North Dakota
Foster Parent Handbook

"There is always a moment in childhood when the door opens and lets the future in."
-Graham Green

North Dakota Department of Human Services
600 E. Boulevard Avenue
Bismarck, ND 58505

Visit our North Dakota website at:
http://www.nd.gov/dhs/services/childfamily/

For foster care and adoption information, call:
1 -800-Chldren

For information on child abuse and neglect,
visit the Prevent Child Abuse North Dakota website:
http://www.pcand.org/

To report child abuse and neglect,
contact the county social service agency in which the child resides.

To the Foster Parent

This manual was developed for use in your day-to-day life with the children in your care. It gives you practical information on topics like medical care, payments, and the role of the court. It also provides guidance on areas like welcoming a child, discipline, and visitation. Throughout the manual, we emphasize the role of foster parents working together with the agency, case managers and biological family/parents, as members of a professional team to best help the child achieve successful permanency.

Each chapter contains information on state policies related to foster parenting. Where relevant, you are encouraged to check with your foster care agency for local policies on specific issues.

You provide a valuable service in helping families through temporary difficulties and meeting the needs of children in a time of crisis and change. We offer this manual as an aid to your role as a foster parent.

Thank you for all you do!

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- Carrol Burchinal, Foster Parent
- Casey Goodhouse, CFS
- Darlene Hill, Burleigh County Social Services
- Del Hager, CFS Training Center
- Julie Hoffman, CFS
- Kate Kenna, NEHSC
- Deb Petry, CFS
- Margaret Schaar, WCHSC
- Janna Stein, PATH ND, Inc.

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- Amy Bakken, SEHSC Assistant Regional Supervisor
- Kelsey Bless, CFS Permanency Administrator
- Jodi Duttenhefer, PATH, Inc. Operations Director
- Katie Fiechtner, WCHSC Assistant Regional Supervisor
- Julie Hoffman, CFS Adoption Administrator
- Amy Oehlke, UND Children and Family Services Training Center Trainer
- Jo Roloff, Foster Parent and Association Representative
- Dean Sturn, CFS Foster Care Administrator

What is Foster Care?

(NDCC 50-11)

Foster care for children means the provision of substitute parental child care for those children who are in need of care for which the child's parent, guardian, or custodian is unable, neglects, or refuses to provide, and includes the provision of food, shelter, security and safety, guidance, and comfort on a twenty-four-hour basis, to one or more children under twenty-one years of age to safeguard the child's growth and development and to minimize and counteract hazards to the child's emotional health inherent in the separation from the child's family. Foster care may be provided in a family foster home, group home, or residential child care facility.

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Chapter 1
Being a Foster Parent

"If a child is to keep his inborn sense of wonder, he needs the companionship of at least one adult who can share it, rediscovering with him the joy, excitement and mystery of the world we live in."

-Rachel Carson

Chapter 1. Being a Foster Parent

This first chapter covers topics related to being a foster parent. What is your role? What training is needed and what type of training is available to foster parents? This basic information may have been covered in orientation, but it can serve as reminders for both new and current foster parents.

Topics Include:

1. Your Role as a Foster Parent is Based on Specific Competencies
    a. Competency Based Approach
    b. PRIDE Model of Practice

2. PRIDE Training

3. Other Training for Foster Parents

4. Guidelines for Foster Parent Training Reimbursement
    a. Reimbursement Procedure
    b. Reimbursable Expenses

5. Foster Parents' Agency Record

6. Foster Parent Immunity

7. Foster Parent Rights

1. Your Role as a Foster Parent is Based on Specific Competencies

Foster and Adopt PRIDE is the model of practice adopted in the mid-90's by the State of North Dakota for the development and support of resource families. It is designed to strengthen the quality of family foster care and adoption services by providing a standardized, structured framework for recruiting, preparing, and selecting foster parents and adoptive parents. The PRIDE model includes foster parent pre-service and in-service training and ongoing professional development. Foster parents, like foster care case managers, should be qualified, prepared, developed, selected, and licensed to work as members of a professional team.

a. Competency-Based Approach:

PRIDE is based on specific competencies (knowledge and skills) needed to successfully perform the tasks of foster and adoptive care. Specific activities needed to complete tasks are identified in a written "role description." The role description establishes the expectations for foster and adoptive parents. The competencies drive the entire mutual assessment, selection, preparation, support, and development process for foster and adoptive parents.

(See Appendix for Pre-Service Competencies for Foster Parents and Adoptive Parents)

b. PRIDE Model of Practice:

The philosophy of PRIDE is that the selection process is mutual. The family always has the right to decline the invitation based on its own self-assessed strengths and needs. The agency has the right to extend (or not) the invitation, based on its legal mandate to protect and nurture children, and strengthen families.

Mutual assessment is an ongoing process that extends throughout the working relationship between the family and agency. For example, decisions regarding the types of supports the foster family may need are based on a mutual assessment process.

2. PRIDE Training

Refer to the Appendix for an overview of the PRIDE pre-service sessions.

<u>Requirements:</u>

Agencies have a long history of providing services to families and their children. They could not do so without the important contribution of foster families. Foster PRIDE/Adopt PRIDE pre-service training is a way of preparing and supporting families for success in family foster and adoptive care.

The pre-service training component of PRIDE consists of nine, three (3) hour sessions for a total of no more than 27 hours. This training is required for all foster parents!! The training is offered in each region at various times. The classes are led by a team of qualified trainers.
By attending the PRIDE training, you and the foster care case manager will have common ground to talk about your feelings and ideas on foster or adoptive care, and the agency's needs and expectations. The result is a mutual assessment of our willingness and ability to work together as a team for the benefit of children and families.

3. Other Training for Foster Parents

Other training opportunities are available to support you in your role as a foster or adoptive parent. A variety of in-service trainings are offered, including Foster PRIDE Core curriculum modules as well as other specialized training. (See Appendix for PRIDE In-Service Core Training)

The Children and Family Services Training Center (CFSTC) maintains a lending library of materials foster and adoptive parents may access by contacting your agency or CFSTC directly. Online access is available at **www.cfstc.und.edu** to check out material from the library. You can also access the schedule for trainings offered within your region by referring to the calendar on the CFSTC website. Contact your licensing agency worker or CFSTC if you are in need of additional training opportunities.

4. Guidelines for Foster Parent Training Reimbursement

Through state and federal funding, the Children and Family Services Training Center (CFSTC) at the University of North Dakota (UND) can reimburse foster parents for expenses incurred while attending foster parent training sessions. The following guidelines will apply:

- ... during the first year of licensing, the foster parent can only be reimbursed for expenses to attend the PRIDE foster parent training course and the initial fire safety training.
- … during the second and succeeding years of licensing, the foster parent can be reimbursed for twelve (12) hours of training that they attend.

a. Reimbursement Procedure:

When attending a foster parent training session, complete a "Foster Parent Training Record/Reimbursement Form." Generally, these forms will be available at foster parent training sessions, inclusive of a W-9 for payment authorization to you. If you wish to attend a training seminar/workshop not specifically for foster parents but whose topics would be very helpful in foster parenting, please check with your licensing agency for approval. Your licensing worker can approve most training sessions; however, in order for you to receive reimbursement, your licensing worker must get prior approval from CFSTC if the workshop involves a high cost or if the workshop is located outside of our region. Your licensing worker can supply you with the training form to complete or you can request one from CFSTC. Please complete the form in a legible manner and have the trainer/designee or the licensing worker sign the form.

b. Reimbursable Expenses:

Reimbursable expenses include mileage, meals, lodging, child care, and registration fees related

to the training session. (Mileage or meals cannot be reimbursed if the training occurs in your hometown). Expenses will be reimbursed according to CFSTC travel reimbursement guidelines.

i. **Mileage for Out-of-Town Training:**
Round-trip mileage from your hometown to an in-state training site can be reimbursed. Map mileage from your hometown to the training site will be used. The mileage reimbursement for out-of-state workshops may be lower and will only be reimbursed with prior approval from CFSTC. Approval will need to come through your licensing agency worker.

ii. **Meals:**
Can be reimbursed if the foster parent is away from normal work/residence for more than four (4) hours of training and travel time. New federal guidelines require that departure date/time from home and arrival date/time back home be included on reimbursement forms. Meals will be computed according to workshop/travel times.

iii. **Lodging:**
Will be reimbursed *if necessary and reasonable* to attend the particular training session (i.e., someone who lives only 30 miles or less than an hour away would not reasonably need lodging). The reimbursement will be for the actual cost of lodging, *not to exceed the state rate plus tax per person per night.* The original hotel receipt must be returned to CFSTC with the reimbursement request (do not send the credit card charge slip). Only lodging charges will be reimbursed—no phone charges, video rentals, restaurant charges, etc. In the case of two foster parents occupying the same room, the actual cost will be split evenly between the two for our records.

iv. **Child Care Expenses:**
An invoice or receipt for child care expense form must be provided for the *actual amount paid to the child care provider.* If you are unable to obtain a receipt for your child care expense, you may contact CFSTC to obtain a child care receipt form. Maximum allowable rates are listed on this form. The reimbursement rate may not cover your entire cost. Return the receipt with the training form/reimbursement request to CFSTC. Please contact CFSTC with any extraordinary circumstances—such as special needs child care, etc. CFSTC cannot pay your child care provider directly, foster parents must be reimbursed.

v. **Registration Fee:**
If you are attending an approved training session with a registration fee, you must turn in the original receipt to request reimbursement. Make sure the receipt includes the name and date of the training session, the person or agency providing the training, your name as payer, the amount paid, and any meals included in the fee.

Complete the training form/reimbursement request as accurately (and legibly) as possible, secure the signature of the sponsor, trainer, or room monitor and sign the reimbursement request section. Make

sure the appropriate receipts are attached for reimbursement. The form should be forwarded to your licensing agency to ensure your continuing education hours are met and recorded for re-licensure purposes. If no reimbursement is requested, the licensing agency may keep the entire form for their records. If you are requesting reimbursement for training hours, your case manager or licensing agency worker should remove the yellow copy for their records and forward the original (with receipts) to CFSTC. CFSTC will process the allowable reimbursement through the University of North Dakota. You will receive a check directly from the UND Accounting Office—please allow about two to three weeks for processing.

This process will differ at CFSTC sponsored trainings. The training forms will be available and completed at the end of the training. The room monitor for the training will then send them to CFSTC to be processed. A copy of the record will be sent to your licensing agency via email.

In the case of a training series involving multiple dates, you can fill out the form at the completion of the series with all of the dates listed. Be sure to enter the total hours of training attended. Only one person per form. CFSTC prefers to issue one check for a training series. However, if the dates cover several weeks and the training involves higher expenses, you may want to send in a reimbursement request more often. Example: PRIDE training in your area is scheduled one night a week for nine weeks and you need child care to attend training. In that case, please feel free to file a reimbursement request every couple of weeks or monthly.

Foster parents may contact their licensing agency on the availability of reimbursement to attend other training events outside of their region. The licensing agency should request approval from the Director of CFSTC.

NOTE: Incomplete information or missing receipts will delay reimbursement.

5. Foster Parents' Agency Record

Each licensed foster home has a file maintained by the licensing agency with the following information:

- Foster parent application
- Summary of the family home assessment
- Compliance with fire and safety requirements
- Medical information
- Personal references
- Background check
- Education hours
- Summary of each annual evaluation of the foster home
- Correspondence between the licensing agency and the foster parents
- Physical description of the foster home, including allocation of space
- Register listing the names of children placed in the home, the dates of their placement, and the dates of their removal

These files are public record with the exception of all protected information including social security numbers, bank information, medical information, and child specific information.

6. Foster Parent Immunity

Foster care federal legislation passed to incorporate strengthening families and offering normalcy to foster child in placement (See page 57 for more details). In addition to incorporating the reasonable and prudent parenting law and policy for normalcy, ND implemented immunity law for licensed providers.

50-11-03.4. Immunity for a Person Providing Foster Care

A person providing foster care for children in a licensed or approved facility is immune from civil liability for any act or omission resulting in damage or injury to or by a child in foster care if, at the time of the act or omission, the person providing foster care for children applied the reasonable and prudent parent standard in a manner that protects child safety, while also allowing the child in foster care to experience age or developmentally appropriate activities.

7. Foster Parent Rights

- The right to be treated with dignity, respect, and consideration as a primary provider of foster care and a member of the Child and Family Team.
- The right not to be discriminated against on the basis of religion, race, color, creed, gender, marital status, national origin, age, sexual orientation, or physical handicap, as required by law.
- The right to receive clear expectations of their role as a foster parent.
- The right to receive training and support to enable them to provide quality services in meeting the needs of the children in their care.
- The right to receive pertinent information at placement and throughout the life of the placement.
- The right to be notified of any issues relative to the child that may jeopardize the health and safety of the foster family or child.
- The right to be informed as to how to contact the appropriate agencies in order to receive information, assistance and access supportive services.
- The right to refuse placement of a child in the foster home or to request, upon reasonable notice, the removal of a child from the foster home.
- The right to receive advanced notice to team meetings and court hearings.
- The right to participate in the Child and Family Team meeting, to provide input concerning case planning, services and permanency goals for the child and have that input be given consideration in the same manner as information presented by any other professional on the team.

- The right to be provided a written copy of the child's current individual treatment or service plan in a timely manner and to discuss such plan with the case manager, as well as a reasonable notification of any changes to that plan. Respect needs to be given to the legal privacy rights of parents.

- The right to participate in the planning of visitation with the child and the child's family.

- The right to communicate (with appropriate releases) with other professionals working with the foster child within the context of the team, for purposes of participating in service planning for the child.

- The right to receive notice and opportunity to attend any court hearings on the child placed in their home.

- The right to be reimbursed in a timely manner for the care of the children placed in their home and in accordance with the child placing agency's policy.

- The right to be provided a fair and timely assessment of issues concerning the foster parents and their operation of the foster home.

- The right to be informed of the process for filing a grievance and the right to file a grievance. (NDCC 50-11.2) Only the foster parents who are providing, or who most recently provided, care to a foster child may file a grievance. A grievance cannot be filed with respect to a decision concerning a foster child who has not been living in the grievant's home within one hundred days prior to filing.

Chapter 2
When a Child Comes into Foster Care

"Nobody can go back and start a new beginning.
But anyone can start today and make a new ending."
- Maria Robinson

Chapter 2: When a Child Comes into Foster Care

The information in this chapter should help you better understand why children are placed in foster care and how you can be ready to have a foster child in your home. If you are a new foster parent, you will learn how to handle some of the tasks that need to be accomplished soon. Also, you will know more about the effect of placement on children.

Topics Include:

1. Why are Children Placed in Foster Care

2. Trauma Informed Care

3. How Placement Affects Children

4. Matching the Child and the Foster Home

5. Being Prepared when a Child is Placed
    a. Suggested Items to Have on Hand

6. Welcoming a Child into your Home
    a. To Do and Not To Do When Welcoming a New Child
    b. Adapting and Shifting Family Routines
    c. Family Rules

7. Creating a Scrapbook vs. a Life Book

1. Why are Children Placed in Foster Care

In most instances, children are placed in foster care involuntarily by order of the court. An involuntary placement occurs when a child has been abused or neglected (or may be at risk of abuse or neglect) by his or her parent/guardian or someone else in the household, or because a court has adjudicated the child deprived, unruly or delinquent. The court orders the child removed from the home and determines the duration of the court order.

North Dakota also has a voluntary treatment program where a child can access treatment services for an emotional or behavioral problem without parents having to relinquish custody. Eligibility for this program is determined by the Department of Human Services Behavioral Health Division.

2. Trauma Informed Care

The word "trauma" is used to describe experiences or situations that are emotionally painful and distressing, and that overwhelm people's ability to cope, leaving them powerless. Exposure to "complex trauma" is particularly concerning for the children in foster care. Complex trauma is a type of trauma exposure that is common in the child welfare system and puts children at significant risk for long-term negative consequences. Complex trauma involves chronic child maltreatment, including psychological maltreatment, neglect, physical and sexual abuse, and exposure to domestic violence. Children exposed to complex trauma are often left feeling unsafe and powerless.

Childhood trauma is certainly not new to foster care. However, the growing scientific knowledge base about how trauma affects children is new. Trauma-informed care is a shift in practice for organizations that incorporate a deep understanding of how trauma impacts children's development into all aspects of its organizational culture, practices, and policies. The hallmark of a trauma-informed organization is one that seeks to create living environments and programs that focus on helping children feel safe and empowered.

Supporting children with complex trauma is a challenge that foster care case managers and foster families courageously face every day and trauma-informed understanding is often at the root of their empathetic and creative responses. An example of being a trauma-informed foster parent is asking yourself, **"What has happened to this child?"** versus "What is wrong with this child?"

Trauma-informed care incorporates assessment of trauma exposure and traumatic stress reactions into routine social work practice; it also supports children and families in accessing trauma-focused interventions; interventions that directly target the consequences of traumatic stress. Children exposed to complex trauma are often diagnosed with several mental health conditions (e.g., Attention Deficit Disorder, Reactive Attachment Disorder, and Bipolar Disorder) that unfortunately do not capture the full impact of early trauma exposure. These labels may lead to ineffective treatment planning if the role of trauma is not carefully considered.

Foster parents will learn about the trauma foster children experience during PRIDE training, in addition trauma informed training is offered regionally throughout the year. Ask your licensing worker or agency of local resources or trainings, online resources including The National Child Traumatic Stress Network

and the Substance Abuse and Mental Health Services Administration (SAMHSA); and other books or articles. Trauma training helps foster parents understand what being "trauma informed" means and how foster parents gaining this wealth of knowledge can assist in making the foster care placement more successful. Take advantage of exploring training options that will help you better connect with the foster child in your placement.

Information for this section was provided by Heather Simonich, PATH ND Operations Director.

3. How Placement Affects Children

Children can feel significant personal loss when separated from their families. They have lost the most important people in their lives – their parents, and possibly their sisters and brothers. They have lost their familiar pattern of living, their homes and the places that make up their own world. They are fearful of what is to come. They lose self-esteem, a sense of identity, and ability to control the events around them.

Children's reactions to separation vary. Their reactions are influenced by a number of factors:

- Nature of the loss
- Age at the time of the loss
- Degree of attachment to the persons from whom the child is being separated
- Ability to understand why the separation took place
- Emotional strength or resilience
- Cultural influences
- Circumstances causing the loss
- Number of previous separations
- Help given before, during and after the separation

The child's emotional development is interrupted and will show signs of grief including: shock, denial or protest, bargaining, anger (acting out); depression; and regression of behaviors. Physical reactions to placement may also occur such as upper respiratory infection, stomachaches or headaches. Children often feel abandoned, helpless, worthless and often responsible for the family's breakup. There will be a period of adjustment for children placed in your care. Understandably, there may be times of regression or struggles for the child during the course of the foster care placement.

Tips for Dealing with Separation of Child from Parent(s):

- Let the child grieve or mourn for his or her parents. At the time of being placed in foster care, a child may feel a great sense of loss regardless of the parents' past behavior or the circumstances that led to placement. Help the child move through the grieving process.
- Recognize that it is common for children to view foster care placement as a punishment for some real or imagined bad deed such as the breakup of their families. Listen to children when they express such thoughts and feelings.
- Allow children to share memories about their family. Let them openly express their feelings.
- Help the child feel safe and cared for.
- If you have questions or concerns, share them with the child's caseworker or therapist.
- Understand your own loss and grief issues.

4. Matching the Child and the Foster Home

In placing a child in a foster home, case managers will try to find a home that best suits the child's needs. A successful match between the child and the foster home will make all the difference in a child's life during an extremely difficult period. It may be helpful for you as a foster parent to know what factors are considered when a child is placed into foster care.

Placement Factors:

- **Fit and Willing Relatives:** This would be the first consideration before placing a child in a foster home.
- **Placing Siblings Together:** Agencies are to make reasonable efforts to place siblings removed from their home in the same foster care, adoption or guardianship placement, or facilitate visitation or ongoing contacts with those that cannot be placed together, unless it is contrary to the safety or well-being of any of the siblings to do so. (Fostering Connections to Success and Increasing Adoptions Act of 2008)
- **Previous Foster Home:** If the child was previously placed in foster care, this would be considered before looking for another foster home.
- **Native American Identity:** The Indian Child Welfare Act (ICWA) placement preference applies. (See Appendix)
- **Religious Background:** If religion is a factor in the child's life, the preference of the child's parent must be recognized.
- **Neighborhood and School:** Foster children should remain in their school of origin whenever possible to ensure educational stability. Transportation assistance can be explored when the foster parent provides reasonable travel for the child to remain in their school of origin upon placement into the provider's home. The preference would be to find a foster home where the child does not have to change schools.
- **Special Needs:** Children with special physical, emotional or medical concerns will be placed in a foster home that is able to meet their needs.
- **Other Children in the Home:** If the foster home already has other children, this would be considered prior to placing another child into the home.

Cultural, ethnic, or racial background can be considered when determining the best interests of the child, but placement in a foster home cannot be delayed or denied based on these factors.

5. Being Prepared when a Child is Placed

The agency must provide basic information to the foster parents about each child to be placed in the home. Topics may include:

- Child's full name and date of birth
- Anticipated length of stay
- Health of child and medical history
- Physical and/or behavior problems
- Relationship of the child to his/her parents
- School and educational background
- Visitation plan
- Placement and discharge goals

If the child is placed on an emergency basis, some of this information will not be available until a later time. As the case manager obtains or learns about any information noted above, the plan would be for them to share with the child's foster parents.

Reminder: Information you receive about the child's or the family's social history is ***confidential***. It is a requirement that **you do not discuss information** about a child or their family with any of your extended family, neighbors or friends.

a. Suggested Items to Have on Hand:

- ✓ Toothbrush
- ✓ Hairbrush
- ✓ Plastic mattress protector
- ✓ Night light
- ✓ T-shirt (oversized for sleeping)
- ✓ A small toy bin
- ✓ Simple household rules/routine
- ✓ Blanket/Stuffed animal to snuggle
- ✓ Child care (daycare) plan

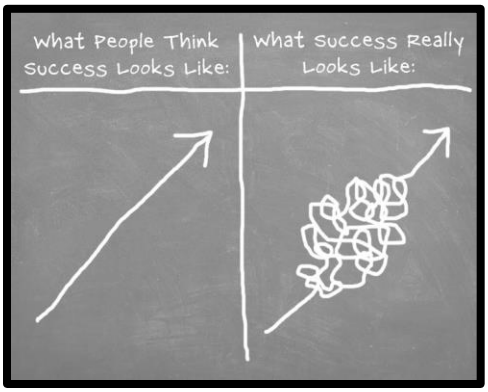
Materials and Forms:

At the time of placement or shortly thereafter, you should receive the following materials:

- ✓ Medical information
- ✓ Medicaid card or insurance information
- ✓ Clothing or approved clothing allowance
- ✓ Relevant case information and forms

If any of this information is missing, ask the foster care case manager when you will receive it.

6. Welcoming a Child into your Home



The most important first step of the process is to help the child feel **SAFE**! If a child feels safe, they will be much more likely to acclimate to their new environment and adjust to the changes more quickly. A child who comes into your home will need to adjust to many new things. At the same time the foster family will need to make some adjustments and accommodations. Everything is new for all individuals; new parents, maybe new sisters and brothers, a new house, bedroom, foods, rules, new expectations, a new neighborhood, and possibly a new school. If a child feels SAFE, it will help make the other adjustments easier.

It is hard for children to leave their homes and find themselves in strange new surroundings. To deal with this, children may fantasize about the positive qualities of their own parents, their own home, and their neighborhood. They may not want to get involved in a foster family's routine and activities out of a sense of loyalty to their own family. Outbursts of angry, aggressive language or behavior may occur,

such as cursing or slamming doors. Even if they show no emotion, many questions, fears, and anxieties about the future may fill their thoughts and dreams. The child needs your understanding, patience, and support when settling into your home.

a. To Do and Not To Do When Welcoming the New Child:

Experienced foster parents and case managers have several suggestions for new foster families preparing to welcome children into their homes.

Some of these suggestions include:

- Welcome the child with a family activity. (Ex: board game, movie night, park, etc.)
- Be sure children have a place to keep personal possessions. (Ex: dresser, night stand, space in a closet etc.)
- Let children unpack in their own time. Offer to help or just let them know where to put their things whenever they are ready to unpack.
- Let children know it is allowed and OK! to put a picture of their mom, dad, brothers, sisters, or previous foster families up in their bedroom and that you understand how important these people are to them.
- Be sensitive to their feelings. Ask permission before hugging or touching children. Some families have implemented the **3 H's**- asking children if they would prefer a **H**andshake, **H**igh five, or a **H**ug as their form of greeting!
- Do not try to change things like their hair, clothing, or anything that tells a child, "You're not OK the way you are."
- Depending on the age of the children, foster parents should discuss with the child what foster care is and what they expect from you as a foster parent.
- Help them settle down to a regular routine as quickly as possible, but do not be disappointed if they do not respond right away.
- Provide opportunities for the child to talk to you, but do not pry into their past or criticize their parents.
- Do not make children answer if they choose not to respond. Give them time!
- Respect their right to privacy. Never talk about them when they are present or able to overhear you, unless it is appropriate to include them in the conversation, for example, "Ms. Wilson, Andrew is doing so well in his new school."
- Help children develop a sense of pride and accomplishment by giving them tasks within their abilities. Let them know regularly how much you appreciate their help around the house.
- Catch them being good by noticing the little things! Reflect back to the child specifically what you see to celebrate their great choices. This will assist in growing self-esteem and encourage more successes.
- Things like bed-wetting and soiling may be a reaction to being placed into foster care or the unfamiliarity/fear of a new environment. Shaming or punishing them will make the problem worse. Rather than using punishment, use positive techniques to help the child.
- Discipline must be constructive or educational in nature. No foster child may be kicked, bitten, punched, spanked, shaken, pinched, roughly handled or struck with an inanimate object by foster parents or any other adult living in the family foster home for children. Physical discipline is **NOT ALLOWED** and can be very damaging to

children. (NDAC 75-03-14-05(7))

- ***NEVER* threaten a child who misbehaves with removal from your home.**
- Contact the foster care case manager when questions or concerns arise.

b. Adapting and Shifting Family Routines:

The everyday routine of your family may take place without much thought or discussion. All families have a pattern of behaving and living together that works for them. Your home may have a schedule that you regularly follow, or it may vary and be quite flexible.

The kinds of routine a child brings to your family will depend on where and with whom the child has been living. It is important to incorporate some of the child's routine into your family, when appropriate. Some children may come to your family from shelter care, other foster families, or group homes where there may have been many rules and a planned daily schedule. Other children may come to you from families where there were few rules and no set schedule.

