed its corrective action plan and the licensing standards have been met.

If the corrective action plan is completed on or before the date specified, a full license may be issued. If it is not completed or if additional significant concerns arise during the provisional period, the foster home license will be denied or revoked.

Denial of a License

An application to renew a foster care license can be denied for any reason that would require denial of an initial application. Following are the grounds for denial:

- ◆ A person residing in the home has been convicted of a crime that merits prohibition of licensure.
- ◆ A person residing in the home has a record of founded child abuse that merits prohibition of licensure.
- ◆ The minimum standards are not met and a provisional license is inappropriate or disapproved.
- ◆ Just cause to believe that conditions exist in the home that would or could be detrimental to the physical or mental well being of a child in placement.

You have the right to appeal any adverse action the Department takes regarding the license. Appeal rights and procedures are explained on the back of any *Notice of Action* you receive. See also **Appeal Process for Licensing Decisions** for more information on how this is handled.

Suspension of a License

Immediate action may be necessary to protect children from persons or families providing child foster care where safety is an issue. The suspension of a license has the effect of discontinuing the foster family home license on the date the *Notice of Suspension* is delivered and thereby making it illegal for the family to provide child foster care. There are two types of suspensions:

◆ Emergency Suspension

Emergency suspension is intended to prevent a foster family from providing child foster care by suspending the license until the license can be revoked or denied. The emergency suspension of a foster family home license shall occur only when all of the following conditions exist:

- The foster family fails to meet licensing requirements.
- There are sufficient grounds for revocation or denial of the license.
- The health, safety, and welfare of any child placed in the home require immediate action.
- The existence of the condition requiring suspension is documented in the licensee's record.

Emergency suspensions require proof of existence of the condition that will be sufficient to deny or revoke the license, such as verified sexual abuse reports, observed actions of the foster parents, signed statements, etc.

◆ Time-Limited Suspension

A time-limited suspension is intended to prevent a foster family from providing foster care by suspending the license until a deficiency in the home is corrected. The time-limited suspension of a foster family home license shall occur only when all of the following conditions exist:

- The licensee fails to meet licensing requirements.
- The health, safety, and welfare of any child placed in the home require immediate action.
- The existence of the condition requiring suspension is documented in the licensee's record.
- The licensee can correct the condition requiring the suspension to meet licensing requirements.
- If the conditions were corrected, a full license would be issued.

- The licensed foster parent signs a written statement which includes acknowledgment of the existence of the threatening conditions citing the law or rule violated and makes a commitment to correct the condition within a time frame not to exceed the period of the license.

If the licensed foster parent fails to acknowledge the existence of the threatening condition and fails to sign a commitment to correct the condition, the licensing worker shall initiate actions to deny or revoke the license and consider an emergency suspension.

Notice of the suspension is delivered to the licensed foster parent by personal service or restricted certified mail. The suspension takes effect on the date the licensee receives the notice and shall remain in effect until one of the following occurs:

- ◆ DHS withdraws the suspension due to a change in conditions in the foster family home. This can be done at any time that conditions in the home no longer pose a threat to health, safety, or welfare of a child placed there.
- ◆ The action is reversed by a final appeal decision. See **Appeal Process for Licensing Decisions** for more information.
- ◆ The court orders the license reinstated.
- ◆ A revocation or denial becomes effective and the license is rescinded.
- ◆ The licensing period expires.
- ◆ For time-limited suspension, the period of the suspension ends. If the condition necessitating the suspension has been corrected, the license continues in effect until the end of the licensing period. If the condition has not been corrected and the license has not expired, revocation of the license or an emergency suspension will be pursued.

Revocation of a License

DHS shall revoke a foster family home license when:

- ◆ The foster parent or any person residing in the home has been convicted of a crime, unless DHS has evaluated the crime and concluded that the family can remain licensed.
- ◆ There is a founded abuse report on a foster parent or any person residing in the home, unless DHS has evaluated the abuse and concluded that the family can remain licensed.
- ◆ The foster family is operating without due regard to the health, sanitation, hygiene, comfort, or well being of the children in foster care.
- ◆ The foster parents are misusing the funds furnished by the Department.

DHS may revoke a foster family home license when:

- ◆ The foster family fails to continue to comply with all of the licensing requirements in either law or regulation.
- ◆ The foster family fails to meet one or more requirements of the placement agreement.
- ◆ The foster family fails to notify the licensing worker of a move to a new home within 30 days after the date of the move.
- ◆ The foster family refuses to cooperate with an unannounced visit.

Appeal Process for Licensing Decisions

Whenever your foster family home license is denied, revoked, or suspended, you have the right to appeal the decision. You are then known as the “appellant.” The *Notice of Action* you receive from DHS informs you of the adverse action taken on your license and explains your appeal rights and the procedures for filing an appeal.

The DHS Appeals Section decides whether an appeal is appropriate and should be heard. An appeal is “appropriate” if it is based on the appellant’s belief that the information on which the licensing decision was based was incorrect or that the licensing rules were incorrectly applied. The decision on whether the appeal shall be heard also depends on the timeliness of the appeal, as follows:

- ◆ If an appropriate appeal is filed within 30 days of the *Notice of Action*, a hearing will be scheduled.
- ◆ If the appeal is filed more than 30 days but less than 90 days after the date of the *Notice of Action*, DHS has discretion in deciding whether or not to hear the appeal, depending on whether the appellant has good cause for late filing.
- ◆ If an appeal is not filed within 90 days of the date of the *Notice of Action*, the appeal is not heard.

If the appeal is appropriate and timely (or with good cause for filing late) an administrative law judge from the Department of Inspections and Appeals will hear the appeal and formulate a proposed decision. The administrative law judge’s proposed decision may:

- ◆ Uphold the Department’s decision
- ◆ Modify the Department’s decision
- ◆ Reverse the Department’s decision

If you are dissatisfied with the proposed decision, you may request a review of it. The DHS director or designee will review the decision if you make a timely request (within ten days of the date the proposed decision was issued).

If the Department's Appeals Advisory Committee is dissatisfied with the proposed decision, the Committee may also request a review within ten days of the date the decision was issued. The DHS director or designee has the option of choosing whether or not to review the proposed decision if the DHS staff request the review.

The proposed decision becomes the final decision, effective ten days after the date of the proposed decision, if:

- ◆ No request for review is made within the ten days or
- ◆ The DHS director or designee chooses not to review the proposed decision as requested by the Appeals Advisory Committee.

If you request review of the proposed decision, or the director chooses to review at the request of the Appeals Advisory Committee, the director may deny, revoke, suspend, issue, or continue the license. The effective date of this action is the date of the final decision.

When you have exhausted the DHS appeals option and do not agree with the final decision, you may request judicial review of the licensing decision.

THE FOSTER CHILD

THE FOSTER CHILD

Foster children can arrive in your home in a variety of ways. They can be placed voluntarily through a signed agreement with the parent or guardian and DHS or through a court order. Children may be placed because of problems or needs of their own or those of their parents or other relatives where they have been residing.

When the child's family has identified issues, the worker first determines whether services can be provided to assist with the family's problems without removing the children from the home. Sometimes such services are enough to help parents overcome the problems that keep them from meeting the needs of their children. Foster care placement is considered when:

- ◆ The child would be at risk of harm, even with the provision of in-home services; or
- ◆ Services have been tried and have failed to improve the situation and out-of-home placement is needed to prevent harm to a child, the family, or the community.

Only law enforcement can remove a child from a home in an emergency. DHS can do so only with an order from the court authorizing the removal.

Placing a child in foster care does not mean the family situation cannot be improved. Relief from the pressure of caring for a child on a daily basis may enable parents to work on issues affecting their family. Special treatment for the child may enable the parent to care for the child at home.

Children may need to be placed in foster care for protection from an abusive person until that person can get treatment. A child may be placed due to the medical or mental illness of the child's parent or the need of the caretaker to receive drug or alcohol treatment.

Your Placement Rights and Responsibilities

The foster family's rights with respect to children in placement are different than their rights in regards to their license. This is because the child's rights and best interests are the primary consideration in all placement decisions. (Many of the rights listed here are described in more detail in other parts of the Handbook.) Following is a summary of these rights:

- ◆ To have a clear understanding of your role and the roles of the child's parents and any agencies involved.
- ◆ To say "no" when asked to take a child into placement.
- ◆ To receive a maintenance payment, according to the schedule in administrative rules (including difficulty of care, sibling, or transportation allowances, when applicable).

- ◆ To receive an initial or replacement clothing allowance and school fee allowance, when applicable.
- ◆ To receive all pertinent information regarding the child and family, including:
 - Child's full name and date of birth.
 - Name, address and telephone number of child's parent or guardian, guardian ad litem, significant relatives, doctor and supervising agency.
 - Reasons the child entered foster care.
 - A copy of the *Family Case Plan* (case permanency plan) and all reviews and revisions.
 - Information regarding the child's previous placement experiences and behaviors the foster parents can expect from the child.
 - Health information (e.g., immunizations, physical limitations, medical recommendations, allergies, special dietary needs).
 - School information (e.g., grade level, performance, and behavior).
 - Plans for visits with the child's parents, relatives, or other significant persons.
- ◆ To negotiate with the worker regarding the responsibilities the foster family will assume, and to have these identified in the *Family Case Plan*.
- ◆ To receive support and supervision from the child's DHS worker or a private agency worker, including regular visits and a 24-hour emergency number.
- ◆ To be treated as a member of the team and to have input into all major decisions about the child based on your knowledge of child in care.
- ◆ To receive notice of all formal foster care reviews and court actions.
- ◆ To be treated with respect, consideration and trust.
- ◆ To have a child removed only when:
 - The child is returning home or to another permanent placement.
 - The foster family requests removal.
 - There is evidence of abuse, neglect, or exploitation of the child by the foster parent or an individual living in the foster home.
 - The child needs a specialized service that the family does not offer, is unable to benefit from the placement as evidenced by lack of progress, or the foster family is unable to provide the care needed by the child and fulfill responsibilities in the *Family Case Plan*.
 - There is lack of cooperation of the foster family with DHS.
 - The foster home license is denied, revoked, or suspended.

- ◆ To receive written notice at least ten days in advance of plans to remove a child, except that the notice may be provided less than ten days before the child's removal when:
 - A court orders the removal.
 - The child's parents demand the child's return under a voluntary placement agreement.
- ◆ To a conference with the DHS area manager when you make a written objection to the removal of a child within seven days after being informed of plans for removal.
- ◆ To be considered as a possible permanent placement for the child if the child becomes free for adoption or other planned permanent living arrangement, and the child has been in the home for twelve or more months or the child has a significant relationship with the family.
- ◆ To apply to the court for a permanency hearing for a child, if the child has been placed with the foster parent for at least 12 months.

Foster parents also have the following **responsibilities** when a child is placed in their home.

◆ Responsibilities to the Child:

- To treat the child as a member of the family and provide normal family life experiences.
- To accept the child's background in a non-judgmental manner and to maintain the child's ethnic and cultural identity.
- To provide the care needed by the child and support the responsibilities as outlined in the *Family Case Plan* for the child and help the child adjust to the plan.
- To hold confidential all information about the child and to release no information to unauthorized persons.
- To advocate for the foster child.
- To keep a written log of important factual information and observations.
- To release the child to authorized persons only.

◆ Responsibilities to the Child's Family:

- To share as many parenting experiences as possible.
- To avoid making or agreeing with critical comments about the parents.
- To accept the child's feelings for the birth family.
- To help the child understand and accept the family.
- To cooperate with visit plans.

- To hold confidential all information about the child's family, and release no information to unauthorized people.

◆ Responsibilities to the Agency (DHS or JCS):

- To share with the worker the type of child for whom your family can care.
- To participate in the treatment team in planning and caring for the child, including foster care reviews.
- To share information with the worker regarding observations, problems, and improvements in the child's behavior and your observations related to parent-child visits.
- To report to the worker any situations requiring approval or consent of a parent, guardian, or custodian; including hair styles or haircuts, education, extracurricular activities, medical care, religious training, driver's permit, and out-of-state travel.
- To notify the worker of injuries or serious illnesses of the child before treatment is given, or as soon as possible after emergency care is provided.
- To notify the worker if you, the child, or the child's parent miss an appointment.
- To maintain written records as required in the *Family Case Plan*.
- To bring questions and concerns to the worker's attention.
- To attempt to resolve any disagreements first with the worker; and if not satisfied, to share concerns with the worker's supervisor and area manager, in that order.

◆ Responsibilities to Your Own Family:

- To encourage all family members to participate in the decision to be a foster family and accept an individual child into care.
- To support each other through any problems that arise.
- To provide individual time with each family member.
- To hold confidential all information, comments, or feelings expressed by your birth or adopted child regarding the foster child.
- To continue to treat your own children and spouse with respect and consideration.

Placement Selection: Getting the Call

When a child must be placed into foster care, DHS will look for the least restrictive placement closest to the child's home that can best meet the child's needs. If possible, the child will be placed with a relative.

When DHS has a child to place, the child's worker may consider your home based on your ability to meet the specific needs of that child. Before placement, the child's worker will contact you to give you background information on the child and family. Some things you will want to know when you are asked to have a child placed with you are:

- ◆ Reason for placement and the child's understanding of the reason.
- ◆ Previous placement experience and special behavior problems or unusual habits.
- ◆ Legal status of the child.
- ◆ Birth family's situation and present whereabouts, and visitation.
- ◆ Plan for the child, expected length of stay.
- ◆ Plans for pre-placement visit.
- ◆ Siblings' ages and present placement.
- ◆ Health information.
- ◆ Child's grade and any school problems.
- ◆ Whether child has sufficient clothes or will receive clothing allowance.
- ◆ Child's religious preference.
- ◆ Frequency of social worker visits.
- ◆ Expectations of the foster parents in caring for this child.
- ◆ Transportation requirements for school, counseling, visitation, etc.
- ◆ Specific care information: sleep patterns, bedwetting, sexual acting out behaviors that require close monitoring and supervision.

It is important for you to have as much information as possible to make the decision about accepting this child into your home. Your entire family will need to accept this child and should participate in the decision. However, if a child's situation is an emergency, the worker may not have the answers to all of your questions.

Questions to Ask When Considering a Placement

If a social worker calls requesting to place a child in your home and you have room and are interested, ask (if you have not already been informed) the following questions that apply:

- ◆ What are the child's name, age, ethnicity, and religion?
- ◆ What is the anticipated length of stay?

- ◆ What services are involved with the child and the child's family?
- ◆ What would be my role with those services? For example: attending staffings, transporting, scheduling, or providing information.
- ◆ Has there been any inappropriate contact (physically or sexually) between the child and the caretaker or parent?
- ◆ With whom can or cannot the child have contact?
- ◆ What transportation will I be responsible to provide? How frequently will it be necessary? If I cannot provide transportation and I am still interested in having the child placed with me, can the social worker make alternative arrangements for transportation?
- ◆ What are this child's positive qualities and strengths? What are the child's special interests?
- ◆ What "special needs" (i.e. physical handicaps, emotional or psychiatric disturbances, learning or behavior disorders) does this child have? What special skills, training, or equipment would be required?
- ◆ Does the child presently have any health problems? Allergies?
- ◆ Is the child on any medication? For what? What are the ongoing treatment, medication schedule, and prognosis?
- ◆ Does this child swear, drink, bite, hit, smoke, run away, soil self, wet bed, set fires, use drugs, sexually act out with self or other children or caretakers, destroy property, or act aggressively or suicidally?
- ◆ Is this child sexually active? On birth control? Pregnant?
- ◆ Are visits supervised or unsupervised? Supervised by whom? What is the length and frequency of the visits? How does the child react to visits?
- ◆ What contact will I have with the biological parents? If visits are unsupervised, will the parents or social worker pick up and drop off the child at my home? Or will I be expected to take the child to the parents' home or other drop-off location for the home visits?
- ◆ What school does the child attend? What grade? Is the child in a special classroom? If there is a change in school, who handles the transfer?
- ◆ What activities does the child like? Does the child have a special toy or blanket for sleeping?
- ◆ Is there anything I've forgotten to ask that could be important in parenting this child?

Knowing When to Say “No”

Always remember YOU HAVE THE RIGHT TO SAY “NO” if you feel a child will not fit into your family, if you cannot accept or cope with a child’s problem, or if you need a break from fostering. Saying “no” will not result in your not being contacted for other placements.

If you do accept a child for placement in your home, make a commitment to stick with the child as long as possible. Moving from home to home is not healthy for children and can be emotionally damaging.

Staying Within Licensed Capacity

It is important that you stay within the licensed capacity of your home and follow the established local protocol for accepting out-of-county placements. You should discuss this with your licensing worker. Your DHS licensing worker must approve all out-of-county placements. Remember all placements, including a respite placement, must be counted in your capacity total. Keep track all of your placements including respite placements.

Best Practice: If you are asked to take a placement and you are unsure of the placement protocol, contact your licensing worker.

Placement of Children From Outside Your County

Sometimes, DHS and JCS are not able to locate a foster home in the child’s county of residence that is able to meet that child’s needs. At times like this, they must follow the DHS protocol for requesting a placement of the foster child across county lines. The protocol insures that:

- ◆ The sending county has considered your family’s strengths, needs, and present situation in matching the foster child’s needs to your home.
- ◆ The receiving county knows of the presence of this foster child in your home.
- ◆ The foster home resources in the county are monitored to ensure that placements remain available so that children from that county can be placed within their own community.

If the sending county is from within the same area, the protocol for placement across county lines varies. Check with your licensing worker on the procedures you should follow before accepting placement of a child from another county.

Placement of Children from Out of State

All foster care placements of children from another state into Iowa or from Iowa into another state must meet the requirements of the Interstate Compact on the Placement of Children or the Interstate Compact on Juveniles.

These compacts, which have been adopted by Iowa, allow the legal jurisdiction of one state to extend into another for a particular child. The purpose of these laws is to provide legal and financial protection for the child by defining responsibility for the child when the child moves from one state to another. According to the Interstate Compact, the agency sending the child maintains responsibility for the child.

The only placements that are exempted from this law are those made by a parent, step-parent, grandparent, adult sister or brother, or adult aunt or uncle to another specified relative, and placements in boarding schools and medical facilities.

If a person or agency asks you to take a child from outside Iowa into your home, you should check with your DHS worker to make sure that the placement has been approved by the Interstate Compact Office in both the sending state and in Iowa. If not, the placement is illegal.

Note: Accepting placements without approval could jeopardize your foster care license. It would also be unclear as to who has legal responsibility for the child, including the ability to make decisions for the child and the responsibility to pay for the child's care.

When accepting placements from other states, you must abide by Iowa laws and rules about providing foster care, including the limit on the number of children that may be cared for in your home.

When Iowa provides services to a child from another state, such as supervising and consulting with you as foster parents, the Iowa agency is only acting on behalf of the person or agency from the other state that placed the child with you. If there are problems in the placement or the child needs to be moved, the responsibility rests with the other state.

Payment for the child's care also remains the responsibility of the sending agency, with one exception: If the child is eligible for federal IV-E funding, the child is eligible for Iowa Medicaid.

Placement Information

You should receive the following information before or at the time of placement (or within 30 days if the placement results from an emergency removal):

- ◆ *Foster Family Placement Contract* (includes emergency phone numbers). (See Appendix)
- ◆ Previous medical providers.
- ◆ *Medical Assistance Eligibility Card* or number (the number may be given in the *Foster Care Provider Medical Letter*, 470-2747.)
- ◆ Reason for placement* and the child's understanding of the reason.
- ◆ Previous placement experience* and special behavior problems or unusual habits.
- ◆ Legal status of the child*.
- ◆ Birth family's situation, present location, and visit plan*.
- ◆ Permanency goal and expected length of stay*.
- ◆ Siblings' ages and present placement*.
- ◆ Health information* (such as the child's last medical check-up and last dental exam).
- ◆ Child's grade and any school problems*.
- ◆ Whether child has sufficient clothes or will receive clothing allowance.
- ◆ Child's religious preference.
- ◆ Frequency of social worker visits*.
- ◆ Expectations of the foster parents in caring for this child*.
- ◆ Transportation requirements for school, counseling, visitation, etc.

* These should be included in the *Family Case Plan* (case permanency plan).

You should receive a *Foster Family Placement Contract* that has been signed by the placement worker and supervisor at the time the placement is made or on the first working day following the placement. This agreement must provide you with emergency numbers as well as office numbers for the placing worker.

Do not accept the child until you have emergency numbers and procedures. At placement or within 60 days, you should also receive a copy of the most recent *Family Case Plan*. Health information and a *Medical Assistance Eligibility Card* or state ID number should be provided to you immediately. However, if the placement was the result of an emergency, you will also receive these materials within 60 days.

Introducing the Child to Your Family and Home

Preplacement Visits

When possible, one or more pre-placement visits between the child, the child's parents, the social worker, and the foster parents should take place before placement. These visits generally occur in the foster family home. The number of pre-placement visits depends on the child's situation and the child's adjustment to the foster family and loss of the birth family. Overnight visits may be included.

This is a time for your family and the child to become acquainted with one another and ask questions. The best way to decide if a child will fit into your home is to follow your normal routine, and see if you and the child feel comfortable with each other.

Placement Day

If there has not been a pre-placement visit, you will need to show the child around, including where the child will put personal belongings, sleep, and sit at the table. If you have a routine, share that routine with the child. Let the child know the family rules. The child needs to know the rules of the house in order to know what is expected.

Talk to the child about introductions to new people. Let the child know that the reason for the child's placement is a private matter. No one else needs to know, unless the child wants to tell someone. Help the child come up with a truthful and appropriate way to answer basic questions often asked of children who come into care. For example, the child might say "I am staying with this family for a while."

Do not throw away toys or clothes that the child has brought along, even if they are in very poor condition. These items are familiar and may help the child feel more comfortable in this new situation. It is also important for birth parents to see their child with the toys and clothes they have sent.

The first few weeks of a placement will be a period of adjustment for everyone. The most important thing you can offer during this time is a stable and consistent family life. Because children come to foster care from a variety of backgrounds, the adjustments to your life-style and expectations will require repetition, explanation, and patience.

Following are some of the most common questions asked by children in foster care:

- ◆ If I like it here, will I be "a traitor" to my own family?
- ◆ How will you introduce me when we meet new people?

- ◆ Will you be upset if I'm happy about going for a home visit?
- ◆ How do you discipline around here?
- ◆ I'm not sure I like everyone here. May I tell you what I don't like?
- ◆ How will I handle the new kids at school?
- ◆ May I feel happy or sad after a visit?
- ◆ How do you feel about my real mom and dad?
- ◆ Who are all these "workers"?
- ◆ Who did this to me?
- ◆ Is it all right for me to make friends, join teams, and do things while I'm here?
- ◆ Is it possible I won't ever go back home?

Often a child may appear well behaved at first and then for no apparent reason things begin to go wrong. This may mean the child is beginning to feel at home and relaxed in the new situation and is no longer on his or her best behavior.

Family Names

A child in foster care should maintain the child's legal surname and identity and should not use the foster family's surname. Foster care is temporary and the use of a foster family's surname by a child implies a more permanent situation to the child and the birth family. If a child placed in your home wishes to use your surname, discuss this with the child's caseworker.

A foster child entering your home may be unsure of what to call you. It is up to you as a family to decide on some choices to offer the foster child. For example: the foster child may call you by your first name; by Aunt or Uncle; by Mr. and Mrs., etc. Some foster children may ask permission to call you "mom" and "dad." If you are uncomfortable with this, it is okay to give the child some alternative suggestions.

Whatever you decide, it is important to give the foster child some options and give permission to refer to you in the way that is most comfortable for the child. Avoid mandating what you should be called or referred to by the foster children in your home.

It is important to respect the comfort level of the foster child when selecting titles for the members of your family. Just as you may be uncomfortable with the title of "mom" and "dad," so may the foster child. Foster children come into your home still very much attached to their birth families, and titles like "mom" and "dad" are reserved for their biological parents.

Adjustment Period

Children entering foster care go through a grieving process including stages of shock or denial, anger, despair, and acceptance or at least understanding. Separation from birth parents is difficult for all children, regardless of the reason for placement. Children often show their emotional reactions to previous abuse and to separation from their family through their behaviors.

Following is a description of the stages of the grieving process and typical behaviors a child may exhibit at each stage. The length of the grieving process varies for each child. While most children will reach acceptance within six months, some will adjust more quickly and others will take much longer.

STAGES OF GRIEF AND LOSS

- ◆ Shock or Denial (Honeymoon): Feelings repressed
 - Emotions may be absent, shallow or somber.
 - May appear to be withdrawn or sleep a lot.
 - May over-eat or refuse food.
 - May deny that anything has happened.
 - May seem confused.
 - May be a model child.
 - May regress, and suck thumb or wet bed.
- ◆ Anger: Feelings expressed
 - Realizes implications of living with new family.
 - May break things, show temper tantrums, scream, cry, set fires, steal, lie, act out sexually, run away.
 - May be aggressive or disruptive at home or school.
 - May be anxious, tense, and hyperactive.
 - May refuse to talk with or about birth parents.
 - May direct thoughts and behaviors toward lost person.
 - May feel they are to blame for placement.
- ◆ Despair: Feelings directed inward
 - Accepts reality of placement and that returning to family may not occur soon.
 - May be depressed, withdrawn.
 - Doesn't want to interact with others, few demands made.
 - May feel disorganized, restless.

- May be preoccupied with things rather than people.
 - May regress to an earlier time in life when things were happier.
 - May have physical complaints, stomach aches.
 - May injure self.
- ◆ Acceptance
- Feels and acts secure in environment.
 - Seeks new activities and begins making emotional investments.

Some Hints To Smooth The Road

Following are suggestions to help the child through the grieving stage.

- ◆ Shock and Denial
- Receive the child quietly. The child is already self-conscious, frightened, and confused. Avoid extra social demands. Settle down to a regular routine as quickly as possible, and have any welcoming celebrations later.
 - Explain and discuss the reasons for the child's placement at a level the child can understand and in a soothing and reassuring tone of voice. Repeat this information as often as needed.
 - Give factual information about the placement and the whereabouts of parents and siblings.
 - Respect the child's feelings for the past. Do not probe. Let the child know that the door is open if the child wants to talk and that you accept the fact that the past has been different.
 - Respect the child's parents and the child's loyalty to them. The child's own parents are important.
 - Support visits with the birth parents.
 - Let the child have prized possessions and provide a place to keep them.
 - Allow time.
 - Focus on the child's good behavior. While it may be easier to focus on and punish wrong behavior, it is often more helpful to reward the child's good behavior.

It is important to point out the things the child does well and what you like about the child, as well as what you want the child to learn or change. A child in foster care may doubt your positive remarks initially, but if you are sincere and persistent, the child will begin to believe you and to develop a better self-image.

- Avoid threats. Warnings of “I’ll tell your worker” or “I’ll send you back home” leave painful impressions. This sets up the worker as the “bad guy” and heightens the child’s sense of vulnerability. The child has already lost one or more homes and feels threatened with losing another. In the long run, this undermines the child’s sense of security and is destructive to the child.
 - All family members should focus on helping the child feel more comfortable.
 - Use household tasks constructively. Give the child responsibilities in line with age—not too many, not too few. Give the child recognition for carrying them out. Appropriate household responsibilities increase the child’s sense of belonging.
 - Help the child accept strengths and limitations, and don’t push beyond the child’s capacity.
- ◆ Anger
- Give messages to the child that it’s okay and normal to be angry.
 - Show acceptable ways to be angry—swimming, drawing, running, talking, punching bags, etc.
 - Help the child to understand that the child is not to blame for the placement.
 - Re-explain why the child is in foster care.
 - If the child tells exaggerated stories, don’t pump, ridicule, or argue.
 - Determine with the worker what is real.
 - Allow time.
- ◆ Despair
- Encourage the child to talk about feelings.
 - Ask, but don’t probe, how the child feels.
 - Dolls and pictures may help young children act out feelings through play.
 - Older children should be supported and helped to express hurts and worries.
 - Get the child interested in and helping with a life book.
 - Show respect for feelings and provide hugs and reassuring touches.
- ◆ Acceptance
- Provide the child with new interests and opportunities to develop new relationships.
 - Allow the child to remember, talk about, and have contact with birth family. Continue to work with the child on the child’s life book.

Medical, Dental, and Mental Health Care

All children in foster care whose care is paid for by DHS are eligible for the medical benefits of the Medicaid Program (Title XIX Medical Assistance).

DHS will mail a *Medical Assistance Eligibility Card* to you monthly for each child in your care. (See the Appendix for a sample.) You should receive the card within 45 days of the child's placement. The child's worker will give you form 470-2747, *Foster Care Provider Medical Letter*, with the Medicaid identification number to use before you receive the card.

Not all medical service providers will accept payment through the Medicaid program. You should call to be certain that Medicaid patients are accepted before taking the child to the health care provider. Some children may be enrolled in a managed health care program (MediPASS or HMO) when they first enter your home. The child's worker will give you the name and phone number of the managed health care provider.

All medical providers are instructed to check the *Medical Assistance Eligibility Card* each time service is given, so be sure that you take or send the card along whenever the child receives medical services. If the child in your care is in need of medical services before your receiving the medical card, give the medical provider the child's Medicaid identification number. You may need to contact the child's caseworker for assistance.

The Medicaid program covers only medically needed services. In general, Medicaid covers only prescription drugs, while over-the-counter supplies (except for aspirin, acetaminophen, and iron) are not covered. In addition, many services have special requirements.

Note: Many services (e.g. orthodontic work, eyeglasses, or cosmetic surgery) require prior Medicaid approval to be eligible for payment. You should ask the child's worker or the medical provider if prior approval is required for specific medical procedures.

You cannot change the child's Medicaid provider without proper authorization. Contact the child's worker if you believe a change is needed. Ask the child's worker any questions you have regarding the medical coverage.

Required Medical Care

At the time of placement, the child's worker should give you information about the plan for the child's physical or medical care. This should include the health of the child and the results of medical examinations, directions in carrying out specific medical recommendations, special advice if the child has a physical or developmental disability, and procedures for accessing Medicaid services.

Children in foster care should receive medical care as follows:

- ◆ Pre-placement and annual medical examinations by a physician, or a nurse practitioner working under the supervision of a physician. If the child did not receive a pre-placement medical examination, you will need to schedule a physical exam within seven days after the placement. Give the physical record form to the child's caseworker.
- ◆ Immunization against common contagious diseases.
- ◆ Administration of routine diagnostic laboratory procedures, such as blood or urine examinations, and tests for venereal infection or tuberculosis in accordance with state or local public health standards, at physician's discretion.
- ◆ Semi-annual dental exams, annual eye and ear examinations, and routine treatment of illnesses.
- ◆ Emergency medical care in cases of sudden illness or accident.

The Medicaid "Care for Kids" program (formerly known as EPSDT) provides check-ups of the child's physical and mental development (including nutrition). This includes an unclothed physical; ear, nose, mouth, and throat check-up; special laboratory tests if needed; and immunizations and may include visual screening and hearing testing. The program also provides for dental check-ups.

Under the "Care for Kids" guidelines, children under age 2 should receive medical exams at 2 months, 4 months, 6 months, 9 months, 15 months, and 18 months. When a child's health check-up is due, you will receive a notice. When the child receives a medical exam, be sure to ask the physician to report this as an EPSDT* screen.

EXEMPTION from medical care: Some children who are placed in foster care come from families whose religious beliefs prohibit some or all conventional medical treatment. In these situations, the placing worker will advise you of your specific responsibilities for the care of the child.

Medical Information

Each time the child goes to the doctor, you should be keeping a record of the date of the visit, which doctor or medical provider the child saw, and the purpose and outcome of the visit. A suggested format for recording medical information is located in the Appendix of this Handbook. Regardless of whether you choose to use this format, you must document the medical information listed above.

Keep the child's social worker up-to-date about the medical care the child receives. This information is also shared with the child's parent or guardian.

Report any injuries to the child to the child's caseworker, DHS, or juvenile court officer on the first working day following the injury. If there are concerns that the injury is serious, could be the result of child abuse, or could be suspected by someone as child abuse, report this immediately, even if this means contacting the agencies after normal working hours.

Best Practice: Document illness or injuries to the child that do not require formal medical attention.

Medications

All prescription medications should be kept in a locked cabinet and given to the child by a responsible adult at the times and in the dosage listed on the bottle.

Only adults—not the child or teen—should transfer medication to the child's school, family, respite home, etc. The medication that is transferred should note how many pills are in the bottle, the purpose for the medication, and time to be given.

Whenever a child needs to take medication at school or elsewhere outside of the foster home, such as a day treatment program or day care, it is suggested that you ask the pharmacist for an empty labeled prescription bottle to use for the dosage of the medication to be given outside of the foster home.

Best Practice: Keep all medication locked up and given to the child only by a responsible adult. Document all doses given to the child.

Consents and Authorization Required for Medical Care

You do not have the authority to consent to medical care. Only the child's parent or guardian may consent to such care, except that the legal custodian may consent to emergency care. If the child needs care and the parent refuses to consent or is unavailable, the court may order medical care.

Foster parents are NOT to represent themselves as prospective adoptive parents of the child in order to bypass the need to get consents signed. In all pre-adoptive situations, the guardian must continue to sign all consents until the adoption is finalized.

Foster parents should NOT sign consents for any medical care, testing, or treatment. Routine medical care of children (such as annual physicals, dental appointments, or care for a common illness) generally does not require a specific "authorization" and can be obtained without parental permission.

If a medical professional recommends specific treatment or testing for a foster child, contact the child's social worker. The worker will seek the parental consent. If DHS has custody or guardianship of the child, DHS can consent to emergency care. There may be other circumstances where the social worker will seek a court order regarding the medical or dental care for a child.

Birth Control, Family Planning and Responsible Behaviors

All persons receiving services from DHS, including a child placed in your care, are eligible for family planning services. The use of birth control is the choice of the child, and the child can obtain birth control without the consent of the parent or the foster parent.

The child can receive family planning services or birth control supplies from maternal child health clinics or family planning clinics like Planned Parenthood located in your area. Family planning services are generally covered by the foster child's Medicaid coverage.

Some children may need your guidance, and you would want to involve the DHS worker and the child's biological family in any decision. No discussion of birth control should occur until you find out where the child is developmentally.

Many of the children coming into care have an unusual amount of sexual information and misinformation gained from peers, the media, and personal experiences. The eighth-grader in your home may verbalize that she knows "everything" about her own body, but be unable to name her own body parts accurately. Developmental stages vary, but remember, average ages of the first signs of puberty are:

- ◆ Males: 10 to 12
- ◆ Females: 8 to 10

As the foster parent, you will need to confront specific sexualized behaviors while suggesting strategies for the youth in dealing with peers. Do you have family rules about personal boundaries? Make these very clear to the youth and explain the reasons for these rules. Encourage the youth to define personal boundaries in their peer relationships. Discuss any concerns or questions with the child's social worker.

Mental Health Services

DHS currently has contracted with Magellan Behavioral Health Care (MBHC) to administer the Mental Health Access Plan (MHAP). MHAP is a managed care program for mental health services funded through the Medicaid program. Under this program, Magellan Behavioral Health Care is responsible for reviewing and

authorizing mental health services for most people covered by the Medicaid program, including children in foster care.

To determine if your child is covered under MHAP, check the child's medical card for the statement, "for mental health care services, call Magellan Behavioral Health Care at 1-800-638-8820."

MBHC care managers are assigned to children covered under MHAP and are responsible for reviewing the child's case and determining the appropriate level and amount of mental health services to authorize.

Once an MBHC care manager is assigned to a child, that care manager is responsible for managing the child's mental health care as long as that child is covered under MHAP. The DHS worker and the MBHC care manager are responsible for coordinating services provided to the child and the child's family.

When a child covered under MHAP needs to receive mental health services, the DHS worker or the mental health provider must call MBHC before service is provided in order to request authorization for service.

Note: Rehabilitative treatment services (i.e., therapy and counseling, skill development, and behavioral management intervention plan development) are not included in the MHAP program. The Iowa Foundation for Medical Care (IFMC) is contracted with DHS to authorize these services.

HIV Testing

Human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) both describe a disease that impairs a person's immune system. It affects the body's ability to fight infection and leaves a person vulnerable to opportunistic infections that take advantage of the body's inability to resist disease. AIDS is actually the final stage of the continuum of HIV disease.

All HIV-related information is confidential. However, foster parents will be told if the child has HIV/AIDS or is at risk of infection. A child at risk for infection or with HIV will be placed with your foster family only if you have indicated at the time of licensing or re-licensing that you would accept such a child. Under no circumstances should you release information about a child or the child's parent's HIV status.

As part of the licensing process, you reviewed the booklet on Universal Precautions in Foster and Adoptive Homes to alert you to ways to prevent the spread of blood borne infections in your home. HIV is just one of many blood-borne pathogens which can be prevented by following these basic standards of hygiene. It is vital for the health of your family and any children placed in your home that these precautions are followed at all times with **all** placements.

(See **Caring for Children With HIV** for more information and special confidentiality requirements.)

Because of the stigma attached to this disease in the early 80s, testing is not done unless there is a medical reason identified. Unlike other routine blood tests which a child placed in your home may have, there are special requirements which must be met before a test for HIV can be made on a child or an adult.

Children in foster care may be tested for HIV only if they meet the following guidelines:

- ◆ A physician recommends testing, taking into consideration the child's symptoms and risk factors in the child's background.
- ◆ The child is born to a mother known to be HIV-positive during her pregnancy.
- ◆ The child is an infant or toddler whose parent is thought to have practiced a high risk* behavior, and the child's health suggests the possibility of HIV antibodies.
- ◆ The child has been sexually abused by a person who is thought to have participated in high risk* behaviors, and there was anal or vaginal penetration or oral sex performed.
- ◆ The child is a suspected intravenous drug user or engages in sexual activity with partners who may have practiced high-risk behaviors or are HIV-infected.
- ◆ The child received blood products before 1986 for any reason.
- ◆ The child's biological parent received blood products before 1986 and the child was born after the parent's reception of the blood product.
- ◆ The child's biological parent or sibling has been diagnosed as HIV-infected or has died of HIV-associated illnesses.

* High risk behaviors that may indicate an increased risk for HIV infection include:

- ◆ Use of injecting drugs
- ◆ Sharing syringes, needles, etc. when using injecting drugs
- ◆ Having sex with someone who tests positive for HIV
- ◆ Having sex with more than five partners in the last 12 months
- ◆ Receiving blood transfusion/products before 1986
- ◆ Having sex with someone who has received blood transfusion/products before 1986
- ◆ Men who have had sex with another man
- ◆ Women who have had sex with a man who has had sex with another man

You do not have the right to sign or to request this test. The need for the test is based on the risk factors and medical indicators. **Only** the parent or guardian may sign for this test. If testing is needed and the parent is unable or unwilling to sign, the DHS worker can obtain a court order. However, minor children (youth) may voluntarily request AND consent to their own testing without parental permission.

Education

State law provides that children in foster care are allowed to enroll in the school district where their foster home is located. They may also participate in open enrollment, as applicable.

The social worker is responsible for making sure the birth parents sign the proper forms so school records can be forwarded to the new school. It is important that the birth parents, foster parents, and social worker clarify who will register the child for school.

As the person responsible for the daily care of the foster child, you must establish and maintain a working relationship with the school that the foster child will attend. It is also important that the child's birth parents are involved as much as possible. Foster parents and birth parents are both encouraged to attend parent-teacher conferences for the child in placement.

Head Start Program

Foster children are among those who may be eligible for admission to Head Start, a federally and state funded comprehensive preschool program that provides education, health, nutrition, and handicapped services to children 3 to 5 years old. Enrollment begins in August. The parent or guardian must sign for enrollment into the Head Start program.

Project Head Start, launched in 1965, is designed to help economically disadvantaged children achieve their full potential. Students are provided with developmentally appropriate activities. Head Start programs are administered by a number of grantee agencies in numerous Iowa locations.

An important component of Head Start is the participation of parents (or foster parents), volunteers and paraprofessionals, all of whom receive ongoing training in child development and early childhood education.

A typical Head Start day might involve children in finger painting, preparing breakfast, snack or lunch, science experiments, trips out-of-doors, puzzles, music, clay modeling, or other play.

Child Development Services

The Iowa Child Development Assistance Act of 1988 established preschool programs for “at-risk” three- and four-year old children. Grant programs provide services through Head Start, public school, and preschool or private day care programs.

An “at-risk” child is defined as any child who because of physical or environmental influence is at risk of entering kindergarten lacking sufficient development to succeed. Eligibility is based on the child’s level of risk based on ten criteria, one of which is “having special circumstances such as foster care.”

For information about child development services for at-risk children, contact the child’s worker or the local area education agency.

School Permission Slips and Consent Forms

Only the child’s parent or legal guardian has the authority and the right to give consent for routine medical care, participation in school activities, including field trips and sports, obtaining a drivers permit or license and travel out-of-state. The legal custodian may authorize only emergency medical care.

Foster parents are NOT to sign permission slips for a child in foster care to participate in extracurricular activities such as field trips and sports. Contact the child’s social worker to have such slips signed.

When you are asked to give written permission or consent for an activity, contact your child’s DHS social worker to request the necessary signature from the parent or guardian or to obtain permission from the court. The foster parent is NEVER to sign as the parent or guardian.

Note: A general permission form signed by the parent, guardian, or custodian may be kept on file at the child’s school to authorize participation in field trips and other special activities if the school administrator will accept a “blanket” form as adequate authorization.

Educational Staffings

You may be invited to attend educational staffings, reviews, etc. regarding children in your care.

