North Dakota
Foster Parent Handbook

“There is always a moment in childhood when the door opens and lets the future in.”
-Graham Green
North Dakota Department of Human Services
600 E. Boulevard Avenue
Bismarck, ND 58505

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

For information on becoming a foster care provider, call:
1-833-FST-HOME
1-833-378-4663
Inquiry line is also available to answer questions about ND adoption options.

To Contact the CFS Licensing Unit
701-328-2322
1-888-334-1330
cfslicensing@nd.gov

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

To report child abuse and neglect:
Contact the ND Department of Human Services
CPS Intake at 1-833-958-3500
To the Foster Care Provider

This manual is intended to be used as a reference as you care for children in foster care. It gives you practical information on topics like medical care, reimbursements, and the role of the court. It also provides guidance on areas like welcoming a child, discipline, and visitation. Throughout the manual, we emphasize the role of foster care providers working together with the agency, case managers, and supporting biological family/parents, as members of a professional team.

Each chapter contains information on state policies related to being a foster care provider. Where relevant, you are encouraged to check with your authorized licensing agent and/or child’s case manager 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 North Dakota foster care provider.

Handbook Acknowledgements

Children and Family Services (CFS) 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 in 2002 borrowing ideas from the state of New York. In January 2017, a new issue of the Handbook was created for ND foster care providers. CFS will continue to update the handbook online, as needed.
What is Foster Care?
(NDCC 50-11)

Foster care for children is temporary and state law references it to mean 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, supervised independent living program, or qualified residential treatment program.
# Table of Contents

## CHAPTER One: Being a Foster Care Provider
- Licensing Agency .................................................................12
- Your Role as a Foster Care Provider .....................................13
- Competency Based Approach ..................................................13
- PRIDE Model of Practice .......................................................13
- PRIDE Training ....................................................................13
- Other Training for Foster Care Providers ..............................14
- Guidelines for Foster Care Provider Training Reimbursement ..........................................................17
- Reimbursement Procedure ....................................................17
- Reimbursable Expenses ........................................................17
- Foster Care Provider Licensing File ......................................19
- Foster Care Provider Immunity ............................................19
- Foster Care Provider Rights ................................................19

## CHAPTER Two: When a Child Comes into Foster Care
- Why Children Are Placed in Foster Care ..............................23
- Safety Framework Practice Model ........................................23
- Trauma Informed Care .........................................................24
- How Placement Affects Children .......................................25
- Matching the Child and the Foster Home ............................25
- Being Prepared When a Child is Placed ...............................26
- Suggested Items to Have on Hand .......................................27
- Welcoming a Child into Your Home .....................................27
- To Do and Not To Do When Welcoming a New Child ..........28
- Adapting and Shifting Family Routines ...............................29
- Family Rules .....................................................................30
- Creating a Scrapbook vs. a Life Book .................................30

## CHAPTER Three: Communication, Ongoing and Emergency
- Ongoing Communication .....................................................34
- Roles and responsibilities ....................................................35
- Who to contact – Phone Numbers .......................................41
- Calling the Case Manager ....................................................42
- Events in a Child’s Life .......................................................43
- Foster Care Provider Changes .............................................43
- Emergencies .....................................................................44
- Suicidal Ideation/Threats .....................................................44
- Foster Care Providers as Mentors ......................................46
- Recruitment and Retention Coalition .................................46
CHAPTER Four: Getting Started – The Basics

Confidentiality and Right to Privacy .................................................................49
The Child’s Rights .........................................................................................49
Personal Property .......................................................................................51
Media ..........................................................................................................51
Discipline ......................................................................................................52
Health and Medical Care ...........................................................................52
Consent and Medical Treatment ...............................................................53
Health Tracks .............................................................................................53
Prescriptions ...............................................................................................53
Administration of Medication .................................................................54
Child Immunizations .................................................................................54
Family Planning Services/Sexual Responsibility Counseling ................54
Medical Transportation ............................................................................54
Non-Emergent Medical Transportation .................................................54
Developmental and Behavioral Factors ..................................................54
School .........................................................................................................55
Educational Support ..................................................................................55
Head Start .................................................................................................56
Educational Related Special Reimbursements .........................................56
Religion .......................................................................................................56
Cultural Factors .........................................................................................56
Respite, Babysitting & Substitute Care ...................................................57
Safety ..........................................................................................................58
Fire Safety ..................................................................................................58
Car Safety Restraints ................................................................................60
Firearms in the Home ................................................................................60
Day-to-Day Safety ......................................................................................60
Security Cameras .......................................................................................60
Household Hazards ..................................................................................61
Swimming Pools, Storage, and Water Temperature .................................62
Property Damage ........................................................................................65

CHAPTER Five: Daily Life

Consent .......................................................................................................68
Normalcy .................................................................................................68
Social and Recreational Activities ............................................................71
Dating .........................................................................................................72
Socializing/Hanging out with Friends .....................................................73
Social Media and Technology .................................................................73
Transportation ...........................................................................................74
Trips and Vacations ..................................................................................74
Allowance .................................................................................................74
Savings Account .......................................................................................74
Clothing ......................................................................................................75
CHAPTER Seven: Financial Reimbursements

CFS Foster Care and Sub-Adopt Eligibility Unit .......................................................... 94
Standard and Specialized Maintenance Payments (Reimbursement) ......................... 95
Standard Maintenance Rates ..................................................................................... 95
Excess Maintenance .................................................................................................. 96
Irregular Payments (Reimbursement) ...................................................................... 96
School and Activities ............................................................................................... 97
Clothing Allowance – Initial and Special ................................................................. 97
Child Care .................................................................................................................. 97
Transportation Costs ................................................................................................ 98
Medical Costs .......................................................................................................... 98
# CHAPTER Eight: Concerns for Foster Care Providers

When a Child Leaves a Foster Home ................................................................. 103  
When a Child is Removed from a Foster Home ................................................. 104  
Closing a Foster Home ..................................................................................... 104  
Deciding Whether to Continue as a Foster Care Provider .................................. 104  
Abuse and Neglect of a Child in Foster Care ...................................................... 105  
When a Foster Care Provider is the “Subject” of a Child Abuse and Neglect Report ........................................................................................................... 105  
Mandated Reporter Training ............................................................................... 106  

# CHAPTER Nine: Adopting a Child in Foster Care

Deciding to Adopt a Child in Foster Care .......................................................... 109  
Starting the Adoption Process .......................................................................... 110  
Preference ........................................................................................................... 110  
Declaration of Interest in Adopting .................................................................... 110  
Adoption Assessment (Home Study) ................................................................... 111  
Child Preparation for Adoption ......................................................................... 111  
Information You Should Receive ........................................................................ 111  
Adoptive Placement ............................................................................................. 112  
Adoption Subsidy ............................................................................................... 113  
Adoption Subsidy Agreement ............................................................................. 113  
Subsidy Rate ....................................................................................................... 113  
Medical Assistance Subsidy ............................................................................... 113  
Reimbursement of Nonrecurring Adoption Expenses ....................................... 114  
Adoptive Parents Living Out-of-State ................................................................. 114  
Refusing an Adoption Subsidy ........................................................................... 114  
Finalizing the Adoption ..................................................................................... 115  
Hiring an Attorney ............................................................................................. 115  
Court Proceedings ............................................................................................. 115  
Final Steps ........................................................................................................... 116  
North Dakota Post Adopt Services .................................................................... 116  

## APPENDIX

Forms Required ................................................................................................. 118  
PRIDE Preservice Competencies for Foster Care Providers & Adoptive Parents ......................................................................................................................... 120  
PRIDE Preservice Sessions ............................................................................... 123  
PRIDE Model of Practice – Guiding Principles ............................................... 125  
Multi-Ethnic Placement Act ............................................................................. 132  
Adoption and Safe Families Act ....................................................................... 132  
Fostering Connections to Success and Increasing Adoptions Act .................. 132  
Preventing Sex Trafficking and Strengthening Families Act .......................... 132  
Family First Prevention Services Act ................................................................ 132  
Indian Child Welfare Act ................................................................................... 133  
Foster Care Homes for Children and Adults, NDCC 50-11 ............................ 134  
Family Foster Care Homes, NDAC 75-03-14 .................................................. 134  
Motor Vehicle Operation by Youth in Foster Care (DN 271) ........................... 135
Chapter 1
Being a Foster Care Provider

“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 Care Provider

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

Topics Include:

1. Licensing Agency

2. Your Role as a Foster Care Provider is Based on Specific Competencies
   a. Competency Based Approach
   b. PRIDE Model of Practice

3. PRIDE Training

4. Other Training for Foster Care Providers

5. Guidelines for Foster Care Provider Training Reimbursement
   a. Reimbursement Procedure
   b. Reimbursable Expenses

6. Foster Care Provider’s Agency Record

7. Foster Care Provider Immunity

8. Foster Care Provider Rights
1. Licensing Agency

Foster care providers are licensed by the ND Department of Human Services. Some foster care providers may choose to be licensed by an authorized licensing agent; Nexus PATH, Tribal Nation, Youthworks or the Unaccompanied Refugee Minor Program managed by Agassiz Valley Human Service Zone. In the past, prospective foster parents worked with Human Service Zones and were licensed by the Department as “Zone” homes. In April 2022, the ND Department of Human Services created the Children and Family Services (CFS) Division created the CFS Licensing Unit, after being given legislative authority to transition Zone employees to State employment resulting in “Zone homes” becoming “State homes”. The CFS Licensing Unit is responsible for creating and updating statewide policy and procedures with an overall goal to implement standardized procedures, which offer consistency and efficiencies for licensing specialists, providers and case managers. The unit will provide training and technical assistance, as well as collaborate closely with other department divisions to best meet the needs of children in placement, licensed foster care providers, and authorized agents (Tribal Nations, Nexus PATH, Youthworks, URM) statewide.

CFS Licensing Unit will manage:

1. Licensing decision/determination for applicants seeking to provide foster care for children across the state.
2. Licensing decision/determination for applicants presented by an authorized agent (Tribal Nation, Nexus PATH, etc.) approved by the department to complete home studies and assessment of foster care providers.
3. Level of Care decisions specific to children in foster care.
4. Licensing of Qualified Residential Treatment Programs, Licensed child Placing Agencies, Maternity homes, and certified shelter care programs.
5. Oversight of the ND Recruitment and Retention State Plan.

Contact Information

Children and Family Services
CFS Licensing Unit
600 E. Boulevard Ave #325
Bismarck ND 58503

Email: cfslicensing@nd.gov
Phone: 701-328-2322 or 1-888-334-1330

If you choose to become a treatment foster home, host home or would prefer to work with a Tribal Nation, please contact the Recruitment and Retention Specialist for a referral.
Call 1-833-FST-HOME
2. Your Role as a Foster Care Provider

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. PRIDE is an acronym for Parents Resource for Information Development and Education. 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 care providers and adoptive parents. Foster care providers should be qualified, prepared, developed, selected, and licensed to work as members of a professional team.

a. Competency-Based Approach:

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

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

b. PRIDE Model of Practice:

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

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

2. PRIDE Training

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

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 care providers. 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 modules. PRIDE training is required for all foster care providers! The training is offered across the state at various times throughout the year. The classes are led by a team of qualified trainers; by attending the PRIDE training, you and the foster care case manager will have common language to talk about your thoughts 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 as a team for the benefit of children and families.
3. Other Training for Foster Care Providers

Other training opportunities are available to support you in your role as a foster or adoptive parent. The Children and Family Services Training Center (CFSTC) maintains a lending library of materials foster and adoptive parents may access by contacting your agency or CFSTC directly. You can visit www.und.edu/cfstc/ to view upcoming live and pre-recorded online webinar trainings. Contact your licensing agency worker or CFSTC if you need additional training opportunities.

Foster care providers are required by licensing law, rule, and policy to engage in initial and ongoing training to best meet the needs of children in placement. Training is an opportunity to remain educated on relevant topics and learn new techniques to manage child behavior or engagement strategies.

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Initial</th>
<th>Renewal/Ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation of the North Dakota child welfare system and the licensing process can occur in a various way.</td>
<td>Pre-service training is required and includes core competencies for licensed providers.</td>
<td>Each applicant listed on the foster care license must complete 13 hours of training each year.</td>
</tr>
<tr>
<td>• Review of the ND Foster Parent Handbook, policy, admin. rules, and century code.</td>
<td>Choice is either:</td>
<td>Hours must include:</td>
</tr>
<tr>
<td>• Complete SFN 1038, “Policy and Standard Review” with a licensing specialist.</td>
<td>• PRIDE (32 hr.) = online (27 hrs.) + 2 meetings (2 hrs.) + mini-UNITY (3 hrs.)</td>
<td>• 1 hour fire safety</td>
</tr>
<tr>
<td>Note: Please consider participating in the monthly Facebook “Foster Care Virtual Panels” offered by Children &amp; Family Services Training Center (CFSTC) to hear from current foster care providers, previous foster youth, case managers and licensing specialists!</td>
<td>• UNITY (30 hr.) = in person weekend</td>
<td>• 2 hours to enhance cultural awareness, equity, diversity, or inclusion.</td>
</tr>
</tbody>
</table>

Who is responsible to complete training hours?

Training applies to the applicants/foster parents named on the license. If a dual-parent household, both individuals must achieve the training requirements.
How do I complete the initial pre-service training?
Prospective foster parents are required to work with their licensing agency to get enrolled in pre-service training.

- **If PRIDE pre-service is selected**, this will include nine self-directed online sessions (27 hours) and two TEAMS meetings (3 hours) with a PRIDE Trainer and other prospective foster parents. Online curriculum offers flexibility to complete training on your own time. In addition, prospective foster parents will be asked to complete a 3 hour mini UNITY training.
- **If UNITY is selected**, this will include face-to-face weekend training (30 hours) scheduled and facilitated by the Native American Training Institute (NATI).

Can I take a placement if I am not done with PRIDE or UNITY pre-service?
Not typically. However, foster parents who are identified as relatives to the child may be given more time to complete the required initial pre-service training while providing primary placement to the child.

How do I complete the 13 annual training hours?
Foster parents may choose training topics of interest that best meet your needs. Topics may include but are not limited to child and adolescent development, communication skills, community services for children, methods of discipline, family engagement, legal, first aid and CPR, home safety, traumas of separation, grief and loss, human sexuality, child abuse and neglect, sexual abuse, or acting out behaviors. Foster parents can identify and choose trainings in various ways:

- Local conference or trainings (offered by a church, school, work, NDSU Ext, Safe Kids, etc.)
- Training festivals and online webinars hosted by CFSTC
- Foster parent college online topics ([https://www.fosterparentcollege.com](https://www.fosterparentcollege.com))
- Monthly foster care support group if training is offered (no more than 1 hour per session)
- Literature and podcasts (no more than 6 hours annually)
- Cultural events

Who are the approved ND Training Providers?
Approved training providers include, but are not limited to:

- ND Department of Human Services [https://www.nd.gov/dhs/info/pubs/family.html](https://www.nd.gov/dhs/info/pubs/family.html)
- UND Child and Family Services Training Center (CFSTC) [https://und.edu/cfstc/](https://und.edu/cfstc/)
- Native American Training Institute (NATI) [https://nativeinstitute.org/](https://nativeinstitute.org/)
- Nexus-PATH Family Healing [https://www.nexusfamilyhealing.org/nexus-path-family-healing](https://www.nexusfamilyhealing.org/nexus-path-family-healing)
- Adults Adopting Special Kids (AASK) [https://www.aasknd.org/](https://www.aasknd.org/)
- NDSU Extension [https://www.ndsu.edu/](https://www.ndsu.edu/)
- National Child Traumatic Stress Network (NCTSN) Learning Center
- Foster Parent College [https://www.fosterparentcollege.com/](https://www.fosterparentcollege.com/)
- Attach [https://attach.org/](https://attach.org/)
- Foster Training [https://foster-training.com/](https://foster-training.com/)
- Foster Adopt Connect [https://www.fosteradopt.org/family-support/training/webinar-training/](https://www.fosteradopt.org/family-support/training/webinar-training/)
- Attachment and Trauma Network [https://www.attachmenttraumanetwork.org/](https://www.attachmenttraumanetwork.org/)
- North American Council on Adoptable Children
- Safe Kids [https://safekidsgf.com/index.html](https://safekidsgf.com/index.html)
**How do I get approval if the training is not already on the approved list?**
Contact your assigned licensing specialist or cfslicensing@nd.gov. Explain the training, attach training details (date, time of training to show hours, presenter, etc.), and detail why you believe this training is valuable for you in your role as a foster parent. Through email, you are requesting permission (in writing) in efforts to count the training toward annual training hours. If the training costs money to register or would require reasonable travel, please contact CFSTC at und.cfstc@UND.edu to provide information regarding the training and seek pre-approval for reimbursement from CFSTC Director.