Most children will need some time alone to become comfortable with their space. They will need time to watch the family's routine before they can actively participate. Think about some of your family's routines that might take a child some time to learn. For example:

- ✓ Who typically gets up first, and who usually goes to bed last?
- ✓ Is there a daily newspaper? Who reads it first?
- ✓ Is there someone who gets to use the bathroom first?
- ✓ Do people take telephone calls during dinner?
- ✓ Do children get a snack after school?
- ✓ Do they get a snack before going to bed?
- ✓ Can people help themselves to things in the refrigerator or cupboard?

To help a child adjust to your family, remember to spend "fun time" with the children. Ideas include, but are not limited to:

- ✓ Bake cookies/bars
- ✓ Cook supper
- ✓ Go for walks in favorite places (in park, by the lake)
- ✓ Paint fingernails
- ✓ Color in a new coloring book
- ✓ Go rollerblading or for a bike ride
- ✓ Play games such as Monopoly, checkers, or a computer game
- ✓ Go swimming or sledding

Going to sleep and waking up can be very scary times for children placed in a new home. Many foster parents have developed routines to help children go to sleep and wake up. There are good reasons for bedtime stories and nightlights. It is also important to give children permission to get up and use the bathroom. A digital clock may be helpful to have in the child's bedroom; as it is often times easier for children to tell time on a digital clock.

c. Family Rules:

Children who have been mistreated and have experienced out-of-home care need limits and boundaries, just as all children do. All children need to know what is and is not allowed. Your foster child will need to know that the rules in your home are consistent and predictable. Over time, knowing this helps children feel more secure. They will come to trust the home and the other family members. Remember, children new to your home have very little idea of what you are like or what to expect. You can help ease the adjustment by being consistent.

A family's "rules" are often informal and unspoken. A new person entering your family's world, however, needs to be oriented and helped to learn and practice these rules. Before the child enters your home, your family should sit down together to discuss what you feel is most important in your family. You should discuss the way you live together on a daily basis, and you should ask yourselves what a new person would need to know to become a part of your family.

There is a fine line between routines and rules, especially some of the routines that set the pattern for your informal rules. Informal rules may be things such as who sits where at the dinner table; not wearing shoes in the house; telling foster parents if you use the last of something (toilet paper, toothpaste). Many children enter foster care without healthy boundaries. You may need to teach the child things such as respecting another person's personal property, closing the bathroom door or not walking into someone else's bedroom without their permission. Other rules are important to help maintain health and safety. Be sure to explain the rules to your foster child.

7. Creating a Scrapbook vs. a Life Book

Foster parents are encouraged to **document special events, homework achievements, activities, birthday parties, etc. that occur during a child's time in your home.** A scrapbook of the day-to-day activities and successes the child has is appropriate and helpful in highlighting the child's time when placed out of their home. It is important to have a discussion with the foster care case manager about what to track and who to include. As the majority of children in foster care are reunified with their biological families, it is helpful to share those memorable moments via a scrapbook with their family; the child's first day of school photo, loss of their first tooth, science fair project, or prom photo. The purpose of scrapbooking the moments when the child is placed with you is to document events that can be added to their full story as a chapter in their Life Book if it is determined necessary for the child's permanency plan.

If a child is not reunified with their family and is placed for adoption, the development of a Life Book may be more appropriate. A foster care case manager may have historical information to add to the Life Book and should help the foster parent facilitate the development of the Life Book. Revisiting historical moments in life, may lead to unplanned for emotions and could trigger unwanted feelings. A foster care case manager may suggest a point in time to begin or provide insight on which topics to include in a Life Book. A Life Book is a pictorial and written representation of the life of a child. It is often used as a therapeutic tool to help a child in foster care understand his/her background and history, resolve feelings, and attach emotionally to a new family. There are several web sites available to assist you in creating a Life Book from both the adoption and foster care perspective.

Some examples are:

- http://www.adoptionlifebooks.com
- http://www.fosterclub.com/funstuff/lifebooks.cfm
- http://www.lifebookkeepsakes.zoovy.com

The process of creating a Life Book can:

- Help the foster parent, case manager, and child form an alliance
- Help a child understand events in his/her life
- Provide tangible links to the past which provide chronological continuity
- Provide a vehicle for the child to share his/her life history with others
- Increase a child's self-esteem by providing a record of the child's growth and development
- Help the child's family of origin share in the time when they were living apart
- Contribute to the adoptive family's understanding of the child's past

If it is determined that a Life Book is needed, material in a Life Book may include:

- Birth Information
- Child's Family Information
- Placement Information
- Medical Information
- School Information
- Religious Information
- Other Pertinent Information

Although it is best to start collecting information when the child is first placed, it is never too late to begin a Life Book.

Chapter 3
Communication, Ongoing and Emergency

"With kids, the days are long, but the years are short"
- John Leguizamo

Chapter 3. Communication, Ongoing and Emergency

The goal of this chapter is to make it easier to know when and where to call for support and information.

Topics Include:

1. Ongoing Communication
2. Foster Parent Changes
3. Calling the Foster Care Case Manager
4. Events in the Child's Life
5. Emergencies
6. Foster Parents as Mentors
7. Regional Recruitment and Retention Coalition

1. Ongoing Communication

As members of a professional team, foster and adoptive parents need to communicate regularly with the child's case manager. You and the foster care case manager should:

- Communicate often – at a minimum, weekly
- Communicate effectively
- Respect each other's roles
- Make decisions together when possible
- Solve problems together
- Resolve conflicts

All team members have a common goal – to provide a safe, nurturing environment for children in care. When communication is open, it will be easier to accomplish this goal.

Foster parents should be given a list of agency workers, emails, and phone numbers as a means to communicate with proper personnel in the event of an emergency. If you are not given a list of agency staff and contact information, simply ask the foster care case manager or their supervisor if you can receive such a list. Another avenue to receive a thorough view of the agency is during licensing. Ask the licensing worker about who to contact, when, and how to best accommodate this.

Here are a few examples of **who to contact** in the agency:

Reason	Who to Contact
Foster child needs clothes	Foster care case manager
Foster family is moving	Foster care case manager + Foster parent licensing worker
Foster child fell at school and broke his leg	Foster care case manager + Medical attention
Cannot get ahold of the foster care case manager	Agency supervisor or director Agency On Call #
I am not getting paid for foster care expenses	Foster care case manager + county supervisor
I am going to start working full time and need to locate a licensed child care provider	Foster care case manager
We are going to Florida and want to bring our foster child with us!	Foster care case manager
We need respite, "a break", but would like to continue providing care for our foster child!	Foster care case manager
Can our foster child attend church with us?	Foster care case manager
Foster child has a school meeting or an unexpected medical appointment.	Foster care case manager

2. Foster Parent Changes

ND family foster homes can experience various changes in their family setting while licensed to provide foster care for children. Foster parents **must notify** their licensing agency worker of the changes **as soon as they are aware the change is coming or has occurred**. A temporary licensing period may not exceed 60 days.

Below are examples of changes a foster family may encounter throughout their licensure.

a. Foster family has a change in "family composition".
   i. A parental marriage occurs, a new child, or adult joins the family unit, grandparent moves in, etc.
b. Family moves to a new address in the same city
   i. The new physical location must be visited and assessed by the authorized licensing agent "licensing worker" **within seven (7) days**.
   ii. If the new property is not viewed within seven days, the foster family will be considered a "prospective foster family" and a new fingerprint-based criminal background check will be required to begin the process of licensing again. **PLEASE contact the agency if you are MOVING**.

c. Foster parents transition from a county foster home to a therapeutic foster home.
d. Foster parents transition from a therapeutic foster home to a county foster home.
e. Foster parents moves from one ND county to another ND county.
   i. The new physical location must be visited and assessed within 7 days.
f. Foster parents move from ND to another state.
   i. The ND license must be closed the day the family leaves the state of ND. The termination of the license in the payment system will avoid overpayments. Once the family vacates the ND home to which their ND license was issued, ND foster care payments cannot be made until a valid license is granted from their new state of residence.
   ii. The ND provider license and child placement must be closed effective the day the family leaves the state of ND.
   iii. A former ND provider can choose to be licensed in their new state of residence. Ask for help in getting in contact with the out-of- state licensing agency.

3. Calling the Foster Care Case Manager

The foster care case manager is responsible for assessing the care of the child. Foster and adoptive parents are responsible for keeping the agency informed about the child's situation. If you need help with handling a problem, or you are concerned about a child's behavior, or you need information about services, contact the foster care case manager. You are also encouraged to share positive information about the child.

Examples of situations when it is <u>appropriate</u> for foster parents to call the foster care case manager:

- To ask for advice on how to handle a problem or a crisis situation.
- To express concern about a change in the child's behavior, development, or social functioning (e.g. family, school, peer relationships, attitudes, habits, conduct, symptoms).
- To discuss plans affecting the child.
- To make the agency aware of changes in the foster family's circumstances that may affect the child's placement or planning.
- To obtain information about community services or resources that might be useful to the child.
- To keep the agency informed about a parent-child visit that was not observed by an agency representative.
- If child is ill for more than a few days (running a fever, flu, etc.).
- If you have a change in your employment status.
- If your family has a serious illness or is experiencing personal problems.
- When there is an error in your foster care payment.

Foster parents are ***<u>required</u>*** to inform the foster care case manager, but not limited to:

1. When there are changes in:
    a. Relationship/marital status
    b. Family composition or number of persons living in the home
    c. Physical facility (major changes in the foster home) or relocation
    d. Telephone number/contact information
2. When you need to be away overnight and the foster children need a substitute caregiver.
3. When you will be going on vacation **<u>or</u>** want to take the child out of North Dakota.
    a. Foster children cannot be taken across state lines without prior permission.
4. When the child needs surgery, hospitalization or medical care.
5. When a child discloses to you they were previously abused or neglected (page 98 for further details).

If you question an agency decision or do not agree with the case manager's actions, first try to have an open discussion with the case manager. When an issue is not resolved through such discussions, your next step should be to request a meeting with the supervisor or director of the licensing agency. If needed, you have the right to file a grievance. (See Appendix page 130)

4. Events in the Child's Life

Foster and adoptive parents are encouraged to discuss with the case manager concerns or issues around key events in the child's life. Certain events can have a powerful impact; resulting in changes in behavior or conduct, sleeping and eating patterns, and temperament. Dealing with issues that often arise around these events may require additional contact and support.

Examples of such Events:

- ❑ First day of school
- ❑ Birthdays, holidays, Mother's Day, Father's Day, Grandparent's Day
- ❑ Visits with parents, siblings, or other family members
- ❑ Meetings with school staff, medical staff or police officers
- ❑ Court hearings
- ❑ Child and Family Team meetings and other conferences
- ❑ Anniversaries of significant events

Ideally, you and the foster care case manager will have developed a good team relationship. The above list is a reminder to stay on top of these events as they occur.

5. Emergencies

An emergency is a situation that occurs outside the normal responsibilities of the foster parent. An emergency demands immediate advice or assistance. For example, you must call the child's foster care case manager, supervisor, or on-call agency worker if any of the following events occur:

- A medical emergency
- The child runs away
- You have a problem with the child (Ex: find alcohol, tobacco or drugs in the child's room)
- The child has problems with the law
- There are problems related to a parent's visit (e.g. an unexpected visit from a parent or any unauthorized visitor)
- The child is kidnapped or taken by his or her parents without consent
- The child is expelled or dismissed from school
- The child attempts suicide
- You need to relocate due to a natural disaster (Family Evacuation Plan SFN 445)

Note: These are not the only times to call your child's foster care case manager. When in doubt, call. It is a good idea to keep a record of contacts and attempts to contact the foster care case manager.

Email is another great way to document your communication efforts and contact the foster care case manager ongoing!

Important Telephone Numbers

Role	Name	Number
Case Manager (Office)		
Case Manager (Cell)		
Agency Emergency #		
Agency Supervisor/ Director		
Licensing Worker		
Hospital/Clinic		
Dentist		
Eye Doctor		
School		
Biological Parent (Mom)		
Biological Parent (Dad)		
Child's Sibling		
Child's Sibling		
Child's Close Relative		
	Poison Control	**1-800-222-1222**

Note: The family foster home for children must have an operational telecommunications device, and must have available to it some means to make immediate contact with authorities in emergencies. (NDAC 75-03-14-03)

Suicidal Ideation/Threats:
Talk of suicide or suicidal gestures should be taken very seriously. Because of the impulsiveness of children, an action that starts out as attention-seeking could result in serious injury or death. Whenever you hear talk of suicide or see suicidal behavior, including letters, notes, or drawings, provide close adult supervision and notify the foster care case manager immediately.

1. If there has been a *suicide attempt,* do not leave the child unattended.
2. If the child's condition warrants it, get *immediate* medical attention and then notify the child's foster care case manager or emergency contact.
3. If the child's physical condition does not warrant medical attention, notify the child's foster care case manager or emergency contact *immediately* to develop a safety plan.

Suicide Warning Signs:
What to look for when concerned that a person may be suicidal?
A change in behavior or the presence of entirely new behaviors is a possible indicator. This is a concern if the behaviors are related to a painful event, a loss, or change in the child's life. Most individuals who take their own life exhibit one or more warning signs, either through what they say or what they do.

TALK	MOOD
If a person talks about: ● Being a burden to others ● Feeling trapped ● Experiencing unbearable pain ● Having no reason to live ● Killing themselves	People who are considering suicide often display one or more of the following moods: ● Depression ● Loss of interest ● Rage ● Irritability ● Humiliation ● Anxiety

BEHAVIOR
Specific behaviors to look for include: ● Increased use of alcohol or drugs ● Looking for a way to kill themselves, such as searching online for materials or means ● Acting recklessly ● Withdrawing from activities ● Isolating from family and friends ● Sleeping too much or too little ● Visiting or calling people to say goodbye ● Giving away prized possessions ● Aggression

Sentinel Events and Incidents Policy (Foster Care) 624-05-15-50-33:
Please contact the case manager if the youth was involved in a 'Sentinel Event' or 'Incident' as defined below.

Sentinel Event:
A sentinel event is defined as any unexpected occurrence involving death or serious physical or psychological injury or risk thereof that is not related to the natural course of the individual's illness or underlying condition. Serious injury specifically includes inappropriate sexual contact. The phrase "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. They signal the need for immediate investigation and response.

- An example of a sentinel event would be if a foster youth is seriously injured, is a victim or perpetrator of inappropriate sexual contact, dies unexpectedly, or attempts suicide.

Incident:
An incident is an unplanned occurrence that resulted or could have resulted in injury to people or damage to property, specifically involving the general public and state employees. An incident can also involve issues such as harassment, violence, and discrimination. An incident may be referred to as an accident or near miss. An example of an incident that is not a sentinel event would be if a foster youth runs away.

5. Foster Parents as Mentors

An additional resource for foster parents can be other foster parents. If you have a simple question and do not feel that it is necessary to call the child's foster care case manager, you may wish to call another foster parent. Sometimes you may also want to check ideas with another parent.

Remember that calling another licensed foster parent does not alleviate your responsibility to call your child's foster care case manager.

Questions or problems that you might want to talk about with another foster parent include:

- ✓ How to fill out some of the paper work
- ✓ How to prevent/treat head lice (See Appendix)
- ✓ For reassurance and support when you are having a rough day

Foster parents must be particularly careful that information about the children placed in their home or the child's family is kept confidential.

Check with your licensing agency for other sources of support.

7. Regional Recruitment and Retention Coalition

Each of the eight regions in North Dakota has a regional recruitment and retention coalition. The goal is to increase the number of foster and adoptive homes and retain current homes. Coalitions are made up of representatives from county social services, the Regional Supervisor or designee, local tribes, area agencies such as Adults Adopting Special Kids (AASK) Program, Lutheran Social Services, PATH, and Youthworks, foster parents, adoptive parents and other community members.

As a foster parent, your thoughts and ideas on recruiting new homes and/or retaining currently licensed homes are valuable! Please reach out to your licensing worker with ideas to pass onto the coalition or attend a coalition meeting.

WE NEED YOU!

Chapter 4
Getting Started – The Basics

"A hundred years from now it will not matter what your bank account was, or the kind of car you drove…but the world may be different because you were important in the life of a child."
– Kathy Davis

Chapter 4. Getting Started – The Basics

As a foster parent, what should you know about the basics of caring for children in your home? This chapter provides information on:

1. Confidentiality and Right to Privacy
    a. The Child's Rights
    b. Personal Property
    c. Media

2. Discipline

3. Health and Medical Care

    a. Consent and Medical Treatment
    b. Health Tracks
    c. Prescriptions
    d. Administration of Medication
    e. Child Immunizations
    f. Family Planning Services/ Sexual Responsibility Counseling
    g. Medical Transportation

4. Developmental and Behavioral Factors

5. School
    a. Educational Support
    b. Head Start
    c. Educational Related Special Payments

6. Religion

7. Cultural Factors

8. Substitute Care

9. Safety
    a. Fire Safety
    b. Car Safety Restraints
    c. Firearms in the Home
    d. Day-to-Day Safety

10. Social Security

11. Property Damage

1. Confidentiality and Right to Privacy

All foster family members are responsible to observe the confidentiality policies of the State of North Dakota and the agency. Foster parents must be particularly careful and must ensure that confidential or private information about children placed in their home or the children's family is kept confidential and that information is not released improperly.

NDCC 50-06-01 states:
"It is a Class A misdemeanor for any person to disclose, authorize or knowingly permit, participate in, or acquiesce in the disclosure of any records or information concerning the persons applying for or receiving services under any program administered by or under the supervision and direction of the department when such information is derived directly or indirectly from records, papers, files, or communications received in the course of the administration of any such program."

In order to share confidential information, you must be given permission explicitly from the custodian (the agency, if the child is in foster care) before sharing outside the foster care team. Sharing without permission will constitute a violation, or breach of confidentiality. To avoid breaching confidentiality, the custodian will need to sign a "release of information" form. This document then becomes evidence of permission to release information to others on a **"need-to-know"** basis. If you receive related information from another community source, sharing with the foster care case manager and team would be important, in turn, because it may hold value to the case planning process.

The silver rule? ***If you are not sure, you should not talk about it!!*** Sharing information that is not yours is not ok. Foster children have rights too, their situation is their story, so if they choose to open up to one of your family members or friends; it is their story to tell, not yours!

What if a child discloses personal information to me, is that confidential?
If a foster child discloses information to you that was or may become a safety concern, you are required to tell the foster care case manager. For example, once a foster child becomes more comfortable with you he/she may disclose something to you of great significance to their home visitation schedule, friendships, need for protection, past abuse, extra safety planning, etc. As a foster parent you are a "mandated reporter", therefore you are required to report the information to the agency so the child's best interests and safety can be maintained and/or assistance offered as needed for treatment. See more information about suspected child abuse on page 98.

a. The Child's Rights:

Foster youth have the right to participate in the development and revision of their individualized permanency plan, when it is determined age and developmentally appropriate. Some youth have voiced their opinion for their plan as young as age nine, where others do not participate until they are a teenager. When a child reaches the age of 14, they have the right to personally invite two additional members to join the Child and Family Team, chosen by the child, who are not foster parents of, or a case manager for, the child.

The case plan for any youth age 14 or older must include a list of rights with respect to education, health, visitation, and court participation, the right to be provided with credit reporting

documents, and the right to stay safe and avoid exploitation. The custodial case manager must explain the list of rights (DN 402) to each youth in a developmentally and age appropriate manner.

The list of rights must be reviewed and signed annually by the custodian and the youth. A copy of the signed rights (DN 402) must also be given to the youth for their records.

Foster Youth Have the Right To:

1. Know why they are in foster care and plans for their future
2. Be treated with respect, along with their family members
3. Receive food, clothing, a bed, and items for personal hygiene
4. Live in a safe, clean place with a reasonable amount of privacy and safety for their personal property
5. Take personal items, clothing and any gifts or possessions that have been acquired when leaving a foster care placement
6. Receive medical, vision, and dental care
7. Be safe from exploitation, physical, sexual, and verbal abuse or neglect
8. Be treated fairly and without discrimination related to race, gender, age, sexual orientation, disabilities, and religious beliefs
9. Practice cultural traditions and religious faith in reasonable ways
10. Receive an education and help with emotional, physical, intellectual, social and spiritual growth
11. Be given the opportunity to participate in school and community activities
12. Participate in the development of their case plan and attend Child and Family Team meetings
13. Contact and be granted visitation with family as approved by the legal custodian
14. Communicate with case manager
15. Express concerns about safety, permanency and well-being
16. Participate and be represented in judicial proceedings
17. Receive a copy of their annual credit report obtained by Children and Family Services.

b. Personal Property:

The personal belongings that children bring to the foster home are theirs and may be of particular importance to them. Every child should have a place to call his or her own. The personal area of your home, along with his/her possessions should be respected. Foster care case managers are required to document an inventory of child belongs. Foster parents may be asked to help with this task to ensure each child's belongings come and go as inventoried!

When children leave the foster home, they <u>must be allowed</u> to take their personal items with them, including clothing, gifts or possessions that have been acquired.

<u>$$$ Clothing Costs $$$:</u>

The standard maintenance payment provided to foster parents is to assist with the costs of the care for the foster child/ren in the home. A portion of the monthly maintenance payment is specific to the purchase of clothing (Ex: $55 of the monthly payment has been embedded into the monthly rate for clothing purchases if you have a 0-4 year old in your home).

In addition, foster children placed in a licensed home are provided the opportunity to receive an initial clothing allowance. Each child is eligible for a limited amount of money for clothing, foster parents must have **<u>pre-approval</u>** to ensure there is money available for the child's clothing. Foster parent must ask the child's foster care case manager about purchasing clothing when a child is in need and see if the child is eligible for an irregular payment. Please keep your receipts for reimbursement processing. A special clothing allowance may be authorized to accommodate growth spurts, emergency clothing needs, etc.

c. Media:

Permission must be obtained from the child's foster care case manager before a foster child can be identified in newspaper articles, photographs for the press, or TV and radio programs. If a story is done that would recognize the child as a "foster child", permission must be granted by the custodian. However, if a child is photographed in the local paper, so long as the media does not identify the child as "Jane Doe, Foster Child", no permission would be necessary. It is normal for teens to be interviewed for a sport, musical, school event, 4H event, etc. Participation in extracurricular events and activities can be very helpful to overall growth and self-esteem building for all children.

2. Discipline

Discipline must be constructive or educational in nature and may include diversion, separation from problem situation, talking with the child about the situation, praising appropriate behavior, and if needed, holding the child in a gentle restraint as taught in nonviolent crisis intervention (CPI) classes. NDAC 75-03-14-05 sets forth the standard that:

- No child may be kicked, bitten, punched, spanked, shaken, pinched, roughly handled, or struck with an inanimate object by foster parents or any other adult living in the home.
- Authority to discipline may not be delegated to or be accomplished by children.
- Separation, when used as discipline, must be brief and appropriate to a child's age and circumstances, and the young child must be within hearing of an adult in a safe, lighted, well-ventilated room. No child may be isolated in a locked room or closet.
- No child may be physically disciplined for lapses in toilet training.
- Verbal abuse or derogatory remarks about the child, the child's family, race, religion, or cultural background may not be used or permitted.
- No child may be force fed unless medically prescribed and administered under a physician's care.
- Cruel and unusual punishments are prohibited.
- Deprivation of means, including food, clothing, shelter, hygiene, and medical care, may not be used as a form of discipline.
- Disregard of any of the foregoing disciplinary rules or any disciplinary measure resulting in physical or emotional injury or abuse to any child shall be grounds for denial, revocation, or other disciplinary measures as deemed appropriate.

3. Health and Medical Care

Once a child is placed in foster care, the responsibility for the child's medical care is shared by several people – the case manager, foster parents, parents and the child (if age appropriate). Each party has a role to play in the child's medical care and treatment. Everyone involved in the placement should be aware of the child's current health, medical problems, and need for medical examinations and immunizations. It is the case manager's responsibility to provide a Medicaid card or Medicaid number to the foster parents as soon as possible.

Tips for Going to the Emergency Room

1. Stay calm
2. Call the on-call agency worker
3. Bring the child's Medicaid card or assigned insurance number
4. Bring a list of the child's medications, including allergies

Foster parents should always be alert to any symptoms that indicate a child is ill; such as runny nose, sore throat, cough, headache, inflamed eyes, stomach ache, rash, etc. Such signs should not be ignored. Do not hesitate to consult the child's doctor and inform the child's case manager when a foster child is sick.

Medical Care Reminders:

a. Consent and Medical Treatment:

- ✓ For surgery scheduled in advance (e.g., tonsillectomy), contact the foster care case manager to obtain the birth parent's and/or the agency's written consent.

b. Health Tracks:

- ✓ Federal law specifies that all persons under 21 years of age who are eligible for medical services, including children in foster care, must be provided preventative services and treatment.
- ✓ Health Tracks is a program designed to detect health problems at an early stage.
- ✓ A Health Track screening must be completed within 30 days of entry into foster care and completed at least annually. The Health Tracks screening may determine the child will need a referral for services.

c. Prescriptions:

- ✓ Any prescribed medications used to treat a child must be ordered by a doctor.
- ✓ Over-the-counter medications should be used with caution because of possible allergic reactions. It is wise to consult the child's doctor when giving any of these medications to a child. Also, be sure to notify the child's case manager about the child's illnesses and treatment.

- ✓ Safety surrounding the distribution, storage, and disposal of medications in the foster home must be ensured. Discuss "safety – medication in the foster home" with the child's case manager.
- ✓ Prescriptions can only be paid for through the child's private insurance plan, managed care benefits, or Medicaid. If you have any questions or problems in filling a prescription for a foster child, contact the child's case manager or emergency on-call worker if after business hours.

NO REIMBURSEMENT

If a foster parent pays for a prescription/ medicine, you **cannot be reimbursed** for the medical purchase with foster care funding.

d. Administration of Medication:

- ✓ Foster parents will be requested to dispense medication for children placed in their care. Throughout placement, a foster child may have an ear infection or strep throat, which will result in a temporary need for medication. In other instances, a child may be prescribed a psychotropic medication that will aid in the child's ability to stabilize moods or behaviors; some of these medications can be addicting, misused, and could offer unforeseen side effects. Psychotropic medications have rules related to re-filling.
- ✓ Please administer medications with caution and care.

e. Child Immunizations:

- ✓ The custodial agency is responsible for authorizing medical care, including immunizations.

f. Family Planning Services/Sexual Responsibility Counseling:

- ✓ If you feel that the child placed in your care could benefit from education related to these topics, contact the child's case manager.

g. Medical Transportation:

- ✓ Foster parents are expected to transport and accompany foster children to their routine medical or other appointments.
- ✓ As the foster parent, you know the child. You can be a comforting and familiar presence for the child especially during stressful appointments.
- ✓ Case managers may ask birth parent(s) to also attend medical appointments.
- ✓ Foster parents have the option to be enrolled in the North Dakota Medicaid Program as a "Transportation Provider." The Medicaid Program only covers medical transportation that is medically necessary. For additional information and to request forms, contact Provider Relations in the **NDDHS Medical Services Division (701-328-2321).**

4. Developmental and Behavioral Factors

Foster parents should encourage the normal emotional, intellectual, social and physical development of children who have been placed in their care. When a child is placed, foster parents will need to know about any developmental or behavioral factors. The child's case manager should inform you of the child's development and whether there are any known developmental delays or behavioral needs. (See Appendix, Competency #2 on page 113)

5. School

Foster parents are expected to actively participate in their foster child's education. Helping the child with homework and school projects, attending teachers' conferences, joining a parent/school organization, and participating in field trips are some of the important ways that you can get involved.