Note: You do not have the right to sign consents for educational evaluation or placement. Only the parent or legal guardian may sign. (See also **School Permission Slips and Consent Forms.**)

The area education agency director of special education, in consultation with the guardian, may appoint a foster parent to serve as a “surrogate parent.” The “surrogate” function is to help the school in the planning of educational programs for a child with special needs in cases when parental rights have been terminated or the parent’s whereabouts are unknown and the child is under the guardianship of the state.

School Fee Waivers

(See also **School Fee**.)

Schools are required to waive all “school fees” for children who meet financial eligibility for free meals, FIP, SSI or the child is in foster care. “School fees” eligible for waiver include the following:

- ◆ Textbook fees
- ◆ Driver education instructional fees
- ◆ Transportation for resident pupils attending public school who are entitled to transportation
- ◆ School supplies (approved only when the school assesses a specific dollar amount, such as “school supplies -- \$5.00”)
- ◆ Eye and ear protective devices

Alternative Schooling

Some youth benefit from a less structured school program. The same expectation of regular attendance and completion of schoolwork is to be encouraged. The decision to transfer to an alternate school program should be made as a team including the child, the child’s parents or guardian, the foster parent and the social worker. Some example of alternative programs include:

- ◆ **GED.** General Education Diploma (GED) is another educational option, which allows some youth to complete their high school credits through a series of classes and tests. Participation in a GED program must be a team decision.
- ◆ **Day Treatment Schooling.** Day treatment is a specific treatment program that incorporates the academic programming with treatment programming for the child’s special needs as defined by the treatment community.
- ◆ **Home Schooling.** Home schooling can be provided only by certified staff using an approved program. The decision to move a child to a home based setting shall be a team decision and it cannot be done without the approval of the parents or guardian. Foster parents cannot decide on their own to home school foster children.

- ◆ **Non-Approved Schools.** If you wish to enroll your foster child in a school without an approved educational program, you should discuss this with the child's worker. The child's parent or guardian must make this decision. A child in foster care may not be enrolled in a school that does not use certified teachers.

Higher Education

(See also **TEENS**)

All youth in foster care over the age of 16 are to have a plan for independence when they reach adulthood. This plan may include post high school training programs and higher education.

The transition planning specialist and the child's worker will give suggestions and strategies to assist the youth in pursuing education beyond high school. As the foster parent, you can assist and encourage the youth in getting information about programs, funding and taking the test necessary to attend school beyond high school.

Safety

Rooms Where Foster Children Sleep

All sleeping rooms must have adequate ventilation and heat. There must be at least 40 square feet of area per child in each designated bedroom. When you are in the process of being licensed and again at each renewal time, the house plan must indicate room size and number of actual bedrooms. This assists in establishing the licensing capacity.

Your own children or other members of the household should not be moved out of their bedrooms and sent to sleep on a couch or in the den or office in order to accommodate the placement of a foster child.

All sleeping rooms for foster children must have been constructed for the purpose of providing sleeping accommodations or remodeled for sleeping rooms. A toy room or a den is not a sleeping room for foster children.

If you have a room in your home that is currently a den or toy room that could be designated as a bedroom, you will have to make the required changes to turn it into a bedroom. This can occur when you are initially licensed, at renewal time, or when you remodel that specific room.

Remember to contact your licensing worker when the room is ready to serve as a bedroom so it can be checked for compliance and your floor plan can then be updated to accurately reflect available space in your home.



Children six years and older cannot share a room with a child or adult of the opposite gender. Children two years of age or older must have bedroom space other than in the foster parent bedroom. No foster children will share bedroom space unless they are under the age of two and only then in the bedroom of the licensed foster parent in a separate bed.

Sharing of beds by foster children with your own children or other children is not an appropriate arrangement. Often times we don't have adequate knowledge of all the issues that the child may have experienced before placement. Safety for all the children in the foster home must be a top priority.

Best Practice: All foster children have their own beds.

Emergency Plan

Emergencies will arise during every foster care placement. These may involve such things as child behavior problems or illness or an emergency within the foster family itself.

As part of the licensing process, you were expected to show your "safety plan" on where to go in the home in case of severe weather and how to exit the home in case of fire. You are required to have an emergency plan in case of fire, tornado, etc. It is also advisable to know in advance how you will handle other emergencies and plan for those possible events.

This planning might involve where and how to seek medical help for the foster child as all children become ill from time to time (ask the child's worker). It also could involve determining:

- ◆ Who to call in emergencies. (Obtain worker numbers from your placement agreement.)
- ◆ How you will handle behavior problems that will arise with the child. (Refer to the section on **Behavior Emergencies**.)

Decide what you must do in case of a runaway, suicidal behavior, or substance abuse with older children. If your foster child will be in child care while you are employed outside the home, have an advance plan as to where the child will go in case your provider cancels or the sitter or day care center refuses care of the child due to illness or behavior problems.

It is helpful to understand the procedure for respite care in advance (see section on **Respite**) for when you might need it due to an emergency within your family.

Supervision, Babysitters, and Child Care

As the foster parent, you must ensure that the child in your care is safe when not in your direct care. If you are employed outside the home and require regular child care, you should discuss this with the placement worker before placement. (For information about paying for regular child care, see **FINANCES**.)

When you are going out for the evening, it is important that your babysitter has the maturity and the ability to deal with the child's behaviors. The foster child, if newly placed, may become fearful or act out in your absence.

You may need to select only adult caretakers or other adult family members with whom the child is already familiar. Some foster families find a type of child-care exchange with other foster parents helpful. For longer absences, respite may be the appropriate option. (See also **Respite**.)

Any changes in childcare arrangements after placement must be discussed with the worker. If you are unsure of the child's ability to handle a change in caretakers, discuss this with the worker. Children coming into care have had many changes and losses and may need more consistency in caretakers than your birth or adopted child.

Youth in foster care should not be left to care for other children unless:

- ◆ They have demonstrated a level of maturity sufficient to meet emergency situations that may occur and
- ◆ The youth's worker has approved.

You also need to become fully aware of the impact of past abuses and losses on the child. Although older youth are encouraged to earn spending money, babysitting by foster children may be problematic. It is NOT recommended that foster children be left to care for younger children. To do so may result in a supervision issue that may affect your foster home license. If you have questions, contact your licensing worker.

There is no "legal age" set in Iowa for allowing a child to be left alone and unsupervised, but you must always be mindful that you may **not** really know the child or youth in your home. Some foster children appear quite mature, but may be developmentally at a much younger age when left alone. The following factors may be of concern:

- ◆ Fear
- ◆ Loneliness
- ◆ Boredom
- ◆ Ability to follow directions
- ◆ Influence of peers

- ◆ Ability to contact an adult
- ◆ Judgment in case of an emergency

Always consult with the child’s worker if you have questions about the level of structure needed for the child or youth in your home.

Release of Foster Children

As the custodian or guardian of a foster child, DHS or Juvenile Court Services has entrusted the child to your care when you signed the placement agreement. It is the worker’s responsibility to designate or agree to the specific person who may provide temporary or permanent care for the child.

This includes, but is not limited to, child care providers, respite providers, visits with family and kin, or other placements. You can only release (turn over care of) the foster child to the DHS social worker, juvenile court officer, or persons specifically named by them.

As noted under **Respite**, you must have prior authorization from the DHS social worker or juvenile court officer for respite care and the specific respite provider you wish to use.

You cannot allow foster children to have unauthorized visits with family members or kin. If an unauthorized person attempts to take the child from your care, contact law enforcement immediately for assistance and then contact the agency.

If you are going to be gone from the home overnight or for more than 24 hours, you must, before leaving, contact the DHS social worker or juvenile court officer to arrange for the child’s care or to get their authorization for the arrangements that you have made.

Foster parents who allow unauthorized visits or contact between the child and the birth family or kin risk:

1. The child’s safety
2. Creating the need to move the child to another foster home
3. Loss of their foster home license

In case of an emergency, you should attempt to notify the DHS social worker or juvenile court officer before leaving. The agency will help you if you need assistance in making arrangements for the care of a foster child because you must be gone from the home in an emergency.

If this is not possible, make arrangements for the care of the children with responsible persons. You or the caretaker you selected should notify the agency that placed the child as soon as possible.

Under no circumstances should foster children be left unsupervised at the foster home overnight. Young children who are not capable of self-supervision should not be left alone for any length of time, including during an emergency.

Social Issues

Cultural Considerations

A child's race and ethnicity are an important part of the child's identity. It is vital that you respect a child's race and cultural identity, because this contributes to the development of a positive self-image for the child.

If the child is of a different race than your family, it is encouraged that you find ways to help the child maintain activities and connections that are familiar. This will demonstrate your acceptance of the child and convey that you care about them. Some ways of doing this might be to:

- ◆ Attend community events for the child's ethnic group,
- ◆ Listen to music that is a part of the culture, or
- ◆ Prepare foods that are common in the child's biological home.

You will find that you may need to get more familiar with holidays or traditions that are a part of the foster child's ethnicity so you can be more sensitive to these needs.

Also, children of different races or ethnicity may require special considerations regarding skin and hair care. If you are unfamiliar with these differences, consult with the child's social worker for additional resources.

Religion

Foster children have the right to opportunities for religious and spiritual development in accordance with their religious preference and that of their parents. The foster child's parents should be involved in decisions about the child's participation in the practice of your religion. This includes attendance at church, educational classes, and special events, such as baptism.

Children should not be required to participate in religious training or observances contrary to the wishes of the child's family or the religious beliefs of the child. You may invite the child to attend religious services in which you participate, but the child should not be required to attend. If the child chooses not to attend, it may be necessary for you to arrange for supervision of the child during this period of time.

Placement decisions may also include efforts to match the child's religious needs with the foster parents' ability to meet that need. You should discuss the child's religious training with the child's worker before accepting a placement.

Social Activities and Recreation

It is important that children placed in foster care are given the same social and recreational opportunities as their peers not in care. However, you need to be very aware of the child's developmental level and ability to be in less structured situations.

While other youth in the community may provide babysitting or be dating without supervision, you may need to meet with the child's worker about the maturity of the child in your home. Overnights with peers or relatives in your extended family require the same careful consideration.

Household Responsibilities and Chores

Children in foster care may be given family responsibilities consistent with their age and abilities. Successful completion of specific tasks will help build the child's self-esteem and self-confidence.

You will need to consider the child's past experiences when deciding if the child should be assigned to a certain task or given a responsibility. A child may not know how to accomplish a certain task and may need instruction. For example, a child who has never lived on a farm may lack the knowledge and judgment to safely accomplish a task that could be given to a child who is familiar with farm life.

In some cases, the assignment of chores may be part of a more general behavioral management plan for the child. In these situations in particular, you should discuss this matter with the child's social worker.

Foster families who allow foster children to use any power equipment must, at a minimum, follow the manufacturer recommendations for appropriate ages to use the equipment. You need to consider the developmental age of the child and the child's physical abilities in addition to the child's chronological age.

Other things to consider include: Is there an automatic shut-off device on the machinery or equipment, is the area hilly or near a road/highway that could cause a risk of harm to the foster child, will you be supervising the foster child while they are using the equipment, etc. This includes the use of power lawn mowers and any machinery or equipment where harm could come to the foster child. Do not assume that it is safe for your foster child to use power equipment.

Best Practice: Never leave the foster child unsupervised while operating power equipment.

Child's Allowance: Personal Spending Money

It is recommended that children be provided personal spending money from the maintenance payment you receive for the child. This money may or may not be handed directly to the child, depending upon the agreement reached by the worker, the foster parent, and the child.

The intent of providing this allowance is to help the child learn how to use money appropriately and to develop skills in money management, in accordance with the child's age and ability to assume responsibility.

There is no prescribed amount or percentage of the maintenance payment that should be given to the child as spending money or allowance. However, there is an expectation that you provide the child personal spending money from the maintenance payment as a portion of the maintenance payment you receive does include personal spending money for the foster child (see **FINANCES**).

It is suggested that you make the amount the same or similar to what you are providing to your own children or consider using at least 3%-4% of the total basic amount of the maintenance payment you receive for the child according to the USDA guidelines.

Some foster parents opt to give older children a larger amount (up to 14% or more) to allow more discretion for the child to purchase special toiletries or make-up items beyond those routinely available to the whole family and to be responsible for their own entertainment costs.

Visits and Family Contact

The child's worker will establish a plan for family contact and visits. The visit plan will be written in the *Family Case Plan*. The plan may also be stipulated in the court order. Frequently the plan will become more generous or more restrictive depending, on the progress or setbacks the parent experiences.

If family reunification is the child's permanency goal, the worker will attempt to have frequent and regular contact between the child and birth parents and other family members. This can include phone calls, letters, and visits. Such contact should be encouraged.

Visits may occur in the agency office, foster home, the parent's home, or a neutral area, such as a park. Visits may be supervised, depending upon the child's situation. Never allow any contact between the child and the birth family that has not been authorized by the DHS worker or the juvenile court officer.

The child may show an emotional or behavioral reaction before or after a parental visit. This may be due to the child's desire to return home, mixed feelings about the birth and foster families, or a sense of helplessness. You should not probe a child with questions about what happens during a visit, but should let the child know you are available if the child wants to talk.

If the child's parents fail to come for a scheduled visit, the child is likely to feel disappointment as well as anger. You can help the child express these feelings and understand that it's not the child's fault.

The confidentiality of all information about children in foster family placements **and** their families is protected by DHS confidentiality standards. "A person who receives information from or through DHS concerning a child who has received or is receiving foster care, or a relative or guardian of the child, shall not disclose the information directly or indirectly, except as authorized."

Birth Parents' Rights

Birth parents have the right to be consulted about all decisions regarding their child unless their parental rights are terminated by the court. The rights and responsibilities of the foster parents are subject to the residual rights of the birth parent. The birth parent must be consulted on any decision regarding the child unless an emergency exists.

Areas where birth parents must be consulted include (but are not limited to) the following:

- ◆ Driver's license
- ◆ Hair cuts
- ◆ Body piercing and tattooing
- ◆ Religious preference
- ◆ Marriage (unless 18)
- ◆ Enlistment in armed services
- ◆ Participation in extracurricular activities
- ◆ Medical, surgical, and psychiatric procedures
- ◆ Any situation that requires the signature of a parent or guardian

It is important that parents have ongoing opportunities to participate in the decisions regarding their children. Examples of areas in the child's life in which you would need to discuss with the parent include clothing selection, hair style, education, extracurricular activities, medical care, and religious training.

Piercing and tattoos are illegal in Iowa for a person under the age of 18 without a parent's or legal guardian's consent. You cannot give consent for these procedures.

A minor must be at least 16 years of age to obtain a marriage license. When the youth is under age 18, a parent or legal guardian must sign a consent form before a marriage license can be issued.

Birth Family's Role in the Child's Life

The supervising agency will determine the involvement of the child's parents or relatives in the child's placement in your home. The caseworker will determine the extent and nature of this involvement, in consultation with you, the child's parents, and others involved with the child and family. Consideration is given to the safety of the child and the foster parent and the permanency goal for the child.

Activities to maintain and strengthen family ties may include the following:

- ◆ Participation with their children in a pre-placement visit in your home
- ◆ Regular visits during placement
- ◆ Providing family photos to be used for life books
- ◆ Physically caring for their child during visits (feeding, dressing)
- ◆ Participation in medical and dental appointments and school conferences
- ◆ Involvement in the assessment and treatment of behavioral or medical problems
- ◆ Participation in developing the case plan
- ◆ Participation in child planning reviews and court hearings
- ◆ Participation in the child's birthday parties, holiday celebrations, graduations, etc.

Birth Family's Role in Your Life

There are many things a foster family can do to help a child and the child's birth family through this difficult time. Try to be understanding and not judgmental. Treat a child's parent as you would any other person with whom you have just become acquainted.

The level of foster parent involvement with the child's family is established in the *Family Case Plan*. You should talk with the child's social worker about the child's family situation and your role with respect to the child's family. In all cases, your level of involvement with the birth family needs to be approved by the child's social worker.

You will be asked to follow the case plan regarding family contact and reunification efforts. Generally, the goal is to return the child to the parental home or a relative's home.

As the foster parent, you have an opportunity for input in the permanency planning process but do not make the final decision regarding the parental involvement.

Refusal or failure to accept the involvement of the biological or adoptive parents and follow the case plan may be sufficient grounds to deny, revoke, or suspend a license.

In rare instances where there is undue risk to the child or your family, the location of the child may not be disclosed to the parents. In these situations, you may be expected to share information about the child, pictures, and other material with the biological parent or adoptive parents through the child's social worker.

Setting Boundaries and Safety

On some occasions, the social worker may ask you to supervise visits between the foster child and the birth family or assist in the transfer during visits. Your participation and role with the visitation will vary based on comfort level, experience, and special circumstances of the situation. You may be asked to complete a "*Supervised Visit Summary Sheet.*" (See Appendix)

If you are uncomfortable with supervising visitations between the child and parent, ask for training in this and negotiate with the worker the best way to handle to ensure positive benefits for the child.

All contact should be scheduled or approved by the social worker. The social worker may allow you to have direct contact with the birth family to arrange visits. If the birth parents do not show for a scheduled visit, please advise the social worker of the missed visit.

If a birth parent or other authorized visitor appears to be intoxicated, or is displaying irrational behavior, if possible do not allow the visit to proceed. Attempt to contact the social worker or law enforcement immediately. Under no circumstances should any unexpected visitors be allowed to take the child from your care for a visit. Contact the social worker immediately and law enforcement if necessary.

Transportation

You are expected to provide transportation for the foster child as appropriate and as indicated in the *Family Case Plan*. Just as with your own children, foster children will need to be transported for many school and community activities.

You will also be responsible for taking the foster child to all appointments around any services that the child needs, unless you have made other arrangements through the child's worker. This includes, but is not limited to, dental, eye, and medical appointments.

The biological parents should be involved in going to appointments and activities that their child is a part of whenever possible. Discuss with the child's worker and refer to the *Family Case Plan* for the plan for transportation for the child. (See **What You Need to Know When Transporting Children.**)

Transportation Reimbursement

When your responsibility includes providing transportation related to family or pre-placement visits outside the community where you live, you may receive an additional \$1.00 per day in the child's maintenance payment. This transportation payment may apply whether or not the child is eligible for a difficulty of care payment or sibling allowance.

Foster parents can also receive Medicaid reimbursement for travel expenses when:

- ◆ The closest medical facility that can meet the child's specific needs is outside of your home community, or
- ◆ A physician has referred the child to a specialist in another community.

You will need to have prior approval from the child's DHS caseworker and complete the *Medical Transportation Claim* found in the Appendix of this Handbook. (See also **FINANCES: Transportation and Travel.**)

Traveling With Your Foster Child

It is permissible to take your foster children with you when you are traveling within the state of Iowa. If you are planning to be gone overnight or more than 24 hours, you need to advise your DHS caseworker where you can be contacted. DHS, as legal custodian, has the responsibility to know the whereabouts of the foster child.

If you are planning any travel out-of-state and wish to take the foster child along, you must get prior approval. Request this at least 30 days before the trip. The child's parent must sign a written authorization giving the child permission for out-of-state travel.

Special problems may arise when a child needs medical care while outside the state, because few out-of-state providers wish to participate in the Iowa Medicaid Program. Make sure you have an adequate supply of regularly prescribed medication or supplies. Talk to your child's DHS worker about what to do if medical care is needed and a Medicaid provider is not available.

If you are not able to obtain permission from the parents or guardian or obtain the court approval to take the child out of state, you must make respite arrangements for the child's care in your absence. The child's worker must be included in the respite planning.

Children with Special Needs

(See **TREATMENT-LEVEL FOSTER CARE** and **FINANCES**)

DHS defines a child as being a "special needs" child within the foster care program according to the following criteria:

- ◆ The child has been diagnosed by a physician to have a disability that substantially limits one or more major life activities, and the child requires professional treatment, assistance in self-care, or the purchase of special adaptive equipment.
- ◆ The child has been determined by a qualified mental retardation professional to have mental retardation.
- ◆ The child has been diagnosed by a qualified mental health professional to have a psychiatric condition that impairs the child's mental, intellectual, or social functioning.
- ◆ The child has been diagnosed by a qualified mental health professional to have a behavioral or emotional disorder characterized by situational inappropriate behavior which deviates substantially from behavior appropriate to the child's age, or which significantly interferes with the child's intellectual, social, or personal adjustment.
- ◆ The child has been diagnosed by a qualified medical professional, mental health professional, or substance abuse treatment supervisor as having a substance abuse problem.
- ◆ The child is an unaccompanied refugee minor.
- ◆ The child has been adjudicated delinquent.

If the social worker determines that a child meets one of the criteria, you can be authorized to receive a higher maintenance payment for the extra expenses associated with the child's special needs. This payment is referred to as a "difficulty of care" payment. This is not the same type of care as "treatment" level care.

Every six months, the social worker will re-evaluate whether the child still meets the criteria for the special payment. If the child no longer meets one of the criteria, the difficulty of care payment may be removed from your maintenance check. If you have questions about this payment, you should talk to the social worker or the supervisor.

Respite

“Respite” is defined as a temporary break from the provision of 24-hour foster care. Its purpose is to help reduce stress and retain quality foster homes. Respite should be arranged and approved by the child’s worker as far in advance as possible. Respite care can be provided only by another licensed foster parent who can accept the child within their licensed capacity. Only DHS can approve variances to the capacity limit.

Each foster child is eligible for 24 days of respite care per placement in a calendar year. Respite does not necessitate an overnight stay. Any partial day counts as a day of respite for reimbursement purposes. For overnight stays, each night is counted as a “respite day.” Contact your child’s worker if you have questions about respite, such as how many days you have left or when a payment was made.

Foster parents must have the experience and training to handle the children placed in their care, whether this is a regular foster placement or respite care. Respite placements should take into consideration the compatibility with the children already in the home. The safety and needs of all children in the home should always be ensured.

You will need to contact your licensing worker who will assist you in locating an appropriate respite caretaker in your county. You will also need to notify the child’s school with the name, address, and phone number of the respite home. Contact your licensing worker as soon as possible when you need assistance securing respite.

As a respite provider, you are entitled to know about the child’s behaviors and needs including special medical needs, but not specific situations, such as background on the birth family or reasons for placement in foster care.

Always keep in mind the matter of confidentiality – respite providers do not need, nor can they access, the child’s entire history. They **do** need to be informed about the general behaviors and needs of the child, however.

Note: Camps should not be considered a respite option, as camp counselors are not caretakers. Also, in the event the child cannot stay at camp due to behavior or illness, you must remain available to the child or have a respite family in place.

TEENS

TEENS

All children and youth develop in a similar fashion. However, it is important to remember that the development of the youth in your care may be complicated by:

- ◆ Deprivation, neglect, and physical and sexual abuse affect formation of self-image, values, identity, and trust of others.
- ◆ Youth's knowledge and skills may be delayed because of family chaos, abuse and neglect, or multiple moves.
- ◆ Placement history and limited or inaccurate information may contribute to the youth's lack of clear understanding of personal and family history.
- ◆ Frequent moves affect the youth's ability to develop a consistent peer group and impact on the youth's sense of group belonging.
- ◆ Lack of adequate or appropriate contact with birth family or lack of a permanent substitute family affects feelings of security and self-worth.
- ◆ Neglect or physical or sexual abuse may result in inability to appropriately identify and express emotions.
- ◆ Self-concept may be negatively affected by many factors, including:
 - Being rejected by birth family
 - Emotional, physical, or sexual abuse or neglect
 - Separation from parents and siblings
 - Multiple placements
 - A feeling of being "different" from peers because of not living with birth family
 - Taking over parental responsibilities at too young an age

All these factors affect the youth's ability to take risks and learn and practice new skills. The rejections and multiple placements of the past may affect the youth's willingness and ability to form new relationships.

You are in a very pivotal position to model the skills necessary to enable the teen to learn and to successfully make the transition to adulthood. The child's worker and the service area transition planning specialist will establish a plan and strategies for you to assist the youth in your care.

Rules, Structure, and Independence

Consider the rules that you already have in place for your own children or other children and youth that have lived in your home.

One adolescent developmental task that all youth are working toward is the struggle for independence. However, the youth placed in your home may need a far more structured and consistent environment to achieve this independence. The plan for the youth will be developed with input from all team members. The specific needs for the youth must be the primary consideration.

Driving

(See also **FINANCES: Driver's Education Fee Waiver**)

Every school district in Iowa must offer or make available to all students residing in the school district or Iowa students attending a non-public school in the district an approved driver education course.

In order for a youth to participate in Driver's Education, a signed and notarized "Parental Consent to Drive" must be completed. This is a Department of Transportation form that can be obtained from the school or the DOT.

Foster parents may not sign this form. Contact the youth's worker about getting this form signed. Driver's education fees are waived for the foster child. Contact your insurance agent to see if the child is covered on your insurance while driving with a valid permit.

Auto Insurance

After a teen in foster care obtains a driver's license, it is up to you to decide whether to allow the child to drive your car. If you do allow the child to drive your car, you will need to add the child to your automobile insurance and pay additional insurance fees. You may want to consider having the child pay all or part of the additional premium.

Vehicle Ownership

Foster children aged 16 or above may own their own vehicles. However, when the child is in the custody or guardianship of the DHS or JCS, this should be discussed with the social worker or juvenile court officer. A teen who purchases a car must carry insurance on the vehicle and have a valid driver's license. You need to verify that these conditions are met.

Foster Children Providing Transportation for Others

Foster children should not be expected to provide transportation for other children in the home. Liability issues may exist. You are responsible for assuring adult transportation for the foster children in the home.

Transition Planning

(See Appendix for Checklist)

Youth in foster care need to develop the skills necessary for a smooth transition from the safety net of foster care to the daily tasks of life as self-sufficient, responsible adults. Today's youth deal with many complex issues in preparing for the adult world.

Every teen needs assistance in preparing for the transition from adolescence to early adulthood. This transition is often more complex for a teen in foster care, who may have limited self-confidence and may lack basic skills such as budgeting, education/career goals, securing housing and employment, shopping and meal preparation.

Teaching Living Skills

Youth learn by observation, especially behaviors modeled by significant adults in their lives. You, as the foster parent, are an invaluable resource in assisting teens in your care for a successful transition from the foster care system to early adulthood.

Not only are you available on a daily basis to model behavior in a real world setting, you are also able to provide coaching and feedback to youth in their performance of important skills by providing the following:

- ◆ Consistent message about adult roles.
- ◆ Opportunities to gain knowledge and skills necessary for adult roles.
- ◆ Opportunities to practice those skills.
- ◆ Clear rules and standards for behavior.
- ◆ Meaningful rewards and reinforcements.
- ◆ Clear consequences for failure to meet expectations.
- ◆ Involvement with caring adults and peers.
- ◆ Exposure to community organizations.
- ◆ Respected role models.
- ◆ Work opportunities that promote self-respect and self-sufficiency.

The youth's worker and transition planning specialist will assist in developing specific strategies to use with the youth in your care.

Employment and Taxes

A child may be employed outside the home if the child meets the minimum requirements of child labor laws. Farm labor must meet the standards of the Farm Safety Act. Check with your local Workforce Development Center for specific information.

As a youth gets closer to age 18, a job may help the youth prepare for the transition to adulthood. However, it is important that jobs do not negatively affect teens' ability to complete their education. A "good" teen job allows the teen to learn a variety of new skills and to develop the skills needed for adult work.

A social security card is necessary for employment, and the employer must take out FICA in accordance with the law. Check with a local IRS office about federal and state income taxes. Report the teen's income to the teen's DHS social worker.

Foster Care Past Age 18

(See **Voluntary Placements**)

A child may remain in foster care and in your home past age 18 if you agree and the youth signs a voluntary placement agreement. The youth must be enrolled in high school, GED, or a special education program and be working toward the goals in the case plan. The transition planning specialist will continue to be available to you and the youth and has access to many valuable books and videos that you may borrow.

Applying for College Financial Aid

Important steps to remember in order to help the child in your care with college or post high school education:

- ◆ Between May of the teen's junior year and October of the senior year of school, the student should take the ACT or SAT tests. High school counselors should have information on this. Encourage attendance at college fairs and visits to campuses of the schools being considered.
- ◆ After January 1 of the teen's senior year, complete the Free Application for Federal Student Aid (FAFSA), which is required for most financial aid programs. These are available from the high school guidance office, college financial aid officer, or Iowa College Student Aid Commission.

Deadlines for application vary, depending on the college.

Youth in foster care may be eligible for one or more need-based state scholarship and grant aid programs. If the foster care placement is court-ordered, the youth is a ward of the state and only the youth's income is considered, with no parental information necessary.

Information and applications can be obtained from the Iowa College Student Aid Commission at 200 10th Street, 4th Floor, Des Moines, Iowa 50309, phone (515) 281-3501, or toll free at 800-383-4222. You may also visit the web site: iowacollegeaid.org.

The youth may qualify for scholarships based on need or merit. The transition planning specialist is a valuable resource for assisting youth in identifying financial resources.

The Benjamin Eaton Scholarship

The NFPA offers a scholarship for foster youth who wish to further their education beyond high school, including college or university studies, vocational and job training, and correspondence courses, including the GED. (The biological and adoptive children of the foster parents are also eligible.)

The following requirements apply:

- ◆ To qualify for a college or university scholarship, a youth must:
 - Be in the senior year of high school (regardless of age).
 - Provide a copy of their high school transcript.
 - Provide documentation of cost from college or university.
 - Return application and all other requested documents by March 31.
 - Be accepted by an accredited college or university before receiving funding. (Proof of this will be a copy of school acceptance letter.)

Youth receiving the scholarship must return the unused portion or appropriate percentage if they withdraw from college or university or do not maintain grade point averages required by the institution.

- ◆ To qualify for a scholarship for vocational or job training, a correspondence GED, other educational pursuits, a youth must:
 - Be at least 17 years of age (either in school or out).
 - Provide documentation of cost from the school, training center, or other educational facility.
 - Return the application and all other requested documents by March 31.
 - Be accepted into accredited program before receiving funding (proof of this will be a copy of acceptance letter).

Youth receiving the scholarship must return the unused portion or appropriate percentage if they withdraw from the course or do not maintain grade point averages required by the course or program.

Each applicant must submit:

- ◆ A completed application form (available at the NFPA web site: **www.nfpainc.org**)
- ◆ At least two letters of recommendation (from foster parents, social workers, residential center, principals, teachers, guidance counselors, employers, etc.).
- ◆ A typewritten statement in 300-500 words on “Why I want to further my education and why I should be considered for a National Foster Parent Association Scholarship.”

COMMUNICATION

AND

RECORD KEEPING

COMMUNICATION AND RECORD KEEPING

Just as communication is important for maintaining all healthy relationships, it is vital for meeting the needs of the child in foster care. Not only do you need to keep all the team members current on how the child is doing, but you also need to keep licensing staff aware of any changes in the foster family home.

A successful placement as well as the safety of the child placed in your home are dependent on good communication between you, the DHS workers, juvenile court staff, therapists, and other workers involved with your foster child and his/her case.

Reminder: All communication regarding the child and the child's family must remain and be kept confidential. When using your e-mail to communicate with the child's worker or other team members, remember others in your home may access the message unless your computer is protected by passwords. These same protections may mean the worker does not get the message timely.

Confidentiality

All information regarding foster children, which is obtained through or from the Department of Human Services is confidential, according to Iowa Code. This includes:

- ◆ Identifying information, such as name, social security number, age, sex, weight, height
- ◆ Contact information, such as current address, permanent address, phone numbers, etc.
- ◆ Physical and mental health conditions
- ◆ Religious and cultural preferences
- ◆ Family information
- ◆ Legal status

Foster parents must receive written consent from the legal guardian in order to release information concerning the child. The DHS placement worker is generally the person responsible to obtain consents. You are not allowed to release information that others have given to you. You may release information that you gain from your own interactions with the child to persons who need to know.

The information contained in this section is a brief overview of the subject of confidentiality. Please refer to the booklet titled Confidentiality: A Guide for Foster Parents for further discussion on this topic. You can obtain this guide from the Iowa Foster and Adoptive Parent Association (IFAPA) by calling 1-800-277-8145 or 515-289-4567.

The booklet explains and clarifies confidentiality laws pertaining to foster parents, educates on issues of confidentiality, addresses different types of situations that commonly arise in foster care, and helps establish and encourages best practices.

Definition of Confidentiality

Simply put, confidentiality means that you as a foster parent are entrusted with information about the foster child and the child's family that is not to be made public and that you must keep secret.

The foster child and the child's family have a right to privacy that you must uphold. Basically, this means that you must not share information about your foster child with anyone else and that you cannot even identify the child as a foster child.

Understanding and upholding Iowa's confidentiality laws is one of the most complex issues with which you will deal. These laws are intended to protect the privacy of foster children and their biological families, and in turn, create a relationship for foster families, biological families, foster children, and other involved persons that is based on trust and respect.

Violation of the confidentiality laws may be punished both civilly and criminally and/or may require the foster parents to comply with a corrective action plan or lose their foster home license.

All information, which is obtained through or from DHS is confidential, according to Iowa Code. Breach of confidentiality is a serious matter. It is not limited to merely release of a child's name. It also includes releasing any identifying information (age, sex, height, etc.), religious and cultural preferences, address, physical/mental health conditions, family information, or legal status.

Obviously many of the people around you will be aware of the day-to-day happenings in the child's life. You or your friends may be acquainted with the child's family aside from the foster care situation. You and the child will want to develop simple, straightforward information about the child for social situations, including how you will introduce the child.

When Can Information Be Shared?

Foster parents must receive written consent from the legal guardian in order to release information concerning the child. The DHS placement worker is generally the person responsible to obtain consents.

Exception: You may share information without the parent’s or guardian’s specific authorization on a “need-to-know” basis (to the extent that it is necessary for the person to provide adequate services to the child) with:

- ◆ Medical providers
- ◆ Agencies providing services to the child or family
- ◆ The court
- ◆ The child’s guardian ad litem, court-appointed special advocate, or attorney
- ◆ A local foster care review board

It is important to remember that information shared with you about the child’s and family’s problems or background is shared on a *professional* basis. It is not to be shared socially, any more than you would expect your doctor, minister, or lawyer to share personal information about you.

However, foster parents may on occasion need to visit with other foster parents, support groups, respite providers, day care providers, or their liaison for assistance, support, or provision of care information. This can be done without using family names or other identifying (see above) information about the foster child.

You may release in your discussion only information that you gain from your interactions with the child, not information that others have given you. Respite providers, in particular, need to know about general behaviors and needs of the child, but they do not need to know the child’s entire history.

Discussing Your Foster Child With Other Foster Parents

In support group discussions, while remaining confidential within the meeting, you may share feelings pertaining to loss and separation, the permanency plans for the child and how you feel about the plan as it affects, in general, the foster child.

Sharing ideas and community resources to assist with the child’s needs and the impact of the foster children’s behavior on the foster family, as well as other issues that focus on the behaviors and needs of the foster children in the foster family homes, may be very beneficial.

It is important to remember that specific information given to you about the child or the child’s family is not to be shared, only the knowledge you have gained through your contact and interactions with the child.

You also need to be aware of the risk of confidentiality when it comes to using a cellular or cordless phone. While many improvements have been made in these phones, you are not guaranteed that others cannot overhear your conversation. Use common sense when communicating on these phones and don't divulge personal information on a foster child or about any of their family members.

Confidentiality of Written Records

Written information, such as logs or notebooks, kept by foster parents is another form of confidential information. Some of you may keep your "notes" electronically. Be aware of the risks associated with using E-mail or storing information on the child on your computer.

Unless you can secure the information, use caution in what you enter into these files. Many families allow their children and other relatives to have access to their home computer. You must be sure information about the foster child is not being accessed by other persons who you allow to use your computer.

Your notes and logs must be available to both DHS and private agency staff upon request. Entire logs and notebooks are to be given to the DHS case manager at the time the child's placement in your home ends. Logs should NOT be shared with others not associated with the agency staff mentioned above.

Any information gained by the foster family about the child and the child's behavior or problems needs to be shared with DHS or private agency staff involved in the case and is not to be kept "confidential" by the foster family. When the child leaves your home, these are to be given to the child's worker.

Best Practice: Keep copies of your logs, notes, and other pertinent information after the child leaves your home in a locked file for possible audit purposes.

Newspapers, Television, and Other Media

Special recognition is important to all children. However, special care must be taken to not identify the child as a foster child.

Foster families may have contact with the media. Foster parents may not sign consents to allow pictures of foster child to be printed and identified as foster children in the newspaper. Only the child's legal guardian or parent may sign the consent. It is permissible, however, to allow school pictures and team pictures to be taken.

Foster children can be photographed for newspaper articles but only for activities where they are not singled out as foster children. An example would be a picture of school children attending a field trip activity where no names are put in the paper, just a reference to “the 5th grade class at Wilson Elementary.”

You would need to have a release by the guardian (generally DHS or the biological parent) when names would be used. Examples might include a football team picture or a field trip where a picture of the whole class is put in the newspaper and names are listed. The child cannot be referred to as “a foster child” or “the foster child of Mr. and Mrs. Jones.”

Best Practice: Get a release of information for any type of newspaper article or any type of school pictures that might be seen by the public.

Even if you have been granted all rights of a parent through a juvenile court order, authorizing the release of confidential information is not considered “need-to-know” information and should not be disclosed by the foster parent.

Record-Keeping

(See Appendix)

Foster family home licensing rules require that you keep a notebook or folder for each child. This should include all the information provided to you at the time of placement and should also include:

- ◆ Names and addresses of doctors who have treated the child,
- ◆ The type of medical treatment the child received while in the foster home,
- ◆ School reports, including report card and pictures,
- ◆ The date of the child’s discharge from the foster home, and
- ◆ The name and address of the person to whom the child is discharged.

This is a minimum list. You will receive a copy of the child’s case permanency plans and possibly other reports as well. Keep all of your records on the foster child together in the same place along with your notes about the child’s progress. Any other pertinent information on the foster child should be maintained.

The placement worker should review this information at least quarterly. When the child leaves your foster home, you will give the complete notebook or folder to the worker supervising the child’s placement. Additional life book information that includes school papers, pictures of the foster family, the child, and pets should also be given to the worker.

Basic Information

You will find a format in the Appendix of this handbook that you can choose to use for recording the basic information regarding the child and other's involved in the child's life.

Whether you choose to use the format in the Handbook or record it in your own way, the information listed is the basic information you should record. When the child leaves your home, make note of the date they left, the name and address of the person to whom you released the child, and the location of the new placement if known.

Taking Notes

You make a valuable addition to case permanency planning for the child in your care when you keep factual notes on the child's behavior, the child's contacts with the family, your contacts with the birth family, and other information related to the child.

In order to take factual notes, be careful to avoid giving opinions or drawing conclusions. The facts will speak for themselves. Your records should include observable facts, specific behaviors, and the date the events occurred.

Share your notes regularly with the child's foster care worker and DHS social worker or Juvenile Court Officer. Ask for feedback on your notes and be open to suggestions. Use your notes when preparing for meetings and court hearings regarding the child. Remember that a copy of your notes may be entered into the official court record.

Medical Information

(See Appendix)

Each child placed in your home may have medical needs very different than your own birth children or any other foster child you have cared for. It is vital that you review the medical information, become familiar with the child's particular medical needs, and then place any written information in the child's folder for future reference.

Any medications, including over-the-counter drugs, given to a foster child should be recorded or charted. You can use a formalized form or simply record in a notebook, but it is important that you maintain a record that documents the correct dosage was given at the appropriate times.

Many children in foster care are prescribed medications that are considered "controlled substances" and it is important that you keep detailed records of the administration of these drugs.

Life Books

If you are like most people, you enjoy looking at pictures from your childhood of yourself and your family and sharing stories from those years. Think about what it would be like for you not to have those pictures. How would you feel if no one had stories to tell you about what you were like as a child? You would feel as if part of your life were missing. You would feel disconnected and lost.

Life books are an important tool that you can use to help foster children have a record of their personal and family history. A life book is like an expanded version of a child's photo album and scrapbook. It is an account of the child's life conveyed in words and pictures.

The purpose of the life book is to connect a child's previous experiences to the child's life at the present. Even infants and very young children in foster care need life books so that they have a record of events early in their lives. The life book is the property of the child and must go with the child if the child leaves your foster home.

You are required to assist in preparing and updating life books for all foster children placed in your home longer than 30 days. Foster care workers working with you and the child will also help with contributions to the life book. They will use the life book as a therapeutic tool to help the foster child make peace with the past and look forward to a healthy future.

A life book may include:

- ◆ Snapshots of the child
- ◆ Photos of relatives, friends, foster families, social workers, providers, and other people meaningful in the child's life
- ◆ Pictures of places that are meaningful to the child's life, such as the birth family's house, the hospital where the child was born, schools, and foster homes
- ◆ Medical history and growth chart
- ◆ Listing of schools the child has attended
- ◆ Report cards, awards, class pictures
- ◆ A description of the child's likes and dislikes, such as foods, colors, favorite games, or movies
- ◆ Origin of the child's first and middle names
- ◆ Special stories from the child's childhood or family
- ◆ The child's family tree

- ◆ A simple explanation about each placement the child has had and the reason for any moves
- ◆ Anything else you or the child consider important to include

As children read and talk about this information over time, they begin to develop a stronger sense of who they are and an increased understanding and acceptance of their past. The life book also bridges the gap for birth parents or adoptive parents who have missed parts of the child's development and experiences.

The life book is an ongoing record that becomes the foster child's unique and special possession. Speak with your foster child's social worker about developing a life book for each foster child in your care.

Reporting Information to the Agency

DHS and Juvenile Court Services rely on you to report information accurately, timely, and completely. Successful treatment for the child and family and even the safety of the child depend on it. Refer to your foster child's placement agreement as to who to call.