**Do I have to track my hours, or will the licensing specialist do it on my behalf?**
Foster parents are responsible to track what training you attend and complete. Emails are sent to foster parents when licensors hear of trainings. Please let us know if you become aware of any good foster care related trainings or if you have any ideas for training hours. Each foster parent will track their training on the SFN 1037, training transcript. If you are a licensed provider through Nexus PATH, their agency manages all training through an agency transcript created for you! If you attend a virtual training, you are responsible to have your camera on!

**Do I need certificates or verification for each training?**
It is in your best interest to collect all verifying information of the training and your attendance as verification of completion. If there is not a certificate; keep the brochure/flyer, registration, or at a minimal, the contact information from the trainer. If you attend an online training, save a copy of the email verification of attendance, take a screenshot of the online training date/time, etc.

**Can I seek a training waiver/exemption for the initial or ongoing training?**
Not typically. However, foster parents may be exempted from training requirements if they have not had a placement in the past 12 months, if it is anticipated that they will not be providing foster care for at least 12 months, or if a foster parent is active military and deployed for a period of time. This exemption from training must be made, in writing, by the Department.

| All North Dakota Foster Parents are required to meet the following licensing competencies: |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Protecting and nurturing children.| Meeting children’s developmental needs and addressing developmental delays.| Supporting relationships between children and their families. | Connecting children to safe, nurturing relationships intended to last a lifetime. | Working as a member of a professional team. |

16 | Page
Updated July 2022
4. Guidelines for Foster Care Provider Training Reimbursement

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

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

a. Reimbursement Procedure:

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

b. Reimbursable Expenses:

Reimbursable expenses include mileage, meals, lodging, child care, and registration fees related to the training session. (Mileage or meals cannot be reimbursed if the training occurs in your hometown). Expenses will be reimbursed according to CFSTC travel reimbursement guidelines.

i. Mileage for Out-of-Town Training:

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

ii. Meals:

Can be reimbursed if the foster care provider is away from normal work/residence for more than four (4) hours of training and travel time. 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. No receipts are needed for this reimbursement.

iii. Lodging:

Will be reimbursed if necessary and reasonable to attend the particular training session (i.e., someone who lives only 30 miles or less than an hour away would not reasonably need lodging). The reimbursement will be for the actual cost of lodging, not to exceed the state rate plus tax per person per night. The original hotel receipt must be returned to CFSTC with the
iv. **Child Care Expenses:**
An invoice or receipt for child care expense form must be provided for the *actual amount paid to the child care provider*. If you are unable to obtain a receipt for your child care expense, you may contact CFSTC to obtain a child care receipt form. Maximum allowable rates are listed on this form. The reimbursement rate may not cover your entire cost. Return the receipt with the training form/reimbursement request to CFSTC. Please contact CFSTC with any extraordinary circumstances—such as special needs child care, etc. CFSTC cannot pay your child care provider directly, foster care providers must be reimbursed.

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

Complete the training form/reimbursement request as accurately (and legibly) as possible, secure the signature of the sponsor, trainer, or room monitor and sign the reimbursement request section. Only one person per form. Make sure the appropriate receipts are attached for reimbursement. 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 approximately three weeks for processing.

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

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

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

**NOTE:** Incomplete information or missing receipts will delay reimbursement.
5. Foster Care Providers’ Licensing File
Each licensed foster home has a file maintained by the licensing agency with the following information:
- Foster care provider application
- Initial family home assessment
- Compliance with fire and safety requirements
- Medical information
- Personal references
- Background check/s
- Training hours
- Annual review/evaluation of the home
- Correspondence
- Physical description of the foster home, including allocation of space and number of beds.

Access to files are pursuant to NDCC § 44-04-18.1 or 44-04-18.4. This provides for open records. However, note that certain information in the licensing file is considered confidential and is not part of an open record; i.e. social security numbers, bank information, protected medical information, psychological evaluation, etc.

6. Foster Care Provider Immunity
Foster care federal legislation passed to incorporate strengthening families and offering normalcy to the child in foster care placement. In addition to incorporating the reasonable and prudent parenting law and policy for normalcy, ND implemented immunity law for licensed providers.

50-11-03.4. Immunity for a Person Providing Foster Care
A person providing foster care for children in a licensed or approved facility is immune from civil liability for any act or omission resulting in damage or injury to or by a child in foster care if, at the time of the act or omission, the person providing foster care for children applied the reasonable and prudent parent standard in a manner that protects child safety, while also allowing the child in foster care to experience age or developmentally appropriate activities.

7. Foster Care Provider Rights
A. The right to be treated with dignity, respect, and consideration as a primary provider of foster care and a member of the Child and Family Team.

B. The right not to be discriminated against on the basis of religion, race, color, creed, gender, marital status, national origin, age, sexual orientation, or physical handicap, as required by law.

C. The right to receive clear expectations of their role as a foster care provider.

D. The right to receive training and support to enable them to provide quality services in meeting the needs of the children in their care.

E. The right to receive pertinent information at placement and throughout the life of the placement.

F. The right to be notified of any issues relative to the child that may jeopardize the health and safety of the foster family or child.

G. The right to be informed as to how to contact the appropriate agencies in order to receive information, assistance and access supportive services.
H. The right to refuse placement of a child in the foster home or to request, upon reasonable notice, the removal of a child from the foster home.

I. The right to receive advanced notice to team meetings and court hearings.

J. The right to participate in the Child and Family Team meeting, to provide input concerning case planning, services and permanency goals for the child and have that input be given consideration in the same manner as information presented by any other professional on the team.

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

L. The right to participate in the planning of visitation with the child and the child’s family.

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

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

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

P. The right to be provided a fair and timely assessment of issues concerning the foster care providers and their operation of the foster home.
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 prepared to have a child in foster care in your home. If you are a new foster care provider, you will learn how to manage tasks that need to be accomplished soon after placement and will become more familiar with the impact and effect out-of-home placement has on children.

Topics Include:

1. Why Children are Placed in Foster Care
2. Safety Framework Practice Model
3. Trauma Informed Care
4. How Placements Affect Children
5. Matching the Child and the Foster Home
6. Being Prepared when a Child is Placed
   a. Suggested Items to Have on Hand
7. Welcoming a Child into your Home
   a. To Do and Not To Do When Welcoming a New Child
   b. Adapting and Shifting Family Routines
   c. Family Rules
8. Creating a Scrapbook vs. a Life Book
1. Why Children are Placed in Foster Care

Foster care placements are initiated when it is determined the home is not safe for the child and removal would be in the child’s best interest. The local court will determine if out of home placement (foster care) is required and the custodial agency will establish a case plan with parents to assist with reunification once a home environment is determined to be “safe” again. The court orders the child removed from the home and determines the duration of time via a public custody order.

2. Safety Framework Practice Model

Child safety is the primary focus of the Safety Framework Practice Model (SFPM) and attention is provided to children who may be unsafe based on the presence of uncontrolled danger threats.

A “safe child” is one in which no threats of danger exist within the family, OR parents/caregivers possess sufficient protective capacity to manage any threats, OR the child is not vulnerable to the existing danger.

An “unsafe child” is one in which threats of danger exist in the family, AND the child is vulnerable to such threats, AND parents/caregivers have insufficient protective capacities to manage or control the threats.

SFPM uses standardized tools and decision-making criteria to assess family behaviors, conditions, and circumstances, including individual child vulnerabilities and parent/caregiver protective capacities, to make well-founded child safety decisions. The practice model’s approach to safety assessment and management recognizes that issues concerned with child safety change as the child welfare’s intervention proceeds.
The model involves multiple assessments of child safety throughout the life of the child welfare case, moving seamlessly from intake into the child protective services (CPS) assessment, and then into case management (ongoing services). SFPM supports change-focused case planning, ongoing safety management, and timely reunification and/or case closure when children are in safe, permanent homes. As the child welfare intervention proceeds, SFPM’s focus shifts to more fully support a reduction in safety threats and bolstering parent/caregiver protective capacities through intervention assessment and strategies.

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

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

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

Trauma-informed care incorporates assessment of trauma exposure and traumatic stress reactions into routine social work practice; it also supports children and families in accessing trauma-focused interventions; interventions that directly target the consequences of traumatic stress. Children exposed to complex trauma are often diagnosed with several mental health conditions (e.g., Attention Deficit Disorder, Reactive Attachment Disorder, and Bipolar Disorder) that unfortunately do not capture the full impact of early trauma exposure. These labels may lead to ineffective treatment planning if the role of trauma is not carefully considered. Ask your licensing worker or agency about local resources or trainings, online resources including The National Child Traumatic Stress Network and the Substance Abuse and Mental Health Services Administration (SAMHSA); and other books or articles. Trauma training helps foster care providers understand what being “trauma informed” means and how foster care providers gaining this wealth of knowledge can assist in making the foster care placement more successful. Take advantage of exploring training options that will help you better connect with the child in foster care in your placement. Information was provided by Heather Simonich, Nexus-PATH ND Operations Director.
4. How Placements Affect Children
Children can feel significant personal loss when separated from their families. They have lost the most important people in their lives – their parents, possibly siblings, and extended family. They have lost their familiar pattern of living, their homes, and the places that make up their own world. They are fearful of what is to come. They lose self-esteem, a sense of identity, and ability to control the events around them.

Children’s reactions to separation vary. Their reactions are influenced by several 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 may show signs of grief including: coping/understanding, shock/denial, bargaining, anger (acting out), depression, and regression of behaviors. Physical reactions to placement may also occur such as upper respiratory infection, stomachaches, or headaches. Children often feel abandoned, helpless, worthless, and often responsible for the family’s breakup. There will be a period of adjustment for children placed in your care. Understandably, there may be times of regression or struggles for the child during the course of the foster care placement.

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

5. Matching the Child and the Foster Home
In placing a child in a foster home, case managers will try to find a home that best suits the child’s needs. A successful match between the child and the foster home will make a significant difference in a child’s life during an extremely difficult period. It may be helpful for you as a foster care provider to know what factors are considered when a child is placed into foster care.
Placement Factors:

- **Fit and Willing Relatives:** Agencies are to first consider if there are viable kinship or relative placement options before placing a child in a foster home.
- **Placing Siblings Together:** Agencies are to make reasonable efforts to place siblings in the same foster care, adoption or guardianship placement, or facilitate visitation or ongoing contacts with those that cannot be placed together, unless it is contrary to the safety or well-being of any of the siblings to do so. (Fostering Connections of 2008)
- **Previous Foster Home:** If the child was previously placed in foster care, this would be considered before looking for another foster home unknown to the child.
- **Native American Identity:** 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:** Children in foster care should remain in their school of origin whenever possible to ensure educational stability. Preference is to identify a foster home where the child does not have to change schools. If there are no foster care providers available in the child’s school boundaries; transportation assistance can be explored for the child to remain in their school of origin.
- **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.

6. Being Prepared when a Child is Placed

The agency must provide basic information to the foster care providers about each child. Topics may include:

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

If the child is placed on an emergency basis, some of this information will not be available until a later date. As the case manager obtains or learns about any information noted above, it is in the best interest of the child that such details are shared with the child’s foster care providers.

**Reminder:** Information you receive about the child’s or the family’s social history is confidential. It is a requirement that you do NOT discuss information about a child in foster care or their family with any of your extended family, neighbors, or friends.
**Suggested Items to Have on Hand:**
- ✓ Toothbrush
- ✓ Hairbrush
- ✓ Plastic mattress protector
- ✓ Night light
- ✓ T-shirt (oversized for sleeping)
- ✓ A small toy bin
- ✓ Simple household rules/routine
- ✓ Blanket/Stuffed animal to snuggle
- ✓ Child care (daycare) plan

**Materials and Forms:**
At the time of placement or shortly thereafter, you should receive the following materials:
- ✓ Medical information
- ✓ Medicaid card or insurance information
- ✓ Clothing or approved clothing allowance
- ✓ Relevant case information and forms

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

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

It is hard for children to leave their homes and find themselves in strange new surroundings. To deal with this, children may fantasize about the positive qualities of their own parents, their own home, and their neighborhood. They may not want to get involved in a foster family’s routine and activities out of a sense of loyalty to their own family. Outbursts of angry, aggressive language or behavior may occur, such as cursing or slamming doors. Even if they show no emotion, many questions, fears, and anxieties about the future may fill their thoughts and dreams. The child needs your understanding, patience, and support when settling into your home.
a. **To Do and Not To Do When Welcoming the New Child:**

Experienced foster care providers and case managers have several suggestions for new foster care providers preparing to welcome children into their homes. Suggestions include:

- Welcome the child with a family activity. (Ex: board game, movie night, park, etc.)
- Children must have their own bed.
- Children must have a place to keep personal possessions. (Ex: dresser, night stand, space in a closet etc.)
- Let children unpack in their own time. Offer to help or just let them know where to put their things whenever they are ready to unpack.
- Let children know it is allowed and OK! to put a picture of their mom, dad, brothers, sisters, or previous foster care providers up in their bedroom and that you understand how important these people are to them.
- Be sensitive to their feelings. Ask permission before hugging or touching children. Some families have implemented the 3 H’s- asking children if they would prefer a Handshake, High five, or a Hug as their form of greeting!
- Do not try to change things like their hair, clothing, or anything that tells a child, “You’re not OK the way you are.”
- Depending on the age of the children, foster care providers should discuss with the child what foster care is and what they expect from you as a foster care provider.
- Help them settle down to a regular routine as quickly as possible, but do not be disappointed if they do not respond right away.
- Provide opportunities for the child to talk to you, but do not pry into their past or criticize their parents.
- Do not make children answer if they choose not to respond. Give them time!
- Respect their right to privacy. Never talk about them when they are present or able to overhear you, unless it is appropriate to include them in the conversation, for example, “Ms. Wilson, Andrew is doing so well in his new school.”
- Help children develop a sense of pride and accomplishment by giving them tasks within their abilities. Let them know regularly how much you appreciate their help.
- Catch them being good by noticing the little things! Reflect back to the child specifically what you see to celebrate their great choices. This will assist in growing self-esteem and encourage more successes.
- Things like bed-wetting and soiling may be a reaction to being placed into foster care or the unfamiliarity/fear of a new environment. Shaming or punishing them will make the problem worse. Rather than using punishment, use positive techniques to help.
- Discipline must be constructive or educational in nature. No child in foster care may be kicked, bitten, punched, spanked, shaken, pinched, roughly handled or struck with an inanimate object by foster care providers or any other adult living in the family foster home for children. Physical discipline is **NOT ALLOWED** and can be very damaging to children. (NDAC 75-03-14-05(7))
- **NEVER threaten a child** who misbehaves with removal from your home.
- Contact the foster care case manager when questions or concerns arise.
b. Adapting and Shifting Family Routines:
The everyday routine of your family may take place without much thought or discussion. All families have a pattern of behaving and living together that works for them. Your home may have a schedule that you regularly follow, or it may vary and be quite flexible.

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

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

- Who typically gets up first, and who usually goes to bed last?
- Is there a morning routine or schedule for getting ready, using the bathroom, etc.?
- Is it acceptable to have phones present at meal time?
- Do children get a snack after school?
- Do they get a snack before going to bed?
- Can people help themselves to things in the refrigerator or cupboard?

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

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

Going to sleep and waking up can be very scary times for children placed in a new home. Many foster care providers have developed routines to help children go to sleep and wake up. It is important to give children permission to get up and use the bathroom, come and get you if needed and to have access to nightlights and a clock to ensure security of space and time.
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 child in foster care 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, you, your family dynamics, routine, and house rules are all new to a child placed in your home. You can help ease the adjustment by being consistent, keeping rules simple, and by offering age-appropriate explanations.

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 care providers 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 child in foster care.

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

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

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

**If it is determined that a Life Book is needed, material in a Life Book may include:**
- Birth Information
- Child’s Family Information
- Placement Information
- Medical Information
- School Information
- Religious Information
- Other Pertinent Information

Although it is best to start collecting information when the child is first placed, it is never too late to begin a Life Book.
Chapter 3
Communication, Ongoing and Emergency

“With kids, the days are long, but the years are short”
- John Leguizamo
Chapter 3. Communication, Ongoing and Emergency

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

Topics Include:

1. Ongoing Communication
2. Roles and Responsibilities
3. Foster Care Provider Changes
4. Calling the Foster Care Case Manager
5. Events in the Child’s Life
6. Emergencies
7. Foster Care Providers as Mentors
8. Recruitment and Retention Coalition
1. Ongoing Communication

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

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

All team members have a common goal – to provide a safe, nurturing environment for children in care. Open communication will help accomplish this goal. Foster care providers should be given a list of agency workers, emails, and phone numbers as a means to communicate ongoing and in the event of an emergency. If you are not given a list of agency contacts, simply ask the foster care case manager or their supervisor if you can receive such a list. Another avenue to receive agency contacts is during licensing. Ask the authorized agent licensing worker about who to contact, when, and how.