You should also discuss the child's educational progress with the child's parents and if appropriate, encourage them to attend school meetings and events.

Proximity to School or Origin: While children are in foster care in your home, they may be registered in your local school or remain in their current school. The best interests of the child are taken into account when determining which school he/she should attend. If the foster parents are located within close proximity to the foster child's school of origin, the Child and Family Team may decide it is best to have the child remain at their familiar school. However, there are times when a child is placed far away from their school of origin making it impossible to continue attending.

School of Origin Example: The child's school of origin was in District A, but the foster parents are living in District B fifteen miles away. It was determined to be in the child's best interest and the foster parents were very willing to drive the child to District A. The Child and Family Team can staff this and approve an irregular payment for excess transportation costs to school. NDDHS does offer an irregular payment option to licensed providers who transport their foster child to their school of origin.

When a child moves/relocates, the foster care case manager and the foster parents will work together in notifying school personnel of the child's foster care placement. If you are asked by the school to sign papers of any kind, contact the child's case manager. The custodial agency should know what is being signed and whether it is your responsibility to sign paperwork on behalf of the child's education.

a. Educational Support:

It is important that all interested parties be aware of the school achievement and special needs of your foster child. Therefore, when a child is placed in your home, the child's case manager will share with you information about the child's academic standing. It is important that you:

- ✓ Involve yourself in the child's school progress and activities; this shows the child that you are interested and that you care.
- ✓ The agency should also be kept informed of your child's school progress at all times.
- ✓ Foster parents are expected to attend meetings held by the school in order to support the child with his or her educational needs.

b. Head Start:

Foster children are eligible for enrollment in an Early Head Start and/or Head Start program, regardless of family income. Head Start is a comprehensive child development program serving children from birth to age five, expectant mothers and families. Every Head Start program provides comprehensive services that are designed locally, in collaboration with existing services. Those services include: nutrition, parent involvement and educational services for children with disabilities, family services, transportation, services for pregnant women who are enrolled in Early Head Start programs, and support to families between Early Head Start, Head Start, public school and child care.

Contact the foster child's case manager if you have questions or need additional information on the Early Head Start and Head Start programs.

c. Education Related Special Payments:

Foster care does not pay or reimburse for "education." However, a special payment known as an Irregular Payment, may be authorized through the Child and Family Team process. Expenses resulting in above and beyond needs generated because of involvement in school activities, such as graduation pictures, field trips, and other special expenses such as sports shoes may be approved for reimbursement. (See Chapter 7, child's personal incidentals)

6. Religion

Foster parents must make opportunities available for a foster child to attend religious ceremonies chosen by the foster child, or that child's parents, within the community in which the foster family resides. The foster parents must respect and not interfere with the religious belief of the child and the natural family. (NDAC 75-03-14-05)

The role of foster parents is nurturing and guiding foster children. Foster parents and agencies are not given the decision-making capacity for this area. Exceptions may occur when religious choices or decisions may harm or compromise the safety and welfare of a child or when adolescents object to their parent's religious decision. Youth have the right to state if they would like to experience a different religion than their family.

If religious decisions or choices have not been made by the child's parents, foster parents must work together with the foster care case manager to discuss the needs of the child in regard to religious participation.

7. Cultural Factors

The foster parents should be made aware of the cultural background (including ethnicity and family traditions) of the children in their care. Opportunities should be available for children in foster care to learn about and participate in those activities that are unique to their particular background.

Foster care funding cannot be used for "respite." Respite is a planned short-term break for a foster family where the child is cared for by another provider temporarily in an effort to support and maintain the relationship with the child and preserve the placement. If respite is pursued, payment cannot be made with foster care funds.

If the foster child's difficulty of care level is such that extra help is necessary, the need for relief care must be discussed and approved during the Child and Family Team meeting. Not every foster home will be approved for an excess maintenance payment (EMP) to cover the costs of extra care required for the child's needs in the home. It is reserved for the situation where the child would likely be placed in residential care if not for the availability of extra resources to meet the needs of the child. An EMP is available to provide help for the foster parent for the more demanding child and to help address the complexity beyond the realm of ordinary parental duties.

8. Substitute Care

Substitute care for foster children and the requirement of placing the foster child with another licensed/approved foster family is federal and state law that has been in existence for several years. North Dakota's federally approved IV-E state plan also assures that ND Foster Care will follow federal Title IV-E rules for all foster care programming, whether or not the placement is reimbursed with Title IV-E dollars.

Federal regulations have provided one exception to the rule of placement into a licensed/approved provider home in the absence of the foster parent. The exception granted to states was that substitute care **for a portion of one day** can be provided by an unlicensed/unapproved provider. This allows for some flexibility as it is recognized that foster families do have events, activities, meetings, funerals that require assistance to care for foster children in their home. However, this exception does not take away from the requirements that a family providing foster care and receiving financial reimbursement to meet the needs of the child, must be licensed/approved, fingerprint based background checked, trained specifically for foster care service delivery, maintain ongoing continued education, and be supervised by a licensing agency. In turn, the federal law does not allow a licensed or approved (Tribal Affidavit) provider to then place the foster child into the substitute care of another home that does not have these safety and well-being assurances in place. Foster care case managers can assist with substitute care arrangements.

Questions:

a. **Can we get a babysitter to watch the foster children so we can go out for an "adult only dinner"?** NDDHS does not prohibit this. This would fall under the federal allowance of "a portion of a day" and would be allowable so long as the babysitter left in charge of the children is age 21 or greater.

b. **Sleeping over at Grandma's is "normal", why can't the foster child go to their biological grandma's for the night and visit while we are out of town?** NDDHS does not prohibit this. Decisions regarding family visitation is left to the custodian; if you have notified the custodian that you will be out of town and are in need of substitute care… the foster child's relative or biological family member may be an option if approved by the custodian!

c. **Sleeping over at Grandma's is "normal", why can't the foster child go to my parent's house for the night with our kids while we are out of town?** NDDHS is not discounting the fact that it would be "normal" for a child to visit the foster parent's family for a weekend of fun. However, federal law PL 113-183, which incorporated the "Reasonable and Prudent Parent" standard has led to confusion and ongoing questioning about how foster parents can offer "normalcy" to children in foster care. The reasonable and prudent parent standard is characterized by*:*

> *"careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a foster child under the responsibility of a public agency to participate in extracurricular, enrichment, cultural, and social activities*."

The reasonable and prudent parent standard allows foster parents the decision making authority that will afford "normalcy" to a foster child wanting to engage in school activities, sports camps, hang out with friends, go on a church youth retreat, attend a birthday party, get a job, etc. The reasonable and prudent parent standard **does not grant foster care providers** the ability to make placement decisions that go against law, rule or policy to meet their own need for substitute care.

9. Safety

a. Fire Safety:

Before initial licensure and annual renewal, each foster parent shall complete a course of instruction related to fire prevention and safety. The NDDHS has online fire safety training available at: http://www.nd.gov/dhs/services/childfamily/fostercare/training.html

The Family Foster Home – Fire Safety Self Declaration Form (SFN 800) must be completed and signed by each foster parent before initial licensure and at each renewal. If required by the department, the home must satisfactorily complete a fire inspection by the local fire inspector or, in the absence of a local fire inspector, the state fire marshal. All deficiencies noted during the inspection must be remedied. (NDAC 75-03-14-03)

The home must be equipped with the approved Underwriters' Laboratories fire extinguishers, smoke detectors, and smoke alarms as recommended by the local fire inspector or state fire marshal. They must be in working condition at all times. In an apartment building, the fire extinguisher, smoke detectors, and smoke alarms must be inside the apartment. (NDAC 75-03-14-03)

b. Car Safety Restraint:

Foster care providers are required to follow ND state law, NDCC §39-21-41.2, which requires the use of child restraints/safety belts. The following is a brief summary:

- ✓ All foster children riding in a motor vehicle are required to be properly restrained in an infant car seat, convertible rear facing car seat, convertible forward facing car seat, booster seat, or a car seat belt (depending on the age and size of the child).
- ✓ The child restraint must be used correctly and be properly installed. Follow the manufacturer's instructions or attend a Safe Kids Car Seat installation event for a technician to properly install the car seat.
- ✓ Children younger than seven years old who weigh more than 80 pounds and are more than 57 (4'9") inches tall may use a lap/shoulder safety belt instead of a booster seat.
- ✓ A lap belt only may be used by children who weigh more than 40 pounds and ride in vehicles with lap-only seat belts or if all lap and shoulder belts are used by other occupants. Booster seats require both a lap and shoulder belt for correct use. Lap/shoulder belt is highly recommended for all passengers over a lap belt only.
- ✓ The law applies to all seating positions, both front seat and back seat.
- ✓ The driver is responsible for ensuring that all occupants are buckled up in the appropriate restraint. The penalty for violation of the seat belt law is $25 and one

point against the license of the driver.

- ✓ When licensing foster parents either for initial or ongoing licensure, child restraint/safety belt requirements, and the options for securing proper child restraint equipment must be discussed.

For more Care Seat Information go to:

- ✓ ND Department of Health – Child Passenger Safety Program at http://www.ndhealth.gov/injuryprevention/childpassenger/
- ✓ Safe Kids http://www.safekids.org/

c. Firearms in the Home:

Firearms must be kept in locked storage or trigger locks must be used, and ammunition must be kept separate from firearms. (NDAC 75-03-14-03)

d. Day-to-Day Safety:

Foster parents should take certain day-to-day safety measures including keeping the house and premises clean, neat, and free from hazards that jeopardize health and safety. The home must be equipped with adequate light, heat, ventilation, and plumbing for safe and comfortable occupancy. The house and grounds must be in compliance with any applicable state and local zoning requirements. (NDAC 75-03-14-03)

Top 10 Household Hazards include:

i. **Falls:** Whether it is slipping on a wet floor after a shower or falling down the stairs, injuries due to falls are one of the most common household hazards.

ii. **Fire:** Everything from candles to an unattended iron could lead to an accidental fire in your home, but there are many things a family can do to prevent a fire.

iii. **Carbon Monoxide:** Accidental poisoning due to high levels of carbon monoxide in the home is becoming more common nationwide. What makes carbon monoxide so threatening is that it's virtually impossible to detect by smell, sight, or sound. Detectors are cheap to purchase and could save your life!

iv. **Choking:** Dinner going down the wrong way or a child accidentally swallows a small item, choking is scary. The biggest household choking hazards come from small toys and hard foods that easily block airways, like peppermints or nuts.

v. **Sharp Objects:** We all understand the danger of sharp objects. Unfortunately, there are a number of necessary items used both inside and outside your home (knives, scissors, work bench tools, etc) keep them out of the reach of children.

vi. **Paints/Chemicals:** You just finished re-painting the living room and cannot wait to show off your work to friends and family. Discard of paint and chemicals properly and store them locked out of reach of children.

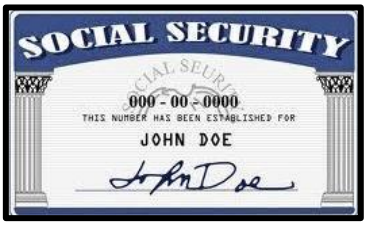
vii. **Window Cords:** Cords on window dressings/blinds/curtains can present a strangling hazard to small children and infants.

viii. **Bathrooms:** The highest risk of slipping and falling is in the bathroom, additional hazards include chemicals in soaps, makeup, perfumes, razors, and medications.

ix. **Dishwashers:** Dishwashers help us get through after-dinner chores in half the time and require half the elbow grease. But this convenient appliance does pose some risks especially to small children (heat, steam, knives detergent pouches, etc).

x. **Stoves:** Stoves present a danger, and not just because they are hot. In addition to burning danger from hot implements, an improperly installed stove can easily tip over and crush toes, fingers, or worse.
(http://www.safewise.com/blog/10-safety-hazards-to-watch-out-for-around-the-house/)

11.Social Security



All children in foster care must have a Social Security number. The agency is responsible for obtaining this number. In some situations, children in foster care receive Social Security benefits that are paid to the agency and applied against the cost of care. If your foster child starts receiving benefits, contact the foster care case manager immediately.

12.Property Damage

It is highly recommended and encouraged that foster parents attain homeowners or renters insurance when choosing to take on the responsibility of foster parenting. Foster parents are taking on a personal risk when they let their property insurance lapse or discontinue.

The monthly maintenance payment was created to cover a portion of the costs of insurance coverage. Without foster parent's insurance, NDDHS has limited financial support for the loss/damage to property. The liability coverage offered by NDDHS may assist in coverage to property that is not the foster parents (Ex: school or a neighbor's broken window).

DHS Liability Coverage 622-05-10-10-05 policy was created to assist licensed foster parents (claimant) and others for damages to property they incur, which are caused by acts or omissions of a foster child.

The claimant must file the claim, regardless of whose property was damaged. This policy is the 'insurer of last resort" and should be used only when a private insurance policy, such as homeowners, tenants, personal automobile, personal umbrella liability insurances, or any other collectible insurance, will not cover the damages or loss.

DHS Coverage:

The Department will pay for the lesser of the reasonable cost to repair or to replace damaged property incurred by a claimant and others, if the damage is caused by acts or omissions of a foster child. This coverage is subject to the following limitations:

- $100 Department deductible per claim
- $5,000 maximum payout per claim
- $10,000 maximum payout per year/per claimant

The Department will cover the difference between $100 and the amount of the deductible paid to claims covered by policy 622-05-10-10-05.

Exclusions:

The following exclusions apply:

- Property damage due to the operation or use of any aircraft or watercraft
- Property damage resulting from dishonest, fraudulent, criminal, malicious or negligent conduct on the part of the claimant, family members living in the claimant's house or others
- Theft of property
- Bodily injury of any kind
- Injury to household pets
- Secondary property damage caused after the incident, not by the foster child

Claim Procedure:

The following must be included with all claims:

1. A completed Family Foster Care Claim of Property Damage Form (SFN 327)
    a. A SFN 327 must be prepared for each claim filed with an insurance company; multiple claims should not be included on one SFN 327, unless approved.
    b. If more than one incident occurs in a 24-hour period, resulting in various insurance claims, the Department may combine the multiple insurance claims into one payout not to exceed $10,000.
2. A completed and signed W-9 for payment purposes
3. A photograph/s of the damage
4. A letter from a private insurer denying payment for the damages claimed
5. A written estimate by a contractor or insurance adjuster, or bill, or receipt of payment
6. When applicable, verification of the amount paid by the private insurer
7. When applicable, proof of the amount of deductible paid by the claimant or others

Claims need to be postmarked within 90 days after discovery of the damage, and sent to the attention of the Permanency Administrator, Children and Family Services (CFS). The Department will not make a determination if claims are incomplete, and are not completed within the 90-day timeframe. If approved, payment will be made to the party who incurred the damage.

Any questions regarding this policy should be directed to the following:
Children and Family Services Division
Permanency Administrator (701) 328-3581

Chapter 5
Daily Life

Life affords no greater responsibility, no greater privilege, than the raising of the next generation.
– C. Everett Koop

Chapter 5. Daily Life- Normalcy

This chapter deals with the day-to-day activities of foster children. It focuses on the daily life of a foster family and includes guidelines for issues that may occur frequently.

Topics Include:

1. Consent
2. Normalcy
3. Social and Recreational Activities
4. Dating
5. Socializing/Hanging out with Friends
6. Social Media and Technology
7. Transportation
8. Trips and Vacations
9. Allowance
10. Savings Account
11. Clothing
12. Chores and Household Responsibility
13. Babysitting and Employment
14. Driving a Car
15. Smoking
16. Hair Care
17. Piercing and Tattooing
18. Armed Forces
19. 18+ Continued Care

1. Consent

This chapter includes guidance on the types of activities that may need consent. Each agency has policies on approving participation of foster children in certain activities. Depending on the activity, consent of the agency or the child's parent may be required.

Parents have the right to make certain decisions about their children and to be informed about what their children are doing. Foster parents can give permission for the child to engage in routine types of activities such as joining a school club and dating. When you have a question, check with your local agency.

2. Normalcy (624-05-15-50-40)

The reasonable and prudent parent standard is characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child participating in extracurricular, enrichment, cultural, and social activities.

The goals of the reasonable and prudent parent standard are to:

- Provide children in foster care with a "normal" life experience
- Empower foster care providers (homes, group homes, facilities) to encourage children to engage in extracurricular activities that promote child well-being
- Allow foster care providers (homes, group homes, facilities) the ability to make reasonable parenting decisions without waiting to obtain additional permissions from the custodial case manager or the Child and Family Team (Ex: field trip permissions, attendance at school functions, carpools, etc.)

When using the reasonable and prudent parent standard, providers should consider:

- The child's age, maturity and developmental level;
- Potential risk factors of participating in the activity;
- The child's best interest;
- Whether or not the activity will encourage the child's emotional and developmental growth; and
- Whether or not the activity will offer the child a family-like living experience

Normalcy is giving children in foster care the opportunity to engage in typical growth and development. This includes the participation in age-appropriate activities, responsibilities and life skills.

Age appropriate activities are events generally accepted as suitable for children of the same chronological age or level of maturity. Age appropriateness is based on the development of cognitive, emotional, physical, and behavioral capacity that is typical for an age group.

Example: It may be age appropriate and "normal" for a 14-year-old to go to a school ball game without parental supervision. It may not be age appropriate and "normal" for a 14-year-old to go camping with friends without parental supervision.

In an effort to make decisions in the best interest of the child, it is important to engage the child to understand their desire and abilities. Foster care providers may have personal beliefs that would influence participation in requested activities. Foster care providers may also review requirements for safety measures such as helmets, life jackets and adult supervision. The Child and Family Team is a resource in finalizing decisions that may present risk.

Typical Activity Requests:
Foster children request permission to participate in various activities. Requests that seem "normal" to young people may include but are not limited to:

- Extra-curricular activities (participate in school sports, band, theater, etc.)
- School related activities (attend dance, ball game, field trip, etc.)
- Working – Babysitting
- Using a cell phone
- Staying up late
- Watching television
- Using the internet – social media
- Dating
- Driving
- Playing video games
- Attending summer camp (sports, Boy Scouts, etc.)
- Riding in a vehicle with others
- Sleepovers
- Vacations (in-and-out of state)
- Haircuts/tattoos/piercings
- Operating an ATV or snowmobile
- Boating
- Hunting
- Rodeo
- Water or snow skiing

High Risk Activities:

The child's custodian has the discretion to approve the child's participation in what may be considered high risk activities; i.e. skiing, hunting, horseback riding, BMX dirt bike racing, etc. This decision should be made through discussions at the Child and Family Team meeting. It is recommended that the child attend any safety course available that may relate to the activity prior to participating in the activity; i.e. hunter's safety, rider's safety training, etc. Approval should be documented in the child's case file.

Making Decisions:
The custodian will specify upon placement or at the first Child and Family Team meeting the parameters of a foster care provider's decision making authority. The custodian must:

- Detail the agencies expectations supporting the foster care provider's ability to engage in reasonable and prudent parenting,

- Define and address “normal” activities the child is already participating in,
- Discuss additional interests and desires the child may have, and
- Identity if there are any barriers.

Example: Upon placement, the custodian acknowledges and supports “reasonable and prudent parenting” and agrees that the foster parent can sign field trip permission slips, papers for school, some appointment forms, approve who the child can ride with to and from basketball practice (carpools), allow for participation in Girl Scouts, and grant permissions to attend after school events/functions. However, the custodian noted that the foster parent must consult with the foster care case manager for a variety of other decisions; medical consent, permission for the child to visit extended family, etc.

Foster parents utilizing the reasonable and prudent parent standard take into account varying factors to make decisions to best meet the needs of the child in placement. Including, but are not limited to:

- ✓ If appropriate, have the biological parents been consulted about their thoughts regarding their child’s participation in the activity?
- ✓ Does the activity promote the child’s social development?
- ✓ Will the activity encourage “normalcy” for the child?
- ✓ If the child has medical needs; will the child be able to tell others how to help them if necessary?
- ✓ Has the child shown maturity in decision making abilities?
- ✓ Would I allow my own child to participate in the activity?
- ✓ Who will also be attending or participating in the activity?
- ✓ Will the timing of the activity interfere with a scheduled sibling or parent visit, therapy or medical appointment? If so, other options to accommodate the activities and family engagement/treatment will need to be pursued.
- ✓ Does the foster child understand the set expectations regarding curfew, approval for last minute changes to the plan and the consequences for not complying with the expectations?

3. Social and Recreational Activities

It is important for foster children to participate in recreational, school, religious, and community activities. Participating in activities can help children and adolescents develop skills, build self-esteem, and gain a sense of achievement.

You are encouraged to give your foster child opportunities to participate in groups such as Scouts, 4-H, church or synagogue (of their choice), and Little League, and to take lessons in their areas of interest (music, dance, art, swimming, etc.).

It is essential that a child's activities take place within a safe environment. This requires common sense and good judgment on your part plus a full appreciation of your responsibility, a concern for the protection of children in your care, and commitment to maintaining high standards of safety. Foster parents should be sound adult role models and teach good safety habits by example. The following guidelines should help you ensure a safe environment for children:

- ✓ Know your children, who they are, who they are with, and what they are doing.
- ✓ Know what equipment is being used, if it is safe for use by children – and in particular the child or children in your home – and whether it is in safe operating condition.
- ✓ Know the nature of the activity and the setting where the activity is taking place.
- ✓ Be sure the child is dressed properly for the activity and the climate.
- ✓ Plan ahead by anticipating situations and behaviors, thereby reducing risks and hazards.
- ✓ A particular child may have a health or physical problem that requires special attention and supervision. For example, a child with a history of seizure disorder may require one-on-one supervision in a swimming activity. (This may be true even when the seizures are under control with medication.) Or a child may have allergic reactions to such things as insect bites or bee stings and needs to have a kit available.
- ✓ Protection from sunburn is a concern for all children, but especially for children taking certain medications. When a child has a specific health problem, it is crucial for you to discuss it with the child's doctor and to be knowledgeable in treating the concern, and then review it with the child's foster care case manager.

4. Dating

Dating is a normal part of adolescence and important for individual development and social adjustment. As the foster parent, you can help guide the teen in your care so that dating becomes a source of enjoyment and personal enrichment. Foster parents are responsible for setting rules and establishing healthy relationships. Foster parents can role model appropriate boundaries and should communicate with youth to identify and establish dating rules, curfew, and trust.

- Teens that date often experience rejection. Be sensitive to their pain, listen to their concerns, and assist them in identifying ways to meet new friends.
- Help teens establish personal boundaries by encouraging them to respect their values and their bodies. Discuss sexual responsibility, consequences of sexual behavior, and if needed ask case managers to assist in conversations about responsible relationships.
- If a teen chooses to date, reasonable and prudent parenting would suggest:
    - ✓ Obtain knowledge of who the person is they are choosing to date
    - ✓ Suggest safe dating option; such as double dating in a public setting
    - ✓ Confirm transportation and who will be driving
    - ✓ Confirm curfew time
    - ✓ Confirm the plans for the evening

- ✓ Confirm if others will be joining the couple
- ✓ Confirm if plans change, the rule is to call BEFORE going/doing something other than what was planned
- ✓ Confirm a code word with the child/youth: If things become uncomfortable, the child must know they can CALL YOU no matter what!
    - "I forgot to feed the dog." That would be a very good code for a family who does not have a dog. A safe way for a child to tell you, they would like you to come and pick them up, etc.
- ✓ Exchange phone numbers

5. Socializing/ Hanging out with Friends

Children may be invited to a birthday party, asked to go on a play date, invited to a friend's house after school or after a football game on Friday night. Interacting and socializing with peers is normal and should be encouraged so long as the foster parents find the peers/friends to be appropriate influences and a safe choice for the foster child. Reasonable and prudent parenting would suggest:

- ✓ Obtain knowledge of who the family is inviting the child to a birthday party, parents of the child, etc.
- ✓ Suggest hanging out with friends at your house where you know supervision is available or in a public setting
- ✓ Confirm transportation and who will be driving
- ✓ Confirm drop off/pick up times
- ✓ Confirm the plans for the play date, birthday party, evening event, etc.
- ✓ Confirm if others will be there
- ✓ Confirm if plans change, the rule is to call BEFORE going/doing something other than what was planned
- ✓ Confirm a code word with the child/youth: If things become uncomfortable, the child must know they can CALL YOU no matter what!
    - "I forgot to feed the dog." That would be a very good code for a family who does not have a dog. A safe way for a child to tell you, they would like you to come and pick them up, etc.
- ✓ Exchange phone numbers with the other family, friends, etc.

6. Social Media and Technology

Youth and young adults are surrounded by technology in various forms. Social media and appropriate use of technology will assist youth in socializing and maintaining connections, but can be done in an appropriate way.

Monitoring online activity and cell phone use (texting, snapchat, Facebook, Instagram) can assist youth in learning appropriate technology boundaries and internet safety. Set rules about the use of technology that meet the household structure (Ex: All cell phones are turned in at 9:00pm, No cell phones at the dinner table, Cell phone passwords are shared with the foster parent, Facebook users must "friend" the foster parent/s so monitoring of the posts can occur, etc.). Foster parents may consider reaching out to the foster care case manager to determine an appropriate plan or a team approach to implementing a media/technology contract. A contract would offer the youth an easy to follow list of expectations, which can decrease the opportunity for miscommunication.

Tips to help teens socialize in a fun and safe manner:

- Be kind online: Treat people the way you'd want to be treated. If your "friends" online or individuals following you on Facebook or Twitter are rude, do not to react or retaliate! If needed ask for help or use privacy tools to block peers who are inappropriate. Others actions or reactions could affect your ability to maintain access to social media, email, texting, etc. Actions online are a reflection on you!
- Think about what you post. Sharing inappropriate photos or intimate details online, can cause problems. It is important to remember; people you consider friends can use this info against you at a later date. In addition, items that you tweet, post on Facebook, search online, snapchat, etc. can follow you. Posts today could affect future employment; many employers search the internet to find out information about a potential employee.

