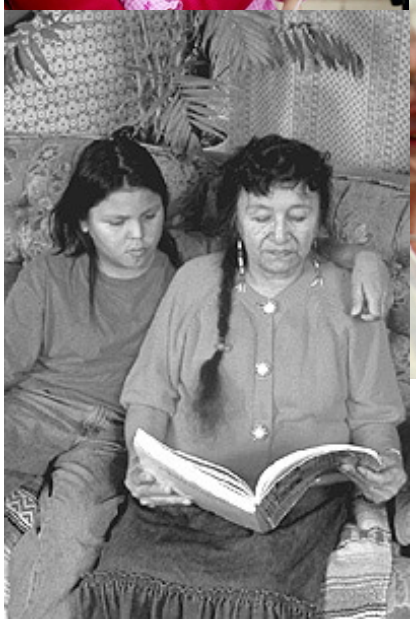
# Foster Parent Handbook



north dakota
department of
human services

# INTRODUCTION

## Foster Care

**There is always a moment in childhood**

**when the door opens and lets the future in.**

**-Graham Green**

north dakota
department of
human services

**Executive Office**

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John Hoeven, Governor
Carol K. Olson, Executive Director

Dear Foster Parent,

On behalf of the North Dakota Department of Human Services, I would like to express our gratitude for the commitment that you have made to open your home and heart to children by becoming a foster parent. During any given month in North Dakota, between 60 and 110 children are removed from their homes and placed in care. Foster parents, like you, become the primary caregivers of most of these children who range in age from infants to older teens.

You are giving an incredible gift - a safe haven for children who need stability, care, compassion, and support. Many of the children placed in your care may be dealing with anger, resentment, and sadness. You will face challenges, and yet you will be forever changed by this experience.

Please use the resources and supports identified in this guide and through other training opportunities to meet your needs and the needs of the children in your care. You are an important part of a network involving families, human services professionals, other foster parents, and community partners. Our goal is to nurture the children in our care so that they thrive and grow into responsible, caring adults.

Thank you for your willingness to care for the children.

Sincerely,

Carol K. Olson
Executive Director

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**North Dakota Department of Human Services**
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Bismarck, ND 58505

Visit our website at:
http://www.state.nd.us/humanservices/

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

For information on child abuse and neglect, visit the website at:
http://www.stopchildabuse.nd.com

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

**State of North Dakota**
John Hoeven, Governor

**Department of Human Services**
Carol Olson, Executive Director

# 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, and also provides guidance on areas like welcoming a child, discipline, and parent visits. Throughout the manual, we emphasize the role of foster parents working together with social workers and birth parents, as members of a professional team, in helping the child achieve relationships intended to last a lifetime.

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.

# Acknowledgements

The Children & Family Services Division of the North Dakota Department of Human Services wishes to thank the many individuals who contributed to this manual. A workgroup, which was convened to research and develop a manual, met regularly to contribute ideas and feedback on chapters as they were written. Members of the workgroup included:

- Darlene Hill, Burleigh County Social Services
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- Julie Hoffman, CFS
- Deb Petry, CFS
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- Margaret Schaar, WCHSC

We extend a special "thank-you" to the New York State Office of Children & Family Services. Their *Foster Parent Manual,* September, 2002, provided us with the format as well as many of the topics and much of the content included in this resource manual. Our job was made so much easier by following New York's example.

Thank you also to individuals not mentioned above who assisted in certain areas upon request but were not part of the regular workgroup. Your assistance was very much appreciated.

## 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. Reimburseable expenses

5. Foster Parents' Agency Record

## 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 social workers, 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.

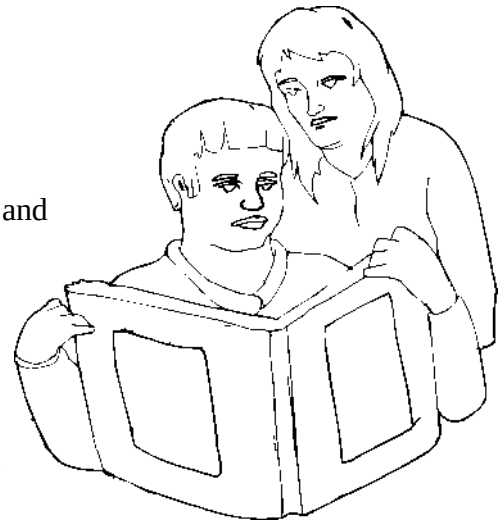
(See Appendix for Preservice Competencies for Foster Parents and Adoptive Parents.)

### 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. (See Appendix for Guiding Principles.)

## 2. PRIDE Training



**Requirements:**

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 (9) 3-hour sessions (27 hours). 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 social worker 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.

Refer to the Appendix for an overview of the 9 PRIDE pre-service sessions.

## 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)

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**. Contact your social worker for training opportunities.

## 4. Guidelines for Foster Parent Training Reimbursement

Through state and federal funding, the Children & 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. 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 social worker/licensing agency for approval. Your social worker can approve most training sessions BUT in order for you to receive reimbursement, your social worker must get prior approval from CFSTC if the workshop involves a high cost or if the workshop is located outside of North Dakota. Your social worker can supply you with the training form to complete or you can request one from CFSTC. Both spouses can use the same form as long as both names and social

security numbers are included. Please complete the form in a legible manner and have the trainer/designee or the licensing social 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 state and UND travel reimbursement guidelines.

**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.

**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. Meals are reimbursed at the state rate. 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 and according to state reimbursement guidelines.

**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 motel 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.

**Child care expenses:** Complete a "Receipt for Child Care Expense" form for the *actual amount paid to the child care provider.* Maximum allowable rates are listed on the form. 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 will reimburse you for this expense; we cannot pay your child care provider directly.

**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 or trainer, and sign the reimbursement request section. Make sure the appropriate receipts are attached for reimbursement. The form should be forwarded to your licensing agency. Your social worker should enter the training hours on their records and the state CCWIPS system. 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 social 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.

At CFSTC sponsored trainings, the training forms will be collected and processed and a copy will be sent to your licensing agency.

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 for each spouse. 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.

NOTE: Incomplete information or missing receipts will delay reimbursement.

Foster parents may contact their licensing agency on the availability of reimbursement to attend other training events, such as the annual North Dakota Foster Parent Association Conference or the annual National Foster Parent Association Conference.

## 5. Foster Parents' Agency Record

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

- Foster home license/affidavit.
- Foster parent application.
- Summary of the family home assessment.
- Medical information.
- Personal references.
- Correspondence between the licensing agency and the foster parents.
- Register listing the names of children placed in the home, the dates of their placement, and the dates of their removal.
- Summary of each annual evaluation of the foster home.
- Physical description of the foster home, including allocation of space.
- Education hours.

These files are public record with the exception of medical information and child specific information.

# 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. Matching the Child and the Foster Home

3. Being Prepared When a Child is Placed a.
   Suggested Items to Have on Hand

4. How Placement Affects Children

5. Welcoming a Child Into Your Home
   a. Some Do's and Don'ts of Welcoming the New Child
   b. Adapting and Shifting Family Routines
   c. Family Rules

6. Creating 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, neglected, 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.

## 2. Matching the Child and the Foster Home

In placing a child in a foster home, agency staff 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.

- **Relatives:** This would be the first consideration before placing a child in a foster home.
- **Previous foster home:** If the child was previously placed in foster care, this would be considered before looking for another foster home.
- **Placing siblings together:** If appropriate, attempts would be made to place siblings in the same 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:** 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.

## 3. 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:

- 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
- child's full name and date of birth

If the child is placed on an emergency basis, some of this information will not be available until a later time.

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

**Suggested items to have on hand:**

- ✓ Toothbrush
- ✓ Hairbrush
- ✓ Rubber sheets
- ✓ Night light
- ✓ T-shirt (oversized for sleeping)
- ✓ A couple of toys
- ✓ Babysitting plan
- ✓ Simple household rules/routine

**Materials and Forms:**
At the time of placement in the foster home or shortly thereafter, you should receive the following materials:

- Medical information
- Medicaid card or insurance information
- Clothing information and forms

If any of this information is missing, ask the social worker when you will receive it.

## 4. How Placement Affects Children

Children can feel severe personal loss when separated from their families. They have lost the most important people in their lives – their parents, sisters and brothers. They have lost their familiar pattern of living, their homes and the places that make up their own world. They lose self-esteem and a sense of identity in their inability 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.

**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.
- Understand your own loss and grief issues.

## 5. Welcoming a Child Into Your Home

The child who comes into your home will need to adjust to many things. At the same time the foster family will need to make some adjustments. Everything is new. There are new parents, perhaps new sisters and brothers, a new house, new foods,

new rules and expectations, a new neighborhood, and possibly a new school.

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. Some Do's and Don'ts of Welcoming the New Child:

Experienced foster parents and social workers have several suggestions for new foster families preparing to welcome children into their homes. Some of these suggestions are:

- Welcome the child with some kind of activity, if appropriate.
- Be sure the children have a place to keep personal possessions.
- Let them 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 them know it is all right 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 a child's feelings. Ask permission before hugging or touching children.
- Do not try to change things like their hair, clothing, or anything that says, "You're not OK the way you are."
- Help them settle down to a regular routine as quickly as possible, but do not be disappointed if they do not respond right away.
- Give them opportunities to talk to you, but do not pry into their past or criticize their parents.

- Respect their right to privacy. Never talk about them when they are present, unless it is appropriate to include them in the conversation, for example, "Ms. Wilson, Andrew is doing so well in his new school." This includes your conversation with agency workers, friends, or other children.
- 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!
- Things like bed-wetting and soiling may be a reaction to being placed into foster care. Shaming or punishing them will make the problem worse. Rather than using punishment, use positive techniques to help the child learn to manage his or her behavior.
- Punishments like hitting, grabbing, yanking, or pinching as a means of discipline are not allowed and can be very damaging to children. Such actions are also damaging when you use them to "get children's attention."
- ***NEVER*** **threaten a child who misbehaves with removal from your home.**
- Depending on the age of the children, you may ask them what they think foster care is and what they expect from you as a foster parent. Don't make children answer if they choose not to respond. Give them time.
- Contact your social worker when concerns or problems arise.

b. Adapting and Shifting Family Routines:

The every day 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 usually 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, many foster parents spend some fun time with the child. They may bake cookies, go for walks in favorite places (by the lake, along the creek, or in the park), go roller skating, play games such as Monopoly, checkers, or computer games, or go swimming.

Going to sleep and waking up can be very scary times for children just placed in foster care. 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.

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.

## 6. Creating a Life Book

Foster parents are encouraged to work with the social worker to help the child develop a "Life Book." Ask the social worker who will begin the process and what will be included. The best time to begin a Life Book is when a child is first placed in foster care.

A Life Book is a combination story, diary, and scrapbook. It can be a tool to help children understand their past experiences so they can feel better about themselves and be better prepared for the future. 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 social worker, foster parent, 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.

Material to put in a Life Book may include:

**Birth Information**

- birth certificate
- weight, height, special medical information
- picture of the hospital

**Child's Family Information**

- pictures of child's family
- names, birth dates of parents
- names, birth dates of siblings, and where they are
- physical description of parents, especially pictures of parents and siblings
- occupational/educational information about birth parents
- any information about extended family members

**Placement Information**

- pictures of foster family or families
- list of foster homes (name, location of foster homes)
- first names of other children in foster homes to whom child was especially close
- names of social workers
- pictures of social workers to whom the child was especially close

**Medical Information**

- list of clinics, hospitals, etc., where child received care; and care given (surgery, etc.)
- immunization record
- any medical information that might be needed by the child when growing up, or as an adult
- height/weight changes

- loss of teeth
- when walked, talked, etc.

**School Information**

- names of schools
- pictures of schools, friends, and teachers
- report cards, school activities

**Religious Information**

- places of worship child attended
- confirmation, baptism, and other similar records
- papers and other material from Sunday School

**Other Information**

- any pictures of child at different ages of development
- stories about the child from parents, foster parents, and social workers
- accomplishments, awards, special skills, likes and dislikes

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 & 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. The chapter covers:

1. Ongoing Communication
2. Calling the Social Worker
3. Events in the Child's Life
4. Foster Parents as Mentors
5. Emergencies

   a. Suicide Threats

## 1. Ongoing Communication

As members of a professional team, foster and adoptive parents need to communicate regularly with their social workers. You and the social workers 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.

## 2. Calling the Social Worker

The social worker 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, call the social worker. You are also encouraged to share positive information about the child.

Foster parents are ***required*** to inform the social worker:

- When there are changes in
  a. 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.
- When you need to be away from your home overnight and there will be a substitute caregiver.
- When you will be going on vacation or taking the child out of North Dakota. (You will need permission in advance.)
- When the child needs surgery, hospitalization or medical care. Unless there is an emergency, you will need permission in advance.

The following are some examples of situations when it is appropriate for foster parents to call the social workers:

- 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 (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.