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Who to Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child in foster care needs clothes</td>
<td>Foster care case manager</td>
</tr>
<tr>
<td>Foster family is moving</td>
<td>Foster care case manager + Foster care provider licensing worker</td>
</tr>
<tr>
<td>Child in foster care fell at school and broke his leg</td>
<td>Foster care case manager + Medical attention</td>
</tr>
<tr>
<td>Cannot get ahold of the foster care case manager</td>
<td>Agency supervisor or director Agency on Call #</td>
</tr>
<tr>
<td>I am not getting any reimbursement for foster care expenses</td>
<td>Foster care case manager + agency supervisor</td>
</tr>
<tr>
<td>I am going to start working full time and need to locate a licensed child care provider</td>
<td>Foster care case manager</td>
</tr>
<tr>
<td>We are going to Florida and want to bring our child in foster care with us!</td>
<td>Foster care case manager</td>
</tr>
<tr>
<td>We need respite, “a break”, but would like to continue providing care for the child in foster care!</td>
<td>Foster care case manager</td>
</tr>
<tr>
<td>Can our child in foster care attend church with us?</td>
<td>Foster care case manager</td>
</tr>
<tr>
<td>Child in foster care has a school meeting or an unexpected medical appointment.</td>
<td>Foster care case manager</td>
</tr>
<tr>
<td>We have a complaint and cannot get through to our case manager.</td>
<td>Agency supervisor or director Each agency has a Client Complaint Process</td>
</tr>
</tbody>
</table>
2. Roles and Responsibilities

<table>
<thead>
<tr>
<th>Agency/Position</th>
<th>Role, Responsibilities + Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Agency</strong></td>
<td>In North Dakota, children in foster care are placed under the public custody of one of the three public agencies: Human Service Zone, Division of Juvenile Services or a Tribal Nation.</td>
</tr>
<tr>
<td><strong>Human Service Zones</strong></td>
<td>North Dakota has 19 human service zones, representing 53 counties serving the greatest volume of children in foster care in the ND foster care system.</td>
</tr>
<tr>
<td><strong>Division of Juvenile Services</strong></td>
<td>North Dakota has a formal agreement with the ND Department of Corrections, Division of Juvenile Services. This agreement provides access to treatment or out of home foster care placement options for the children adjudicated delinquent.</td>
</tr>
<tr>
<td><strong>Tribal Nations</strong></td>
<td>North Dakota has a formal agreement with four ND Tribal Nations (Standing Rock, Spirit Lake, Turtle Mountain and Three Affiliated). The agreement provides federal Title IV-E funding and NDDHS technical assistance to tribal social service offices for eligible IV-E children under tribal custody. In addition, the agreement allows the Tribal Nations to define jurisdiction for licensing of foster care provider “on or near” the tribal reservation.</td>
</tr>
<tr>
<td><strong>Caregivers</strong></td>
<td>Note: Not all the roles and responsibilities directly apply to each caregiver listed above. Role/ Responsibilities include, but are not limited to:</td>
</tr>
<tr>
<td>• Parents</td>
<td>• Provide safe care and basic needs to children in placement.</td>
</tr>
<tr>
<td>• Relative Caregivers</td>
<td>• Engage as a professional team member of the foster care Child and Family Team.</td>
</tr>
<tr>
<td>• Foster Care Providers</td>
<td>• Provide input concerning case planning goals and tasks, services and permanency achievement for the child.</td>
</tr>
<tr>
<td></td>
<td>• Communicate (with appropriate releases of information) with professionals to ensure services are delivered.</td>
</tr>
<tr>
<td></td>
<td>• Receive support and training to provide quality care and services to children in placement.</td>
</tr>
<tr>
<td></td>
<td>• Request services or assistance from the child’s case manager as needed throughout the placement.</td>
</tr>
<tr>
<td></td>
<td>• Notify the case manager of any issues the child may be experiencing.</td>
</tr>
<tr>
<td></td>
<td>• Participate in the planning of family visitation (parents, relative, siblings).</td>
</tr>
<tr>
<td></td>
<td>• Participate in child events, appointments, school functions as determined appropriate for the child.</td>
</tr>
<tr>
<td></td>
<td>• Participate in and identify culturally appropriate events and activities to maintain connections for the child.</td>
</tr>
<tr>
<td></td>
<td>• Attend court hearings as a party to the case for children in placement.</td>
</tr>
<tr>
<td></td>
<td>• Foster care providers submit reimbursement receipts timely to the custodial case manager for agency approval and submission to the CFS Eligibility Unit.</td>
</tr>
<tr>
<td></td>
<td>• Foster care providers sign acknowledgment of child placement options, recognizing foster care is intended to be temporary and all members of the child’s team is working to achieve timely permanency.</td>
</tr>
</tbody>
</table>
# Agency Staff Responsibilities

<table>
<thead>
<tr>
<th>Role/ Responsibilities include, but are not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Complete initial and ongoing relative search for potential placement options.</td>
</tr>
<tr>
<td>- Manage the day-to-day needs of a child in foster care: court, placement, visitation, medical, education, visitation, etc.</td>
</tr>
<tr>
<td>- Arrange for a least restrictive, most appropriate placement setting.</td>
</tr>
<tr>
<td>- Engage in ongoing communications with child’s parents and foster care providers.</td>
</tr>
<tr>
<td>- Assess and address the ongoing needs of the child, child’s parents, and foster care providers.</td>
</tr>
<tr>
<td>- Facilitate monthly face-to-face visitation with the child; majority of visits must occur in the child’s placement location (foster home, residential facility, trial home, etc.).</td>
</tr>
<tr>
<td>- Transport the child to foster care providers’ home for introduction and help settle the child into their new placement.</td>
</tr>
<tr>
<td>- Collect and bring the child’s belongings to placements, complete an initial inventory and track the items. Anything purchased for the child in foster care remains with the child and must be added to the inventory. If a placement change occurs, all personal items must accompany the child.</td>
</tr>
<tr>
<td>- Resolve concerns that may arise in the child’s placement setting.</td>
</tr>
<tr>
<td>- Educate the foster care provider on “normalcy policy” and under what circumstances the custodial agency grants the provider decision making authority versus when the foster care provider must ask for custodial permission. (Ex: Participation in recreational activities, family events, cultural activities, religious ceremonies, out of state travel, etc.)</td>
</tr>
<tr>
<td>- Provide support and services to the foster home to best meet the child’s needs.</td>
</tr>
<tr>
<td>- Submit timely receipts to the CFS Foster Care and Sub-Adopt Eligibility Unit for foster care provider reimbursement.</td>
</tr>
<tr>
<td>- Educate the foster family on the permanency plan for the child. Recognizing foster care is intended to be temporary, however if a child does become free for adoption, foster care providers may be considered as a potential adoptive placement, if they choose, but are not guaranteed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Supervise and support agency staff in delivering their responsibilities</td>
</tr>
<tr>
<td>- Provide coverage, support and technical assistance to agency staff as it relates to case planning, data entry, reimbursement approvals, etc.</td>
</tr>
<tr>
<td>- Ensure case managers are informed of updated foster care policy/procedure/forms.</td>
</tr>
<tr>
<td>- Attend and promote to staff child welfare training opportunities to enhance skills and knowledge.</td>
</tr>
<tr>
<td>- Monitor placement approvals, timelines, and for children in QRTP placements.</td>
</tr>
</tbody>
</table>
- Communicate with the agency director and NDDHS Children and Family Services staff surrounding systems gaps, needs of redesign, advocate for local communities, etc.

**Director**

- Legal custodian of a child removed from parental custody and placed in foster care.
- Administer the overall operations of the human service zone agency.
- Oversee the agency budget.
- Review employee concerns or field complaints.
- Communicate with the NDDHS Executive Office and respective divisions to meet the needs of redesign, advocate for local communities, etc.

**Other Pertinent Agency Staff**

- **Visitation worker**: Not located in all agencies across North Dakota; a designated or contracted individual assigned to visit face-to-face each child in custody of the agency.
- **Transportation worker**: Not located in all agencies across North Dakota; the transportation staff assist as a professional member of the team assisting the case manager or parent aide on meeting the identified goals and tasks on the case plan, provide transportation for parent, non-custodial parent, and sibling visitation.
- **In-Home Case Manager/Family Preservation Services**: Case manager focuses on internal family stability, parental capacities, relationship between the parent and the child/ren, identification of supports and services needed to minimize risk of removal, etc.
- **Parent Aide/Family Preservation Services**: Assist the parent/s in building parental capacities and skills to maintain children in the home or return the child back to their home quickly. Empower parents to more effectively parent their children and prevent out-of-home placements.

### ND Department of Human Services

**Children & Family Services**

Children and Family Services (CFS) Division is responsible for many programs and services including child protection, in-home and family preservation, foster care, adoption, child care licensing, etc. CFS writes law, rule, and policy for child welfare services offered and delivered statewide.

**Field Service Specialists (FSS)** are assigned across the state to offer support, technical assistance and continuous quality improvement related to child protection, in-home and foster care case practice, as well as foster care licensing. In addition, statewide program administrators affiliated with foster care cases include:

- CFS Director
- Permanency Administrator
- Guardianship Administrator
- Foster Care/Sub-Adopt Eligibility Unit Supervisor
- Quality Assurance Specialists (child file case reviews)

**Children & Family Services Licensing Unit**

Implemented on April 1, 2022 to be responsible for creating and updating statewide policy and procedures with the goal of consistency and efficiency for licensing specialists, providers, and case managers. Various positions are hired in the unit.
| Children & Family Services Licensing Unit | Licensing Specialists are employed by:  
- ND Department of Human Services – CFs Licensing Unit  
- Tribal Social Services  
- Nexus-PATH  
- Youthworks  

**Licensing Specialist Role/ Responsibilities include, but are not limited to:**  
- Respond timely to prospective families interested in pursuing licensure.  
- Provide education and guidance regarding the licensing process.  
- Complete the home study assessment.  
- Recommend licensure by submitting completed licensing study to NDDHS.  
- Offer training opportunities to foster care providers.  
- Offer support and resources to foster care providers.  
- Engage in ongoing recruitment and retention coalition activities.  
- Notify foster care providers of licensure renewal timeframes.  
- Complete annual licensing renewal process with foster care providers.  
- Maintain knowledge of law, rule, and policy for foster care provider licensure. |
| --- | --- |
| CFS Centralized Foster Care & Sub Adopt Eligibility Unit | This unit is responsible to determine the child in foster care’s eligibility and to review/authorize reimbursements on behalf of children in foster care in a paid placement. In order for the unit to authorize reimbursement on behalf of a child in foster care, there must be a:  
- Valid court order granting a public agency custody,  
- Licensed provider,  
- Placement dates entered in FRAME,  
- Current care plan (quarterly CFTM).  

Reimbursement for all child in foster care approved expenses, will be authorized by the unit. Receipts for the child in foster care’s clothing, daycare, transportation, etc. must submitted electronically by the custodial case manager to the unit email at cfsfcsaunit@nd.gov. Questions call 701-328-2076 or toll-free 833-551-2021. |
| Medical Services | Medical Services Division offers a variety of medical assistance programs to help qualified North Dakotans. Majority of ND children in foster care receive ND Medicaid.  
- [http://www.nd.gov/dhs/services/medicalserv/medicaid/](http://www.nd.gov/dhs/services/medicalserv/medicaid/)  
- Questions about each child’s MA number, contact the foster care case manager  

| Economic Assistance | Economic Assistance Division has a variety of assistance programs to help qualified North Dakotans meet their basic needs. Foster care providers are eligible for economic assistance benefits, if needed.  
- [https://www.nd.gov/dhs/services/financialhelp/index.html](https://www.nd.gov/dhs/services/financialhelp/index.html)  
- TANF Kinship is a funding source available to unlicensed relatives providing placement and care to a child.  
- Other assistance programs utilized by foster care providers include SNAP/LIHEAP |
## ND Foster Care Provider/Caregiver Training & Support

| UND Children and Family Services Training Center (CFSTC) | The Children and Family Services Training Center (CFSTC) serves as the primary training agency for child welfare services in North Dakota and is funded by the North Dakota Department of Human Services, Division of Children and Family Services. CFSTC is hosted by University of North Dakota with the goals to:  
- Design and provide training opportunities for child welfare  
- Serve as a resource center for child welfare training activities.  
- Offer PRIDE as pre-service training for foster/adopt parents.  
- Contact 701.777.3442 or email und.cfstc@UND.edu |
| --- | --- |
| CFSTC – Foster or Adopt Recruitment & Retention | The ND Recruitment and Retention Specialist (hired by UND CFSTC) is contracted by the ND Department of Human Services to serve as the coordinator of local and statewide foster or adopt recruitment and retention coalitions, lead marketing campaigns and assess inquiries from prospective foster or adoptive parents.  
- Contact 1-833-FST-HOME or 1-833-378-4663 or email und.cfstc@UND.edu |
| Native American Training Institute (NATI) | The Native American Training Institute (NATI) works to empower individuals, families, and the community to create a safe and healthy environment so children and families can achieve their highest potential. NATI identified a critical need to train, but to also offer cultural resources and support for ND partners.  
- Offer UNITY as pre-service training for foster/adopt parents, Wraparound certification and more.  
- Contact 701.255.6374 or email info@nativeinstitute.org |
| NATI - ICWA Family Preservationists (IFP) | IFP staff are located in Grand Forks and Bismarck with expansion to new locations occurring across North Dakota. IFP’s are representatives of ND Tribal Nations in Indian child welfare cases. Duties include:  
- Close coordination with Tribal ICWA Coordinator and agency case manager.  
- Advocacy that the best interests of the family and child are considered throughout the duration of the case.  
- Support placement of the child in an ICWA preferred placement.  
- Support the return of the child to his/her family as soon as there is no imminent or impending danger present.  
- Ensure case plan creates lasting meaningful change for the family to prevent re-entry into the child welfare system.  
- Observe and support the child in their living arrangement and work with the caregiver to identify and participate in culturally appropriate events and activities. |
<p>| <strong>ND Court Personnel</strong> | North Dakota’s juvenile courts serve youth under the age of 18. The Juvenile Court protects the best interests of children and addresses their unique needs. The juvenile court examines referrals of delinquency, child in need of services, and child in need of protection. In addition, makes determination upon intake of referrals, supervises a child placed on probation, and makes appropriate referrals to agencies of the community as needed. |</p>
<table>
<thead>
<tr>
<th><strong>ND Court Personnel</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Presiding Judge or Judicial Referee</strong></td>
<td>The individual managing the courtroom, making legal rulings and judicial determinations based on the evidence presented to the Court by the State’s Attorney, Defense Attorney, guardian ad litem, juvenile court officer, and any other interested person or party.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ND Court Personnel</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>States Attorney</strong></td>
<td>The lawyer representing the Human Service Zone or the State of North Dakota (in delinquent cases); sometimes referred to as “Petitioner.” In child in need of protection (CHIPS) cases, the State’s Attorney presents evidence of the child in need for protection to the Judge and request an Order that requires the parents to remedy the cause(s). If a child is removed from the home pending the outcome of the petition, the State’s Attorney will also appear at the shelter care hearings. In delinquent cases, the State’s Attorney presents evidence in order to prove the delinquent conduct and then requests a disposition in order to treat and rehabilitate the juvenile.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ND Court Personnel</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Defense Attorney</strong></td>
<td>The lawyer representing the child in foster care’s natural parents by preparing and arguing defense on the respondent’s behalf representing the parents’ position on the disposition of the child. In child in need of protection (CHIPS) cases, the defense attorney has an obligation to present their client’s position representing a parent accused of abuse and/or neglect. Their role is to argue that abuse/neglect is not present and if the child is removed, argue that the child does not need to be removed from the parent. In delinquent cases, a defense attorney may be appointed to the child alleged of delinquent conduct and the parents of the child. A defense attorney has an obligation to argue there is not enough evidence of the delinquent conduct and may present evidence on whether there is a need to treat and rehabilitate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ND Court Personnel</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guardian ad Litem (GAL)</strong></td>
<td>A person appointed by the court to advocate for the best interests of a child in a juvenile court proceeding. The GAL is separate from the custodial agency and the court so they can provide information and recommendations as a third party to the case. GALs advocate for children in a variety of ways, including gathering information from people with knowledge about the child, participating in meetings with parents, attorneys, and social workers, making written recommendations, and speaking in court.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ND Court Personnel</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Qualified Expert Witness (QEW)</strong></td>
<td>An individual qualified to testify regarding whether the ICWA child’s continued custody is likely to result in serious emotional or physical damage to the child and should be qualified to testify as to the prevailing social and cultural standards of the child’s Tribal Nation. A QEW may be designated by the child’s Tribe, but ultimately is the responsibility of the custodial agency and/or court to secure a QEW for ICWA cases. The foster care case manager assigned to the ICWA child may not serve as a QEW in child-custody proceedings concerning the child.</td>
</tr>
</tbody>
</table>
Who to contact regarding a child in foster care?
Throughout the life of a foster care case, caregivers (parents, relatives, and foster care providers) are connected to many professionals, family members, and other child welfare personnel. It is important to know who to contact and when with questions or concerns. The purpose of this contact list is for a foster care provider or caregiver to add pertinent contact information in efforts to communicate directly with an agency representative.