7. Transportation

Foster parents are expected to provide transportation for the child for the typical daily living situations including attendance at school functions, church activities, medical appointments (including mental health/therapy), dental, vision, treatment conferences, Child and Family Team meetings, and required court hearings. If transportation is above and beyond, discuss reimbursement with the foster care case manager if transportation remains in excess.

8. Trips and Vacations

Each custodian determines its policies for requiring consent for children in their custody to participate in trips and vacations. When a trip, an overnight stay or a vacation is planned, foster parents should contact the agency to ask what consent is needed.

Trip and vacation activities may include:

- Field trips with the school, church or synagogue, or other community group.
- Family vacations. Whenever possible, it is hoped that you will be able to take your foster children with you on family vacations. All vacations, trips or other alternative arrangements involving a child in care must be discussed with the child's case manager (as far in advance as possible). Each situation must be individually evaluated and approved by the local agency.
- Trips outside the state or country must have agency approval.
- Spending the night with a friend's family.

If it is necessary to be away from your home overnight without the foster child, contact the foster care case manager to jointly work out appropriate arrangement for substitute care.

9. Allowance

Giving a child an allowance is helpful in teaching the use of money. The amount of allowance given to a foster child should be the same as the allowance given to any child in the home. It is suggested that your foster children be allowed to spend at least a portion of their allowance as they wish since this helps promote independence, responsible decision-making, and budgeting.

The ND maintenance payment for a child placed in a county foster home ranges from $775 - $975 per month depending on a child's age. **The maintenance payment includes the cost of providing food, clothing, shelter, daily supervision, transportation, school supplies, a child's personal incidentals, and liability insurance with respect to a child.** Some foster families have used a portion of the maintenance payment to provide the foster child a weekly allowance. Earning an allowance is NORMAL! What are children doing to help in your homes that would highlight the need to receive and earn an allowance?

10. Savings Account

A savings account is an appropriate way for a young child to gain skill in both banking and responsibility. The account belongs only to the youth. As such, it should always be in the youth's legal name. As members of the team, the youth, foster parents, and agency will be involved in the appropriate financial planning.

11.Clothing

Children in foster care need appropriate clothing. When necessary, you may receive an initial clothing allowance to supplement the child's wardrobe, depending upon the child's needs. Ongoing clothing costs are included in the monthly maintenance payment. Check with your agency for the specific policy and procedures or be granted prior approval to purchase clothing for the child.

Inventory:
Each foster child should have an inventory of their belongings prior to placement into a home, and when items are purchased via the irregular payment option (clothing allowance). The child's personal items must follow the child to their next placement or back to their home.

Each child in foster care should have enough clothing for reasonable changes. Adequacy, condition, and style of garments are particularly meaningful for children. Shopping with your foster child is a way to model appropriate choices and budgeting; a great way to incorporate independent living skill building! Children who are old enough to make clothing decisions should be involved in the process.

CLOTHING INVENTORY NAME _____

Clothing Item	Size _____		Size _____		Size _____	
	# Have	# Need	# Have	# Need	# Have	# Need

Any clothing purchased for a foster child belongs to the child. When children move to another foster home or return home, they should take their current wardrobe with them. Remember, too, that clothing and other possessions from home may have a very special meaning for a child. Clothing the child has outgrown can be sent with the child for their siblings or discuss an alternate plan with the case manager.

Please help pack up a child's personal items and send them with the child. We often hear foster parents say the child was placed in their home and came with very little clothing or personal belongings. This should not be the case if the child is being transferred from one foster parent's home to another.

12. Chores and Household Responsibility

Performing chores that help maintain household order or satisfy a family need will help children feel useful and competent and learn how to be responsible. Giving chores to children, however, should be done in a thoughtful way and in accordance with the following guidelines:

- Arrange for the child to feel successful in the early stages of the task or chore that he or she is given.
- Start with simple chores and tasks and work up to more complex ones as the child's skills and abilities increase.
- Design the chore or activity according to the child's level of development.
- Rotate chores so that the child can develop different skills and have a variety of experiences.
- Chores or work should not be associated with discipline or punishment. Rather, they should be

seen as part of the child's participation in family life.

- A prolonged amount of time should not be required for any chore. The time that chores are to be performed should not interfere with family activities, school, regular play time, visits to family, or the child's normal contacts. Any morning or noon chores should not affect the child's ability to attend school without stress.
- Let the child know that you are interested in working with him or her rather than being an overseer or critic. Be sensitive to the child's needs for help and support in carrying out chores. Work can provide an ideal situation for you to be in the role of an interested, helpful adult.

- Praise the child for a job well done. Praise will help instill a sense of pride in achievement and a feeling of self-confidence.
- Be cheerful, supportive, and understanding when the child's capacity or interest diminishes, and show your willingness to be helpful. The child who is given help when he or she needs it is best prepared to give help to others when they need it.
- Encourage foster children to take care of their own personal belongings, make their bed, and keep their closet, drawers, toys, and other items in order.

13.Babysitting and Employment

Babysitting:

There is not a North Dakota state policy prohibiting a foster child from babysitting as means of gaining extra spending money. However, a foster child cannot be responsible for other foster children. ND policy does state that a babysitter for foster children must be age 21+ (622-05-05).

Agencies may or may not approve of a foster child babysitting; it is encouraged to discuss this opportunity at the Child and Family Team meeting if the teen expresses an interest in babysitting to earn some extra spending money. Various communities offer Babysitting Training classes to youth age 12+ through local hospitals, YMCA's or American Red Cross. The classes teach the babysitter basic household safety (not answering the door for strangers), who to call in emergencies, first aid, CPR, simple snack creations, diapering an infant, etc.

Employment:

You might want to encourage a teenager in your care to earn some money, when appropriate and possible; even a little self-support helps a youth become mature and independent. Such work could include shoveling snow, raking leaves, or having a paper route.

As foster parents, you should know and approve of the nature of the work; you should also know who is employing the teenager to make sure that the work is appropriate and that there is no exploitation. Youth should not be engaged in work that is potentially hazardous or uses equipment (Ex: riding lawn mowers) that might be unsafe. Teens should be adequately paid. *Be absolutely sure that the situation does not violate any child labor laws.*

Discuss the nature of part-time employment with the youth. Determine if the work is appropriate for their developmental level of maturity and that it **does not interfere with school work. ****Encourage the teen to discuss employment goals with his/her case manager.

14. Driving a Car

Foster children who wish to drive must have the activity approved at the Child and Family Team meeting as well as a signature of a person who is willing to sign as a responsible party. There must be an agreement with and involvement of the child's custodian and foster parent(s).

The child's parent should be the first resource to consider assuming responsibility and providing insurance coverage for the child. In special circumstances of another planned permanent living arrangements, the custodial agency may determine that the foster parent(s), if willing, may assume responsibility and provide insurance coverage. This is not an agency expectation of foster parents. It is important to note that if a foster parent signs for the child, he/she is assuming responsibility for the minor's actions as a driver.

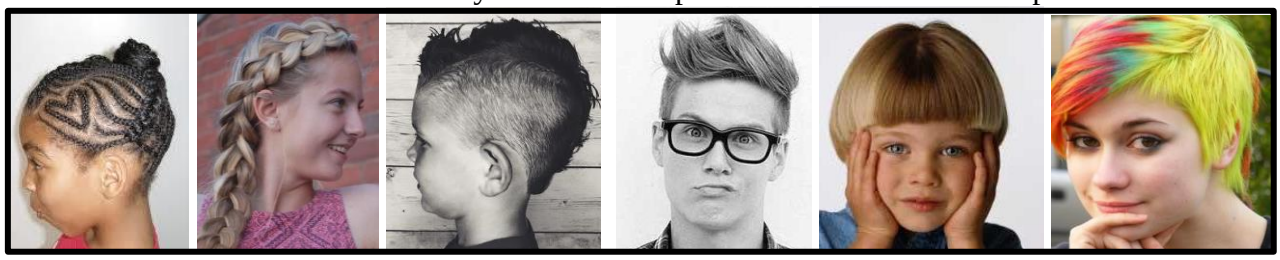
Refer to the Appendix as well as the NDDHS created brochure "Motor Vehicle Operation by Youth in Foster Care" for more information. If the **ND Department of Human Services is the custodian, the foster youth is not eligible to obtain a driver's license** or take "Behind the Wheel" drivers training while under the custody of NDDHS.

15. Smoking

No person may smoke, in the foster home, in circumstances which present a hazard to the health of a foster child, or in an enclosed area when the foster child is present. All foster parents should be aware of the potential hazards of smoking in the presence of children, particularly infants and children with respiratory or allergic sensitivity. It is illegal in North Dakota for children under age 18 to purchase, possess, or use tobacco products.

16. Hair Care

Foster parents should not change the hairstyle of a child in foster care (long hair cut short, perms, color, straighten, etc.) without first checking with the foster care case manager to see if consent is required or cultural needs must be warranted. Changing a child's hair style without any discussion could affect his or her self-esteem and could also affect your relationship with the child and his/her parents.



Teenagers are more exploratory. Hairstyles help teens create their own sense of identity. Normalcy policy allows for discussions to occur regarding the desire of a youth to change their hairstyle. One role of foster parents is to help youth understand there are consequences to changing one's hairstyles:

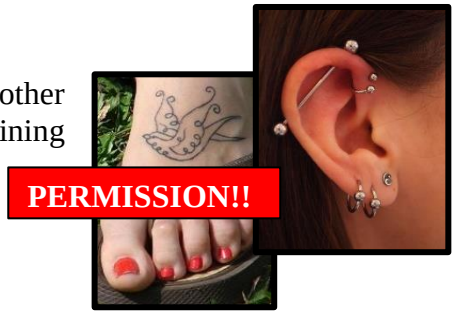
- "Help me understand, why you would like a Mohawk?"
- "Please know not all people will like your choice and they might say mean things?"
- "How will you react when other make comments about your hair?"
- "You may not get that job you want if your hair is purple!"
- "Your hair is long, if you shave your head it will take a long time for it to grow back."

Education, preparation, thought, and mindfulness are all important when making decisions to change a hairstyle. However, a haircut is not permanent and hair will grow back! A three-year-old has less insight into the consequences of cutting his/her own hair, that scenario should be treated differently than a teenager asking for permission to change their hairstyle.

If your foster child has a hair texture that you are not familiar working with, ask the foster care case manager, licensing worker or the child's parents for suggestions on hair care, products and salons.

17. Piercing and Tattooing

Foster parents should not allow a foster child to pierce their ears or other body parts, or get any part of the body tattooed, without first obtaining consent from the custodial agency.



18. Armed Forces

Youth in foster care must have the consent of their parents and the custodial agency to enlist in the armed forces. If this is a possible plan for the youth, the recruitment office should be contacted as to the eligibility requirements and paperwork needed once the youth is age eligible to apply. NOTE: All males must register with the selective service upon reaching age 18. This should be discussed prior to discharge as part of transition planning.

19. 18+ Continued Foster Care:

The North Dakota 18+ Continued Foster Care program allows for youth to stay in family foster care after age 18 and/or return to foster care within six months of their last discharge date.

18+ Continued Care is available to eligible current and former foster children up to the age of 21 years old if the youth meets certain criteria. 18+ Continued Care is voluntary foster care. A three party agreement is willfully entered into between the Department of Human Services or its agent (agency), the child, and the foster care provider. Termination from foster care will occur if the goal is reached, one of the three parties requests to terminate the agreement or the child reaches the age of 21.

In order to remain eligible for the 18+ program, a foster child must meet one eligibility criteria; engage in education, part-time employment, employment preparatory program involvement, or a medical

condition/ disability that does not allow a child to go to school or work.
Foster care maintenance payments will be authorized to meet the needs of the youth's living expenses; payments will continue to be issued to the foster care provider even if the youth is going to college and living on campus. If the 18+ youth requires minimal supervision or is living on college campus, foster families and the youth determine a fair allowance (portion of the maintenance payment) to give the youth each month. This teaches the youth the importance of budgeting and preparing for independence.

In situations where the 18+ youth is receiving ongoing support from the foster parents, but is not receiving supervision, a foster family is asked to work with the Child and Family Team to agree on an appropriate payment arrangement.

18+ Payment Example: The foster family receives $975/month to accommodate the needs of a 18+ youth living on campus, coming home on the weekend tor during holiday breaks. The family presented a breakdown of funds to the Child and Family Team and together they chose to divide the payment to support the youth in transition to adulthood:

Total Maintenance Payment = $975	
Foster Parents keep	$575 (60%)
Foster Youth receives	$200 (20%)
Foster Youth savings	$200 (20%)

Chapter 6
Teamwork

"Children are likely to live up to what you believe of them."
– Lady Bird Johnson

Chapter 6. TEAMWORK

Working as a member of a professional team is one of the PRIDE competency categories and a cornerstone of the PRIDE model of practice. As a foster parent, you are a member of a professional team with the child, foster care case manager, the child's parents (if possible) and/or other relatives, educational personnel and the child's attorney or guardian ad litem, along with service and health care providers. This means that you are not alone in caring for the child. You have support. It also means that you may meet with the child's family during visits and case conferences; and, you must keep the foster care case manager up-to-date on how the child is doing.

All members of the team should be acting on behalf of the child. The team should do everything it can to provide a caring, safe, temporary home while at the same time working toward permanency for the child. This chapter gives information on:

1. Helping Plan for Permanency

2. Relationship with the Child's Parents
    a. Bridging the Gap between Resource Families and Birth Families

3. Parent-Child Visits
    a. Visiting Plans
    b. Helping the Child with Visits
    c. When a Visit Happens in the Foster Home
    d. When there are Problems with Visits

4. Relationship with the Foster Care Case Manager

5. Participating in Child and Family Team Meetings
    a. Possible Permanency Outcomes
    b. Placement Options

6. Participating in Court Hearings
    a. Different Types of Hearings
    b. Permanency Hearings
    c. Legal Rights of Foster Parents

7. Services to Parents, Children, and Foster Parents
    a. Services to Parents
    b. Services to Children
    c. Services to Foster Parents

8. Services to Youth: Preparing Youth for Living Independently
    a. Chafee Foster Care Independence Program (CFCIP)
    b. Chafee Educational and Training Voucher Program (ETV)
    c. Family Planning Services and/or Sexual Counseling

1. Helping Plan for Permanency

As a foster parent, you are a continuing presence in the child's life. You are familiar with the child's personality, emotional and intellectual development because you care for him or her 24-hours a day.

Therefore, you can contribute valuable information about the child as you work closely with the foster care case manager/agency, participate in meetings about the child, and when appropriate, communicate with the parents. Foster parents are often the main source of information about how a child is adjusting to the separation from home, interacting with other children, and performing in school.

Even more important, you are a primary source of support for the child. When you have a positive healthy relationship with your foster children, you help build their trust in adults. This helps prepare them for changes in their living situation that might be necessary to achieve their permanency goal. For example, they may return home or they may be adopted. As you continue to nurture the child day after day, you are helping to plan for his or her permanency.

The rest of this chapter describes specific ways that foster parents can help plan for permanency through parent-child visits, contacts with the foster care case manager, case plan reviews, court hearings, and discharge activities. For more information, refer to your PRIDE book.

2. Relationship with the Child's Parents

The type of contact that is arranged between foster parents and the child's parents is planned in conjunction with the agency and other members of the foster care Child and Family Team. The team will consider the type of contact that is in the best interests of the child, as well as ensuring safety for all family members.

a. Bridging the Gap between Resource Families and Birth Families

As we bridge the gap between foster parents and the child's parents, we also bridge the gap between children and their families.

The continuum of contact includes:

Bridging the Gap without Direct Contact:

- Send pictures of child to parent; ask for pictures of parent
- Send snack or activity for visit
- Prepare child for visit
- Remember child's family in prayers or through family rituals
- Request cultural information from birth family
- Share documented successes, photos, school grades, (scrapbook) with family
- Share child's artwork with family
- Exchange letters with child's family via worker
- Speak positively and openly about child's family
- Learn about child's family, community, and culture

Bridging the Gap when there is Contact between Resource Families and Birth Families:

- Take child to visits and talk positively about the visit
- Talk with parent at visit about child's day-to-day life

- Encourage parent to phone child and child to phone parent
- Meet child's family at time of placement or prior to placement
- Ask for the parent's advice
- Attend meetings and reviews when parent is present
- Reassure parent of child's love
- Attend training to learn ways to work with the birth parent
- Refer to child as "Your child" when speaking with birth parent
- Share parenting information with parent

Bridging the Gap by Working with Birth Parents as Part of the Service Plan:

- Host visits in your home
- Attend visits in the parent's home
- Support child's transition back to their family
- Involve birth family in visits to doctors, therapists, or school conferences
- Assist in planning child's return to birth family; support the family's reunification efforts
- Include birth parents in farewell activities
- Attend training to learn about mentoring a birth parent
- Assist birth parents with transportation to treatment related appointments

Bridging the Gap by Serving as a Mentor to the Birth Family:

- Welcome parents into your home
- Coordinate and discuss discipline efforts together
- Attend parenting classes with parents
- Advocate for needed services for family and provide assistance in obtaining services
- support and encourage birth family's involvement in treatment
- Provide feedback to birth parents on parenting skills
- Serve as support to birth family after child returns home

"As we bridge the gap between resource parents and birth parents,
we also bridge the gap between children and their families"
Developed by Denise Goodman; adapted with permission.

3. Parent-Child Visits

Visiting is also critical to successful family reunification. Parents who have frequent, regular, and meaningful visits have the best chance of reunification with their children. When it is time to transition a child back into their home, visits may occur more often and last longer.

a. Visiting Plans:

The agency is required to plan and facilitate visits between the parent and child. Visits could be more frequent depending on the case plan. Visiting plans are developed on an individual basis. In setting up a visiting plan, the foster care case manager will consider factors such as:

i. Location (may include the foster home)
ii. Length of the visit
iii. Responsibility for transportation to visits

Foster parents need to confer with the foster care case manager to change visiting plans. Visits need to be scheduled. However, if the parent, foster parent, and case manager agree, unscheduled visits may be allowed.

You should keep a log of all visits. It is important to stick to the facts and not write opinions. For example, you might write brief comments such as: "parents came on time," "parent praised the child," "parent yelled at child," "parent brought food for snack." Any notes you take to document visits may be used in conference or court hearings and may be subpoenaed.

b. Helping the Child with Visits:

If the child is upset after a visit, allow him or her to have those feelings. Sometimes visits can be upsetting. Saying goodbye is difficult. It helps the child to know when the next visit is scheduled. Tips for foster parents in helping a child with coping before or after a visit include:

i. Do not conclude that it is a mistake for the foster child to visit his or her family. Even if occasionally upsetting, in general there are more advantages than disadvantages to such visits for most children. Visits help children maintain a sense of reality about their family.
ii. If something unusual happens during a parent-child visit, or if the child always returns upset or unhappy, report this to the foster care case manager. Always report any physical abuse.
iii. If children are allowed to talk freely about their parents and their situation, they may feel less anxious. Answer their questions clearly, simply, and sensitively if they are confused about why they are in foster care.
iv. Children continue to love their parents no matter how they are treated or what problems the parents have. Be careful about what you say and how you say it. If you are negative about their parents, children may respond defensively, and this could have a negative effect on their self-esteem.
v. You can acknowledge parental behavior that is not in the child's best interest. Putting behavior in terms of "choices the parent made" is more objective and non-blaming.

c. When a Visit Happens in the Foster Home:

Foster parents may be asked if visitation can occur at your home. If you, as the foster parent, do not want any parent-child visits occurring at your home… simply tell the foster care case manager and visitations can be scheduled to occur in other locations.

Foster parents can do a great deal to help make visits in the foster home go well. Some suggestions are:

i. Try to make the child's parent feel welcome by being as natural as possible.
ii. Try not to be too intimate or too reserved.
iii. It may be helpful to offer a cup of coffee/lemonade or a light snack.
iv. Try to give the parent and child some privacy during the visit by either going about your normal routine or making a separate space available.
v. Have some toys and games available for the parent when playing with the child.

d. When there are Problems with Visits:

It is important to keep in mind that for many parents, visiting their children in foster care is an experience that may heighten their sense of personal failure and inadequacy. Their anxiety causes some parents to make unrealistic promises or to agree to plans that have little chance of success.

At the time of placement, or shortly after, visiting "ground rules" should be discussed and agreed to by all team members – foster parent, child's parent, relatives, and the case manager. This should prevent problems.

However, at times, specific problems may arise. Contact the foster care case manager as soon as possible. This may include any incidents, observations, and feelings about something that occurred or the child's reactions. Because every situation is different, the foster care case manager is in the best position to advise you on how to handle different issues.

Problems, which sometimes occur around parent-child visit in the foster home, include:

- Failure of a parent to show up for a visit. Inform the foster care case manager as soon as possible. It is the case manager's responsibility, not the foster parents, to deal with the parent.
- Parent continually arrives late for visits. Contact the foster care case manager as soon as possible.
- Parent arrives unannounced. You should be prepared to know what to do. Visits should be arranged ahead of time, during a Child and Family Team meeting. Follow that plan. Report this to the foster care case manager to discuss with both you and the parent.
- Parent arrives in a state of tension, visibly angry, or intoxicated. How you will handle this situation should be decided ahead of time. You need to carry out the plan. If possible, contact the foster care case manager.

- Parent upsets the child by saying destructive things or tries to physically reprimand him or her. Intervene in the situation. Try to stay calm but firm. If the situation does not improve, follow plan as identified ahead of time. Contact the foster care case manager.
- Parents call constantly. Calls to the foster home should be discussed through the foster care Child and Family Team, and arranged ahead of time as to the frequency, duration, and time of day. Follow the plan.

4. Relationship with the Foster Care Case Manager

Ideally, the foster care case manager and foster parents will work together as a professional team. This benefits the child and makes your life easier as well.

Communication should remain open and honest throughout licensure. Best practice would encourage regular face-to-face contact between the foster parents and case manager. Whenever possible, Child and Family Team meetings should be pre-arranged and held at a mutually convenient time. In situations involving sudden problems, emergencies, or crises, contact the case manager immediately. Depending on the situation, a Child and Family Team meeting may take place to assess the situation and arrange for appropriate services.

The case manager's initial visit is particularly important. It is an opportunity to meet the worker and obtain information on the facts of the case, the visitation plan, and the case plan. Chapter 2, *When a Child Comes Into Foster Care*, has more information on the first visit by the worker. During your regular meetings with the foster care case manager, it is important to discuss topics including, but not limited to:

- The child's adjustment to the placement
- The child's behavior in the foster home, school, and community
- The child's health
- Need for additional services
- Appropriate discipline/consequences
- Assessment of parent/child visits
- Review of service plan goals, tasks for child and foster parent, and assessment of progress

When communicating about a foster child, the case manager and foster parents can help one another. Since you have the day-to-day relationship with the child, you know the child's personality and behavior. You can observe the child before and after parent visits, and you can see progress, or lack of progress, over time. Foster parents have a lot to contribute to the assessment of a case.

You may know the child well. However, keep in mind there is additional information about the child and/or family that you may not know. To have a good working relationship, you need to keep the case manager informed about the child's situation and achievements as well as problems. Take the initiative to call the case manager regularly (at least weekly calls or emails) even when things are going well!

A foster care case manager supervising the placement of a child in family foster care must have regular contacts with the foster child. It is required that the worker have face-to-face contact with the foster child once a month. More frequent visitation is recommended immediately after placement or if problems are experienced in the placement. Weekly supplemental telephone and email contacts are also recommended.

5. Participating in Child and Family Team Meetings

Child and Family Team meetings are scheduled at regular intervals to assess and review the plan, previous decisions, and outcomes. Participants discuss the continuing need for foster care, progress/needs of the parents and child(ren), assess the appropriateness of the permanency goals, and discuss services needed over the next three-month period to achieve the permanency goal.

The Child and Family Team meeting, which is chaired by the Regional Supervisor, serves as an ongoing gatekeeper and provides oversight in the administration of the foster care program. At a minimum, the committee meets every three months with the key people in the child's life to review the child's plan and progress toward safety and permanency. Participants typically included in the foster care Child and Family Team are: Regional Supervisor or designee, county social services director or designee, custodian or designee, foster parents, the child when appropriate, the parents unless it is documented why they should not be present, guardian ad litem, school liaison, church pastor or others determined necessary. When a review involves a child who is developmentally disabled or there is a reason to believe such, the Regional Developmental Disability Division Coordinator or designee must also be included in the team meeting.

Depending on the permanency goal, a family plan states the goals of the service, the tasks to be performed, and the date by which team members are expected to achieve the goals. The foster parents may be asked to work with the parents on accomplishing the goals they agreed to in the service plan. The foster care case manager monitors the impact of services and the extent to which the family members have achieved their goals within the time frames.

The following topics should be reviewed at each Child and Family Team meeting:

- Whether the child's foster care placement is appropriate and necessary
- The extent to which the agency, parents, and child are carrying out the tasks in the plan and whether the service plan should be changed. The parents' progress (with the agency's help) in correcting the conditions that led to the child's placement.
- The visitation plan
- The child's safety and assessment on progress in eliminating risk
- Actions taken to meet the family's need
- Updates and any needs of the child(ren)
- The likely date for discharging the child from foster care
- The need for a concurrent plan

Because of your parenting skills and 24-hour-a-day contact with the child, you have an opportunity and responsibility to contribute information at the Child and Family Team meetings. It is important that you distinguish between facts and opinions.

a. Possible Permanency Outcomes:

While there are many possible permanency outcomes for children placed under the care, custody, and control of an agency, ***reunification with their parents*** is often the initial plan. However after a child has been in care for a while, that plan may change to include:

- Placement with a fit and willing relative
- Guardianship
- Termination of parental rights -- Adoption
- Another Planned Permanent Living Arrangement (APPLA)

Often times there is a concurrent plan identified through the Child and Family Team meeting. A concurrent plan is a situation when there are two plans in place at the same time. The initial or first plan may be for reunification; however, if reunification is questionable or not possible, the concurrent or second plan would be for another outcome; i.e. placement with relative caregivers or possible termination of parental rights and adoption.

b. Placement Options:

While a child is under the care, custody, and control of an agency, options for placement include:

i. Family Foster Care
   a. Shelter Care (short term – emergency)
   b. Relative/Kinship Care
   c. Tribal Affidavit
   d. Youthworks Host Homes (Host home)

ii. Therapeutic Family Foster Care (PATH)

iii. Group Home

iv. Residential Child Care Facility

v. Psychiatric Residential Treatment Facility

6. Participating in Court Hearings

Every child in foster care becomes involved in court hearings. Occasionally you may be asked to appear in court to testify. The foster care case manager should inform you ahead of time that a hearing will be taking place and the type of hearing. Having this information will help you prepare yourself and the child for the possible outcome. If you are asked to participate or you choose to participate in the hearing, you should have time to think about what you will say and to discuss this with the foster care case manager and/or agency's attorney. As members of a team, the caseworker, guardian ad litem, and foster parent need to keep one another informed.

a. Different Types of Hearings:

In relation to foster care, the court conducts hearings for several purposes. After a child is placed in foster care, there may be hearings to approve or disapprove petitions to determine whether placement in foster care should continue or whether the permanency plan is appropriate. The court then makes a ruling based on information or evidence presented at the hearing.