If you question an agency decision or do not agree with the social worker's actions, first try to have an open discussion with the social worker. When an issue is not resolved through such discussions, you may request a meeting with the supervisor or director of the licensing agency; or, you have the right to file a grievance. (See Appendix)

**Tips for Foster Parents**

- Share positive information about the child with the social worker and birth family, such as report card grades or a child's achievements in sports, school activities or church. This kind of information sharing keeps the communication positive among all parties of the team.
- Consider the social worker as a resource. Don't hold back from asking questions about services, community resources, programs for foster parents, training activities, and other ways in which the social worker can be helpful to you. Don't be afraid that the social worker will think you can't cope on your own; rather, think of yourself as taking responsibility for the situation by taking advantage of opportunities.
- Remember, we are all part of a professional team!

## 3. Events in the Child's Life

Foster and adoptive parents are encouraged to bring up 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 the issues that often arise around these events may require additional contact and support.

Examples of such events are:

- first day of school.
- birthdays, holidays, Mother's Day, Father's Day.
- visits with parents, siblings, or other family members.
- meetings with school staff.
- court hearings.
- child and family team meetings and other conferences.
- anniversary of significant events.

Ideally, you and your social worker will have developed a good team relationship. The above list is a reminder to stay on top of these events as they occur.

## 4. Foster Parents as Mentors

An additional resource for foster parents can be other foster parents. If you have a simple question and don't feel that it is necessary to call your social worker, you may wish to call another foster parent. Sometimes you may also want to check ideas with another parent.

**Remember that calling another foster parent does not alleviate your responsibility to call your social worker.**

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.

## 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 social worker, supervisor, or on-call social worker if any of the following events occur:

- A medical emergency.
- The child runs away.
- You have a serious problem with the child (e.g. discovery of 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.

Note: These are not the only times to call your child's social worker; when in doubt, call. It is a good idea to keep a record of contacts and attempts to contact the social worker. (See form at the end of this chapter.)

### a. Suicide Threats:

Talk of suicide or suicidal gestures should be taken extremely seriously. Because of the impulsiveness of youngsters in care, 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 or notes, provide close adult supervision and notify the social worker immediately.

If there has been a *suicide attempt,* do not leave the child unattended even for brief periods.

1. If the child's condition warrants it, get *immediate* medical attention and then notify the child's social worker or emergency contact.
2. If the child's physical condition does not warrant medical attention, notify the child's social worker or emergency contact *immediately*.

| Emergency Telephone Numbers | |
|---|---|
| Social Worker (day) | |
| Emergency Contact (when office is closed) | |
| Police | |
| Law Enforcement | |
| Sheriff | |
| Hospital | |
| Physician | |
| Clinic | |
| Dentist | |
| Eye Doctor | |
| School | |
| Parents Information | |
| Other | |

# 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 gives 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. Immunizations
   e. Family Planning Services/Sexual Counseling
   f. Medical Transportation

4. Developmental and Behavioral Factors

5. School
   a. Head Start
   b. Special Payments
   c. Continuation in Foster Care Past Age 18

6. Religion

7. Cultural Factors

8. Relief Care

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

10. Home Property Damage Policy

11. Social Security

## 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 your social worker and team would be important, in turn, because it may hold value to the case planning process.

The silver rule? If you're not sure, don't disclose.

### a. A foster child has the right to:

- be respected as a person
- have a caring and encouraging family and a safe, clean place to live
- have guidance and support from responsible adults
- know why they are in foster care and the plans for their future
- be treated fairly and without discrimination or put-downs because of their race, sex, age, disabilities, religious faith or sexual orientation
- practice cultural traditions and religious faith in reasonable ways
- be safe from physical, sexual and verbal abuse and neglect
- have medical and dental care
- have enough food and clothing, a clean bed and the things for good personal hygiene
- have a reasonable amount of privacy
- receive an education and get help with emotional, physical, intellectual, social and spiritual growth

- have opportunities to participate in community activities
- send and receive mail and telephone calls unless otherwise noted in their treatment plan
- have an up-to-date progress (treatment) plan with specific goals and be part of its planning
- have contact and visits with family unless otherwise noted in their treatment plan
- communicate with their social workers, or other members of the team and adults outside the agency who can help and advise
- be represented in judicial situations; talk with their social worker if these rights are not being met or they are being harmed in other ways

b. Personal Property:

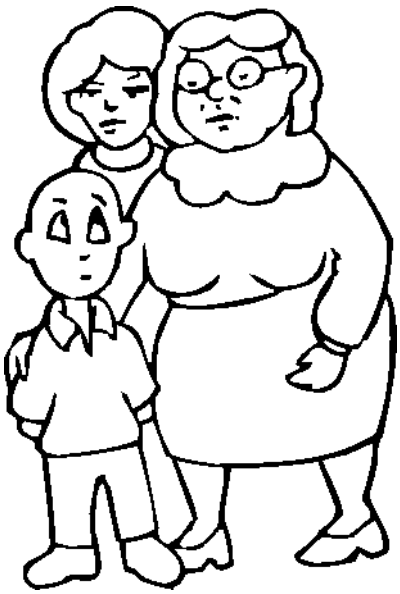
The personal belongings that children bring to the foster home are theirs and may be of particular importance to them. Every child should have some place to call his or her own, and this personal area, along with his/her possessions should be respected.

When children leave the foster home, they must be allowed to take their personal items and clothing and any gifts or possessions that have been acquired.

c. Media:

Permission must be obtained from your local agency before a foster child can be involved in any newspaper articles, photographs for the press, or TV and radio programs that would identify the child as a foster child.

## 2. Discipline *



Discipline must be constructive or educational in nature and may include diversion, separation from problem situation, talk with the child about the situation, praise for appropriate behavior, and gentle physical restraint such as holding.

- 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.
- 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.

(*NDAC 75-03-14-05, Family Foster Care Homes)

## 3. Health and Medical Care

Once a child is placed in foster care, the responsibility for the child's medical care is a shared one. Several people – the social worker, foster parents, and the parents – have 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 examination and immunization. It is the social worker's responsibility to provide a Medicaid card or number to the foster parents.

Foster parents should always be alert to any symptoms that indicate an ill child, such as runny nose, sore throat, cough, headache, inflamed eyes, stomachache, rash, etc. Such signs should not be ignored. Do not hesitate to consult the child's doctor and inform the social worker.

### a. Consent and Medical Treatment:

For surgery scheduled in advance (e.g., tonsillectomy), contact the social worker to obtain the birth parent's and/or the agency's written consent.

**Tips for Going to the Emergency Room**

- Call the on-call worker
- Bring the Child's Medicaid card or number
- Bring a list of the child's medications, including allergy medication

### 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.

The county director or agency representative responsible for the child should determine the appropriateness of a Health Tracks screening depending upon individual circumstances and the length of placement.

c. Prescriptions:

Any prescribed medications used to treat a child must be ordered by a doctor. Even 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 social worker about the child's illnesses and treatment.

**It is very important to know that if foster parents have already paid for a prescription, they cannot be reimbursed for it.** 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 social worker or emergency on-call worker if after business hours.

d. Immunizations:

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

e. Family planning services/sexual counseling:

If you feel that the child placed with you could benefit from these services, contact the social worker.

f. Medical transportation:

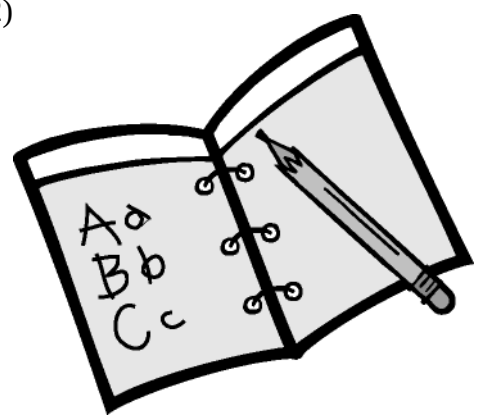
Foster parents are expected to transport and accompany foster children to their routine medical or other appointments. As the foster parent, you know the child. You can be a comforting and familiar presence for the child especially during stressful appointments.

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 North Dakota Department of Human Services, 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 social worker should inform you

of the child's development and whether there are any known developmental delays or behavioral needs. (See Appendix, Competency #2)




## 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 encourage them to attend school meetings and events, if appropriate.

While children are in foster care in your home, they may be registered in your local school or remain in their current school. The agency 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 social worker. The agency should know what is being signed and whether it is your responsibility to sign.

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 social worker 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.

### a. 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 5, 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 your local agency if you have questions or need additional information on the Early Head Start and Head Start programs.

b. Special Payments:

Special payments may be authorized through your foster care Child and Family Team for expenses which may include graduation expenses, field trips, and other special expenses. (See Chapter 7, child's personal incidentals.)

c. Continuation in Foster Care Past Age 18:

The North Dakota foster care program philosophy allows for youth to stay in family foster care while they continue their education. Foster care payments continue to the foster family at the age appropriate rate to be used for the youth's living expenses. This is available for our youth who have been in North Dakota family foster care a minimum of 6 months, where a relationship has been established and who have agreed to remain in the same family foster home. To continue in foster care, the youth must sign on his/her own behalf. It is only available while the youth attends school on a full-time basis.

This policy is intended to allow youth to remain in foster care while pursuing educational goals and to allow youth the support of the foster family. The foster care status terminates at the youth's discretion or at the end of the youth's 20th year. This option is not available to youth on the basis of re-entry to the foster care system after age 18.

## 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.

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

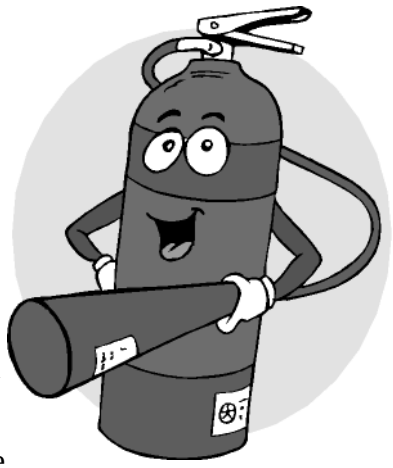
## 7. Cultural Factors

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.

## 8. Relief Care

If the foster child's difficulty of care level is such that relief care is necessary, it must be discussed and approved during the foster care Child and Family Team meeting. Not every foster home will be approved for relief care. It is reserved for the situation where the child would probably be in residential care if not for the availability of relief care. It 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. Only licensed or affidavit (approved) family foster homes will be used to provide relief 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 department of human services will offer the course throughout the state. 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 Restraints:

Children younger than 7 are required to ride in a car seat or booster seat. The restraint must be used correctly – following the manufacturer's instructions.

A seat belt may be substituted for children younger than 7 who weigh more than 80 pounds and are more than 57 (4'9") inches tall.

A lap belt may be used by children who weigh more than 40 pounds who ride in vehicles with lap-only seat belts or if all lap and shoulder belts are used by other occupants. (This is because booster seats require both a lap and shoulder belt for correct use.)

Children ages 7 through 17 must be properly secured in a seat belt or child restraint (car seat or booster seat). This law applies to all seating positions – front seat and back.

The driver is responsible for ensuring that all occupants younger than 18 are buckled up in the appropriate restraint.

The North Dakota Department of Health offers the following guidelines for buckling up children:

- Babies should ride in **rear-facing** seats until they are at least 1 year old and weigh at least 20 pounds;
- Children who weigh more than 20 pounds and are at least 1 year of age should ride in a **forward-facing** seat with harness until they weigh 40 pounds;
- Children who weigh between 40 and 80 pounds and are less than 4'9" tall should use a **booster seat** to position the lap and shoulder belt; and,
- Kids who weigh more than 80 pounds and are more than 4'9" tall should use a **seat belt.**

**Children 12 and younger should ride in the back seat – even if your vehicle doesn't have airbags.**

**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. For example:

- The house and premises must be 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)

## 10. Home Property Damage Policy

The Department family foster care home property damage policy will provide limited coverage to licensed foster parents and other family members living in the home for damages to property that are caused by unintentional acts or omissions of a foster child placed in their home. This policy is the "insurer of last resort" and should be used only when a private insurer, such as Homeowners,

Tenants, Personal Automobile, Personal Umbrella Liability Insurance, or any other collectible insurance will not cover the damages or loss.

**Coverage:**

- $250 deductible per claim
- $2,000 maximum payout per claim
- $5,000 maximum payout per year/per family foster care home

For claims covered by a private insurance in which the foster parent(s) paid a deductible greater than the amount of the Department's deductible, the Department will cover the difference. This applies only to those claims deemed covered by the Department's insurance policy. Complete claims must be made to the Department within 90 days.

Questions regarding this policy should be directed to Children & Family Services (701-328-1018) in the North Dakota Department of Human Services.