Contact With the Child's Worker

Worker contact will depend on the individual child. The frequency of on-going contact will be at least monthly. The specific frequency will be described in the *Family Case Plan* (case permanency plan). The worker will also provide you with a 24-hour emergency number.

The first visit will be made by the social worker within the first two weeks of the placement. The social worker will be interested in how the child and you and your family are doing. You should share observations of the child's day-to-day behavior and feelings the child expresses with the social worker..

Since DHS social workers and juvenile court officers normally are visiting with you and the child only a minimum of every 45 days, you may find it helpful to stay in touch by phone to touch base. As you gain experience as a foster parent, you will become more knowledgeable about what needs to be brought to their attention right away and what can wait.

Call during regular business hours to discuss the following issues:

- ◆ The child needs permission or authorization from a parent or guardian to participate in a school outing, sporting event, or authorization for a driver's license or permit.
- ◆ Questions about maintenance payment, clothing allowance, or other financial reimbursements.
- ◆ You need authorization for respite care for your foster child on some future date or need assistance in arranging a future respite placement.

Please give as much advance notice as possible if you need assistance from the working in locating a respite provider. You must have authorization from the DHS social worker or juvenile court officer in advance before using respite care and to use a particular respite provider if you locate one without agency assistance. (See **Respite**.)
- ◆ To discuss routine matters regarding your foster child such as doctors' appointments, parental visits, and behaviors of the child.

Do not call the worker at home just "because they are so hard to reach at the office." If you are having difficulty getting a provider, social worker, or juvenile court officer to return your calls, ask for assistance with your issue from their supervisor. Most calls should be returned with 24 hours if not sooner, but delays due to appointments outside of the office and crises are not uncommon.

A Word About Voice Mail

Many social services offices use voice mail to manage the large volume of calls received each day.

You can use voice mail to your advantage because it lets you leave detailed message and cuts down on "phone tag." To get the most out of voice mail:

- Leave a message. Please do not call and hang up. Your worker will not have any way to know that you called. Speak slowly and clearly; give your name and telephone number, and the best time to call you back.
- Leave a detailed message. Often the worker can follow-up on your issue and let you know the outcome.
- If the issue is urgent, do NOT leave the message on voice mail. Even if the worker returns to the office, there may be delays in checking voice mail. Let the receptionist know if you have an emergency and ask to speak with someone in person.
- If you accidentally get transferred into someone's voice mail in these circumstances, dial 0 to be returned to the operator, or call back in again and ask to speak to the supervisor or someone in charge.

Communicating in an Emergency

There will be times when you must contact the agencies involved with urgent information. When this happens, let the receptionist know that you have an emergency and need to speak with someone in person. **Do not leave a message about a crisis on the worker's voice mail, as they may not receive it in time to respond appropriately.**

The following situations are considered emergencies and must be reported immediately, regardless of the day of the week or time of day when they occur.

- ◆ The child needs emergency medical or mental health care. In most cases, you should seek emergency medical help first, such as calling an ambulance or transporting the child to the hospital. Then contact the agency.
- ◆ You suspect the foster child has been abused or neglected. You are required by law to report this, as you are a mandatory reporter. (See **What to Do if You Suspect Abuse.**)
- ◆ The child ran away or cannot be located. Contact law enforcement to report the run-away or missing child, then the agency.
- ◆ The child has not returned to your home as scheduled from a visit with family or other outing.
- ◆ The child has possibly committed a crime or is being sought by police for an interview for any reason.
- ◆ Any unauthorized visitors come to your home in an effort to see the child or take them away.
- ◆ You have a family emergency and need assistance in locating a respite provider for your foster child.
- ◆ You feel you can no longer care for the foster child in your home and need to have other arrangements made immediately and the move cannot be delayed to allow for a better transition to the new placement.

There may be other conditions about your foster child's situation that could warrant an emergency phone call to the agency. Talk to the DHS social worker or juvenile court officer about potential urgent situations that could arise.

Each DHS office, Juvenile Court Service office, and private agency may have a different after-hours on-call system. DHS staff **must** provide you with their home phone numbers.

Best Practice: At the time of placement, develop a crisis plan based on the child's needs. This plan should be developed with the DHS/JCS worker, private agency worker, child, child's family, and other involved parties.

Reporting Changes That Affect Your License

You must notify your licensing worker:

- ◆ When any members enter or leave the household.
- ◆ When you are moving to a new home or doing major remodeling.
- ◆ To request a change in the license capacity (the number of foster children for which the family can care).

Failure to notify the DHS regarding any of these changes within 30 days of the change could result in the loss of the foster care license.

If you are moving to another state and it is decided by DHS and approved by the court that the child in your care will move with you, you must meet the other state's licensing criteria. Iowa will continue to provide payment for the child's care with one exception. If the child is IV-E eligible, the child will be covered by the other state's Medicaid program.

New Household Members

Report new household members to the licensing worker as soon as you are aware they will enter the home. New household members may include extended family, like grandchildren or an adult child, returning to the home. If a spouse or ex-spouse re-enters the home, or a significant other or a roommate move into the house, they must also be reported to your worker.

Foreign exchange students, family friends, or the birth of a new child will also need to be reported. Also report when college students are moving home, adoptions are finalized, or someone is staying in your home on a recurring basis.

The number of household members will affect your licensing capacity, and criminal and child abuse checks will need to be conducted on people moving into a licensed home. It is your responsibility to keep the child safe while placed in your home.

In addition to the above, the introduction of a new member to the household may have an impact on the foster child. Being aware of these changes will allow the social worker to plan accordingly and prepare you for possible disruptions in the foster child's behaviors.

Updating Record Checks

Record checks will need to be updated any time a new individual enters the home, a child in the family turns 14, or if a current member of the household is arrested or convicted of a crime.

If the evaluations show no criminal history, the form will be placed in the file and have no affect on your license. If a conviction or a crime is found, the situation will be evaluated to determine if there will be a licensing impact.

◆ **Child Abuse and Criminal Records Checks**

Child abuse and criminal records checks (including sex offender registry) are conducted on every member of the household when applying for a foster family license. If a new individual enters the home, a child abuse history check will also be conducted on them.

A check may also be conducted at relicensing and other times throughout the year if an arrest or conviction occurs.

◆ **Arrests and Convictions**

Arrests and convictions of household members also need to be reported. An arrest or conviction does not mean that your license will be automatically affected.

If the arrest or conviction relates to a licensed member of the household, an evaluation of the arrest/conviction will be conducted to determine if the event will affect the foster home license. A felony conviction or a child abuse crime will affect the license. Failure to report an arrest or conviction may result in an adverse action.

Household Members Leaving

Contact your licensing worker if any family members will be leaving the home for college or training or moving out of the house to a new location. If a couple is listed on the license and one partner will be moving out of the house due to separation or divorce, the license will need to be changed to reflect the person(s) still living in the home.

By reporting these changes, you may be eligible to be licensed for more foster children. The departure of a family member may also have an effect on current foster children. Being aware of the departure will make it easier to address any behaviors or feelings of loss that a foster child may experience.

Moving to a New Home

When you are moving into a new home, the licensing worker will need to assess the new house just as it was done with your current home. The worker will assess the physical space, well and septic (if it applies) and update the floor plan and address in your licensing file.

Failure to report a move may result in the suspension of a license until the new home can be evaluated. In addition, your address will need to be updated in order to ensure timely monthly payments and other reimbursements you may be expecting.

Remodeling Your Home

If you decide to remodel your existing home, inform your license worker of the expected changes in the household during that time. Indicate if sleeping arrangements will need to be altered during the construction phase.

If so, your licensing worker may assess the proposed area to ensure it meets minimum standards and will be safe for the foster child. Once the remodeling is complete, an updated floor plan will need to be included in your licensing file.

Resolving Differences with the Agency

The time may come when you disagree with a DHS social worker, juvenile court officer, or purchased foster care worker's decision. It is important that you share your difference of opinion with them and discuss the matter.

Often, this resolves the disagreement, or you will discover that, while the decision may still be an unpopular one, it is necessary. Sometimes, the disagreement continues or you may have a difficult time working with a particular person. It is best to address these problems directly.

To ensure the best support and services, foster parents are asked to communicate first with those agency staff that are closest to the foster child's situation. In agency lingo, this is known as the "chain of command." Following a chain of command to resolve problems shows that you respect the agency staff that you are working with and that your professional relationships are important to you.

The following chart showing the "chain of command" may help you work through the proper channels to address your concerns.

| | |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Purchase of Service Provider</p> <p>(also known as the POS provider)</p> | <p>The POS provider is the provider’s foster care worker whose services were purchased by DHS or JCS. This worker works directly with the foster child and provides assistance, information, and supervision for the foster parent. You should have the worker’s office phone number and after-hours number so that you can contact them 24-hours a day, as necessary. The agency also has direct supervisors who can assist you.</p> |
| <p>DHS Social Worker</p> <p>(also known as the DHS case manager)</p> <p>or</p> <p>Juvenile Court Officer (JCO)</p> | <p>Custody of foster children is normally granted to one of two state agencies: the Iowa Department of Human Services or Juvenile Court Services. Usually, DHS is responsible for children who the court has found to be a “child in need of assistance” (CINA) and JCS is responsible for children who have been found to be delinquent.</p> <p>You should have the office phone number for the social worker or the juvenile court officer managing the child’s case. This worker is also required to give you a home telephone number at the time of placement. This is to be used for after-hours emergencies only.</p> <p>In the event you cannot reach the worker at home for an after-hours emergency, follow the after-hours on-call procedures for that office for nights, weekends, and holidays. If a DHS social worker or juvenile court officer placed the child from a county other than your own, you must activate that county’s on-call system.</p> <p>If the after-hours emergency poses a serious threat of harm to the child or others, it is often most appropriate to request that a police officer be sent to your home immediately before contacting the agency through the on-call system.</p> |
| <p>Supervisor</p> | <p>All DHS social workers and juvenile court officers have a supervisor. If you have a conflict with the staff person that you are unable to resolve directly with that person, the next person to contact is the person’s direct supervisor. At the time you receive placement of a foster child, you should ask the social worker or juvenile court officer the name of their supervisor.</p> |
| <p>Administrator</p> | <p>An administrator manages all local DHS offices and Juvenile Court Services offices. If you have been unsuccessful in resolving an issue with the people listed above, the next person to contact is the administrator. In DHS, this is the “service area manager.” At JCS, this the “chief juvenile court officer.”</p> <p>If you remain dissatisfied, and wish to pursue the matter further through the hierarchy of state government, the administrator can refer you to the next level for you to make contact.</p> |

DISCIPLINE
AND
BEHAVIOR
MANAGEMENT

DISCIPLINE AND BEHAVIOR MANAGEMENT

Under DHS policy, all foster parents must agree and adhere to the following minimum requirements:

1. Discipline must be handled with kindness and understanding.

“Discipline” actually means to teach or instruct. Through discipline, you teach the child responsible behavior. Before providing discipline, ask yourself, “What do I want this child to learn and how can I best teach this child?”

The foster parent who is a disciplinarian is really a teacher, a guide, and a counselor who helps the child learn. Take opportunities to get additional training or do additional reading on discipline to meet the child’s needs. As you increase your knowledge and skills, you will find that addressing challenging behavior is less stressful and you will feel more in control of the situation.

2. A foster child must not be deprived of food as punishment.

You cannot withhold meals (breakfast, lunch, or supper) as punishment. Treats and snacks are considered a privilege and can be denied as a consequence for inappropriate behavior.

3. A foster child must not be subjected to corporal punishment inflicted upon the body.

You cannot use any type of physical discipline with foster children. Corporal punishment of a foster child by a foster parent is against Iowa law and DHS policy. “Corporal punishment” includes shaking a child, spanking a child, slapping a child, or physically disciplining a child in any way. (See **Prohibited Discipline** for more information.)

4. A foster child must not be subjected to verbal abuse, threats, or derogatory remarks about the child or the child’s family.

5. Foster parents cannot use threats of physical discipline.

Due to their history, foster children respond poorly to threats of physical discipline as well as actual physical discipline. Threatening a child with violence is not an acceptable way to manage a foster child’s behavior. A foster child must not be subjected to verbal abuse, threats, or derogatory remarks about themselves or their family.

6. Foster parents cannot cancel visits or withhold contact with the child’s family as a form of discipline or behavior management without the direction of the DHS social worker or juvenile court officer.

Discipline has two primary goals:

- ◆ To change or control the child's immediate behavior, especially if the behavior poses a danger to the child or others.
- ◆ To teach the child to get along as a member of a family and community and eventually to be a responsible, mature adult.

The *Family Case Plan* should contain recommendations regarding the best way to manage the foster child's behavior. In addition, it may contain child-specific expectations regarding discipline. The DHS social worker or juvenile court officer and the foster care provider are all prepared to give you information and support in addressing your foster child's misbehavior.

Note: If you are certified to provide treatment-level care to a foster child, the agency supervising the placement will develop a behavior management plan with you that specifically outlines interventions and strategies which you will be expected to use with the particular child.

Refer to **PREVENTING CHILD ABUSE IN FOSTER CARE** in this Handbook for more information on DHS's discipline policy.

Reasons for Misbehavior

Consider the following circumstances when you are deciding how to manage a child's behavior:

- ◆ The child's age and level of social, intellectual, and emotional maturity.
- ◆ Special reasons a child in foster care may misbehave, such as:
 - Anger at being separated from parents.
 - Poor behavior modeling in the past.
 - Developmental lags (lack of knowledge or skill to behave appropriately).
 - Effort to exert control on the situation.
 - Lack of self-esteem.
 - Attention seeking through negative behaviors.

When children are placed in a foster home, they experience a range of emotions. They experience the loss of their family, friends and sometimes their community and school. As the child is experiencing losses, the child is introduced to a new foster family, and possibly a new school and community.

Every child responds differently. Most children do not have the coping skills necessary to deal with such life-altering events. They often cannot express their feelings in words, so they show how they feel in their actions. Foster parents have the critical role of helping a child adjust to a new environment and teaching the child new ways to cope.

The child goes through many stages, such as shock, anger, despair, and adjustment (not necessarily in any order). Often stages are repeated, based on what the child is experiencing. Understanding the needs of the child will help you determine the most effective parenting style for the child.

Remember, as the child goes through changes, your parenting techniques may need to change to meet the child's needs. Educate yourself on the grief cycle and developmental stages of children (from birth to age 18), so that you are prepared for how they may express themselves through their behavior and emotions.

Most children do not ask to be placed in foster care and are very angry when they arrive at the foster home. Often their anger is directed at the foster parents. Some children have told their foster parents, "If you weren't foster parents, I would not be here," putting the blame on the foster parents for why they are placed in foster care. It is easier to blame you instead of their own parents.

In general, children behave a certain way because that is how they have learned to interact with others and get their needs met. A child not only learns from parents, but also from other relatives, peers, teachers, television, books, other adults, and everything else the child experiences. The foster home is but one additional learning experience for the child.

The reasons for misbehavior may not always be clear. However, gaining an understanding of what the child has experienced and learning the child's needs will help you determine what parenting techniques will be most beneficial. It is important that you document the child's behaviors and report the behaviors to the placing workers.

Goals of Behavior Management

"Behavior management" refers to the activities designed to promote positive behaviors. Self-discipline is the goal of all behavior management. All behavior management activities are individualized based on each child's behavioral needs. Behavior management has two objectives: To decrease anti-social and disruptive behaviors and to increase appropriate pro-social behaviors.

Behavior management should be viewed as a continuum. The desirable movement is from externally controlled activities administered by adults toward self-discipline. Behavior management should also be seen as a positive learning experience. Properly used it should instruct, train and teach rather than punish.

Foster parents, as change agents, can have the greatest impact on helping the child replace negative behaviors with positive behaviors. Consult with the child's caseworker regarding resource materials and training on behavior management activities.

Building a Child's Self-Esteem

Following are ways to help build the child's self-esteem and self-confidence:

- ◆ Accept the child's "limitations." A child with the capacity to get Cs or Ds or to perform at an average level in athletics or music can become guilt-ridden if the child has done his or her best, but feels you are disappointed.
- ◆ Don't compare the child's abilities, talents, or looks with those of other children.
- ◆ Celebrate the child's accomplishments; go to school plays and games, post schoolwork, etc.
- ◆ Encourage the child to express feelings; tell the child it's okay to feel sad and to cry. Take time to listen (really listen), without giving advice or passing judgment.
- ◆ Spend some one-on-one time with the child every day.
- ◆ Show the child that you respect people and that you respect life. Help the child learn to be compassionate to the young, old, handicapped, and weak. Give the child the opportunity to love an animal.
- ◆ Acknowledge childhood pressures. Remember that being in a different school, changing friends, or not passing a pop quiz can be as traumatic to a child as not having money to pay the rent can be for adults.
- ◆ Expect some rebellion and remember that "this, too, shall pass." Don't make a big issue out of small things that bother you.
- ◆ Be honest when answering questions about delicate issues such as sex, abuse, or death.
- ◆ Sympathize with the child when the child experiences a loss.
- ◆ Set a good example; show the child that when you're depressed, you work out your frustrations by talking to friends, exercising, enjoying something funny, etc.
- ◆ Give the child some responsibilities around the house. Don't redo the child's work even if you could do it better. Help children increase their ability to care for themselves, their home, and others around them. As they become more confident, they will become more competent.
- ◆ Consult the social worker if you think your child is having problems that you cannot handle.

Parenting Techniques

The following are techniques which foster parents have found successful in managing the behavior of foster children:

◆ **Discussion**

Communicate needs and expectation, e.g.

- “I can’t rest when there’s so much noise in the house.”
- “I’m late for work when you are not ready in the morning.”

◆ **Modeling**

Demonstrate and model the behavior that you want the child to learn or strengthen.

◆ **Reinforcing Good Behavior**

- “Catch” the child being good.
- Positive reinforcers can be in the form of material things (money or extra treats), social rewards (compliments, smiles, attention, approval) or special privileges.
- Encourage efforts as well as accomplishments.
- Chart behavior progress or lack thereof to help the child focus on the behavior, e.g., daily chores, personal care, school days, etc.

◆ **Natural Consequences**

Natural consequences are those that occur without the parents’ intervention, such as the child is late for school after oversleeping because of staying up too late.

◆ **Logical Consequences**

Logical consequences are those that the parents set which are directly connected to the behavior, such as the child washes the wall after writing on it.

◆ **Planned Ignoring**

You may make a planned decision to ignore a particular behavior. This should be used only for a behavior that does not pose a safety risk for the child, other people, or property.

While ignoring inappropriate behavior, try to reinforce appropriate behaviors. For example, your response to a child’s temper tantrum could be to ignore the child’s behavior and, therefore, not reward the behavior with your attention.

◆ **Setting Rules**

When deciding on rules in your home, ask yourself the following two key questions:

- Is it necessary to protect the child’s health and safety?
- Is it necessary to protect the rights or property of others?

If the answer to either question is “yes,” then a rule should be established which:

- Is specific as to the desired behavior
- Includes alternatives or choices, and rewards
- Includes logical consequences
- Concerns behaviors under the control of the child
- Concerns behaviors you can monitor
- Is stated positively whenever possible
- Rules are more effective when the child has had a part in setting them

◆ **Loss of Privileges**

Effective discipline includes revoking privileges, such as phone, television, computer time, video games, snacks, and time with friends. Loss of privileges encourages the child to avoid repeating a negative behavior in order to prevent further loss of privileges. It also encourages the child to change the behavior in order to earn the privilege back.

When you discipline a child in this way, let the child know why the privilege was lost and explain how and when the child can earn the privilege back.

◆ **Time Out**

The main goal of a time out is to help the child gain self-control. After the child has gained self-control, discuss what the child could do next time. Keep this conversation brief. Lecturing will not be productive. Consider the child’s age and the situation that led to the time out to determine the next step after the child has gained self-control.

Too often power struggles occur when the adult mandates how, where, and how long the time out will be. This defeats the goal of the time out--for the child to gain control. Instead, what happens is the child and foster parent end up struggling over issues that had nothing to do with the child needing the time out in the first place.

The place that you and the child choose for a time out could be planned ahead of time. This should be a quiet place where the child will not have the attention of others in the house. It should be a place that will not scare the child.

Time out should be based on the child’s age. It is recommended that the children receive one minute of time out for each year of their age. You may want to set a timer for the length of time the child will need to be in time out. Time out is most effective with young children. Time out loses its effectiveness with older children.

The use of time outs is an example of how discipline and behavioral management can compliment one another. “Discipline” helps develop self-control through teaching responsible behaviors. “Behavior management” refers to activities designed to promote positive behaviors with the ultimate goal of self-discipline as well.

Time outs are a form of discipline. The child takes the time out, which is the discipline and is rewarded, which is the behavior management for listening and following the foster parents' directions. Thus, the goal of self-control is taught and reinforced through rewards.

◆ **Physical Restraint**

Physical restraint should be used only under professional guidance and only to prevent the child from hurting self or others. You should never use any mechanical restraints such as rope, tape, etc.

There will be very rare times when a foster parent is given permission to restrain a child physically. This will occur only after considerable training of the foster parent in proper techniques and careful documentation in the *Family Case Plan* (case permanency plan) as to when such restraint is to occur.

Note: Physical restraint shall not be used unless:

- The case plan and behavior management treatment plan identifies consent by a qualified mental health professional to restrain the child, and
- The program is approved by the child's DHS worker in consultation with the qualified mental health professional, and
- The foster parents have been trained in restraint management by an approved program.

The foster home is but one additional learning experience for the child. The foster parent who expects the newly arrived child to fit automatically into the new environment is in for disappointment.

In effect, the foster parents' job is often to assist the child in "re-learning" more appropriate ways of behaving and interacting with others. This will often be a trying and time-consuming process, but the outcome can be very helpful for the child and rewarding for the foster parent.

Prohibited Discipline

Iowa law prohibits foster parents from using ANY type of physical discipline with foster children. It is also against DHS policy. Foster parents who use physical discipline with foster children can lose their foster home license and be criminally charged. Physical discipline includes, but is not limited to:

- ◆ Spanking with a hand or object
- ◆ Slapping or hitting
- ◆ Punching
- ◆ Pinching

- ◆ Biting
- ◆ Whooping or whipping
- ◆ Washing the child's mouth out with soap or placing pepper, vinegar, Tabasco, or other strong or hot food product in the child's mouth

Do not threaten to use physical discipline with a foster child, for example saying, "You are going to get a whooping if you don't cut that out." Foster children will believe that you are going to spank them and hurt them, as they have probably been hurt before.

Behavior management by intimidation is not healthy for the child and quickly becomes ineffective. Most foster children are well aware that foster parents cannot use physical discipline with foster children. If you feel you must resort to physical discipline or the threat of physical discipline in order to manage a foster child's behavior, the challenge of foster parenting is not for you.

You should not verbally abuse, cuss at, or shame your foster child.

You may not punish a foster child by restricting contact with the child's family. This includes phone calls and visits. Think about this in terms of a situation when you were punishing your own birth children. They would still be allowed to talk to you and see you, wouldn't they?

On those rare occasions when it may be appropriate to restrict contact with the family as a response to the foster child's behavior, this decision must be made by the agency—not the foster parent.

Foster parents cannot withhold meals as punishment (breakfast, lunch, or dinner). Foster children can be made to go without snacks or desserts, as these are considered privileges.

If your foster child has dietary considerations or eating problems, speak with the foster care provider or agency before using snacks and desserts as a reward or discipline tool. This is an area where power struggles will occur if the foster parent tries to control what the child will or won't eat. Document that the child did not eat the meal and that you offered an alternative, such as a peanut butter and jelly sandwich.

Behavior Emergencies

(See also **Communicating in an Emergency**)

The very nature of foster care lends itself to an increased likelihood of behavioral emergencies with foster children. It is important that you plan ahead as to how you will handle these crises together with the DHS social worker and foster care provider.

Crisis Planning

The first step in dealing with a crisis is planning for it. It is best practice to make a crisis plan involving all players, especially the child and the child's family, before the need arises. An example of a crisis plan is to:

- ◆ Describe the behaviors displayed by the child,
- ◆ Devise action steps that address who does what,
- ◆ Assess when you will know that the crisis is over, and
- ◆ Evaluate the crisis plan.

Crises tend to occur repeatedly. By planning for a crisis, it becomes more manageable, with the ultimate goal of decreasing the number of crises that occur.

You should have on hand:

- ◆ The home phone numbers for the private agency worker, the DHS social worker, or juvenile court officer. (Do not give this out to the foster child or the birth parents.)
- ◆ The after hours number for the DHS or JCS office for the county that placed the child in your home.
- ◆ The after-hours number for the private agency (purchased) foster care worker, if applicable.

Contacting the Agency, Providers and Law Enforcement

In a true emergency, you should first call 911 and request assistance from law enforcement or paramedics as appropriate. This would be appropriate when:

- ◆ There is an imminent threat of harm to the child (a teen has taken an overdose in a suicide attempt) or others around the child (a foster child has become physically aggressive and cannot be calmed down), or
- ◆ There is a risk of extensive property damage.

You should also contact law enforcement immediately if a foster child has run away or cannot be located. In an emergency, law enforcement and paramedics are able to provide the most timely response. Once you have contacted them, your next call should be to the agency responsible for the child (DHS or JCS). They will plan with you what steps need to be taken next.

There may be times when you have an urgent need to speak with the private agency foster care worker outside of normal business hours. Please reserve your after-hours contacts with staff to matters that should not wait until the next working day.

You should have requested and received an after-hours contact phone number on the day the foster child was placed in your home. Refer to your family foster care placement agreement for these numbers.

Each county or cluster has its own after-hours on-call system. Make sure that you know how to activate the on-call system for the placing county. For example, if a child from Polk County is placed in Story County, the Story County foster parent must contact Polk County DHS for after-hours assistance, as the Story County office will not have any case information on the foster child and will not normally be able to take action on that child's behalf.

Runaways

Running behaviors are generally associated with adolescence, but younger children may run away also, so consider these suggestions for any child or youth in placement. To prevent runaway behavior, focus on the youth belonging to and having a meaningful role in the family and establishing a positive relationship with the school.

If you observe a pattern of behaviors in the youth similar to that which preceded a previous runaway episode, or the young person directly shares plans to run again, you should contact the worker.

Following are suggestions if a youth runs:

- ◆ Call the youth's caseworker. If you cannot reach the caseworker, contact the worker's supervisor or the emergency contact number you have been given.
- ◆ You may then be asked to contact law enforcement to place an "attempt to locate" request (See Appendix for "Physical Description of Child" form) and provide the police with information on the youth such as what the youth is wearing, etc.
- ◆ Keep in mind that, like all difficult behaviors, running is a symptom of other factors and needs which may be beyond your control.
- ◆ Recognize your own feelings, which can influence how you handle the problem. For example, you may feel scared for the youth or even rejected, angry, or guilty yourself.
- ◆ Plan your strategy for responding if and when the youth returns. Be aware of your feelings and how they may affect your response.

When the youth returns, you should do the following:

- ◆ Welcome the youth immediately. Remember that it is often harder for the youth to return than it was to run.
- ◆ Share your worry and concern for the youth's well being.

- ◆ Re-establish a pattern of stability with the runaway.
- ◆ Work with the youth's worker to assess and resolve the reasons the youth ran away.
- ◆ Remember that the overriding goals are first the safety of the youth, and second, alternative behavior as a means of coping with the problems. Neither punishment nor restriction will do this.

Suicidal Behavior

Nationwide there has been a dramatic increase in suicides among young people. For teenagers who are experiencing stress, confusion, and self-doubt, some view suicide as the "solution." If you think your foster child may have suicidal tendencies, contact the child's social worker at once so that appropriate treatment plans can be made. The child may need immediate hospitalization or evaluation.

You should be aware of the following warning signs of adolescents** who may try to kill themselves:

- ◆ Change in eating and sleeping habits.
- ◆ Withdrawal from friends and family, and from regular activities.
- ◆ Violent or rebellious behavior or running away.
- ◆ Drug and alcohol abuse.
- ◆ Unusual neglect of personal appearance.
- ◆ Radical personality change.
- ◆ Persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork.
- ◆ Frequent complaints about physical symptoms, often related to emotions, such as stomachache, headache, fatigue, etc.
- ◆ Loss of interest in pleasurable activities.
- ◆ Not tolerating praise or rewards.
- ◆ Threats or hints of suicide.
- ◆ Complaints of being "rotten inside."
- ◆ Verbal hints or statements such as, "I won't be a problem for you much longer," "Nothing matters," "It's no use," or "I won't see you again."

- ◆ Putting affairs in order, for example, giving away favorite possessions, cleaning room, throwing things away, etc.
- ◆ Sudden cheerfulness after a period of depression.

**Even a very young child may exhibit these behaviors and express overwhelming sadness. If you see these warning signs in any child, contact the child's worker at once.

Note: Gay youth are two to three times more likely to attempt suicide than heterosexual young people. It is estimated that up to 30% of the completed youth suicides are committed by lesbian and gay youth annually. (Source, Gibson P. LCSW, "Gay Male and Lesbian Youth Suicide," Report of the Secretary's Task Force on Youth Suicide, U.S. Department of Health and Human Services, 1989.)

Substance Abuse

Symptoms of chemical abuse may vary widely from person to person. The following are symptoms frequently present in adolescent** abusers.

- ◆ Red eyes. Watch for eye wash products (Murine, Visine, etc.) to "get the red out," insistence on colored eyeglass lenses, or inappropriate use of sunglasses.
- ◆ Dry mouth. Kids call it "cotton mouth."
- ◆ Fatigue, irritability and edginess – a common condition when the high wears off.
- ◆ Increasing, unexplained friction with peers and especially family; change in friends, avoidance of contact with parents and teachers.
- ◆ Uncalled for, unexplained outbursts of anger or abusive language.
- ◆ Change in behavior, appearance, or attitude.
- ◆ Drowsiness, apathy, listlessness.
- ◆ Feelings of paranoia (complaints of being "picked on").
- ◆ Loss of weight despite craving for sweets, or weight gain.
- ◆ Disturbances in sleep – insomnia.
- ◆ Lack of motivation.
- ◆ Impaired ability to concentrate – impaired short-term memory.
- ◆ Decreasing performance in schoolwork, activities, and sports or on the job.
- ◆ Blank facial expression.
- ◆ Dilated eyes.

- ◆ Difficulty in fighting off common infections, cold, flu, persistent cough, asthmatic wheezing, chest pains, skin rashes.
- ◆ Irregular menstrual cycle.
- ◆ Decreasing need or desire for interaction.
- ◆ Lack of interest in grooming and appearance, sloppiness in dress.
- ◆ Too much time spent alone.
- ◆ Impaired driving ability.
- ◆ Distorted sense of time.
- ◆ Changes in regular associates or friends.
- ◆ Increasing secretiveness.
- ◆ Dishonesty – lying, stealing, shoplifting.
- ◆ Inability or unwillingness to account for money. Always broke despite earnings from job.
- ◆ Reluctance or refusal to bring friends home – spending as much time away from home as possible.
- ◆ Blames others for every adversity or problem – transfers guilt at every opportunity.
- ◆ Increasingly unreliable or irresponsible but always prepared to be contrite and “promise anything.”

**Remember even much younger children may be using and show symptoms of drug abuse.

If you recognize any, or several, of these characteristics in your foster child, talk to the child’s social worker at once to arrange an evaluation.

Sexual Acting Out

Children who have been sexually abused may deal with their abuse by being sexually active with other children, promiscuous with peers, or provocative with adults. Sexual acting out behaviors can occur between children of the same sex.

It is important that you immediately report any sexual acting out behaviors to the child’s DHS worker and ensure that a supervision plan is in place to keep all children in the household safe.

Children who have been sexually abused or who act out sexually should be in their own bedroom. When children are sharing bedrooms take into consideration the age gap between the children. Older children, with sexual issues may use their age and size as power and control over a younger child.

Unmanageable Defiance: Verbal and Physical Aggression

(See **Physical Restraint**)

It is not unusual for any child to be verbally defiant at times and even for younger children to become physically aggressive. Foster children may struggle with these behaviors more than the average child, due to having poor role models for anger management or unresolved feelings of anger. By setting a good example, you will help your foster child learn acceptable ways to express negative feelings.

However, there may be times when a foster child's physical or verbal aggression gets out of hand and cannot be managed by the foster parent alone. Hopefully, you and the treatment team already have a crisis plan in place and you can refer to the plan for what steps to take.

If not, you will need to contact others for assistance. For information on contacting others for help, see **Contacting the Agency, Providers and Law Enforcement** and **Communicating in an Emergency**.

Delinquent Behavior

(See **Juvenile Court**)

If you believe your foster child has been involved in criminal (delinquent) activity, you are responsible to report it to the supervising agency—DHS or JCS—immediately. The agency will then decide what steps need to be taken next.

All children under age 18, including foster children, have certain rights when it comes to the investigation of suspected criminal activity. The police may stop or speak with any teen or child if they are concerned for their safety or welfare or if the officer believes that criminal activity is afoot.

The youth is required to give basic information such as name, address, and date of birth. Youth under suspicion of criminal activity are not required to answer the officer's questions (other than the basic information noted). They can politely inform the officer that they do not wish to answer the officers' questions and would like to speak with their birth parents, JCS or social worker, or attorney.

All children in foster care under the supervision of juvenile court (any child adjudicated CINA or delinquent) are represented by an attorney. You should not allow the police to interview your foster child without the child's attorney being present and the supervising agency (DHS or JCS) being notified. Foster parents do not have the authority to consent to a police interview of a foster child.

The police can search a foster child if:

- ◆ They have probable cause that the youth has committed a criminal offense and they could lawfully arrest the youth.
- ◆ The officer believes that the youth is carrying a weapon, evidence will be destroyed if not confiscated promptly, and/or the search is incident to arrest.
- ◆ If the youth gives the officer permission for the search.

The police officer may conduct a brief "frisk" of a suspect for weapons when the officer has a reasonable suspicion that a crime has been committed and the suspect is armed and dangerous.

Foster parents do have the right to allow police to do a search of all parts of their home, including the foster child's room. Foster parents can decline a request by police to search their home unless:

- ◆ The police have a warrant, or
- ◆ There is a crime in process, or
- ◆ The police are in pursuit of a suspect who is about to escape, or
- ◆ They are preventing destruction of evidence in plain view.

If the police have an arrest warrant for your foster child, they may enter your home if they have reason to believe that the foster child is inside.

If a police officer suspects a youth of a crime, the officer may detain the child for up to two hours, after which the youth must be charged or released.

Youth under the age of 18 who is arrested may be handcuffed if they physically resist arrest or threaten violence, or if the officer believes they are a physical threat to self or others. A juvenile court officer is then generally notified of the arrest (except for traffic offenses), as well as the parents, guardian, or custodian.

Youth who are arrested will be read their Miranda rights. If the youth is 16 years of age or under, these rights cannot be waived without the written consent of their parents, guardian, or custodian. A foster parent cannot provide that written consent.

Youth who are over 16 years old, but under 18, may waive their rights if a good faith effort has been made to notify the parents, guardian, or custodian that they have been arrested, the reason for the arrest, the place where the youth is being held, and that the parents have the right to visit and confer with the youth.

Most often, foster children who are arrested can be returned to their foster home pending a hearing. If the foster child cannot be returned to the foster home, the child may be placed in another foster home or a youth shelter.

Children who pose a greater risk of violence or flight may be placed in a detention center. Under limited circumstances, some may be even held in a jail. However, juveniles held in jail must be kept separate by both sound and sight from any adult prisoners.

Working With Providers to Manage a Child's Behavior

The child's DHS worker may purchase services from a provider to work with the foster parents to help them assess the best discipline and behavioral management approaches to use.

In order for the provider's assistance to be effective, it is important that you accurately describe the children's behavior and your responses to them. The provider will be able to provide you with important feedback, instruction, and training in order to manage your foster child's behavior and issues.

**PREVENTING
CHILD ABUSE
IN FOSTER CARE**

PREVENTING CHILD ABUSE IN FOSTER CARE

Definition of Child Abuse

All mandatory reporters need to be aware of the nine different categories of child abuse defined by Iowa law. They are:

◆ Physical Abuse

“Physical abuse” means any non-accidental physical injury or injury which is at variance with the history given of it, suffered by a child as the result of the acts or omissions of the person responsible for the care of the child.

Common indicators could include unusual or unexplained burns, bruises, or fractures. Inconsistent histories can take the form of an explanation that does not fit the degree or type of injury to the child, or where the story or explanation of the injury changes over time.

Behavioral indicators may include extreme aggression, withdrawal, seductive behaviors, being uncomfortable with physical contact or closeness, etc.

◆ Mental Abuse

“Mental abuse” means any mental injury to a child’s intellectual or psychological capacity, as the result of the acts or omissions of a person responsible for the care of the child. The injury must be evidenced by an observable and substantial impairment in the child’s ability to function within the child’s normal range of performance and behavior, and the impairment must be diagnosed and confirmed by a licensed physician or qualified mental health professional.

Examples of mental abuse may include:

- Ignoring the child and failing to provide necessary stimulation, responsiveness, and validation of the child’s worth in normal family routine.
- Rejecting the child’s value, needs, and request for validation and nurturance.
- Isolating the child from the family and community, denying the child normal human contact.
- Terrorizing the child with continual verbal assaults, creating a climate of fear, hostility, and anxiety, thus preventing the child from gaining feelings of safety and security.
- Corrupting the child by encouraging and reinforcing destructive, antisocial behavior until the child is so impaired in social-emotional development that interaction in normal social environments is not possible.

- Verbally assaulting the child with constant, excessive name-calling, harsh threats, and sarcastic put downs that continually “beat down” the child’s self-esteem with humiliation.
- Over pressuring the child with subtle but consistent pressure to grow up fast and to achieve too early in the areas of academics, physical/motor skills, and social interaction, which leaves the child feeling that he or she is never quite good enough.

◆ **Sexual Abuse**

“Sexual abuse” means the commission of a sexual offense with or to a child pursuant to Iowa Code Chapter 709, Section 726.2, or Section 728.12, Subsection 1, as a result of the acts or omissions of the person responsible for the care of the child.

Behavioral indicators of sexual abuse could include things such as excessive knowledge of sexual matters beyond the child’s normal developmental age, or seductiveness. Physical indicators of sexual abuse could include things such as bruised or bleeding genitalia, venereal disease, or pregnancy.

◆ **Denial of Critical Care**

“Denial of critical care” means the failure on the part of the caretaker to provide for the adequate food, shelter, clothing, or other care necessary for the child’s health and welfare when financially able to do so or when offered financial or other reasonable means to do so.

A parent or guardian legitimately practicing religious beliefs who does not provide specified medical treatment for a child for that reason alone shall not be considered abusing the child. However, this provision does not preclude a court from ordering that medical service could be provided to the child where the child’s health requires it.

“Denial of critical care” includes the following eight sub-categories:

- Failure to provide adequate food and nutrition to such an extent that there is danger of the child suffering injury or death.
- Failure to provide adequate shelter to such an extent that there is danger of the child suffering injury or death.
- Failure to provide adequate clothing to such an extent that there is danger of the child suffering injury or death.
- Failure to provide adequate health care to such an extent that there is danger of the child suffering serious injury or death.
- Failure to provide mental health care necessary to adequately treat an observable and substantial impairment in the child’s ability to function.

- Gross failure to meet the emotional needs of the child necessary for normal development evidenced by the presence of an observable and substantial impairment in the child's ability to function within the normal range of performance and behavior.
- Failure to provide proper supervision of a child which a reasonable and prudent person would exercise under similar facts and circumstances, to such an extent that there is danger of the child suffering injury or death.

Note: Included in this definition is cruel and undue confinement of a child or the dangerous operation of a motor vehicle when the caretaker is driving recklessly.

◆ **Child Prostitution**

“Child prostitution” means the acts or omissions of a person responsible for the care of a child which allow, permit, or encourage the child to engage in acts prohibited pursuant to Iowa Code Section 725.1. Notwithstanding Section 702.5, this includes such an act or omission with or to a person under the age of 18.

“Prostitution” is defined as a person who sells or offers for sale the person's services as a partner in a sex act, or who purchases or offers to purchase such services.

◆ **Presence of Illegal Drugs**

“Presence of illegal drugs” means that an illegal drug is present in a child's body as a direct and foreseeable consequence of the acts or omissions of the person responsible for the care of the child.

“Illegal drugs” are defined as cocaine, heroin, amphetamine, methamphetamine, and other illegal drugs (including marijuana), or combinations or derivatives of illegal drugs which were not prescribed by a health practitioner.

◆ **Manufacturing or Possession of Dangerous Substances**

For a situation to be assessed as an allegation of manufacturing or possession of a dangerous substance, there must be reasonable belief that the caretaker:

- Unlawfully manufactures a dangerous substance in the presence of a child, or
- Knowingly allows the manufacture of a dangerous substance by another person in the presence of a child, or
- Possesses a product containing ephedrine, its salts, optical isomers, or salts of optical isomers or containing pseudoephedrine, its salts, optical isomers, or salts of optical isomers in the presence of a child with the inferred intent of using the product as a precursor or an intermediary to a dangerous substance.

◆ **Bestiality in the Presence of Minor**

“Bestiality in the presence of a minor” means having sex with an animal in the presence of a child.

◆ **Cohabits with a Registered Sex Offender**

A person who is the parent, guardian, or person having custody or control over a child or person who is a member of the household in which a child resides, commits child abuse when they knowingly cohabit with a person registered or required to register on the Sex Offender Registry.

Dynamics of Abuse and Neglect

It is important that you understand why child abuse occurs so you can be sensitive to the birth parents and so you can understand the reasons for some of the behavior the child may exhibit. Parents who abuse or neglect children often do not appear particularly unusual. They may come from any economic or racial background. Most are not psychotic or cruel; rather they are doing the best job they can under very stressful and difficult circumstances.