The court deals with certain issues involving children that foster parents may or may not be involved in, such as:

- Abuse and neglect of children (deprivation)
- Adoption
- Persons in need of supervision
- Juvenile delinquents
- Guardianships
- Termination of parental rights

b. Permanency Hearings:

The maximum initial court ordered period that a child is placed in foster care is 12 months. Before the end of that period, a permanency hearing must take place to determine whether the placement should continue and whether the child's permanency plan is still appropriate. A permanency hearing is held at least every year thereafter if the child remains in placement.

At the end of a permanency hearing the judge/judicial referee may rule that:

- The child should be returned home (or placed with another relative or in another permanent living arrangement)
- The child should remain in foster care until the permanency goal is achieved
- There should be a termination of parental rights

Once a child has been in foster care 450 out of 660 nights, a petition for the termination of parental rights must be filed by the agency unless compelling reasons for determining that filing a petition to terminate parental rights would not be in the child's best interest.

c. Legal Rights of Foster Parents:

North Dakota recognizes the importance of foster parents as members of the team and their special knowledge of the child and his or her needs in a legal proceeding. The agency is represented by a "states" or agency attorney, and the child is assigned either a law or lay Guardian ad Litem. Foster parents always have the right to retain legal advice and counsel, if desired. Typically, it is assumed the states attorney will carry the recommendation of the agency and/or team forward, including such recommendations made by the foster parent/s. However, foster parents are not recognized with legal standing, or as a party, in a case in juvenile court.

Under the Adoption and Safe Families Act (ASFA), foster parents have the right to receive notice of, and the opportunity to participate in, any permanency hearing on a child placed in their home. Foster parents are not official "parties to the action" (unlike the child's parent or the agency). Because of this, there are times when a Court may not allow foster parents into the court proceeding. Judges have discretion about when and who to allow/invite into juvenile court hearings when non-parties are involved. And, every court varies on the local protocol and practice on this issue. It is best to discuss this with your foster care case manager prior to the hearing.

If you cannot be present at the hearing, you may ask to address your concerns, facts, or opinions to the court in written form (letter) prior to the hearing.

One of the distinct legal rights foster parents have is the right to file a grievance. (See Chapter 8, for information on how to file a grievance.)

6. Services to Parents, Children, and Foster Parents

a. Services to Parents:

Parents are entitled to receive services that will enable the child to return home (if the permanency goal is reunification). The agency may provide the services directly or it may refer the family to other specialized agencies or facilities. Services are identified through the team process or may be ordered by the court.

As the foster parent, it is helpful for you to know what services the parents are receiving. As a team member, you can help support the parents in their efforts to strengthen their family and their environment so that their children can return home safely and permanently.

b. Services to Children:

Children in foster care may also receive services such as tutoring, counseling, or medical treatment. Part of the foster parent role is to schedule appointments in conjunction with the foster care case manager and transport the child to the appointments. Also providing steady, emotional support for the child in whatever "work" he or she must do is key to the service's effectiveness.

Prior to a child's discharge, additional services may be provided to the child and/or the family for support during the transition home and to prevent the need for replacing the child in foster care.

c. Services to Foster Parents:

Foster parents have the right to support and services from the licensing agency. Depending on the circumstances and need, this may include training in the special needs of their child in care, relief care and/or counseling. It is important for the foster parent to communicate their needs or concerns to their foster care case manager about children in their home

8. Services to Youth: Preparing Youth for Living Independently

Youth aging out of foster care are in a unique and often difficult position. Some of these youth have been in foster care for a number of years. When they turn 18, they may find themselves alone, without the supports provided by the foster care system or family support. They are expected to live on their own, go to school, hold down jobs, pay rent and bills, find medical care, and attend to all of their other needs at a time when most young people who have not been in foster care are still under the protective care of their parents. Far too many former foster youth find themselves facing homelessness, unemployment, single parenthood, and/or incarceration. For many of these youth, the foster family is the only family they have, and your on-going support can make a huge difference in their transition to adulthood.

a. Chafee Foster Care Independence Program (CFCIP):

The Chafee Foster Care Independence Program provides foster youth/former foster youth with the opportunity to obtain the necessary knowledge and skills for a successful life beyond foster care. The Chafee Program, in collaboration with the community, is committed to assisting these youth/young adults through the difficult transition to life after foster care. Our goal is that **every** young adult who lived in foster care as a teenager will achieve the following outcomes by age 21:

1. All youth leaving the foster care system shall have **sufficient economic resources to meet their daily needs.**
2. All youth leaving the foster care system shall have a **safe and stable place to live.**
3. All youth leaving the foster care system shall attain **academic or vocational/education goals** that are in keeping with the youth's abilities and interests.
4. All youth leaving the foster care system shall have a **sense of connectedness** to persons and community.
5. All youth leaving the foster care system shall **avoid illegal/high risk behaviors.**
6. All youth leaving the foster care system shall **postpone parenthood** until financially established and emotionally mature.
7. All youth leaving the foster care system shall have **access to physical and mental health services.**
8. All youth likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally-appropriate activities as defined in section 475(11) of the Act (normalcy).

Youth do not "attend" independent living, nor do they "complete" it. Independent Living is not classes the youth attends, nor completes. Independent Living is a collaborative process that results in the youth having the resources and skills to live successfully as an adult upon discharge from foster care.

It is a federal requirement that all youth in foster care, age 14 and older, have their Independent Living needs and strengths assessed and addressed through the Child and Family Team permanency planning process.

YOUTH WEBSITE: https://www.nd.gov/ndyouth/

The North Dakota Department of Human Services, Children and Family Services administers the Chafee IL program statewide. Chafee Independent Living (IL) coordinators are contracted to assist foster youth in each region of ND. The Chafee IL coordinator completes assessments and assists youth to develop an independent living plan.

Priority for involvement in the Chafee IL program will be given to those foster youth, ages 16-18 years of age, who have been identified as likely to age out of care, and to former foster youth who have aged out of care, and have not yet turned 21 years of age. In addition, those youth who have **not** been identified as "likely to age out of care" may have situations that would warrant their participation in the program.

The Chafee IL coordinator will complete an initial assessment of the youth. The Chafee IL coordinator, in conjunction with the Child and Family Team, works with the youth to develop an independent living plan, which includes goals related to education, vocational training, and employment, and other outcomes as identified above. This plan is reviewed and updated at each foster care Child and Family Team meeting, and is integrated into the youth's overall permanency plan. The entire team works to assist the youth with meeting his/her goals related to independent living.

The role of the foster parent in helping youth meet their independent living goals includes the following:

- Collaborate with the Chafee IL Coordinator and custodian regarding the youth's needs, strengths, and goals pertaining to independent living
- Use the National Youth in Transition Database (NYTD) Independent Living Services form to track the independent living services provided in the foster home
- Participate in Child and Family Team meetings
- Implement agreed upon tasks as identified in the youth's plan
- Provide the youth with the tools, resources, and hands-on learning experiences relating to independent living
- Model and teach life skills

It is imperative to the youth's success, that the foster parents positively reinforce the youth's participation in the Chafee IL program, as well as assist the youth with achieving their goals.

b. Chafee Educational and Training Voucher (ETV):

The Chafee Education and Training Voucher assists current and former foster youth in reaching their education goals. Youth eligible for consideration for ETV funding include:

- Youth discharged from foster care on their 18th birthday, or continue to be in foster care past their 18th birthday, and who have not reached their 21st birthday at the time of application.
- Youth who were adopted or entered kinship guardianship from foster care after age 16, but

have not reached their 21st birthday.

- Youth participating in the ETV program on their 21st birthday can remain eligible until they turn 23, as long as they are enrolled and making satisfactory progress toward completing their post-secondary education or training program.

Currently, ETV's are limited to the lesser of $5,000 or the "total cost of attendance" (as determined by the school) per year, for a lifetime maximum of $20,000. Examples of expenses allowed under "cost of attendance" include: room and board, tuition, fees, books, supplies, child care, transportation needs, and medical insurance obtained through the institution. Grants and scholarships must be accessed prior to applying for the ETV and the youth must be enrolled in a program at an accredited or pre-accredited college, university, technical or vocational school.

Chafee Independent Living Coordinators will assist with the application process and provide ongoing support to the youth as they work towards obtaining their educational goals.

c. Family Planning Services and/or Sexual Counseling:

Family planning services are available to any adolescent in foster care. These services include sex counseling provided by a doctor or qualified person at a family planning center or clinic. This enables young people to ask questions and discuss their sexuality in a confidential, professional setting. If you feel that the child placed with you could benefit from these services, contact the foster care case manager.

Tips for Foster Parents Provided by Youth

- Treating teenagers with respect and allowing us to speak, tells us that you want to get to know us and build a better relationship.
- Connect with to us at our level (e.g., music, movies, TV show, other interests).
- Look directly at me. Focus on what I am saying please.
- LISTEN to me.
- Pay attention to us; not just the case or my history.
- Let me have an active role in my service plan.
- Let me hang out with my friends, go to school dances, and play basketball.

Chapter 7
Financial Reimbursements

"There are only two lasting bequests we can hope to give our children.
One of these is roots; the other, wings."
– Hodding Carter

Chapter 7. Financial Reimbursements

This section pertains to financial reimbursement that may be available to foster parents who are licensed through county social services. Reimbursement to therapeutic family foster parents will differ in many areas. The information is general in nature. Specific questions should be directed to your foster care case manager.

1. Standard and Specialized Payments
    a. Standard Maintenance Rates
    b. Excessive Maintenance Payments
    c. 18+ Continued Care

2. Irregular Payments
    a. School and Activities
    b. Clothing Allowance – Initial and Special
    c. Child Care
    d. Transportation Costs

3. Medical Costs

1. Standard and Specialized Payments:

Standard foster care maintenance payment rates are evaluated and set by the North Dakota Department of Human Services (NDDHS). The rates are meant to reimburse foster parents for the cost of providing care, including the cost of food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to the child, and reasonable travel to the child's home for visitation.

a. Standard Maintenance Rates:

Standard rates established for care in a family foster home vary according to the age of the child. The age ranges are:

- 0 to 4 years;
- 5 to 12 years; and
- 13 and over.

Foster parents are entitled to payment for a full day for the first day and the last day during which they provide care. The standard maintenance payment is made on behalf of the foster child to meet their needs and **<u>is not considered</u>** provider "income."

i. Licensing Data Policy (622-05-10-10):

- ✓ The family's income shall be stable and sufficient to meet the needs of their own family
- ✓ Foster care payments shall not be the primary source of income or needed for the foster family's own expenses
- ✓ Management of personal income is considered more important than amount of income the family has
- ✓ All foster care payments must be used to meet the needs of the foster child (NDAC 75-03-14-05 (9))

ii. Foster Care Payments are NOT INCOME:

- ✓ Foster care is not paid employment
- ✓ Maintenance payment is issued to a provider to maintain the placement and cover the costs of having the child in the home
- ✓ Foster care providers are not taxed
- ✓ NDDHS does not issue a W-2 or provide a 1099
- ✓ The maintenance payment follows the child, so if the child was no longer placed in the provider home, the money to support the child's needs would no longer be issued to the provider

b. Excess Maintenance Payments:

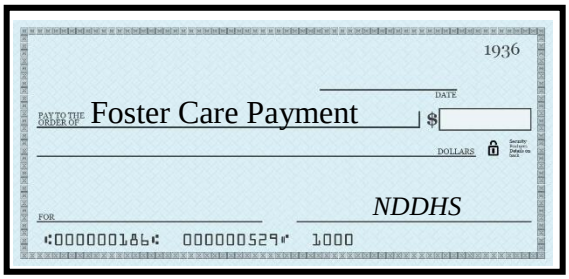
A family foster care rate may be negotiated in excess of the standard rate when the child has special needs or difficulty of care which significantly affects his/her adjustment or cost of care. All excess maintenance payments must be discussed at the Foster Care Child and Family Team meetings and approved by the Regional Supervisor. Excess maintenance payments exceeding an established dollar amount must also be approved by the NDDHS Foster Care Administrator.

- Approved excessive maintenance payments are based upon the special needs of the

child and are reviewed regularly by the Child and Family Team.

- The excess maintenance payment is authorized monthly by the county social service office in addition to the standard maintenance payment.

Foster care payments are generated the second to last working day of the month. Payment is either sent direct deposit or mailed the next working day from Bismarck to the provider mailing address. Reimbursement for irregular payments (clothing, child care, excess transportation, etc) may be completed in the weekly supplemental check write on Wednesdays.



Questions about your payment?
Foster parents are entitled to obtain information on payments at any time by **contacting the county social service office** responsible for making foster care payments on behalf of the child in your care.

c. 18+ Continued Care:
Typically, foster parents who offer care and supervision to a child in the 18+ Continued Care program will receive the age 13+ standard maintenance rate monthly.

- The standard maintenance payment is issued on behalf of the 18+ youth to the foster parents.
- 18+ youth tend to have less need for constant supervision and/or assistance with daily living; however, the provider continues to receive the full maintenance payment. At the Child and Family Team meeting, providers and youth should talk about how to budget the monthly maintenance rate; especially if the youth is living in a college dorm and not in the home. See 18+ (page 67) on allowance for 18+ youth and savings for the child's independence.

2. Irregular Payments:

The county may on the basis of individual need, reimburse a foster parent for the cost of irregular payment needs. Expenditures for certain categories will be limited to a set amount per year. All expenditures require receipts. Approval by the county is based on the child's need, in accordance with state and federal policy.

PERSONAL BELONGINGS: Items purchased or gifted to the foster child while in your home belong to the foster child and must accompany the child back to their home or to the new foster care placement. Examples: Clothing must be sent with the child! If the child received a bike it must go with the child. If the child begins playing the trumpet and payment was made for the instrument, the trumpet must be sent with the child.

PLEASE be mindful of this topic! Sending all of the child's belongings will help the child adjust back into their parents' home or to their new foster home. Sending their belongings will also help the foster parents who may be accepting the child into their home next. Together we can!

a. School and Activities:

A fixed amount is initially set for the year based on the child's age at entry to care in the current foster care episode. It is the responsibility of the child's foster care case manager to work with the county to determine which expenditures are necessary and appropriate, and to budget the age appropriate expenditure limit so it is available throughout the year for the child's needs. Expenditures are approved based on the need, in accordance with state and federal policy, and approved by the county social service board. Examples of allowable expenses include:

- Camp fees, school field trips, music lessons, school pictures, prom expenses and class ring. Personal incidentals also include items related to personal hygiene, cosmetics, over-the-counter medications and special dietary foods, and infant and toddler supplies.

b. Clothing Allowance – Initial and Special:

Each child in foster care should have enough clothing for reasonable changes. Adequacy, condition, and style of garments are particularly meaningful for children. ***A clothing allowance is included in the monthly standard maintenance payment for ongoing clothing needs.*** However, there are times when additional clothing will need to be purchased for the child.

- **Initial Clothing:**
  A child entering foster care without an adequate wardrobe may have clothing supplied through an initial clothing allowance. The initial clothing allowance must be pre-approved and expended during the first five months after the child's entry into foster care. The county has until the end of the sixth month to enter the information in the payment system to generate payment reimbursement. Receipts are necessary to receive reimbursement. **In order for a child to receive an initial clothing allowance again, the child must have been out of foster care for a 12-month period.**

  If a child returns to foster care within the 12 month period, he/she will not be eligible

for the initial clothing allowance again. Foster parents must gain pre-approval before purchasing clothing for the child if reimbursement is expected.

- **Special Clothing:**
  A special clothing allowance may be authorized to replace clothing lost in a fire, flood or other disaster or because of a child's sudden growth spurt. This allowance is for emergency and extraordinary circumstances only. The special allowance is an exception, not an entitlement. County director/designee approval is required prior to reimbursement. Any clothing purchased for a child in care belongs to the child and will be taken along whenever he or she is returned home or moves. It is expected that a child will leave with sufficient, clean clothes. An inventory should be conducted of a child's clothing prior to any placement or change in placement in foster care. A copy of the most recent inventory must be completed at the time of initial placement as well as all other subsequent placements.

c. Child Care:

There are times when a foster child will need child care while placed in your family foster home. Upon placement into your home, you notify the foster care case manager if you will be working and will need child care for the foster child. It is helpful for foster parents to have a daycare backup plan ready in the event you have a younger child placed with you. If a licensed child care provider is not already identified, ask for help from the foster care case manager in locating a licensed daycare so reimbursement for child care expenses can occur as an irregular payment. In order to claim reimbursement for any child care expenditure, the foster parent must provide information of the "**licensed** child care provider" to the foster care case manager for approval upon placement. The need for child care must be discussed by the Child and Family Team and documented in the foster child's case plan. If child care changes occur between Child and Family Team meetings, written approval must be obtained when:

i. A foster child's foster care placement changes to a new licensed provider or
ii. A foster child's child care provider changes

Allowable reimbursement can be provided as an irregular payment if approved by the Child and Family Team when:

i. Child care is required during foster parent's working hours when a foster child is not in school;
ii. Child care supervision is required when a foster parent is enrolled in and attending post-secondary education to obtain a degree or meet educational requirements for their current employment; or
iii. The foster parent is not working, but is required to attend activities which are beyond the scope of "ordinary parental duties" such as
    a. Child and Family Team meetings without the child, or

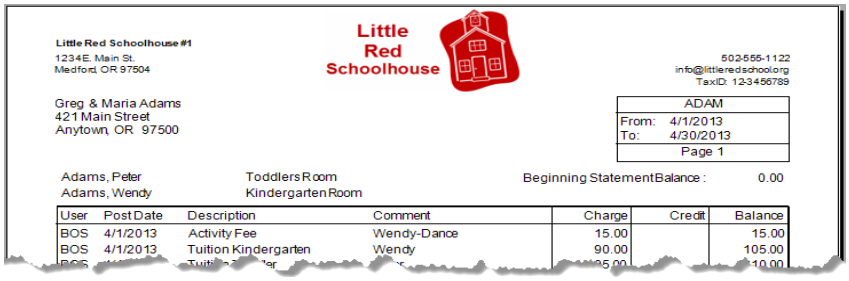
b. Court hearings without the foster child, etc.

Below is a chart indicating child care reimbursement **not allowable** for payment:

WHO	REIMBURSEMENT REQUEST	NOT IRREGULAR PAYMENT REIMBURSABLE
Foster child	Informal episodic child care for foster child (Ex: an evening out, volunteering, etc.)	Not an irregular payment option, as it is included in the basic maintenance rate
Foster child	Child care for the sole purpose of social skills building, peer relationships/socialization, social services, or child therapy	Not an irregular payment option
Foster child	Care to facilitate a foster parent's participation in activities within the realm of "ordinary parental duties"	Not an irregular payment option, as it is included in the basic maintenance rate
Foster child	Child care – not employment related	Not an irregular payment option
Foster parent	Child care during illness of foster parent	Not an irregular payment option
Foster parent	Relief/Respite care for foster parents	Not an irregular payment option
Foster parent	Child care to allow foster parents to attend school teacher conferences	Not an irregular payment option, as it is included in the basic maintenance rate as episodic child care
Foster parent	Child care to allow foster parents a visit to a foster child temporarily out of the home (hospital stay)	Not an irregular payment option, as it is included in the basic maintenance rate

Licensed child care providers must present an invoice/bill on behalf of the child's total daycare expense in order for reimbursement for child care expenses to be authorized. Foster parents must submit those bills to the foster care case manager asking him/her to submit it to the county social service office for processing. Foster parents may need to remind the case manager of the importance of getting the daycare bill authorized timely as often times the foster parent has already paid the daycare bill and will now be waiting for the reimbursement.

Licensed child care settings require payment in varied formats, some require it weekly while others require it every other week or monthly. Most daycares are "pre-paid" meaning the foster parent has to pay for that timeframe and will be reimbursed after the service is complete.


Little Red Schoolhouse #1
1234 E. Main St.
Medford, OR 97504

Little Red Schoolhouse

502-555-1122
info@littleredschool.org
TaxID: 123456789

Greg & Maria Adams
421 Main Street
Anytown, OR 97500

ADAM
From: 4/1/2013
To: 4/30/2013
Page 1

Adams, Peter — Toddlers Room
Adams, Wendy — Kindergarten Room

Beginning Statement Balance : 0.00

User	Post Date	Description	Comment	Charge	Credit	Balance
BOS	4/1/2013	Activity Fee	Wendy-Dance	15.00		15.00
BOS	4/1/2013	Tuition Kindergarten	Wendy	90.00		105.00

If foster parents are required to pay a daycare bill weekly, there are a few things the foster parent can do:

- Ask the licensed child care provider if they would be willing to bill you every other week as you require reimbursement from the state for the foster child.
- Ask/discuss this expectation with the foster care case manager. Ask that the county social service office consider authorizing the child care irregular payments every other week rather than monthly as a compromise.

Reminder: Foster care reimbursement for child care is 100% the total cost of the child care, not a percentage reduction as is done with the child care assistance program.

d. Transportation Costs:

Ordinary daily and occasional transportation is the responsibility of the foster parent and the transportation costs are included in the monthly standard foster care monthly maintenance payment.

Allowable transportation costs with irregular payment:

- ✓ 51 – Travel for foster child: Home visits/reunification or other visitation to maintain family connections
- ✓ 52 – Travel for parent/guardian to Residential Child Care Facility (RCCF): Visits to the foster child placed in a Group/RCCF only
- ✓ 53 – Travel for foster parents: To transport a foster child to school in which the child is enrolled at the time of placement to maintain youth in foster care in their school of origin

Allowable expenditures such as meals, lodging, mileage or commercial transportation must be within North Dakota in-state per diem rates, even if the travel is to a location in another state. Transportation to provide for foster parent attendance at administrative case/judicial review and mandatory case conferences/team meetings is an allowable expenditure. Although the above describes "allowable" transportation expenses, the availability of funding may limit the county social service board's ability to reimburse. **It is important to obtain <u>prior approval</u> before incurring and claiming reimbursement for any transportation expense.**

Questions regarding transportation costs should be referred to the foster care case manager and discussed during the Foster Care Child and Family Team meetings. Foster care cannot reimburse foster parents for transportation expenses which are medical in nature. (See Chapter 4, Medical Transportation)

3. Medical Costs:

The foster parents are not responsible for any medical costs incurred on behalf of a foster child. Be sure to know the provisions for medical care when the child is placed.

A Medicaid Identification Card is issued to each foster child shortly after Medicaid eligibility has been established. Once received, the Medicaid identification card should accompany the child while in foster care. If the child changes placements, the card must be sent with the child or given to the foster care case manager.

The foster parent and case manager should discuss the health of the child prior to or at the time of placement. The case manager is responsible to inform the foster parents; it is imperative that the foster parents have full knowledge of the needs of the child.

Do not pay for prescription medicine. NDDHS cannot reimburse for this.

For any medical attention, including regular physical examination, glasses or drugs, ask your doctor, dentist or pharmacist to ***forward the bill*** to Medicaid for payment. Upon receipt the agency will forward the authorization for payment directly to the medical facility. **FOSTER PARENTS SHOULD NOT PAY FOR MEDICAL EXPENSES – YOU CANNOT BE REIMBURSED.**

The medical provider should be selected based upon the needs of the child and their willingness to accept North Dakota Medicaid.

When a medical emergency arises, it is expected that the foster parents will immediately seek professional medical care for the child and contact the foster care case manager, county director, or juvenile court official immediately. During non-working hours, it is very important you know how to reach the child's case manager directly or through the agency's on-call system.

If the need arises for surgical or any major medical care, it is required that the custodian (foster care case manager or their supervisor) be contacted. In most cases the parents must agree to surgery. **Foster parents cannot sign for any medical care.** Please discuss this matter with the foster care case manager and verify who may sign for medical consent.

If the child needs medical care in a specialized medical facility out-of-state, all arrangements must be made through the foster care case manager/custodial agency.

Chapter 8
Concerns for Foster Parents

"*The parents exist to teach the child, but also they must learn what the child has to teach them; and the child has very great deal to teach them.*"
– Arnold Bennett

Chapter 8. Concerns for Foster Parents

This chapter covers those times when a foster home experiences change for one reason or another. Eventually foster children leave the foster home. Sometimes a child is moved from one home to another. Sometimes foster parents decide to discontinue foster parenting. A foster home may be reported for child abuse and neglect of the children in care, and/or a foster home's license may be closed. This chapter provides important information even though some of these situations are rare.

Topics Include:

1. When a Child Leaves a Foster Home
2. When a Child is Removed from a Foster Home
3. Closing a Foster Home
4. Deciding Whether to Continue as a Foster Parent
5. Abuse and Neglect of a Child in Foster Care
    a. Definitions of Child Abuse and Neglect
    b. When a Foster Parent is the "Subject" of a Child Abuse and Neglect Report
    c. Mandated Reporter Training
6. Foster Parent Grievance Process

1. When a Child Leaves a Foster Home

This section will give you some ideas about how to handle the situation when a foster child leaves your home. Even if you've been through this before, you may learn some tips about making the process as smooth as possible. If you have your own tips, you could share them with other foster parents going through a separation with their foster child. Finally, everyone is different: you may want another foster child right away or you may want to wait a while.

You are told the child is leaving. The foster care case manager has just told you your foster child is going to leave. It is important to get your feelings in order before approaching the foster child. Whether you feel joy or grief, you need to talk to the child calmly. If you are feeling very emotional, as many foster parents do; it is ok to express your emotions outside the presence of the child. Separation is difficult enough for a child without also burdening him/her with your emotions.

Who tells the child he is leaving? You and the foster care case manager need to decide who will tell the child. In some cases, the case manager and the child have a close friendship, which will enable the worker to do it best. In others, the foster mother or foster father will be the best candidate. If you are doing it, share how you are dealing with it to the foster care case manager. He or she will want to be supportive and may have hints to help you help the child. Teamwork makes any job easier!