## 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 social worker immediately.

# 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

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. The chapter covers:

1. Consent
2. Social and Recreational Activities
3. Dating
4. Transportation
5. Trips and Vacations
6. Clothing
7. Allowance
8. Chores and Work
9. Babysitting
10. Savings
11. Driving a Car
12. Smoking
13. Hair Care
14. Piercing and Tattooing
15. Armed Forces

## 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. 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.

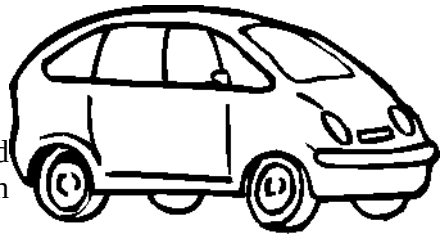
Protection from sunburn is a concern for all children, but especially for children taking certain

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 social worker.

## 3. 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. Be clear that you are responsible for setting the rules and boundaries for dating.

## 4. Transportation



Foster parents are expected to provide transportation for the child for the typical daily living situations, school functions, church activities, medical visits (including mental health appointments), dental visits, treatment conferences, and court hearings. Discuss reimbursement with the social worker for exceptional transportation costs.

## 5. Trips and Vacations

Each agency determines its policies for requiring consent for 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 social worker (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 social worker to jointly work out appropriate arrangements.

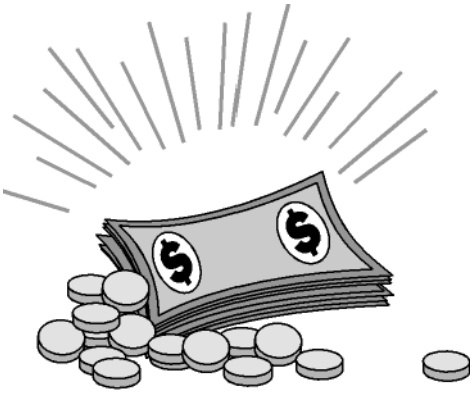
## 6. Clothing

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 maintenance payment. Check with your agency for the specific policy and procedures.

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. Children who are old enough to make clothing decisions should be involved in the process.

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 or used for other foster children.

## 7. 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 and responsible decision-making.

Check with your agency to see if they have a policy on allowances.

## 8. Chores and Work

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.

After checking with the social worker, 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, and 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 (e.g., power mowers) that might be unsafe. Teens should be adequately paid. *Be absolutely sure that the situation does not violate any child labor laws.*

Be careful that the part-time employment is appropriate for the teen's level of maturity and that it **does not interfere with school work.** Encourage the teen to discuss any prospective job – and employment goals in general – with the social worker.

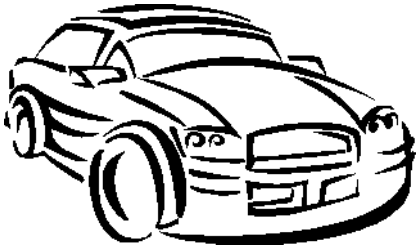
## 9. Babysitting

There is no North Dakota state policy prohibiting a foster child from babysitting. Agencies may or may not approve of a foster child babysitting. Due to the liability to the agency and foster parent, it is generally not allowed.

## 10. Savings

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. Driving a Car



Foster children who wish to drive must have the 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 parent should be the first resource to consider assuming responsibility and providing insurance coverage for the child. In circumstances of 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. 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. Please refer to the brochure "Motor Vehicle Operation by Youth in Foster Care" for more detailed information. (See Appendix.)

## 12. Smoking

No person may smoke, in the foster home, in circumstances which present a hazard to the health of a foster child. 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 18 to purchase, possess, or use tobacco products.

## 13. Hair Care

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

## 14. Piercing and Tattooing

Foster parents should not allow a foster child's ears (or other body parts) to be pierced, or any part of the body tattooed, without checking first with the agency.

## 15. 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.

# 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. The pre-service training will explain these competencies in detail. As a foster parent, you are a member of a professional team with the child, social worker, 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 social worker 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 a permanent situation for the child. Because of differences in roles, responsibilities and perspectives, teamwork is always a challenge, but teamwork is too important for any of us to stop striving in that direction. This chapter gives information on:

1. Helping Plan for Permanency
2. Relationship with the Child's Parents
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 Social Worker
5. Participating in Foster Care Child and Family Teams
   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
    b. Chafee Educational and Training Voucher Program
    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 social worker/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 social worker, 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 & 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.

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

## 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 social worker will consider factors such as:

1. Location (may include the foster home).
2. Length of the visit.
3. Responsibility for transportation to visits.

Foster parents need to confer with the social worker to change visiting plans. Visits need to be scheduled. However, if the parent, foster parent, and social worker 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.
- Don't 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.
- If something unusual happens during a parent-child visit, or if the child always returns upset or unhappy, report this to the social worker. Always report any physical abuse.
- 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.
- 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. It could also force them to take sides.
- It is important to be honest in acknowledging 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 can do a great deal to help make visits in the foster home go well. Some suggestions are:

- Try to make the child's parent feel welcome by being as natural as possible. Try not to be too intimate or too reserved. It may be helpful to offer a cup of coffee or a snack.

- 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.
- 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 social workers. This should prevent problems.

However, at times, specific problems may arise. Contact the social worker as soon as possible. This may include any incidents, observations, feelings about something that occurred, or the child's reactions. Because every situation is different, the social worker 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 social worker as soon as possible. It is the social worker's responsibility, not the foster parent's, to deal with the parent.
- Parent continually arrives late for visits. Contact the social worker 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 foster care Child and Family Team meeting. Follow that plan. Report this to the social worker 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 social worker.
- 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 social worker.
- 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 Social Worker.

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

Although there is no state regulation involving contact between the foster parent and social worker, best practice would encourage regular face-to-face contact. Whenever possible, the team meetings

should be prearranged and held at a mutually convenient time. In situations involving sudden problems, emergencies, or crises, contact the social worker. Depending on the situation, a foster care Children and Family Team meeting may take place to assess the situation and arrange for appropriate services.

The social worker's initial visit is particularly important. It is an opportunity to meet the social worker and obtain information on the facts of the case, the visitation plan, and the child and family plan. Chapter 2, When a Child Comes Into Foster Care, has more information on the first visit by the social worker.

During your regular meetings with the social worker, you may be asked about – or may bring up – the following topics:

1. The child's adjustment to foster care.
2. The child's behavior in the foster home, school, and community.
3. The child's health.
4. Need for additional services.
5. Discipline issues.
6. Assessment of parent/child visits.
7. Review of service plan goals, tasks for child and foster parent, and assessment of progress.

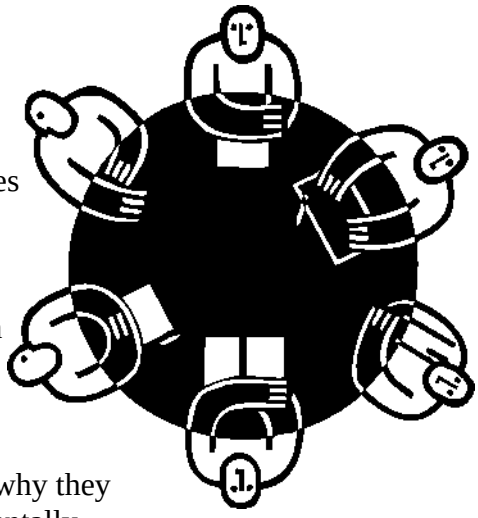
When communicating about a foster child, social workers and foster parents can help one another. Since you have the day-to-day relationship with the child, you know the child's personality and behavior. You can observe the child before and after parent visits, and you can see progress, or lack of progress, 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 social worker informed about the child's situation and achievements as well as problems. Take the initiative to call the social worker regularly even when things are going well.

A social worker supervising the placement of a child in family foster care must have regular contacts with the foster child. It is required that the social 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 contacts are also recommended.

## 5. Participating in Foster Care Child and Family Teams

Child and Family Teams are meetings scheduled at regular intervals to assess and review the plan, previous decisions, and outcomes. Participants discuss the continuing need for foster care, assess the appropriateness of the permanency goals, and discuss services needed over the next three-month



period to achieve the permanency goal.

The foster care Child and Family Team, 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, and the parents unless it is documented why they should not be present. When a review involves a child who is mentally retarded or

developmentally disabled or there is a reason to believe such, the Regional DD 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 social worker monitors the impact of services and the extent to which the family members have achieved their goals within the time frames.

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:

- Relative care
- Guardianship
- Continued foster care (with compelling reason)
- Independent Living
- Termination of parental rights and adoption

Often times there is a concurrent plan identified through the foster care 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.

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

1. Whether the child's foster care placement is appropriate and necessary.
2. 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.

3. The parents' progress (with the agency's help) in correcting the conditions that led to the child's placement.
4. The visitation plan.
5. The child's safety and assessment on progress in eliminating risk.
6. Actions taken to meet the family's need.
7. The likely date for discharging the child from foster care.
8. 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 foster care Child and Family Team meetings. It is important that you distinguish between facts and opinions.

### b. Placement Options:

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

- Relative Care
- Kinship Care
- Family Foster Care
- Shelter Care
- Group Home
- Therapeutic Care (PATH)
- Residential Treatment

## 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 social worker should inform you ahead of time that a hearing will be taking place and what kind of hearing it will be. 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 social worker 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 which 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 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, thus the recommendation the foster parent have input into the planning process. 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, foster parents may not always be invited to or allowed 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 social worker prior to the hearing.

Even when you cannot be present at the hearing, you may want 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, Concerns for Foster Parents, for information on how to file a grievance.)

## 7. 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 social worker 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 social worker 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 find themselves alone, without the supports provided by the foster care system. 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.**

Youth do not "attend" Independent Living, nor do they "complete" it. Independent Living is not a set number of 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.

It is a requirement that all youth in foster care, age 16 and older, have their Independent Living needs and strengths assessed and addressed through the Child and Family Team/Single Plan of Care process. In addition, those foster youth age 16 and older, **and who have been identified as "likely to age out of foster care"**, are required to be referred to the Regional Independent Living Coordinator for a formalized Independent Living Assessment, and involvement in the Regional IL Program.

The North Dakota Department of Human Services, Children and Family Services Division supervises the Chafee Programs throughout the state, with Independent Living Coordinators located within each of the eight regions. Priority for involvement in the Chafee IL Programs 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 Regional IL Coordinator will complete an initial assessment of the youth. The 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 plan of care (i.e. Single Plan of Care). 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 IL Coordinator and Custodian regarding the youth's needs, strengths, and goals pertaining to Independent Living.
- Participate in Child and Family Team Meetings
- Implement agreed upon tasks as identified in the youth's Single Plan of Care/Independent Living 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 Program, as well as assist the youth with achieving their goals.

### b. Chafee Educational and Training Voucher Program (ETV)

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

- Youth that were discharged from foster care on their 18th birthday, or continue to be in foster care past their 18th birthday, provided they were in foster care for at least one year, and have not reached their 21st birthday at the time of application
- Youth who were adopted 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.

Vouchers 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.

Regional Chafee Independent Living Coordinators will assist with the application process and provide on-going 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 social worker.

**Tips for Foster Parents**

- Share positive information about the child, such as report card grades or a child's achievements in sports, school activities, or church. This kind of information sharing keeps the communication positive between you and the social worker. This type of information should also be shared with the child's parents at team meetings.

- Consider the social worker as a resource. Don't hold back from asking questions about services, community resources, foster parent groups, training activities, and other ways in which the social worker can be helpful to you. Don't be afraid that the social worker will think you can't cope on your own; rather, think of yourself as taking responsibility for the situation by taking advantage of opportunities.

- If the social worker calls you to discuss a problem, try to stay calm and listen. The more defensive you are, the less likely you will be able to hear what is being said and to respond effectively. Be aware that it may not be easy for the social worker to make this kind of call. Trust that the worker has good intentions.

- If you call the social worker first, frame your concern in terms of, "This is a problem that we need to address together." Realize that by alerting the worker to a certain problem you are taking responsibility for the situation.

- When bad news needs to be communicated to a child, talk to the social worker about who should deliver it. Sometimes it is better if both of you talk to the child at the same time.