Profile of Parents

Following are characteristics of parents who have been abusive, although it's important to remember that they are not all alike.

Physically abusive parents may:

- ◆ Have been physically abused themselves as children.
- ◆ Suffer from low self-esteem (i.e., see themselves as failures).
- ◆ Have unrealistically high expectations for their children.
- ◆ Lack knowledge or understanding of child development.
- ◆ View their child's misbehavior as a personal attack.
- ◆ Lose control when tired, frustrated or angry.
- ◆ Have not learned to control impulsiveness.
- ◆ Abuse substances such as alcohol or illegal drugs.
- ◆ Be mentally or emotionally challenged and struggling to meet their own needs.
- ◆ Love their children but not be able to deal appropriately with the frustration, stress and anger in their own lives.

Neglectful parents may:

- ◆ Feel overwhelmed with the real world.
- ◆ Suffer from drug or alcohol addictions.
- ◆ Have a mental or emotional disability.

Sexually abusive parents may:

- ◆ Be attracted to children as peers, rather than as children.
- ◆ Be immature.
- ◆ Not have learned to control themselves.
- ◆ Have problems with drugs or alcohol.
- ◆ Be unaware of the child's needs.
- ◆ Need affection, and find it in erotic contact with children.
- ◆ Feel inadequate in relationships with peers.

Emotionally abusive parents may:

- ◆ Lack awareness of child's needs.
- ◆ Be so involved in their own crisis that they cannot attend to their child's needs.
- ◆ Have unrealistically high expectations of their child.
- ◆ Be unable to give or receive love.

Reasons for Child Abuse

Drs. Henry Kempe and Ray Helfer have identified three common factors involved in child abuse.

- ◆ A parent or caretaker who has the potential to hurt a child based on:
 - The person's own abuse as a child.
 - Cultural or family tradition of extreme discipline in child-rearing years.
 - Difficult pregnancy or traumatic event during pregnancy.
 - Reminders of an unpleasant experience.
 - Physical handicap or development disability.
 - Unreasonably high expectations of the child resulting from parent's low self-esteem or lack of understanding of the stages of child development.
- ◆ A "special" child who gets singled out for abuse:
 - Born the "wrong" sex.
 - Looks like someone the parent does not like.
 - Difficult pregnancy or traumatic event during pregnancy.
 - Reminds parent of an unpleasant experience.
 - Physical handicap or developmental disability.
 - Feelings of guilt or embarrassment concerning a child's intelligence.
 - Perception of child as bad or strange for reason that no one else understands.
 - Sexually abused children may be oldest, most affectionate, quietest, or look most like someone the parent likes.

- ◆ A crisis, in which the parent is very upset, loses control, and hurts the child on impulse.

What to Do if You Suspect Abuse: Mandatory Reporting

(See Appendix)

Foster parents are mandatory reporters of child abuse when they become aware of a possible abusive situation. Being a mandatory reporter of child abuse means several things for foster parents.

1. Foster parents who are providing child foster care must report any belief that a child in their care has been abused. You should suspect possible abuse whenever a child has an injury that is inconsistent with the explanation for the injury. You do not need to have proof to make a report, nor do you have to have all the information listed below.
2. If you have reason to believe that immediate protection for the child is advisable, you must make an oral report to a law enforcement agency.
3. You must report suspected abuse to the local office of DHS orally within 24 hours of your suspicion of abuse. The oral report can be made face-to-face or over the phone.

During regular working hours, call your county office. After hours and weekends, the toll free number is: 1-800-362-2178. The child's case worker and your licensing worker will be able to provide the specific phone numbers to use in your area. It would be wise to have that information on hand so you have it when you need it.

4. You must also report suspected abuse to the local office of DHS in writing within 48 hours after making your oral report. You may use form 470-0665, *Report of Suspected Child Abuse*, as the required written report (included in the Appendix).
5. Your oral and written reports to DHS must contain as much of the following information as possible:
 - ◆ The names and home address of the child and the child's parents or other persons believed to be responsible for the child's care.
 - ◆ The child's present whereabouts, if not the same as the parents.
 - ◆ The child's age.
 - ◆ The nature and extent of the child's injuries, including any evidence of previous injuries.
 - ◆ The name, ages, and condition of other children in the same home.

- ◆ Any other information that the foster parent believes might be helpful in establishing the cause of the injury to the child, the identity of the person or persons responsible for the injury, or in providing assistance to the child.
 - ◆ The name and address of the person making the report.
6. Any reporter who, in good faith, makes a report of suspected child abuse or participates in a judicial proceeding relating to the report is granted immunity from civil or criminal liability. However, a foster parent who knowingly and willfully fails to report suspected child abuse may be guilty of a simple misdemeanor and may be civilly liable for any damages that follow and are caused by that failure.
 7. Foster parents must complete two hours of training in child abuse identification and reporting within six months of becoming licensed and every five years thereafter. See **TRAINING** in this Handbook for more information.

Foster parents who report abuse will receive a written *Notice of Child Abuse Assessment* that will report the results of the DHS assessment and of the confidentiality provisions of Iowa Code.

Abuse in Foster Family Care

Both national studies and Iowa records show that child abuse is reported and substantiated more frequently for children in foster care than in the general population. There are many possible explanations for this:

- ◆ Foster families are more closely monitored than the general public. The incidence of child abuse in the general public is considered to be greater than that reported, whereas abuse is less likely to go unnoticed in foster care.
- ◆ Children in placement are more likely to engage in acting-out behavior than children in the general population.
- ◆ Children in placement may make false reports in an effort to be returned to their family.
- ◆ Parents of children in placement may make false reports out of resentment against the foster family or they may exaggerate their concerns unintentionally.
- ◆ Foster parents may lack adequate training in discipline and behavior management.
- ◆ Foster families may be “overloaded” with children.
- ◆ Questions may be raised about the adequacy of foster parents’ supervision when a child in foster care is physically abusive or acts out sexually.
- ◆ Foster care workers may lack the time to provide families with sufficient support and supervision.

Preventative Practices

Foster parents can further reduce the risks of founded or unfounded child abuse reports by:

- ◆ Attending discipline training.
- ◆ Developing a positive working relationship with the child's parents.
- ◆ Keeping the child's worker informed of the child's progress and any problems you're having.

There is a class, "Preventive Practices," available through the Iowa Foster and Adoptive Parents Association (IFAPA), which helps foster parents identify ways to be more alert to the situations in the foster home that could lead to abuse allegations.

Assessing Allegations of Abuse Against Foster Parents

When DHS receives a report of child abuse in a foster home, DHS child protective staff must assess the allegations. This does not mean that the foster parent is presumed guilty. In fact, a thorough assessment is in the foster parents' best interest, because it can sort out what actually happened. The licensing worker may participate in the assessment as well.

Note: The FAIR team can provide support when allegations of abuse or neglect have been brought against you. See IFAPA booklet, "Foster Allegation Information Resource (FAIR)." Call your foster parent liaison or 515-289-4599 or toll-free 877-700-FAIR (3247) for information.

If it is in the child's best interest, DHS may decide to remove the child from the foster family during the assessment.

Parents receive written notice when DHS begins a child abuse assessment on their child on form 470-3239, *Child Abuse Assessment Parental Notification*. The parents, the person alleged to have committed the abuse, and the mandatory reporter who made the report (if any) will all get written notice of the outcome of the assessment.

After the assessment is completed, DHS will conclude whether the report is confirmed or not confirmed. "Confirmed" means a preponderance of the available, credible evidence (i.e., over 50%) indicates that child abuse has occurred. "Not confirmed" means that there is not a preponderance of evidence that child abuse has occurred.

Confirmed reports are not placed on the Child Abuse Registry. (Those reports are classified as "confirmed—not registered.") "Founded" assessments are maintained on the Child Abuse Registry for ten years.

If a report of child abuse by a foster parent is founded, DHS must evaluate the family's foster care license to determine whether continued licensing is appropriate. This is done using form 470-2310, *Record Check Evaluation*, completed by the foster parent, and form 470-2386, *Record Check Decision*, which is completed by DHS.

Reviews and Appeals of Child Abuse Assessment Reports

Any subject of a child abuse assessment report may request a local, or service area review before requesting an administrative hearing or file with DHS Appeals Section a written and signed statement that the child abuse information about them is in error and request correction of that information. This written request must be filed within six months of the date on the *Notice of Child Abuse Assessment*.

The review process consists of:

- ◆ Local service area review (if applicable)
- ◆ Administrative appeal
- ◆ Review of the report through the court system.

The child protective worker and supervisor may meet with the subject to discuss the summary and any changes or corrections the subject wishes to submit. If the worker and supervisor do not feel a meeting is appropriate, or after the meeting decide that the report should not be changed, they advise the subject of the right to request an administrative hearing. Within ten working days, a decision letter is issued and advises the subject of the right to initiate the appeal process on the *review decision* on registered or nonregistered report. The subject must file the appeal within 30 days of the date of the decision letter. The decision letter contains information that tells the subject how to file an appeal.

Subjects are not required to request local or service area review before requesting an administrative hearing.

DHS will provide an administrative hearing. The resulting decision of this administrative hearing may be appealed to the district court.

The Foster Allegation Information Resource (FAIR) program was developed by the Iowa Foster and Adoptive Parent Association (IFAPA) to provide an unbiased resource (information) to foster parents who are involved in a child abuse assessment. The FAIR coordinator provides information regarding the child abuse assessment process, explains the rights of foster parents during the assessment process, and reviews the expected timing of the assessment and appeal process procedures. The FAIR coordinator will not be involved in the assessment process. The FAIR Coordinator can be reached at: 1-877-788-7255 or 515-261-7255.

PERMANENCY

PLANNING

PERMANENCY PLANNING

Foster care is not an end in itself. As noted earlier, its purpose is to provide temporary care for a child while working toward a permanent placement. This process is called “permanency planning.” Key components of permanency planning include a written case plan, foster care review, juvenile court oversight, and teamwork.

Public Law 96-277 requires that every child in foster care have a written case permanency plan (Family Case Plan) that clearly delineates responsibilities for all persons involved in the case. The initial plan must be completed before placement, or within 60 days of an emergency placement. The plan must include:

- ◆ Services provided or offered to prevent out-of-home placement, or the reasons no preventive services were offered or provided.
- ◆ A discussion of the problems necessitating foster care placement and the outcomes desired before the placement can be ended.
- ◆ The case permanency plan goal for the child (e.g. family reunification, independence, adoption) and the projected date for achieving the goal.
- ◆ The services to be provided to the child and parents to improve the conditions in the parents’ home and facilitate return of the child to the child’s own home, or to achieve another permanent placement for the child.
- ◆ The responsibilities of the child’s parents, the caseworker, and all service providers, including the foster parents.
- ◆ The visitation plan for the child and family members.
- ◆ The services to be provided to the child and foster parents to address the child’s needs while in foster care.
- ◆ The child’s health status and health care provider.
- ◆ The child’s educational status, grade, and school.
- ◆ For youth aged 16 or older, a description of the programs and services provided to prepare the child for the transition from foster care to independent living.

You should receive a copy of the current *Family Case Plan* and all reviews during the placement. You also need to discuss and negotiate your responsibilities for the child, as listed in the case plan. If you do not receive the case plan, or if you have questions about it, contact the child’s worker.

Plans are to be reviewed no less frequently than every six months. The subsequent plan should include a discussion of the appropriateness of the services that have been provided to the child under the previous plan, a summary of case progress, a description of any changes in services or responsibilities and a projected date for achieving a permanent placement for the child.

Overview of Permanency Planning

The federal Adoption and Safe Families Act (ASFA) requires child welfare systems to focus more intently on a child's need for safety, permanency and well being. Emphasis has been placed on effective casework and permanency planning, beginning at the moment a child enters care.

The goal of this Act is to improve the safety and well being of families and children and to promote adoption and other permanent homes for children who need them. States must continue reasonable effort services to keep families together. Under ASFA, safety of children must be the paramount concern. ASFA also recognizes that sometimes children cannot be safely returned to their home, even if services were offered.

A permanency hearing must be held within 12 months of the date the child was removed from the home, or within 30 days of the date the court waived "reasonable efforts" requirements. The county attorney must file for termination of parental rights (TPR) for any child who has been in foster care 15 of the most recent 22 months, except when:

- ◆ A child is in the care of a relative,
- ◆ The state has not provided services it deems necessary for safe reunification, or
- ◆ DHS documents a compelling reason that a petition would not be in the child's best interest.

In addition, adults with serious or forcible felony convictions are banned from being adoptive parents or foster parents. Notice of any hearing concerning the child shall be issued in accordance with current DHS and court procedures and shall be provided to the child's foster parent. You will be given the opportunity to be heard in any other review or hearing involving the child.

When the foster parent for a child for whom a termination of parental rights petition has been filed expresses an interest in adopting the child and considers the placement "pre-adoptive," the child shall not be moved from the home before termination of parental rights, unless the move occurs by court order. This means fewer homes for a child and the possibility of a permanent home.

A decision regarding the most appropriate placement will be made after termination has occurred. Through the adoption staffing, you may be given consideration as an adoptive home for the child in your care should you wish to adopt.

Concurrent Planning

“Traditionally, case management in child welfare has consisted of efforts at parental rehabilitation which, if unsuccessful, are followed by the introduction of alternative permanent plans. . .” (Katz, Spoonemore, Robinson, 1994). This process is known as “sequential” planning. The other alternatives may consist of adoption, another planned alternative living arrangement, guardianship, etc.

In a practical sense, this meant that DHS would spend a period of time working with birth families towards reunification. When those efforts were unsuccessful, then a petition to terminate parent rights was filed. At the conclusion of that process, an adoptive home or other permanent option was pursued. Ultimately, this has meant that children have spent a great part of their childhood in foster care.

“Concurrent” planning was developed as an alternative to sequential planning (Katz, Spoonemore, Robinson, 1994). Concurrent planning means working towards reunification while at the same time establishing an alternative permanency plan.

- ◆ Concurrent, rather than sequential, planning moves children more quickly from the uncertainty of out-of-home placement to the security of a permanent family.
- ◆ Concurrent planning allows the parties to a child’s case to plan for various outcomes for the child. Most typically, concurrent planning involves providing services to the birth family in an effort to reunify the child, while at the same time planning for the child’s adoptive placement if the efforts to reunify prove unsuccessful.
- ◆ Concurrent planning is based on full disclosure, which requires open and honest discussions with all parties at all steps of the process.

Concurrent planning is a structured approach that addresses a child’s need for a permanent family by developing an alternative permanency plan while working concurrently toward reunification.

This approach often involves placing the child with either kin or foster-adoptive family who can commit to providing the child with a permanent home if eventually needed, while also supporting reunification efforts. (“Kin” are the child’s relatives, including aunts, uncles, cousins, and grandparents.)

The value of concurrent planning is that it is more likely to result in the child experiencing fewer moves. Equally as important, the child is placed early on with a family who will invest in meeting their emotional, psychological, and social needs.

Generally, concurrent planning will involve a “Plan A” and a “Plan B.” Although these plans do not detract from reasonable efforts toward reunification, if these efforts fail, the child has an alternative family solution already in place (Linda Katz, 1995).

There may be situations in which concurrent planning will include more than two concurrent plans. For example, “Plan A” = reunification with the custodial parent, “Plan B” = reunification with the non-custodial parent, “Plan C” = termination of parental rights and adoption by a relative.

Despite the many benefits of concurrent planning, there will continue to be cases where sequential planning is the best option. The following is a case example of when sequential rather than concurrent planning is most appropriate:

- ◆ A 16-year-old is placed in foster care. Assessment of the situation determines that placement will be short-term, with the likelihood of return to occur within 30 to 60 days. The parent and child wish to be reunited, and service involvement will be able to alleviate concerns such that a return home will be likely.

Below are examples that demonstrate how adding additional factors can change the need from sequential planning to concurrent planning.

- ◆ A three-year-old is placed in foster care due to parent’s hospitalization. The family has significant service history. The parent’s health is such that return may not be able to occur within 60 days.
- ◆ A 16-year-old is placed in foster care due to running away. The parents refuse to have the child return home. There is a past service history for the family. The family and the child are refusing additional family-centered services.

The examples given above highlight the fact that each case needs to be assessed for its own unique factors in order to determine if concurrent planning or sequential planning is most appropriate.

When sequential planning is being used, it will be reassessed at regular intervals to determine if the case continues to be appropriate for sequential planning. This reassessment can occur in team meetings, foster care reviews, court, etc.

Concurrent planning does not have to be court-ordered. The court may order concurrent planning, but the law allows DHS to do concurrent planning when it is determined to be appropriate.

Multi-Ethnic Placement Act (MEPA)

The Multi-Ethnic Placement Act prohibits discrimination based on race, color, or national origin in foster care licensing, adoption approval, and child placement. Ethnicity may not be routinely considered in placement decisions.

The placement of a child into family foster care may not be delayed or denied on the basis of race, color, or national origin of the foster parent or the child. Foster care placements need to be consistent with what is best for the child.

Matching the needs of the foster child with the abilities and expertise of the foster families is the most appropriate way to attend to the best interest of the child. It also reduces the number of moves a child in foster care placement will experience.

As a foster parent, you still have the right and responsibility to state your preference as to the type of child that would best fit into your family. This is an important decision for you to make, as it affects your own family and the possible success of a child who would be placed in your home.

How Children Enter Foster Care

There are three basic ways that a child can enter foster care:

- ◆ **Emergency Removal:** A child may be removed with a court order, by a police officer or by a physician if it is felt there is “an immediate risk” of harm to the child’s life or health. A voluntary placement agreement may be used in lieu of an ex-parte order.
- ◆ **Court-Ordered Placement:** Most often children are placed in foster care by a juvenile court order, as a result of a child in need of assistance (CINA) or delinquency proceeding. In most DHS placements, DHS is appointed custodian of the child, while the parents retain guardianship, unless the court specifically orders a change in guardianship.

Every child that is involved with juvenile court will have scheduled court hearings. A child may be removed at any juvenile court hearing, if it is determined to be in the child’s best interest due to risk of harm to the child.

Voluntary Placements: All voluntary placement agreements for children under the age of 18 shall terminate after 60 days and can be ended before 60 days by either the parent or DHS on ten days notice. Voluntary placement agreements can only be used in lieu of an ex-parte order. DHS is responsible for foster care when the court orders placement of a child with mental retardation or other developmental disability into foster care. DHS shall file a petition to a voluntary placement proceeding and the petition must be accepted before the child’s placement.

DHS may complete a voluntary placement agreement with eligible children 18 or older for up to six months at a time. In order to be eligible, the child has to:

- Meet the educational requirements for foster care,
- Have been in foster care or a state institution immediately before reaching age 18,
- Have continue in foster care or stable institution since reaching age 18,
- Demonstrate a willingness to participate in case planning, and
- Fulfill responsibilities defined in the case plan.

Juvenile Court

Each county in Iowa has a juvenile court that hears a broad range of legal issues involving minors. Juvenile court handles “child in need of assistance” proceedings, review of voluntary placements, review and permanency hearings, termination of parental rights actions, as well as juvenile delinquency and “families in need of assistance” proceedings.

The preamble to Juvenile Justice Act, Chapter 232, states, “This chapter shall be liberally construed to the end that each child under the jurisdiction of the court shall receive, preferably in the child’s own home, the care, guidance and control that will best serve the child’s welfare and the best interest of the state. When a child is removed from the control of the child’s parents, the court shall secure for the child, care as nearly as possible equivalent to that which should have been given to the parents.”

Juvenile court seeks to protect children from abuse and help families by mandating that needed rehabilitative services are provided. It can authorize the removal of children to foster care when all efforts to prevent placement have failed or are inappropriate.

Juvenile court monitors foster care placements to ensure permanency planning for the child. If efforts to reunify the family fail, juvenile court may free the child for adoption through termination of parental rights. As a foster parent, virtually all your contact with the legal system will be with the juvenile court.

Legal Definitions

The following terms are used in the Juvenile Justice Act:

- ◆ **“CINA”** stands for “child in need of assistance.” This is the procedure that must be followed in order to intervene in a family to protect a child. A CINA petition is filed (generally by the county attorney’s office, juvenile court officer or DHS staff) describing the facts that bring the child before the court.
- ◆ **“Child’s best interest”**: The child’s best interest is at the heart of juvenile court proceedings. DHS will recommend services (therapy, counseling, evaluations, etc.) according to the needs of the family and the child. The juvenile court judge determines what is in the child’s best interest and issues court orders accordingly.
- ◆ **“Imminent danger”** is a term used in court to seek an emergency removal of a child from the child’s biological or adoptive home. “Imminent danger” is defined as “an immediate risk” of injury or death. When a party involved with the family feels the child’s safety is at immediate risk, the party may seek an order from the court to remove the child and have the child placed in out-of-home care.
- ◆ **“Reunification services”**: If the child’s case permanency goal is reunification, with the birth parents, the court will order services to achieve that goal. These will be described in the *Family Case Plan*.

Examples of reunification services include homemaker services, counseling, family therapy, and parenting classes. These services may be provided directly by DHS, purchased from a private agency, or provided by another community agency.

Permanency Planning: Working as a Team

In most cases, a child placed in foster family care has a relationship with many adults: the child’s birth or adoptive parents, the foster parents, school teacher and the social worker. It is vital for the child that these people work together as a team to plan for permanency for the child.

This teamwork enables the child to receive the reassurance and support needed to adjust to another family’s home. Partnership also enables each member involved to achieve a sense of cooperation and success in meeting the needs of the child and the goals of the foster care placement. You play a vital part in accomplishing the goals of foster care by being an active participant on the team.

The following sections summarize the roles of many of the people and agencies that may be part of this team.

Juvenile Court Judge

When there is no jury, as in juvenile court cases, the judge determines what facts are true and interprets the meaning of the law. Judges control what evidence is allowed into court and rule on the objections of attorneys. They may question witnesses and ask more evidence be presented.

Judges can order people to act or stop actions that hurt others. If people do not follow court orders, the judge can find them in contempt of the court. Judges should be treated with respect at all times, even if you disagree with their actions. (Iowa Child Welfare Law, Deborah Ratterman Baker)

Guardian Ad Litem

The “guardian ad litem” is a person appointed by the court to represent the best interest of the child in any judicial proceeding to which the child is a party. The same attorney may also serve as the child’s attorney to defend the desires of the child.

Unless otherwise enlarged or circumscribed by a court or juvenile court having jurisdiction over the child or by operation of law, the duties of a guardian ad litem with respect to a child shall include the following (according to Iowa law):

- ◆ Conducting in-person interviews with the child and each parent, guardian, or other person having custody of this child.
- ◆ Visiting the home, residence, or both home and residence of the child and any prospective home or residence of the child.
- ◆ Interviewing any person providing medical, social, educational, or other services to the child.
- ◆ Obtaining first-hand knowledge if possible, of the facts, circumstances, and parties involved in the matter in which the person is appointed guardian ad litem.
- ◆ Attending any hearings in the matter in which the person is appointed as the guardian ad litem.

In order for the guardian ad litem to represent the foster child effectively, it is important that the person be well acquainted with the child’s situation. It is appropriate for the foster parents to keep the guardian ad litem informed of the needs of the child. If you do not know who your foster child’s guardian ad litem is, contact your worker.

DHS Social Worker or DHS Case Manager

The DHS case manager plays many vital roles in the child welfare system. Two of the most important roles are:

- ◆ To assess the strengths and needs of the children and their families.
- ◆ To develop a case permanency plan (*Family Case Plan*) which will work to build on existing strengths and eliminate the needs in order for a child to safely return home.

A DHS case manager will arrange for families to get preventative services to resolve the problems that endanger the child. A DHS case manager can recommend a child be placed in foster care.

The DHS case manager sets the planning for a child and their family in motion by assessing the service needs of the child and family, initiating and recording all service activity, referring families to other service provider agencies, and arranging for appropriate and timely visits between parent and child.

The DHS case manager coordinates the case plan to ensure that every step taken and every service needed is accessible to the family and follows a coherent plan for permanency.

Juvenile Court Officer (JCO)

The role of the juvenile court officer varies from county to county. In most counties, the juvenile court officers primarily function as probation officers in juvenile delinquency cases. They collect pre-trial information, work with children and families voluntarily, and monitor cases after trial.

In some counties, the juvenile court officers screen CINA petitions—that is, they informally evaluate the DHS case and decide whether it should be referred to the county attorney for filing.

In other counties, DHS social workers file petitions directly, or DHS submits a request to file a petition to the county attorney. In seven of the eight judicial districts in Iowa, juvenile court officers share supervisory responsibilities over CINA cases with DHS.

Private Agency Foster Care Worker

Often, DHS purchases foster care services from a licensed private child-placing agency. These services may include the foster family home study, pre-placement services, and placement supervision. Purchased services may also include therapy and counseling, skill development services, and assessment and care plan development services.

If a private agency is working with a child, the child will have two workers, the private agency worker and a DHS worker. It will be the private agency's responsibility to provide primary support to the child, foster family, and birth family, with the DHS worker providing overall case management.

Foster Parent

As a foster parent, you play a very important role in accomplishing the goals of the foster care placement. The information you learn from being the child's caretaker is crucial in making decisions as to the child's best interest.

In your role as primary caretaker of the child, you will have some of the most important information about the child, such as daily routine; needs, abilities, and limitations of the child; progress; setbacks; etc.

Birth Parent

In most juvenile court cases, parents retain full guardianship of their child. This means that they continue to have the right to make decision regarding their child's well-being for things such as hair cuts, participation in school activities, medical consent, etc. The more involvement a birth parent has with their child while in foster care, the greater the chance of success.

Other Service Providers

Other people who may be members of the permanency planning team for a child include:

- ◆ **Therapists, psychologists, and psychiatrists.** One or more of these professionals may be involved with the child in your care, depending on the needs of the child and family. The *Family Case Plan* will indicate the duration and frequency of contact between the child and any of these professionals.

Your interaction and involvement with these persons is dependent upon the needs of the child. The child's caseworker will also be able to answer questions you may have.

- ◆ Medical Personnel. All children in foster care shall receive routine medical exams. The child's needs will determine the duration and frequency of medical personnel's involvement.
- ◆ School Personnel. Just as with any school-age child, consistent on-going contact between the child's caretakers and teachers is vital in providing the child with clear, consistent guidelines. Each individual case plan will determine the extent of the biological parent's involvement with the school while the child is in foster care.

Iowa Citizens Foster Care Review Board

The Iowa Citizens Foster Care Review Board is a child advocate agency focused on helping children achieve permanency. There is a state board, as well as local review boards in some areas of the state. The local foster care review boards are made up of volunteers from various disciplines.

Where a local review board is assigned, it is the board's function to:

- ◆ Review the completeness of the case permanency plan (*Family Case Plan*).
- ◆ Evaluate compliance for all persons listed in the plan.
- ◆ Submit a report to the court that summarizes the board's findings and identifies barriers to achieving permanency.

Check with your worker or foster parent liaison to determine whether there is a local foster care review board in your county. DHS and the Iowa Citizens Foster Care Review Board encourage foster parents to participate in all meetings of the review board regarding children in their care.

The Iowa Citizens Foster Care Review Board provides public education about foster care through community meetings and other activities, and submits an annual report to the Governor and Legislature.

Court-Appointed Special Advocate (CASA)

A court-appointed special advocate (CASA) is a person appointed by the judge or juvenile court referee to act as an independent advocate for the long-term best interests of the child. The CASA program is designed to ensure that the court acts on a child's right to a safe, permanent home in a sensitive and expedient manner.

The CASA's role is to:

- ◆ Do a thorough investigation by reviewing records and talking to people involved with the child.
- ◆ Submit a written report to the court outlining recommendations.

- ◆ Act as a liaison for the child by explaining the court process to the child and relaying the child's needs and interest to the attorney, DHS, the court, and others.
- ◆ Monitor the case by attending court hearings and staff meetings relative to the child.

As an officer of the court, the CASA has access to the records and files of the court, DHS, school, hospital, doctor, therapist, or any other person or agency having knowledge regarding the child. Not every child in care has a CASA volunteer. If the child in your home does, you will have the opportunity to share information with the CASA.

Juvenile Court Proceedings

The general sequence of juvenile court proceedings for “child in need of assistance” (usually initiated by DHS) or “delinquency” (usually initiated by a juvenile court officer) is as follows:

- ◆ A petition is filed (generally by the county attorney's office, juvenile court officer, or DHS staff) describing the facts that bring the child before the court.
- ◆ An attorney is appointed to represent the child. The parents may request an attorney be appointed for them if they cannot afford one.
- ◆ Notification of the court hearing is sent to all appropriate parties – parents, child, attorneys, foster parents, and DHS.
- ◆ An adjudication hearing is held, at which time the county attorney or assistant county attorney presents evidence to prove that the court's involvement is needed.
- ◆ If the child is “adjudicated,” or taken under the jurisdiction of the court, a disposition hearing is the next step. At that hearing, the social worker is responsible for submitting a permanency plan. The plan may involve service in the child's home or out-of-home placement.
- ◆ Review hearings are held every six months, or sooner if requested by any party, to review the progress of the child and family.
- ◆ If the child is still in care after a period of 12 months, a permanency hearing is held.
- ◆ If it is felt at the time of the permanency hearing that termination of the parent-child relationship is in the child's best interest, then DHS is ordered to file a petition for termination of parental rights.
- ◆ After all parties receive notice, a termination of parental rights hearing is held to determine whether or not terminating the parents rights is indeed in the child's best interest.

An appeal can be filed on a court order within ten days of issuance. The original order remains in effect during the appeal process. The following sections describe the various hearings that can occur in this process in more detail.

Removal Hearing

A “removal hearing” must be held within 10 days of a child’s emergency removal from the biological home to determine if removal was necessary in order to avoid imminent risk of harm to the child’s life or health. The removal hearing protects parent’s rights to due process.

The court will either release the child to the parent or continue the removal with a suitable person or agency or for placement in a shelter care facility pending a final disposition order. If the child is not returned, a “child in need of assistance” petition must be filed no later than three days after the removal.

Adjudication Hearing

The “adjudication hearing” is the hearing to determine whether the allegations in the petition are true. The standard of proof is “clear and convincing,” meaning that the evidence is fully convincing or clearly points to the conclusion. The child’s parents are entitled to counsel and have the right to examine and cross-examine witnesses.

After the adjudication hearing, the court will make a determination as to the truth of the allegations and whether the child is in need of assistance.

Dispositional Hearing

The “disposition hearing” is the hearing to determine what should be done for the child. If all parties waive time and notice, the adjudication and disposition hearings may be held at the same time.

If time and notice are not waived by all parties, the disposition hearing must be held as soon as practical—within 30 days of the removal if the child is in care and within 40 days of the adjudication if the child is at home.

The court will make a determination as to the least restrictive disposition appropriate. The court may:

- ◆ Suspend judgment and order conditions that must be met within a specific time.
- ◆ Allow the parents to retain custody, subject to DHS supervision.
- ◆ Transfer legal custody to DHS, Juvenile Court Services, or another agency for foster care placement.

Review Hearings

“Review hearings” are held every six months, or sooner if requested by any party, to review the progress of the child and family. (If the child has been placed out of the home and remains out of the home for 12 months, a permanency hearing must be held. See also **Permanency Hearing**.)

Public Law 96-272 requires that the state provide an administrative review process at a minimum frequency of every six months. Issues that must be reviewed are:

- ◆ The continuing necessity for and appropriateness of the placement.
- ◆ Whether goals and objectives have been set that relate specifically to the dynamics of the case.
- ◆ Whether goals, responsibilities, and outcomes are written in clear and measurable terms with due dates for achievement.
- ◆ The extent of compliance with the case plan by all interested parties.
- ◆ The extent of progress the parents and children are making towards alleviating or mitigating the cause necessitating out-of-home placement and towards the goals of the *Family Case Plan* (case permanency plan).
- ◆ What barriers to permanency exist.
- ◆ A likely date by which a permanent placement can be achieved.

In Iowa, this review may be conducted by the juvenile court, DHS, or a local citizen review board. You will receive a notice and are encouraged to attend any reviews.

Permanency Hearing

When a child has been in foster care placement for 12 months, the court must hold a hearing to consider establishing permanency for the child. After the hearing, the court must enter written findings and one of the following determinations, based upon the permanency plan, which will best serve the child’s individual interests at that time.

- ◆ The child should be returned home.
- ◆ The child’s placement should be continued for an additional six months, at which time the court shall hold a hearing to consider modification of its permanency order.
- ◆ The county attorney or the attorney for the child should institute proceedings to terminate the parent-child relationship.

- ◆ If termination of the parent-child relationship would not be in the best interest of the child, services have been offered to the child's family to correct the situation which led to the child's removal from the home, and the child cannot be returned to the child's home:
 - Guardianship and custody of the child should be transferred to a suitable person.
 - Sole custody of the child should be transferred from one parent to another parent.
 - The child should be placed in another planned alternative living arrangement.

Any permanency order may provide restrictions upon the contact between the child and the child's parent, consistent with the child's best interest. Following the entry of a permanency order that places a child in the custody or guardianship of another person or agency, the court retains jurisdiction and annually reviews the order to determine whether the child's best interest is being served.

After a permanency order is entered, the child may not be returned to the child's parents over a formal objection filed by the child's attorney or guardian ad litem, unless the court finds by a preponderance of the evidence that returning the child to parental custody would be in the child's best interest.

Termination of Parental Rights Hearing (TPR)

Termination of parental rights is sought when reasonable efforts at correcting the situation that required foster care have not been successful, and it is in the best interest of the child.

Specific grounds for a termination petition can be found in Iowa Code Section 232.116. They must be proved by clear and convincing evidence.

If parental rights are terminated, guardianship of the child must be transferred to DHS, another agency, or another suitable person. The guardian has the same authority that would be exercised by the parents, subject to court review, until the child is legally adopted or becomes an adult.

Every 45 days the guardian must submit to the court reports regarding efforts to place the child for adoption, unless the court orders such reports are no longer necessary.

Participating in Juvenile Court Hearings

As a foster parent, you will receive notice of all court hearings that are held regarding the foster children in your home. You should consider this notice an invitation to participate and make every effort to attend.

If the County Attorney, DHS social worker, or Juvenile Court Officer informs you that you are needed to testify, you are expected to attend. If you are needed to testify, a subpoena to ensure your attendance will be issued if needed (for example, if your employer does not wish to give you the time off of work).

If you have been asked to bring the foster child with you, plan to arrive at least half an hour early, so that other team members can talk to the child. Usually, young children do not attend hearings, due to the adult nature of many of the discussions that occur at court. Ask the child's worker if the child should attend.

If you are not bringing the foster child with you, arrive at least 15 minutes early. Do not be late, for tardiness is considered a sign of disrespect to the judge. If you are not able to attend the court hearing, make sure that the child's DHS social worker (or juvenile court officer) is aware of your conflict.

If there are other children in your home, find a babysitter to care for them while you are at court. It is not appropriate to bring them with you, as this is very disruptive to the proceedings.

Show your respect for the court and the role you play as a foster parent by dressing professionally for court hearings. This does not necessarily mean wearing a suit, but for example, dress as you would for attending a high school graduation or a religious service.

When entering the courtroom, you will not be seated at the same table or section as the "parties of interest," i.e., the attorneys, DHS and JCS, the birth family, and the foster child. Their section is at the front of the courtroom in front of the judge. Take a seat in the gallery of the courtroom, the seats just behind the parties of interest.

Normally, the judge will make an official record of who is present in the room. You may be asked to identify yourself. Say your name and state that you are the child's foster parent.

Speaking at Hearings

During the hearing, the judge may ask you questions about how the child has been doing in your home. Direct your answers to the judge. Refer to the judge as “Your Honor” or “Judge,” using the judge’s last name.

Talk loudly and clearly enough to be heard by everyone. Speak all your answers. You cannot nod your head for yes and shake your head for no, because the court reporter must record your answers on the record.

Answer honestly and to the point. Juvenile court judges have a high and positive opinion of the difficult work that foster parents do. Remembering this will help settle your nerves as you participate in court hearings.

Giving Sworn Testimony

If you are asked to give sworn testimony, you will be called to the witness stand at the front of the courtroom and sworn in. If your religion prevents you from taking such an oath, inform the judge and an alternative pledge will be offered.

Your testimony is valuable input that will help the court to determine the best plan of treatment for the child. Consultation with the social worker, the child’s attorney, or the county attorney will help you prepare for the types of questions you may be asked.

If you have been communicating with other team members in a timely, accurate, and honest manner before the hearing, none of your remarks during the hearing should come as a surprise to anyone.

You may take notes with you to court hearings and to the stand to help refresh your memory, but remember the attorneys present can request a copy of any paperwork that you bring into the courtroom to use for testimony. Ask the child’s DHS worker or juvenile court officer about how best to prepare any written notes.

Providing Written Reports

If you are asked to prepare a written report or wish to do so, speak with the DHS social worker or juvenile court officer about this and they will advise you. Any reports that you wish to submit to the court, including the judge and other parties of interest, should be given to the agency (DHS or JCS) to distribute. You should not provide the report directly to the court yourself.

Other Court Processes

Other court proceedings that may be relevant to a child in your care include:

◆ District Court

Iowa has a “unified court system.” Unlike other states with different courts that handle specific types of cases, all cases are heard in the district court. The exception to this is juvenile court cases. The district court also hears adoption proceedings, including those through DHS.

◆ Appeals Courts

An “appeal” is a request to a higher court to review and change the decision of a lower court. A final order of juvenile court or district court may be appealed.

Though technically all appeals are to the Iowa Supreme Court, the Supreme Court refers the vast majority of juvenile court decisions to the Iowa Court of Appeals for review.

The party who loses in the Iowa Court of Appeals may seek further review in the Iowa Supreme Court. If the Iowa Supreme Court accepts further review, then it will issue its own order reversing, modifying, or affirming the Court of Appeals decision.

Appeals from termination of parental rights orders are expedited. This means that requests for appeal are directed to the Iowa Court of Appeals without the need for the Supreme Court to review the request. Termination appeals have the highest priority. No extensions of time are given, and motions do not affect the appellate time limits.

◆ Concurrent Court Proceedings and Transfers

While a case is under the authority of the juvenile court, no party can bring an action in the district court to litigate custody or placement or in the probate court to litigate guardianship. Once a district court judge or magistrate becomes aware of the juvenile court action, the judge may not issue any order, findings, or decisions in the case. Once the juvenile court case is dismissed, any pre-existing custody order becomes effective.

The juvenile court may authorize a party to litigate the child’s custody, placement, or guardianship in another court at the same time the juvenile court case proceeds. A party may request to file the separate action, or the court may make such a motion on its own. Regardless of who makes the request, the juvenile court must allow all parties of interest to be heard on the proposed authorization.

The juvenile court may request another court to decide the issue of the custody, guardianship, or placement of the child, but cannot require the other court to take the case.

Although the juvenile court has exclusive jurisdiction, this does not prohibit simultaneous criminal proceedings from proceeding against a perpetrator of physical or sexual abuse because these proceedings do not involve custody of the child.

Communication With Parties to the Court Proceedings

(See also **Resolving Differences with the Agency**)

Guidelines for contact with attorneys and officers of the court are as follows:

- ◆ **Judges:** Most likely any communication between yourself and the judge will take place during the course of court hearings, either through sworn testimony, written reports you have submitted, or questions the judge may ask you.
- ◆ **County Attorney:** The county attorney represents the DHS social worker in CINA proceedings. Your contact with the county attorney will likely be immediately preceding a court hearing, either in preparing you for testimony or answering questions you may have.
- ◆ **Guardian ad Litem:** The guardian ad litem is appointed to represent the child's best interest legally. It is likely that you will have regular, ongoing contact with this person. It may be that the child's guardian ad litem will contact you and schedule a time to meet with the child placed in your home.
- ◆ **Child's Attorney:** Depending on the age of the child, this may or may not be the same person as the child's guardian ad litem. The role of this attorney is to represent the "wishes" or "desires" of the child, in a sense to be the child's voice in the courtroom.
- ◆ **Parent's Attorney:** There should be no reason for you to have any direct contact with the parent's attorney outside the court hearing. If you have questions regarding this contact the DHS worker.

**PLACEMENT
TRANSITION
AND
TERMINATION**

PLACEMENT TRANSITION AND TERMINATION

When a child is placed in foster care, the goal is eventual return to the parental home or an alternative permanent placement for the child. As you have learned in pre-service training, fostering is temporary, and you will have to prepare youth to “move on.”

The end of a placement is a difficult transition for a foster family. Because you are likely to have a more intimate knowledge of the child, you will have the primary responsibility in helping the child prepare for this move. Your acceptance of this change will be helpful and reassuring to the child.

Reasons Placements May End

In most cases, foster parents can anticipate when a placement is planned to end based on the *Family Case Plan*. However, circumstances may result in an altered plan. Some of the reasons a placement ends are:

- ◆ The child returns home.
- ◆ The child has run away from the foster home and the whereabouts of the child are unknown.
- ◆ The child is not benefiting from the placement or needs a specialized service the foster family cannot offer, and another placement is in the child’s best interest.
- ◆ The foster parents terminate the placement.
- ◆ The foster family fails to cooperate with the case plan.
- ◆ The child is to be reunited with siblings in another placement.
- ◆ The child goes to live with an adoptive family.
- ◆ The child goes to live with relatives.
- ◆ The child turns 18 and decides not to sign a voluntary placement agreement or has completed high school.