How do I tell the child? Honesty and kindness are the best. Every situation is different. Try a calm and simple statement such as "Today the Judge said…" and put it in easy to understand language for the child. If it is news the child has been anxious to hear, rejoice with the child. If it is news that the child will be moved to a new foster home or adoptive family, he may be afraid of the unknown. He may fear returning to his parents. Make positive statements. Do not promise happiness forever. Find positive, truthful things to say, such as "your family has waited a long time for you to come back" or "the case manager says you will like this new home because…"

What if I don't like the home the child is moving to? You are not going to help the child by pointing out all the "terrible" things she will face in her move. If she tells you the things she fears about the move, help her to talk about it. Share her fears with the foster care case manager. Don't promise that "dad won't drink anymore" or "your new mother will never spank…" you can't be sure what will happen. You can be positive in saying "your father is trying very hard not to drink" or "your mother is very excited about your coming to live with her" if you know this to be true.

Will the child think I don't love him? Many foster parents have this worry and of course should tell the child that you have loved and cared for him. Admit you will miss him (if that is the truth) and remain calm.

How soon before he leaves should I tell the child he's going? Some moves must be made within a few hours, if the court so decrees. Other times you have several weeks or months. Time helps you to air fears and worries, if you have time. You must determine how the child might react. Talk it over with the foster care case manager.

I'm worried about how our family will take the child's move. Ask your foster care case manager about this. The case manager can share how other foster parents have handled this issue. Talking helps everybody concerned, and your family has certainly been involved. The other children in the family may have a grieving period, which will help them accept the fact the foster child is leaving your home.

How do I pack for the child? Children are accumulators. Whether she has been with you two weeks or two years, there are items that have become "hers." Take a tour of the house with the child. Tell her you need her help in finding what is hers. When she points to the television or someone else's toy you can calmly say "no, that belongs to the family" or "that is Sarah's. It belongs here." Her own items should go with her. A child three or older can make the tour. It helps make the move definite for the child and you

To send a child off with a paper bag or trash bag of ill-fitting clothes is stripping his or her of dignity and worth. A child may resent being sent off with their items packed in a disposable container. Ask the foster care case manager if something can be arranged for a suitcase or duffel bag.

If the child has been with you any length of time, you may begin compiling a scrapbook that may assist in a final Life Book to send with the child. Sending photos, mementos, bits of her past, e.g., cute things she has said or done, a record of her health and shots, a schedule that may help the family.

What about sending a baby off? A very small infant has become used to the smells of your linens. Send his belongings: blanket, a crib sheet, pajamas and outfits he's used to wearing. An older baby may favor certain toys. It is most important to write down and send along the baby's schedule. List any "firsts" for the parents receiving the child, such as first tooth, when sat up or rolled over, etc. Explain how the baby likes to be held or fed. Anything you know that will help the child adjust more quickly to a new home should be shared with the new family. Try to send the child off with pleasant memories. When the front door closes, feel free to cry or celebrate, whichever applies to your feelings!

2. When a Child is Removed from a Foster Home

A foster child may be removed from a foster home for one of several reasons:

- Reuniting siblings in the same home
- Court decision
- Child's need for a different level of care
- Foster parent request
- Agency decision based on foster care case manager factors: e.g. a conflict between the child and foster parent, conflict between the parents and foster parents, inability of the foster parent to follow the case plan on such matters as counseling or visitation, etc.
- Foster home closing

If a foster parent requests the removal of a child, the foster care case manager and foster parent should meet first to try to resolve the issues prompting the removal request. For example, could the situation be improved if the foster parent had respite care? Would tutoring help if the child is falling behind in school? Perhaps the child needs to be more involved in extracurricular or other social activities… Brainstorm options!

If the issues cannot be resolved, the foster parent and agency should work together on an appropriate plan for the child. Working together will help ease the transition to another foster home and reduce the child's anxiety about moving again.

> **Tip:** If you feel that the child needs to be removed, give both the agency and the child enough time to make an adequate plan. The situation is best handled if done thoughtfully and not treated as a crisis.

3. Closing a Foster Home

A foster home may be closed for one of several reasons:

- At the request of the foster parents to discontinue providing foster care
- When the foster parents move out-of-state
- When a foster parent dies
- By the agency, for health and safety reasons
- When the foster parents have not met required training hours
- Health and safety issues of the home
- Abuse and/or neglect allegations while in the foster home
- If the foster parent(s) have not complied with state law, administrative rules or policies governing the foster care program and no longer are allowed to retain a license to provide foster care for children

If the foster parents do not agree with the decision, they should check their agency's policies on appealing the decision.

4. Deciding Whether to Continue as a Foster Parent

It is a good idea to regularly assess whether you want to continue being a foster parent. If you feel you need a break, tell your licensing worker or the foster care case manager. It is better to have your foster home placed "on hold" rather than closing the license and having to reapply later.

Before you decide to stop being a foster parent, please consider if any of these factors apply to your situation, and talk to your licensing worker or the foster care case manager (or the agency supervisor if you are having problems with the child's foster care case manager). It is likely that the situation can be resolved without discontinuing your license. Adding respite care or some other service may make all the difference. You may want to talk about your situation with another foster parent. Contact your local foster parent association or if you don't have one, start one!

Maybe the current form of foster care is not working for you or your family right now; consider other forms of foster care. Foster care can be provided in as a more temporary option. Some families may choose to be available one week per month to offer emergency/shelter care for children entering foster care. Other families choose to only provide respite for other foster families, which offers the foster parents a long weekend break or the chance to go on vacation. Also you may consider a licensing

agency change and transition your license from a county foster care home to a therapeutic family foster care home or vice versa. Your service as a foster home is valuable and a true asset to the child welfare program in ND. It is imperative to retain currently licensed homes in positive standing.

5. Abuse and Neglect of a Child in Foster Care

In North Dakota, anyone may report suspected child abuse or neglect to child protection services (CPS) at the local county social service office. CPS worker's role is to help assure children are safe from harm and assist parents and families in working through problems that may be occurring. However, certain professionals must, by law, report suspected child abuse or neglect -- in other words, they are mandated reporters. It is a Class B misdemeanor when a mandated reporter chooses not to report suspected abuse. To fulfill the mandate, reports must be made directly to a county social service agency.

North Dakota Mandated Reporters Include:		
Physicians/ Nurses	Dentists/ Dental Hygienists	Optometrists
Medical Examiners/Coroners	Childcare Professionals	Probation officers
Police/Law Enforcement Officers	Juvenile Court Personal	Juvenile Service Employees
Addiction Counselors	Social Workers	***Foster Parents***
School teachers, administrators, and counselors	Any other medical/mental health professional	Religious practitioners of the healing arts

If you suspect that a child in your care is being/was neglected or abused by anyone, let the foster care case manager know immediately. Share facts that made you suspicious so that a decision can be made together about whether a report should be made. Abuse can be physical, psychological or sexual.

A report can be made by anyone – not just a mandated reporter!

Once a report is made, the county social services CPS office will assess the concerns.

a. **Definitions of Child Abuse and Neglect:**

Child abuse and neglect is defined in NDCC 50-25.1:

i. Abused Child:
An individual under the age of eighteen years who is suffering from abuse as defined in section 14-09-22 caused by a person responsible for the child's welfare and "sexually abused child" means an individual under the age of eighteen years who is subjected by a person responsible for the child's welfare, or by any individual who acts in violation of sections 12.1-20-01 through 12.1-20-07, sections 12.1-20-11 through 12.1-20-12.2, or chapter 12.1-27.2.

ii. Neglected Child:
A child under 18 years old who is without parental care or control, subsistence, education as required by law, or other care or control necessary for the child's physical, mental or emotional health, or morals, and the deprivation is not due primarily to the lack of financial means of the parents, guardian or other custodian.

b. When a Foster Parent is the "Subject" of a Child Abuse and Neglect Report:

Foster parents are sometimes reported for abuse or neglect of the children in their home. If you or a member of your family is suspected of neglect or abuse, you will be expected to discuss the concerns with child protective services (CPS) staff from the local county social service office or law enforcement; unless it's been determined the report is a licensing issue. Licensing concerns will be addressed by the agency licensing worker.

i. What can I expect?

- ✓ NDDHS CPS Policy 640-05-30-01 describes in detail what a foster home should expect in the event a report of suspected child abuse or neglect is filed against the foster home or caregiver(s).
- ✓ It is not uncommon for a foster parent who has been identified as a "subject" in such reports to feel angry, scared, helpless or alone. Knowing what to expect can make the process less difficult; talk to your licensing worker.
- ✓ When a foster parent is the subject of an abuse/neglect report or when the agency determines that the foster child is at risk of harm, the agency will take steps to protect the child and make sure that the child is safe. This may include removing the child from the foster home.
- ✓ In a CPS assessment, the CPS worker will want to interview you, the child (if old enough), and others about the concern.
- ✓ Throughout the assessment, foster parents should expect the foster care case manager or licensing worker to inform you about what will happen next.
- ✓ Foster parents shall receive a written notice of the final decision. The agency may recommend actions correcting the specific circumstances that led to the concern and address the overall quality of care in the foster home.

ii. Will I be notified of who made the report to CPS?

- ✓ No. A reporter's name must be kept confidential by law. If an agency employee discloses the name of a reporter, he/she could be charged with a class B misdemeanor.

iii. What happens to the CPS assessment information after the report is closed?

- ✓ All information gathered during an assessment is confidential. However, some professionals have authority by law to gain copies of the assessments (physicians, child protection teams, etc.).
- ✓ All reports that end in a decision of "Services Required" must be maintained on the Child Abuse Information Index for 10 years.

iv. Will I lose my foster care license?

- ✓ If a report has "No Services Required" decision, the agency will work with you to minimize the risk of such reports occurring again in the future. If concerns continue, such violations may be reviewed by the licensing agent and a determination may be made to revoke the foster parent license.
- ✓ If a report has a "Services Required" decision, by law the license to provide foster care for children will need to be revoked.

v. What if the decision indicates that I have "Services Required" finding and I do not agree…Can I appeal?
   - ✓ Yes. The subject of the "Services Required" finding may file an appeal.
   - ✓ A completed SFN 465 requesting an appeal hearing must be received by the appeals office at the State Capitol within 30 days after the date of the notification letter of the assessment report decision.

If you have further questions, contact the local county social service agency for direction or assistance.

c. Mandated Reporter Training:

North Dakota Department of Human Services and Prevent Child Abuse North Dakota partnered to create an easy-to-use training website for mandated reporters of child abuse and neglect in North Dakota. If you're a mandated reporter, you have a chance to make the world a much better place, one child at a time. This course explains:

i. Why it's so important to report?
ii. How to spot abuse and neglect?
iii. When to report it?
iv. How to report it?
v. What happens after a report is filed?

The mandated reporter training can be found on the Prevent Child Abuse North Dakota website:

www.pcand.org/NDDHS/mandatedreportertraining/index.html

3. Foster Parent Grievance Process (NDAC 75-03-12, NDCC 50-11.2)

Only the foster parents who are providing or who most recently provided, care to a foster child may file a grievance. A grievance cannot be filed with respect to a decision concerning a foster child who has not been living in the grievant's home within one hundred days prior to filing.

A grievance can be filed with respect to any agency decision which substantially affects the foster parent or the needs of a foster child. Grievances must be filed in writing and contain a succinct statement of the grievant's reason for objecting to a decision and the grievant's proposed substitute decision.

Once the agency has been notified by the foster parents that they wish to file a grievance, the county social service board will schedule an informal meeting with the foster parents. The foster parents must be informed of the date, time, and address of the informal meeting.

The informal meeting may include, but is not limited to the following participants:

- ✓ Foster parents
- ✓ County social service board members and staff
- ✓ Division of Juvenile Services
- ✓ Juvenile court staff
- ✓ State's Attorney
- ✓ Parents of the foster child
- ✓ Staff of the agency having care, custody and control of the foster child
- ✓ Any person having information concerning the decision which is the subject of the grievance
- ✓ Child, when appropriate, or child's representative such as the guardian ad litem

Following the informal hearing, a written summary and resolution relating to the grievance should be agreed to and signed by both parties. If the parties cannot agree, the foster parents may submit a written request for a formal hearing to the Regional Human Service Center – Regional Supervisor for foster care. The Regional Supervisor shall conduct the formal hearing and prepare a written decision. This decision constitutes the final determination of the grievance.

For more information on the grievance procedure, the timeliness or details of the grievance process as it relates to the "foster care license," contact the authorized licensing agent (county, PATH, tribe, etc.).

See Appendix for the Foster Parent Grievance Procedure on page 130.

Chapter 9
Adopting a Foster Child

"Not flesh of my flesh, Nor bone of my bone, But still miraculously my own
Never forget for a single minute, you didn't grow under my heart - but in it."
– Fleur Conkling Heylinger

Chapter 9. Adopting a Foster Child

The child's permanency goal may already be adoption or it may change to adoption because the parents relinquished their parental rights or because the agency took the case to court to terminate their parental rights. The goal may also be adoption when both parents have died or one has died and the other parent consents to adoption. The child must be legally freed for adoption before an adoption placement or finalization can take place.

The chapter covers topics related to adoption of a foster child:

1. Deciding to Adopt a Foster Child

2. Starting the Adoption Process
    a. Foster Parent Preference
    b. Declaration of Interest in Adopting
    c. Adoption Assessment (Home Study)
    d. Child Preparation for Adoption
    e. Information You Should Receive
    f. Adoptive Placement

3. Adoption Subsidy
    a. Adoption Subsidy Agreement
    b. Rate of Payment
    c. Medical Assistance Subsidy
    d. Reimbursement of Nonrecurring Adoption Expenses
    e. Adoptive Parents Living Out-of-State
    f. Refusing an Adoption Subsidy

4. Finalizing the Adoption
    a. Hiring an Attorney
    b. Court Proceedings
    c. Final Steps

5. North Dakota Post Adopt Services

1. Deciding to Adopt a Foster Child

In the past, many agencies would not consider foster parents as an applicant for adoption, but this is no longer true. If you are meeting a child's needs and are willing to take on all the added responsibilities of adoption, your family may be considered.

Some foster parents are certain that they want to adopt the child in their care. Others are not so sure. This is a very important decision and all factors should be taken into account; not only emotions. Even if you feel clear about your decision, answering the following questions may help find out whether you are ready or not to adopt:

- Can I accept the child unconditionally?
- Can I accept the child's past?
- Can I accept the child as "my own"?
- Am I ready to commit to a child forever, even if times get tough? I know this child will be counting on me and adoption is a life-long commitment.
- Have I realistically evaluated the child's physical, emotional, educational, and spiritual needs and difficulties?
- Do we have the abilities, resources, and energy to meet those needs and face those difficulties?
- Am I willing to advocate for my child? The child I adopt may have special needs and possible unforeseen educational or mental health challenges.
- Are other members of the household positive about the idea of adopting?
- What effect will adoption have on our family?
- Do I have support from my family, community, church, and friends who will be there for me through challenging times?
- Should the age and health (of both foster parents and child) be taken into account? If so, who will care for the child if we die or become disabled?
- Does the child have siblings who are also freed for adoption or with whom the child will need to maintain contact?
- What (if any) will be the child's connection be to the birth family?
- Are we willing to maintain connections between the child and his birth parents, siblings or other relatives?

Before a child becomes legally freed for adoption, talk to the foster care case manager if you are interested in adopting. As the foster parent, since you participate in the Child and Family Team meetings, you will have a sense of the child's permanency goals. If you are unsure of a child's current permanency goal, ask the foster care case manager.

If your family is a viable adoptive resource you need to express that interest as soon as possible. Once another family is sought out, your decision not to adopt should be a firm, well thought out decision that considers the needs of both your family and the child.

DO NOT inform the child of your intent to adopt him/her until the plan has been agreed upon by the Child and Family Team and the custodian. Also the custodian and adoption worker will likely direct the plan to inform the child of the adoption plan.

Tip: It would be helpful to talk to other foster parents who have adopted children.

Adoption can bring great joys and rewards, but it is also a long-term commitment that must not be entered into lightly. Each child deserves a "forever" family, one that is willing to be there for them every day throughout their childhood and beyond. It may take months or years to gain their trust. Many of the children require regular medical attention and/or counseling. Parenting any child can be hard work, but for the right family with a lot of love and dedication, the rewards can be tremendous.

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2. Starting the Adoption Process

Once adoption is the permanency goal for the child, the agency will begin looking for an appropriate adoptive family for the child. Adoptive resource options will be reviewed in accordance with the Indian Child Welfare Act, the Multiethnic Placement Act, the Adoption and Safe Families Act, the Fostering Connections to Success and Increasing Adoptions Act, and other federal guidelines. The agency will need to consider appropriate maternal and paternal relatives and whether a child can be placed together with siblings who are in foster care or who were previously adopted.

If your family is chosen as the adoptive resource, you may begin the adoption process while the child is being legally freed for adoption. This process includes participating in an adoption assessment. You may be referred to a Licensed Child Placing Agency (LCPA) under contract with NDDHS to provide adoption services to the child and to your family. The LCPA may have policies in place that does not allow for the adoption process to start until the child is legally freed for adoption. If this is the case, ask if there are steps you can take in the meantime.

If your family is not the chosen adoption resource, you can help prepare the child for the change; such preparation generally improves the chances that the adoption will be successful. Ask the custodian or adoption worker for suggestions on steps and 'adoption friendly' language to use. You will also want to begin to prepare yourself for the child leaving your home, begin to grieve the loss and release the child to begin to form new attachments with the family that will adopt.

a. Foster Parent Preference:

Birth relatives and parents of adopted birth siblings are given preference for a permanent placement of a child if safety considerations are met. Children must be placed together with their siblings if their safety and well-being can be maintained. If there were no appropriate relatives seeking to adopt a child, a foster parent or other person known to the child would be the next logical resource for permanency. **Having "foster parent preference" is not a guarantee that you will be able to adopt the child.** The agency is still required to make sure that adoption by the foster parent is in the child's best interest. In the case of Native American children, the placement preferences in the Indian Child Welfare Act (ICWA) must be followed when placing a child for adoption. (See Appendix related to ICWA)

b. Declaration of Interest in Adopting:

If you are interested in adopting a child in your care who is legally free or who has a plan for adoption, you should contact the child's foster care case manager to discuss this interest as soon as possible or discuss your interest at a Child and Family Team meeting. The earlier in the process of planning that you are able to declare your interest in adoption, the better for the planning process for permanency for the child.

c. Adoption Assessment (Home Study):

If you are the selected adoption option, you and your home will need to be approved by the Licensed Child Placing Agency as an adoptive home. The requirements for approving an adoptive parent are similar to those for certifying or approving a foster parent. During the adoption assessment, you will be asked questions about yourself, your family, and your home, as well as questions about care of the child. References will be requested from individuals who know you well. You (and anyone in your home over the age of 18) will be required to complete a fingerprint based criminal background check - yes, even if you had a background check completed for foster parenting. The law will not allow the foster care program and the adoption program to share results.

If you have not previously done so, you will be required to complete the Foster/Adopt PRIDE training program 27-hour pre-service training course. The agency will also have you complete a number of checklists to assist them in the assessment process. The assessment is a mutual process designed to evaluate your strengths and challenges with regard to the PRIDE competencies (see Appendix) and to allow you and the agency to make an informed decision with regard to your willingness to proceed with the adoption of a child in foster care (see the Appendix regarding the PRIDE Model of Practice – Guiding Principles).

d. Child Preparation for Adoption:

The foster care agency will also make a referral for the foster child in your home to receive adoption services. The adoption social worker will meet with the child to provide information to him/her regarding the adoption process and to answer their questions about adoption. They will work with you to find ways to help the child understand what will be happening and to form attachments to the adoptive family. They may work with the child and with you to begin a Life Book, if this has not already been started. The adoption social worker will also facilitate the paperwork process that will seek to have the child designated as a child with "special needs" for the purposes of adoption subsidy and, if appropriate, assist the adoptive parent in making application for adoption subsidy support. They will also seek approval for adoptive placement from the Department (child's custodial agency).

e. Information You Should Receive:

An adoption social worker will be assigned to handle the adoption process. The adoptive family should be sure to have the available medical history of the foster child and the

foster child's birth parents before adoption (you should have received this when the child was placed into your home). The history must include psychological information and medical information about conditions or diseases believed to be hereditary; drugs or medication taken during pregnancy by the child's birth mother; immunizations; medications; allergies; diagnostic tests and their results; and any follow-up treatment given or still needed by the child. Even if you believe you know the child's history, and in an effort to provide full disclosure to adoptive parents, the opportunity will be given to read and receive the available information at the time of adoptive placement.

f. Adoptive Placement:
When all the pre-adoption requirements have been fulfilled (a termination of parental rights has been granted by the court, the adoption assessment is complete, the child's designation of special needs and subsidy application has been completed, if applicable), an adoption "placement" will be made.

In the case of a foster parent adoption, the adoptive placement still occurs, even though the child's location does not change. The foster/adopt parent and adoption social worker will sign a placement agreement wherein you agree to take care of the child and meet the child's needs with the intention of adopting. The agency agrees to carry out its duties concerning the welfare of the child. You will be given the opportunity to have a "placement ceremony," an event that marks the change in the child's status within your home. Alternately, you may choose to have this celebration at the time the adoption is finalized in a court of law. At the point of the adoptive placement, the adoption social worker will become your primary contact and will supervise the child's placement in your home until the adoption is finalized. During this period of supervision, you will assume parental care for your adopted child, though you will not have full parental authority until the legal finalization of the adoption. You will agree to have ongoing contact with your adoption social worker, to provide information regarding the child and any changes in your circumstances (such as address change or travel plans), and to take the necessary steps to finalize the adoption in a court of law. Also the Department of Human Services custodial designee will have the authority to: sign for releases of information; consent for treatment for medical emergencies, surgeries, and hospitalizations; and for participation in high-risk activities until adoption finalization.

3. Adoption Subsidy

After adoption placement, foster parents stop receiving foster care board payments. Some children are eligible for adoption assistance/adoption subsidy support. An adoption subsidy is a monthly payment made to assist with the care and support of a child who is considered to have "special needs." The subsidy can also take the form of Medical Assistance as a backup to your private health insurance policy. Additionally, nonrecurring expenses of adoption may be reimbursed on a one-time basis. Adoption subsidies are funded by federal, state, and county dollars. A child's eligibility for a federally funded (IV-E match) subsidy is dependent on his/her birth family's financial situation at the time he entered foster care. If the child is not eligible for a federally-funded subsidy, he may still be eligible to receive a state and county funded (regular match) subsidy. For purposes of adoption subsidy, a child

with special needs is a child legally available for adoptive placement whose custody has been awarded to the Department or a county social service agency and who is seven years of age or older; under eighteen years of age with a physical, emotional or mental disability or has been diagnosed by a licensed physician to be at high risk for such a disability; a member of a minority; or a member of a sibling group. Your adoption social worker will submit paperwork to determine whether the child meets the criteria for a child with special needs for the purposes of adoption assistance as the adoption process proceeds. A prospective adoptive parent's income is not considered in determining whether the adoptive parent will be able to receive an adoption subsidy. That is, the amount of money you earn does not affect whether you can receive an adoption subsidy.

a. Adoption Subsidy Agreement:

To be able to receive an adoption subsidy, a prospective adoptive parent must enter into an adoption subsidy agreement with the county social service agency *before the child is adopted.* The amount of the subsidy will be negotiated with the county social service office in the county in which the adoptive parent resides. Your adoption social worker will refer you to the county office for this purpose if the child has been determined to be a "child with special needs" for the purposes of adoption assistance. Be sure to ask the adoption social worker about this sometime after the decision to adopt and before finalization.

b. Rate of Payment:

Adoption subsidy rates of payment are negotiated with the North Dakota county of residence of the adopting family. The family may negotiate a rate that is <u>no more than the rate the child receives in foster care payments</u>. The negotiated rate must be based on the child's needs and situation at the time of application. Higher rates of payment may be time limited and renegotiated annually.

c. Medical Assistance Subsidy:

Children who qualify for adoption assistance also qualify to receive Medical Assistance as a back up to the adopting families' private health insurance. Adoptive families who have a private family health insurance policy are expected to add the adopted child to that policy at the time of adoptive placement.

d. Reimbursement of Nonrecurring Adoption Expenses:

If adopting a child who has special needs, the adoptive family is also eligible for reimbursement of nonrecurring adoption expenses up to $2,000 per child. A nonrecurring adoption expense is a one-time payment of money that is directly related to and necessary for the adoption of a foster child with special needs. Nonrecurring expenses may include attorney fees, costs for medical examinations, adoption assessment fees, costs for criminal background clearances, and transportation costs for visits and for adoption preparation groups. <u>Be sure to keep all receipts</u> for adoption-related expenses and submit to the adoption social worker or county social service office at the time of the negotiation of the adoption subsidy agreement.

e. Adoptive Parents Living Out-of-State:

If adoptive parents are adopting a North Dakota child and live outside of the state or move to another state after adopting a child from foster care in North Dakota, and the child is eligible to receive an adoption subsidy, the subsidy will continue to be paid by the state of North Dakota. In

most cases, you may be able to receive Medical Assistance in your new state of residence. You will need to check with your county social service office when you are negotiating your subsidy, or when you make plans to move to another state.

f. Refusing an Adoption Subsidy:

Prospective adoptive parents may choose to refuse the adoption subsidy even though the child may be eligible for one. The family may also opt to refuse a monthly payment, but still receive Medical Assistance and/or payment for nonrecurring expenses of adoption. This may occur for different reasons, such as: there is no perceived need for the subsidy; the child appears healthy physically and emotionally; etc. Prospective adoptive parents should carefully consider the child's current and future needs when deciding to refuse subsidy and may be requested to put their refusal in writing.

4. Finalizing the Adoption

An adoption may be finalized legally in North Dakota when the child to be adopted has lived in the adoptive home for at least six months. To finalize the adoption, you will need to petition the court and ask the judge to issue an order of adoption. Your adoption social worker and an attorney will help you in this process.

When the adoption social worker has completed all other adoption related processes, he/she will prepare a "Report to Court," a document which summarizes all the adoption planning and preparation that has occurred to that point, including information about the child and the child's birth parents, the adoptive family and the course of the placement in the adoptive home. You will be asked to provide certain information regarding your family for this report. The agency will make a recommendation that the adoption be legally finalized. This report will be forwarded to the Department of Human Services. Subsequently, the Department will provide information to the attorney of your choice in order that he/she may file a Petition to Adopt with your county court. The adoptive parents' attorney will provide a copy of Petition to Adopt and Notice of the Hearing to the Department, and the Department will file the required documents with the court prior to the hearing date.