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Custodial Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact Name</strong></td>
<td><strong>Role</strong></td>
</tr>
<tr>
<td>Custodial Agency (Front desk and/or emergency)</td>
<td></td>
</tr>
<tr>
<td>Child’s Assigned Case Manager</td>
<td></td>
</tr>
<tr>
<td>Case Manager’s Supervisor</td>
<td></td>
</tr>
<tr>
<td>Custodial Agency Director</td>
<td></td>
</tr>
<tr>
<td>Court Guardian ad Litem</td>
<td></td>
</tr>
<tr>
<td>Child’s Parent/s</td>
<td></td>
</tr>
<tr>
<td>Child’s Medical Doctor/Pediatrician/Dentist/Therapist</td>
<td></td>
</tr>
<tr>
<td>Child’s Medical Doctor/Pediatrician/Dentist/Therapist</td>
<td></td>
</tr>
<tr>
<td>Child’s School Teacher</td>
<td></td>
</tr>
<tr>
<td>Child’s Child care Provider</td>
<td></td>
</tr>
<tr>
<td>Foster Care Licensing Specialist (Initial/Renewal license)</td>
<td></td>
</tr>
</tbody>
</table>

If you have questions or concerns about a child in foster care, case planning or other, please contact the child’s custodial agency primary case manager to request initial assistance.
3. Calling the Case Manager

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

**Situations when it is appropriate for foster care providers to call the case manager:**

- To share information or success story of the child or their family.
- 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 (Ex: 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 resources that might be useful to the child.
- To keep the agency informed about a parent-child visit.
- If child is ill for more than a few days (running a fever, flu, etc.).
- If you have a change in your employment status.
- If your family has a serious illness or is experiencing personal problems.
- When there is an error in your foster care reimbursement.

Foster care providers are **required** to inform the foster care case manager, when, but not limited to:

1. When there are personal changes in:
   - Relationship/marital status
   - Family composition or number of persons living in the home
   - Physical changes in the foster home
   - Moving or relocating
   - Telephone number/contact information
2. When you need to be away overnight and the children in foster care need a substitute caregiver.
3. When you will be going on vacation or want to take the child out of North Dakota.
   - Children in foster care cannot be taken across state lines without prior permission.
4. When the child needs surgery, hospitalization or medical care.
5. When a child discloses to you they were previously abused or neglected.

If you question an agency decision or do not agree with the case manager’s actions, first have an open discussion with the case manager. When an issue is not resolved through such discussions, your next step should be to request a meeting with the supervisor or director of the custodial agency. Each agency has a complaint process that can be followed if needed/desired.
4. Events in the Child’s Life

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

Examples of Important Life Events:

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

5. Foster Care Provider Changes

ND family foster homes can experience various changes in their family setting while licensed to provide foster care for children. Foster care providers **must notify** their authorized licensing agency worker of the changes **as soon as they are aware the change is coming or has occurred**. A temporary licensing period may not exceed 60 days and if you move without a licensing worker coming to view your new property within seven days, your license will be out of compliance.

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

a. Change in “family composition”.
   i. A parental marriage/divorce/separation occurs
   ii. A child or adult moves in, etc.

b. Family moves to a new address
   i. The new location must be visited and assessed by the authorized licensing agent **within seven (7) days**.
   ii. If the new property is not viewed within seven days, the foster care license is out of compliance (non-reimbursable) and depending on timeliness could result in having to start over to complete a fingerprint-based criminal background check.

   iii. **PLEASE contact the licensing agency ASAP if you are moving!**

c. Transition from a Zone foster home to a therapeutic foster home or vice versa.

d. Foster care providers move from ND to another state.
   i. The ND license must be closed the day the family leaves the state of ND.
   ii. Once the family vacates the ND home and ND boundaries, foster care reimbursements cannot be made until a valid license is granted from the state of residence.
   iii. A former ND provider can choose to be licensed in their new state of residence. Ask for help in getting in contact with the out-of-state licensing agency.
5. Emergencies

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

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

Note: These are not the only times to call your child’s foster care case manager. When in doubt, call. Also, it is helpful to keep a record of contacts and attempts to contact the foster care case manager. Email is another great way to document your communication efforts and contact the foster care case manager!

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

1. If there has been a suicide attempt, do not leave the child unattended.
2. If the child’s condition warrants it, get immediate medical attention and then notify the child’s foster care case manager or emergency contact.
3. If the child’s physical condition does not warrant medical attention, notify the child’s foster care case manager or emergency contact immediately to develop a safety plan.
**Suicide Warning Signs:**
What to look for when concerned that a person may be suicidal?
A change in behavior or the presence of entirely new behaviors is a possible indicator. This is a concern if the behaviors are related to a painful event, a loss, or change in the child’s life. Most individuals who take their own life exhibit one or more warning signs, either through what they say or what they do.

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

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

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

**Sentinel Event:**
A sentinel event is defined as any unexpected occurrence involving death or serious physical or psychological injury or risk thereof that is not related to the natural course of the individual’s illness or underlying condition. Serious injury specifically includes inappropriate sexual contact. The phrase “or risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. They signal the need for immediate investigation and response. An example of a sentinel event would be if a foster youth is seriously injured, is a victim or perpetrator of inappropriate sexual contact, dies unexpectedly, or attempts suicide.

**Incident:**
An incident is an unplanned occurrence that resulted or could have resulted in injury to people or damage to property, specifically involving the general public and state employees. An incident can also involve issues such as harassment, violence, and discrimination. An incident may be referred to as an accident or near miss. An example of an incident that is not a sentinel event would be if a foster youth runs away.
6. Foster Care Providers as Mentors
An additional resource for foster care providers can be other foster care providers. If you have a simple question and do not feel that it is necessary to call the child’s foster care case manager, you may wish to call another foster care provider. Sometimes you may also want to check ideas with another parent.

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

Questions or problems that you might want to talk about with another foster care provider include:
- ✓ How to fill out paperwork
- ✓ How to prevent/treat head lice (See Appendix)
- ✓ Needed reassurance and support when you are having a rough day
- ✓ Advice on specific child behaviors or managing/preparing for specific family events

Foster care providers must be particularly careful that information about the children placed in their home and information about the child’s family is kept confidential. Check with your authorized licensing agency and child’s custodian for other sources of support.

7. Recruitment and Retention Coalition
North Dakota has established recruitment and retention coalitions statewide. The goal is to increase the number of foster and adoptive homes as well as retain current homes. Each coalition is inclusive of all agencies identified as a Human Service Zone, Tribal Social Service office, Licensed Child Placing Agency (LCPA), AASK Program or Division of Juvenile Services (DJS). These agencies should have at least two participants at each meeting including the agency licensing worker and a supervisor/case manager. In addition, coalitions should secure local business leaders with an interest in advertising, faith-based and volunteer organizations (Churches, Lions Club, Kiwanis, etc.) driven to engage as supports, as well as foster care providers and adoptive families who have a passion for child welfare.

As a foster care provider, your thoughts and ideas on recruiting new homes and/or retaining currently licensed homes are valuable! Please reach out to your licensing worker if you would like to attend a coalition meeting or share ideas with a local coalition.

ND Recruitment/Inquiry Toll Free Line
1-833-FST-HOME or 1-833-378-4663
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 care provider, what should you know about the basics of caring for children in your home? This chapter provides information on:

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

2. Discipline

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

4. Developmental and Behavioral Factors

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

6. Religion

7. Cultural Factors

8. Respite Care

9. Substitute Care

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

11. Social Security

12. Property Damage
1. Confidentiality and Right to Privacy

All foster family members are responsible to observe the confidentiality policies of the State of North Dakota and the child’s placing agency. Foster care providers must be particularly careful to ensure that private information about children and their family 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”. This document then becomes evidence of permission to release information to others on a “need-to-know” basis. If you receive related information from another community source, sharing with the foster care case manager is important, in turn, because it may hold value to the case planning process.

If you are not sure, you should not talk about it!!
Sharing information that is not yours is not ok. Children in foster care have rights too; their situation is their story, so if they choose to open up to one of your family members or friends, it is their story to tell, not yours!

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

a. The Child’s Rights:
Foster youth have the right to participate in the development and revision of their individualized plan when it is determined age and developmentally appropriate. Some youth have voiced their opinion for their plan as young as age nine, where others do not participate until they are a teenager. When a child reaches the age of 14, they have the right to personally invite two additional members to join the Child and Family Team, who are not the child’s foster care providers or case manager.
The case plan for any youth age 14 or older must include a list of rights with respect to education, health, visitation, and court participation, the right to be provided with credit reporting documents, and the right to stay safe and avoid exploitation. The custodial case manager must explain the list of rights (DN 402) to each youth in a developmentally and age-appropriate manner. The list of rights must be reviewed and signed annually by the custodian and the youth. A copy of the signed rights (DN 402) must also be given to the youth for their records.

**Foster Youth Have the Right To:**
1. Know why they are in foster care and plans for their future
2. Be treated with respect, along with their family members
3. Receive food, clothing, a bed, and items for personal hygiene
4. Live in a safe, clean place with a reasonable amount of privacy and safety for their personal property
5. Take personal items, clothing and any gifts or possessions that have been acquired when leaving a foster care placement
6. Receive medical, vision, and dental care
7. Be safe from exploitation, physical, sexual, and verbal abuse, or neglect
8. Be treated fairly and without discrimination related to race, gender, age, sexual orientation, disabilities, and religious beliefs
9. Practice cultural traditions and religious faith in reasonable ways
10. Receive education and help with emotional, physical, intellectual, social, and spiritual growth
11. Be given the opportunity to participate in school and community activities
12. Participate in the development of their case plan and attend Child and Family Team meetings
13. Contact and be granted visitation with family as approved by the legal custodian
14. Communicate with case manager
15. Express concerns about safety, permanency and well-being
16. Participate and be represented in judicial proceedings
17. Receive a copy of their annual credit report obtained by Children and Family Services.
b. Personal Property:
The personal belongings that children bring to the foster home are theirs and may be of particular importance to them. Every child should have a place to call his or her own. The personal area of your home, along with his/her possessions should be respected. Foster care case managers are required to document an inventory of child belongings. Foster care providers may be asked to help with this task to ensure each child’s belongings come and go as inventoried!

![Image of personal property]

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

### $$$ Clothing Costs $$$
The standard reimbursement provided to foster care providers is to assist with the costs of the care for the child/ren in foster care in the home. A portion of the monthly maintenance payment is specific to the purchase of clothing; a specific value is embedded into the rate.

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

### c. Media:
Permission must be obtained from the child's foster care case manager before a child in foster care can be identified in newspaper articles, photographs for the press, or TV and radio programs. If a story is done that would recognize the child as a “child in foster care,” permission must be granted by the custodian. However, if a child is photographed in the local paper, so long as the media does not identify the child as “Jane Doe, Child in Foster Care,” no permission would be necessary. It is normal for teens to be interviewed for a sport, musical, school event, 4H event, etc. Participation in extracurricular events and activities can be very helpful to overall growth and self-esteem for all children.
2. Discipline
Discipline must be constructive or educational in nature and may include diversion, separation from the problem situation, talking with the child about the situation, praising appropriate behavior, and if needed, holding the child in a gentle restraint as taught in nonviolent crisis intervention (CPI) classes. Children shall not be subjected to physical harm or humiliation. NDAC 75-03-14-05 sets forth the standard that no child may be kicked, bitten, punched, spanked, shaken, pinched, roughly handled, or struck with an inanimate object by foster care providers or any other adult living in the home.

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

Tips for Going to the Emergency Room
1. Stay calm
2. Call the on-call agency worker
3. Bring the child’s Medicaid card or assigned insurance number
4. Bring a list of the child’s medications, including allergies

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

a. Consent and Medical Treatment:
   ✓ For surgery scheduled in advance (e.g., tonsillectomy), contact the foster care case manager to obtain the birth parent’s and/or the agency’s written consent.

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

c. Prescriptions:
   ✓ Any prescribed medications used to treat a child must be ordered by a doctor.
   ✓ Over-the-counter medications should be used with caution because of possible allergic reactions. It is wise to consult the child’s doctor when giving any of these medications to a child. Also, be sure to notify the child’s case manager about the child’s illnesses and treatment.
   ✓ Safety surrounding the distribution, storage, and disposal of medications in the foster home must be ensured. Discuss “safety – medication in the foster home” with the child’s case manager.
   ✓ Prescriptions can only be paid for through the child’s private insurance plan, managed care benefits, or Medicaid. If you have any questions or problems in filling a prescription for a child in foster care, contact the child’s case manager or emergency on-call worker if after business hours.

$ NO REIMBURSEMENT $

If a foster care provider pays for a prescription/medicine, you cannot be reimbursed for the medical purchase with foster care funding.
d. **Administration of Medication:**

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

✓ Please administer medications with caution and care.

e. **Child Immunizations:**

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

f. **Family Planning Services/Sexual Responsibility Counseling:**

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

g. **Medical Transportation:**

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

✓ Case managers may ask birth parent(s) to also attend medical appointments.

✓ Foster care providers have the option to be enrolled in the North Dakota Medicaid Program as a “Transportation Provider.”

**ND Medical Services Provider Information:**

a. Application can be found online. The foster care provider would want to enroll as a Non-Emergent Medical Transportation (NEMT) provider.


c. Providers = [http://www.nd.gov/dhs/services/medicalserv/medicaid/agreement.html](http://www.nd.gov/dhs/services/medicalserv/medicaid/agreement.html)

d. Help Center = 877-328-7098

e. General MA Information = 701-328-2321

4. **Developmental and Behavioral Factors**

Foster care providers 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 care providers will need to know about any developmental or behavioral factors. The child’s case manager should inform you of the child’s development and whether there are any known developmental delays or behavioral needs. (See Appendix, Competency #2 on page 113)
5. School
Foster care providers are expected to actively participate in their child in foster care’s education. Helping the child with homework and school projects, attending teachers’ conferences, joining a parent/school organization, and participating in field trips are some of the important ways that you can get involved. You should also discuss the child’s educational progress with the child’s parents and if appropriate, encourage them to attend school meetings and events.

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

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

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

✓ Involve yourself in the child’s school progress and activities; this shows the child that you are interested and that you care.
✓ The agency should also be kept informed of your child’s school progress at all times.
✓ Foster care providers are expected to attend meetings held by the school in order to support the child with his or her educational needs.
b. **Head Start:**
Children in foster care are eligible for enrollment in an Early Head Start and/or Head Start program, regardless of family income. Head Start is a comprehensive child development program serving children from birth to age five, expectant mothers and families. Every Head Start program provides comprehensive services for children and families. Contact the child in foster care’s case manager if you have questions or need additional information on the Early Head Start and Head Start programs.

c. **Education Related Special Reimbursements:**
Foster care does not pay or reimburse for “education.” However, a special payment known as an Irregular Payment may be authorized through the Child and Family Team process. Expenses resulting in above and beyond needs generated because of involvement in school activities, such as graduation pictures, field trips, and other special expenses such as sports shoes may be approved for reimbursement.

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

Foster care providers and agencies are not given the decision-making capacity for religious choice. Exceptions may occur when decisions may harm or compromise the safety and welfare of a child or when adolescents object to their parent’s religious decision. Youth have the right to state if they would like to experience a different religion than their family. If religious decisions or choices have not been made by the child’s parents, foster care providers must work together with the foster care case manager to discuss the needs of the child in regard to religious participation.

7. **Cultural Factors**
The foster care providers 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. Respite Care
Respite care is temporary relief care for a child who requires time-limited supervision and support by an eligible respite care provider. Respite care can be accessed by primary foster care provider or relative caregivers to support and maintain the relationship with the child and preserve the placement. If respite is approved, reimbursement is accommodated by NDDHS after receiving a pre-approved and signed SFN 929. If the child in foster care’s behaviors/needs are such that extra help is necessary, the need for respite care must be discussed with the child’s case manager and pre-approved by the Department.

Babysitting is distinguishably different from ongoing childcare, substitute care and needed respite. Babysitting is short-term care of children in foster care when the foster care providers are temporarily away, however still available to respond if needed. A babysitter can be a responsible individual, between the ages of 14 and 21, secured to provide care and supervision for no more than eight consecutive hours in one day.