Requesting Removal of Your Foster Child

When you received a child for placement and you signed the *Foster Family Placement Contract*, you agreed to give DHS at least ten days written notice to remove the child from your home, except in an emergency. If you request that a child be moved, you should give at least ten days notice to allow time to make a suitable placement.

Emergency: If you need a foster child removed from your home due to an emergency, contact the Department as soon as possible and indicate your reasons for the emergency removal.

In some situations, a child may be placed with you with the understanding by you and the placing worker that the placement will be less than ten days. You may ask that the child be removed because of your understanding at the time of placement.

Best Practice: Whenever a child is placed in your home for less than ten days, request in writing when the child will be leaving your home. This helps reduce any confusion or misunderstanding between the child, the placing worker, and you.

Receiving Notice of Removal of Your Foster Child by the Agency

When DHS plans to remove the child, you will be notified in writing ten days in advance of the removal date. You will receive a letter giving the reasons for removing the child and the date that the child is to be removed.

A child may be removed immediately or before advance notice is given when:

- ◆ There is evidence of child abuse.
- ◆ The court orders removal or return home.
- ◆ A parent demands the return of a child under a voluntary placement agreement.

All parties involved with the child should bear in mind that moving a child from placement to placement is not in the best interest of the child. Each separation is traumatic to the child. All other avenues of help should be sought first before moving a child to another placement. However, if a child is at risk of harming self or others, the child will be immediately removed.

Objections to Removal and Right to Administrative Conference

If you object to the removal of a foster child from your home, you may ask for a conference with the DHS service area manager or designee by sending your objection in writing to the county office within seven days after the date on the removal letter.

If the removal is due to court order, evidence of child abuse, or return to the birth family, the conference may be held after the removal. When the removal is at the discretion of the DHS for other reasons, this conference will normally be held before the child is removed.

At the conference, the service area manager or designee will review the reason for the removal and determine if the removal was in the child's best interest. If the removal was at DHS discretion and the service area manager or designee finds that the removal is not in the child's best interest, the service area manager may overrule the decision. The service area manager or designee may not overrule decisions ordered by the court or voluntary placements terminated by the child's parents.

Preparing the Child for the Move

When the day has come that your foster child is moving, it is important that the departure does not cause further trauma to the child. Regardless of the reason for the move, each move tends to support the child's feelings of being a "throw-away-kid." Even very disruptive adolescents may be angry that you were not tough enough to withstand their efforts to push you away.

The child or youth and your family members need time for closure. Perhaps you can find a snapshot or piece of memorabilia not already in the child's life book that you can share with the child about their stay in your home. It is important that you find at least one thing about the child that you will be able to affirm and indicate it to the child. Give the child your permission to move on.

Working Through Feelings

Whether the child returns home, moves to another foster home or residential setting, or is placed for adoption, both child and foster family must deal with a variety of feelings. These may range from sadness to anger, fright or anxiousness, as well as eagerness, happiness, or relief.

The separation process is often an emotionally conflicting experience for both child and foster family. When a child returns home or moves into an adoptive family, parents and workers tend to focus on the pleasant aspects of the placement and ignore the fact that the child has ambivalent feelings.

Children may feel happy about moving back to their own home, yet sad about leaving the foster home and angry at being powerless. By recognizing the child's mixed feelings, acknowledging their appropriateness, and allowing their expression, parents and workers can help children handle the move.

When children leave your home in a disruptive way, it often leaves you and your family in a state of chaos. Some children revert to old behaviors. Many children, regardless of how well they did in your home, tend to deal with separations by acting out towards you. As a parent, you are caught off guard. You may react by becoming very frustrated and angry.

Most likely you have good reasons for feeling the way you do! However, personalizing the child's acting out and allowing these feelings to dictate how you will interact with the child during a transition may result in missed opportunities to say good-bye in a positive manner.

What the child needs from you is to know that while you are upset, angry, or disappointed, you will not let those feelings interfere with your role as the caring and understanding parent. It is not an easy task to rise above how you are feeling about a child who is acting out towards you. It is critical that you not become part of the child's dysfunctional behavior pattern.

It is a good idea to prepare yourself for a rough transition by having a plan on how you and your family will respond to the child. This way you won't be caught off guard and can respond in a way that benefits everyone. Remember the child's motivation for acting out has nothing to do with you. Rather, it is due to the child's underlying treatment issues.

You, your family, and the foster child need support through this process.

Transferring the Child and Belongings

All the child's belongings including clothing purchased, possessions brought from the home and the updated life book, must go with the child or youth. The notebook and file or folder of information you maintained must be given to the worker when the placement ends.

Best Practice: Keep copies of your notes about the placement in a safe (confidential) place for future documentation.

Many children come into care with all of their belongings in a plastic garbage bag or paper sack. Some foster parents have found that it is very beneficial to a child's esteem to send the child on their way with their possessions neatly tucked into a piece of luggage or a colorful duffel bag, whether new or used (but in good condition).

Talk with others in your local support group about ways that you can begin to plan to help the children in your care make a healthy transfer.

Entering the Adult World: Over Age 18

(See **TEENS**)

If the youth in your home is leaving care after reaching age 18 and completing high school, you have probably been actively involved with the transition planning specialist and the child's worker to prepare the youth with the skills needed to make a smooth transition. However, here are a few helpful hints:

- ◆ Work together to fill in any gaps that still remain in the life book. (These books will be very important as youth consider building their own families in the future.)
- ◆ Identify supports—people who will be there for the youth.
- ◆ Gather last minute household/personal items (if going to school this may defer from going into an apartment).
- ◆ Discuss if you can be a “home to come home to.”

Moving to a New Level of Care

Generally, foster family care is the least restrictive placement the court can order, other than placement with a relative. When the child needs a higher level of care, this does not mean you as a foster parent have failed.

It only means the child's behaviors are not able to be managed in a foster family home, thus a higher level of care, such as a group home, residential facility, or shelter is necessary. Discuss your feelings with the child's worker and ask how you might help the child feel positive about the transition.

Moving to Another Foster Home

(See **RESOURCES AND SUPPORT**)

There are some situations where the child may have to be moved to another foster home. This can also be as challenging to your self-esteem and you may again feel as though you have failed.

Even if you and the child come to what appears to be irreconcilable differences, you will need to talk with the child's worker and your licensing worker about ways to address whatever triggered the child's move. It is important that you not give up the ideas of fostering. Seek support. Seek training. Take a break.

Returning Home

The goal of foster care placements is generally that the child or children will be reunited with their family. This can cause mixed emotions on the part of foster families. Although you know this is the goal, having children leave your home after you have bonded with them is difficult. You may grieve this loss.

There are times when you may feel as though the parents or person the child will be living with has not done what they needed to get their children back. However, the court has the final ruling.

You may need to take a break before taking another placement to allow time for you and your family to adjust to the loss of the foster child. Remember, foster care is not a lifelong commitment to a child, rather a commitment to be meaningful in a child's lifetime.

Moving to an Adoptive Home

(See also **Adoption Issues**)

Your home may be the transition from the birth home to an adoptive home and is a very special place for children in care. You may not be the "forever" home, but you are the home that made the moving on possible.

In preparing a child for adoptive placement, you can help the child understand the move, answer questions, and alert the worker to potential problem areas for the child. You may be very instrumental in helping the children identify what they dream their family would be, and can be there for them as they are doing pre-adoptive visits with their new family.

It is crucial for you to give your permission for the child to be happy and to give your blessing for the building of the child's "forever family." Depending on the situation, you may be able to continue contact with the child on some level. However, it is important to talk with the child's worker and the adoptive family regarding this issue.

Letting Go

When the placement ends, foster families are expected to not only assist the child in attaching to the permanent caretakers, but also detach from the child and "let go." What a task! It's important for foster parents to receive support during and after the separation. You may experience the same grieving process described under **Adjustment Period**.

While workers and foster parents are busy helping the child cope with feelings and the anticipated move, the foster parents' own feelings sometimes take a back seat. It's important for the placing worker and foster parents to take time during this process to examine their own feelings about assisting the child in developing a healthy and strong attachment to the new caretakers.

If a placement disrupts and the child must be placed with another foster family, both the foster family and social worker feel guilty. Foster parents need to realize that some placements simply don't work well for a particular child.

Open communication is needed between the foster family and social worker. It's helpful to share thoughts and evaluate "what went wrong and what went right," and to discuss some of the bad feelings about the placement. No matter where a child goes after leaving the foster home, foster parents give valuable insights and information about the child to the next caretakers.

While the child has been in your home, you will have been working with the placing agency and other professionals and the family to correct the conditions that led to placement or to secure an alternative permanent placement for the child.

Even so, you may have ambivalent feelings about the child returning home or going to another family. Have the birth parents really changed? Is the child going back to the same conditions that were left? Is the child ready for a new family?

It's important for you to recognize and deal with these issues during the separation process. By understanding yourself, you can better understand and help the child through the separation.

In decisions about the return or moving of the child, consider the best interests of the child. Not everyone will agree with every decision made, but the final decision rests with the court.

After the foster child leaves, you may need time to evaluate your own experience and make some decision on future placements.

Contact After Removal

If you know ahead of time that a child will be moving from your home, you may want to start asking questions about your level of involvement with the child after the child leaves. You will want to talk to the child's worker, birth parents, or adoptive parents about how this could happen. Contact after removal may not be in the child's best interest.

If the child is going into a higher level of care you may be able to remain in contact with the child, and it may be encouraged in order for the child to return to your home after placement. Maybe you will not wish to remain in contact. Whatever the case, you will need to let your wishes be known and negotiate this with the child's worker.

Adoption Issues

When a foster child cannot be returned to the child's biological parents, one option is for the court to terminate parental rights and plan for the child's adoption. Foster parents can provide valuable information and insight into the child's needs regarding an adoptive placement. You should share your ideas with the child's worker. **However, the ultimate decision for choosing a family lies with DHS, as the child's guardian.**

In most cases, the pre-placement process will involve a series of visits between the child and the prospective adoptive family. This can be a particularly difficult period for a child, and the child may express a variety of emotions that you haven't previously experienced.

It is an important time to communicate closely with the child's worker, so you can respond in a way that will be most positive for the child. For instance, you may have questions about what and when you tell the child certain things. It is best that you discuss these issues with the child's worker.

There may also be additional tasks asked of you during this period. Creating a child's life book is an important way to help children prepare for adoption. It provides them with a tangible connection and remembrance of all the people in their lives. You may be asked to help by taking photos of the child's school, neighborhood friends, or other special people or places.

There may also be extra transportation responsibilities to accommodate the visits with the prospective adoptive parents or additional team meetings established so you can share information about the child's daily routines and needs.

Transitioning a Child to an Adoptive Home

Once a prospective adoptive home is selected, the child's worker will begin making plans to transition the child to this new home. There will likely be a series of visits established between the child and the prospective adoptive home.

It's hard to describe the many emotions and needs that a child may have during this time of transition. It will vary between cases and will be dependent upon a number of variables, such as the child's age, the length of time they have been with you and how well they know the prospective adoptive parents.

One of the most important things you can do for children during this time is to help them identify and express their feelings. It is also very important that you give permission to the child to begin caring about their new parents and to be very honest with the child. The child's caseworker can offer advice and support to you in this area.

It is also important that you recognize your own feelings of loss as you anticipate the child's departure from your home. This can be a very difficult time for you and your children and you may benefit from talking about this with your worker or other foster parents who have had this experience.

Adopting Foster Children

Although foster parents often adopt foster children, most children in family foster care do not become adopted. Instead, they are reunited with their birth family.

If a child's parental rights have been terminated, adoption is generally the best way to meet the child's need for a permanent home. Unlike foster care, adoption involves making a lifetime commitment to a child. This commitment includes assuming legal and financial responsibility for the child.

You should let the child's worker know if you think you are interested in adopting a foster child. Also, if you are considering adopting a foster child, or any other child, you should go ahead and get an adoptive home study completed. This process involves additional training and a series of interviews, so it does take time.

If a foster child's biological parents ask you about your willingness to adopt their child, it is recommended that you refer them to the DHS and their attorney. Direct communication between you and the parents on this topic can lead to later legal controversy, unless it is handled in a careful manner.

Foster parents will be considered for adoption if the child has been in your home a year or you have a significant relationship with the child. Some factors that may be considered in the selection of the adoptive home are the child's relationship with the foster family, need to be placed with siblings or need to be placed outside the area where biological relatives reside.

The selection of an adoptive home is made by the child's guardian. In most foster care placements, the guardian is DHS. Every child's circumstances will vary, but the most important thing in choosing an adoptive home is to look at what is best for the child. Foster parents are not always chosen to adopt the child. However, it is still important for you to support the child's transition to another adoptive home.

Upon termination of parental rights, each child will be assigned an adoption worker who can help with the adoption process. If foster parents are selected as the adoptive home, an adoptive placement agreement is signed. The child remains in the home as a “pre-adoptive” placement. For licensing purposes, children in “pre-adoptive” status are still counted as foster children on the license capacity.

During this “pre-adoptive” phase, the child is still in the guardianship of DHS and DHS must make important decisions about the child’s medical care, travel, permissions, etc.

The adoption worker will determine whether the child qualifies for an adoption subsidy. Many foster children do qualify for adoption subsidy because of their “special needs,” but some do not. If you have questions about your eligibility for adoption subsidy, it is important to discuss these with the adoption worker, rather than just the child’s foster care workers.

If the child is eligible for adoption subsidy, subsidy maintenance payments continue through the child’s placement in your home, and the child will be eligible for Medicaid. When the child is age 17 years and 6 months, review the child’s eligibility to determine if special needs still exist. Certain other expenses can be considered for reimbursement above and beyond the maintenance payments. For further information on these, you should talk to the adoption worker.

One important difference between the foster care and adoption program is reimbursement for child care. As an adoptive parent, you have assumed financial and legal responsibility for a child, and you are no longer reimbursed for child care expenses incurred as a result of your working outside the home.

There are provisions in the subsidy program to pay for child care, but it is only when a therapist has determined that the child needs child care as a result of special needs.

There are other financial differences between being a foster parent and an adoptive parent. For instance, adoptive parents are not eligible for clothing allowances or school fees, and there is less reimbursement for respite care.

In considering the decision to adopt, it is important to look at long-term planning and resources. Many of Iowa’s foster children have experienced abuse, have attachment issues, or may be genetically likely to experience problems in the future. Most, if not all, of these children will require additional professional assistance on an ongoing basis or at certain key developmental times.

Your success as an adoptive parent will depend upon recognizing when your child's needs require professional intervention and your knowing how to get this help. There may be some additional assistance available through the subsidy program, DHS services, or other community resources that are sensitive to the unique issues of adoption.

The DHS worker who administers the adoption subsidy payments in your area would be a good person to talk to about the changing needs of your family. Don't delay in seeking assistance. Depending upon the characteristics of your adoptive child, you may even find that you need to start exploring other resources as your child nears adulthood.

FINANCES

FINANCES

The foster care payment is provided to you to offset your costs of caring for the foster child. The amount is based on the child's age and the identified needs of the child. Basic foster care maintenance payment is made to help defray the day to day expenses. Payments to foster parents are computed at a daily rate. Checks are issued monthly.

Other reimbursement that may be available for a child in your home include:

- ◆ A difficulty-of-care payment for children with special needs (defined in DHS rules)
- ◆ Medical and dental transportation
- ◆ Clothing allowance
- ◆ Respite care
- ◆ School fees
- ◆ Day care
- ◆ Other amounts determined by the case plan

These payments are considered reimbursements and not a payment for services. These are not reported as income to you by DHS. The chart on this and the next page summarizes these payments.

All children placed in family foster care are also eligible for medical coverage. You will receive a *Medical Assistance Eligibility Card* or verification of the child's state identification number (used for Medicaid billing) on the *Foster Care Provider Medical Letter* when you accept a foster child.

FAMILY FOSTER CARE MAINTENANCE RATES AND ALLOWANCES

July 1, 2005

| Basic Maintenance Rate | |
|-------------------------------|------------|
| Age of Child | Daily Rate |
| 0-5 years | \$14.91 |
| 6-11 years | \$15.58 |
| 12-15 years | \$17.18 |
| 16-20 years | \$17.27 |

| Emergency Rate | |
|-----------------------|------------|
| Age of Child | Daily Rate |
| 0-11 years | \$20.09 |
| 12 years and up | \$21.84 |

| Difficulty of Care Payments | | |
|------------------------------------|--------------------------|---------------------------------------------|
| <u>Age of Child</u> | <u>Daily Rate</u> | <u>Daily Rate</u> |
| | Basic Plus Special Needs | Basic Plus Assessment Care Plan Development |
| 0-5 years | \$19.85 | \$29.71 |
| 6-11 years | \$20.52 | \$30.38 |
| 12-15 years | \$22.12 | \$31.98 |
| 16-20 years | \$22.21 | \$32.07 |

Sibling Allowance: \$1.00 per day per child when sibling group of three or more is placed in the same home. This does not apply to a child whose reimbursement rate includes the difficulty of care payment.

Transportation Allowance: \$1.00 per day for pre-placement or family visits outside the community in which the foster family resides, when specified in the case plan.

Clothing Allowance: \$250 initial; \$200 replacement (once within a calendar year)

School Fee Allowance: \$50 per calendar year for required school fees

Respite Care: The basic rate is paid to a licensed foster family.

Monthly Financial Support

As a foster parent, you will receive a monthly reimbursement for the care and supervision of all foster children residing in your home. The payment rate will be addressed in the foster care placement agreement you sign when you accept a child into your home.

Foster care reimbursement is paid after the care is provided. As an example, if you provide care for a child in the month of November you will receive a reimbursement warrant in early December.

Generally checks are issued by the fifth working day of the month. Occasionally there may be a delay in the receipt of your check because of system issues, a holiday where DHS is closed, or because you have moved and the address change was not submitted timely or entered timely.

Review your check and warrant stub when you receive it to be sure it is the correct amount. See **Payment Codes for Foster/Adoptive Families** for a list of codes for special issuances, such as clothing allowances, child care, sibling allowances, etc. You should be able to match the amount with the applicable code.

If you have any questions about the amount you receive, or if you receive a check that you are unsure why you received, contact the child's DHS caseworker for an explanation. If you receive an overpayment, you will be expected to return the overpayment in a timely manner. If you think you have been underpaid, you may also contact your child's DHS caseworker.

Basic Maintenance Payment

The basic monthly payment provides reimbursement for care provided the previous month. The payment is for the added expenses of providing basic family foster care in your home, including personal spending money for the child (allowance), food, clothing, shelter, school expenses, grooming, ordinary transportation, recreation, and training appropriate for the child's age.

The foster family maintenance payment has been based on an estimate of child-raising costs produced by the United States Department of Agriculture. The following chart provides a breakdown of reported expenses for FY 06 Budget.

Cost to Raise a Child in the United States
(for State Fiscal Year 2006 Budget)

| | Housing | Food | Transportation | Clothing | Child Care & Education | Miscellaneous | Total |
|-----------------|------------|------------|----------------|-----------|------------------------|---------------|------------|
| Age 0-5 | | | | | | | |
| Annual Cost | \$2,140.00 | \$ 832.00 | \$ 885.00 | \$ 277.00 | \$ 599.00 | \$ 715.00 | \$5,477.00 |
| Monthly Cost | \$ 178.37 | \$ 69.31 | \$ 73.71 | \$ 23.05 | \$ 49.90 | \$ 59.61 | \$ 453.96 |
| % of Total Cost | 39.29% | 15.27% | 16.24% | 5.08% | 10.99% | 13.13% | 100.00% |
| Age 6-11 | | | | | | | |
| Annual Cost | \$2,035.00 | \$1,257.00 | \$ 975.00 | \$ 322.00 | \$ 332.00 | \$ 765.00 | \$5,686.00 |
| Monthly Cost | \$ 169.54 | \$ 104.75 | \$ 81.29 | \$ 26.79 | \$ 27.70 | \$ 63.73 | \$ 473.81 |
| % of Total Cost | 35.78% | 22.11% | 17.16% | 5.65% | 5.85% | 13.45% | 100.00% |
| Age 12-15 | | | | | | | |
| Annual Cost | \$2,121.00 | \$1,367.00 | \$1,102.00 | \$573.00 | \$194.00 | \$914.00 | \$6,271.00 |
| Monthly Cost | \$ 176.76 | \$ 113.91 | \$ 91.86 | \$ 47.74 | \$ 16.17 | \$ 76.14 | \$ 522.59 |
| % of Total Cost | 33.82% | 21.80% | 17.58% | 9.14% | 3.09% | 14.57% | 100.00% |
| Age 16-20 | | | | | | | |
| Annual Cost | \$1,806.00 | \$1,530.00 | \$1,385.00 | \$508.00 | \$332.00 | \$736.00 | \$6,296.00 |
| Monthly Cost | \$ 150.48 | \$ 127.51 | \$ 115.43 | \$ 42.30 | \$ 27.65 | \$ 61.34 | \$ 524.70 |
| % of Total Cost | 28.68% | 24.30% | 22.00% | 8.06% | 5.27% | 11.69% | 100.00% |

Source: USDA publication "Expenditures on Children by Families" 2003 Annual Report

Costs represent the average of the Urban Midwest and Rural Areas projected for calendar year 2003 adjusted for inflation, for families with a gross income of \$40,400 to \$68,300.

“Miscellaneous” expenses include personal care items, entertainment, and reading materials.

Sibling Allowance

When a foster family provides care to a sibling group of three or more children, an additional payment of \$1.00 per day per child shall be authorized for each basic needs child in the sibling group.

When a member of a sibling group of three or more is a special needs child and the foster family receives the difficulty-of-care payment, the sibling allowance does not apply. For any member of the sibling group who does not meet the definition of special needs the foster family shall receive the additional \$1.00 per day payment.

Transportation and Travel

Foster parents are usually responsible for taking a child to all routine appointments around the required services that a foster child needs including but not limited to dental, eye, and medical appointments unless other arrangements have been made through the caseworker for the child. Just as with your own children, foster children will need to be transported for many school and community activities.

Foster families may have responsibility in the *Family Case Plan* for providing transportation related to family or pre-placement visits for the children they serve.

When your responsibility in the *Family Case Plan* includes providing transportation related to family or pre-placement visits outside the community where you lives, you may receive an additional \$1.00 per day in your maintenance payment. The transportation payment may apply whether or not the child is eligible for a difficulty-of-care payment or sibling allowance.

Reimbursement of Medical Transportation

Foster parents can also receive Medicaid reimbursement for travel expenses when:

- ◆ The closest medical facility that can meet the child’s specific needs is outside of your home community, or
- ◆ A physician has referred the child to a specialist in another community.

To claim Medicaid reimbursement for your meals, parking, child care, and mileage, you will need to:

- ◆ Have prior approval from the child's DHS caseworker.
- ◆ Complete the *Medical Transportation Claim* form (found in the Appendix).
- ◆ Have the attending physician complete the applicable sections of the claim form.

If an overnight stay is necessary, reimbursement is based on allowance state rates. You must submit the billing within 90 days of the transportation to be eligible for reimbursement.

Difficulty-of-Care Payment

A "difficulty-of-care" maintenance payment is a monthly payment made in addition to the basic maintenance payment to foster parents providing care to a special needs child to cover the extra expenses, care and supervision associated with the child's special needs. There are two levels of "difficulty-of-care" maintenance.

◆ **Special-Needs Child**

When foster parents provide care to a "special needs" child, they shall receive a difficulty-of-care payment in addition to the monthly basic maintenance rate. (See **Children with Special Needs** for a definition of these children.)

This payment is computed at a daily rate and checks are issued monthly. An additional rate of \$4.94 per day can be paid to the foster family if the child qualifies as a special needs child. A foster family is not required to be certified at treatment level to receive this level of payment.

◆ **Treatment-Level Rate**

When a foster family provides care to a special needs child receiving behavioral management for children in therapeutic foster care, the foster family shall be paid the basic maintenance rate plus a difficulty of care payment monthly. (Payment is computed at a daily rate and checks are issued monthly.) The rate is an additional \$14.80 per day.

The child must be eligible for this rate and the family must be treatment certified. Your DHS caseworker will determine the need for the treatment level of care in conjunction with other key players who are responsible for this determination. The foster care placement agreement will also reflect this rate if applicable. Discuss this with your DHS caseworker if you have any questions.

Emergency Rate

Children can be placed under “emergency” status, and the foster parents are eligible to receive the emergency rate for up to 30 days. This provision allows for a child to be assessed as to the needs the child may have and what the appropriate level of care and reimbursement will need to be.

Some families choose to be exclusively emergency homes and accept placements for up to 30 days. These families generally will accept placements at any time day or night and are a very temporary placement for the child.

If the child is known to DHS, the emergency rate may not be paid, as the needs of the child are known. The placement worker and supervisor will decide the payment rate.

Foster parents have the choice to accept or reject placements, but if they are designated as an emergency home, they should accept children when placement is needed. This would apply unless they are full, they can take only male or only female children, or the child to be placed has a known behavior that places the other children in the home at risk.

Teen Parent Maintenance Payment

When the child in foster care is a mother whose young child is in placement with her, the foster family shall be paid monthly, based on a daily maintenance rate for the teen parent that equals the basic rate for the teen parent and for her young child.

The foster parents shall provide ten percent of the young child’s basic rate to the mother to meet the partial maintenance needs of the young child as defined in the *Family Case Plan*.

Note: Unless the infant has been adjudicated a child in need of assistance, only the teen parent is considered to be “in foster care.” The infant is considered to be living with a parent.

Payment Codes for Foster/Adoptive Families

C990-Foster family maintenance

F150-Adoption pre-subsidy maintenance

F170-Adoption subsidy maintenance

SPECIAL ISSUANCE CODES

These are listed alphabetically by the code. When these appear on the Payment History or on your check, they will have the letter 'S' in front of the three characters.

| | |
|-----|----------------------------------------------------|
| A02 | Adoption subsidy-child care |
| A08 | Adoption subsidy-attorney fees |
| A09 | Adoption subsidy-medical not Medicaid covered |
| A10 | Adoption subsidy-supplies and equipment |
| A13 | Adoption subsidy-same day in-out |
| | |
| F01 | Foster family-ancillary services |
| F02 | Foster family-child care |
| F03 | Foster family-tangible goods |
| F04 | Foster family-clothing allowance |
| F05 | Foster family-school fees |
| F06 | Foster family-transportation |
| F07 | Foster family-independent living initial allowance |
| F09 | Foster family-medical not Medicaid covered |
| F13 | Foster family-same day in-out |
| F14 | Foster family-respite |
| | |
| P02 | Adoption presubsidy-child care |
| P10 | Adoption presubsidy-supplies and equipment |
| P13 | Adoption presubsidy-same day in-out |

Payment for Other Needs

Clothing Allowance

When the DHS worker determines that a child needs clothing when the child is placed in a foster home, the worker may authorize an allowance, not to exceed \$250, to purchase clothing.

A second clothing allowance, not to exceed \$200, may be approved not more than once within a calendar year by the worker when a child needs clothing to replace lost clothing or because of unusual growth or weight change.

Receipts are not required but may be requested by the child's caseworker. It is best practice to keep the receipts and show them to the child's caseworker. Documentation of the purchase of clothing for the foster child should be a part of the folder that you keep on the child.

Child Care

Children in foster care can be placed in an approved child care setting if the foster parents work, the child is not in school, and the need for child care is documented in the child's case permanency plan.

Before accepting a child into your home, you need to ask if child care is available (if you have that need). If approved, you will receive the payment for the child care and you are responsible for paying the child care provider directly. Failure to do so can result in the loss of your license for misusing DHS funds.

Tangible Goods and Ancillary Needs

"Tangible goods" for a "special needs" child include, but are not limited to, the following:

- ◆ Building modifications
- ◆ Medical equipment not covered by Medicaid
- ◆ Specialized educational materials not covered by educational funds
- ◆ Communication devices not covered by Medicaid

Ask your worker if you have a special needs child in your home that may benefit from tangible goods. The DHS service area manager or designee must approve the request. If the child has any escrow funds (an account through the state), those funds must be used.

Ancillary funds that may be needed by a special needs child as directed by the *Family Case Plan* include, but are not limited to, recreation fees, in-home tutoring, and specialized classes not covered by education funds. In addition, specialized classes for the foster parents to care for a specific child may also be covered.

School Fees

Fifty dollars (\$50.00) is available per year for required school fees exceeding \$5.00. Receipts are not required but best practice would be for you to maintain the receipts in the child's folder. (See also **School Fee Waivers**.)

"Required school fees" are fees required for the participation in school or extracurricular activities. "Extracurricular activities" refer to activities provided by the school, which require a fee for participation, such as sports, music lessons, or scouts.

"Required school fees" also include fees related to enrolling a child in preschool when a mental health or mental retardation professional has recommended school attendance.

Respite Care

(See **Respite**)

Respite care may be used as needed to provide foster parents with a break from the constant demands of caring for a foster child.

Families caring for a foster child are eligible for 24 days of respite per placement per calendar year. Respite care must be provided by another licensed foster home. Respite placements count in your licensing capacity.

The DHS area manager may authorize payment at the basic daily maintenance rate to a licensed foster family providing respite care for a foster child. The rate of payment is based on the level of care of the foster child (basic or treatment) and the foster family home's licensing status (basic or treatment).

For example, a basic level child placed in a treatment level home will be reimbursed at the basic rate. A treatment level child placed in a basic home will be reimbursed basic rate of payment. A treatment level child placed in a treatment level home will be reimbursed at the treatment level.

Treatment foster parents providing respite services to a child receiving behavioral management for children in therapeutic care shall receive the basic rate plus \$14.80 per day difficulty-of-care payment.

Reserve Bed Days

With the worker's approval, payment may continue if a child is absent from the foster home for reasons such as family visits, hospitalization, runaway, or pre-placement visits and it is the intent of DHS and the foster family for the child to return to the foster home after the absence.

Reserve bed maintenance payments may be provided for family visits, hospitalization, or runaway for up to 14 consecutive days with worker approval, or for up to 30 consecutive days with service area manager approval. For pre-placement visits, reserve bed maintenance payments may be provided for up to two consecutive days with worker approval.

Training Stipend

(See **TRAINING**)

Each foster family receives a \$100 stipend upon issuance of the initial foster care license and a \$100 stipend annually for in-service training costs when the license is renewed. These checks are separate from the maintenance payment. The training stipend is paid to the foster family to defray costs incurred (e.g., child care, mileage, registration) to meet the in-service training requirements.

Other Financial Supports

Medicaid

Every child in family foster care is eligible for medical coverage. You will receive a medical card for each foster child in your home. Check with any provider that you may take the child to, for any type of medical, dental, or mental health care, to be sure they accept the Medicaid card.

If you are caring for a foster child with a mental retardation diagnosis, the child may qualify for Medicaid home- and community-based services mental retardation waiver. Some foster children may qualify for the Medicaid home- and community-based services ill and handicapped waiver.

Your placement worker should be able to provide you information about the waivers and the application process or direct you to the right staff person within DHS.

School Lunch Program

The Child Nutrition Act of 1966 made provision for free or reduced rates for school lunches and milk. Free or reduced lunches or milk are available to foster children who meet the guidelines. Check with your local school district.

Driver's Education Fee Waiver

Students who qualify for free or reduced-price school lunch also qualify for free or reduced fees for driver education. Foster parents need to be aware that even if the school district contracts to have an approved driver education provider, the district still must provide free or reduced driver education fees to all free or reduced students in their district.

WIC

Children in foster care may be eligible for benefits under the Special Supplemental Food Program for Women, Infants, and Children (WIC), which include supplemental foods, nutrition education, and health care.

WIC is funded through the U.S. Department of Agriculture. Funds are made available to the Iowa Department of Public Health, which contracts with participating local agencies to operate the program at the local level. The Iowa WIC Program is available in all 99 Iowa counties.

WIC is available to pregnant and breast-feeding women and children up to age five, whose health is threatened by both low income and nutritional need. Eligibility for the program is determined by a qualified nutritionist based on income (less than 185% of current poverty guidelines – same as for reduced price school lunch), and nutrition risk.

For more information, contact:

Iowa WIC Program
Iowa Department of Public Health
Lucas State Office Building
Des Moines, IA 50319
Toll Free: 1-800-532-1579

Food Assistance

You may be entitled to Food Assistance benefits without regard to the foster care payments you receive. Under current U.S. Department of Agriculture policy, foster parents can choose whether to include foster children and foster care payments in determining the household's eligibility and level of benefits.

If you choose to include foster children as members of your household, the total amount of the foster care payment will be counted as income to the Food Assistance household, and the foster child will be counted in the household in determining the amount of benefits.

If you decide not to include foster children as members of the household, the foster care payment will not be counted in the household. If the foster child is excluded from the Food Assistance household, the child will not be eligible to receive Food Assistance as a separate household.

Income Tax Issues

Contact your tax consultant with any questions you have regarding your family's specific situation.

Family Medical Leave Act

The Family Medical Leave Act, 29 U.S.C., does cover foster and adoptive children. Under Section 2612, eligible employees can get up to 12 weeks of leave during a 12-month period:

- ◆ Because of the placement of a son or daughter with the employee for adoption or foster care, or
- ◆ In order to care for the spouse or a son or daughter, if such person has a serious health condition.

A "son or daughter" is defined as a biological, adopted, or foster child, a stepchild, or a legal ward.

Insurance and Liability

Vehicle Insurance

Foster parents must have insurance on all their vehicles. Be sure that you have insurance that provides coverage for the foster child if you allow the child to drive your own personal vehicle. All foster children who have a vehicle registered to them must carry insurance.

Home Owners or Renters Insurance

If you are a homeowner, you need to carry your own insurance. If you rent, it is recommended that you purchase renters insurance to cover your personal property. The Foster Home Insurance Fund will cover losses only as described below.

Foster Home Insurance Fund

DHS is authorized by law to administer the Foster Home Insurance Fund. DHS has a contractor that provides this service. Claims will be handled directly by EMC Underwriters in West Des Moines. Notice to approve or deny the claim must be mailed or given to the claimant within 180 days of the date the claim is reviewed.

You are to contact this company to report any incident. Their phone numbers are 1-800-437-6005 or 515-362-7650.

Coverage is provided for:

- ◆ Property damage at replacement costs or medical care for bodily injury as a result of the activities of a child in family foster care.
- ◆ Attorney fees in defense of civil claims filed against a foster family arising from the foster care relationship.
- ◆ Court awarded claims against the foster family on behalf of the child, or the child's parents, guardian, or guardian ad litem.

The foster parent liability insurance has the following exceptions:

- ◆ Damages resulting from the foster parent's dishonest, fraudulent, criminal, or intentional act.
- ◆ First \$100 for claims arising out of one or more occurrences during a fiscal year.
- ◆ Claims over \$300,000 per foster family home in a fiscal year.
- ◆ Personal injury incidents involving motor vehicles, aircraft, recreational vehicle, or watercraft owned, operated by, rented, leased, or loaned to a foster parent.
- ◆ Exemplary or punitive damages.
- ◆ An occurrence which does not arise from the foster care relationship.
- ◆ A loss arising out of a foster parent's lascivious acts, indecent contact, or sexual activity.

Claims filed by foster parents against the fund must be submitted **within two years of the occurrence**.

TRAINING

TRAINING

Each individual foster parent must submit documentation of completed training to the licensing worker on form 470-2540, *Foster Parent Training Report*, or its equivalent within 30 days of completing the training and before expiration of the license. (See Appendix)

Best Practice: Keep copies of all documentation and certificates of completion for the training you complete (both pre-service and in-service) in a file of important records relating to your foster home license.

Pre-Service Training Requirement

Applicants must complete 30 hours of foster parent pre-service training and complete the Universal Precautions in Foster and Adoptive Homes questionnaire as a condition for initial licensure. Applicants must attend training approved by DHS. All new foster parents will be required to take the Model Approach to Partnerships in Parenting (MAPP) pre-service (30 hours) before licensure. Pre-service training hours do not count towards the annual six credit hours of in-service training.

Each foster family receives a \$100 stipend upon issuance of license to help defray the expenses of attending Iowa pre-service training. For additional information about the training stipend, see **Training Stipend**.

In-Service Training Requirement

Each individual foster parent shall complete at **least** six credit hours of approved in-service training annually, **before the expiration date on your license**. At least three of the six hours must be in a group. Annual training hours may be increased through legislative action.

A “credit hour” consists of:

- ◆ One hour of face-to-face contact in a group, or
- ◆ One hundred pages of written material, or
- ◆ Two program hours of a movie or television show, or
- ◆ One credit hour of college work, or
- ◆ One self-instructional piece (SIP) or self-instructional module developed by Iowa State University Child Welfare Research and Training Project.
- ◆ One credit hour of an approved Internet course up to a maximum of three credit hours.

Each foster family receives an annual \$100 stipend for expenses related to training after re-licensure.

Approved Training Opportunities

The following training programs are approved (no additional approval is needed in order to receive credit for attending these programs) to meet your annual in-service training requirements:

- ◆ Workshops offered at the Iowa Foster and Adoptive Parents (IFAPA) annual conference.
- ◆ Workshops offered at the National Foster Parent Association's annual conference.
- ◆ Identified DHS core courses.
- ◆ Self-Instructional Piece Series (SIPS) published by American Foster Care Resources, Inc.
- ◆ ISU self-instructional study pieces prepared by Iowa State University.
- ◆ Through IFAPA, web site training for a maximum of three credit hours.

Applying for Approval for Other Topics

Child placing agencies, training providers, licensing workers, foster parent support groups or foster parents may apply for approval for other training using the *Foster Parent Training Application*.

Submit this form to the Department licensing worker for the area in which the training will be conducted. The service area manager or designee will issue its decision within 30 days of receiving the request. Foster parents wishing information about what training has been approved should contact their licensing worker.

The content of in-service training shall relate to:

- ◆ Your role in providing foster care.
- ◆ Skills needed by a person in their role as a foster parent.

In-service training must address one or more of the following topics:

- ◆ Adolescence
- ◆ Adoption issues
- ◆ AIDS and HIV
- ◆ Blood-borne pathogens
- ◆ Cardiopulmonary resuscitation (CPR) or first aid
- ◆ Child abuse dynamics and effects
- ◆ Child abuse identification and reporting
- ◆ Child development
- ◆ Communication

- ◆ Confidentiality
- ◆ Conflict resolution in the family
- ◆ Crisis intervention
- ◆ Discipline and behavior management
- ◆ Documentation and report preparation
- ◆ Educational needs of all children in foster care
- ◆ Emotional and mental health needs of children
- ◆ Family dynamics
- ◆ Fetal alcohol effects (FAE) and fetal alcohol syndrome (FAS)
- ◆ Health needs of foster children and working with the medical system
- ◆ Identification, utilization and role of support systems
- ◆ Impact of physical abuse, neglect, and sexual abuse
- ◆ Independent living skill training
- ◆ Juvenile court process
- ◆ Life books
- ◆ Medical management for children
- ◆ Mental retardation and development disabilities
- ◆ Negotiation skills
- ◆ Parenting
- ◆ Participation in juvenile court hearings
- ◆ Participation in foster care reviews
- ◆ Passive restraint of children
- ◆ Permanency planning
- ◆ Physical and mental disabilities in children
- ◆ Physical therapy with children
- ◆ Record keeping for foster care
- ◆ Role of guardian ad litem and CASA
- ◆ Self-care skill training with children
- ◆ Separation and attachment
- ◆ Sexuality of children
- ◆ Sign language
- ◆ Stress and foster parenting
- ◆ Substance abuse in children
- ◆ Suicide prevention with children
- ◆ Teamwork and team approach to case permanency planning
- ◆ Treatment care documentation standards
- ◆ Understanding, supporting, and working with the child's birth family
- ◆ Use of community resources for children and families
- ◆ Other topics related to foster parenting or the needs of a foster child

Mandatory Reporter Training

(See also **PREVENTING CHILD ABUSE IN FOSTER CARE**)

Foster parents are mandatory reporters of child abuse. As mandatory reporters, foster parents are required to complete two hours of training in child abuse identification and reporting. **This training must be taken within six months of initial licensing and every five-years thereafter.** Contact your licensing worker for training that is approved to meet this requirement.

Documenting Completion of Required Training

(See Appendix)

Each individual foster parent must submit documentation of completed training on form 470-2540, *Foster Parent Training Report*, or its equivalent to the licensing worker within 30 days of completing the training and before expiration of the license.

Best Practice: Keep copies of all documentation and certificates of completion for the training (both pre-service and in-service) in a file of important records relating to your foster home license.

Training Required for Treatment-Level Foster Homes

(See **TREATMENT-LEVEL FOSTER CARE**)

Each individual foster parent who is certified to provide treatment foster care must complete at least 12 credit hours of approved in-service training annually, before each renewal of your license. At least half of these 12 hours should be in a group. The training must be applicable to the needs of children that you accept or are planning to accept into your home. Work with your licensing worker to establish applicable training opportunities.

TREATMENT-LEVEL

FOSTER CARE

TREATMENT-LEVEL FOSTER CARE

Treatment foster care provides a higher level of care in a foster home setting for children who have intense rehabilitative treatment needs. It ensures that children and youth receive the help they need in a home and community based setting. The foster families who provide treatment-level foster care are experienced foster families who have completed treatment training and are certified to provide this level of care.

These foster families are reimbursed at a higher rate than families providing basic foster care, for implementing the behavior management intervention plan for the child in their home and documenting the child's progress. They also work with an agency to develop the behavior management intervention plan, and receive enhanced support and supervision.

What Are the Responsibilities of a Certified Treatment-Level Foster Parent?