These documents include:

- ✓ The report to court of the licensed child placing agency supervising your adoption,
- ✓ A certified copy of the termination of parental rights order,
- ✓ An original birth certificate or birth verification for the child to be adopted, and
- ✓ The consent of the North Dakota Department of Human Services to the adoption.

a. Hiring an Attorney:

The adoptive parents will be instructed by the adoption social worker to contact an attorney of your choice when you are moving toward the finalization of the adoption of the foster child. It is a good idea to hire a lawyer who is familiar with the adoption process. The adoption caseworker may be able to recommend an attorney in your area that has worked in this area of law in the

past. You are responsible to pay the attorney fees and court costs. Attorney fees may be reimbursed as a nonrecurring expense of adoption.

b. Court Proceedings:

Your attorney will notify you of the day that you and your child will appear in court to finalize your adoption. This will be an exciting day and you will want to memorialize it in some special way. You may want to dress up and take pictures, have a special meal or party, or have a "candle-lighting ceremony" conducted by your adoption social worker to mark this day as a special one in the life of your family. Your adoption social worker will likely attend the hearing with you and you may be able to invite close friends or relatives. Check with your attorney regarding the protocol of court in this matter. When the hearing takes place, you will be asked questions by your attorney, in front of the Judge, regarding your relationship with the child and the lifelong commitment of adoption. If your child is older, they may be asked questions as well. In conclusion of the hearing, the Judge will sign a Decree or Order of Adoption and you will receive a copy. Congratulations! You have accomplished your goal of providing a permanent home and family for a foster child.

c. Final Steps:

After the adoption hearing, your attorney will assist you in having your child's birth certificate amended and getting you a copy of the new birth certificate. You will also receive a copy of the Decree of Adoption. You should take these documents to your Social Security Office so that you can get a copy of your child's social security card with his/her new name or so that you can apply for a new social security number in your child's new name. If you are receiving an adoption subsidy, you should send copies of your child's Adoption Decree, new birth certificate and new social security card to the county social service office that handles the subsidy.

5. ND Post Adopt Services:

The ND Post Adopt Network is a program through Adults Adopting Special Kids (AASK) that gives priority and focused attention to the needs of adoptive and guardianship families. They will answer questions, advocate, provide support, and connect families with a network of people who understand the unique circumstances and needs of families who are parenting a child through adoption. Families who have finalized their adoption from foster care or are providing guardianship for a child from foster care are invited to join this dynamic network of families who are experiencing life after adoption by visiting their website at www.ndpostadopt.org, Facebook page at ndpostadopt or call 844-454-1139.

APPENDIX SECTION

APPENDIX

Forms Required

http://www.nd.gov/eforms/

Forms Needed To Become a Foster Parent

- ❏ SFN 893 - Application to Provide Family Foster Care
- ❏ SFN 889 - Family Foster Care Home Study
- ❏ SFN 377 - Background Check
- ❏ SFN 838 - Background Check
- ❏ SFN 433 - Child Abuse/Neglect Background Check Inquiry Auth and Clearance
- ❏ SFN 800 - Fire Safety Self Declaration
- ❏ Fire Evacuation Plan - House floor plan with marked exits
- ❏ SFN 445 - Family Evacuation Disaster Plan
- ❏ SFN 972 - Declaration of Good Health
- ❏ Proof of Driver's License
- ❏ Proof of Insurance (Vehicle and Homeowners/Renters)
- ❏ Banking Direct Deposit slip or voided check for payment purpose
- ❏ Pet Vaccination Records (if applicable)
- ❏ Non-Municipal Water or Raw Milk Lab Reports (if applicable)

Forms Needed During Annual Renewal of Foster Parent License

- ❏ SFN 400 - Annual Application to Provide Family Foster Care
- ❏ SFN 1941 - Family Foster Home Annual Licensing Report
- ❏ SFN 377 - Background Check
- ❏ SFN 838 - Background Check
- ❏ SFN 433 - Child Abuse/Neglect Background Check Inquiry Auth and Clearance
- ❏ SFN 800 - Fire Safety Self Declaration
- ❏ Fire Evacuation Plan - House floor plan with marked exits
- ❏ SFN 445 - Family Evacuation Disaster Plan
- ❏ SFN 972 - Declaration of Good Health
- ❏ Proof of Driver's License
- ❏ Proof of Insurance (Vehicle and Homeowners/Renters)
- ❏ Banking Direct Deposit slip or voided check for payment purpose
- ❏ Pet Vaccination Records (if applicable)
- ❏ Non-Municipal Water or Raw Milk Lab Reports (if applicable)

Forms Needed for the Foster Child

- ❏ Clothing Inventory - created by foster care case manager
- ❏ Monthly Independent Living Services (NYTD) Tracking Form

Forms Needed for Payment

- ❏ Child Care bill or invoice from the licensed child care provider
- ❏ EMP forms will be provided to you by the agency for signature
- ❏ Clothing Inventory - created by foster care case manager

PRIDE Pre-Service Competencies for Foster Parents and Adoptive Parents

Competency Category I: Protecting and Nurturing Children

I-1. Can maintain a home environment that promotes a sense of safety and well-being
I-2. Knows health, hygiene, and nutrition practices which prevent or reduce the likelihood of illness
I-3. Is familiar with community hazards that place children at risk
I-4. Understands the factors which contribute to neglect, emotional maltreatment, physical abuse, and sexual abuse
I-5. Knows the physical, medical, emotional, and behavioral indicators of neglect
I-6. Knows the physical, medical, emotional, and behavioral indicators of physical abuse
I-7. Knows the physical, medical, emotional, and behavioral indicators of sexual abuse
I-8. Knows the indicators of emotional maltreatment

Competency Category II: Meeting Children's Developmental Needs and Addressing Their Developmental Delays

II-1. Knows the stages of normal human growth and development
II-2. Knows the impact of multiple placements on a child's development
II-3. Knows how physical abuse, sexual abuse, neglect, and emotional maltreatment affect child growth and development
II-4. Knows the conditions and experiences that may cause developmental delays and affect attachment
II-5. Can recognize developmental delays and respond appropriately
II-6. Knows the categories and types of loss, responses to loss, and the factors that influence the experience of separation, loss, and placement
II-7. Knows the effects of separation and loss on children's feelings and behaviors
II-8. Knows how to help children cope with feelings resulting from separation and loss, and how to minimize the trauma of placement
II-9. Knows the importance of creating a supportive and accepting family environment
II-10. Knows the importance of providing unconditional positive support
II-11. Understands the relationship between meeting needs and behavior
II-12. Knows the goals of effective discipline and how these goals relate to policy on discipline
II-13. Knows developmentally appropriate, non-physical disciplinary methods used to meet the goals of effective discipline
II-14. Understands the importance of helping children learn grooming and hygiene to develop positive self-esteem
II-15. Knows the importance of promoting a child's positive sense of identity, history, culture, and values to help develop self-esteem
II-16. Knows the value of Life Books
II-17. Knows how physical abuse, sexual abuse, neglect, and emotional maltreatment affect attachment
II-18. Knows how physical abuse, sexual abuse, neglect, and emotional maltreatment affect child growth and development
II-19. Knows how to use discipline strategies with children who have experienced trauma
II-20. Knows ways to provide consistent guidance and support to children and youth so that they are able to develop basic life skills needed for adulthood

Competency Category III: Supporting Relationships Between Children and Their Families

III-1. Understands the importance of respecting children's connections to their birth families and previous foster families and/or adoptive families
III-2. Knows that regular visits and other types of contact can strengthen relationships between children and their birth families
III-3. Knows the importance of respecting and supporting children's connections to their siblings appropriate to each sibling situation
III-4. Understands how visits with their family may affect children's feelings and behaviors
III-5. Knows how to prepare children for visits with their families, and how to help them manage their feelings in response to family contacts
III-6. Understands cultural, spiritual, social, and economic similarities and differences between a child's birth family and foster family or adoptive family

Competency Category IV: Connecting Children to Safe, Nurturing Relationships Intended to Last a Lifetime

IV-1. Understands the concept of permanence for children and why children in family foster care are at risk for not being connected to lifetime relationships
IV-2. Understands that reunification is a primary child welfare goal, and knows the circumstances that would contribute to the selection of each permanency goal
IV-3. Understands the reunification process and how children, their parents, and foster families may experience a child's transition from a foster family to the birth family
IV-4. Knows how the professional team can support the reunification process
IV-5. Understands the process and impact of a child's transition from a foster family to an adoptive family
IV-6. Knows how the professional team can support a positive transition for children and adoptive families
IV-7. Understands the rationale for planned long term family foster care and knows the supports and services the agency can provide throughout the placement
IV-8. Understands the reasons why children and youth in family foster care may be at risk for learning and practicing skills for young adult life; knows the resources available to support a youth's transition from family foster care to independent living
IV-9. Understands why children and youth leave family foster care without a plan or advanced planning; knows how the child welfare team can work together to prevent unplanned changes and placement disruptions; and knows the importance of supporting children and all members of the foster family when disruptions occur
IV-10. Knows how adoption is a legal and social process that transfers parental rights to adoptive parents
IV-11. Knows the needs of specific children awaiting adoption
IV-12. Knows the implications of adoption for children at different stages of their development and can provide appropriate information and support
IV-13. Can apply an understanding of the degrees of openness in adoption to their own family situation
IV-14. Can apply an understanding of attachment to the adoption process
IV-15. Knows the unique aspects of the adoptive parent role which differentiates adoptive families from birth families and foster families
IV-16. Knows the process involved in conducting an adoption search

IV-17. Knows the family's role and tasks in the adoption process and the impact this process has on one's family
IV-18. Understands the implications for their own family in making a lifetime commitment to a child
IV-19. Understands the need to anticipate challenges as an adoptive family and can use strategies for managing these challenges
IV-20. Understands the process and impact of a child's transition from a foster family to the adoptive family

Competency Category V: Working as a Member of a Professional Team

V-1. Knows the relationship between child welfare law, the agency mandate, and how the agency carries out its mandate
V-2. Understands the laws which define the forms of child maltreatment and child protection and the legal processes related to child placement and permanency planning
V-3. Knows the roles, rights, and responsibilities of foster parents and adoptive parents
V-4. Knows the purpose of service planning
V-5. Knows the agency's service appeal policy
V-6. Knows their shared responsibility for open communication with other members of the child welfare team
V-7. Knows the importance of being non-judgmental in caring for children, working with their families, and collaborating with other members of the team
V-8. Knows the value of maintaining records regarding a child's history
V-9. Understands the agency's policy regarding foster parent abuse and neglect allegations
V-10. Knows the impact of placement disruption on all members of the foster family
V-11. Knows how fostering or adopting can affect family relationships and lifestyle
V-12. Knows the agency's policy regarding confidentiality for children and families
V-13. Knows the value of affiliating with other foster parents and adoptive parents, and with foster parent and adoptive parent associations
V-14. Knows the importance of being informed of changes in child welfare policies and practices
V-15. Knows the importance of advocating for children to obtain needed services
V-16. Knows own strengths and needs in fulfilling the foster parent or adoptive parent role
V-17. Knows the foster parent's responsibility to collaborate with agency staff in assessing one's own learning needs, and to implement a Family Development Plan to meet the identified needs
V-18. Knows the rewards of fostering and adopting
V-19. Are aware of the agency's policies regarding child placement services

PRIDE Pre-Service Sessions

Session One: Connecting with PRIDE

Session One gives you the unique opportunity to learn about the world of foster care and adoption through the stories of children receiving child welfare services. The video "Making a Difference" portrays how families come to the attention of child welfare agencies and how the team of child welfare professionals work together on behalf of the child. You will see how different foster families and adoptive families work as part of that team to provide for the challenging needs of children in their care. The video stirs feelings of sadness and inspiration and raises questions that will continue to be addressed throughout the training program.

Session One also welcomes you to Foster PRIDE/Adopt PRIDE. It explains how this training program fits in with the process of assessing and selecting foster families and adoptive families. You will discover how families are licensed and certified for this important work. Session One spells out the knowledge and skills (known as "competencies") that successful foster families and adoptive families need.

Session One introduces several regular features of Foster PRIDE/Adopt PRIDE. These include PRIDE Connections (linking classroom learning with life experiences); Making a Difference! (stories illustrating the rewards of fostering and adopting); Key Points (a summary of important information discussed in each session); You Need to Know! (lessons to study at home); A Birth Parent's Perspective (stories and letters from parents to promote understanding the families of children in care); and Promoting Safety, Permanence, and Well-Being (helpful parenting resources and tips for ongoing use that supplement the training program).

Session Two: Teamwork Toward Permanence

One of the most challenging tasks for foster families and adoptive families involves developing an understanding of birth family issues—knowing how to talk with children about their families and being able to support their family relationships. This session lays the foundation for this understanding by first exploring the ways in which families support a child's identity, cultural heritage, and self-esteem. In a video called "Family Forever," actual foster parents and birth parents talk about their experiences working together on behalf of a child. You will have the opportunity to view and discuss some short video vignettes that demonstrate the skills of "shared parenting." This session also conveys why we value permanence in the lives of children and how we seek to provide it. Your group will learn why teamwork is the best way to promote permanence for children and families. Through participation in this session you will discover the important role of foster parents and adoptive parents as members of a professional team.

Session Three: Meeting Developmental Needs: Attachment

A unique activity called a "guided imagery" invites you to think through the feelings and experiences of a baby's entry into the world. In this way, session three reviews some of the "basics" of child growth and development. You will be asked to consider how important it is for children to form deep and lasting attachments. Session three then explores how abuse, neglect, and trauma impact a child's attachments, development, and behavior. In a video clip, a youth named "Kevin" discusses the impact of his life experiences on his ability to form positive attachments. Your group then works with

some additional case vignettes to explore ways in which foster parents and adoptive parents, working with other team members, go about building positive attachments with children so their developmental needs may be met.

Session Four: Meeting Development Needs: Loss

When children are separated from the only family they have known, an overwhelming sense of loss may slow growth and development. This session covers the types of losses children have before they enter foster care. It explores how placement can deepen the child's sense of loss. Session four reviews the stages of loss, and their impact on the child, with an emphasis on how loss affects the child's behavior. Your group will have the opportunity to look in greater depth at the losses that Kevin (from the video vignette in the previous session) experienced throughout his life.

Loss is presented as something everyone must face. You will have a chance to consider your own response to loss. Based on this, you will discuss how you might respond to losses that come with fostering and adopting, as well as how you can help children cope with their losses.

Session Five: Strengthening Family Relationships

This session focuses on how families instill identity, cultural heritage, and self-esteem in children. You will have the opportunity to learn ways to help a child develop positive cultural identity at different developmental stages. The importance of family connections and continuity is also addressed. Session five reviews the child welfare goal of returning children in foster care to their birth families whenever possible. As this concept is discussed your group will consider how the team can support this goal, known as "reunification."

One way to strengthen family relationships is by scheduling visits between children in foster care and their birth parents. Session five gives very practical information about how to plan for visits, how to get children ready for them, and how to handle their reactions when the visit ends. Several video vignettes illustrate specific skills related to planning for and handling visits.

Session Six: Meeting Development Needs: Discipline

Session six explores the challenge of discipline. It includes a definition of discipline, a set of goals, and a discussion about how discipline is different from punishment. You will review the agency's policy on discipline and discuss why physical punishment is not permitted. Session six covers the knowledge, skills, and personal qualities adults need to instill discipline. Your group will explore the meaning of a child's behavior and the factors that influence behavior. The session offers an outline of ways foster parents and adoptive parents can best meet the goal of providing discipline that works. By reviewing several video vignettes, you will learn specific discipline skills and their use with different types of children and situations. You will also discuss strategies for managing the behavior of children who have experienced abuse, neglect, and trauma. Finally, the session focuses on the steps to take to manage crisis situations and de-escalate problem behaviors.

Session Seven: Continuing Family Relationships

In this session, a "Job Description for Permanency Planning Team Members" outlines the specific tasks needed in order to help children achieve their permanent goal. Goals for reaching permanence are detailed, starting with efforts to support families, and to place children back in their birth families

or in the home of a relative. This session promotes understanding of permanency timeframes, and the importance of the "child's clock" in making permanency decisions. You will learn about concurrent planning as a strategy for achieving permanence in a timelier fashion. Session seven presents other ways to provide lifelong connections for children who cannot grow up in their families. These include adoption, planned long-term foster care, and independent living. The session ends with a discussion of cultural issues in permanency planning, the impact of transracial placements on children, and ways to support children's developing identity when they are in transracial placements.

Session Eight: Planning for Change

How would your family be different after having a child placed in your care? Session eight takes a practical view of what to expect during the first hours, days, and weeks of a child's placement in a home. You will learn what to ask the worker and how to talk to the child. You will also have the opportunity to explore how placement will impact your family, and particularly your own children. This session explores both the immediate and the long-term impact of placement. Video vignettes explore specific skills in dealing with the impact of fostering and adopting on different family members.

Fostering and adopting carry some risks for families, and these will be discussed. Specifically, your group will explore ways to create a safe and healing home environment for children who have experienced sexual abuse and strategies for handling the behaviors of these children. The session ends with a look at how foster families and adoptive families find support from other team members.

Session Nine: Taking PRIDE—Making an Informed Decision

In this closing session, you will hear from a panel of experienced members of the foster care team. Birth parents, foster parents, adoptive parents, workers, and other members of the child welfare team present their views and answer questions. You will have a chance to reflect on your own growth in the knowledge and skills required for foster parenting or adoptive parenting. You will be on your way toward a final decision about making a commitment to becoming a foster parent or adoptive parent.

Foster PRIDE In-Service (Core) Training

Module One: The Foundation for Meeting the Developmental Needs of Children at Risk (12 hours)

Session One-Understanding and Assessing Self-Esteem
Session Two-Building Self-Esteem and Understanding Behavior
Session Three-Communicating with Children and Youth (Part I)
Session Four-Communicating with Children and Youth (Part II)

Module Two: Using Discipline to Protect, Nurture, and Meet Developmental Needs (6 Hours)

Session One-Promoting Positive Behavior
Session Two-Promoting Self-Responsibility and Responding to Unacceptable Behavior
Session Three-Responding to the Challenges

Module Three: Addressing Developmental Issues Related to Sexuality (3 Hours)

Module Four: Responding to the Signs and Symptoms of Sexual Abuse (6 Hours)

Session One-Understanding Sexual Abuse
Session Two-Responding to the Issues of Sexual Abuse

Module Five: Supporting Relationships Between Children and Their Families (9 Hours)

Session One-Respecting and Supporting Child/Birth Family Ties
Session Two-Supporting Contacts Between Children and Their Families
Session Three-Becoming Partners in Parenting

Module Six: Working as a Professional Team Member (9 Hours)

Session One-Strengthening Teamwork Skills
Session Two-Developing Your Professional Role
Session Three-Conflict as Opportunity

Module Seven: Promoting Children's Personal and Cultural Identity (6 Hours)

Session One-Valuing and Making a Commitment to Cultural Competence
Session Two-Helping Children Develop Life Books

Module Eight: Promoting Permanency Outcomes (9 Hours)

Session One-Providing Children Safe and Nurturing Lifetime Relationships Through Reunification
Session Two-Providing Children Permanent Families Through the Goal of Adoption
Session Three-Providing Permanency through Guardianship and Independent Living

Module Nine: Managing the Fostering Experience (6 Hours)

Session One-Managing Change in Your Family
Session Two-Managing the Impact of Child Abuse/Neglect Allegations

Module Ten: Understanding the Effects of Chemical Dependency on Children and Families (15 Hours)

Session One-Understanding Risk and Protective Factors
Session Two-Understanding Chemical Dependency
Session Three-Recognizing the Impact of Parental Chemical Abuse on the Child and the Family Session Four-Understanding the Implications of Prenatal ADD Exposure for Parenting Young Children Session Five-Developing Partnerships with Birth Parents and Working with the Team to Strengthen Families

Module Eleven: Understanding and Promoting Infant and Child Development

Session One-Where It All Begins
Session Two-Toddlers, Preschoolers and School-Aged Children

Module Twelve: Understanding and Promoting Preteen and Teen Development

Session One-Transitioning to Adulthood – Resilience, Risk and Research
Session Two-Developmental Tasks and the Impact of Trauma and Loss

PRIDE Model of Practice - Guiding Principles

Promoting Children's Development

- Knowledge about how children best grow and develop must be central to child welfare in general, and family foster care and adoption services specifically.
- Keeping children safe, helping them maintain or develop nurturing attachments, promoting their self-esteem and cultural identity, and keeping them connected to lifetime relationships are all essential components of PRIDE.

The Importance of Parents and Families

- PRIDE is based on the belief that parents and families have the strongest impact upon a child's development. The program acknowledges that all families need some support at some time. Separating children from parents is a serious measure that should be taken only after all efforts to prevent separation and to maintain children safely in their own homes have been explored.
- Family preservation is an essential component of a continuum of child welfare services, including in-home services, kinship care, family foster care, group/residential care, and adoption services.

The Value of Diversity and Cultural Competence

- This program is based on the principle that becoming culturally aware, then responsive, and ultimately, culturally competent does not happen as the result of a training event. It is a process that happens as all members of the child welfare team work together to learn from each other in order to serve children and families competently.
- PRIDE's content closely connects respecting and affirming cultural identity with promoting self-esteem, and weaves this concept throughout the program.

Managing Loss

- This program is based on the belief that loss is a natural part of life. It is part and parcel of family foster care and adoption services, and it triggers a grieving process. What varies is how people deal with it. To understand loss, cope with it, and be strong enough to manage the losses of others is essential to fostering and adopting.

The Importance of Teamwork

- PRIDE recognizes that the needs of children and families at risk are so complex and perplexing that no social worker, foster parent, adoptive parent, family development specialist, supervisor, or administrator can manage alone. A contemporary poster states that the letters in "team" stand for "Together Everyone Achieves More." It is a goal of this program to help foster parents and adoptive parents learn and practice the skills for teamwork; it is the responsibility of everyone else in the agency to support that learning and practice.
- To be consistent with the philosophy of teamwork, Foster PRIDE/Adopt PRIDE pre-service and Foster PRIDE Core use a co-facilitator model. The training team includes a child welfare social worker or child welfare educator, and an experienced foster parent or adoptive parent.

Role Clarity

- PRIDE is based on the belief that children and their families can be served best when the role

of each member of the professional team is defined, understood, and valued.

- Foster parents, in particular, have been hampered in the past by a lack of role clarity; often they have been viewed as clients, colleagues, or something in between. Since children in care usually have special, if not extraordinary, needs, today's foster families and adoptive families are clearly Resource Families.

Combining Training for Prospective Foster Parents and Adoptive Parents

Combining pre-service training for both foster parents and adoptive parents is helpful for several reasons:

- Both groups need the same basic information, such as: the difference between family foster care and adoption services; separation, loss, and attachment; parenting a child born to someone else; the importance of birth families to children; parenting a child who has experienced the tragedy of physical abuse, sexual abuse, neglect, and/or maltreatment; how to transition a child to an adoptive family; and the impact of a new role on oneself, as well as one's marriage, family, work, and finances.
- Adoptive parents need to fully understand the dynamics of family foster care and the probable experiences of children in care before they are adopted. Combining a pre-service program for prospective foster parents and adoptive parents also addresses the need for foster parents to learn about adoption dynamics, since many foster parents become adoptive parents of children in their care.
- The combined program helps prospective foster parents and adoptive parents recognize important differences between fostering and adopting so they can make an informed and earnest commitment to the role they choose, or an informed decision not to foster or adopt.
- Concurrent planning efforts encourage foster families to commit to reunification, while also committing to adopt the child if reunification cannot occur. Concurrent planning or permanency planning families need to be trained in both foster care and adoption issues.
- A combined approach models teamwork, increases the number of participants for the program (which may be helpful in rural areas), and is cost-effective for staff time and training resources.

Integrating Mutual Family Assessment and Group Preparation

This program is based on the belief that the integration of family assessment and group training facilitates a more accurate assessment decision, thereby reducing the likelihood of placement disruptions and further losses for children. The family assessment, conducted through a series of "at-home consultations," focuses on the five competency categories. The subject matter of the assessment coincides with the content of the pre-service training sessions. Families are helped to consider the information learned during the sessions in relation to their strengths and needs, by applying this information to their current and past functioning. Assessment tools, called "PRIDE Connections," are used to facilitate this process.

Mutual Assessment and Informed Decisions

In the PRIDE Program, assessment is done "with" (not "to," "for," or "on") prospective resource families. The process involves identifying strengths and needs pertaining to the family's past and current functioning in relation to the five competency categories. This leads to an informed decision about the family's willingness and ability to participate as part of the professional child welfare services team.

The mutual assessment process leads to one of the following informed decisions:

- The family has the ability, willingness, and supports to foster or to adopt, and the agency is willing and able to work with them. The family is invited to select into the program.
- The family does not have the ability, willingness, and/or supports to foster or to adopt, and selects out of the program.
- The family decides they do not have the ability, willingness, and/or supports to foster or to adopt, and, although the agency may disagree, the family selects out of the program.
- The family decides that they do have the ability, willingness, and support to foster or to adopt but the agency disagrees. In this case, the family is not invited to select into the program and is counseled out.

Purpose

Foster PRIDE/Adopt PRIDE is a competency-based program for the pre-service training, assessment, and selection of prospective foster parents and adoptive parents. It consists of a nine session training program and a mutual assessment process involving a series of at-home family consultations. The program is based on the philosophy that knowledgeable and skilled foster parents and adoptive parents are integral to providing quality family foster care and adoption services.

Foster parent and adoptive parent qualifications include the competencies (knowledge and skills) and interpersonal qualities that they should have as a condition of licensing, certification, or approval. These pre-service competencies are addressed in Foster PRIDE/Adopt PRIDE. The competencies drive the content of the pre-service training sessions and the at-home family consultations. Foster parents and adoptive parents will develop other important competencies through the fostering or adopting experience, as part of in-service training, through support groups, and as the needs of the children and their families change.

Importance of Preparation

Many emotionally charged issues must be discussed and managed in the daily delivery of family foster care and adoption services, and in daily life as foster parents and adoptive parents. These issues include: physical abuse; sexual abuse; emotional maltreatment; neglect; individual and family lifestyles; foster parent abuse allegations; separation and loss; attachment; finances; regulations; reunification; infertility; disruptions; HIV/AIDS; and chemical dependency. Knowledge and skills to work with and live with these issues must be developed.

Some individuals who purchase clothing in a hurry without trying on items in the store may find, when they get home, that the suit or dress doesn't fit, look good, or feel right. The result is that the rejected article is returned to the store, left in the back of the closet, or given away. Think of the new role as foster parent or adoptive parent as a new suit or dress. Often, prospective foster parents and adoptive parents have an idealized view of the fostering or adopting role, and how they may "look" in their new "foster parent suit" or "adoptive parent dress." They may not be clear whether it is the "dress" or the "suit" that they want. Pre-service training gives them the opportunity to "try on" roles prior to making a decision.