**North Dakota Babysitting Criteria**
Individuals may not be left responsible for more than eight consecutive hours and must be:
- Between the ages of 14 and 21;
  - *Individuals age 21 or greater meet the definition of a substitute caregiver allowed to care for children in foster care for a portion of one day. If time exceeds one day, a licensed foster care provider must provide substitute care if foster care providers are unavailable.*
- Able to demonstrate responsibility;
- Able to demonstrate skills and maturity to supervise others;
- Capable to provide adequate care to others; and
- Pre-approved by the foster care case manager if asked to transport children in foster care.

**Substitute care** is temporary care of children in foster care by another licensed provider when the foster care providers are absent and unavailable to provide supervision and care for more than a portion of one day. A substitute caregiver is a responsible adult, age 21 or older, temporarily providing care for a child in foster care in the absence of the foster care providers for a portion of one day. If time exceeds one day, a licensed foster care provider must be identified to provide substitute care if the primary foster care providers are unavailable.

a) **Can we get a babysitter for the children in foster care so we can go to dinner and a movie?**
   Yes. A babysitter, between the ages of 14 and 21, who meets the criteria set forth in policy 624-05, can babysit for no more than eight consecutive hours.

b) **Can we get a babysitter for our children in foster care when I run errands for three hours?**
   Yes. A babysitter, between the ages of 14 and 21, who meets the criteria set forth in policy 624-05, can babysit for no more than eight consecutive hours.

c) **We plan to attend an out-of-town basketball tournament, leaving home at 8:30am and returning by 10:30pm (14 hours later); can my 25-year-old sister watch the children in foster care?**
   Yes! A substitute caregiver, an individual age 21 or greater, is allowed to care for the children for a portion of one day without a foster care license.
d) Sleeping over at Grandma’s is “normal”, why can’t the child in foster care go to their biological grandma’s house (who is not licensed) for the weekend while we are out of town? NDDHS does not prohibit this. Decisions regarding family visitation are left to the custodian; if you have notified the custodian that you will be out of town and are in need of substitute care… the child in foster care’s relative or biological family member may be an option, if approved by the custodian.

e) Sleeping over at Grandma’s is “normal”, why can’t the child in foster care go to my parents’ house for the night with our biological children while we are out of town? If your parents are known to the child and could be viewed as an “identified relative”, NDDHS does not prohibit this. Notification and approval of greater than one day is required by the custodian if foster care providers will be out of town. Federal “Reasonable and Prudent Parent” standards allows foster parents the decision making authority that will afford “normalcy” to a child in foster care wanting to engage in school activities, sports camps, hang out with friends, go on a youth retreat, attend a birthday party, get a job, etc. The reasonable and prudent parent standard does not grant foster care providers the ability to make placement decisions. The foster care providers must work with the custodial case manager to properly plan.

10. Safety
   a. Fire Safety:
      Before initial licensure and annual renewal, each foster care provider shall complete a course of instruction related to fire prevention and safety. The CFSTC and NDDHS have online fire safety training available. The Family Foster Home – Fire Safety Self Declaration Form (SFN 800) must be completed and signed by each foster care provider before initial licensure and at each renewal. (NDAC 75-03-14-03)

      NDCC 50-11 mandates a course of instruction on fire prevention and safety, and the completion of a fire safety self-declaration (found in the SFN 1037 licensing packet), must be signed by each foster care provider. The home must comply with the requirements of NDAC 75-03-14-03 related to checking and maintaining fire extinguishers, smoke detectors/alarms, carbon monoxide detector/alarms as recommended by the local fire inspector or state fire marshal. In addition, the home’s furnace (gas, propane, or coal), chimneys, and boilers must be maintained in proper operating and in a safe and sanitary condition.

      Ongoing Maintenance:
      1. Fire Extinguisher: Must be accessible and maintained with a minimum of one 2A-10BC fire extinguisher on each level of the home. Kitchen and laundry rooms are priority areas. Fire extinguishers must be serviced annually or purchased every three years.

         Why Do We Have to Service or Replace? To be in compliance with OSHA, all portable fire extinguishers are required to have an annual inspection performed to ensure proper functionality of your fire extinguishers. Inspections are also a requirement of ND fire code compliance.
2. **Smoke Alarm**: Change batteries at least once per year. If hard wired with battery backup, the batteries still need to be changed. Smoke alarms expire and need to be replaced every 10 years per ND fire code.

**Why Do we Have to Change Batteries and/or Replace Units?** The National Fire Protection Association (NFPA) recommends replacing smoke detectors, both battery operated and hard wired, after 10 years. Like all devices with electronic components, smoke alarms have a limited effective service life. As electronic devices, smoke alarms are subject to random failures. In 10 years, there is roughly a 30% probability of failure before replacement. After 15 years, the chances are better than 50/50 that your alarm has failed. Replacing alarms after 10 years protects against the risk of failure. One way to mitigate risk is to test alarms monthly to ensure the unit is in proper working condition.

3. **Carbon Monoxide (CO)**: Often called the invisible killer, carbon monoxide is an orderless, colorless gas created when fuels (such as gasoline, wood, coal, natural gas, propane, oil and methane) burn incompletely. Each home requires at least one carbon monoxide detector.

**Why Do we Have to Change Batteries and/or Replace Units?** In the home heating and cooking equipment that burn fuel are potential sources of carbon monoxide. Vehicles or generators running in an attached garage can also produce dangerous levels of carbon monoxide. CO poisoning is the 2nd most common cause of non-medicinal poisonings death.

4. **Heating Systems**: Furnace (gas, propane, or coal), chimneys, and boilers must be maintained in proper operating and in a safe and sanitary condition. Heating systems must have an inspection every **two years**. Electric heating systems do not require any inspection, however special attention must be made to remove items from touching the electric heater and panels to minimize risk of fire. Hot water boilers in apartment buildings separate from living spaces must be inspected every **three years**. Foster care providers must work with their property manager to receive and submit to their licensing specialist verification of boiler inspection (SFN 19585).

**The licensing file does require the foster care provider provide verification of purchase (receipts) for any extinguishers, detectors/alarms, completion of required inspections, etc.**
b. **Car Safety Restraint:**
Foster care providers are required to follow ND state law, NDCC §39-21-41.2, which requires the use of child restraints/safety belts. The following is a brief summary:

- ✓ All children in foster care riding in a motor vehicle are required to be properly restrained in an infant car seat, convertible rear facing car seat, convertible forward facing car seat, booster seat, or a car seat belt (depending on the age and size of the child).
- ✓ The child restraint must be used correctly and be properly installed.
- ✓ The law applies to all seating positions, both front seat and back seat.
- ✓ The driver is responsible for ensuring that all occupants are buckled in appropriate restraint.
- ✓ **For more information go online to** ND Department of Health – Child Passenger Safety Program or ND Safe Kids [http://www.safekids.org/](http://www.safekids.org/)

---

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

d. **Day-to-Day Safety:**
Foster care providers should take certain day-to-day safety measures including keeping the house and premises clean, neat, and free from hazards that jeopardize health and safety. The family foster home for children shall engage in proper trash disposal and be free from rodent and insect infestation. The family must be equipped with adequate light, heat, ventilation, and plumbing for safe and comfortable occupancy. The home and grounds must be in compliance with any applicable state and local zoning requirements. (NDAC 75-03-14-03)

e. **Security Cameras:**
If a foster family has security cameras inside or outside of their home, they must disclose this information to the licensing worker upon purchase of the security system or during any home study visit. Indoor video cameras must be made known to all parties entering the home (case managers, child in foster care, etc.) and an explanation granted as to why the cameras are in the home. Interior video cameras may not be used to supervise children. Indoor video cameras may not be placed in private spaces of a home, such as bedrooms and bathrooms where children in foster care will change clothing or be naturally exposed. Baby monitors with cameras may be used to observe infants and toddlers under age three in their bedroom to ensure safety and awareness to a child waking, etc. Indoor video cameras may not be used to intentionally record the child.
Top 10 Household Hazards include:

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

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

3. **Carbon Monoxide:** Accidental poisoning due to carbon monoxide in the home is becoming more common nationwide.

4. **Choking:** Dinner swallowed the wrong way or a child accidentally swallowing a small item; the biggest household choking hazards come from small toys and hard foods that easily block airways, like peppermints or nuts.

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

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

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

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

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

10. **Stoves:** Stoves present a danger. In addition to burning danger from hot implements, an improperly installed stove can easily tip over and crush toes, fingers, or worse. ([http://www.safewise.com/blog/10-safety-hazards-to-watch-out-for-around-the-house/](http://www.safewise.com/blog/10-safety-hazards-to-watch-out-for-around-the-house/))
Swimming Pools
The family foster home for children is not prohibited from having a swimming pool on the property. Supervision is required for all swimming activities. In addition, an above ground or in-ground swimming pool with a depth of four feet or greater must have:

- A barrier on all sides to minimize unsupervised access. The barrier must be equipped with a safety lock.
- If the pool cannot be drained, the pool must have a working pump and filtering system.
- The pool area must have a life saving device readily available in the event of an emergency.

**Compliance:** The home study process will review this standard. Each home with a swimming pool must ensure child safety to minimize the risk of drowning, while meeting the barrier requirements. It is recommended the pool barrier be at least four feet (48 inches) above ground to eliminate entry into the swimming pool. Above ground swimming pools or in ground pools must have the safety precautions enforced; examples have been provided below to help visualize barriers that meet North Dakota compliance. A fenced-in back yard does not meet the barrier requirement. If the foster home has an in-ground pool with a professionally installed safety cover that eliminates entry, it does meet the barrier standard if there is a lock requiring supervision to open the cover.

**Appropriate Barrier Examples**

<table>
<thead>
<tr>
<th>Above Ground Pool</th>
<th>In Ground Pool</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Above Ground Pool Example" /></td>
<td><img src="image2" alt="In Ground Pool Example" /></td>
</tr>
<tr>
<td><img src="image3" alt="Above Ground Pool Example" /></td>
<td><img src="image4" alt="In Ground Pool Example" /></td>
</tr>
</tbody>
</table>

**Wading Pool Example:** Small wading pools do not require a barrier. The wading pool must be regularly drained. In addition, safety and supervision is always required.
Storage in Home
The family foster home for children shall properly store medications, alcohol, poisonous materials, cleaning supplies, and other hazardous materials to prevent access to children, as appropriate for age and development of the children in placement.

Compliance: The foster care home study process will review this standard. Each home must use reasonable and prudent parenting to ensure foster children placed in their home are safe from consumption of the items listed above. Proper storage is required and will vary in each home depending on cupboard and closet locations and the age of the children in placement. The goal is to eliminate access. If you have toddlers placed with you, a childproof lock on a lower cupboard would be sufficient to eliminate playing with cleaning supplies. If you have teenagers placed with you, locking alcohol, prescription medication, and cleaning supplies may be warranted due to curiosity and age, especially if the child has a history of substance use.

Appropriate Examples

- Meds in a high cupboard, some locked
- Alcohol locked
- Alcohol stored high in cupboard
- Cleaning supplies stored high on shelf
- Cleaning supplies locked
- Medication box (locked or unlocked)
Water Testing & Temperature
The family foster home for children shall ensure the water is safe for drinking and water temperature in the home is monitored for safety. The water temperature settings should not exceed 120 degrees F. The home study requires the licensing specialist to check the settings on the water heater to ensure proper water temperature is maintained. Households will a well, must have the well water tested annually. See the 622-05 policy for well water testing sites.

Compliance: The foster care home study process will review this standard. Licensing Specialist will use the provided thermometer to test the water temperature and ask the provider to adjust accordingly. Water heater valves and gauges are not always accurate, so verifying water temperature is necessary to minimize the risk of third-degree burns.

Length of Exposure = Third-Degree Burn

<table>
<thead>
<tr>
<th>Temperature (°C)</th>
<th>Temperature (°F)</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>68</td>
<td>155</td>
<td>1 second</td>
</tr>
<tr>
<td>65.6</td>
<td>149</td>
<td>2 seconds</td>
</tr>
<tr>
<td>60</td>
<td>140</td>
<td>5 seconds</td>
</tr>
<tr>
<td>56.6</td>
<td>133</td>
<td>15 seconds</td>
</tr>
<tr>
<td>53</td>
<td>127</td>
<td>60 seconds</td>
</tr>
</tbody>
</table>

TEMPERATURE TESTING
1. Test two areas of the home: Bathroom shower/tub faucet and Kitchen faucet
2. Turn water all the way to hot
3. Let water run for 1-2 minutes to ensure it gets to the hottest temperature
4. Fill a mug with the hot water
5. Immediately submerge the thermometer rod into the water
6. Let the thermometer adjust to the water temperature for at least 30 seconds before removing
7. If the water temperature is too hot or there seems to be a discrepancy, the homeowner can ask for the water to be tested with a meat thermometer (in their home) as a verification.

WATER HEATER
1. Water heaters vary; however, they will have an indicator of low, hot, high, very hot or A, B, C,
2. Modify the water heater gauge/dial if the water from the faucet is higher than 120 degrees
12. Property Damage

It is highly recommended and encouraged that foster care providers attain homeowners or renter’s insurance when choosing to take on the responsibility of becoming a foster care provider. Foster care providers are taking on a personal risk when they let their property insurance lapse or discontinue. The monthly maintenance reimbursement was created to cover a portion of the costs of insurance coverage. Without insurance, NDDHS has limited financial support for the loss/damage to property. The liability coverage offered by NDDHS may assist in coverage to property that is not the foster care provider’s (Ex: school or a neighbor’s broken window). DHS Liability Coverage 622-05-10-10-06 policy was created to assist licensed foster care providers (claimant) and others for damages to property they incur, which are caused by acts or omissions of a child in foster care. The claimant must file the claim, regardless of whose property was damaged. This policy is the ‘insurer of last resort”.

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

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

The Department will cover the difference between $100 and the amount of the deductible paid to claims.

Exclusions:
The following exclusions apply:

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

Claim procedures are located in policy and requires the completion of the Family Foster Care Claim of Property Damage Form (SFN 327) and various supplemental documents.

Any questions regarding this policy should be directed to the following:
Children and Family Services Division
Chapter 5
Daily Life

*Life affords no greater responsibility, no greater privilege, than the raising of the next generation.*
– C. Everett Koop
Chapter 5. Daily Life- Normalcy

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

Topics Include:

1. Consent
2. Normalcy
3. Social and Recreational Activities
4. Dating
5. Socializing/Hanging out with Friends
6. Social Media and Technology
7. Transportation
8. Trips and Vacations
9. Allowance
10. Savings Account
11. Clothing
12. Chores and Household Responsibility
13. Youth Employment
14. Driving a Car
15. Smoking
16. Hair Care
17. Piercing and Tattooing
18. Armed Forces
19. 18+ Continued Care
1. **Consent**  
This chapter includes guidance on the types of activities that may need consent. Each agency has policies on approving participation of children in foster care 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 care providers can give permission for the child to engage in routine types of activities such as joining a school club and dating. When you have a question, check with your local agency.

2. **Normalcy** (624-05-15-50-40)  
The reasonable and prudent parent standard is characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child participating in extracurricular, enrichment, cultural, and social activities.

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

When using the reasonable and prudent parent standard, providers should consider:
- The child’s age, maturity and developmental level;
- Potential risk factors of participating in the activity;
- The child’s best interest;
- Whether or not the activity will encourage the child’s emotional and developmental growth; and
- Whether or not the activity will offer the child a family-like living experience

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

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

**Example:** It may be age appropriate and “normal” for a 14-year-old to go to a school ball game without parental supervision. It may not be age appropriate and “normal” for a 14-year-old to go camping with friends without parental supervision.
In an effort to make decisions in the best interest of the child, it is important to engage the child to understand their desire and abilities. Foster care providers may have personal beliefs that would influence participation in requested activities. Foster care providers may also review requirements for safety measures such as helmets, life jackets, and adult supervision. The Child and Family Team is a resource in finalizing decisions that may present risk.

**Typical Activity Requests:**
Children in foster care request permission to participate in various activities. Requests that seem “normal” to young people may include but are not limited to:
- Extra-curricular activities (participate in school sports, band, theater, etc.)
- School related activities (attend dance, ball game, field trip, etc.)
- Working – Babysitting
- Using a cell phone
- Staying up late
- Watching television
- Using the internet – social media
- Dating
- Driving
- Playing video games
- Attending summer camp (sports, Boy Scouts, etc.)
- Riding in a vehicle with others
- Sleepovers
- Vacations (in-and-out of state)
- Haircuts/tattoos/piercings
- Operating an ATV or snowmobile
- Boating
- Hunting
- Rodeo
- Water sports
- Snow skiing

**High Risk Activities:**
The child’s custodian has the discretion to approve the child’s participation in what may be considered high risk activities; i.e. skiing, hunting, horseback riding, BMX dirt bike racing, etc. This decision should be made through discussions at the Child and Family Team meeting. It is recommended that the child attend any safety course available that may relate to the activity prior to participating in the activity; i.e. hunter’s safety, rider’s safety training, etc. Approval should be documented in the child’s case file.
Making Decisions:
The custodian will specify upon placement or at the first Child and Family Team meeting the parameters of a foster care provider’s decision-making authority. The custodian must:

- Detail the agencies expectations supporting the foster care provider’s ability to engage in reasonable and prudent parenting,
- Define and address “normal” activities the child is already participating in,
- Discuss additional interests and desires the child may have, and
- Identify if there are any barriers.