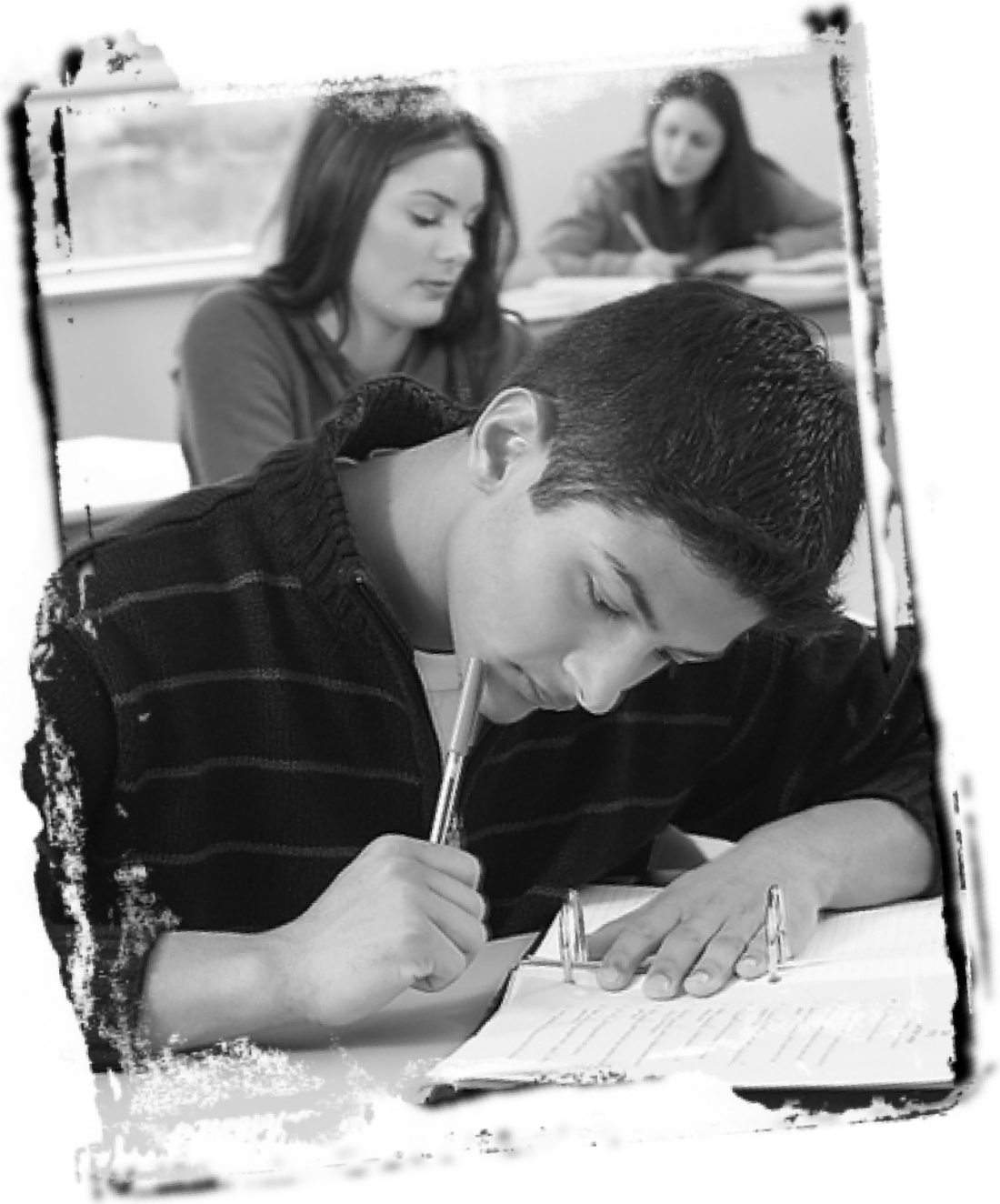
- It's okay to take a break between foster care placements based on your needs!

**Tips for Foster Parents**

These tips came from teens in foster care who wanted to share their experiences and what they've learned from being placed in foster care.

- If you treat teenagers with respect, and give them an opportunity to speak, you can get to know them.
- Respond to youth where they are (e.g., music, other interests).
- Look directly at the young person. Focus on what he or she is saying, and listen.
- Pay attention to the individual, not just the case record or history.
- Let youth have an active role in their service plan.

# 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 social worker.

1. Standard and Specialized Payments
   a. Standard Rates
   b. Excessive Maintenance Payments

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

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. 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 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.

### b. Excessive Maintenance Payments:

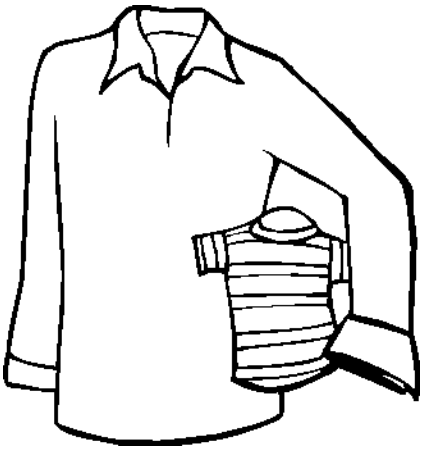
A family foster care rate may be negotiated in excess of the standard rate in circumstances when the child has special needs or difficulty of care which significantly affects his/her adjustment or cost of care. All excess maintenance payments must be discussed at the Foster Care Child & Family Team meetings and approved by the regional supervisor. Excess maintenance payments exceeding an established amount must also be approved by the Foster Care Administrator, Children & Family Services, North Dakota Department of Human Services.

Approved excessive maintenance payments are based upon the special needs of the child and are reviewed regularly.

Foster care payments are mailed out on the last working day of the month. In certain circumstances, reimbursement is also available through a weekly supplemental checkwrite.

Any foster parent or potential foster parent is entitled to obtain information on current standard payments at any time by contacting your county social service office.

## 2. Irregular Payments:



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

### a. 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 the child's ongoing clothing needs.

A child entering foster care without an adequate wardrobe may have clothing supplied through an initial clothing allowance. The maximum rate for an initial clothing allowance depends upon the age of the child upon entry into foster care.

The initial clothing allowance must be requested 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. Receipts are necessary to receive reimbursement.

In order for a child to receive the initial clothing allowance again, the child must have been out of foster care for a 12-month period.

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 moves or is returned home. 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.

b. Transportation Costs:

Ordinary or occasional transportation is generally the responsibility of the foster parent and included in the basic foster care maintenance payment. Examples of costs included in the basic maintenance rate are costs of local transportation such as sporting events and extracurricular activities.

Other items (such as a foster child's visit home) may be reimbursed in addition to the basic foster care rate. The foster child's visits home or travel to another location to visit their parents, siblings, relatives or other caretakers are allowable as separate items of maintenance expense. 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 prior approval before incurring and claiming reimbursement for any transportation expense.** Questions regarding transportation costs should be referred to your social worker and discussed during the Foster Care Child & Family Team meetings.

Foster care cannot reimburse foster parents for transportation expenses which are medical in nature. See Chapter Four (4) for questions regarding cost of transportation for medical services.

c. Personal Incidentals:

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 social worker 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 are 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. Items purchased belong to the child and must accompany the child home or to a new foster home situation. All expenditures require receipts.

The county social service board must approve all irregular payments through the Foster Care Child & Family Team process prior to claiming reimbursement.

d. Child Care:

Child care that provides daily supervision during a foster parent's working hours when the foster child is not in school is an allowable expenditure for foster care maintenance. Also allowable are child care costs which facilitate the foster parent's attendance at activities which are beyond the scope of "ordinary parental duties." Examples of allowable child care costs are when the foster parent(s) is required to attend case conferences, team meetings, and court hearings without the foster child.

Child care must be provided by a provider that has some formal status under early childhood regulations; i.e. licensed, certified, registered, or approved. Informal, episodic child care is presumably included in the basic foster care maintenance rate.

The reimbursement ceiling for child care expenses is based on community standards. Child care expenses must be discussed and approved through Foster Care Child and Family Team meeting prior to claiming any reimbursement. The billing must contain the actual hours child care is provided during each day, hourly (monthly) rate, and total amount due. Child care billings must be signed by both the foster care provider and the child care provider.

## 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. This identification card should always accompany the child while in foster care.

The foster parent and social worker should discuss the health of the child prior to or at the time of placement. The social worker is responsible for initiating this discussion, as it is imperative that the

foster parents have full knowledge of the needs of the child.

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. **THE FOSTER PARENTS SHOULD NOT PAY FOR MEDICAL EXPENSES - THEY 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 social worker, county director, or juvenile court official immediately. During non-working hours, know how to reach your social worker 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 social worker or 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 social worker and verify who may sign for medical consent. **This is very important.**

If the child needs medical care in a specialized medical facility out-of-state, all arrangements must be made through the social worker and/or 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 a 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. A foster home may be reported for child abuse and neglect of the children in care, and/or a home may be closed as a foster home. Sometimes foster parents decide not to stay in the foster care program. This chapter provides important information even though some of these situations are rare. Topics covered 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 Stay in the Program

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 Report

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 social worker 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… and many foster parents feel this way… and you need to express your emotions, do it in private. Separation is difficult enough for a child without also burdening him with your emotions.

**Who tells the child he is leaving?** You and the social worker need to decide who will tell the child. In some cases, the social worker and the child have a close friendship, which will enable the social worker to do it best. In others, the foster mother or father will be the best candidate. If you are doing it, share how you are dealing with it to the social worker. 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 rules of thumb. Every situation is different. There is no cut and dried rule. 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 social worker 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 social worker. 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.

**Won't 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 social worker.

**I'm worried about how our family will take the child's move.** Ask your social worker about this. The social worker can share how other foster parents have handled this issue. Talking helps everybody concerned, and your family has certainly been involved and concerned… after all they lived with the foster child too! 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". To send a child off with a paper bag of ill-fitting clothes is stripping her of dignity and worth. 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.

If the child has been with you any length of time, you should have begun compiling a Life Book. Send the Life Book with the child and any other photos or mementos that you have. Do send 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. An older child may resent being packed off with a cardboard box, paper bag, or plastic bag. If so, ask the social worker if something can be arranged for a suitcase.

**What about sending a baby?** A very small infant has become used to the smells of your linens. Send a blanket or two, a crib sheet, a comfortable pair of pajamas or outfits he's used to wearing. An older baby may favor certain toys. It is most important to send 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! Then tell yourself you did the best you could. You cared for a child when she needed a parent. She has a brighter future because of you. And now that you've had a child leave… you're a full-fledged foster parent!

## 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 social worker 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.

- Foster home closing.
- Health and safety issues which may include abuse and/or neglect allegations.

If a foster parent requests the removal of a child, the social worker 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.

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 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.
- When the foster parents who have no children currently placed in their home move out of state.
- When the foster parent/caretaker dies.
- By the agency, for health and safety reasons.
- When the foster parents have not met required training hours.
- If the foster parent(s) have not complied with state l a w , administrative rules or policies governing the foster care program.

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 Stay in the Program

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 social worker. It is better to have your foster home on hold rather than close it and have 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 social worker (or the supervisor if you are having problems with your social worker). It is likely that the situation can be resolved without leaving the program. 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.

## 5. Abuse and Neglect of a Child in Foster Care

If you suspect that a child in your care is being neglected or abused by anyone, let the social worker know immediately. Abuse can be physical, psychological or sexual. Share those facts that made you suspicious so that a decision can be made about whether a report should be made to the appropriate authorities.

Certain people and officials are required to make a report (or cause a report to be made) whenever they have reasonable cause to suspect that a child is being or has been abused or neglected. Known as "mandated reporters," they include social workers, child care workers, mental health professionals, physicians, nurses, teachers and others.

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

### a. Definitions of Child Abuse and Neglect

Child abuse and neglect are defined in NDCC 50-25.1.

**Abused child.** A child under 18 years old upon whom the person legally responsible for his or her care:

- inflicts or allows to be inflicted serious physical injury or death.
- creates or allows to be created a risk of serious physical injury or death.
- commits or allows to be committed a sex offense.

**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 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 and/or law enforcement, unless it's been determined the report is a licensing issue. Licensing concerns will be addressed by the agency.

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 an 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 social worker to inform them about what will happen next and when. 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.

## 6. 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 other person having information concerning the decision which is the subject of the grievance
- child, where 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 foster care supervisor. The regional foster care supervisor shall conduct the formal hearing and prepare a written decision. This decision constitutes the final determination of the grievance.

(Contact the county social service board for information on timelines and details involved in the grievance process.)

(See Appendix for the Foster Parent Grievance Procedure.)

# 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

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, you are likely to be the first family considered. If you are able to do it, the child gets a permanent home without suffering another separation.

Sometimes foster parents want to adopt their 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. It may also be adoption when both parents have died, or one has died and it is not necessary for the other parent to consent 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 by the foster parents:

1. Deciding to Adopt a Foster Child
2. Starting the Adoption Process
3. Adoption Subsidy
4. Finalizing the Adoption

## 1. Deciding to Adopt a Foster Child

Some foster parents are certain that they want to adopt the child in their care. Others are not so sure. Such an important decision should be made on a rational basis, not on emotions alone. Even if you feel clear about your decision, answering the following questions may help you find out whether you are ready or not:

- Can I accept the child unconditionally? Can I accept the child's past?
- Can we make a lifetime commitment?
- Have I realistically evaluated the child's needs and problems?
- Do we have the abilities, resources and energy to meet those needs and face those problems?
- Are other members of the household positive about the idea of adopting?
- What effect will adoption have on our family?
- 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?
- What (if any) will be the child's connection to the birth family? Are we willing to maintain connections between the child and his birth parents, siblings or other relatives?