- Over the past two decades, significant advances have occurred in developing and implementing preparation, selection, in-service training, and other educational supports for both foster parents and adoptive parents. These advances include:
- A clearer understanding of the role that foster parents and adoptive parents can and should

have in supporting
- agency and community efforts to protect and nurture children, and strengthen families;
- An ability to better prepare and select foster parents and adoptive parents for increasing challenges;
- The technology to combine the preparation and selection of foster parents and adoptive parents to help both groups collaborate with the agency to make an informed decision about fostering or adopting;
- An emphasis on the significance of the birth family to the children being placed;
- An increased emphasis on the importance of timely permanence for children in care; and
- A range of professional development tools to meet the needs of foster parents, adoptive parents, and the staff who collaborate with them.

Foster PRIDE/Adopt PRIDE builds on this work. It provides the opportunity for prospective foster parents and adoptive parents to have a competency-based pre-service training and assessment program to help them learn and practice the knowledge and skills they will need. Preparation is essential for them to make an informed assessment and decision about their willingness and ability to foster or adopt. Only then can the agency—charged with the responsibility to protect and nurture children and strengthen families—make an equally informed assessment and final decision about placing children with those families.

Importance of Mutual Assessment

How families experience the mutual family assessment process is critical to the success of the agency's efforts to recruit and retain skilled and committed foster parents and adoptive parents. Trust and teamwork are essential in family foster care and adoption services, and require clear expectations, open communication, honest sharing of strengths and needs, and combined decision making. Combining the important processes of preparation, assessment, and licensing or certification provides a structured opportunity for prospective foster parents and adoptive parents and the agency staff to learn about each other and begin to work together.

In the past, the child welfare worker was "armed" with an inexhaustible list of questions "aimed" at the family in order to "evaluate" applicants' "suitability" for foster parenting or adoptive parenting. The criteria against which to measure a family's potential for foster parenting or adoptive parenting were often vague and subjective, certainly to the family, if not to the worker.

Understandably many families perceived this "one way" process as intimidating and sometimes hostile. The process made it difficult for foster parents and adoptive parents to view the agency as a helpful source of information or support, or to see themselves as part of the team.

The PRIDE mutual family assessment model is based on an understanding of the special needs of children in care, and the special skills required of the families who will parent them. The PRIDE mutual family assessment model:

- Empowers the family in the decision making process. Families are given a message from the first exchange that they are not only encouraged, but also expected, to be active participants in the decision making process.
- Demystifies the assessment or selection process. The PRIDE model defines the needs of children in family foster care and adoption, and defines objective criteria and concrete skills families must have to meet the needs of children. This supports the family's understanding of

the basis of mutual assessment.

- Discourages value judgments in the assessment process. Values are attached to particular skills and not to people. The message is that there is a body of knowledge and a set of skills required to be foster parents or adoptive parents for children with special needs. This is what "competency-based" means as a way of describing the PRIDE model for mutual family assessment.
- Helps clarify the obligations of the agency to the children and families it serves. By educating prospective resource families about the special skills required to fit the needs of children in care, the agency validates its ultimate authority to make the selection decision, i.e., to select only families who can meet the unique challenges of the role.
- Develops a model and expectations for the role of teamwork and professional growth. The educational approach of the Foster PRIDE/Adopt PRIDE curriculum reinforces a professional tone for the role of foster parenthood and adoptive parenthood. Equalizing power and responsibility in the mutual family assessment process sets the tone for developing teamwork and retaining foster parents.

In the mutual family assessment process, the family has an opportunity to experience what working on a professional team for children may be like in this agency. Working with the Family Development Specialist on the tasks of the mutual assessment process should give the family a sense that differences among people are respected.

The agency, as represented by the Family Development Specialist, is sensitive to the family's cultural, linguistic, and religious values. Discussions with the family are non-judgmental, and the family feels respected for their interest and efforts. The Family Development Specialist's warmth, dependability, accessibility, and reasonableness are the model for the family's future role on the professional team.

Prospective foster parents and adoptive parents are committing a significant amount of physical as well as emotional energy to the PRIDE family development program. All interactions between the family and the agency are guided by the principle that families deserve appreciation for their interest, support for their efforts, and respect for their right to make choices.

Relationship among Competencies, Pre-service Training, and the Mutual Assessment Process

The mutual family assessment process involves a series of meetings between the Family Development Specialist and the family while the family is participating in the Foster PRIDE/Adopt PRIDE pre-service training. The subject matter of the family assessment meetings coincides with the content of the training sessions. The chart which follows, "The PRIDE Model for Integrating Training and Assessment," outlines this connection. Both the content of the PRIDE sessions and the content of the mutual family assessment process are in turn based on the five competency categories. The chart also illustrates the interrelationship of these three components in the overall Foster PRIDE/Adopt PRIDE process.

The training presents information about the needs of children in foster care and adoption, and the beginning competencies families must have to meet those needs. In the at-home family assessment meetings, the Family Development Specialist helps the family to consider their past and current life experiences, and to define their strengths and needs in the areas of the five competencies. The FDS

and the family then try to “fit” what is known about the family to what will be expected of them in a future role as a foster family or an adoptive family.

The number of meetings needed to complete the mutual assessment process will vary according to the needs of the family, the number of family members, the complexities of the issues that must be explored, and the length of each meeting. To cover the content recommended in this model will require a minimum of 10 hours, but considerably more time may be necessary. The meetings include the first at-home consultation; three or more mutual assessment meetings; and a final at-home consultation for decision making.

The Practice Handbook is the guide for completing the family assessment component. Assessment is addressed in Steps 7 through 10 of the Handbook. These steps describe the process for conducting the family consultation meetings, including subject areas for exploration and discussion, and suggestions for how to use the PRIDE Connections, a set of interactional assessment tools. The Handbook describes all the information that is gathered in the assessment process, and the tools that are used to record this material. Also included are examples of completed family assessment packets.

All Foster PRIDE/Adopt PRIDE co-trainers should become familiar with the content of the Handbook. They must understand the family assessment process to provide information and support to the families in their training groups. Families interested in adoption licensing or certification also participate in a mutual assessment process. Adoption competencies are now a part of Foster PRIDE/Adopt PRIDE. Through the assessment process, families gain a deeper understanding of the competencies addressed in the Foster PRIDE/Adopt PRIDE training. Families have an opportunity to consider more fully the implications of making the lifetime commitment that adoption involves. They assess their strengths, needs, and preferences with regard to specific children waiting for adoptive families. They consider the implications for their family of loss and attachment issues in adoption, including losses associated with infertility, and ways to help themselves and children placed with them develop healthy attachments.

Program Objectives

The Foster PRIDE/Adopt PRIDE program is designed to promote positive relationships between prospective foster parents and adoptive parents, and the birth family and agency, in order to facilitate the communication necessary for team building. This is accomplished through the content of the training sessions, and the methods used to present the material, as well as the process and tools used in the family assessment meetings.

The overall objectives of Foster PRIDE/Adopt PRIDE are to help prospective foster parents, adoptive parents, and permanency planning families:

- Discuss realistic expectations of themselves and the agency.
- Identify their strengths and needs in fostering or adopting.
- Develop a plan to build on strengths and meet needs.

Multi-Ethnic Placement Act

The Multi-Ethnic Placement Act (MEPA) prohibits discrimination based on race, color, or national origin in foster care or adoptive parent licensing and child placement.

> §471(a)(18) of the Social Security Act:
> Neither the State nor any entity that receives Federal funds may:
> deny any person the opportunity to become an adoptive for foster parent on the basis of the race, color, or national origin of the person or child involved delay or deny the placement of a child for adoption or into foster care on the basis of the race, color, or national origin of the foster or adoptive parent or child involved…..

Adoption and Safe Families Act

ASFA was signed into law by President Bill Clinton on November 19, 1997 The new law, which amends the 1980 Child Welfare Act (P.L. 96-272), clarifies that the health and safety of children served by child welfare agencies must be their paramount concern and aims to move children in foster care more quickly into permanent homes.

Among the law's provisions:

- shortens the time-frame for a child's first permanency hearing;
- offers states financial incentives for increasing the number of adoptions;
- sets new requirements for states to petition for termination of parental rights;
- reauthorizes the Family Preservation and Support Program.

Fostering Connections to Success and Increasing Adoptions Act

The Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893) (FCA) was signed into law on October 7, 2008, as Public Law 110-351. FCA amended parts B and E of Title IV of the Social Security Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for Tribal foster care and adoption access, improve incentives for adoption, and for other purposes.)

Preventing Sex Trafficking and Strengthening Families Act

Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183/H.R. 4980). The law signed by President Obama on September 29, 2014 took important steps forward in protecting and preventing children in foster care from becoming victims of sex trafficking and made many important changes to the child welfare system that will help improve outcomes for foster children (case planning, normalcy, liability coverage for foster care providers, youth rights, youth voice, etc.).

Indian Child Welfare Act

The Indian Child Welfare Act (ICWA) is a federal law passed in 1978 in response to the high number of Indian children removed from their homes; the law was revised in 2016. The intent of ICWA is to protect the best interests of Indian children and to promote the stability and security of Indian Tribes and families (25 U.S.C. § 1902). ICWA sets federal requirements that apply to state child custody proceedings involving an Indian child who is a member of or eligible for membership in a federally recognized Tribe.

ICWA ensures that Indian children are placed in foster or adoptive homes that support and reflect Indian culture, thereby promoting the stability and security of Indian tribes and culture as well as protecting the best interests of Indian children and families.

Only Indian children from a federally recognized tribe fall under the provisions of the ICWA. However, one must remember that ICWA applies to children who are members or eligible for membership to a federally recognized tribe and the tribes determine the criteria that must be met. A foster care case manager who files a petition for the removal or termination of parental rights to an Indian child must notify the Tribe, if known, and the parent/guardian that a petition alleging abuse/neglect has been filed in state court. Notices must be sent registered mail, return receipt requested, and received at least ten days prior to any court proceeding.

The Tribe may choose to take jurisdiction of the case if the Tribe, parent or Indian custodian requests a transfer of jurisdiction. Absent good cause, the state court must transfer the case to the tribal court. The tribal court then handles the case, and the state court is no longer involved. Tribes may also intervene in state court proceedings at any time. It is the Tribe's decision where or not to request a transfer, intervene, or accept a transfer of jurisdiction.

If you have a child of Indian heritage in your home, there are several important issues to be aware of. First, the legal standards for removal of an Indian child from his or her parent are much higher than are the standards applied to non-Indian children. Second, "active efforts," not just reasonable efforts, must be documented and proven to have failed in providing the services and rehabilitative programs designed to prevent the break-up of the Indian family. Third, a qualified expert witnesses must provide testimony or information specific to the issues concerning whether continued custody is likely to result in serious emotional or physical damage to the child. Fourth, a very important consideration is that if **any provision of the ICWA was not followed, any decision made by the court, including an order terminating parental rights or an order granting an adoption, may be challenged and invalidated.**

As a foster parent of an Indian child, it is very important that you support and encourage the child's cultural identity. It is important to expose the child to aspects of Indian culture. However, the extent of exposure and involvement should be consistent with the child's needs and parent's wishes. This can be done by reading storybooks from the library, attending powwows or visiting cultural centers.

NORTH DAKOTA CENTURY CODE
CHAPTER 50-11
FOSTER CARE HOMES FOR CHILDREN AND ADULTS

50-11-00.1 Definitions.
50-11-01 Foster care for children - License required.
50-11-01.4 Foster care for adults - License required.
50-11-01.5 Fire prevention training.
50-11-01.6 Self-declaration form.
50-11-02 License granted - Term - Conditions.
50-11-02.1 Conviction not bar to licensure - Exceptions.
50-11-02.2 Provisional license.
50-11-02.3 Moratorium on expansion of RCCF or group home bed capacity.
50-11-02.4 Criminal history record investigation - Fingerprinting not required.
50-11-03 Department to make rules - Records kept by facility.
50-11-03.1 Reduction of number of children in foster care - Goals.
50-11-03.2 Use of public funds.
50-11-03.3 Department to provide liability coverage
50-11-03.4 Immunity of a person providing foster care
50-11-04 Inspection by the department - Inspection and report by the department or its ….
50-11-04.1 Notice.
50-11-04.2 Correction order - Contents.
50-11-04.3 Reinspections.
50-11-04.4 Fiscal sanctions.
50-11-04.5 Accumulation of fiscal sanctions.
50-11-04.6 Recovery of fiscal sanctions - Hearing.
50-11-04.7 Disposition of fiscal sanctions.
50-11-05 Contents of records not disclosed - Exception.
50-11-06 Facility not to hold itself out as having authority ….
50-11-06.6 Department to furnish information when requested.
50-11-06.7 License approval or denial - Time requirements.
50-11-06.8 Criminal history record investigation - Fingerprinting required.
50-11-06.9 Criminal history record investigation - When not required.
50-11-07 Denial or revocation of license.
50-11-08 Denial or revocation of license - Hearing - Appeals.
50-11-09 Appeal from decision of department denying or revoking license.
50-11-09.1 District court injunctions.
50-11-10 Penalty.

NORTH DAKOTA CENTURY CODE
CHAPTER 50-11.2
FOSTER CARE PARENT GRIEVANCE

50-11.2-01 Foster care parent grievance.
50-11.2-02 Grievance procedure.

NORTH DAKOTA ADMINISTRATIVE CODE
CHAPTER 75-03-12
FOSTER PARENT GRIEVANCE PROCEDURE

75-03-12-01 Definitions.
75-03-12-02 Who may file grievance.
75-03-12-03 Grievance to be in writing - Contents - Time for filing.
75-03-12-04 Informal meeting.
75-03-12-05 Request for formal hearing.
75-03-12-06 Formal hearing.
75-03-12-07 Hearing decision.
75-03-12-08 Confidentiality.

NORTH DAKOTA ADMINISTRATIVE CODE
CHAPTER 75-03-14
FAMILY FOSTER CARE HOMES

75-03-14-01 Definitions.
75-03-14-02 License.
75-03-14-03 Minimum physical standards for the home.
75-03-14-04 Qualifications of persons residing in the home.
75-03-14-04.1 Criminal conviction - Effect on licensure.
75-03-14-05 Operation of the home.
75-03-14-06 Permanency planning child and family team.
75-03-14-07 Background checks required.
75-03-14-08 Fingerprints excused.
75-03-14-09 Relative Licensing Waiver

Motor Vehicle Operation by Youth in Foster Care
North Dakota Department of Human Services

Youth in foster care and foster parents frequently have questions related to driving. This pamphlet discusses the topic, outlines some of the legal issues, and provides policy information related to the operation of motor vehicles by youth in foster care in North Dakota.

If the child is under the custody of the Department of Human Services, obtaining a driver's license or taking "Behind the Wheel" drivers training is prohibited. The Department of Human Services is not able to authorize a minor to secure a driver's license. Even though it is desirable and the Department would like to provide this experience for young people, it is prohibited by the absence of insurance protection. The foster care liability insurance carried by the Department specifically excludes anything related to motor vehicles. Inclusion of motor vehicular related activities in coverage would make the foster care liability insurance unaffordable and would jeopardize our continuation of it.

NORTH DAKOTA LAW

The following legal information related to motor vehicle licensure for youth in foster care was prepared by departmental legal counsel:

NDCC Section 39-06-08 sets out the conditions under which an application for an operator's license on behalf of a minor can be made. It provides as follows:

> *"The application of any minor for an instruction permit or operator's license must be signed and verified before a person authorized to administer oaths or the director's agent, by the father, mother, or legal guardian, or, in the event there is no parent or legal guardian, then by another responsible adult who is willing to assume the obligation imposed under this chapter upon a person signing the application of a minor."*

Thus, in the event there is no parent or guardian having legal custody of the child and willing to assume responsibility on behalf of the child, another responsible adult, e.g., a foster parent, could sign the application and, in so doing, assume the obligation imposed under Chapter 39-06, NDCC.

With respect to the obligations assumed by a person signing an application on behalf of a minor, NDCC Section 39-06-09 provides as follows:

> *"Any negligence of a minor when driving a motor vehicle upon a highway must be imputed to the person who has signed the application of such minor for a permit or license, which person must be jointly and severally liable with such minor for any damages caused by such negligence, except as otherwise provided in Section 39-06.10."*

Under NDCC Section 39-06-1 0, the signing of a minor's application for an operator's license by a responsible adult willing to assume responsibility for the child's operation of the motor vehicle can be obviated by the child furnishing proof of financial responsibility in respect to the operation of the motor vehicle financial responsibility laws of the state. If such proof is filed and accepted by the Commissioner, the Commissioner may accept the application of the minor without a signing by a responsible adult. It is suggested that before a child committed to the care, custody, and control of a

county social service board or Department of Human Services be allowed to operate a motor vehicle, the following conditions be met:

1. That the child have a valid instruction permit or operator's license; and
2. That the child deposit, or have deposited on his behalf, proof of financial responsibility; or, in lieu thereof, furnish proof that the parent, guardian, or foster parent signing the minor's application for permit or license has proof of financial responsibility which ensures against the negligent operation of the motor vehicle by the minor in an amount required under the financial responsibility in the amount of $50,000 for death or bodily injury to two or more persons in any one accident, and $25,000 for injury to or destruction of property in any one accident.) See N.D.C.C. 39-16.1-02 for the full text of the financial responsibility law.

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES POLICY

Should foster parents be willing to obtain the necessary insurance protection they may sign as responsible party on the application for permit or license. Prior to doing this there are certain considerations:

1. The custodian and foster child's parents should be involved.
    a. The parent is the first resource to consider in terms of assuming responsibility and providing insurance coverage for foster care youth.
    b. In circumstance of long term placement with little or no parental involvement, the custodial agency may determine that the foster parents are free to assume responsibility and to provide the insurance coverage.
2. Foster parent assumption of responsibility and provision of insurance coverage for motor vehicle operation by a foster child is not an agency expectation. Foster parents take significant risks when they do this. They should be encouraged to consult with this insurance agency and perhaps with their attorney about this before they assume responsibility.
3. Unless the foster parent is expecting to have youth in care until adulthood, authorization for licenses should be withheld. The person signing the application may be liable for the youth's negligence. The person signing can make a verified request that the youth's license be canceled and the commissioner may cancel the license and relive the person signing of liability.
4. By signing for the minor to have a license, the foster parent is assuming responsibility for that minor's actions as a driver. It should be carefully explained to foster parents that the Department does not provide automobile insurance, and that they (foster parents) are assuming responsibility for their foster child's actions by authorizing the minor to secure a driver's license.
5. The foster parent(s) may not assume this responsibility if the youth's custodian or the youth's parent(s) are opposed to this.

Foster parents will be asked to sign a form indicating they have received information related to the policy on Motor Vehicle Operation by Youth in Foster Care.

Foster parents must be supplied with a written notice conveying the policy concerning operation of motor vehicles by youth in foster care that is contained in this pamphlet. Foster parents will be asked to sign an "Acknowledgement" form telling the agency that they received the information. The signed acknowledgment is kept in the foster home licensing file. This required by departmental policy.

North Dakota Department of Human Services State Capitol Bismarck, ND 58505

Removing Head Lice

This Quick Guide supplements the N.D. Department of Health's Disease Fact Sheet, Head Lice

Head Lice

Head lice are not a health hazard; simply an inconvenience as time and attention is required to remedy the problem. Lice can be itchy and irritating to a head, which is why it is necessary to treat and remove them. Preschool and elementary school aged children are most susceptible to head lice because they sit closely, hug, share hats, etc. Winter months are a popular time for lice to transfer from one child to another as children have a more limited play space.

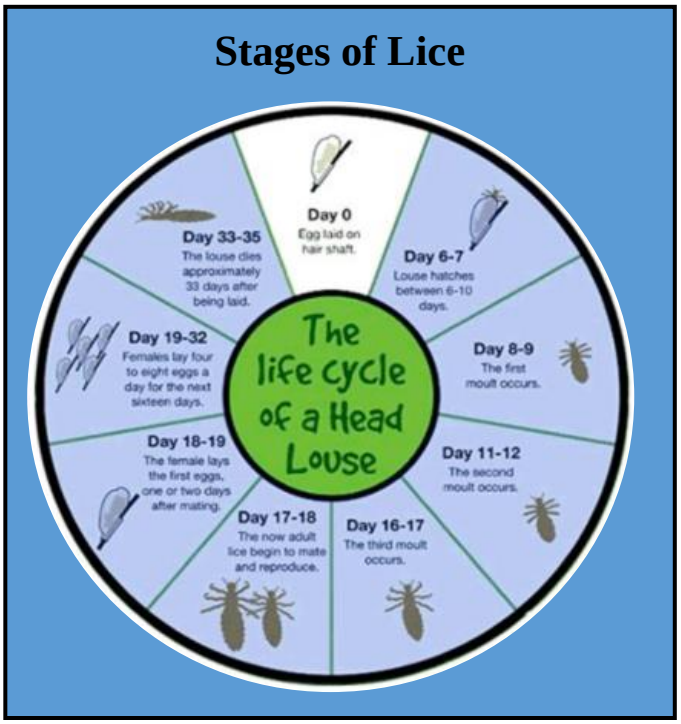
Notification:

In an effort to be proactive and transparent with the custodian, school or daycare (if applicable), foster parents shall notify the appropriate parties if the child has a confirmed case of head lice. Note: Many schools and daycare centers do not notify families if there is a confirmed case of head lice in the classroom. However, it is a courtesy to let the school/daycare know so they can reduce the transfer within the classroom or daycare setting.

Helpful Q&A Regarding Lice

Q. How can we as foster parents prevent head lice from getting into our home?

A. Head lice happens! There are many theories that various products can minimize the risk of obtaining head lice (Combining tea tree oil in shampoo/conditioner, vinegar rinse, etc.) however, there is not a definite answer. The best practice is to teach your child not to share hairbands, brushes/combs, to not wear one another's hats and sweatshirts, etc. It is recommended that children with long hair wear it pulled back when at school or playing at a public place. At home, it is helpful to reduce the risk of transfer if each child has their own bath towel, hair brush/comb, blanket, and bedding.



Q. What do lice look like?

A. Lice can be hard to see. Typically found along the hair line, behind ears, neckline and less than ½ inch from the scalp. Look for tiny white to yellow colored eggs (nits), once the egg hatches it will be a small brown nymph (very tiny bug). If there are live adult lice, they will look like a small bug (yellowish brown) and they move very quickly. A nit is very sticky and can only be removed from the hair shaft by grasping with fingernails or using a special fine tooth comb. Nits will not flake off of the hair and should not be confused with dandruff or cradle cap.

Q. What if a foster child placed in my home has head lice, what do we do?

A. Many steps and your time will be required to eliminate head lice:

1. Take a deep breath!
    i. Remember lice are not a health hazard, simply an inconvenience.
2. Treatment of the head lice is necessary.
    i. There are numerous products sold: Nix, RID, etc. as medication to be purchased over the counter. The product will come with directions and a fine tooth comb to help with nit removal.
3. After treatment the nits and nymphs must be removed from the hair.
    i. If the treatment does not kill all of the eggs (nit); lice eggs will hatch within 5-7 days, so eliminate the risk by combing all nits out of the hair.
4. Check all members of the family to ensure they do not have any live lice or nits. If identified, treat others in the household.
    i. Do not treat individuals with no signs of head lice.
5. Clean all combs and brushes by boiling in hot water for 5 minutes.
6. Cleaning at home
    i. Wash clothing, towels, bedding and stuffed animals in HOT HOT water.
    ii. If stuffed animals can be put away, tie the toys up in a garbage bag for two weeks.
    iii. Vacuum carpets, couches, soft chairs, wash couch pillows in hot water, etc.
7. Clean/vacuum the child's car seat, seats of the vehicle, and car carpet.
8. Check the child's head daily for one week to ensure there are no nits that were missed!

Q. What can I do as a foster parent to help minimize the transfer of head lice?

A. Parents can help by:

1. Notifying the school if the child obtained head lice (from school, a sibling, or friend or relative over break, from the play land, at gymnastics, etc.)
2. Remind children to not share their hats, sweatshirts, brushes, bath towel, etc.
3. Keep long hair in a ponytail or braided.
4. Check the child's head for head lice; first sign is "scratching".
5. Wash bedding and towels regularly in hot water.

ACRONYMS

AASK:	Adults Adopting Special Kids (www.aasknd.org)
APPLA:	Another Planned Permanent Living Arrangement
ASFA:	Adoption and Safe Families Act
CA/N:	Child Abuse and Neglect
CAC:	Child Advocacy Center
CCWIPS:	Comprehensive Child Welfare Information and Payment System
CFCIP:	Chafee Foster Care Independence Program
CFS:	Children and Family Services (www.nd.gov/dhs/services/childfamily)
CFSTC:	Children and Family Services Training Center (http://und.edu/centers/children-and-family-services-training-center/)
CFTM:	Child and Family Team Meeting
CPS:	Child Protective Services
CSSB:	County Social Service Board
CWLA:	Child Welfare League of America (www.cwla.org)
DD:	Developmentally Disabled
DHS:	Department of Human Services (www.nd.gov/dhs)
DJS:	Division of Juvenile Services (http://www.nd.gov/docr/juvenile/Community%20Services/offices/index.html)
DV:	Domestic Violence
ETV:	Education and Training Voucher
GAL:	Guardian ad Litem
HIPAA:	Health Insurance Portability and Accountability Act
HSC:	Human Service Center (www.nd.gov/dhs/locations/regionalhsc)

ICAMA:	Interstate Compact on Adoption and Medical Assistance
ICJ:	Interstate Compact on Juveniles
ICPC:	Interstate Compact on the Placement of Children
ICWA:	Indian Child Welfare Act
IDA:	Individual Development Account
IEP:	Individualized Education Program
IL:	Independent Living (North Dakota Youth: www.nd.gov/ndyouth)
LCPA:	Licensed Child Placing Agency
MA:	Medical Assistance
MEPA:	Multi-Ethnic Placement Act
MH:	Mental Health
NATI:	Native American Training Institute (http://nativeinstitute.org/)
NDAC:	North Dakota Administrative Code (http://www.legis.nd.gov/agency-rules/north-dakota-administrative-code)
NDCC:	North Dakota Century Code (http://www.legis.nd.gov/general-information/north-dakota-century-code)
PRIDE:	Parent Resource for Information, Development and Education
PRTF:	Psychiatric Residential Child Care Facility
RCCF:	Residential Child Care Facility
ROI:	Release of Information
SS:	Social Security
TFC:	Treatment Foster Care
TPR:	Termination of Parental Rights
TSS:	Tribal Social Services