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

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

- ✓ If appropriate, have the biological parents been consulted about their thoughts regarding their child’s participation in the activity?
- ✓ Does the activity promote the child’s social development?
- ✓ Will the activity encourage “normaley” for the child?
- ✓ If the child has medical needs; will the child be able to tell others how to help them if necessary?
- ✓ Has the child shown maturity in decision making abilities?
- ✓ Would I allow my own child to participate in the activity?
- ✓ Who will also be attending or participating in the activity?
- ✓ Will the timing of the activity interfere with a scheduled sibling or parent visit, therapy or medical appointment? If so, other options to accommodate the activities and family engagement/treatment will need to be pursued.
- ✓ Does the child in foster care understand the set expectations regarding curfew, approval for last minute changes to the plan and the consequences for not complying with the expectations?
3. Social and Recreational Activities
It is important for children in foster care 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 child in foster care opportunities to participate in groups such as Scouts, 4-H, church or synagogue (of their choice), and sports 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 care providers should be sound adult role models and teach good safety habits; lead 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 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 or allergic reactions would require additional planning and preparations.
✓ Protection from sunburn.
✓ Awareness and monitoring of specific health problems; it is crucial for you to discuss desired activities with the child’s doctor and to be knowledgeable in treating the concern.
4. Dating
Dating is a normal part of adolescence and important for development and social adjustment. As the foster care provider, you can help guide the teen in your care so that dating remains appropriate and offers personal growth. Foster care providers are responsible for setting rules and establishing healthy relationships. Foster care providers can role model appropriate boundaries and should communicate with youth to identify and establish dating rules, curfew, and trust.

- Teens that date often experience rejection. Be sensitive, listen to their concerns, and assist them in identifying ways to meet new friends.
- Help teens establish personal boundaries by encouraging them to respect their values and their bodies. Discuss sexual responsibility, consequences of sexual behavior, and if needed ask case managers to assist in conversations about responsible relationships.
- If a teen chooses to date, reasonable and prudent parenting would suggest foster care providers:
  ✓ Obtain knowledge of who the person is they are choosing to date
  ✓ Suggest safe dating options, such as double dating in a public setting
  ✓ Confirm transportation and who will be driving
  ✓ Confirm curfew time
  ✓ Confirm the plans for the evening
  ✓ Confirm if others will be joining the couple
  ✓ Confirm if plans change, the rule is to call BEFORE going/doing something other than what was planned
  ✓ Exchange phone numbers
  ✓ Confirm a code word with the child/youth: If things become uncomfortable, the child must know they can CALL YOU no matter what! Example: “I forgot to feed the dog.” That would be a very good code for a family who does not have a dog. A safe way for a child to tell you they would like you to come and pick them up, etc.
5. Socializing/ Hanging out with Friends

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

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

6. Social Media and Technology

Youth are surrounded by technology in various forms. Social media and use of technology will assist youth in socializing and maintaining connections but must be done in an appropriate way. Monitoring online activity and cell phone use (texting, Snapchat, Facebook, Instagram) can assist youth in learning appropriate technology boundaries and internet safety. Set rules about the use of technology that meet the household structure (Ex: All cell phones are turned in at 9:00pm, no cell phones at the dinner table, cell phone passwords are shared with the foster care provider, Facebook users must “friend” the foster care provider/s so monitoring of the posts can occur, etc.). Foster care providers may consider reaching out to the foster care case manager to determine an appropriate plan or a team approach to implementing a media/technology contract. A contract would offer the youth an easy-to-follow list of expectations, which can decrease the opportunity for miscommunication.

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

**Be kind online:** Treat people the way you would want to be treated. If your “friends” or “followers” are rude, do not react or retaliate. If needed ask for help or use privacy tools to block peers who are inappropriate.

**Think about what you post.** Sharing inappropriate photos or intimate details online can cause problems. It is important to remember that people you consider friends can use this info against you at a later date. In addition, items that you tweet, post on Facebook, search online, snapchat, etc. can follow you. Posts today could affect future employment; many employers search the internet to find out information about a potential employee.
7. Transportation
Foster care providers are expected to provide transportation for the child for the typical daily living situations including attendance at school functions, church activities, medical appointments (including mental health/therapy), dental, vision, treatment conferences, Child and Family Team meetings, and required court hearings. If transportation is above and beyond, discuss reimbursement options with the foster care case manager.

8. Trips and Vacations
Each custodian determines its policies for requiring consent for children in their custody to participate in trips and vacations. When a trip, an overnight stay, or a vacation is planned, foster care providers 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 children in foster care with you on family vacations. All vacations, trips or other alternative arrangements involving a child in care must be discussed with the child’s case manager (as far in advance as possible). Each situation must be individually evaluated and approved by the local agency.
- Trips outside the state or country must have agency approval.
- Spending the night with a friend.

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

Monthly reimbursement for a ND child placed in a foster home range from $800 to $1000 per month depending on a child’s age. Reimbursement includes the cost of providing food, clothing, shelter, daily supervision, transportation, school supplies, a child’s personal incidentals, and liability insurance with respect to a child.

10. Savings Account
Foster care providers have used a portion of the monthly reimbursement as a weekly allowance for the child. 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 care providers, and agency will be involved in the appropriate financial planning.
11. Clothing
Children in foster care need appropriate clothing. When necessary, you may receive an initial clothing allowance to supplement the child’s wardrobe, depending upon the child’s needs. Ongoing clothing costs are included in the monthly maintenance reimbursement. Check with the foster care case manager to discuss options, specific policy and procedures to be granted prior approval to purchase clothing for the child.

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

<table>
<thead>
<tr>
<th>Clothing Item</th>
<th>Size # Have</th>
<th>Size # Need</th>
<th>Size # Have</th>
<th>Size # Need</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Shopping with your child in foster care is a way to model appropriate choices and budgeting; a great way to incorporate independent living skill building! Children who are old enough to make clothing decisions should be involved in the process. Any clothing purchased for a child in foster care belongs to the child. When children move to another foster home or return home, they get to take their wardrobe/items with them. Remember, clothing and other possessions from home may have a very special meaning for a child. Clothing the child has outgrown can be sent with the child for their siblings or discuss an alternate plan with the case manager.

Foster care providers shall help pack up a child’s personal items, offer closure to their stay, and send their personal items along with the child. We often hear foster care providers say the child was placed in their home and came with very little clothing or personal belongings. This should not be the case if the child is being transferred from one foster care provider’s home to another.
12. Chores and Household Responsibility
Performing chores that help maintain household order or satisfy a family need will help children feel useful and 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, dependent on the child’s skills and abilities.
- 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.
- Praise the child for a job well done. Praise will help instill a sense of pride in achievement and a feeling of self-confidence.
- Encourage children in foster care to take care of their own personal belongings, make their bed, and keep their closet, drawers, toys, and other items in order.

13. Youth Employment

Babysitting:
North Dakota state policy does not prohibit a child in foster care from babysitting as means of gaining extra spending money. However, a child in foster care must be between the ages of 14 and 21 and meet the policy criteria set forth in 622-05-15-49.

Agencies may or may not approve of a child in foster care babysitting; it is encouraged to discuss this opportunity at the Child and Family Team meeting if the teen expresses an interest in babysitting to earn some extra spending money.

Employment:
Foster care providers may want to encourage a teenager to earn some money, when appropriate and possible. Work helps a youth become mature and independent. As foster care providers, you should know and approve of the nature of the work; be familiar with who is employing the teenager to ensure the work is appropriate. Youth should not be engaged in work that is potentially hazardous or uses equipment that might be unsafe. Determine if the work is appropriate for the child’s developmental level of maturity and that it does not interfere with school.
14. Driving a Car

Children in foster care who wish to drive must have the activity approved at the Child and Family Team meeting as well as a signature of an individual who is willing to sign as a responsible party. If the child’s parent is unable to sign for the youth to obtain a driver’s license; the custodial agency may determine that a willing foster care providers(s) or child’s relative may assume responsibility and provide insurance coverage. This is not an agency expectation of foster care providers. It is important to note that if a foster care provider signs for the child, he/she is assuming responsibility for the minor’s actions as a driver.

Refer to the NDDHS brochure “Motor Vehicle Operation by Youth in Foster Care” for more information. The application of a minor for an operator's license may be authorized by an individual (responsible adult) who is willing to assume the obligation imposed under NDCC 39-06-08. **NDDHS staff are not allowed to** sign for a child in foster care to obtain a license.

15. Smoking

No person may smoke or vape in the foster home, in circumstances which present a hazard to the health of a child in foster care, or in an enclosed area when the child in foster care is present. All foster care providers should be aware of the potential hazards of smoking in the presence of children, particularly infants and children with respiratory or allergic sensitivity. It is illegal in North Dakota for children under age 21 to purchase, possess, or use tobacco products. Household members prescribed medical marijuana must notify the authorized licensing agent.

16. Hair Care

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

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

- “Help me understand, why would you like a Mohawk?”
- “Please know not all people will like your choice and they might say mean things.”
- “How will you react when others make comments about your hair?”
- “You may not get that job you want if your hair is purple!”
17. Piercing and Tattooing
Foster care providers should not allow a child in foster care to pierce their ears or other body parts, or get any part of the body tattooed, without first obtaining consent from the custodial agency.

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

19. 18+ Continued Foster Care:
The North Dakota 18+ Continued Foster Care program allows for youth to stay in family foster care after age 18 and/or return to foster care within six months of their last discharge date. 18+ Continued Care is available to eligible current and former children in foster care up to the age of 21 years old if the youth meets certain criteria. Foster care providers may agree to care for a youth who remains in 18+, but lives on campus. The Child and Family Team discusses dividing the payment to support the youth in transition to adulthood:

Example of Reimbursement = $1000
Foster Care providers keep $550 (60%)
Foster Youth receives $225 (20%)
Foster Youth savings $225 (20%)
Chapter 6
Teamwork

“Children are likely to live up to what you believe of them.”
– Lady Bird Johnson
Chapter 6. Teamwork

Working as a member of a professional team is one of the PRIDE competency categories and a cornerstone of the PRIDE model of practice. As a foster care provider, you are a member of a professional team with the child, foster care case manager, the child’s parents (if possible) and/or other relatives, educational personnel and the child’s attorney or guardian ad litem, along with service and health care providers. This means that you are not alone in caring for the child. You have support. It also means that you may meet with the child’s family during visits and case conferences; and you must keep the foster care case manager up-to-date on how the child is doing. All members of the team should be acting on behalf of the child. The team should do everything it can to provide a caring, safe, temporary home while at the same time working toward permanency for the child.

This chapter gives information on:

1. Helping Plan for Permanency

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

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

4. Relationship with the Foster Care Case Manager

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

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

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

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

9. ND Quality Assurance Review
1. Helping Plan for Permanency
As a foster care provider, 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 biological family, foster care case manager/agency, and participate in meetings about the child. Foster care providers 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 children in foster care, 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.

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

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

Bridging the Gap
As we bridge the gap between foster care providers and the child’s parents, we also bridge the gap between children and their families.

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 visits
- Remember child’s family through family rituals
- Request cultural information from birth family
- Share documented successes, photos, school grades, (scrapbook) with family
- Share child’s artwork with family
- Exchange letters with child’s family via approval from case manager
- Speak positively and openly about child’s family
- Learn about child’s family, community, and culture

Bridging the Gap when there is Contact:
- 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
● Refer to child as “Your child” when speaking with birth parent
● Share parenting information with parent

**Work with Birth Parents as Part of the Case Plan to Achieve the Permanency Goal:**

● Host visits in your home
● Attend visits in the parent’s home
● Support child’s transition back to their family
● Involve birth family in visits to doctors, therapists, or school conferences
● Assist in planning child’s return to birth family; support the family’s reunification
● Include birth parents in activities or events
● Assist birth parents with transportation to treatment related appointments

**Serve 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

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

**a. Visiting Plans:**

The agency is required to plan and facilitate visits between the parent and child. Visits could be more frequent depending on the case plan. Visiting plans are developed on an individual basis. In setting up a visiting plan, the foster care case manager will consider factors such as location (may include the foster home), length of the visit, and responsibility for transportation to visits.

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

You should keep a log of all visits. It is important to stick to the facts and not write opinions. For example, you might write brief comments such as: “parents came on time,” “parent praised the child,” “parent yelled at child,” “parent brought food for snack.” Any notes you take to document visits may be used as part of the child’s case file.
b. Helping the Child with Visits:
If the child is upset after a visit, allow him or her to have those feelings. Sometimes visits can be upsetting. Saying goodbye is difficult. It helps the child to know when the next visit is scheduled. Tips for foster care providers in helping a child with coping before or after a visit include:

i. Do not conclude that it is a mistake for the child in foster care to visit his or her family. Even if occasionally upsetting, in general there are more advantages than disadvantages to such visits for most children.

ii. If something unusual happens during a parent-child visit, or if the child always returns upset or unhappy, report this to the foster care case manager.

iii. If children are allowed to talk freely about their parents and their situation, they may feel less anxious. Answer their questions clearly, simply, and sensitively if they are confused about why they are in foster care.

iv. Children continue to love their parents no matter how they are treated or what problems the parents have. Be careful about what you say and how you say it. If you are negative, children may respond defensively, and this could have a negative impact.

v. You can acknowledge parental behavior that is not in the child’s best interest. Putting behavior in terms of “choices the parent made” is more objective and non-blaming.

c. When a Visit Happens in the Foster Home:
Foster care providers may be asked if visitation can occur at your home. If you, as the foster care provider, do not want any parent-child visits occurring at your home, simply tell the foster care case manager and visitations can be scheduled to occur in another location.

Foster care providers can help to make visits in the foster home go well. Some suggestions are:

i. Try to make the child’s parent feel welcome.

ii. Try not to be too intimate or too reserved.

iii. Offer a cup of coffee/lemonade or a light snack.

iv. Try to give the parent and child some privacy during the visit by either going about your normal routine or making a separate space available.

v. Have some toys and games available for the parent when playing with the child.

d. 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. If problems arise with visitation, contact the foster care case manager as soon as possible. This may include any incidents, observations, and feelings about something that occurred or the child’s reactions. The foster care case manager will advise you on how to proceed. Examples of problems
which can occur around parent-child visit include:

- Failure of a parent to show up for a visit.
- Parent continually arrives late for visits.
- Parent arrives unannounced. You should be prepared to know what to do. Visits should be approved and arranged ahead of time. Report unannounced visits to the foster care case manager to discuss with both you and the parent.
- Parent arrives in a state of tension, anger, or is intoxicated. How you will handle this situation should be decided ahead of time. You need to carry out the safety plan developed by the team.
- Parent upsets the child by saying destructive things or tries to physically reprimand him or her. Intervene in the situation; stay calm but firm. If the situation does not improve, carry out the safety plan developed by the team.
- Parents call constantly. Calls should be approved and arranged ahead of time as part of the Child and Family Team planning.

4. Relationship with the Case Manager

Ideally, the foster care case manager and foster care providers will work together as a professional team. This benefits the child and makes your life easier as well. Communication should remain open and honest. Best practice would encourage regular face-to-face contact between the foster care providers and case manager. Whenever possible, Child and Family Team meetings should be pre-arranged and held at a mutually convenient time. In situations involving sudden problems, emergencies, or crises, contact the case manager immediately. Depending on the situation, a meeting may take place to assess the situation and arrange for appropriate services.

The case manager’s initial visit is particularly important. It is an opportunity to meet the foster care case manager and obtain information on the facts of the case, the visitation plan, and the case plan. During your regular meetings with the foster care case manager, it is important to discuss:

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

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

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

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

The Child and Family Team meeting 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: Foster care case manager, foster care providers, the child when appropriate, the biological parents unless it is documented why they should not be present, guardian ad litem, school liaison, church pastor or others determined necessary. When a review involves a child who is developmentally disabled or there is a reason to believe such, the regional Developmental Disability Division Coordinator or designee must also be included in the team meeting.