As a foster parent providing treatment-level foster care, you agree to take on additional responsibilities in addition to the care and supervision given to children in basic family foster care. At a minimum, this includes:

- ◆ Ability to have one parent available at all times, for example, having a plan in place with your employer so that you can go to the school when your foster child is acting-out and needs your direction.
- ◆ Demonstrate—on an on-going basis—skills and knowledge taught during treatment foster care pre-service and in-service training.
- ◆ Work closely with the child's birth family to achieve case planning goals and objectives.
- ◆ Develop a behavior management intervention plan in conjunction with an agency staff in the first 30 days after a child has been determined by DHS or JCS to need treatment-level care.
- ◆ Participate in the continuing development of the provider's treatment plan for the child, behavior management intervention plan, and case permanency plans.
- ◆ Keep a daily log, which reflects the behavior management strategies described in the child's treatment plan and behavior management interventions plan. The daily logs are sent with the child when the child leaves your care.

Best Practice: Keep copies of your logs in a confidential place for future audit purposes.

- ◆ Keep a medical log of the child’s medical, mental health, and dental appointments, as well as medications given.
- ◆ Provide transportation related to treatment goals.
- ◆ Complete six hours of treatment foster care in-service training each year that is authorized by the licensing and/or placement social worker in your annual training plan. It must address the needs of the treatment foster child in your care or the type of child that would be placed in the foster home. This training is in addition to the six-hour basic in-service training required annually (6 hours basic + 6 hours treatment hours = 12 total hours of in-service training).
- ◆ Help plan for and assist with the child’s transition to basic family foster care, reunification with family, or other permanent placement.

How Do I Become a Certified Treatment-Level Foster Parent?

To become certified for treatment foster care, you must:

- ◆ Complete treatment foster care pre-service training (12 hours) once you have gained experience in caring for foster children or special needs children in another type of setting.

It is suggested that foster parents have at least one year of experience in foster parenting or the equivalent before taking the pre-service training and becoming certified as treatment level foster parents. If you wish to attend this training, call the DHS foster home licensing worker to see if you qualify to attend this class. You can register for this class only through your foster home licensing worker.

- ◆ After you attend treatment foster care pre-service training, a foster home licensing worker must complete an in-person evaluation of your skills, knowledge, and aptitude, and contact at least three references supporting your treatment foster care certification.

The licensing worker then makes a recommendation as to whether or not you meet treatment foster care standards. You will then be notified of the outcome.

How Is a Foster Child Approved for Treatment-Level Foster Care?

To qualify for “treatment” foster care, a child must meet DHS standards for a “special needs” child entitled to “difficulty-of-care” maintenance payments. The child’s rehabilitative treatment needs are reviewed on an ongoing basis, at least every six months, to determine if a child still needs treatment level care.

It is important to note that the goal of treatment foster care is to rehabilitate the child. As the child's rehabilitative treatment needs are addressed, eventually the child may not need treatment-level care. When your foster child is not approved for treatment-level foster care, it is preferred that the child continue living in your foster home as permanency planning continues.

What Is a Behavior Management Intervention Plan?

The behavior management intervention plan describes your role in carrying out the interventions to address the child's rehabilitative and behavior health needs. A copy of this plan will be given to you by the provider.

An example of a behavior management intervention plan is:

The foster parents will implement the following strategies when Tom handles a conflict situation in a reasonable manner:

- ◆ Verbal praise
- ◆ Discussion of Tom's good choices
- ◆ Tom's choice of a privilege from the privilege box

The foster parents will carry out the following interventions when Tom becomes verbally aggressive towards peers:

- ◆ Prompt Tom to take a time out
- ◆ Provide verbal praise for listening and taking the time out
- ◆ Encourage Tom to write out his feelings in his journal
- ◆ Discuss anger management techniques after Tom has gained his composure
- ◆ Discuss Tom's behavior cycle and ways to change it
- ◆ Discuss possible rewards for Tom changing his behavior cycle
- ◆ Non-compliance will result in room time
- ◆ Prompt Tom to apologize for his actions and ensure follow through

Daily, you must document the child's behaviors, what interventions you provided, and the responses of the child. Behavior management intervention plans should be revised continually to address the needs of the child. When you and the provider determine that the interventions are not working or a goal has been met, then changes in the behavior management intervention plan should occur to reflect the rehabilitative needs of the child.

What Can I Expect From a Provider?

The person hired by DHS or JCS to work with the treatment-level foster parent and foster child must work for a licensed foster care provider agency and be qualified to provide foster care services under state regulations.

The provider who is providing the behavior management intervention plan will:

- ◆ Help you develop a behavior management intervention plan within 30 days of a child being approved for treatment foster care.
- ◆ Help you assess the effectiveness of the treatment strategies.
- ◆ Help you revise the treatment strategies when they are not addressing the child's specific rehabilitative treatment needs.
- ◆ Teach you how to document daily, the child's behaviors, interventions, and progress.
- ◆ Meet with you on a regular basis, probably at least weekly.
- ◆ Review your daily treatment and medical logs when they meet with you. Ask the worker to review if they don't request them.
- ◆ Obtain copies or originals of your documentation as needed.
- ◆ Provide you with feedback and supervision on how you are carrying out the child's treatment interventions and daily documentation.
- ◆ Provide a treatment plan that addresses how they will help you develop, assess, and revise the behavior management intervention plan.
- ◆ Provide you with an emergency on-call phone number.

Best Practice:

Talk with the provider before the child's session and again afterward to receive a report in general terms on how the session went.

In addition to the foster care service which is directed by the behavior management intervention plan and treatment plan, a provider may be asked to provide the services called "therapy/counseling" or "skill development" to the child and their family. The provider will:

- ◆ Develop a treatment plan that includes a child's problem statements, goals, objectives, and what interventions they will use to address the child's therapy/counseling and skill development needs.
- ◆ Meet with the foster child on a regular basis, probably weekly or even more, but not usually less than twice a month.
- ◆ Provide service to the child's family to help them meet the needs of their child.
- ◆ Provide you with a copy of their treatment plan.
- ◆ Provide you with an emergency on-call phone number.

What is My Role With the Provider?

The DHS or JCS worker purchases treatment foster care services from the foster parents and the provider for children who have been approved for that level of care. You will provide the treatment foster care service jointly with a provider agency.

This service is known by several different names, all meaning the same thing: treatment foster care, level II, therapeutic foster care, Core 3 services, and C3 services.

You and the provider will team together to develop the behavior management intervention plan and keep it updated. You will meet frequently and regularly to discuss the child's behavior, needs, and your treatment interventions.

What About Financial Reimbursement?

Foster parents providing treatment foster care will receive a difficulty-of-care payment, in addition to the basic maintenance payment each month. See **FINANCES** for more information on reimbursement.

To receive treatment-level payments:

- ◆ You must be a certified treatment-level home.
- ◆ The child needs to be approved for treatment level foster care.
- ◆ You must carry out the responsibilities of a treatment home as noted above.
- ◆ Behavior management intervention services must be purchased from a provider.

Note: It is important that you do not become dependent on treatment-level reimbursements in order to subsidize your normal household expenses.

This way, you will not place yourself in financial problems once the child is successfully treated and is no longer eligible for treatment-level reimbursement.

Are There Requirements of Other Adults Living in My Home?

If there are other adults in your home besides the licensed foster parents, it is important to consider whether they will have responsibilities as caregivers for the treatment-level foster children on a routine basis. If so, they are required to complete the pre-service and in-service training requirements for treatment-level foster parents. They will also be expected to support the treatment planning and interventions for the child.

Does My Treatment Certification Need to Be Updated Annually?

Once approved to be a treatment-level foster home, you must be re-certified every year. Generally, this is done to coincide with the renewal of the foster care license. Your licensing worker may ask social workers, providers, and juvenile court officers who have had children placed in your home in the previous 12 months about your strengths and needs as a treatment foster parent.

The licensing worker will review with you the skills and knowledge critical to treatment foster care. The licensing worker will provide you with feedback on your strengths and the areas in which you should continue to grow through review of your annual training plan.

Usually, any concerns about your role as a treatment foster parent are addressed as they occur by members of the child's treatment team. Likewise, any concerns you have should be raised with the treatment team as they occur to assure the needs of the child are being met.

What Does Decertification of Treatment-Level Home Mean?

De-certification means that DHS has determined that a family no longer meets the requirements to provide treatment level foster care. De-certification may occur at any point during the licensing year if it is determined that a treatment-level foster home is not meeting the needs of treatment-level foster children.

Foster parents often continue to provide basic level foster care if their certification to provide treatment-level foster care is taken away. However, if concerns are significant enough, DHS may seek to revoke or deny the entire foster home license.

RESOURCES

AND

SUPPORT

RESOURCES AND SUPPORT

Agency Supports

People available through the agencies involved in foster care who may offer advice and support include:

- ◆ **Court Appointed Special Advocate (CASA)**

Some children in foster care will have a CASA appointed to assist in over-seeing their case. The CASA is an advocate for the child and should be having regular contact with the child. The CASA may visit a child in your home or call to talk to them.

- ◆ **DHS Social Worker or Juvenile Court Officer**

Each child placed into foster care will have either a DHS social worker or a juvenile court officer. Occasionally a child may have both.

- ◆ **Foster Care Provider**

Often, DHS purchases foster care services from a licensed private child-placing agency. This may include placement supervision, therapy and counseling, skill development, and assessment and care plan development. If you are a treatment-level foster parent caring for treatment-level children, your foster child must be offered these services.

If there is a private agency worker working with the child, this will be in addition rather than instead of a DHS worker. It will be the private agency's responsibility to provide primary support to the child, the foster family, and the birth family, with the DHS worker providing overall case management.

- ◆ **Foster Care Review Board (FCRB)**

Citizen review process of foster care placements sanctioned by the juvenile court judges to ensure that agencies are using good practice in planning for children.

- ◆ **Foster Home Licensing Staff**

DHS has the responsibility and final authority in licensing all foster homes. Many counties contract the licensing services to private agencies. In addition to the county licensing worker, you may also have a private agency worker who will complete your initial home study as well as your annual home study updates and visits.

It is important to remain in contact with your licensing worker, particularly to keep them informed in regard to current placements that you have in your home or changes that have taken place within your home or living situation. Licensing workers can also offer support, advice on which placements they feel will best work in your home, and training advice and suggestions.

◆ **Foster Home Recruiter**

DHS has a contract with IFAPA (KidSake) as a foster home recruiter. KidSake can be a resource, particularly in terms of training and information. KidSake information can be found at www.iaKids.org or call 1-800-243-0756.

◆ **Respite**

“Respite” is a temporary break from the provision of 24-hour foster care. Each foster care placement is eligible for 24 days of respite care per placement in a calendar year. Any partial day counts as a day of respite for reimbursement. For overnight stays, each night is counted as a “respite day.” (See **FINANCES**)

For more information on respite care, contact the child’s worker.

DHS Service Areas

The following table lists the head of the social work staff for each DHS service area.

| Area | Social Work Supervisor 3 | Phone Number |
|-----------------------------|---------------------------------|----------------------------------|
| Ames Service Area | Roxanne Thompson | (515) 268-2260 |
| Cedar Rapids Service Area | Mike Hodoly Cheryl Whitney | (641) 673-3496 (319) 339-6169 |
| Council Bluffs Service Area | Carol Gutchewsky | (712) 328-5662 |
| Davenport Service Area | Elizabeth Homrighausen | (563) 326-8794 |
| Des Moines Service Area | Gary Hoxmeier Mary Ellison | (515) 283-9205 (515) 283-9204 |
| Dubuque Service Area | Susan Davison | (563) 557-8251 |
| Sioux City Service Area | Pat Anderson | (712) 255-2913 |
| Waterloo Service Area | Jeannette Pratt | (319) 291-2441 |

Foster Parent Associations and Support Groups

Opportunities for networking with other foster parents are provided through the Foster Parent Liaison Program, local support groups, the Iowa Foster and Adoptive Parents Association, and the National Foster Parent Association.

Iowa Foster and Adoptive Parents Association (IFAPA)

The Iowa Foster and Adoptive Parents Association (IFAPA) is a volunteer grass-roots organization representing the interests of Iowa's foster and adoptive families. The organization originated in the early 1970s through the efforts of the local foster parent support groups in Sioux City, Des Moines, and Dubuque.

IFAPA works to recruit and retain quality foster and adoptive families by promoting support, training, and public awareness in conjunction with other public and private organizations. IFAPA advocates for foster and adopted children and families.

Membership is free to foster and adoptive families. IFAPA provides the following:

- ◆ Toll-free information and referral line – 1-800-277-8145
- ◆ *News and Views of Iowa* (newsletter)
- ◆ *Legislative Bulletin* (provided during Iowa legislative session)
- ◆ Foster Parent Liaison Program
- ◆ F.A.I.R. Program (peer support to foster parents facing allegations of abuse)
- ◆ Annual state training conference
- ◆ Stipends to foster and adoptive parent support groups
- ◆ Registration scholarships to national conferences
- ◆ Input for the Foster Parent Handbook
- ◆ Welcome packets to newly licensed foster parents
- ◆ Special events in support of foster care and adoption
- ◆ Participation in DHS program and policy development affecting foster care and adoption

IFAPA is affiliated with the National Foster Parent Association and the North American Council on Adoptable Children. To learn if there is an IFAPA affiliate in your area, call the IFAPA office at 1-800-277-8145.

Foster Parent Liaison

The Foster Parent Liaison Program links foster parents throughout the state to sources of information and support. Call 1-800-277-8145 (IFAPA) for the name and toll-free number of your foster parent liaison.

The liaisons are experienced foster parents who are available to provide peer support to foster parents and to mentor newly licensed foster parents. They assist with the development of support groups, coach foster parents how to work effectively within the system, and provide a listening ear when foster parents need to talk.

Support Groups

Foster parents are encouraged to become involved in supportive relationships with other foster parents. This may take the form of participating in a foster parent support group, or through an informal network of foster parents. There may also be a buddy system for foster parents in your area.

There are local foster parent support groups held throughout Iowa. These groups offer support and encouragement from experienced foster families. These groups are a safe place to vent about the stresses of providing foster care and offer networking opportunities for respite. Many offer training along with the support. Some of these groups offer recreational activities for foster parents and their children.

Local support groups in Iowa have the option of affiliation with IFAPA. IFAPA has a listing of groups that may be offered in or near your area. If there isn't a support group offered in your area, contact IFAPA for information on how to begin one.

Support groups differ through the state, depending on their members' needs. Some meet monthly to provide training opportunities. Most buddy systems pair novice foster parents with more experienced foster parents who can be contacted for advice or support. Ask your foster parent liaison or your licensing worker if there is a support group or buddy system in your area.

National Foster Parents Association (NFPA)

The National Foster Parent Association was founded in 1971, with the assistance of the Child Welfare League of America, for the purpose of upgrading services and policies for foster care across the nation. The NFPA meets annually.

The NFPA goals and objectives are to promote the following:

- ◆ Health, education and welfare of children in foster care
- ◆ Organizational viability of the NFPA
- ◆ Organizational skills for foster parents
- ◆ Public awareness of foster care
- ◆ Training of foster parents in parenting skills
- ◆ Establishment of a model recruitment plan
- ◆ Legal rights of foster parents

Membership services include:

- ◆ A subscription to the “National Advocate,” NFPA’s bi-monthly newsletter,
- ◆ A year subscription to the “Foster Care Journal,”
- ◆ A discount on registration for the annual NFPA Conference,
- ◆ Opportunity to participate in nominations and elections of NFPA officers,
- ◆ Eligibility for the Benjamin Eaton Scholarship,
- ◆ Substantial discounts on foster care resource materials, and
- ◆ access to NFPA’s legal hotline.

To learn more about NFPA, contact:

National Foster Parent Association
7512 Stanich Ave., #6
Gig Harbor, WA 98335
253-853-4000
800-557-5238
FAX 253-853-4001

Recruiting Other Foster Parents

There is no greater resource for recruiting foster parents than other foster parents. As people see your experience as foster parents, they may want to know more about foster parenting. You can help them decide whether fostering is for them.

You will also know people in your community who you believe would do an excellent job as foster parents. Feel free to discuss foster parenting with others that may be interested, although you may not share information about individual children and families. You can ask your local county DHS office or a private agency worker for brochures or other information to share with interested persons.

APPENDIX

APPENDIX

Glossary

ACT: The American College Testing Program.

ADHD: Attention deficit hyperactivity disorder, commonly referred to as “hyperactivity.” This disorder must be diagnosed by a psychiatrist or physician.

Adjudicatory hearing: A court hearing to determine if the allegation of a petition is true.

Another planned alternative living arrangement: One of the dispositions that can be made at the juvenile court permanency hearing. Must be reviewed at least every 12 months.

Area education association (AEA): The regional state educational agency that provides local schools with supportive services for children who need special educational services for the purpose of evaluation and intervention.

Associate juvenile judge: The person who hears the child’s case and issues orders.

Caretaker: A person responsible for the care of the child, including primary and substitute caretakers.

CASA: Court-appointed special advocate, a volunteer citizen appointed by the court to serve as an arm of the court to independently investigate the best interests of the child and to act as a liaison for the child in the court proceedings.

Child abuse: Injury or a pattern of injuries to a child that is non-accidental and the result of acts or omissions of a child’s caretaker. Types of abuse include physical abuse, sexual abuse, and denial of critical care.

Child’s attorney: An attorney who represents the child’s expressed wishes. The child’s attorney may also act as the child’s guardian ad litem, if this does not present a conflict of interest.

CINA: “Child in need of assistance,” a legal status determined through adjudication by a juvenile court.

Coalition: Iowa Coalition for Children and Family Services, an organization of private agencies that provide family-centered, family foster care, group care, shelter care, and detention services to children and their families. The Coalition provides an annual conference that is open to foster parents and agency staff.

Concurrent planning: A process that allows for dual or parallel planning for a child placed out of the home to ensure permanency for the child if reunification efforts are unsuccessful.

Confidentiality: The protection from direct or indirect disclosure of information received regarding a child or the child's family.

County attorney: The attorney who represents the state in court proceedings; generally represents DHS in juvenile court.

Court-appointed special advocate (CASA): A trained volunteer who advises the court about the best interests of a child who is a party to or a witness in any judicial proceeding.

Custodian: A person or agency designated by the court with the rights and duties to:

- ◆ Maintain or transfer to another the physical possession of a child.
- ◆ Protect, train, and discipline the child.
- ◆ Provide food, clothing, housing, and medical care.
- ◆ Consent to emergency medical care.
- ◆ Sign a release of medical information to a health professional.

Delinquent act: Violation of any state law or local ordinance which would constitute a public offense if committed by an adult, except for simple misdemeanors, curfews, traffic ordinance violations, and abuse of alcohol.

Denial of critical care: The failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, or other care necessary for the child's health and welfare when financially able to do so or when offered financial and other reasonable means to do so.

DHS: Iowa Department of Human Services. This includes the "local" or "county" offices and the state offices.

Detention hearing: The hearing at which the court determines whether it is necessary to place or retain a child in detention. This hearing must be held within 24 hours of a child being placed in detention.

Difficulty-of-care payment: Payment beyond the basic maintenance rate provided to foster families caring for a child with special needs.

Discipline: Teaching, learning, instruction.

Dispositional hearing: The hearing held after the adjudicatory hearing to determine what disposition or plan should be made for the child.

Emotional abuse: See “mental injury.”

EPSDT: The Medicaid Early and Periodic Screening, Diagnosis, and Treatment Program, also known as “Care for kids.” This program offers checkups of physical and mental development, including nutrition; unclothed physical examination; ear, nose mouth and throat checkup; visual screening; hearing testing; dental checkup; mental health screening; special laboratory tests, if needed; and immunizations against diseases such as measles, polio, and diphtheria.

Ex parte court order: An order entered by the juvenile court directing that a child be taken into custody before or after the filing of a petition.

Exploitation: An unjust or improper use of another person for one’s own profit or advantage.

Family case plan: A goal-oriented plan designed to achieve:

- ◆ Placement in the least restrictive, most family-like setting available and in close proximity to the parents home consistent with the best interest and special needs of the child.
- ◆ Permanency for the child by focusing services on objectives related to the goal for permanent placement.
- ◆ The family’s plan for child and family well-being, and child and family safety.
- ◆ Transition to adulthood for youth age 16 and older.

FINA: Family in Need of Assistance, a legal status determined through adjudication for a family in which there has been a breakdown in the relationship between a child and the child’s parents, guardian, or custodian and juvenile court involvement is requested.

FAST: Foster/Adoptive Allegation Support Team; provides information and support to parents facing allegations of abuse.

Foster care: Substitute care furnished on a 24-hour-a-day basis to an eligible child in a licensed foster care facility or approved shelter care facility by a person or agency other than the child’s parents or guardian. This includes family foster homes.

Foster parent liaison: An experienced foster parent available to provide information and support to foster parents.

GAL: Guardian ad litem.

G.E.D.: General equivalency diploma, a diploma that can be issued to a child who is at least 18 years old on the basis of satisfactory competence, as shown by tests covering social studies, natural sciences, literary materials, and general mathematical ability.

Guardian: A person who is not the parent of a child, but who has been appointed by the court having jurisdiction over the child. The duties of the guardian are to make important decisions which have a permanent effect on the life and development of that child and to promote the general welfare of that child. The guardian also serves as custodian, unless another person has been appointed custodian.

Guardian ad litem: A person appointed by the court to represent the best interest of the child in any judicial proceeding to which the child is a party.

Hearing concerning temporary removal: A hearing held any time after a petition is filed asking that a child be temporarily removed from the home.

IEP: Individual education plan, a written plan for children in special education programs, developed with the participation of the child's parents and representatives of the child's school, the area education agency, and other involved agencies. It includes designated goals and objectives to be achieved by the student; and is periodically updated.

Interstate Compact: An agreement among states to ensure the protection and services to children placed across state lines for foster care, adoption, relative placement. Iowa is a party to the Interstate Compact for the Placement of Children (ICPC) for foster care and adoption cases, the Interstate Compact for Juveniles (ICJ) for delinquency cases, and the Interstate Compact on Adoption and Medical Assistance (ICAMA).

Iowa Foster and Adoptive Parents Association (IFAPA): An organization that provides training for foster and adoptive parents, the exchange of information and support, and advocacy for children.

Juvenile court officer: An employee of Juvenile Court Services, similar to a DHS caseworker. In some counties, a juvenile court officer will be appointed to monitor the child's case or to assist in processing the court document.

Life book: A scrapbook to record pictures and special events, for a foster child to keep the child develop a sense of "roots" and history.

Mandatory reporter: A person designated by Iowa law who must report suspected abuse within 24 hours; includes foster parents.

Maintenance payment: The monthly payment issued to foster parents for the child's care to cover the costs of food, clothing, shelter, school expenses, grooming, transportation, recreation, and expenses related to the child's special needs.

Magellan Behavioral Health Care: The managed health care company responsible for reviewing and authorizing foster children's Medicaid-funded mental health services.

Medicaid: The Iowa Medical Assistance Program (also known as Title XIX), which covers medical and health services all children in foster care, as well as low-income elderly and disabled people and other categories of children and families.

Medical Assistance Eligibility Card: The card received at the beginning of the month which is proof of Medicaid coverage.

Mental injury: A non-organic injury to a child's intellectual or psychological capacity, as evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior, considering the child's cultural origin.

Neglect: See "denial of critical care."

Permanency hearing: A court hearing to consider the child's need for a secure and permanent placement in light of any permanency plan or evidence submitted to the court; held 12 months after the placement.

Permanency plan: The plan identifying needs problems, goals, objectives, services, time frames, desired outcomes, and responsibilities of all parties involved with a child who is placed outside the home.

Physical abuse: Any non-accidental physical injury, or injury which is at variance with the history given of it, suffered by a child as the result of the acts or omissions of a person responsible for the care of the child.

Preplacement visit: A visit made with the foster child and the foster family before actual placement takes place.

Reunification: A plan to return the child to the family from which the child was removed.

Review hearing: A hearing to review the child's placement and progress, usually held every six months.

SAT: The Scholastic Aptitude Test, used by many colleges for admission.

Sexual abuse: Commission of any sexual offense with or to a child as defined by Iowa law, as a result of the acts or omissions of the person responsible for the care of the child.

Shelter care hearing: A court hearing held within 48 hours of a child being placed in a shelter care setting.

Termination hearing: The court hearing held to determine if the court should terminate the parent-child relationship.

Title XIX: Title XIX of the federal Social Security Act, which sets conditions for states to receive federal matching funds for the costs of providing medical assistance to low-income children, families, disabled persons, and elderly persons; Shorthand for the Iowa Medicaid Program.

Transition Planning Program: A DHS program that assists teens in foster care for successful transition from the foster care system into the adult and provides support for youth once they have left foster care due to their age (usually 18 years old) up to their 21st birthday.

Transition planning specialist: A DHS staff person assigned to the Transition Planning Program who can assist you with resources and information to best prepare teens in your care for successful transition in becoming self-sufficient, responsible adults.

Caring for Children With HIV

AIDS is caused by the human immunodeficiency virus (HIV). AIDS is actually the final stage in a continuum of infection that results from HIV. HIV disease can be divided into three stages:

- ◆ The first stage is “asymptomatic HIV infection.” A person has contracted the virus but does not have any visible symptoms that would indicate illness.
- ◆ The second stage is “symptomatic HIV infection.” During this stage, infected persons will develop symptoms of illness, which might include fever, diarrhea, thrush, weight loss, fatigue, and others.
- ◆ The third stage, AIDS, is a clinical diagnosis determined by certain symptoms or diseases identified by the Centers for Disease Control and Prevention and laboratory evidence of significant deterioration of the immune system.

The progression of HIV disease varies greatly from person to person. The progression of the illness may be more rapid in children than in adults. Some children may have a slow progression of medical problems. Some may remain symptom-free for many years. Also, recent advances in drug therapies and other treatments for HIV have made it possible for an HIV-infected child to live longer and more comfortably than ever before.

HIV has been detected in certain body fluids, which include blood, semen, vaginal secretions, breast milk, saliva, tears, and urine. **However, only blood, semen, vaginal secretions, and in rare instances, breast milk, have been identified in transmission of HIV from one person to another.** There is no documented evidence of HIV transmission by contact with any other body fluid.

Transmission has been documented only through the following four routes:

- ◆ Through unprotected sexual intercourse.
- ◆ Through transfusions of blood or blood products or blood-to-blood contact. (Current blood screening has radically reduced the risk and there is NO risk in donating blood.)
- ◆ Through sharing intravenous needles.
- ◆ From an infected woman to her fetus during pregnancy or delivery or to her infant through breast-feeding.

Once a person is infected, the person can transmit HIV to another person by one of these routes, regardless of whether or not the person shows symptoms of HIV disease.

HIV cannot be transmitted by “casual contact.” This includes living in the same household, attending the same school, or working with a person with HIV. Transmission has not occurred by sharing household items such as dishes, eating utensils, towels, and linens, or household facilities such as bathtubs, sinks, showers, and toilets.

Because of the known transmission routes of HIV, foster parents of an HIV-infected child can be assured that the child poses no risk to them if they practice universal precautions. This includes avoiding contact with blood whenever possible and wearing gloves, which provide protection against viral transmission when dealing with blood or other body fluids containing visible blood.

Because there may be infected children in foster care whose HIV status has not been identified, it is important that all foster parents and other caregivers use universal precautions and practice good infection control for all children in their care, not just children who are known to be infected. All children of preschool age and older should be educated about the necessity of refraining from contact with anyone else’s blood, because it might contain harmful germs.

All foster parents are asked at the time of initial licensing and renewal if they are willing to care for an HIV-infected child or a child at risk of infection. If you are willing to do so, and a child known infected or at risk of infection is identified as a possible placement in your home, you will be informed of the child’s HIV status before placement. You will be allowed to make an informed decision at that time about your willingness and ability to parent that specific child.

Note: In order to share any HIV information with you, the worker will need to have a court order or signed releases from the parent or guardian.

Before placement of an HIV-infected child occurs, foster parents are required to complete the course, “Caring for Children with HIV” or an approved alternative. This course contains information on the unique aspects of pediatric HIV disease, transmission and infection control, the spectrum of HIV disease, confidentiality, death and bereavement, and self-care for the caregiver.

Foster parents who care for HIV-infected children may find it helpful to participate in AIDS support groups. These groups can be essential in sharing information related to the disease and to the care of such children. They can also help provide emotional support that will assist in the care, treatment, and supervision of the child.

The Iowa Family Network is a support group for families affected by pediatric HIV disease and is open to many birth, adoptive, and foster families in the state. Foster families may contact the Network and request information by phoning (319) 352-2197.

Foster parents must remember that all HIV-related information is confidential and state law protects this confidentiality. The caseworker will discuss specifics of confidentiality regulations with you at the time you accept placement of an HIV-infected child.

Further information about AIDS may be obtained by calling the National AIDS Hotline at 1-800-342-AIDS or the National AIDS Clearinghouse at 1-800-458-5231.

Universal Precautions and Infection Control

“Universal precautions” is a method of infection control in which all human blood and certain human body fluids are treated as if they are known to be infectious for blood-borne pathogens such as human immunodeficiency virus (HIV) or hepatitis B virus (HBV).

The use of universal precautions needs to become routine in our foster homes just as it has become routine in our schools, childcare centers, and in most workplaces.

Universal precautions includes:

◆ Preventing Contact

We should avoid coming into contact with anyone else’s blood whenever possible. We also should avoid sharing personal items that could have blood on them, such as toothbrushes, razors, and pierced earrings.

◆ Creating Barriers

When it is impossible to avoid contact with blood, we should place a barrier between the blood and ourselves. This includes wearing latex gloves when you have to clean up spills of blood, when you have to change diapers soiled with blood, or when you care for a cut with profuse bleeding or a bloody nose.

If gloves are not available, you can use other items such as a rolled-up cloth or towel, crumpled paper towels, a piece of clothing, plastic wrap, etc. to apply pressure to a cut or bloody nose.

This practice needs to be followed to protect you from exposure to anyone else's blood, not just the blood of a person who is known to be infected with HIV or HBV.

◆ **Killing Germs**

The most effective way to kill germs is by hand washing. It is the simplest and best infection control guideline. Hands should be washed vigorously using soap and warm water. They should be washed for at least 15 seconds and rinsed under running water. This should be done after removing gloves, after handling any body fluids, after changing a diaper, after using the bathroom, and before handling any food or medicine.

We also need to kill germs on areas where blood or body fluids have been spilled by soaking up the blood with paper towels, washing the area with soap and water and rinsing it with a solution of one part bleach to ten parts water or other household disinfectant.

We should role-model good infection control practices for the children in our home and should educate them about good hand-washing procedures and about the necessity to refrain from touching other people's blood because it might contain germs.

There are many other basic guidelines to follow to help prevent the spread of infections in the home. Some of them include:

- ◆ Clean up spills of food and drink immediately.
- ◆ Vacuum and dust often.
- ◆ Wash dishes after each meal in clean, soapy, hot water.
- ◆ Keep the inside of the refrigerator clean and free of mold.
- ◆ Use paper towels for cleaning and discard them.
- ◆ Disinfect bathrooms with one part bleach to ten parts water or household disinfectant.
- ◆ Make sure everyone has a separate toothbrush and razor.
- ◆ Use liquid soap. Bar soap can become contaminated with mold and other germs.
- ◆ Keep mildew out of tiles and grout around the tub and shower.
- ◆ Wash toys regularly with soap and water.

- ◆ Change babies away from food preparation areas.
- ◆ Clean changing tables and potty-chairs often with a bleach and water solution or other disinfectant.
- ◆ If you have pets, keep children away from litter boxes or pet toilet areas.
- ◆ Change litter boxes frequently.
- ◆ Make sure all your plants are nonpoisonous and that their pots are free from mold and mildew.
- ◆ Keep trash picked up. Dispose of household garbage from the kitchen and bath daily by putting it in a trash can outside.
- ◆ Don't put babies to bed with a bottle of juice or milk, because bacteria can grow rapidly.
- ◆ Don't feed babies directly from a jar of baby food, as bacteria from the mouth can spoil food left in the jar. Refrigerate opened jars of baby food and use within 24 hours.
- ◆ Wash or peel raw fruits before using.
- ◆ Cook all meats thoroughly.
- ◆ Using good basic infection control practices in addition to universal precautions in your home will help keep everyone safe and healthy.

Bill of Rights for Foster Children

Ratified in Congress Hall, Philadelphia, Saturday, April 28, 1973.

Even more than for other children, society has a responsibility along with parents for the well-being of foster children. Citizens are responsible for acting to insure their welfare.

Every foster child is endowed with the rights inherently belonging to all children. In addition, because of the temporary or permanent separation from and loss of parents and other family members, the foster child requires special safeguards, resources, and care.

EVERY FOSTER CHILD HAS THE INHERENT RIGHT...

Article the first.... to be cherished by a family of the child's own, either the child's family helped by readily available services and supports to reassume the child's care, or an adoptive family or by plan, a continuing foster family.

Article the second.... to be nurtured by foster parents who have been selected to meet the child's individual needs and who are provided services and supports, including specialized education, so that they can grow in their ability to enable the child to reach the child's potential.

Article the third.... to receive sensitive, continuing help in understanding and accepting the reasons for the child's own family's inability to take care of the child and in developing confidence in the child's own self-worth.

Article the fourth.... to receive continuing loving care and respect as a unique human being.... children growing in trust in themselves and others.

Article the fifth.... to grow up in freedom and dignity in a neighborhood of people who accept the child with understanding, respect, and friendship.

Article the sixth.... to receive help in overcoming deprivation or whatever distortion in the child's emotional, physical, intellectual, social and spiritual growth may have resulted from the child's early experiences.

Article the seventh.... to receive education, training, and career guidance to prepare the child for a useful and satisfying life.

Article the eighth.... to receive preparation for citizenship and parenthood through interaction with foster parents and other adults who are consistent role models.

Article the ninth.... to be represented by an attorney at law in administrative or judicial proceedings with access to fair hearings and court review of decisions, so that the child's interests are safeguarded.

Article the tenth.... to receive a high quality of child welfare services, including involvement of the birth parents and the child's own involvement in major decisions that affect the child's life.

Rights of Parents of Children in Foster Care*

Parents of children in foster care have the following rights:

1. To be treated as individuals who have all the rights guaranteed to them as citizens of the United States and their state. To maintain custody of their child unless it has been demonstrated that this would jeopardize the child's health and welfare.
2. To be provided with opportunities to demonstrate their capacity to provide a suitable home for their child, and to regain custody of their child as quickly as possible, when regaining custody is consistent with the health and welfare needs of the child.

3. To receive proper and adequate notice regarding any grievance or legal proceeding concerning their child.
4. To participate in planning for their child, to receive a copy of the case plan, and to receive notice of any formal review of their child's case plan.
5. To receive a clear written description of their rights and responsibilities and the agency's rights and responsibilities, and to receive information about any recourse they may have to contest actions taken by the agency.
6. To receive services, in accordance with the service plan, to assist them in overcoming the conditions which led to removal of their child, and if return of their child to their custody is not feasible, to help them adjust to an alternative permanent plan for their child.
7. To visit and communicate with their child within reasonable guidelines as set by the service plan and by the court.
8. To have their cultural, religious, ethnic, or racial heritage respected as a plan for them and their child is developed.
9. To receive an explicit written description of the expectations they must meet in order to have their child returned home and of the services the agency will provide to help them meet those expectations.
10. To have information maintained by the agency about them kept confidential.
11. To have access to information maintained by the agency about them, within a framework of agency guidelines which take into consideration others' rights to privacy, and to correct errors contained in those records.

* Resource: APWA Revised Standards. Permission given to reprint.

100 Ways to Say “Very Good”

You've got it made.
That's RIGHT!

You're on the right track now!
That's GOOD!

You are very good at that.
That's coming along nicely.

That's very much better!
GOOD WORK!

I'm happy to see you working like that.
You're really working hard today.

I'm proud of the way you worked today.
You're doing a good job.

You've just about got it.
That's the best you have ever done.

THAT'S IT!
Congratulations!

I knew you could do it.
That's quite an improvement.

Now you've figured it out.
You are doing that much better today.

Now you have it.

You should be proud of that work.
GREAT!

Keep working on it. You're getting better.
You are learning fast.
Good for you!

Couldn't have done it better myself.
You make it look easy.

You really make my job fun.
That's the right way to do it.

One more time and you'll have it.
You're getting better every day.

You did it that time!
You make me proud.

WOW!
That's the way!

Nice going.
SENSATIONAL!

You haven't missed a thing.
That's the way to do it.

Keep up the good work.
That's better.

Nothing can stop you now!
That's first class work.

EXCELLENT!
PERFECT!

That's the best ever.
You're really going to town!

FINE!
TERRIFIC!

You've just about mastered that!
That's better than ever.
Nice going.
OUTSTANDING!
Now that's what I call a fine job!
You did very well.
You must have been practicing!
FANTASTIC!
You're doing beautifully.
You're really improving.
What a good job!
SUPERB!
Good remembering.
Keep it up!
You did a lot of work today!
You've got that down pat!
You certainly did well today.
TREMENDOUS!
You're doing fine.
Good thinking!
You are really learning a lot.
Keep on trying!
You outdid yourself today!
I've never seen anyone do it better.
Good for you!
Good going!
I like that.
MARVELOUS!
I'm very proud of you.
That's a good (boy/girl).
I think you've got it now.
Good job (name of child).
You figured that out fast.
You remembered.
That's really nice.
It's a pleasure to teach when you work like that.
You're right!
CLEVER!
That makes me feel good.
That's great!
That's it!
Way to go!
Well look at you go!
Now you have the hang of it!
Congratulations! You got (name behavior) right.
You really were concentrating well.
Much better.
WONDERFUL !
Super

Code of Ethics for Foster Parents

The National Foster Parent Association has written a code of ethics for foster parents to provide a solid moral and ethical base to strengthen foster family care. The code of ethics was presented to the members of the Nation Association of Foster Parents at their annual conference in Atlanta, Georgia in 1975.

PREAMBLE

Foster family care for children is based on the theory that no unit in our society, other than the family, has ever been able to provide the special qualities needed to nurture children to their fullest mental, emotional, and spiritual development. If, for a certain period, a family ceased to provide these special qualities, substitute care must be used. It is recognized that ideally, foster care is temporary in nature. Parents who provide foster family care must have commitment, compassion, and faith in the dignity and worth of children, recognize and respect the rights of natural parents, and be willing to work with the child placing agency to develop and carry out a plan of care for the child.

Foster care is a public trust that requires that the practitioners be dedicated to service for the welfare of children, that they utilize a recognized body of knowledge about human beings and their interaction, and that they be committed to gaining knowledge of community resources which promote the well-being of all without discrimination.

Each foster parent has an obligation to maintain and improve the practice of fostering, constantly to examine use, and increase the knowledge upon which fostering is based, and to perform the service of fostering with integrity and competence.

PRINCIPLES

1. I regard as my primary obligation the welfare of the child served.
2. I shall work objectively with the agency in effecting the plan for the child in my care.
3. I shall keep confidential from the community information pertaining to any child placed in my home.
4. I hold myself responsible for the quality and extent of the services I perform.
5. I accept the reluctance of the child to discuss the past.
6. I treat with respect the finding, views, and actions of fellow foster parents, and use appropriate channels, such as a foster parent organization, to express opinions.
7. I shall take advantage of available opportunities for educating and training designed to upgrade my performance as a foster parent.

Age Characteristics of Children

Although the following characteristics are generalizations, they may provide guidelines for understanding some of the age-level expectancies. Not all children will show all the characteristics, especially not at the exact chronological age. However, knowing some of the sequences children go through can help adults provide a more “accepting” environment. Children in a foster home often can be expected to be on a slower timetable, especially in social and emotional growth.

| BIRTH TO SIX MONTHS | Implications for Parents |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Physical Characteristics Develops own rhythm in feeding, eliminating, sleeping.</p> <p>Grows rapidly.</p> <p>Gains early control of eye movements. Develops motor control in orderly sequence: Balances head, rolls over, pulls self to sitting positions, sits alone momentarily. Begins to grasp objects.</p> <p>Mental Characteristics Learns through his senses. Discriminates mother from others. Is more responsive to her. Coos and vocalizes spontaneously. Babbles in two-word syllables.</p> <p>Social Characteristics Imitates movements. Gazes at faces. Smiles to be friendly. Likes to be played with, tickled, and jostled. Smiles at self in mirror. Plays with hands and toes.</p> <p>Emotional Characteristics Shows excitement through waving arms, kicking, wriggling. Shows pleasure as he anticipates bottle or being picked up. Cries in different ways when he is cold, wet, hungry.</p> <p>Fears loud or unexpected noise, strange objects, situations or persons, sudden movements, pain.</p> | <p>Adapt schedule to baby’s rhythm as much as possible. Supply adequate food. Change baby’s position frequently. Exercise baby’s arms and legs as you bathe and change him. Supply visual stimuli, such as mobiles.</p> <p>Let baby grasp your fingers as you pull him up.</p> <p>Provide objects to see, hear, grasp.</p> <p>Talk to him a great deal.</p> <p>Play pat-a-cake and peek-a-boo. Bounce him on your knees. Provide a mirror. Allow freedom for his hands and legs.</p> <p>Show facial expressions of smiling or frowning. Learn to “read” his cries. Don’t be afraid of spoiling him. A cry is main way of communicating needs.</p> |
| | <p>Cause for Concern: No vocalization Failure to respond to sounds</p> |

SIX MONTHS TO ONE YEAR

Implications for Parents

Physical Characteristics

Large muscle:

8 months on--crawls.

9 months on--may begin to walk.

Small muscle:

Learns to let go with hands.

Puts everything in his mouth.

Begins to have teeth come in.

Cannot control bowels.

Mental Characteristics

Learns through his senses--especially his mouth.

Likes to put things in and take things out.

Likes to do things over and over.