**Tip:** Before a child becomes legally freed for adoption, talk to the social worker if you are interested in adopting. As the foster parent, you are entitled to participate in the Foster Care Child and Family Team meetings where the child's permanency goals are addressed. It may also be helpful to talk to other foster parents who have adopted children in their care.

If you choose not to adopt, the agency will begin looking for an appropriate adoptive family for the child. By this point, your decision not to adopt should be a firm, well thought out decision that considers the needs of both your family and the child. During this time, you can help prepare the child for the change; such preparation generally improves the chances that the adoption will be successful. 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.

## 2. Starting the Adoption Process

If you decide you would like to be considered a permanent resource for a foster child in your home, talk to your social worker as soon as possible. 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 under contract with the NDDHS to provide adoption services to the child and to your family.

### a. Foster Parent Preference in Adopting

Foster parents and other individuals having a relationship with a child are natural resources for a child who needs a permanent home through adoption. Birth relatives are also given preference for a permanent placement of a child if safety considerations are met. 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. This 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 your social worker and discuss this or discuss this at a Foster Care 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.

### c. Adoption Assessment (Home Study)

You and your home will need to be approved by the 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 criminal background check process. 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 begin to form attachments to your 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 you in making application for adoption subsidy support. They will also seek approval for adoptive placement from the custodial agency.

### e. Information You Should Receive

An adoption social worker will be assigned to handle the adoption process. Make sure that you have the available medical history of your foster child and your foster child's birth parents before you adopt (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; immunization; 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, you will be given the opportunity 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, 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 – even though in the case of a foster parent adoption, 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 "candle lighting 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.

## 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 foster parents income is not considered in determining whether the foster 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 foster 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 you reside. Your adoption social worker will refer you to the county office for this purpose if the child you are adopting 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 no more than the rate the child receives in foster care payments. 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. Foster families who adopt and 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 you are adopting a child who has special needs, you are also eligible for reimbursement of nonrecurring adoption expenses up to $2000 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. Be sure that you keep all receipts for adoption related expenses and submit to your 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 you are adopting a North Dakota child and live outside of our 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 services 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.

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 your 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 your adoption social worker has completed all other adoption related processes, 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, your family and the course of the placement in your home. You will be asked to complete 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. Your attorney will give 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

You will be instructed by your adoption social worker to contact an attorney of your choice when you are moving toward the finalization of the adoption of your foster child. It is a good idea to hire a lawyer who is familiar with the adoption process. Your 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. Going to Court

Your attorney will notify you of the day that you and your child will appear in court to finalize your adoption. To help your finalization go smoothly, you should arrive at court early. It is also helpful to know ahead of time what room you should go to and the name of the judge you will be seeing. Your attorney will give you this information.

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 generally attend the hearing with you and you may be able to invite close relatives or others. Check with your attorney regarding the protocol of your 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. The hearing itself may only take a few minutes. Afterward, the Judge will sign an 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. Last 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. He will also send you 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 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.

# APPENDIX

## 1. PRESERVICE 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 the agency's 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-15 Can apply an understanding of attachment to the adoption process

IV-16 Knows the unique aspects of the adoptive parent role which differentiates adoptive families from birth families and foster families

IV-17 Knows the process involved in conducting an adoption search

IV-18 Knows the family's role and tasks in the adoption process and the impact this process has on one's family

IV- 19 Understands the implications for their own family in making a lifetime commitment to a child

IV-20 Understands the need to anticipate challenges as an adoptive family and can use strategies for managing these challenges

IV-21 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

## 2. PRIDE PRESERVICE 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 more timely 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.

### 3. 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 Is sues 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, Long-Term Foster Care, 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 Their 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

### 4. 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 preservice 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 preservice 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 preservice 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 preservice 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 supports 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 preservice 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 preservice competencies are addressed in Foster PRIDE/Adopt PRIDE. The competencies drive the content of the preservice 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 inservice 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. Preservice 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, inservice 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 preservice 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 decisionmaking. 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, Preservice 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 preservice 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 decisionmaking.

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 partipate in a mutual assessment process. Adoption competencies are now a part of FosterPRIDE/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

## Indian Child Welfare Act

In addition to state laws about child abuse cases, the Indian Child Welfare Act (ICWA), a series of federal laws, determines how a court must handle a case if a child involved in the court is an "Indian child." An "Indian child" is a child who is either a member of an Indian tribe or is eligible for membership in an Indian tribe. At the preliminary hearing the court (judge) should always ask if the child is of Indian heritage. If the answer is "yes," the Children's Protective Services worker who files the petition must follow certain initial requirements of the ICWA.

Indian tribes are independent, sovereign nations within the United States. ICWA was enacted to establish minimal federal standards for the removal of Indian children because of the unwarranted separation of Indian families, often due to failing to recognize the essential tribal relations of Indian people and the prevailing cultural and social standards of Indian communities and families. This 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.

A worker who files a petition for the removal or termination of parental rights to an Indian child must notify the appropriate tribe, if known, or federal agency and the parent or Indian custodian that a petition alleging abuse/neglect has been filed in state court. Furthermore, notices must be sent registered mail, return receipt requested, and received at least ten days prior to any court proceeding. Only American 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 eligible for membership to a federally recognized tribe and the tribes determine the criteria that must be met. Therefore, the notice requirements of ICWA must be followed for children who claim state historic tribal ancestry or Canadian Indian ancestry because they may be eligible for membership to a federally recognized tribe.

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, 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.

A fourth, 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. [1]

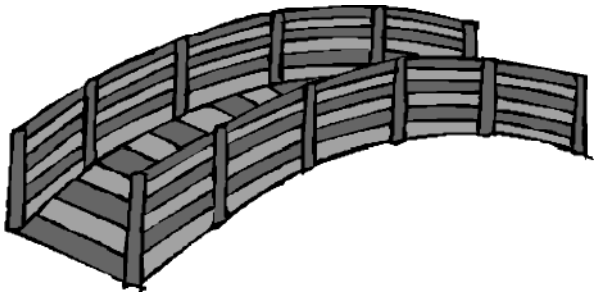
[1] Michigan's *"Foster Parent Manual for Caring Families", 2003.* Reprinted with the permission of the Family Independence Agency, Lansing, Michigan.

## ACRONYMS

| | |
|---|---|
| AASK: | Adults Adopting Special Kids |
| ASFA: | Adoption & Safe Families Act |
| CA/N: | Child Abuse & Neglect |
| CCWIPS: | Comprehensive Child Welfare Information & Payment System |
| CFCIP: | Chafee Foster Care Independence Program |
| CFS: | Children & Family Services |
| CFSTC: | Children & Family Services Training Center |
| CPS: | Child Protective Services |
| CSSB: | County Social Service Board |
| CWLA: | Child Welfare League of America |
| DD: | Developmentally Disabled |
| DHS: | Department of Human Services |
| DJS: | Division of Juvenile Services |
| ETV: | Education & Training Voucher |
| GAL: | Guardian ad Litem |
| HSC: | Human Service Center |
| ICAMA: | Interstate Compact on Adoption & Medical Assistance |
| ICJ: | Interstate Compact on Juveniles |
| ICPC: | Interstate Compact on the Placement of Children |
| ICWA: | Indian Child Welfare Act |
| IL: | Independent Living |

| | |
|---|---|
| MEPA: | Multi-Ethnic Placement Act |
| NATI: | Native American Training Institute |
| NDAC: | North Dakota Administrative Code |
| NDCC: | North Dakota Century Code |
| PRIDE: | Parent Resource for Information, Development & Education |
| RCCF: | Residential Child Care Facility |
| RTC: | Residential Treatment Center |
| TPR: | Termination of Parental Rights |
| TSS: | Tribal Social Services |

# Bridging the Gap Between Resource Families and Birth Families



## Bridging the Gap - A Continuum of Contact

The type of contact that is arranged between resource families and birth families is planned in conjunction with the agency and other members of the child welfare team. The team would consider the type of contact that is in the best interest of the child, as well as ensuring safety for all family members. The continuum 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 info from birth family
- Share Life Book 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 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.*

# CHAPTER 50-11
# FOSTER CARE HOMES FOR CHILDREN AND ADULTS

**50-11-00.1.** Definitions. As used in this chapter:

1. "Authorized agent" means the county social service board, unless another entity is designated by the department.

2. "Department" means the department of human services.

3. "Facility" means a family foster home for adults, family foster home for children, group home, or residential child care facility for children.

4. "Family foster home for adults" means an occupied private residence in which foster care for adults is regularly provided by the owner or lessee thereof, to four or fewer adults who are not related by blood or marriage to the owner or lessee, for hire or compensation.

5. "Family foster home for children" means an occupied private residence in which foster care for children is regularly provided by the owner or lessee thereof to no more than four children, unless all the children in foster care are related to each other by blood or marriage, in which case such limitation does not apply.

6. "Foster care for adults" means the provision of food, shelter, security and safety, guidance, and comfort on a twenty-four-hour per day basis, in the home of a caregiver, to a person age eighteen or older, who is unable, neglects, or refuses to provide for the person's own care.

7. "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.

8. "Group home" means a residence in which foster care is regularly provided for more than four, but less than ten, unrelated children.

9. "Residential child care facility" means a facility other than an occupied private residence providing foster care to more than eight unrelated children, except as may be otherwise provided by rule or regulation.

**50-11-01. Foster care for children - License required.** No person may furnish foster care for children for more than thirty days during a calendar year without first procuring a license to do so from the department. The mandatory provisions of this section requiring licensure do not apply when the care is provided in:

1. The home of a person related to the child by blood or marriage.

2. A home or institution under the management and control of the state or a political subdivision.

3. A home or facility furnishing room and board primarily to accommodate the child's educational or career and technical education needs.

**50-11-01.1. Family day care home for children defined.** Repealed by S.L. 1975, ch. 444, § 17.

**50-11-01.2. Day care center for children defined.** Repealed by S.L. 1975, ch. 444, § 17.

**50-11-01.3. Use of public funds.** Repealed by S.L. 1993, ch. 472, § 25.

**50-11-01.4. Foster care for adults - License required.** A person may not furnish foster care for adults for more than one adult, or for more than two adults who are related to each other, without first procuring a license to do so from the department.

**50-11-01.5. Fire prevention training.** Before initial licensure and each renewal under this chapter, each foster parent shall complete a course of instruction related to fire prevention and safety. The state fire marshal shall design the course in cooperation with the department of human services. The course must be available on videotape or any equivalent medium as designed by the department. The department of human services shall offer the course throughout the state.

**50-11-01.6. Self-declaration form.** The department of human services shall prescribe self-declaration forms to be completed and signed by each foster parent before initial licensure and each renewal under this chapter. The self-declaration forms must include references to smoke detectors, fire extinguishers, fire escape plans, and inspections of appliances, electrical systems, and heating systems.

**50-11-02. License granted - Term - Conditions.**

1. The department shall grant a license for the operation of a facility receiving persons for foster care, for a period of not more than two years, to reputable and responsible persons upon showing that:

    a. The premises to be used are in fit sanitary condition and properly equipped to provide good care for all persons who may be received;

    b. The persons in active charge of the facility are properly qualified to carry on efficiently the duties required of them;

    c. The facility is likely to be conducted for the public good in accordance with sound social policy and with due regard to the health, morality, and well-being of all persons cared for in the facility; and

    d. The facility will be maintained according to the standards prescribed for its conduct by the rules of the department.

2. Before licensing or approving a facility providing foster care for children or adults, the department shall seek a criminal history record when required by this chapter. The department shall consider any criminal history record information available at the time a licensing or approval decision is made.

3. The department shall determine, in accordance with rules of the department, whether a license may be issued to a facility that houses or employs any individual who has a criminal record.

**50-11-02.1. Conviction not bar to licensure - Exceptions.** Conviction of an offense does not disqualify a person from licensure under this chapter unless the department determines that the offense has a direct bearing upon that person's ability to serve the public as the operator of a facility or that, following conviction of any offense, the person is not sufficiently rehabilitated under section 12.1-33-02.1.

**50-11-02.2. Provisional license.** At the discretion of the department, a provisional license may be issued to an applicant who, or whose facility, fails to conform in all respects to this chapter and the rules of the department. The department may set conditions under which a provisional license may be issued, and may issue such a license for any period of time, not to exceed two years, as the department may deem reasonable or appropriate to the circumstances of the case. The department may not be compelled to issue a provisional license.

**50-11-02.3. (Effective through July 31, 2007) Moratorium on expansion of residential child care facility or group home bed capacity.** Notwithstanding sections 50-11-02 and 50-11-09, unless a needs assessment conducted by the department indicates a need for the licensing of additional bed capacity, the department may not issue a license under this chapter for any additional bed capacity for a residential child care facility or a group home above the state's gross number of beds licensed as of June 30, 2003.