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

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

- Whether the child’s foster care placement is appropriate and necessary
- The extent to which the agency, parents, and child are carrying out the tasks in the plan and whether the service plan should be changed. The parents’ progress (with the agency’s help) in correcting the conditions that led to the child’s placement.
- The visitation plan
- The child’s safety and assessment on progress in eliminating risk
- Actions taken to meet the family’s need
- Updates and any needs of the child(ren)
- The likely date for discharging the child from foster care
- The need for a concurrent plan
Permanency Outcomes:
While there are many possible permanency outcomes for children placed under the care, custody, and control of an agency, reunification with their parents is often the initial plan. However, after a child has been in care for a while, that plan may change to include:

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

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

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

1. Family Setting
   a. Relative/Kinship Care
   b. Shelter Care (short term – emergency care) = Sign SFN 928 and SFN 931
   c. Respite (relief care) = Sign SFN 929
   d. Family Foster Home
   e. Host Homes (Youthworks)
   f. Treatment Family Foster Care (Nexus PATH)

2. Qualified Residential Treatment Program (QRTP)
3. Supervised Independent Living (SIL – 18+ clients only)
4. Psychiatric Residential Treatment Facility (PRTF - Medical placement)
6. Participating in Court Hearings

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

a. Legal Rights of Foster Care Providers:

North Dakota recognizes the importance of foster care providers 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 care providers always have the right to retain legal advice and counsel, if desired. Typically, it is assumed the states attorney will carry the recommendation of the agency and/or team forward, including such recommendations made by the foster care provider/s. However, foster care providers 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 care providers have the right to receive notice of, and the opportunity to participate in, any permanency hearing on a child placed in their home. Foster care providers are not official “parties to the action” (unlike the child’s parent or the agency). Because of this, there are times when a Court may not allow foster care providers into the court proceeding. Judges have discretion about when and who to allow/invite into juvenile court hearings when non-parties are involved. Every court varies on the local protocol and practice on this issue. It is best to discuss this with your foster care case manager prior to the hearing.
7. Services to Parents, Children, and Foster Care Providers

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 care provider, 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. Foster care providers are to help schedule appointments in conjunction with the foster care case manager and transport the child to the appointments. Also providing steady, emotional support for the child in whatever “work” he or she must do is key to the service’s effectiveness. Prior to a child’s discharge, additional services may be provided to the child and/or the family for support during the transition home and to prevent the need for reentering foster care.

c. Services to Foster Care Providers: Foster care providers 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 care provider to communicate their needs or concerns to their foster care case manager about children in their home.

8. Services to Youth: Preparing Youth for Transition to Adulthood

Youth aging out of foster care are in a unique and often difficult position. Some of these youth have been in foster care for a number of years. When they turn 18, they may find themselves alone, without the supports provided by the foster care system or family support. They are expected to live on their own, go to school, hold down jobs, pay rent and bills, find medical care, and attend to all of their other needs at a time when most young people who have not been in foster care are still under the protective care of their parents. Nationally, statistics show former foster youth face 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 Transition Program:
The Chafee Transition Program provides foster youth/former foster youth with the opportunity to obtain the necessary knowledge and skills for a successful life beyond foster care. Policy 624-10 details priority status for youth involvement. ND goal is that every young adult who lived in foster care as a teenager will achieve the following outcomes by age 21:

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

It is a federal requirement that all youth in foster care, age 14 and older, have their independent living needs assessed and addressed. The Chafee program hires coordinators to assist youth to develop a plan to successfully transition to adulthood. The role of the foster care provider in helping youth meet their transition goals includes the following:

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

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

The Chafee Education and Training Voucher assists current and former foster youth in reaching their education goals. Eligibility is found in policy manual 624-10. ETV funds are available for youth:

- Discharged from foster care on their 18th birthday;
- Youth who were adopted or entered kinship guardianship from foster care after age 16; and
- Youth participating in the ETV program enrolled and making satisfactory progress toward completing their post-secondary education or training program.

ETV’s are limited to the lesser of $5,000 or the “total cost of attendance” (as determined by the school) per year, for a lifetime maximum of $25,000. 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.

### c. Family Planning Services and/or Sexual Counseling:

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

- Treating teenagers with respect and allowing us to speak, tells us that you want to get to know us and build a better relationship.

- Connect with to us at our level (e.g., music, movies, TV show, other interests).

- Look directly at me. Focus on what I am saying please.

- LISTEN to me.

- Pay attention to us; not just the case or my history.

- Let me have an active role in my service plan.

- Let me hang out with my friends, go to school dances, and play basketball.
9. ND Quality Assurance Reviews

NORTH DAKOTA QUALITY ASSURANCE REVIEWS
AN OVERVIEW FOR FOSTER CAREGIVERS

PURPOSE: The goal of the child welfare system is to promote, safeguard, and protect the overall well-being of children, to intervene on behalf of abused and neglected children, and to work with children and families to assure that every child has a permanent, safe, and nurturing environment in which to achieve their maximum potential.

ND Children and Family Services (CFS) employs the Quality Assurance (QA) Unit to complete QA Case Reviews as one tool to ensure child welfare services achieve these outcomes.

WHO CONDUCTS THE QA REVIEWS?
- CFS QA Unit
- The CFS QA Unit is remotely located throughout the state, but all staff have a Bismarck phone number, which will appear on caller ID.
- A Release of Information (ROI) is NOT needed to speak with CFS QA Reviewers at any point during these Case Reviews.

WHAT IS EXPECTED?
- Children and Family Services does expect participation from caregivers, including licensed foster parents. Please share your availability so arrangements can be made that work for you!
- CFS welcomes your questions! Your foster child’s case manager, your licensing worker, or CFS QA Reviewers are all happy to answer your questions.

QA REVIEW HIGHLIGHTS
- CFS QA Unit obtains a random sample of foster care cases to review.
- Once a case is identified in the random sample, the CFS QA Unit contacts foster caregivers who are or have cared for the foster child.
- Cases that are finalized for review are scheduled. If a case is reviewed, phone interviews will be scheduled with foster parents.
- CFS QA Unit reviews the case record and completes phone interviews.
- Results are analyzed and shared statewide.

WHAT CAN I EXPECT TO BE ASKED?
Case-related interviews focus on a specific child who is currently placed with you or has been placed with you in the past. These interviews give you a chance to share how the agency worked with you and the child in your home. The information you share is confidential. A final report of the review is provided to the child’s custodial agency but will not identify your specific comments. While the information will not have any direct impact on the child’s case, your feedback provides information on how children and families are served. In the interview, you may be asked questions such as:
- Did the agency assess your needs as a foster parent or pre-adoptive parent? Did they provide services to address any identified needs?
- How often did the agency assess the needs of the child in your home, and did the child get the services he or she needed?
- If the child was on medication, how was the medication monitored?

YOUR VOICE MATTERS!
The voice of foster and adoptive parents is critical to the QA Case Review process. Making changes that help children and families begins with understanding what families working with the ND child welfare system are experiencing. Thank you in advance for your partnership!

QA Case Reviews provide foster parents another great opportunity to participate as a member of a professional team! (PRIDE Competency #5)

QA UNIT STAFF
QA Manager: Leanne Miller
Admin Assistant: Danielle Quam
QA Lead Reviewers: Amy Bakken, Nicole Fleming
QA Reviewers: Amy Wesley; Brianna Blau, Dawn Lockrem, Kyle Russell, Tara Krogh, Tonya Canerot

NORTH Dakota Human Services
WWW.BIT.LY/ND.CFS-GOV
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 care providers who are licensed through the authorized licensing agency of a Human Service Zone or a Tribal Nation serving Title IV-E children. Reimbursement to therapeutic family foster care providers (Nexus-PATH) will differ. The information is general in nature. Specific questions should be directed to your foster care case manager.

1. CFS Foster Care and Sub-Adopt Eligibility Unit
   a. Roles and Responsibility
   b. Contact Information

2. Standard and Specialized Reimbursement
   a. Standard Maintenance Rates
   b. Filing Taxes
   c. Excessive Maintenance

3. Irregular Payment Reimbursement
   a. School and Activities
   b. Clothing Allowance – Initial and Special
   c. Child Care
   d. Transportation Costs

4. Medical Costs
1. CFS Foster Care and Sub-Adopt Eligibility Unit
The North Dakota Department of Human Services, the North Dakota Association of Counties and local human service zone leaders, with the support of Gov. Doug Burgum and state lawmakers continue to redesign social services. This collaborative effort began with the passage of Senate Bill 2206 in 2017, continued with the passage of Senate Bill 2124 in 2019 and was again heard as Senate Bill 2086 during the 2021 legislative assembly. The CFC Foster Care & Subsidized Adoption Eligibility Unit was absorbed as a function of Children and Family Services (CFS) on February 1, 2021. CFS implemented procedures, policy, training, and technical assistance to best meet the needs of clients across North Dakota. **No longer are foster care reimbursements authorized by the local Human Service Zone. All eligible funding needed for authorization is managed by the Department.** The unit manages:

1. Eligibility determinations for foster care cases, while authorizing eligible foster care reimbursement to licensed foster care providers.
2. Eligibility determinations for children seeking prevention services, also known as candidates.
3. Sub-adopt negotiation process, while authorizing all eligible adoption subsidy payments.
4. Opening and closing of ND Medicaid for all foster and sub-adopt cases.

Unit Contact Information
All receipts and reimbursement approvals are to be submitted via email to the unit by the foster care case manager, not the foster care provider. This requirement is in place to ensure the foster care providers have been approved for reimbursement by the custodial agency.

The unit will function as a paperless unit, all documentation coming into the unit must be scanned and submitted electronically to the general email inbox by the custodial case manager or adoption service provider. Any checks or hard copy documentation must be mailed directly to CFS.

- Email Inbox: cfsfcsaunit@nd.gov
- Phone number: 701-328-2076 or toll-free 833-551-2021
- Fax number (electronic): 701-328-0962
- Mail to: Children & Family Services
  Foster Care & Subsidized Adoption Unit
  600 E. Boulevard Ave #325
  Bismarck ND 58505-0250

Budget Questions?
2. Standard and Specialized Reimbursement:
Standard foster care maintenance rates are evaluated and set by the legislature and North Dakota Department of Human Services (NDDHS). The rates reimburse foster care providers for the cost of providing care, food, clothing, shelter, daily supervision, school supplies, a child’s personal incidentals, liability insurance with respect to the child, and reasonable travel to the child’s home for visitation.

a. Standard Maintenance Rates:
Standard rates established for care in a family foster home vary according to the age of the child. Foster care providers are entitled to reimbursement for a full day for the first day and the last day during which they provide care. The standard maintenance reimbursement is made on behalf of the child in foster care to meet their needs and is not considered provider “income.”

i. Applicant Qualifications Policy (622-05-10-10):
✓ The family’s income shall be stable and sufficient to meet the needs of their own family
✓ Foster care reimbursements shall not be the primary source of income or needed for the foster family’s own expenses
✓ Management of personal income is considered more important than amount of income the family has
✓ All foster care reimbursements must be used to meet the needs of the child in foster care (NDAC 75-03-14-05 (9))

ii. Foster Care Reimbursement is NOT INCOME:
✓ Foster care is not paid employment
✓ Maintenance reimbursements are issued to a provider to maintain the placement and cover the costs of having the child in the home
✓ Foster care providers are not taxed
✓ NDDHS does not issue a W-2 or provide a 1099
✓ The maintenance reimbursements follow the child, so if the child was no longer placed in the provider home, the money to support the child’s needs would no longer be issued to the provider

Filing Taxes:
ND Department of Human Services (NDDHS), is often contacted asking if a child in foster care may be claimed as a dependent on the foster care provider’s taxes. NDDHS does not prohibit a foster care provider from claiming a child in foster care as a dependent on their personal taxes. However, eligibility determinations for claiming a child in foster care as a dependent are determined by the IRS. Foster care providers should consult with a tax professional to determine if the child in foster care meets the criteria established by the IRS to be claimed as a dependent. In addition, foster care providers should refer to IRS publications for further resources.
b. Excess Maintenance:
A family foster care rate may be negotiated in excess of the standard rate when the child has special needs or difficulty of care which significantly affects his/her adjustment or cost of care. All excess maintenance reimbursements must be discussed by the foster care case managers and approved by the CFS Licensing Unit. Excess maintenance reimbursement exceeding an established dollar amount must also be approved by the ND Foster Care Administrator.

Approved excessive maintenance reimbursements are based upon the special needs of the child and are reviewed regularly by the Child and Family Team. The excess maintenance payment is authorized monthly by the Children and Family Services Foster Care and Sub-Adopt (FCSA Eligibility Unit) in addition to the standard maintenance payment.

Foster care reimbursements are generated the second to last working day of the month. Reimbursement is now required to be sent via direct deposit. If we do not have direct deposit information on file, the reimbursement will be mailed the next working day from Bismarck to the provider mailing address. Reimbursement for irregular payments (clothing, childcare, excess transportation, etc.) may be completed in the weekly supplemental check write on Wednesdays.

Questions about foster care reimbursement?
Foster care providers are entitled to obtain information on reimbursements at any time by contacting the FCSA Eligibility Unit at 701-328-2076 or email cfsfcsaunit@nd.gov

2. Irregular Payments:
On the basis of individual need, a foster care provider may be eligible for the cost of irregular payments. Expenditures for certain categories will be limited to a set amount per year. All expenditures require receipts. Approval by the case manager is based on the child’s need, in accordance with policy.

PERSONAL BELONGINGS: Items purchased or gifted to the child in foster care while in your home belong to the child in foster care and must accompany the child back to their home or to the new foster care placement. Examples: Clothing must be sent with the child! If the child received a bike it must go with the child. If the child begins playing the trumpet and reimbursement was made for the instrument, the trumpet must be sent with the child. PLEASE be mindful of this topic! Sending all of the child’s belongings will help the child adjust back into their parents’ home or to their new foster home.
a. School and Activities:
A fixed amount is initially set for the year based on the child’s age at entry to care in the current foster care episode. It is the responsibility of the child’s foster care case manager to 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 case manager. Examples of allowable expenses include: Camp fees, school field trips, music lessons, school pictures, prom expenses and class ring. Personal incidentals also include items related to personal hygiene, cosmetics, over-the-counter medications and special dietary foods, and infant and toddler supplies.

b. Clothing Allowance – Initial and Special:
Each child in foster care should have enough clothing for reasonable changes. Adequacy, condition, and style of garments are particularly meaningful for children. A clothing allowance is included in the monthly standard maintenance payment for ongoing clothing needs. However, there are times when additional clothing will need to be purchased for the child.
- Discuss with foster care case manager
- Receive pre-approval for amount you can spend and be reimbursed
- Keep individual child receipts

c. Child Care:
There are times when a child in foster care will need childcare while placed in your family foster home. Upon placement into your home, you notify the foster care case manager if you will be working and will need childcare for the child in foster care. It is helpful for foster care providers to have a daycare backup plan ready in the event you have a younger child placed with you. If a licensed childcare provider is not already identified, ask for help from the foster care case manager in locating a licensed daycare so reimbursement for childcare expenses can occur as an irregular payment. In order to claim reimbursement for any childcare expenditure, the foster care provider must provide information of the “licensed childcare provider” to the foster care case manager for approval upon placement.

Licensed childcare providers must present an invoice/bill on behalf of the child’s total daycare expense in order for reimbursement for childcare expenses to be authorized. Foster care providers must submit those bills to the foster care case manager asking him/her to submit for processing. Foster care providers may need to remind the case manager of the importance of getting the daycare bill authorized timely as often times the foster care provider has already paid the daycare bill and will now be waiting for the reimbursement.
Licensed childcare settings require payment in varied formats; some require it weekly while others require it every other week or monthly. Most daycares are “pre-paid” meaning the foster care provider has to pay for that timeframe and will be reimbursed after the service is complete.

If foster care providers are required to pay a daycare bill weekly, there are a few things the foster care provider can do:

- Ask the licensed childcare provider if they would be willing to bill you every other week as you require reimbursement from the state for the child in foster care.
- Ask/discuss this expectation with the foster care case manager. Ask the foster care case manager to submit the SFN 920 to the CFS FCSA Eligibility Unit for authorization every other week rather than monthly as a compromise.

**d. Transportation Costs:**

Ordinary daily and occasional transportation is the responsibility of the foster care provider, and the transportation costs are included in the monthly standard foster care monthly maintenance payment as reimbursement. Allowable transportation costs with irregular payment include travel for the child in foster care to go on a home visit or maintain family connections. Foster care providers can also receive reimbursement when transporting a child in foster care to the school the child is enrolled in at the time of placement to maintain youth in foster care in their school of origin.

*Reminder:* Prior approval is needed before incurring and claiming reimbursement for any transportation expense.

**3. Medical Costs:**

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

For any medical attention, including regular physical examination, glasses, or prescription drugs, ask your doctor, dentist, or pharmacist to forward the bill to ND Medicaid. Upon receipt the agency will forward the authorization for medical reimbursement directly to the medical facility.

**DO NOT PAY FOR MEDICAL EXPENSES – YOU CANNOT BE REIMBURSED FOR THE COSTS.... ASK THE CUSTODIAN TO PURCHASE!**
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 care providers will immediately seek professional medical care for the child and contact the foster care case manager, agency director, or juvenile court official immediately. During non-working hours, it is very important you know how to reach the child’s case manager directly or through the agency’s on-call system.