Language:

Begins to understand such familiar words as "eat," "mama," "bye-bye," "doggie."

May not speak until age one or later.

Likes to hear you name objects.

Social Characteristics

With adults:

Finds mother or mother substitute extremely important.

Will "talk" to you using babbling sounds.

Will start to imitate.

Has eating as a major source of social interaction

With peers:

Will not play with other infants--will poke, pull, push, etc., instead.

Emotional Characteristics

Needs:

To be held and cuddled with warmth and love.

To feel sure that someone will take care of him.

Be sure dangerous objects are out of reach. Provide experiences that involve arm and leg exercise.

Child will play "dropping things" game--this helps him understand his world. Provide him with some foods he can eat with his hands and some other activities involving exercise of fingers. Child may be cranky. He'll need special patience and things to chew on. Do not try to potty train.

Provide toys and games that involve hearing, seeing, smelling, tasting, and touching. Be sure there are no toys with small or loose parts. Repeat words and activities.

Say the names of objects as the child sees or uses them.

Begin to look at very simple picture books with the child.

One person should be in charge of most of the child's care. Talk to the baby. Do the things you want the child to do.

Don't expect him to play with others.

A special person should provide physical comfort. His needs of hunger, cleanliness, warmth, holding, sensory stimulation, and interaction with an adult should always be met. Don't be afraid of spoiling him.

SIX MONTHS TO ONE YEAR (Cont.)

Personality traits:

- Becomes unhappy when mother leaves him.
- Draws away from strangers.
- Same fears as before.

If mother must leave, a special person should provide care.
Proceed slowly in introducing the child to new people.

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Cause for Concern: Failure to respond to you. Too much crying or “fretting.” Even worse is a sad expression and failure to cry.</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------|

ONE TO TWO YEARS

Implications for Parents

Physical Characteristics

Large muscle:

- Begins to walk, creep up and down stairs, climb on furniture, etc.
- Enjoys pushing and pulling toys.

Provide large, safe space for exercising arms and legs.
Push or pull toys help him balance in walking.

Small muscle:

- Begins to feed himself with a spoon and can hold a cup.
- Can stack two to three blocks.

He'll be messy, but allow the child to feed himself sometimes. Fix food he can eat easily. Provide toys or games he can take apart, stack, squeeze, pull, etc.
Let the child try to dress himself.

- Likes to take things apart.
- Likes to put in and take out things.
- Takes off pull-on clothing.
- Cannot control bowels.

Do not try to potty train.

Mental Characteristics

Learns through his senses.

Have toys or play games which make sounds, have different “feels,” involve color and shape, etc.
Be sure area is safe--allow child to explore.

Is curious--likes to explore--pokes fingers in holes.

Language:

- Can say the name of some common objects.
- Uses one word sentences—“no,” “go,” “down,” “bye-bye.”
- Can point to common body parts and familiar objects.
- Can understand simple directions such as “get your coat.”

Talk to the child often. Say the names of objects he sees or uses.
Talk about activities as you bathe and dress him.
Teach names of body parts.

ONE TO TWO YEARS (Cont.)

Social Characteristics

With adults:

Finds mother still very important.

A special person should provide most of the care.

Enjoys interaction with familiar adults.

Imitates--will copy your behavior.

Be sure you do the things you want the child to do.

Demanding, assertive, independent.

Waves bye-bye.

With peers:

Plays alone but does not play well with others his age.

Possessive of own things.

Although he likes to observe other children, he may want an adult close by.

Emotional Characteristics

Needs:

The love, warmth, and attention of a special adult.

To develop trust--the feeling that someone will take good care of him.

A special, caring adult should look after the child.

Personality traits:

Often reaches a peak of thumb sucking at 18 months.

Ignore thumb sucking. Calling attention to it will only make it worse.

May throw temper tantrums.

General emotion is "happy."

Anger chiefly aroused by interference with his physical activity. Cries because he can't put wishes into words.

Do not give in to his demands, but do not punish child--he is expressing himself the only way he knows how.

Be sure you are not demanding too much of the child.

Moral Characteristics

Conscious of adult approval and disapproval.

TWO TO THREE YEARS

Implications for Parents

Physical Characteristics

Large muscle:

Runs, kicks, climbs, throws a ball, jumps, pulls, pushes etc.

Enjoys rough-and-tumble play.

Provide lots of room and many experiences in which the child can use his arms and legs.

Small muscle:

Can turn some doorknobs.

Scribbles.

Eats easily with a spoon.

Helps dress and undress himself.

Can build a tower of six to seven blocks.

Can begin to control bowels--bladder control comes slightly later.

Provide activities that use fingers--clay, finger paint, pick-up objects, stacking objects, large crayons for scribbling.

Gradually start toilet training--consult authority if unsure of methods.

Mental Characteristics

Continues to learn through his senses.

Still is very curious.

Provide sensory experiences.

Allow the child to explore--have as few "no-no's" as possible.

Has a short attention span.

Don't make him do one thing for more than a few minutes.

TWO TO THREE YEARS (Cont.)

Language:

Uses three to four word sentences.

Begins to enjoy simple songs and rhymes.

Talk often with the child. Explain things simply.

Songs need to have repetition, be low in key, and have short range.

Social Characteristics

With adults:

Considers mother still very important.

Does not like strangers.

Imitates.

Dawdles.

Helpful with adults.

Allow him time to do things for himself and to explore.

With peers:

Enjoys playing by himself.

Enjoys having other children near but does not play with them much.

Pinches, kicks, bites, and pushes when angry—usually caused by interference with his physical activity or his possessions.

Provide the child chances for uninterrupted play.

Don't force children to play together.

Do not allow children to hurt each other--.

Emotional Characteristics

Needs:

Begins to develop a sense of self.

Needs to do some things for himself.

Enjoys praise.

Provide simple experiences in which the child can successfully do things for himself.

Praise him often.

Personality traits:

Tests his powers—says, “no!” often.

Shows lots of emotion—laughs, squeals, throws temper tantrums, cries violently, etc.

Be firm in following through with your instructions, but do not punish the child for expressing his feelings and independence.

Fears:

Loud noises, moving quickly or to high places, large animals, and mother's departure.

Avoid sudden situations involving these fears, do not force the child or ridicule him.

Moral Characteristics

Child usually appears self-reliant and wants to be good, but is not yet mature enough to be able to carry out most of his promises.

THREE TO FOUR YEARS

Implications for Parents

Physical Characteristics

Large muscle:

Runs easily, jumps.

Begins to climb ladders. Can start to ride tricycles. Tries anything, is very active.

Small muscle:

Dresses himself fairly well—cannot tie shoes.

Can feed himself with a spoon or fork. Scribbles in circles. Likes to play with mud, sand, finger paints, etc.

Can begin to put together simple puzzles and construction toys.

Takes care of toilet needs more independently--can stay dry all day but may not stay dry all night. Sex: Becomes very interested in his body and how it works

Mental Characteristics

Continue to learn through his senses.

Uses his imagination a lot--starts dramatic play and role playing.

Begins to see cause and effect relationships.

Language:

Likes to learn simple songs and rhymes, likes to play around with sounds, knows more than he can say in words.

Is curious and inquisitive.

Social Characteristics

With adults:

Can leave mother for short periods of time though she is still very important, begins to notice differences in the way men and women act. Imitates adults.

With peers:

Starts to be more interested in others, begins group play -- likes company. Is not ready for games or competition--has loosely-organized group.

Emotional Characteristics

Is anxious to please adults, and is dependent on other approval, love and praise.

May strike out emotionally at situations or persons when he has troublesome feelings.

Is sensitive to the feelings of other people toward himself.

Is developing some independence and self-reliance.

Carefully supervise opportunities for large muscle activity.

Set limits for distances. Child tends to wander too far.

Provide many opportunities for child to practice small muscle skills. These activities strengthen and coordinate small muscles.

All body parts should be labeled without judgment, and questions about body functions, answered simply and honestly.

Provide many sensory experiences. Provide props for dramatic play.

Point out and explain common cause and effect relationships -- how rain helps flowers grow, how dropping makes glass break, how hitting makes a person hurt.

Explain things to the child, answer his questions honestly, and help him put his feelings and ideas into words.

At the start of sex-role development, he will act in ways he sees you act--so do what you want the child to do.

Provide enough materials so that several children can use them together. Help the child find out socially acceptable ways of dealing with others.

Give your approval through facial expressions, gestures, and verbal responses. Avoid negative remarks about the child. Emphasize the teacher's and family's love for the child.

Offer love, understanding, and patience. Help him work with and understand his own emotions.

Develop a warm relationship with him. Express and show love for him and confidence in him.

Encourage him to do things for himself.

THREE TO FOUR YEARS (Cont.)

May have fear of unusual people, the dark, animals.

Moral Characteristics

Begins to know right from wrong.

Finds others' opinions of him are important. Increased self-control and less aggression. Uses verbal threats, such as "I'll kill you."

Don't force the child to participate in frightening activities and don't ridicule.

Provide clear limits -- enforce them consistently but not harshly.

Praise the child whenever you honestly can.

FOUR TO FIVE YEARS**Physical Characteristics**

Average height -- 40.5 inches

Average weight -- 36 pounds

Is very active---constantly on the go. Is sometimes physically aggressive.

Has rapid muscle growth. Would rather talk or play than eat.

Mental Characteristics

Has large vocabulary---1,500 to 2,000 words. Has strong interest in language, fascinated by words and silly sounds.

Likes to shock adults with bathroom language.

Has insatiable curiosity. Asks innumerable questions--incessant talker.

Can reason a little, but still has many misconceptions.

Social Characteristics

Really needs to play with others. Has relationships that are often stormy. Has tendency to exclude some from group.

Likes to imitate adult activities. Good imagination--loves to pretend.

Relying less on physical aggression.

Is learning to share, accept rules, and take turns.

Emotional Characteristics

Exhibits a great amount of demanding, threatening, name-calling.

Often is bossy, belligerent. Goes to extremes--bossy, then shy. Frequently whines, cries, complains.

Often tests people to see whom he can control.

Is boastful, especially about self and family.

Has growing confidence in self and world.

Beginning to develop some feelings of insecurity.

Implications for Parents

Provide plenty of play space both indoors and out. Provide for rest--he will fatigue easily.

Child needs ample protein in diet. Nutrition is important.

Provide interesting words or stories. Play word games.

Ignore bad language.

Answer questions patiently.

Provide experiences that will expand his reasoning ability, such as riddles and guessing games. Be alert to clarify misconceptions.

Send him to a good nursery school or play group, if possible.

Provide props for dramatic play.

Help him learn positive social behavior without punishing or scolding.

Expect him to take simple responsibilities and follow simple rules, such as taking turns.

Keep sense of humor.

Provide outlets for emotional expression through talking, physical activity, or creative media.

Establish limits and adhere to them.

Provide opportunities for talking about self and family.

Strengthen his positive self concept by pointing out the things he can do for himself.

Assure him of your love and his parents' love.

FOUR TO FIVE YEARS (Cont.)

Moral Characteristics

Is becoming aware of right and wrong; usually has desire to do right. May blame others for his wrongdoing.

Help him learn to be responsible for his own actions and behavior, and teach him the importance of making right choices.

FIVE TO SIX YEARS**Implications for Parents**

Physical Characteristics

Can dress and undress himself.

Has tendency to be farsighted--may cause hand and eye coordination problems.

Prefers use of one hand or other.

Toileting:

Is able to care for own toilet needs independently.

Sex:

Knows difference in sexes - - interest lessening

More modesty, less bathroom play.

Interested in babies and where babies come from.

Eating:

Has bigger appetite.

May have stomachaches or vomiting when asked to eat disliked foods.

Prefers plain cooking but accepts wider choice of foods.

Don't try to teach a child skills that require continued eye coordination such as reading.

Do not force child to change hands.

Offer simple, accurate explanation.

Offer appealing variety in food without force. He's more sensitive to spicy foods than adults.

Mental Characteristics

Language:

May stutter if tired or nervous. Tries only what he can accomplish.

Will follow instructions and accepts supervision.

Knows colors, numbers, etc.

Can identify penny, nickel, and dime.

May be able to print a few letters.

Social Characteristics

With adults:

May fear mother won't return for him--mother the center of his world.

Copies adults.

Likes praise.

With peers:

Plays with both boys and girls.

Is calm and friendly.

Is not too demanding in relations with others.

Can play with one child or group of children.

Likes conversation during meals.

If doesn't like school, may develop nausea and vomiting.

Is experiencing an age of conformity, is critical of those who do not conform.

Do not emphasize- -it's only temporary.

This is a good age to begin group experiences on a half-day basis.

Avoid leaving until child is prepared--he needs mother's reassurance of return.

Encourage child to find activities at school he enjoys; offer comfort; provide a secure non-critical environment.

Help child learn the value of individual differences.

FIVE TO SIX YEARS (Cont.)

Emotional Characteristics

In general, is reliable, stable, well adjusted.

Though not a fearful age, may show some fear of dark, falling, dogs, or bodily harm.

If tired nervous, or upset, may develop tension outlets of nail biting, eye blinking, throat clearing, sniffing, or nose twitching.

May still suck thumb.

Is concerned with pleasing adults.

Is easily embarrassed.

Moral Characteristics

Is interested in being good. May tell untruths or blame others for wrongdoing because of his intense desire to please and do right. Is aware of right and wrong.

Increases in temporary nervous habits are normal. Try not to appear overly concerned. Deal with cause of tension rather than the habit it creates. Offer distractions.

Child still may need rest or quiet times.

Show your love.

Be sensitive to things that embarrass him.

Implications for Parents

Help him know right from wrong. Do not be shocked if he tells an untruth, but help him to learn to accept responsibility for his own actions. Teach right behaviors and attitudes that can be incorporated into his daily living.

SIX TO SEVEN YEARS

Physical Characteristics

Is vigorous, full of energy; has general restlessness.

Is clumsy and has poor coordination.

Is in an ugly duckling stage.

Toileting:

Rarely has accidents--may occur when emotionally upset or over-excited.

May need reminders.

Sex:

Has marked awareness of sexual differences.

Investigate each other.

Engages in sex play and show.

May play doctor and hospital.

Begins to suppress masturbation.

Eating:

Has unpredictable preferences and strong refusals.

Often develops a passion for peanut butter.

Uses fingers and talks with mouth full.

Has more colds, sore throats, and other diseases.

Should have been inoculated for chicken pox, measles, whooping cough, diphtheria, German measles, mumps.

Implications for Parents

Accept accidents calmly- -child is apt to be embarrassed.

The child will accept idea baby grows in womb.

These are attempts to gather information.

This is usually just curiosity.

Child needs honest, simple answers, given in a calm manner.

You are a model for good habits.

Be aware of disease symptoms.

Ill health may result in crankiness.

Child needs plenty of rest and balanced meals.

SIX TO SEVEN YEARS (Cont.)

Mental Characteristics

Language:

May develop stuttering when under stress.

Wants all of everything--finds it difficult to make choices.

Begins to have organized continuous memories.

Can read and write.

Social Characteristics

With adults:

Blames mother for anything that goes wrong

Identifies more strongly with father.

Doesn't like being kissed in public.

Expands outside the family.

Considers teacher important.

With Peers

Friendships are unstable. Is sometimes unkind to peers.

Gives negative response.

Often is a tattletale.

Must be a winner- -changes rules to fit own needs.

Has no group loyalty.

In school, may develop problems if over-placed; can't keep mind on work; fools around, whispers, bothers other children.

When eating, makes meals difficult because of perpetual activity.

Feels pressure so breakfast most difficult meal.

Is not a good meal finisher.

Emotional Characteristics

Feels insecure as result of drive toward independence.

Finds it difficult to accept criticism, blame, or punishment.

Is the center of his own world and his main concern- -is boastful.

Generally is rigid, negative, demanding, unadaptable, slow to respond; exhibits violent emotional extremes; tantrums reappear. If not winner, often makes accusations of cheating.

Moral Characteristics

Is very concerned with good and bad behavior, particularly as it affects his family and friends. Sometimes blames others for wrongdoing.

Remember symptom temporary--may disappear of own accord.

Do not offer excessive choices, but provide opportunities for making decisions.

Help the child to see adults care about him.

Needs guidance in making and keeping friends.

Needs help in learning to be a good loser.

Allow children time for peer interaction.

Allow extra time for morning meals.

He may need time, leeway, more chances. The child will require patience and understanding. While he's attempting self-identity support drive for independence by providing opportunities to do things for him.

Set reasonable limits, offer explanation of limits, and help the child keep within the limits. Be consistent. Avoid games that designate a winner.

Teach the child to be concerned and responsible for his own behavior and how to perfect it. Assure him that everyone makes mistakes. Teach simple repentance.

SEVEN TO EIGHT YEARS

Implications for Parents

Physical Characteristics

Large muscle:

Drives himself until exhausted.

Small muscle:

May have permanent pout on face.

Has minor accidents.

Loves pencils instead of crayons.

Sex:

Is less interested in sex--drop in sex play and experimentation.

Can be very excited about new babies in family.

Eating:

Has less appetite.

Dislikes criticism; is eager for peer approval.

Wants to please peers and be like his age group.

Is more sensitive to his own and others' feelings.

Is often self-critical and a perfectionist.

Is often dreamy, absorbed, and withdrawn. More inhibited and cautious.

Is less impulsive and self-centered.

Distract child before he gets to the point of complete exhaustion.

He now has well-established hand-eye coordination.

Build his confidence; instead of criticizing, look for opportunities to give approval and affection.

Accept his need for peer approval and his need to belong.

Offer love, patience, and sensitivity. Let him know he has progressed, and continue to encourage him.

Encourage him and give him self-confidence.

Accept moods and aloofness.

Encourage him to express himself and to turn his interests to others.

EIGHT TO NINE YEARS

Implications for Parents

Physical Characteristics

Is busy, active, speedy, has frequent accidents.

Makes faces.

Toileting:

May need to urinate in connection with disagreeable tasks.

Sex:

May handle genitals if worried.

Tells dirty jokes--laughs, giggles.

May peep at each other and parents.

Wants more exact information about pregnancy and birth.

May question father's part.

Eating

Has good appetite; wolfs down food.

Belches spontaneously.

May accept new foods.

In general:

Has improved health with a few short illnesses.

Continue to be available to answer questions.

EIGHT TO NINE YEARS (Cont.)

Mental Characteristics

Wants to know the reason for things.
Often overestimates his own ability.
Often cries if fails-- "I never get anything right."

Direct child toward attempting what he can accomplish, but still provide a challenge. Stress what child has learned, not his end product.

Social Characteristics

With adults:
Demands close understanding with mother.
With peers:
Makes new friends easily; works at establishing good two-way relationships.
Enjoys school, doesn't like to miss school, and tends to talk more about school.
Develops close friend of own sex--separation of the sexes.
Considers clubs and groups important.

Provide the opportunity for peer interaction not only on a personal level but also on a group and club basis.

Eating:

Is not as interested in family table conversation; will want to finish meal so he can go about his own business.
May become sensitive to killing of animals for food.

Offer simple explanation for the killing of animals for food--remain understanding of his feelings.

Emotional Characteristics

Has more "secrets."
May be excessive in self-criticism--tends to dramatize everything; is very sensitive.

Has fewer and more reasonable fears; may have some earlier tension patterns but will be less persistent.
May argue and resist requests and instructions but will obey eventually.

Could want immediate (cash) reward.
Is usually affectionate, helpful, cheerful, outgoing, and curious; but can also be rude, selfish, bossy, and demanding--variable.
Is sometimes giggly and silly.

Needs a locked box or drawer.
Praise; do not criticize. Encourage efforts and let him know you see his progress.
Teach that others also make mistakes.

Keep directions simple, and avoid unnecessary arguing in order to avoid the "I already know" responses.
Guide him toward overcoming negative emotions and developing positive ways of showing interest and enthusiasm.
Let him enjoy humor when appropriate, and be patient with giggling.

Moral Characteristics

May experience guilt and shame.

Do not compare one child to another.
Praise and build self-confidence.

NINE TO TEN YEARS

Implications for Parents

Physical Characteristics

Active, rough and tumble play is normal, especially for boys. Great interest in team games. Has good body control. Is interested in developing strength, skill, and speed. Likes more complicated crafts and shop work.

Girls are beginning to develop faster than boys.

Mental Characteristics

Has definite interests and lively curiosity; seeks facts. Capable of prolonged interest. Can do more abstract thinking and reasoning on his own. Likes to memorize.

Individual differences become more marked.

Likes reading, writing, and using books and references.

Likes to collect things.

Social Characteristics

Boys and girls differ in personalities, characteristics, and interests. Is very group and club oriented, but is always with the same sex. Sometimes silly within the group.

Boys, especially, begin to test and exercise a great deal of independence.

Friends and activities absorb him. Likes group adventures and cooperative play.

Emotional Characteristics

Worries

May have some behavior problems especially if he is not accepted by others.

Is becoming very independent, dependable, and trustworthy.

Moral Characteristics

Is very conscious of being fair. Is highly competitive. Argues over fairness.

Provide many activities to sustain interest. Include team games.

Give opportunities for developing skills, such as handicrafts and active games.

Include many activities in which he uses his hands and has an opportunity to use small muscle skills.

Do not compare boys to girls or force them to interact.

Give specific information and facts, and use the children's interests. Do not give all the answers; allow time to think, meditate, and discuss.

Respect and be aware of individual differences when making assignments and giving responsibilities.

Provide opportunities for reading, writing, and checking references; however, do not tire the child.

Accept natural separation of boys and girls. Recognize and support the need they have of acceptance from the peer group.

Be warm but firm. Establish and enforce reasonable limits.

Encourage friendships and help children who may have few or no friends.

Use positive guidance and let him know you accept him, even though you do not approve of his behavior. Provide many experiences for exercising his independence and dependability.

Praise for these positive characteristics.

Be fair in dealings and relationships with him. Give him opportunities for competing, but help him learn to be a good loser.

NINE TO TEN YEARS (Cont.)

Has difficulty admitting that he behaved badly or has made a mistake; but is becoming more capable of accepting his own failures and mistakes, and takes the responsibility for his actions.

Is clearly acquiring a conscience.

Is well aware of right and wrong; wants to do right, but sometimes overreacts or rebels against an overly strict conscience.

Do not ridicule him or tear him down for wrongdoings, but help him learn to take responsibility for his own behavior.

Express your love and support for him often.

TEN TO ELEVEN YEARS**Implications for Parents**

Physical Characteristics

Girls are concerned with style.

Girls may begin rapid increase in weight.

Boys are more active and rough.

Has motor skills well in hand.

Has 14-16 permanent teeth.

Mental Characteristics

Is alert, poised.

Argues logically.

Begins to use fractions.

Likes to read.

Has rather short interest span.

Begins to show talents.

Concerned with facts.

Social Characteristics

May develop hero worship.

Is affectionate with parents.

Finds mother all-important.

Is highly selective in friendship--may have one best friend.

Has great pride in father.

Important to be "in" with the gang.

Emotional Characteristics

Is casual and relaxed.

Likes privacy.

Girls maturing faster than boys.

Seldom cries but may cry in anger.

Not an angry age. Anger when it comes is violent and immediate.

Main worry concerns school and peer relationships.

Moral Characteristics

Has a strong sense of justice and a strict moral code.

More concerned with what is wrong than with what is right.

Help with nutrition.

Use reasoning.

Provide books geared to interests.

Provide lessons for music , art, or other interests

Good time to discuss drug abuse.

Spend time with child.

Provide locked cupboard or box for "treasures" and a "Keep Out" sign for door.

ELEVEN TO TWELVE YEARS

Implications for Parents

Physical Characteristics

Girls begin to show secondary sex characteristics.
Boys are ahead of girls in endurance.
Is increasingly aware of body.
Has increase in muscle growth.
May show self-consciousness about learning new skills.

Mental Characteristics

Challenges adult knowledge.
Has increased ability to use logic.
May have interest in earning money.

Is critical of own artistic products.
Is interested in world and community.

Social Characteristics

Is critical of adults--obnoxious to live with.
May be quiet around strange adults.
Strives for unreasonable independence.
Has intense interest in teams and organized, competitive games.
Considers membership in clubs important.

Emotional Characteristics

Anger is very common.
Resents being told what to do.
Rebels at routines.
Often is moody.
Dramatizes and exaggerates his expressions ("worst mother in the world.")
Many fears, many worries, many tears.

Moral Characteristics

Has strong urge to conform to group morals.

Explain menstruation.
Let child take initiative.

Rapid growth may mean large appetite but less energy.

This may be a good time for a paper route or other job.
The child may like to participate in community drives.

Provide for organized activities in sports or clubs.

Let child help set the rules and help decide on own responsibilities.

Be understanding.

TWELVE TO FIFTEEN YEARS

Implications for Parents

Physical Characteristics

Onset of adolescence is usually accompanied by sudden and rapid increases in height, weight, and size.

Girl has gradually reached physical and sexual maturity.

Boy is beginning physical and sexual maturity.

Development is rapid.

Acne.

Physical strength increases greatly.

Concerned with appearance.

Mental Characteristics

Thrives on arguments and discussions.

Ability to memorize usually increases.

Able to think logically about verbal propositions.

Developing the ability to introspect and probe into his own thinking.

Able to plan realistically for the future.

Idealism.

Reads a great deal.

Social Characteristics

Withdraws from parents, who are "old-fashioned."

Boy usually resists any show of affection.

Usually feels parents are too restraining.

Needs less family companionship and interaction.

Rebels.

Has less intense friendships with those of the same sex.

Usually has a whole gang of friends.

Girls show more interest in opposite sex than do the boys.

Annoyed by younger siblings.

Emotional Characteristics

Sulking is common.

Fewer anger responses but main ones are verbal retort and leaving the room.

More worried than fearful--about grades, appearance, popularity.

Withdrawn, introspective.

Moral Characteristics

Knows right and wrong.

Tries to weigh alternatives and arrive at decision by himself.

Is concerned about fair treatment of minorities.

Is usually or reasonably thoughtful.

Is unlikely to lie, but doesn't always tell the whole truth.

Will need more food.

Explain to child what is happening--not to worry if not like all the rest.

May need special diet--medication--to treat acne.

Don't let discussions become arguments.

Don't put down his ideas--for they are truly "his"---but do help him to see the reality.

Help this planning.

Need to feel important in world, to know they have something to believe in, a cause to fight for.

Don't feel hurt or take it personally.

Remember you still are important, but not in the same way as when they are children.

Striving to be independent.

Give opportunities.

SIXTEEN TO NINETEEN YEARS

Implications for Parents

Physical Characteristics

Has essentially completed physical maturity.

Needs less food.

Mental Characteristics

May need some special testing to help determine future educational plans.

Help arrange testing at school. Encourage talking about the future.

If he reads, tends to read exhaustively.

Prefers the books and magazines of adults.

Social Characteristics

Can maintain friendly relations with parents.

Try not to pry.

Sometimes feels that parents are too "interested."

Dates actively--varies greatly in maturity. Some are uncomfortable with opposite sex while others talk of marriage.

Enjoys activities with friends of the opposite sex.

Usually has many friends and few confidants.

May have a job.

Emotional Characteristics

Worried about future--what to do.

Be available to talk and listen.

Anger responses less frequent.

Still worry about appearance.

Moral Characteristics

Knows what is right and wrong, but doesn't always do right.

Thinks more like his parents.

Takes blame well and is not so likely to blame others without just cause.

Wants to find the meaning of life and feel secure in it.

Medical Forms

Medical Assistance Eligibility Card (470-1911)

The *Medical Assistance Eligibility Card* is used to identify the child as eligible for medical services within the scope of the Medicaid program (Title XIX). It is a green card issued on a monthly basis and it is valid only for that month.

If the *Medical Assistance Eligibility Card* is lost or is mismailed due to an unreported change of address, contact the child's social worker.

The identifying and eligibility information on the card is self-explanatory, with one exception. Under the heading "Resources," a code will appear if the child has a third-party resource, such as private health insurance. This allows the Medicaid Program to recover medical expenses from the person's insurance carrier.

See the following pages for a facsimile of this form.

Physical Record (470-0580)

The *Physical Record* is used to obtain an initial and continuing record of a child's physical history and medical care. The *Physical Record* prepared by the child's physician is to be completed before a child's entry into foster care if at all possible. If not possible, an examination should be scheduled within seven days of a child's entry into foster care and at least annually thereafter.

If the child has to be placed in a foster family home before the physical is completed, the worker may request the foster parents' assistance in getting the form completed.

The county DHS office shall keep the original copy, signed by the physician, in the child's record. Additional copies may be attached to social histories that are provided to the court, other agencies, or foster parents.

See the following pages for a facsimile of this form.

Medical Transportation Claim (470-0386)

All Medicaid recipients, including foster children, must use the *Medical Transportation Claim* to claim Medicaid reimbursement for transportation expenses incurred in obtaining medical care outside the community. Reimbursement for travel expenses will be made at the rates applicable to state employees.

Check with your social worker before making the trip to see whether the expenses of the trip can be reimbursed. If you wish to be reimbursed, you must take this form along to the medical provider and obtain a signature verifying that the care was given.

Claim forms can be obtained from the DHS county office. The instructions for the form are found on the back. You are filling out the form on behalf of the child, who is the recipient. If the child is not old enough to sign in the recipient's section, you can sign on the child's behalf certifying that the transportation was provided.

You must submit this form to your county DHS office for each trip for which you are claiming payment, i.e. a separate form for each separate trip, unless you make more than one trip to a specific provider of service in one calendar month.

In that case, if you wish to report all the trips to that provider during the month on one claim form, you may enter the information in Section II and the provider will enter the dates of all visits that month in Section III.

The form should be delivered or mailed to your county DHS office as soon as possible following completion of each trip to receive medical care.. Be sure your claim gets date stamped and that date is on your copy. DHS cannot make payment on claims where more than 90 days elapse between the date the transportation took place and the date the claim is received in the county DHS office.

In most instances, DHS will pay you directly by check. We suggest that you retain a copy of the claim for your records.

See the following pages for a facsimile of this form.

**IOWA DEPARTMENT OF HUMAN SERVICES
MEDICAL ASSISTANCE ELIGIBILITY CARD**

Month Valid Year
Aid-Type County
PERSON ID. NAME BIRTHDATE OTHER INS.

Member Services Call Center 1-800-338-8366
In the Des Moines area call 725-1003

**IOWA DEPARTMENT OF HUMAN SERVICES
MEDICAL ASSISTANCE ELIGIBILITY CARD**

Month Valid Year
Aid-Type County
PERSON ID. NAME BIRTHDATE OTHER INS.

Member Services Call Center 1-800-338-8366
In the Des Moines area call 725-1003

**IOWA DEPARTMENT OF HUMAN SERVICES
MEDICAL ASSISTANCE ELIGIBILITY CARD**

Month Valid Year
Aid-Type County
PERSON ID. NAME BIRTHDATE OTHER INS.

Member Services Call Center 1-800-338-8366
In the Des Moines area call 725-1003

**IOWA DEPARTMENT OF HUMAN SERVICES
MEDICAL ASSISTANCE ELIGIBILITY CARD**

Month Valid Year
Aid-Type County
PERSON ID. NAME BIRTHDATE OTHER INS.

Member Services Call Center 1-800-338-8366
In the Des Moines area call 725-1003

NOTICE TO VENDORS

The person ID number serves as a recipient identification. When submitting a claim, enter it in the space provided. Please examine card on each occasion of service.

PERSON ID. NAME BIRTHDATE OTHER INS.

Signature _____ 470-1911

NOTICE TO VENDORS

The person ID number serves as a recipient identification. When submitting a claim, enter it in the space provided. Please examine card on each occasion of service.

PERSON ID. NAME BIRTHDATE OTHER INS.

Signature _____ 470-1911

NOTICE TO VENDORS

The person ID number serves as a recipient identification. When submitting a claim, enter it in the space provided. Please examine card on each occasion of service.

PERSON ID. NAME BIRTHDATE OTHER INS.

Signature _____ 470-1911

NOTICE TO VENDORS

The person ID number serves as a recipient identification. When submitting a claim, enter it in the space provided. Please examine card on each occasion of service.

PERSON ID. NAME BIRTHDATE OTHER INS.

Signature _____ 470-1911

SEE BACK OF ADDRESS SECTION FOR
IMPORTANT NOTICE

SEE BACK OF ADDRESS SECTION FOR
IMPORTANT NOTICE

THE DEPARTMENT'S RIGHT OF SUBROGATION TO
RECOVER MEDICAL EXPENSES FROM LIABLE THIRD
PARTIES

The department does not need your permission to recover medical payments made on your behalf or to intervene to make claim against another person or company that may be responsible for paying the costs of your medical expense. However, your cooperation will be appreciated. If you or your attorney request it, the Department will provide documents proving the medical services for which it has paid. Such documents may also be given to an attorney or insurance company to prove the amount of the Department's claim.

NOTICE TO MEDICAID RECIPIENTS:

This is your monthly medical identification card. Do not lose. If you lose this card, notify your county Human Services offices. Destroy last month's card.

**KEEP THIS NOTICE WITH YOUR
MEDICAL CARD**

MEDICAL BILLS

MEDICAID RECIPIENTS DO NOT HAVE TO PAY MEDICAL BILLS WHICH MEDICAID SHOULD PAY. IF YOU GET A BILL, OTHER THAN FOR CO-PAYMENT, FROM A DOCTOR, HOSPITAL, OR ANY OTHER MEDICAL PROVIDER, OR IF YOU ARE REFUSED MEDICAL SERVICES BECAUSE ANOTHER BILL WAS NOT PAID BY MEDICAID, YOU MAY CALL THE MEDICAL PROVIDER, OR THE CENTRAL OFFICE OF THE DEPARTMENT OF HUMAN SERVICES (MEDICAID OFFICE) FREE AT 1-800-338-8366. In the Des Moines area, call 725-1003. THE DEPARTMENT WILL TELL YOU WITHIN 30 DAYS IF MEDICAID WILL PAY THE BILL. IF IT DOES NOT, YOU HAVE THE RIGHT TO ASK FOR A HEARING.

Please sign the attached card when you receive it. YOU MUST TAKE IT WITH YOU AND PRESENT IT WHEN RECEIVING MEDICAL SERVICES.

PHYSICAL RECORD

| | | | |
|--------------|-----|----------------|---------------|
| Child's Name | Sex | Place of Birth | Date of Birth |
|--------------|-----|----------------|---------------|

FAMILY DISEASES (Check only those applicable)

- | | | |
|-----------------------------------------|---------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Venereal | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Alcoholic | |

Other Diseases _____

PREVIOUS DISEASES OF THIS CHILD (Check only those applicable and list approximate dates for previous disease.

STATE SOURCE OF ABOVE INFORMATION – ATTACH RECORD OF IMMUNIZATIONS AND BOOSTERS.

- | | | |
|----------------------------------------------|------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Chickenpox _____ | <input type="checkbox"/> Whooping Cough _____ | <input type="checkbox"/> Tuberculosis _____ |
| <input type="checkbox"/> Influenza _____ | <input type="checkbox"/> Tonsillitis _____ | <input type="checkbox"/> Sexually Transmitted Disease _____ |
| <input type="checkbox"/> Measles _____ | <input type="checkbox"/> Operations _____ | <input type="checkbox"/> Seizures _____ |
| <input type="checkbox"/> Mumps _____ | <input type="checkbox"/> Meningitis _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Scarlet Fever _____ | <input type="checkbox"/> Rheumatic Fever _____ | |
| <input type="checkbox"/> Arthritis _____ | <input type="checkbox"/> Pneumonia _____ | |
| <input type="checkbox"/> Injuries _____ | | |

CHRONIC ILLNESS OF THIS CHILD (List of medications prescribed to treat chronic conditions)

| |
|--------------------------------|
| Bedwetting (after 8 years old) |
| Chronic Ear Problem |
| Allergies |
| Malnutrition |
| Constipation |
| Other Chronic Illnesses |

PHYSICAL EXAMINATION (Please write recommendation on other side)

| | | | |
|--------------------------|--------|---------|----------------|
| Date | B/P | Pulse | Nasal Passages |
| Height | Weight | | Teeth |
| Normal Height | A-C | Under W | Tonsils |
| General Development | | | Glands |
| Posture Defects | | | Heart |
| Orthopedic Defects | | | Lungs |
| Hemoglobin or Hematocrit | | | Skin and Scalp |
| Eyes | | | Abdomen |
| Vision-Snellen Test | R-20 | L-20 | Genitalia |
| Ears – (Drums) | | | Neurological |
| Hearing Test – Rt | L | | Remarks |

| Test | For Diagnosis | Date Taken | Result |
|----------------|---------------|------------|--------|
| Sickle Cell | | | |
| Serology | | | |
| Lead Poisoning | | | |
| Wasserman | | | |
| Vaginal Smear | | | |

Tuberculin Test _____

Urinalysis _____ Specific Gravity _____ Albumen _____ Sugar _____ Microscopic _____

Initial Examination by Doctor _____ Date Completed _____

PRELIMINARY DIAGNOSIS AND RECOMMENDATIONS

| | |
|---------------------|------------|
| | |
| | |
| | |
| | |
| | |
| | |
| Signed Doctor _____ | Date _____ |

CORRECTIVE WORK DONE

| Date | Diagnosis | Treatment Given | By Whom |
|------|-----------|-----------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

ILLNESS WHILE IN CARE

| Date | |
|------|--|
| | |
| | |
| | |
| | |

REMARKS

| Date | |
|------|--|
| | |
| | |
| | |

| | | | |
|----------------|------|--------------------|----------|
| Physician Name | | Telephone () | |
| Street | City | State | Zip Code |

Iowa Department of Human Services
MEDICAL TRANSPORTATION CLAIM

I. IDENTIFICATION (to be completed by the recipient)

| | | | | |
|------------------------------------------|--|------|-------------|-----|
| Medicaid-Eligible Recipient's Name | | | Case Number | |
| Patient's Name (if other than recipient) | | | | |
| Address | | City | State | Zip |

II. TRIP INFORMATION (to be completed by the recipient or guardian)

| | | | | |
|------------------------------------------------------------------------|-------------------|-------------------------|----------------------------------|----------|
| Name of individual providing transportation | | | | |
| Address of individual providing transportation if different from above | | | | |
| Type of transportation | | Total miles, round trip | Charges | |
| | | | <input type="checkbox"/> Meals | \$ _____ |
| Dates of trip | Time of departure | Time of return | <input type="checkbox"/> Mileage | \$ _____ |
| | | | <input type="checkbox"/> Lodging | \$ _____ |
| From (address) | | To (address) | | |

III. MEDICAL SERVICES (to be completed by the Medicaid provider of medical care)

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|------|--|
| Name of Medical Provider | | Type of service (doctor, hospital, dentist, therapist, etc.) | | |
| Address of Provider | | | | |
| I certify that I provided service to the recipient on the dates set forth above. Signature of Provider (or authorized representative) | | | Date | |

IV. CERTIFICATION BY RECIPIENT

I certify that the medical transportation as set forth above was received by me or my eligible dependents. I authorize the County Department of Human Services to contact the provider of transportation or medical services to verify the above statements or obtain additional information if necessary.

| | |
|------------------------|------|
| Signature of recipient | Date |
|------------------------|------|

**V. COUNTY OFFICE USE ONLY
 COMMENTS**

| | | |
|-----------------------|---------------------|------|
| Amount approved \$ | Signature of Worker | Date |
|-----------------------|---------------------|------|

(See reverse side for additional information and instructions.)

MEDICAL TRANSPORTATION CLAIM

PROCEDURE TO OBTAIN PAYMENT

This form must be submitted to your County Department of Human Services for each trip for which you are claiming payment, i.e., a separate form for each separate trip. Unless you make more than one trip to a specific provider of service in one calendar month, in which case you may, if you wish, report all the trips to that provider during the month on one claim form in Section II and the provider will enter the dates of all visits that month in Section III. The form should be delivered or mailed to your local County Department of Human Services as soon as possible following completion of each trip to receive medical care. **PAYMENT CANNOT BE MADE ON CLAIMS WHERE MORE THAN NINETY (90) DAYS ELAPSE BETWEEN THE DATE THE TRANSPORTATION TOOK PLACE AND THE DATE THE CLAIM IS RECEIVED IN THE COUNTY OFFICE OF THE DEPARTMENT OF HUMAN SERVICES.** In most instances payment will be made directly to you by check from the Iowa Department of Human Services.

We would suggest that you retain a copy of the claim for your records.

INSTRUCTIONS FOR COMPLETING THE CLAIM

- I. IDENTIFICATION** - This section is to be completed by you or someone acting in your behalf. Enter your name, address and case number.
- II. TRIP INFORMATION** - This section is to be completed by you. If you used your own car, enter "self" on the provider name line. Enter the type of transportation (car, bus, etc.) and the date of the trip. The total miles traveled round trip must be entered and the charge made to you by the provider of transportation. If this was a flat sum, you should enter the amount. If the charge was based on gasoline, the amount for gas should be entered. The beginning and ending points of the transportation should be entered, e.g., "RR #1, Anita, Iowa to Anita, Iowa" or "Waukee, Iowa to Des Moines, Iowa." List meals and lodging for each trip along with costs incurred.
- III. MEDICAL SERVICES** - This section is to be completed by the provider of medical services (doctor, dentist, hospital, etc.). The provider or some designated person in the provider's office should enter his/her signature. Note: If service from more than one provider of medical care is received during the trip, information concerning only one of the providers needs to be entered in this section.
- IV. CERTIFICATION BY RECIPIENT** - You, or the person acting in your behalf, should enter your signature and the date in the space provided. You will note that if the County Department has questions concerning the mileage or the charges submitted, you are authorizing them to contact the provider of transportation or medical services for further information or verification.
- V. COUNTY USE ONLY** - Do not write in this space. It is for the use of the County Department.