**50-11-02.4. Criminal history record investigation - Fingerprinting not required.**

1. a. Except as provided in section 50-11-06.9, each facility providing foster care for children shall secure from any individual employed by the facility and any adult living in the facility, but not being provided care in the facility, identifying information other than fingerprints, that is appropriate to accomplish a statewide criminal history record investigation.

   b. Except as provided in section 50-11-06.9, the department shall secure from any individual employed by, or providing care in, an adult family foster care facility and any adult living in the facility, but not being provided care in the facility, identifying information other than fingerprints, that is appropriate to accomplish a statewide criminal history record investigation.

2. Fingerprints need not be taken and a nationwide background check need not be made if an individual:

   a. Has resided continuously in this state for eleven years or since reaching age eighteen, whichever is less;

   b. Is on active United States military duty or has resided continuously in this state since receiving an honorable discharge; or

   c. Is excused from providing fingerprints under rules adopted by the department.

3. The department shall verify that sufficient identifying information has been provided. Upon verification, the department shall submit that information to the bureau of criminal investigation.

4. The bureau of criminal investigation shall provide any criminal history record information that may lawfully be made available under chapter 12-60 to the department. The department shall provide a copy of any response received from the bureau of criminal investigation to the facility.

5. The department shall pay the cost of securing any criminal history record information made available under chapter 12-60.

6. The department shall consult with the bureau of criminal investigation to determine the identifying information, other than fingerprints, appropriate to accomplish a statewide criminal history record investigation.

7. The department may adopt emergency rules under this section without the finding otherwise required under section 28-32-02.

**50-11-03. Department to make rules - Records kept by facility.** A record of all children and adults cared for in any facility licensed under this chapter must be maintained at the facility in the manner and form prescribed by the department. The department shall establish reasonable minimum standards, and shall make such reasonable rules for the conduct of such place as are necessary to carry out the purposes of this chapter.

**50-11-03.1. Reduction of number of children in foster care - Goals.** On or before October 1, 1982, and annually thereafter, the department of human services shall attempt to reduce the number of children receiving assistance under title IV-E of the Social Security Act, who have been in foster care for more than twenty-four months, by the following amounts:

1. For the year beginning October 1, 1982, one percent of the number of children, in foster care for more than twenty-four months, and receiving benefits under title IV-A of the Social Security Act from July 1, 1979, through June 30, 1980;
2. For the years beginning October 1, 1983, and ending September 30, 1990, one percent of the maximum number permitted in the previous year; and
3. For all subsequent years, one-half percent of the maximum number permitted in the previous year.

**50-11-03.2. Use of public funds.** Public funds for the purchase of foster care for children or adults may be used only in facilities licensed or approved by the department. No person acting on behalf of any state, county, or local governmental entity may arrange for or promote care provided in a facility that does not have a license issued by the department. This section does not apply to any home or institution under the management and control of the state.

**50-11-04. Inspection by the department - Inspection and report by the department or its authorized agent.** The department and its authorized agents at any time may inspect any facility licensed under the provisions of this chapter or with respect to which a license application has been made. The department and its authorized agents shall have full and free access to every part of the facility. The department may require, on a case-by-case basis, prior to or after licensure, that a facility undergo a fire inspection, inspection of the heating system or the electrical system, or any other type of inspection that the department deems necessary to carry out the purposes of this chapter. All records of the facility must be open for the inspection of the department or its authorized agents and they may see and interview all children and adults cared for therein. Upon the request of the department, the department or its authorized agent shall inspect any facility for which a license is applied or issued, and shall report the results of the inspection to the department.

**50-11-04.1. Notice.** After each inspection or reinspection, the department shall mail or deliver any correction order or notice of noncompliance to the facility.

**50-11-04.2. Correction order - Contents.** Whenever the department determines that the facility is not in compliance with this chapter, or the rules adopted thereunder, a notice of license denial or revocation or a correction order must be issued to the facility. A correction order must cite the statute or rule violated, state the factual basis of the violation, specify the time allowed for correction, and specify the amount of any fiscal sanction to be assessed if the correction order is not complied with in a timely fashion. A correction order may also state a suggested method of correction or require the submission of a corrective action plan by the facility. If a correction order requires the submission of a corrective action plan, it must also specify a date by which the corrective action plan must be submitted. The department shall, by rule, establish a schedule of allowable times for correction of deficiencies.

**50-11-04.3. Reinspections.** A facility issued a correction order under section 50-11-04.2 must be inspected at the end of the period allowed for correction. If, upon inspection, it is determined that the facility has not corrected a violation identified in the correction order, a notice of noncompliance with the correction order must be mailed or sent to the facility. The notice must specify the uncorrected violations and the penalties assessed in accordance with section 50-11-04.5.

**50-11-04.4. Fiscal sanctions.** A facility, if issued a notice of noncompliance with a correction order, must be assessed fiscal sanctions in accordance with a schedule of fiscal sanctions established by rule. The fiscal sanction must be assessed for each day the facility remains out of compliance after the allowable time for the correction of deficiencies ends and must continue until a notice of correction is received by the department in accordance with section 50-11-04.6. No fiscal sanction for a specific violation may exceed twenty-five dollars per day of noncompliance.

**50-11-04.5. Accumulation of fiscal sanctions.** A facility must promptly provide written notice to the department when a violation noted in a notice of noncompliance is corrected. Upon receipt of written notice by the department, the daily fiscal sanction assessed for the deficiency must stop accruing. The facility must be promptly reinspected. If, upon reinspection, it is determined that the deficiency has not been corrected, the daily assessment of fiscal sanctions must resume and the amount of fiscal sanctions that otherwise would have accrued during the period prior to resumption must be added to the total assessment due from the facility. The department must mail or deliver a notice of resumption to the facility. Recovery of the resumed fiscal sanction must be stayed if the licensee makes a written request for an administrative hearing in the manner provided for in chapter 28-32, provided that the written request for the hearing is made to the department within ten days after mailing or delivery of the notice of resumption.

**50-11-04.6. Recovery of fiscal sanctions - Hearing.** Fiscal sanctions assessed pursuant to this chapter are payable fifteen days after receipt of the notice of noncompliance and at fifteen-day intervals thereafter, as the fiscal sanctions accrue. Recovery of an assessed fiscal sanction must be stayed if the operator makes written request to the department for an administrative hearing within ten days after mailing or delivery of the notice.

**50-11-04.7. Disposition of fiscal sanctions.** Any fiscal sanction collected for any violation of this chapter or of rules adopted pursuant to this chapter must be paid into the state treasury for the general fund after the costs of recovering the fiscal sanction are deducted therefrom.

**50-11-05. Contents of records not disclosed - Exception.** The records of facilities licensed under this chapter, pertaining to the children or adults receiving care, are confidential and may be made available:

1. In a judicial proceeding;

2. To officers of the law or other legally constituted boards or agencies; or

3. To persons who have a definite interest in the well-being of the adults or children concerned, who are in a position to serve their interests, and who need to know the contents of the records in order to assure their well-being and interests.

**50-11-06. Facility not to hold itself out as having authority to dispose of child by adoption unless licensed.** No facility licensed under this chapter may be held out as having authority to dispose of any child, advertise children for adoption, or be held out directly or indirectly, as being able to dispose of children, without first being licensed so to do under chapter 50-12.

**50-11-06.1. Foster family care home for adults defined.** Repealed by S.L. 1993, ch. 472, § 25.

**50-11-06.2. Department to establish standards - Licensing - Inspection - Prosecute violations.** Repealed by S.L. 1993, ch. 472, § 25.

**50-11-06.3. License required - Term - Revocation.** Repealed by S.L. 1993, ch. 472, § 25.

**50-11-06.4. Contents of license.** Repealed by S.L. 1993, ch. 472, § 25.

**50-11-06.5. Records kept by home.** Repealed by S.L. 1993, ch. 472, § 25.

**50-11-06.6. Department to furnish information when requested.**

1. Whenever requested by any person, organization, corporation, or limited liability company interested in establishing a foster care facility for children or adults, the department shall furnish information concerning the minimum requirements for a facility and concerning the need for a facility in any given community.

2. Any person, organization, corporation, or limited liability company is entitled, upon request, to be advised by the department or its authorized agent regarding the policy, procedure, and intentions of the department or its authorized agent toward placement of children in that person's, organization's, corporation's, or limited liability company's facility if:

    a. The person, organization, corporation, or limited liability company is licensed to provide foster care for children under this chapter and has not received a placement for twelve months or more; or

    b. The person, organization, corporation, or limited liability company is applying for its license to provide foster care for children under this chapter.

**50-11-06.7. License approval or denial - Time requirements.** Except as otherwise provided in this section, an application to the department for a license required by this chapter to provide foster care to adults or children must be approved or denied within sixty days of its receipt by the department. The department has an additional forty-five days to grant or deny a license required by this chapter if the department notifies the applicant that the additional time is necessary.

**50-11-06.8. Criminal history record investigation - Fingerprinting required.**

1. Except as provided in sections 50-11-02.4 and 50-11-06.9, each facility providing foster care for children shall secure, from a law enforcement agency or any other agency authorized to take fingerprints, two sets of fingerprints and shall provide all other information necessary to secure state criminal history record information and a nationwide background check under federal law from:

    a. Any individual employed by the facility; and

    b. Any adult living in the facility, but not being provided care in the facility.

2. The facility shall assure that information obtained under subsection 1 is provided to the department.

3. Upon receipt of all fingerprints and necessary information relating to a license request, the department shall submit the information and fingerprints to the bureau of criminal investigation. The department shall provide a copy of any response received from the bureau of criminal investigation to the facility.

4. The bureau of criminal investigation shall request a nationwide background check from the federal bureau of investigation and, upon receipt of a response, provide the response of the federal bureau of investigation to the department. The bureau shall also provide any criminal history record information that may lawfully be made available under chapter 12-60 to the department.

5. Upon request by the operators of a facility, a law enforcement agency shall take fingerprints of persons described in this section if the request is made for purposes of this section.

6. The department shall pay the cost of securing fingerprints, any criminal history record information made available under chapter 12-60, and a nationwide background check.

7. An agency that takes fingerprints as provided under this section may charge a reasonable fee to offset the costs of the fingerprinting.

8. Except as provided in sections 50-11-02.4 and 50-11-06.9, the department shall secure from a law enforcement agency or any other agency authorized to take fingerprints, two sets of fingerprints and all other information necessary to secure state criminal history record information and a nationwide background check under federal law from:

   a. Any individual employed by, or providing care in, an adult family foster care facility; and

   b. Any adult living in an adult family foster care facility, but not being provided care in the facility.

**50-11-06.9. Criminal history record investigation - When not required.** A criminal history record investigation may not be required, under section 50-11-06.8 or 50-11-02.4, of a family foster care home for children or of a family foster care home for adults licensed or approved on August 1, 1999, for so long as that home remains continuously licensed or approved.

**50-11-07. Denial or revocation of license.** The department may deny or revoke the license of any facility upon proper showing of any of the following:

1. Any of the conditions set forth in section 50-11-02 as prerequisites for the issuance of the license do not exist.

2. The application contains false or misleading material information or the applicant intentionally withheld material information.

3. The license was issued upon false, misleading, or intentionally withheld material information.

4. An operator, licensee, caregiver, employee, or an agent of the facility has violated a provision of this chapter or any of the rules of the department.

5. An operator, applicant, licensee, caregiver, employee, or agent of the facility has been convicted of an offense determined by the department to have a direct bearing upon the person's ability to serve the public or residents of the facility, or the department determines, following conviction of any other offense, the person is not sufficiently rehabilitated under section 12.1-33-02.1.

**50-11-08. Denial or revocation of license - Hearing - Appeals.** Before any application for a license under the provisions of this chapter is denied or before revocation of any such license takes place, written charges as to the specific reasons therefor, a copy of the statutes and department rules authorizing such action, and notice of the applicant's or licensee's right to a hearing on the matter before the department must be served upon the applicant or licensee. The applicant or licensee must also be notified in writing of his or her right to be represented at such hearing by counsel, to examine all files and documents in the custody of the department regarding the applicant or licensee, to present witnesses at the hearing on behalf of the applicant or licensee and to present documentary evidence, to present testimony and cross-examine adverse witnesses, and the right to an impartial hearing officer. The applicant or licensee has the right to a hearing before the department if the hearing is requested within twenty days after service of the written charges. The department shall hold the hearing within sixty days after the hearing request unless the applicant or licensee

agrees to a later date. At any such hearing, the evidence submitted by the department in support of its denial or revocation of the applicant's or licensee's license must be limited to supporting only those reasons which were given by the department in its original notice of denial or revocation to the applicant or licensee. An applicant or licensee may appeal under the provisions of chapter 28-32 any final decision of the department regarding the application for or issuance of a license required by this chapter.

**50-11-09. Appeal from decision of department denying or revoking license.** The applicant for a license to operate a facility or a person whose license for a facility has been revoked may appeal the denial or revocation to the district court. An appeal must be taken in the manner provided in chapter 28-32.

**50-11-09.1. District court injunctions.** The department may petition the district court for an injunction to stop or prevent a violation of this chapter or of administrative rules adopted under this chapter.

**50-11-10. Penalty.** Any person, whether owner, manager, operator, or representative of any owner, operator, or manager, who violates any of the provisions of this chapter, is guilty of a class B misdemeanor.

## CHAPTER 50-11.2
## FOSTER CARE PARENT GRIEVANCE

**50-11.2-01. Foster care parent grievance.** A foster parent who is duly licensed to care for a foster child may object to any decision made by the department of human services or county social service board which substantially affects the foster parent or the needs of the foster child. An objection may be made in the form of a grievance which must be filed in the county of the foster care parent's residence with the county social service board. The county social service board shall notify foster parents of the grievance procedure and provide them with grievance procedure forms.

**50-11.2-02. Grievance procedure.** The grievance procedure to be followed by the department of human services, county social service board, and foster parents is:

1. Any decision made by the department of human services or county social service board which substantially affects the licensed foster parent or the needs of a foster child must be sent in writing to the foster parents who have been given the responsibility of providing foster care for that child. Nothing herein may be construed to prohibit the department of human services or county social service board from immediately implementing a decision, where the best interests of the child require such immediate action, as long as notice is given to the foster parent as soon as possible.

2. A foster parent may object to any decision referred to in subsection 1. Upon the filing of a grievance by the foster care parents, the county social service board shall schedule an informal meeting to be held within ten days of the filing of the grievance. The needs and responsibilities of all interested parties must be discussed at this meeting in an attempt to maintain a continuing relationship which will serve the best interests of the foster child. A written resolution relating to the grievance should be agreed to and signed by both parties.

3. If no written resolution between the parties relating to the grievance is made at the informal meeting, the foster parents may request a formal hearing to be held at the regional foster care office. This meeting must be held within ten working days of the informal meeting unless both parties agree to an extension. The regional foster care director shall provide for a record of this hearing. The regional foster care director shall review all prior contact between the foster care parents and the department of human services or county social service board relating to the grievance. The regional foster care director shall then make a final determination relating to the grievance. The regional foster care director's findings and conclusions must be sent to the county social service board and the foster care parents.

4. All decisions of the regional foster care director relating to a grievance under this chapter are final.

5. The department of human services shall adopt rules to carry out the purpose and intent of this section and these rules must be given to the foster parent upon licensing.

6. Denial or revocation of a foster care license may be appealed as provided in chapter 28-32.

7. Nothing herein may be construed to require a grievance proceeding under this chapter, where the department of human services or county social service board is acting to implement a specific placement decision issued by a court with competent jurisdiction.

# CHAPTER 75-03-12
# FOSTER PARENT GRIEVANCE PROCEDURE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| 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 |
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**75-03-12-01. Definitions.**

1. "Department" means the North Dakota department of human services.

2. "Regional foster care director" means the regional supervisor of county social services located in the regional human service centers.

**History:** Effective April 1, 1984.
**General Authority:** NDCC 50-11.2-02(5)
**Law Implemented:** NDCC 50-11.2

**75-03-1 2-02. Who may file grievance.** Only the foster parents who are providing, or who most recently provided, care to a foster child may file a grievance. No grievance may 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.

**History:** Effective April 1, 1984.
**General Authority:** NDCC 50-11.2-02(5)
**Law Implemented:** NDCC 50-11.2

**75-03-1 2-03. Grievance to be in writing - Contents - Time for filing.** The grievance must be in writing. It must contain a succinct statement of the grievant's reasons for objections to a decision and the grievant's proposed substitute decision. A grievance must be filed within ten days of the grievant's receipt of the written decision of the department or county social service board.

**History:** Effective April 1, 1984.
**General Authority:** NDCC 50-11.2-02(5)
**Law Implemented:** NDCC 50-11.2

**75-03-1 2-04. Informal meeting.**

1. The agency which has made the grieved decision shall schedule an informal meeting with the foster parents. This meeting shall be held within ten days of receipt of the written grievance. When the decision which is the subject of the grievance is a decision made by a county social service board staff member, a member of the county social service board shall preside at the informal meeting.

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

    a. Foster parents.

    b. County social service board members and staff.

    c. County directors.

    d. State youth authority staff.

    e. Juvenile court staff.

    f. State's attorneys.

    g. Natural parents of the foster child.

    h. Foster child.

    i. Staff of the agency having care, custody, and control of the foster child.

    j. Any other person having information concerning the decision which is the subject of the grievance.

3. Within two working days after conclusion of the informal meeting, the agency which has made the grieved decision shall prepare a written summary of the meeting and any resolution of the grievance. The summary must be submitted to the grievants for approval and signing. If the grievants do not approve of the summary or any stated resolution, they shall, within two working days of receipt of the agency summary, prepare a written grievants' summary of the meeting and any resolution. If the parties cannot agree to the contents of a summary, the proposed summary of each must be made a part of the record of any formal hearing.

**History:** Effective April 1, 1984.
**General Authority:** NDCC 50-11.2-02(5)
**Law Implemented:** NDCC 50-11.2

**75-03-1 2-05. Request for formal hearing.** If the grievants and the department or the county social service board do not resolve the grievance at the informal meeting, the grievants may submit a written request for a formal hearing to the regional foster care director. This request must be received by the regional foster care supervisor within three working days after receipt by the foster parents of the written summary of the informal meeting.

**History:** Effective April 1, 1984.
**General Authority:** NDCC 50-11.2-02(5)
**Law Implemented:** NDCC 50-11.2

**75-03-1 2-06. Formal hearing.**

1. The department or the county social service board involved shall provide the regional foster care director with pertinent files and records for the review by the regional foster care director.

2. The regional foster care director, or the director's designee, shall conduct the hearing, swear witnesses, and maintain order.

3. Testimony taken at the hearing shall be preserved by a suitable recording device. Any party may receive a transcribed copy of the testimony upon request and payment of the transcription costs; provided, that the request is received within ninety days of the hearing.

4. The statements received at the hearing must be limited to those probative of the grievance under review.

**History:** Effective April 1, 1984.
**General Authority:** NDCC 50-11.2-02(5)
**Law Implemented:** NDCC 50-11.2

**75-03-1 2-07. Hearing decision.** The regional foster care director shall prepare a written decision upon the files, records, and testimony received at the hearing. The decision constitutes the final determination of the grievance. The findings and conclusions of the regional foster care director must be sent to the grievants and the county social service board within five working days of the hearing.

**History:** Effective April 1, 1984.
**General Authority:** NDCC 50-11.2-02(5)
**Law Implemented:** NDCC 50-11.2

**75-03-1 2-08. Confidentiality.** Information furnished at the informal meeting and formal hearing is confidential and subject to the provisions of North Dakota Century Code section 50-06-15.

**History:** Effective April 1, 1984.
**General Authority:** NDCC 50-11.2-02(5)
**Law Implemented:** NDCC 50-11.2

## CHAPTER 75-03-14
## FAMILY FOSTER CARE HOMES


| | |
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| 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 |
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**75-03-14-01. Definitions.** Those definitions set forth in North Dakota Century Code section 50-11-00.1 are applicable to this chapter. In this chapter, unless the context or subject matter requires otherwise:

1. “Adult” means a person twenty-one years of age or older.

2. “Department” means the department of human services.

3. “Home” means family foster home.

4. “Regional center” means the regional human service center.

5. “Supervising agency” means the agency or person having care, custody, and control of the foster child as ordered by a court of competent jurisdiction or the designee of that agency or person.

**History:** Effective December 1, 1984.
**General Authority:** NDCC 50-11-03
**Law Implemented:** NDCC 50-11-00.1

**75-03-1 4-02. License.**

1. Application for a license must be made in the manner and form prescribed by the department.

2. The foster home licensing process requires completion and documentation of the following items, which must be received by the department in order for the application to be considered complete:

   a. Application form;

   b. Compliance with fire and safety requirements;

   c. Reference letters;

   d. Medical history self-declaration;

   e. Background check;

   f. Home visits; and

   g. Home assessment.

3. The license is issued for a specific number of children, a specified age group of the children, and the sex of the child or children. The duration of the license is not to exceed a one-year period.

4. The license may be issued with stated limitations, restrictions, and conditions.

5. The license is not transferable and is valid only for the physical location of the home at the time of issuance, or at another location for a period not to exceed sixty days, provided that the supervising agency performs an onsite visit within seven days of the move, and thereafter approves the temporary location.

6. After reviewing an individual's application for family foster home licensure, the department may deny a license:

   a. If the application contains fraudulent information, an untrue representation, or is incomplete;

   b. If the home is in an unsanitary condition;

   c. If the home is not properly equipped to provide for the health and safety of the children served; or

   d. If the applicant or applicants are not in compliance with the regulations prescribed by the department for the operation of a family foster home for children.

7. In those cases where the home of a Native American family, not subject to the jurisdiction of the state of North Dakota for licensing purposes, is located on a recognized Indian reservation in North Dakota, an affidavit from an agent of the tribal child welfare agency or an appropriate tribal officer must be accepted in lieu of a licensing procedure if the affidavit represents the following:

   a. An investigation of the home was completed by the tribe's child welfare agency or tribal council; and

   b. The prospective home is in compliance with the standards required by North Dakota Century Code section 50-11-02.

   **History:** Effective December 1, 1984; amended effective April 1, 2004.
   **General Authority:** NDCC 50-11-03
   **Law Implemented:** NDCC 50-11-01, 50-11-02

**75-03-1 4-03. Minimum physical standards for the home.**

1. The home must be a dwelling, mobile home, housing unit, or apartment occupied by an individual or a single family.

2. The home should have an operational telecommunications device, and must have available to it some means to make immediate contact with authorities in emergencies.
3. a. The home shall have sleeping rooms adequate for the foster care family and the foster children.

   b. All sleeping rooms must be outside rooms and have ample window space for light and ventilation.

   c. Basements may be used for sleeping accommodations for children twelve years of age and older. Basement bedrooms must be equipped with the appropriate fire alarms and smoke detectors as recommended by the local fire department or state fire marshal. A basement which shall be used for the care of children must be equipped with more than one exit. One exit may be an accessible window.

4. Exterior doors must be maintained in such a manner which would permit easy exit. Interior doors should be designed to prevent children from being trapped.

5. Every closet door must be one that can be opened from the inside. Any bathroom doors must be designed so that the opening of the locked door can be accomplished from the outside in an emergency.

6. The house and premises must be clean, neat, and free from hazards that jeopardize health and safety. Firearms must be kept in locked storage or trigger locks must be used, and ammunition must be kept separate from firearms.

7. 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.

8. Any source other than an approved municipal water supply must be tested annually for compliance for approved drinking water standards. The sample should be tested and approved by the North Dakota state department of health and the report submitted to the licensing agency.

9. The milk supply must be obtained from an approved source.

10. 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.

11. 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.

**History:** Effective December 1, 1984; amended effective July 1, 1993; April 1, 2004.
**General Authority:** NDCC 50-11-03
**Law Implemented:** NDCC 50-11-02

**75-03-14-04. Qualifications of persons residing in the home.**

1. A person residing in the home, except a foster child or ward of the court, may not have a present condition of substance abuse or emotional instability. No person may smoke, in the foster home, in circumstances which present a hazard to the health of a foster child. 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. If a condition of substance abuse or emotional instability occurs in a foster home at a time when a foster child is in placement, every effort should be made to keep the placement intact if the resident of the foster home is seeking treatment for the problem. No further placements will be made until successful completion of the treatment has occurred. A resident of a foster home, who has a past condition of substance abuse or emotional instability, should have had no incidents of substance abuse or emotional instability for a period of at least twelve months prior to licensure.

2. A person residing in the home, except a foster child, may not have been the subject of a child abuse or neglect assessment where a services-required decision was made unless the director or foster care supervisor of the regional center, after making appropriate consultation with persons qualified to evaluate the capabilities of the home's resident, documenting criteria used in making the decision, and imposing any restrictions deemed necessary, approves the issuance of a license; and

a. The home's resident can demonstrate the successful completion of an appropriate therapy; or

b. The home's resident can demonstrate the elimination of an underlying basis precipitating the neglect or abuse.

3. All foster parents, prior to licensing and annually thereafter, must submit a declaration of good health, including all residents of the home, except any foster child, in a manner and form determined by the department. The department may require a physical examination or psychological testing of any resident of the home as deemed necessary. The cost of any physical examinations required pursuant to this subsection is the responsibility of the supervising agency. The cost of any psychological testing required pursuant to this subsection is the responsibility of the department.

4. Physical disabilities or age of foster parents do not affect licensing of the home provided that the applicant can show that these factors do not significantly inhibit the ability of the foster parents to efficiently carry on the duties required of them.

5. A person openly and notoriously living with a person of the opposite sex as a married couple without being married to the other person may not be eligible for licensure.