Foster Care Forms

Foster Family Placement Contract (470-0716)

The *Foster Family Placement Contract*, also referred to as the “placement agreement,” is the formal contract between DHS and the foster parents. The form is used when DHS has financial responsibility for the placement, whether DHS will supervise the placement directly or will purchase placement supervision from another agency.

It is preferable to complete the form on or before the effective date. In an emergency, the form can be completed later if all parties agree to do so. The form must also be completed when there is a change in any of the terms of the placement (e.g., rate of payment). The contract shall be signed by both foster parents, and must be approved by the DHS worker’s supervisor.

The contract states the terms of the placement, including legal rights and responsibilities, and the rate of payment. The contract shall spell out any specific obligations either on the worker or the foster parents, such as transportation for counseling, arrangement for home visits, etc.

See the following pages for a sample of this form.

Family Case Plan (470-3453)

The *Family Case Plan* (form 470-3453) is a document that is developed by the team identified by the family and the social work case manager working jointly with the client family. The written individualized plan is the collective intentions of the family team that simply states the path and process to be followed for successful outcomes.

The *Family Case Plan* document includes the Initial Assessment, the Service Plan, the Out of Home Placement section, and the Family Comment Form. The plan specifies the goals, strategies, responsibilities, resources, and schedules for coordinated provision of assistance, supports, supervision, and services for the child and family to be successful and live safely without external supervision.

The sample on the following pages is one example of a case plan format. Juvenile court officers may use the Department’s *Family Case Plan* format or a reasonable facsimile that contains the same content.

Report of Suspected Child Abuse (470-0665)

(See also **What to Do if You Suspect Abuse: Mandatory Reporting**)

The *Report of Suspected Child Abuse* is a form that foster parents and other mandatory reporters can use to complete the written report required within 48 hours after a mandatory reporter makes an oral report of child abuse to DHS. You may use this form or any other form of written report to meet the requirements of Iowa child abuse reporting law. Any additional information should be attached.

See the following pages for a sample of this form.

Foster Parent Training Report (470-2540)

The *Foster Parent Training Report* provides each individual foster parent a log of training completed during the licensing year. Your licensing worker should give you a set of these forms for each foster parent at the time of licensure or renewal.

Enter information on the training history each time you complete training. At licensing renewal, give the original (white) copy of completed form to the licensing worker for inclusion in your licensing file. Keep the yellow copy with your license. You can give the pink copy to your child-placing agency or the county DHS worker.

See the following pages for a sample of this form.

Foster Parent Training Application (470-2541)

Form 470-2541 is prepared to facilitate the request for foster parent training approval and to document the DHS decision. A representative of a licensed child-placing, child-caring agency, a local DHS licensing worker, or an agency, institution, or association with expertise in any of the approved content training areas submit applications at least 30 days before the training.

See the following pages for a sample of this form.

Iowa Department of Human Services
FOSTER FAMILY PLACEMENT CONTRACT

I

This contract is between _____, foster parents, and the Iowa Department of Human Services or Juvenile Court Services concerning placement of the child _____, born _____, for foster care. This contract is effective _____ and continues in force until the placement is ended or until a new contract is signed.

II

The general conditions of this contract are:

1. Foster care means the temporary provision of parental nurturing, including but not limited to furnishing food, lodging, training, education, treatment and other care on a full-time, 24-hour-per-day basis, according to Iowa Code Section 237.1.
2. Except in placements made by voluntary agreement with the child's parents, the Iowa Department of Human Services or Juvenile Court Services is the custodian or guardian of the child and has the rights, privileges, duties and responsibilities given to the custodian or guardian by Iowa Code Sections 232.2(11), 232.2(21), 600A.2(6), 600A.2(7), and 600A.2(8). This authority does not belong to the foster parents.
3. The foster parents' interest in the child placed by this contract is to provide temporary care for the child. Neither this contract nor a foster family home license gives the foster parents a legal relationship or interest in the child.
4. This contract is not an employment contract. No agency relationship is established between the foster parents and the Iowa Department of Human Services.
5. This contract is the entire agreement between the Department or Juvenile Court Services and the foster parents concerning the placement of this child. It takes the place of all previous oral or written agreements, promises, or statements. This contract may not be changed except in writing signed by both the foster parents and Department or Juvenile Court representatives.
6. No foster child shall be denied the benefits or services of the foster care program, be excluded from participation in the foster care program, or be subjected to discrimination while in foster care placement on the basis of race, color, national origin, religion, creed, sex, age, political affiliation, or physical or mental disability.
7. Foster parents will be advised of special medical conditions of the child, including risk factors for or diagnosis of HIV infection. Signed releases of information or a court order will be in place before the release of any HIV information.

III

In consideration for provision of temporary care to the child by the foster parent, the Iowa Department of Human Services agrees:

1. To pay the foster parents \$_____ per day to cover their costs in caring for the child, payable after the care is provided. This payment is intended to cover the following costs: food, housing, clothing, recreational activities and personal care items. This rate includes \$_____ daily basic allowance and \$_____ daily difficulty of care allowance. When applicable, transportation and sibling allowances will also be included in this payment. Payment is made only for days that the child is in the foster home, except that payment may be made for absences of up to two weeks only if the child is expected to return.
2. To provide medical, dental, and mental health coverage to the child under the Medicaid Program and to provide foster parents with the names and phone numbers of the persons to contact to obtain routine or emergency medical care.

3. To provide the foster parents with a copy of the current case plan for the child. For new cases, the case plan will be completed within 60 days of the date of placement.
4. To make or arrange for monthly visits with the foster parents by either a Department social worker or a caseworker from a purchase of service agency to gather information about the care and supervision of the child.
5. To make or arrange for visits with the child by either a Department social worker or a caseworker from a purchase of service agency every 35 days. If the Department is providing direct service, the Department social worker will visit the child every 35 days. If there is a purchase-of-service agency caseworker, the Department worker will visit every 60 days. If the child's permanency goal is long-term foster care and there is a purchase-of-service agency worker, the Department worker will visit every 90 days. Refer to the case plan for specifics, as these days are the minimum number of days for required visits.
6. To arrange for social and other related services including, but not limited to, medical, psychiatric, psychological and educational services. These arrangements will be made in collaboration with the child's parents or guardian. For children aged 16 or older, an independent living assessment will be completed.
7. To make available to foster parents all known, pertinent information needed for the care of the child, including, but not limited to: the results of the child's physical examination, the child's medical needs (including special needs of HIV), behavioral patterns, educational arrangements, mental health issues, substance abuse information, parents and family information, including religious priorities. (Release of HIV and substance abuse information is subject to special confidentiality requirements.)
8. To inform the foster parents at least ten days in advance of plans to remove the child from the foster parents' home. Exception: The foster parents may be informed less than ten days before the child's removal when a court orders the removal, when the child's parents demand the child's return under a voluntary placement agreement, or when there is evidence of child abuse. If the Department as custodian feels there is good cause to remove a child, the child may be removed from the foster home with less than ten days notice.
9. To provide a conference with the service area manager when foster parents have made a written objection to removal of the child within seven days after being informed of plans for removal. The conference shall take place before the child is removed, except in cases where informing the foster parents ten days before removal is not required. This conference is not a contested case under Iowa Code Chapter 17A.

The service area manager shall review the decision, determine in the conference whether the removal is in the child's best interests, and explain the decision to the foster parents. If the service area manager finds that removal is not in the child's best interests, the decision to remove the child may be overruled, except when a court order or parental decision prevents the Department from doing so.

IV

In consideration of the foster care payment, the foster parents agree:

1. To accept the child for foster care placement and to provide care for the child to include, but not limited to: food, housing, clothing, recreational activities, personal care items, and any additional needs defined in the case plan. When accepting treatment-level children (Core 3), you must collaborate with and assist in implementing the behavioral management plan, and maintain all required documentation, including daily logs.
2. To hold a valid foster family home license. This includes accepting no more children than the licensed capacity of the home, (the number on your license), and completing the required number of hours of training within your licensed year (the date on your license).
3. To report to the child's Department social worker, private agency social worker, juvenile court officer and to the licensing worker, in advance, any changes in address or household members, including foster care placements.

4. To provide care to the child based on the content of the *Foster Parent Handbook*.
5. To report to the child's social worker or juvenile court officer all family recreation plans outside of routine activities of the foster family that include the foster child going on planned trips outside your home community that require an overnight stay. For the foster child to accompany the foster parents on any out-of-state travel, the social worker or juvenile court officer must give permission before the trip occurs
6. To cooperate with the Department and Juvenile Court Services in all matters concerning the case plan for the child and the child's family and make no independent agreements with the child's parents or guardians without consulting the child's social worker or juvenile court officer.
7. To hold confidential all information received from the Department or Juvenile Court Services, the child, the child's family, and medical personnel, consult with the social worker or juvenile court officer before any disclosure of information, and release no information to unauthorized persons. Special confidentiality standards apply regarding HIV status. Foster parents shall not disclose HIV information without written consent of the parent, guardian, or order of the court as required by Iowa Code Section 141.23. To.
8. To report promptly any illness of the child and to cooperate with the Department's plans for medical, psychiatric, and psychological care.
9. To give at least ten days written notice of a request to the Department to remove the child from their home, except in an emergency.
10. To timely return to the Department any overpayments made on behalf of a foster child.

V

Special Provisions:

| | | |
|-------------------------------|-----------|----------------------|
| DHS Case Worker Name | Phone No. | After-Hours Phone No |
| DHS Supervisor Name | Phone No. | DHS Office Address. |
| JCO Worker Name | Phone No. | After-Hours Phone No |
| JCO Supervisor Name | Phone No. | JCO Office Address |
| Physician's Name | Phone No. | |
| Child Parents' Name | Phone No. | |
| Other Emergency Contact Names | | |

Iowa Department of Human Services

Foster Parents

| | | | |
|----------------------|------|-----------------------|------|
| Signature of Worker | Date | Signature of Parent 1 | Date |
| Approved by: Name | | Signature of Parent 2 | Date |
| Title | Date | Address | |

Iowa Department of Human Services
A. Family Case Plan Face Sheet

| | | | | |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|-------------------|
| Child Name: | | FACS ID: | State ID: | Court Docket NBR: |
| DOB: | Placement Type: <input type="checkbox"/> Court Order <input type="checkbox"/> Home with Parent(s) <input type="checkbox"/> VPA <input type="checkbox"/> Relative Placement | | Next Type of Hearing: | Next Court Date: |
| Financial County: | | Legal Status: | Sex: | |
| Current Placement and Address: | | | | Phone Number: |

| Family Members | | | | | |
|---------------------------|-------------|-----|------|---------------------|---------|
| Sex: Male (M), Female (F) | | | | | |
| Name | DOB/ DOD | Sex | Role | Address/ Phone # | Comment |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Iowa Department of Human Services
A. Family Case Plan Face Sheet

| | | | |
|------------------------------------------|-------------------------|--------------------------------------|-----------|
| Service History - DHS Involvement | | | |
| Service Dates: From: To: | | Reason For Involvement: | |
| Provider Name: | | Reason services discontinued: | |
| Provider Address: | | | |
| Purchased Services Provided: | | | |
| Provider Name | Service Provided | From | To |
| | | | |
| | | | |
| | | | |

| | |
|---------------------------------------------|-------------------------------|
| Additional Services Provided | |
| Service Dates: From To | Reason for Involvement: |
| Provider Name: | Services Provided: |
| Provider Address: | Reason Services Discontinued: |

| | | | | |
|--------------------------|------------------|------------------|----------------|--------------------------------------|
| Court Involvement | | | | Next scheduled hearing date and type |
| Date Hearing Set: | Date of Hearing: | Type of Hearing: | Court Docket # | Outcome: |
| | | | | |

B. Family Case Plan

| | |
|---------------------------|----------------------------------------------------------|
| Child Name: | FACS ID: |
| Family Plan Participants: | Date of Initial Plan: |
| Parent/Caregiver: | |
| Child: | Family Team Meeting: |
| Child: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DHS Social Worker: | Anticipated date of case closure: |
| Parent/Caregiver: | |
| Other: | DHS social worker: |
| Other: | |

| | |
|-------------------------------|---------------|
| Household Composition: | |
| Caregiver: | Caregiver: |
| Child's Name: | Child's Name: |
| Child's Name: | Child's Name: |
| Other: | Other: |

B. Family Case Plan

Family Functioning Domain

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------|
| Child Well-Being <i>(Identify the strengths or needs that impact the safety of the child, the well-being of the child and family, and permanency for the child)</i> | | |
| <input type="checkbox"/> Child's mental health | <input type="checkbox"/> School performance | <input type="checkbox"/> Relationship with caregiver(s) |
| <input type="checkbox"/> Child's behavior | <input type="checkbox"/> Motivation/Cooperation to stay with family | <input type="checkbox"/> Relationship with siblings |
| <input type="checkbox"/> Relationship with peers | | |
| Narrative: | | |
| Goal: | Date Modified | Date Completed |
| Steps: Who does what, where and when | | |
| 1. | | |
| 2. | | |
| 3. | | |
| Comments: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------|
| Parental Capabilities <i>(Identify the strengths or needs that impact the safety of the child, the well-being of the child and family, and permanency for the child)</i> | | |
| <input type="checkbox"/> Supervision of children | <input type="checkbox"/> Disciplinary Practices | <input type="checkbox"/> Developmental/enrichment |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Physical health | <input type="checkbox"/> Use of Drugs/Alcohol |
| Narrative: | | |
| Goal: | Date Modified | Date Completed |
| Steps: Who does what, where and when | | |
| 1. | | |
| 2. | | |
| 3. | | |
| Comments: | | |

B. Family Case Plan

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------|
| Family Safety <i>(Identify the strengths or needs that impact the safety of the child, the well-being of the child and family, and permanency for the child)</i> | | |
| <input type="checkbox"/> Physical abuse of child <input type="checkbox"/> Neglect of child | <input type="checkbox"/> Sexual abuse of child <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Emotional abuse of child |
| Narrative: | | |
| Goal: | Date Modified | Date Completed |
| Steps: Who does what, where and when | | |
| 1. | | |
| 2. | | |
| 3. | | |
| Comments: | | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| Family Interactions <i>(Identify the strengths or needs that impact the safety of the child, the well-being of the child and family, and permanency for the child)</i> | | |
| <input type="checkbox"/> Bonding with child <input type="checkbox"/> Expectations of child <input type="checkbox"/> Mutual Support within the family <input type="checkbox"/> Relationship between Parent/caregivers | | |
| Narrative: | | |
| Goal: | Date Modified | Date Completed |
| Steps: Who does what, where and when | | |
| 1. | | |
| 2. | | |
| 3. | | |
| Comments: | | |

B. Family Case Plan

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| Home Environment <i>(Identify the strengths or needs that impact the safety of the child, the well-being of the child and family, and permanency for the child)</i> | | |
| <input type="checkbox"/> Housing Stability <input type="checkbox"/> Safety in community <input type="checkbox"/> Habitability <input type="checkbox"/> Food/Nutrition <input type="checkbox"/> Financial Management <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Transportation <input type="checkbox"/> Learning Environment <input type="checkbox"/> Income/Employment | | |
| Narrative: | | |
| Goal: | Date Modified | Date Completed |
| Steps: Who does what, where and when | | |
| 1. | | |
| 2. | | |
| 3. | | |
| Comments: | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| Other <i>(Specify and Identify the strengths or needs that impact the safety of the child, the well-being of the child and family, and permanency for the child)</i> | | |
| Narrative: | | |
| Goal: | Date Modified | Date Completed |
| Steps: Who does what, where and when | | |
| 1. | | |
| 2. | | |
| 3. | | |
| Comments: | | |

B. Family Case Plan

| | |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Review | |
| Date of Review: | Was this review conducted through a Family Team Meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Review Summary and Recommendations: | |

C. Child Placement Plan

| | |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Child Name | FACS ID: |
| DOB: | Anticipated Date of Return Home: |
| Date of Family Plan: | Date of initial placement: |
| Placement Type : <input type="checkbox"/> Court Order <input type="checkbox"/> VPA | Date of current placement: |
| Contrary to Welfare Language in appropriate Court Order: <input type="checkbox"/> Yes <input type="checkbox"/> No | Reasonable Efforts Language in appropriate Court Order: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Permanency Goal | |
| <input type="checkbox"/> Remain in home | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Return child to home | <input type="checkbox"/> Transfer custody or guardianship to relative |
| <input type="checkbox"/> Transfer custody to other parent | <input type="checkbox"/> Transfer custody and guardianship to suitable person |
| <input type="checkbox"/> Another planned permanent living arrangement | |

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Concurrent Goal Assessment |
| Is there a good prognosis for rehabilitation of the child or parental condition that would enable the child to safely return home? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the child expected to return home within the first six months of placement? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If No to either, a concurrent permanency goal is required. |

| |
|-----------------------------------------------------------------------------------------------|
| Concurrent Goals <i>(complete only if indicated by the Concurrent Goal Assessment)</i> |
| |

| | | | |
|--------------------------------|-------------------------------------------------------|-------------------------------|-------------------------------------------------------|
| Child Well-Being Domain | | | |
| Mental Health | <input type="checkbox"/> S <input type="checkbox"/> N | Relationship with Peers | <input type="checkbox"/> S <input type="checkbox"/> N |
| Behavioral | <input type="checkbox"/> S <input type="checkbox"/> N | Relationship with Siblings | <input type="checkbox"/> S <input type="checkbox"/> N |
| School Performance | <input type="checkbox"/> S <input type="checkbox"/> N | Motivation to maintain Family | <input type="checkbox"/> S <input type="checkbox"/> N |
| Relationship with Caregiver | <input type="checkbox"/> S <input type="checkbox"/> N | | |

C. Child Placement Plan

| Level of Placement Review Considerations <i>(Based upon your observations, contacts, and assessment of the individual child's strengths and needs, determine the level of placement most appropriate for this child.)</i> | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Level One (non-RTSS) | A child who has no or no more than occasional mild emotional and/or behavioral management problems that interferes with his or her ability to function in the family, school and/or community. The child has no specialized medical needs. The focus of care is on reassurance, consistency and regular parenting-type activities with guidance and supervision needed to maintain or enhance social skills and ensure emotional and physical well-being. Services may be provided in a relative foster home, family foster home, supervised apartment living foster care or shelter care. |
| <input type="checkbox"/> Level Two RTSS Community Group Care (D16x) | A child has mild emotional and/or behavioral management problem that interfere with the child's ability to function in the family, school or community. This child is likely to have a mental health diagnosis or a minor medical problem that requires monitoring by a specialist. Behaviors include infrequent impulsive or deliberate acts than may result in minor property destruction, nonviolent anti-social acts and some oppositional behavior. The child is not a threat to self or others. Services may be provided in relative foster home, family foster home, treatment family foster care, shelter care or group care. Services must include at least one skill development intervention per day (either social skill or restorative living skills), and a defined 1-4 hours of group or individual therapy and counseling. |
| <input type="checkbox"/> Level Three RTSS Comprehensive Group Care (D2-6x) | A child who has moderate or occasional serious emotional and/or behavioral management problems that interferes with his or her ability to function in the family, school or community when outside a therapeutic setting. The child has a mental health diagnosis or a serious medical problem or is medically fragile. The child's behaviors may include sexual acting out without harm and/or aggression, mild or moderate self-injurious behavior, suicidal intent, running away with brief absences, pre-delinquent or delinquent behavior that are not chronic. Services are provided in a treatment family foster care or group care. Services must include at least two skill development interventions per day (either social skill or restorative living skills), and a defined 0-8 hours of either group or individual therapy and counseling. |
| <input type="checkbox"/> Level Four RTSS Enhanced Group Care (D-3-6x) | The child has moderate to serious emotional and/or behavioral management problems that interfere with his or her ability to function in the family, school or community. The child has a mental health diagnosis with inconsistent response to treatment and may have had psychiatric hospitalization and/or incarceration in a juvenile facility. The child has serious medical problems which require time-intensive procedures to be performed on a daily basis by the caregiver. Behaviors include sexual acting out without injury, self-injurious behavior or suicide intent which has not manifested itself in the past 30 days, running away with longer absences, delinquency, bizarre or eccentric behavior that is not dangerous to self or others and little remorse for inappropriate or delinquent behavior. Services are provided in a therapeutic setting including treatment foster family care or group care. At least two skill development interventions per day (either social skill or restorative living skills) and a defined 0-12 hours of either group or individual therapy and counseling. |
| <input type="checkbox"/> Level Five RTSS Highly Structured Group Care (D4-6x) | The child has severe emotional and/or behavioral management problems that interfere with his or her ability to function in the family, school or community. The child has a mental health diagnosis with multiple interventions that have not been successful and requires intensive and/or specialized support services to be safe. Child has a history of incarceration and/or psychiatric hospitalization. A child with serious medical problems requiring constant 24-hour a day care provided by medical professionals or persons specially trained to meet medical needs and who are closely supervised by medical professionals. Behaviors include sexual acting out, self-injurious behavior or suicide intent, running away with prolonged absence, delinquency, non-compliant with medications, cruelty to animals, fire-setting and risk to the community. Services are provided in a therapeutic setting including treatment foster family care or group care with 24 hour supervision. At least two social skill development interventions per day, restorative skill interventions as needed, and a defined 0-12 hours of either group or individual therapy and counseling. |

C. Child Placement Plan

| Indian Child Welfare Act | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Date parents were asked if they were a member of, eligible for membership in, or considered by a tribe to be a member of their tribal community: Mother: Father: | Date child was asked if they were a member of, eligible for membership in, or considered by a tribe to be a member of their tribal community: |
| Is the child a member of, eligible for membership in, or considered by a tribe to be a member of their tribal community: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, the name of the tribe: Date the tribe was notified: |
| Is the child placed with extended family or other tribal member, in a foster home or facility licensed or approved by the tribe, or in a Native American foster home licensed by a non-Indian licensing authority? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | If No, explain: |
| If the child was placed in foster care under a voluntary foster care agreement, was it executed before a judge who certified that the terms and conditions of the voluntary agreement were fully explained to the child's parents? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | If No explain: |

| Placement Status Information | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Is current placement stable? <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain: |
| Is the current placement sufficient to achieve the permanency goal without further need to move the child? <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain: |
| Is the placement the least restrictive setting to meet the child's needs? <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain: |
| Is the placement within the child's community of origin? <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain: |
| Did the child change schools at the time of placement? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain: |
| Are the child and siblings placed together? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | If No, explain: |
| Are the primary connections and characteristics of the child being preserved in the placement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | If No, explain: |

C. Child Placement Plan

Efforts Made by DHS to Support the Placement and Prevent Disruption

- Assessed the needs of the child
- Matched the child's needs with the substitute family's or facility's abilities
- Prepared the child and the family for the placement
- Assisted children with feelings about living apart from family
- Provided adequate support to the child, family, and substitute caregivers
- Maintained family connections by allowing visits early and often
- Developed crisis plans that address predictable behaviors or patterns of behavior that threaten or destabilize the placement.
- Other:

Placement History *(include current and previous placements)*

| Date Placed: | Type of Placement: | Name and Address of Placement Resource: | Exit Date: | Exit Reason: |
|--------------|--------------------|-----------------------------------------|------------|--------------|
| | | | | |
| | | | | |
| | | | | |

ASFA

Has the child been in foster care 12 months or longer?

- Yes No

If yes, permanency hearing date(s):

Has the child re-entered foster care within 12 months of the child being discharged from foster care?

- Yes No

If yes, explain:

Has the child been in foster care for 15 of the last 22 months?

- Yes No Exception *See Below*

If yes, date TPR petition filed:

If TPR petition has not been filed, note the reason below.

Termination is not appropriate because:

- Child is being cared for by relatives
- Family has not been provided services necessary to safely return the child home
- Compelling reasons exist: *(Explain)*

C. Child Placement Plan

Visitation

There are no safety issues during visitation Provisions to assure safety during visitation are:

| Name | Relationship to Child: | Frequency: | | | | Supervised by: | Restricted by Court Order Dated: |
|------|------------------------|------------|--------|----------|---------|----------------|----------------------------------|
| | | Restricted | Weekly | BiWeekly | Monthly | | |
| | Mother | | | | | | |
| | Father | | | | | | |
| | Sibling | | | | | | |
| | Sibling | | | | | | |
| | Sibling | | | | | | |
| | Other | | | | | | |
| | Other | | | | | | |

If visitation is restricted, give reasons and/or circumstances under which visiting is contrary to the child's safety or best interest:

Efforts made by the agency to promote and support visitation:

If child is in out-of-state placement, date of the last face-to-face annual visit:

Name of person who visited the child:

Documentation

Has Certified Birth Certificate:

Yes No

If No, plan to obtain:

Has Social Security Number/Card:

Yes No

If No, plan to obtain:

Health Records

| Treatment & Evaluations | By Whom & What Organization | Address | Date | Date given to Caregiver or Provider |
|-------------------------|-----------------------------|---------|------|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |

C. Child Placement Plan

| Mental Health / Psychological / Psychiatric | | | | |
|---------------------------------------------|-----------------------------|---------|------|-------------------------------------|
| Treatment & Evaluations | By Whom & What Organization | Address | Date | Date given to Caregiver or Provider |
| | | | | |
| | | | | |

| Education Record | | | |
|-------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------|--|
| Is youth enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Early access or AEA referral (age 0-5) : <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| School Name: Address: | Current Grade: | Anticipated date of graduation: | |
| Regular Attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: | | Working at Grade Level? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: | |
| IEP Date: NA <input type="checkbox"/> | | School Advocacy Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date Educational Records given to caregiver /Provider: | | IEP and/or Educational Records located in the case file section: | |

| Transition Plan (Required For Youth 16 & Older) | |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Date of Initial Transition Plan: | Referral to Transition Planning Specialist: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has Photo ID: <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, steps to obtain (who, what, where when): |
| Has Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Want | If No, steps to obtain (who, what, where when): |
| If Delinquent, Date of Adjudication: | Level of Offense: |

C. Child Placement Plan

| Youth Life Skills Assessment | | | | | | | |
|-----------------------------------------------------------|--------------|-----------------|------|------------------------------------------------------------------|--------------|-----------------|------|
| Area of Assessment | Satisfactory | Making Progress | Need | Area of Assessment | Satisfactory | Making Progress | Need |
| Daily living skills: Laundry, cleaning, shopping, cooking | | | | Community Resources: Knowing what is available and how to access | | | |
| Self Care: Hygiene, access to physical/mental health care | | | | Positive Support System | | | |
| Housing: Awareness of future options and how to obtain | | | | Employment Skills | | | |
| Money Management | | | | Education Plan | | | |
| Social Skills Development | | | | Transportation | | | |
| Emergency/ Safety Skills | | | | Parenting Skills: If the youth is pregnant or parenting | | | |
| Other: | | | | Other: | | | |
| Date Life Skills Assessment Completed: | | | | Date Reviewed by Transition Planning Committee: | | | |

| |
|--------------------------------------------------------------------------|
| Steps for improving areas identified as a Need (who, what, where, when): |
| |
| Describe progress youth has made on areas of need indicated: |
| |

Iowa Department of Human Services
C. Child Placement Plan

| Discharge Preparation (Youth has been advised of the following services prior to discharge) | | | |
|---------------------------------------------------------------------------------------------|---------------|---------------------|---------------|
| Service: | Date Advised: | Service: | Date Advised: |
| Voluntary Foster Care to complete high school / GED: | | Title 19: | |
| Education and Training Voucher (ETV): | | Aftercare Services: | |

Youth Signature: _____ **Guardian Ad Litem Signature** _____

REPORT OF SUSPECTED CHILD ABUSE

This form may be used as the written report which the law requires all mandated reporters to file with the Department of Human Services following an oral report of suspected child abuse. If your agency has a report form or letter format which includes all of the information requested on this form, you may use the agency format in place of this form.

Fill in as much information under each category as is known. Submit the completed form to the local office of the Department of Human Services within 48 hours of oral report.

FAMILY INFORMATION

| | | |
|-------------------------------------|--------|-----------------------------------|
| Name of child | Age | Date of birth |
| Address | | |
| Phone | School | Grade level |
| Name of parent or guardian | | Phone (if different from child's) |
| Address (if different from child's) | | |

OTHER CHILDREN IN THE HOME

| NAME | BIRTH DATE | CONDITION |
|------|------------|-----------|
| | | |
| | | |
| | | |
| | | |

INFORMATION ABOUT SUSPECTED ABUSE

In this section, indicate the date of suspected abuse; the nature, extent and cause of the suspected abuse; the persons thought to be responsible for the suspected abuse; evidence of previous abuse; and other pertinent information needed to conduct the assessment. Use the back of this form if necessary to complete the information requested above and to identify individuals who have been informed of the child abuse report, such as building administrator, supervisor, etc.

REPORTER INFORMATION

| | |
|--------------------------------------------------------------------|-----------------------|
| Name and title or position | |
| Office address | |
| Phone | Relationship to child |
| Names of other mandatory reporters who have knowledge of the abuse | |
| Signature of reporter | Date |

FOSTER PARENT TRAINING REPORT

A. IDENTIFICATION OF FOSTER PARENT

| | | | |
|------------------|------|-------|----------|
| Name | | | |
| Street | City | State | Zip Code |
| Licensing Agency | | | |

B. IDENTIFICATION OF TRAINING

Title or Brief Description of Content

| | |
|----------|------------------------|
| Date(s) | Number of Credit Hours |
| Location | Training Provider |

C. EVALUATION

1. What did you gain from this training for you?

2. Would you recommend this training to other foster parents? Explain

3. Overall, the training: Met my needs Did not meet my needs Please explain

4. Overall, the training was: Too Basic Just About Right Too Advanced

5. Other Training Needs:

Iowa Department of Human Services
FOSTER PARENT TRAINING APPLICATION

A. IDENTIFICATION OF TRAINING

| |
|-----------------------------------|
| Title: |
| Provider: |
| Date(s): |
| Number of Credit Hours Requested: |

Attach a detailed description including names of program instructors and their qualifications

B. REQUEST SUBMITTED BY

| |
|----------|
| Name: |
| Title: |
| Address: |
| Phone: |

C. DECISION (for service area use)

| | | |
|-------------------------|-----------------------------------------------------------------------------------------|-------------------------|
| Service Area: | Action Taken <input type="checkbox"/> Not Approved <input type="checkbox"/> Approved | Number of Credit Hours: |
| Reason(s) Not Approved: | | |
| Signature: | | |
| Title: | Date: | |

If an applicant or provider of training objects in writing within seven days after notification of the Department's decision to deny or revoke approval, the service area manager shall review the decision to determine if the original decision shall stand. The decision of the service area manager is final and is not subject to an appeal.

Tools You Can Choose To Use

Foster Child Cover Sheet

Date _____

Date of Placement _____

| | | |
|---------------------|-----|------------|
| Name | DOB | Title 19 # |
| County of Residence | | SS# |

| | |
|-------------------------------------|-----------------------------|
| DHS Social Worker _____ | Supervisor _____ |
| Address _____ | |
| Office Phone Number _____ | After Hours Number(s) _____ |
| Juvenile Court Officer _____ | Supervisor _____ |
| Address _____ | |
| Office Phone Number _____ | After Hours Number(s) _____ |
| Foster Care Provider _____ | Supervisor _____ |
| Address _____ | |
| Office Phone Number _____ | After Hours Number(s) _____ |

Physician _____
Address _____

Office Phone Number _____
After Hours Number _____

Dentist _____
Address _____

Office Phone Number _____
After Hours Number _____

Psychiatrist _____
Address _____

Office Phone Number _____
After Hours Number _____

Psychologist _____
Address _____

Office Phone Number _____
After Hours Number _____

Individual Therapist _____
Address _____

Office Phone Number _____
After Hours Number _____

Family Therapist _____
Address _____

Office Phone Number _____
After Hours Number _____

Child's Attorney and/or Guardian ad Litem

Address _____

Office Phone Number _____
After Hours Number _____

This form can be given to foster care respite providers. However, it contains **CONFIDENTIAL** information and cannot be shared with others without an appropriate release of information.

| |
|-------------------------------------------|
| Birth Mother _____ |
| Address _____ |
| Home Phone Number _____ Work Number _____ |
| Birth Father _____ |
| Address _____ |
| Home Phone Number _____ Work Number _____ |
| Siblings |
| |
| |

Pharmacy _____ Phone Number _____

Address _____

School _____ Grade _____

Special Educational Programming _____

CASA _____ Phone Number _____

Other _____

Address _____

Office Phone Number _____ After Hours Number(s) _____

Individuals Whose Contact with the Child is Forbidden or Restricted:

Special Medical Issues, i.e. allergies, chronic medical conditions, etc.:

Special Behavior Issues, i.e. developmental delays, aggression towards self or others, supervision needs, bedtime issues, known/suspected sexual abuse, etc.:

Religion/Religious Issues:

Foster Child Medical Log Example

EXAMPLE

Name May Flour

Date of Birth 01/01/85

| Date | Doctor/Provider Name | Service Provided and Reason | Outcome of Appointment (diagnosis, medication or treatment prescribed) | Date of Next Appointment, if applicable |
|-------------|-----------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------|
| 02/14/99 | Dr. John Smith | Annual Physical per foster care requirements | In good health | N/A |
| 03/02/99 | Dr. Mary Jones | Annual Eye Exam, per foster care requirements | Needs glasses | 03/12/99 |
| 03/12/99 | Dr. Mary Jones | Check up, fitted for eye glasses | Received eye glasses; follow-up exam recommended in six months | Not scheduled yet |
| 07/05/99 | Covenant Emergency Room; Dr. Lisa Brown | Rec'd four sutures for laceration from fall during rollerblading | Referred to family physician for recheck in one week | 07/11/99 w/Dr. Smith |
| 07/11/99 | Dr. John Smith | Office Visit to remove sutures from accident on 7/5 | Injury healing with no concerns; no follow-up necessary | N/A |
| 10/25/99 | Tim Hansen, P.A. Integra Health | Strep test for sore throat, fever, cough | Positive for strep, placed on antibiotics for 10 days | N/A |
| 11/17/99 | Dr. Carol Miller, Psychiatric Partners | Psychiatric Evaluation due to symptoms of depression and defiant behavior | Second appointment scheduled to continue eval.; rec'd prescription for depression | 11/30/99 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Child's Name _____

Month and Year _____

Medication Record

| | Time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------------------|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Medication: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Therapeutic Use: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dosage: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doctor: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Therapeutic Use: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dosage: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doctor: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Therapeutic Use: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dosage: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doctor: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Physical Description of Child

Foster parents are encouraged to keep a current written physical description of each foster child. This written information will be a helpful quick reference in the event you must make a report to the police for an attempt to locate (a runaway), a missing persons report, or a report of a kidnapping.

UPDATE THIS INFORMATION AS THE CHILD GROWS AND CHANGES.

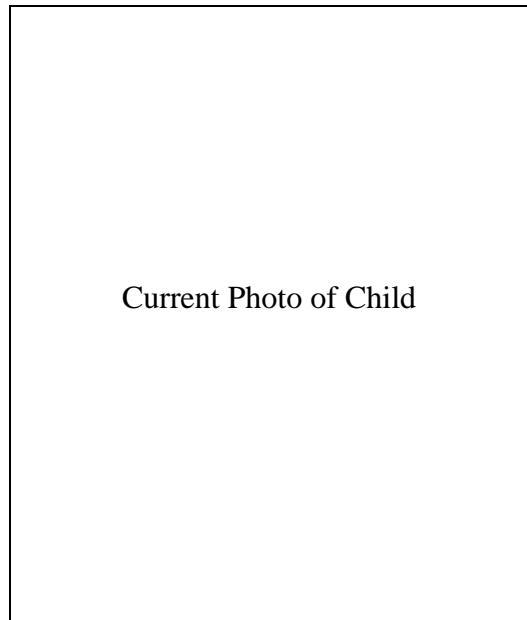
| | | | |
|------------------------------------|--------|---------------------------------|-----------|
| Child's Name (first, middle, last) | | | |
| Date of Birth | Age | SS# | |
| Height | Weight | Hair Color | Eye Color |
| Race/Ethnic Origin | | Skin Tone (light, medium, dark) | |

Identifying Marks (scars, tattoos, moles, etc...) _____

Other Identifying Features _____

Glasses Yes No Contacts Yes No

Behavioral or health information that emergency personnel responding to the situation should be aware of (such as allergies, substance use, aggression, medical needs, etc....)
NOTE: HIV information cannot be shared without specific written consent from the child, their parent or guardian, or a Court order.



Supervised Visit Summary

Date _____

Name of Foster Child(ren) Present _____

Name of supervisor for visit and relationship to case _____

Visit start time _____ **AM/PM**

Visit end time _____ **AM/PM**

Location of visit:

Person(s) Attending Visit

If any persons in attendance were not approved to participate in advance of the visit, please explain the situation and how it was handled in the narrative section below.

Did visitors arrive as scheduled? Yes No (circle one) If no, please explain

Identified safety concerns for this visit _____

Areas for Observation and/or Documentation

| | | |
|--------------------------------------------|------------------|-----------------------------------------------|
| verbal and non-verbal communication | play | redirection or education given to visitor |
| age-appropriateness of interaction w/child | discipline | visitor response to redirection and education |
| apparent comfort level | emotions | opportunities for parenting |
| strengths displayed | food/gifts | interaction between visitors |
| needs demonstrated | physical contact | information shared with or by visitors |
| supervision | safety/injuries | other |

Be specific. Use quotes when appropriate. Visits are primarily a time for bonding and for visitors to demonstrate skills and abilities. Whenever possible, structure the visit to enhance parenting skills and strengthen relationships. Visit supervisors should intervene only as needed and keep their own participation to a minimum.

Description of visit (use back of form also)

Transition Planning Checklist Preparing Teens for Adulthood

| | |
|--------------|------|
| Youth's Name | Date |
|--------------|------|

Review the following list of items with your teen to see how prepared your teen is to make the transition from foster care to early adulthood. For any items that are checked "No," please assist the youth in meeting that need and be sure to record the date when the task is completed.

Does the youth in my care:

| | Achieved | | | If No, date |
|-----|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| | Yes | No | | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have a list of important phone numbers? | _____ |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Have a certified birth certificate? | _____ |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have a social security card? | _____ |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have a photo identification, a valid driver's permit or license? | _____ |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Have the information needed, if they choose to attend a vocational program, a community college, or a university? | _____ |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Have a resume or a fact sheet with information needed to complete job applications? | _____ |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have the necessary skills to be successful in job interviews? | _____ |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Know how to read a paycheck stub? | _____ |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Know how to complete a W-4 form and file their taxes? | _____ |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have a savings or checking account? | _____ |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Know how to write a check or obtain a money order? | _____ |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Have a planned budget for spending and saving? | _____ |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Have a realistic idea of how much it costs to live successfully on your own? | _____ |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Know how to find and what to look for when seeking affordable safe housing? | _____ |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Have a list of items needed to live on your own? | _____ |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Know what to look for when looking for a potential roommate? | _____ |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Understand a lease or rental agreement? | _____ |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Demonstrate smart shopping skills? i.e. uses coupons, comparison shops, shops at discount stores, used clothing and furniture stores, and buys generic items | _____ |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Know the basics of preparing healthy meals? | _____ |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Know that you may be eligible for a state medical program after leaving foster care and where to get it? | _____ |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Have a copy of your medical history? | _____ |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Lead a healthy lifestyle and understand methods of birth control? | _____ |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | Know how to use the phone book and know what community resources are available? | _____ |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | Involved in any community activity or belong to a local recreation center? | _____ |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | Know what to look for when buying a car? | _____ |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | Know how to use public transportation? | _____ |

WHAT YOU NEED TO KNOW WHEN TRANSPORTING CHILDREN

On July 1, 2004, an upgrade to Iowa's child passenger safety law went into effect. The upgraded law requires that children in all seating positions:

- ◆ under 1 year old and weighing less than 20 pounds must be secured in a rear facing child restraint system;
- ◆ from 1 year up to 6 years of age be secured in a child restraint system (either a child safety seat or booster—NOT a seat belt); and,
- ◆ from the age of 6 up to the age of 11 must be secured in either a booster seat or seat belt.

Regardless of age, everyone in the front seat of a motor vehicle must be in the appropriate child restraint system or seat belt.

The upgrade requires an 18 month educational phase-in period. During that time frame, law enforcement shall issue warnings on the above listed changes. Officers may still issue seat belt citations to the driver for any of the following violations to the old law including children:

- ◆ under the age of 3 who are not in a child restraint system;
- ◆ between 3 and 6 years of age who are not in a child restraint system or wearing a seat belt; and,
- ◆ age 6 or older and not wearing a seat belt while sitting in the front seat of a motor vehicle.

On January 1, 2006, citations may be issued for all violations to the child passenger safety law.

“A Guide to the Iowa Child Restraint Law” containing useful information regarding more details on the changes, exceptions to the law, common child safety seat misuses, and nationally recommended standards that can be found under the Iowa Law Guides section of the Iowa Department of Public Safety Governor's Traffic Safety Bureau's web site at **www.iowagtsb.org**. Downloadable and printable formats are available in both word and PDF versions. A Spanish version of this guide will be available in the near future.

- ◆ For information or assistance regarding child safety seats, training including certification as a child passenger safety (CPS) technician, or to locate a CPS technician in your area, please feel free to contact the State Child Restraint Coordinator Matt Meneough at 1-800-728-3367.
- ◆ For information regarding child safety seat check up events or permanent fit stations in your area, check out the web site at **www.blankchildrens.org/cps**.
- ◆ For information regarding occupant protection, as well as, child passenger safety issues, feel free to call Lu Simpson at 515-281-6583.