**History:** Effective December 1, 1984; amended effective April 1, 2004.
**General Authority:** NDCC 50-11-03
**Law Implemented:** NDCC 50-11-02

**75-03-14-04.1. Criminal conviction - Effect on licensure.**

1. A family foster care applicant, family foster care provider, or members of the family foster care home must not have been found guilty of, pled guilty to, or pled no contest to:

a. An offense described in North Dakota Century Code chapter 12.1-1 6, homicide; 12.1-1 7, assaults - threats - coercion; or 12.1-18, kidnapping; North Dakota Century Code section 12.1-20-03, gross sexual imposition; 12.1-20-04, sexual imposition; 12.1-20-05, corruption or solicitation of minors; 12.1-20-06, sexual abuse of wards; 12.1-20-07, sexual assault; 12.1-22-01, robbery; or 12.1-22-02, burglary, if a class B felony under subdivision b of subsection 2 of that section; North Dakota Century Code chapter 12.1-27.2, sexual performances by children; or North Dakota Century Code section 12.1-29-01, promoting prostitution; 12.1-29-02, facilitating prostitution; or 12.1-31-05, child procurement; or an offense under the laws of another jurisdiction which requires proof of substantially similar elements as required for conviction under any of the enumerated North Dakota statutes; or

b. An offense, other than an offense identified in subdivision a, if the department determines that the individual has not been sufficiently rehabilitated.

(1) The department will not consider a claim that the individual has been sufficiently rehabilitated until any term of probation, parole, or other form of community corrections or imprisonment, without a subsequent charge or conviction, has elapsed.

(2) An offender's completion of a period of five years after final discharge or release from any term of probation, parole, or other form of community corrections or imprisonment, without subsequent charge or conviction, is prima facie evidence of sufficient rehabilitation.

2. The department has determined that the offenses enumerated in subdivision a of subsection 1 have a direct bearing on the individual's ability to serve the public in a capacity involving the provision of foster care to children.

3. In the case of a misdemeanor simple assault described in North Dakota Century Code section 12.1-17-01, or equivalent conduct in another jurisdiction which requires proof of substantially similar elements as required for conviction, the department may determine that the individual has been sufficiently rehabilitated if fifteen years have elapsed after final discharge or release from any term of probation, parole, or other form of community corrections or imprisonment, without subsequent conviction. The department may not be compelled to make such determination.

4. An individual is known to have been found guilty of, pled guilty to, or pled no contest to an offense when it is:
   a. Acknowledged by the individual; or
   b. Reported to the agency as a result of a background check.

   **History:** Effective April 1, 2004.
   **General Authority:** NDCC 50-11-03
   **Law Implemented:** NDCC 50-11-02

**75-03-14-05. Operation of the home.**

1. The foster parents shall admit to the home, at any reasonable time, public officials, such as fire and building inspectors, for the purpose of determining fire and building safety. For the purposes of this subsection, “any reasonable time” means a time mutually convenient to the foster parents and the public official.

2. The foster parents shall admit to the home, at any reasonable time, personnel of the supervising agency. For the purposes of this subsection, “any reasonable time” means a time mutually convenient to the foster parents and the supervising agency’s personnel and any time the supervising agency determines that a foster child’s health, safety, or welfare require the admittance.

3. The foster parents must cooperate with the supervising agency in that agency’s efforts to develop plans for the child, implement those plans, and meet the needs of the child and the child’s family. The foster parents must cooperate with the supervising agency in developing plans for the child to visit with parents or guardian. If the foster parents agree, and it is appropriate, these visits may take place in the foster parents’ home. Visits between the foster child and parents or guardian must be arranged within a plan approved by the agency, foster child where appropriate, foster parents, and the foster child’s parents or guardian. The foster parents need not admit a foster child’s parent, relative, or guardian who has been using alcohol, drugs, or any other intoxicating substance, or who attempts a visit in a manner that is not in accordance with the approved visitation plan.

4. The foster parents may not accept other foster children or special education boarding care children, or accept children for supplemental parental care, as defined in North Dakota Century Code chapter 50-11.1, into their home without the prior approval of the supervising agency. All changes in the number of persons living in the foster home must be immediately reported to the supervising agency.

5. When a foster child is placed in substitute care during the absence of the foster parents, prior approval of the substitute care must be given by the supervising agency. Prior approval is not required for short periods of substitute care such as a portion of one day. A foster child may not be removed from this state without the prior approval of the supervising agency.

6. The 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 child’s family.

7. Discipline must be constructive or educational in nature and may include diversion, separation from problem situation, talk with the child about the situation, praise for appropriate behavior, and gentle physical restraint such as holding.

   a. 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.

   b. Authority to discipline may not be delegated to or be accomplished by children.

   c. 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.

   d. No child may be physically disciplined for lapses in toilet training.

   e. Verbal abuse or derogatory remarks about the child, the child's family, race, religion, or cultural background may not be used or permitted.

   f. No child may be force fed unless medically prescribed and administered under a physician's care.

   g. Deprivation of means, including food, clothing, shelter, hygiene, and medical care, may not be used as a form of discipline.

8. All information given to the foster parents by the supervising agency or the child's family concerning the foster child must remain confidential and may not be disclosed to any person without prior approval of the supervising agency.

9. All foster care payments must be used to meet the needs of the foster child.

**History:** Effective December 1, 1984; amended effective April 1, 2004.
**General Authority:** NDCC 50-11-03
**Law Implemented:** NDCC 50-11-02

**75-03-1 4-06. Permanency planning child and family team.**

1. Every county social service board must have a county permanency planning child and family team that meets not less than once each quarter in which the county social service board acts as a supervising agency to any foster child. If the county social service board acts as supervising agency for five or more children in foster care, the county permanency planning child and family team must meet at least once each month. The permanency planning child and family team will be cochaired by the regional supervisor and the county director or their designee.

2. The supervising agency must invite the child's parents, the foster parents, and the guardian ad litem to participate in the permanency planning child and family team for the foster child unless good cause exists to exclude any person from the planning meeting. The good cause basis must be determined by the supervising agency and the basis for the determination must be made a part of the foster child's file.

3. The foster parents shall participate in the permanency planning child and family team for the child. The foster parents shall cooperate in carrying out the objectives and goals of the plan for the foster child in their care.

4. The foster parents, when requested by the supervising agency or the juvenile court, shall provide requested information concerning the foster child and the child's family.

5. The foster parents and the supervising agency, working in cooperation, must attempt to maintain and improve the relationships between the foster child and the child's family whenever appropriate and possible. In no case may the foster parents attempt to diminish the relationship between the foster child and the child's parents or between supervising agency staff and the foster child.

**History:** Effective December 1, 1984; amended effective April 1, 2004.
**General Authority:** NDCC 50-11-03
**Law Implemented:** NDCC 50-11-02

**75-03-1 4-07. Background checks required.** Background checks are required:

1. Prior to initial foster home licensure or approval;

2. If there is a lapse of license or approved status of the home of more than thirty days; or

3. In the case of a foster parent grandfathered in as of August 1, 1999, or after the initial background check was completed, whenever a licensed or approved foster care parent or other adult living in the home is known to have been involved, charged, or convicted of an offense.

**History:** Effective April 1, 2004.
**General Authority:** NDCC 50-11-03
**Law Implemented:** NDCC 50-11-02

**75-03-1 4-08. Fingerprints excused.** The department may excuse a person from providing fingerprints if usable prints have not been obtained after two sets of prints have been accepted and rejected. If a person is excused from providing fingerprints, the department may conduct a statewide criminal history record investigation in any state in which the person lived during the eleven years preceding the signed authorization for the background check.

**History:** Effective April 1, 2004.
**General Authority:** NDCC 50-11-03
**Law Implemented:** NDCC 50-11-02

## 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.

The Department 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*

# Quick Guide for Removing Head Lice

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

1. **Check every member of the family.**
   Lice are hard to see, so look for tiny white to yellow colored eggs (nits) on the hair near the scalp, especially at the nape of the neck and behind the ears.

2. **Use a product for treating lice.**
   Numerous products for the treatment of head lice are available without a prescription; talk to your health care provider about treatment products or alternative treatment options. Remember, no product is 100 percent effective for getting rid of all the lice and eggs (nits). **It is very important that you follow the label directions on the product EXACTLY.**

   **Using a head lice treatment product will not prevent you from getting head lice. Only those people infested should be treated.** Do not treat in the bathtub or shower, but have the person lean over the sink. (This confines the treatment to the scalp.)

   If you choose a **pediculicidal product** (those products that contain permethrin or pyrethrin, such as Nix or RID*):

**Do not use if:**

- ❑ The person has a known sensititivy to any component in the product.
- ❑ The child is younger than 2.
  - For infants and toddlers younger than 2, it is recommended that head lice and nits be removed by combing or hand picking only.
- ❑ The person has an infestation of the eyebrows or eyelashes.
  - When these areas are infested, the person should be inspected for body lice or pubic lice. Consult your health care provider if infestation of lice occurs in these areas.

**The following groups of people should consult their health care provider before treating themselves or another person:**

- ❑ Pregnant women and nursing mothers.
- ❑ People who have cancer.
- ❑ People who have neurological conditions, such as seizure disorders, cerebral palsy, etc.
- ❑ People who have acute or chronic skin conditions, such as dermatitis or open sores.
- ❑ People who have asthma and/or allergies.
- ❑ People who have allergies or sensitivity to ragweed or chrysanthemums or roses.

**Use Caution When:**

- ❑ The prouduct contains lindane (such as the prescription product Kwell*). Products containing lindane should be used with extreme caution! Neurotoxic reactions have been reported as a result of the normal use of lindane shampoos.

*The use of product names does not constitute endorsement. It is for identification purposes only.

**3. Combing to remove all lice and eggs (nits).** Focus your control efforts on this step. You will need:

- A large towel to place around the person's shoulders during combing
- A box of facial tissues and a garbage bag
- A large bowl of water or access to running water
- Bobby pins or hair clips
- A good light source
- A lice comb

**The comb:** Use a ***metal*** lice comb to help remove the eggs (nits). Metal combs work better than plastic combs because they are sturdier and less apt to break. These combs can be purchased at a drug store.

**Combing the hair:** Slightly damp hair is best for removing nits. use a grooming comb or hairbrush to remove tangles. Hair conditioner or vinegar rinse may reduce the effectiveness of some lice treatment products. Remember to follow the label directions on the product exactly. Separate a section of Hair about the width of the metal lice comb. Place the lice comb as close to the scalp as possible and gently pull through the Hair several times in all directions. Although using a nit comb will remove most of the nits, sometimes you may need to remove a stubborn nit by pinching it between two fingernails. If you are still unable to remove the nit, you can simply cut off the hair shaft with a small scissors.

Then, pin the hair out of the way by curling it flat against the head. Rinse the comb in the water or rinse under running water, and use a clean tissue to remove lice and nits. Throw used tissue in garbage bag. Make sure th comb is clean before you use it on the hair again. Continue combing until all the nits are removed.

**After combing:** Flush the contents of the bowl down the toilet. When the hair is dry, check for stray nits and remove. **It is very important to remove all of the nits!**

**Clean-up:** Have the person put on clean clothing. Soak the lice comb for at least 10 minutes in hot water (130 degrees F). Or, you can boil a metal comb for five minutes. Use an old toothbrush to clean the comb. The comb now can be used on another family member. Wash hands thoroughly and clean under nails.

**Follow-up care:** Following the treatment, inspect hair and remove nits daily for the next seven to 10 days. If lice and/or nits continue to b e seen, a second treatment is recommended. Inspect hair and remove nits again daily for the next seven to 10 days. If you continue to see lice and/or nits, contact your health care provider for further care and treatment.

4. **Wash clothes, bedding and towels that were recently worn or used (within the last two days):** Do this step when you treat your family member; it doesn't have to be done daily. Wash in hot (130 degrees F), soapy water in a washing machine. Dry laundry using high heat for at least 20 minutes. Items like stuffed animals, pillows and comforters that are not washable can be vacuumed, dry-cleaned or stored in tightly sealed plastic bags for two weeks. (Remember to kept plastic bags out of young children's reach, as they may pose a choking hazard.) Do not share combs, brushes, hats or other articles of clothing that may be contaminated.

5. **Soak combs and brushes:** All family combs and brushes should be soaked for at least 10 minutes in hot water (130 degrees F). If they don't already have them, it might be a good time to get every member of the home his or her own comb and brush. Tell your child not to share these items with others.

6. **Vacuum:** Vacuum rugs, carpets, upholstered furniture, pillows, mattresses, car interiors and car seats. *The use of lice sprays is not recommended and is strongly discouraged, as they may be harmful to family members and pets.* Vacuuming is both safe and effective!

***Even though cleaning the environment is important, excessive cleaning, such as scrubbing walls, is not necessary. Cleaning with bleach and household cleaners will not kill lice or nits. Daily head inspections and nit removal will go much farther in the management of head lice.***

*Excerpts of this fact sheet were adapted form the "Quick Guide for Removing Headlice Safely," which originally produced by the University of Nebraska Cooperative Extension in Lancaster County.*

*North Dakota Department of Health, January 2002*