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

If the child needs medical care in a specialized medical facility out-of-state, all arrangements must be made through the foster care case manager/custodial agency.
Foster parents across ND are asked to care for children of all ages. On most occasions, foster parents are equipped to care for this level of care, where others are licensed for older children so preparing for an infant foster child will require more planning and support. Below is guidance and expectations surrounding allowable expenses reimbursed by Category 10 (623-05-30-05) and Category 20 (623-05-30-10). These categories are subject to the yearly expenditure limits:

### Category 10 Activities & Incidentals

<table>
<thead>
<tr>
<th>Age</th>
<th>Expenditure Limit/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>$300</td>
</tr>
</tbody>
</table>

The child’s expenditure limits will reset every 12 months from the initial date of the first paid placement. If the child was in foster care prior to the current foster care episode, the expenditure limits will reset once a child has been out of foster care for more than 12 months. Case managers are responsible to reinforce what is allowable for infant care and approve what may be reimbursed by an irregular payment vs the standard maintenance rate provided to the foster parent.

### Foster Parent Are Expected To Have

(Licensed for 0-4 age group)

- Furniture items ex: crib, bed, dresser, booster seat, high chair
- Stroller/sit seat/support ring/swing/monitor
- Bedding/blankets/changing pad/ burp cloths
- Bath towels/wash clothes
- Baby dishes/silverware
- Sippy cups/bottles
- Toys/books/music
- Basic hygiene items: baby soap, shampoo, lotion, powder, Qtips, toothbrush, toothpaste, brush/comb
- Laundry supplies

### Standard Maintenance Covers

(Includes $55/mo for clothing+)

- Diapers
- Wipes
- Formula
- Baby food
- Bottle brush/bottles
- Baby fingernail clipper
- Diaper rash cream
- Basic hygiene items: baby soap, shampoo, lotion, powder, Qtips, toothbrush, toothpaste, brush/comb
- Baby toys/books/music
- Hair brush/comb
- Toothbrush/toothpaste

### Incidentals

(Category 10)

(Items must go with child)

- Diapers/wipes - $\text{max}
- Formula/food - $\text{max}
- Diaper Bag
- Pacifiers/Nipples
- OTC medicated lotions/creams, digestion medicine/drops/vitamins
- Car Seat (ND Safe Kids or Public Health)
- Prescribed OTC items specific for child’s needs

Providers licensed for ages 5+ or needed for transition to non-paid placement, may be approved for the purchase of a pack-n-play, stroller, and to-go high chair.

### Clothing

(Category 20)

(Items must go with child)

- Diapers/wipes
- Formula/food
- Diaper Bag
- Pacifiers/Nipples
- OTC medicated lotions/creams, digestion medicine/drops/vitamins
- Car Seat (ND Safe Kids or Public Health)
- Prescribed OTC items specific for child’s needs

### A. $\text{max}$ means the case manager should approve a monthly maximum for the foster parent to be reimbursed. This can be documented on the SFN 1042 and can be a blanket approval for a designated period of time specific to the foster parent. For example: I approved a $25 per month maximum for category 10 needs for a three-month period of time (October 1, 2021 thru December 31, 2021).

### B. Child’s Property: All items purchased and reimbursed with foster care funds, must be sent with the child home or to their next placement. The funds are to meet the child’s needs and the items are the child’s property. Each child shall have a purchase and clothing inventory maintained on file to ensure the items follow the child home or to a new placement.

### C. Car Seats: Prior to purchasing an infant car seat, please contact ND Safe Kids or your local Public Health.
Chapter 8
Concerns for Foster Care Providers

“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 Care Providers

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

Topics Include:

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

This section will give you some ideas about how to handle the situation when a child in foster care leaves your home. Even if you’ve been through this before, you may learn some tips about making the process as smooth as possible.

You are told the child is leaving. The foster care case manager has just told you that your child in foster care is going to leave your home. It is important to get your feelings in order before approaching the child in foster care. Whether you feel joy or grief, you need to talk to the child calmly. If you are feeling very emotional, as many foster care providers do; it is ok to express your emotions appropriately with the child.

Who tells the child he is leaving? You and the foster care case manager need to decide who will tell the child. In some cases, the case manager and the child have a close friendship, which will enable the case manager to do it best. In others, the foster mother or foster father will be the best candidate.

How do I tell the child? Honesty and kindness are the best. Calm and simple statements 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. Examples if appropriate: “your family has waited a long time for you to come home” or “the case manager says you will like this new home because…”

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, but you do not always get the time desired. You must determine how the child might react. Talk it over with the foster care case manager.

I’m worried about how our family will take the child’s move. Ask your foster care case manager about this. Reminding all family members that foster care is temporary is helpful in recognizing the need for transition. It is normal for others in the household to have a grieving period, which will help them accept that the child in foster care must leave your home.

How do I pack for the child? For an older child, ask her to take a tour of the house with you. Tell her you need help in finding all her belongings, so she can take them with her. Pack items in a nice luggage set or duffle bag. Please do not send the child off with a trash bag of ill-fitting clothes as it sends a negative lonely message. If you do not have something, ask the foster care case manager to arrange for a suitcase or duffel bag.

What about sending a baby off? A very small infant has become used to the smells of your linens. All items gifted to or purchased with foster care funds, maintenance reimbursement, etc. must be sent with the child. The baby blanket, a crib sheet, pajamas, toys, and outfits. It is most important to write down and send along the baby’s schedule. Also, explain in person or writing how the baby likes to be held or fed and offer anything you know that will assist the child in transitioning more quickly to a new home. List any “firsts” for the parents receiving the child, such as first tooth, when sat up or rolled over, etc.
2. When a Child is Removed from a Foster Home
A child in foster care 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 care provider request
- Agency decision based on foster care case manager factors: e.g., a conflict between the child and foster care provider, conflict between the parents and foster care providers, inability of the foster care provider to follow the case plan on such matters as counseling or visitation, etc.
- Foster home closing

If a foster care provider requests the removal of a child, the foster care case manager and foster care provider should meet first to try to resolve the issues prompting the removal request. For example, could the situation be improved if the foster care provider had respite care? Would tutoring help if the child is falling behind in school? Perhaps the child needs to be more involved in extracurricular activities… Brainstorm options! If the issues cannot be resolved, the foster care provider and case manager should work together on an appropriate plan for the child. This collaboration will help ease the transition to another foster home and reduce the child’s anxiety about moving again.

3. Closing a Foster Home
A foster home may be closed for one of several reasons:
- At the request of the foster care providers to discontinue providing foster care
- When the foster care providers move out-of-state
- By the agency, for health and safety reasons in the home
- When the foster care providers have not met required training hours
- Abuse and/or neglect allegations while in the foster home
- If the foster care provider(s) have not complied with foster care licensing state law, administrative rules or policies and are no longer allowed to retain a license to provide foster care for children.

4. Deciding Whether to Continue as a Foster Care Provider
It is a good idea to regularly assess whether you want to continue being a foster care provider. If you feel you need a break, tell your licensing worker or the foster care case manager. It is better to have your foster home placed “on hold” rather than closing the license and having to reapply later. Before you decide to stop being a foster care provider, talk to your licensing worker or the foster care case manager (or the agency supervisor). It is likely that the situation can be resolved without discontinuing your license. Adding respite care or other services may help!

If fulltime foster care is not working; consider other ways to help. Foster care can be provided as a more temporary option; some families may choose to be available one week per month to offer short-term emergency/shelter care for children entering foster care. Other families choose to only provide respite for other foster care providers, which offers the primary foster care providers a break or the chance to go on vacation. Also, you may consider a change in authorized licensing agents (Ex: transition your license from a Zone foster care home to a therapeutic family foster care home or vice versa).
5. Abuse and Neglect of a Child in Foster Care
In North Dakota, anyone may report suspected child abuse or neglect to child protection services (CPS). CPS worker's help assure children are safe and assist parents and families in working through problems that may be occurring. However, certain professionals must, by law, report suspected child abuse or neglect. It is a Class B misdemeanor when a mandated reporter chooses not to report suspected abuse.
To fulfill the mandate, reports must be made to the Human Service Zone office.

How to file a CPS 960?
1. Call ND Centralized CPS Intake at 1-833-958-3500
2. CPS Intake FAX Line is: 701-328-0361

North Dakota Mandated Reporters Include:

<table>
<thead>
<tr>
<th>Physicians/ Nurses</th>
<th>Dentists/ Dental Hygienists</th>
<th>Optometrists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Examiners/Coroners</td>
<td>Childcare Professionals</td>
<td>Probation officers</td>
</tr>
<tr>
<td>Police/Law Enforcement Officers</td>
<td>Juvenile Court Personnel</td>
<td>Juvenile Service Employees</td>
</tr>
<tr>
<td>Addiction Counselors</td>
<td>Social Workers</td>
<td>Foster Care Providers</td>
</tr>
<tr>
<td>School teachers, administrators, and counselors</td>
<td>Any other medical/mental health professional</td>
<td>Religious practitioners of the healing arts</td>
</tr>
</tbody>
</table>

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

a. When a foster care provider is the “Subject” of a child abuse and neglect report:
Foster care providers are sometimes reported for abuse or neglect of the children in their home. If you or a member of your family is suspected of neglect or abuse, you will be expected to discuss the concerns with child protective services (CPS) staff from the local Human Service Zone or law enforcement; unless it’s been determined the report is a licensing issue. Licensing concerns will be addressed by the authorized licensing agent worker.

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

ii. Will I be notified of who made the report to CPS?
   ✓ No. A reporter’s name is kept confidential by law. If an agency employee discloses the name of a reporter, he/she could be charged with a class B misdemeanor.

iii. What happens to the CPS assessment information after the report is closed?
   ✓ All information gathered during an assessment is confidential. However, some professionals have authority by law to gain copies of the assessments.
   ✓ All reports that end in a decision of “services required” must be maintained on the Child Abuse Information Index for 10 years.

iv. Will I lose my foster care license?
   ✓ If a report has “no services required” decision, the agency will work with you to minimize the risk of such reports occurring again in the future. If concerns continue, such violations may be reviewed by the licensing agent and a determination may be made to revoke the foster care provider license.
   ✓ If a report has a “services required” decision, by law the license to provide foster care for children will be revoked.

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

b. Mandated Reporter Training:
North Dakota Department of Human Services and Prevent Child Abuse North Dakota partnered to create an easy-to-use training website for mandated reporters of child abuse and neglect in North Dakota. The mandated reporter training can be found on the Prevent Child Abuse North Dakota website: [www.pcand.org/NDDHS/mandatedreportertraining/index.html](http://www.pcand.org/NDDHS/mandatedreportertraining/index.html)
Chapter 9
Adopting a Child in Foster Care

“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. Adoption

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

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

1. Deciding to Adopt

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

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

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

5. North Dakota Post Adopt Services
1. Deciding to Adopt

If you are meeting a child’s needs and are willing to take on all the added responsibilities of adoption, your family may be considered. Answering the following questions may help you determine whether you are ready and willing to adopt a child freed for adoption:

- Can I accept the child unconditionally?
- Can I accept the child’s past?
- Can I accept the child as “my own”?
- Am I ready to commit to a child forever, even if times get tough?
- Have I realistically evaluated the child’s physical, emotional, educational, and spiritual needs?
- Do we have the abilities, resources, and energy to meet those needs and face future difficulties?
- Am I willing to advocate for my child?
- Are other members of the household positive and/or enthusiastic about the idea of adopting?
- What effect will adoption have on our family?
- Do I have support from my family, community, church, and friends?
- How does our age and health impact our decision? Who will care for the child if we die?
- Does the child have siblings who are also freed for adoption or with whom the child would like to maintain contact? How does this impact our decision to adopt?
- Are we willing to maintain connections between the child and his birth parents, siblings, or other relatives?
- What is my/our motivation for adopting this child? Have we sought out supports for our own losses before committing to a child for a lifetime?

Before a child becomes legally freed for adoption, talk to the foster care case manager if you are interested in adopting the child in your care. As the foster care provider, since you participate in the Child and Family Team meetings, you will have a sense of the child’s permanency goal.

If you are unsure of a child’s current permanency goal, ask the foster care case manager. If your family is a viable adoptive resource, you need to express that interest as soon as possible. Once another family is sought out, your decision not to adopt should be a firm well-thought-out decision that considers the needs of both your family and the child.

Children who are not yet matched with an adoptive family can be viewed on the AASK website at aasknd.org or on the Heart Gallery website at: www.ndheartgallery.org.

**DO NOT** inform the child of your intent to adopt him/her until the plan has been agreed upon by the foster care Child and Family Team and approved by the custodian. Also, the custodian and adoption worker will likely direct the plan to inform the child of the adoption plan. If you are ever questioning how to best support a child during this time, please reach out to the custodian and/or adoption worker for support.
2. Starting the Adoption Process
Once adoption is the permanency goal for the child, the agency will begin looking for an appropriate adoptive family for the child. Adoptive resource options will be reviewed in accordance with the Indian Child Welfare Act, the Multiethnic Placement Act, the Adoption and Safe Families Act, the Fostering Connections to Success and Increasing Adoptions Act, the Families First Prevention Services Act, and other federal guidelines. The custodial agency will first need to consider appropriate maternal and paternal relatives and whether a child can be placed together with siblings who are in foster care or who were previously adopted. If your family is chosen as the adoptive resource, you may begin the adoption process while the child is being legally freed for adoption. This process includes participating in an adoption assessment. You may be referred to a Licensed Child Placing Agency (LCPA) under contract with NDDHS to provide adoption services to the child and to your family. The LCPA may have policies in place that do not allow for the adoption process to start until the child is legally freed for adoption. If this is the case, ask if there are steps you can take in the meantime.

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

a. Preference:
Birth relatives and parents of adopted birth siblings are assessed as preference for a permanent placement of a child in foster care if safety considerations are met. Children must be placed together with their siblings if their safety and well-being can be maintained. If there are no appropriate relatives seeking to adopt a child, a foster care provider or other person known to the child could be a prospective resource for permanent placement. Foster care providers must acknowledge being a “foster care provider” is not a guarantee that the family will be able to adopt the child in foster care. The agency is still required to make sure that adoption by the foster care provider is in the child’s best interest. In the case of Native American children, the placement preferences in the Indian Child Welfare Act (ICWA) must be followed when placing a child for adoption. (See Appendix related to ICWA)

b. Declaration of Interest in Adopting:
If you are interested in adopting a child in your care who is legally free or who has a plan for adoption, you should contact the child’s foster care case manager to discuss this interest as soon as possible or discuss your interest at a Child and Family Team meeting. The earlier in the process of planning that you are able to declare your interest in adoption, the better for the planning process for permanency for the child.
c. Adoption Assessment (Home Study):
If you are the selected adoption option, you and your home will need to be approved by the Licensed Child Placing Agency as an adoptive home. The requirements for approving an adoptive parent are similar to those for certifying or approving a foster care provider. During the adoption assessment, you will be asked questions about yourself, your family, and your home, as well as questions about care of the child. References will be requested from individuals who know you well. You (and anyone in your home over the age of 18) will be required to complete a fingerprint based criminal background check - yes, even if you had a background check completed for foster care providing. The law will not allow the foster care program and the adoption program to share results.

If you have not previously done so, you will be required to complete the Foster/Adopt PRIDE training program 27-hour pre-service training course. The agency will also have you complete a number of checklist items to assist 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 child in foster care in your home to receive adoption services. The adoption social worker will meet with the child to provide information to him/her regarding the adoption process and to answer their questions about adoption. They will work with you to find ways to help the child understand what will be happening and to form attachments to the adoptive family. The adoption social worker will also facilitate the paperwork process that will seek to have the child designated as a child with “special needs” for the purposes of adoption subsidy and, if appropriate, assist the adoptive parent in making application for adoption subsidy financial 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 manage the adoption process. The adoptive family should be sure to have the available medical history of the child in foster care and the child in foster care’s birth parents before adoption (you should have received this when the child was placed into your home). The history must include psychological information and medical information about conditions or diseases believed to be hereditary; drugs or medication taken during pregnancy by the child’s birth mother; immunizations; medications; allergies; diagnostic tests and their results; and any follow-up treatment given or still needed by the child, if known by the LCPA. Even if you believe you know the child’s history, and in an effort to provide full disclosure to adoptive parents, the opportunity will be given to read and receive the available information at the time of adoptive placement.
f. Adoptive Placement:

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

In the case of a foster care provider adoption, the adoptive placement still occurs, even though the child’s location does not change. The foster/adopt parent and adoption social worker will sign a placement agreement wherein you agree to take care of the child and meet the child’s needs with the intention of adopting. The agency agrees to carry out its duties concerning the welfare of the child until the adoption is finalized in a formal court proceeding. You will be given the opportunity to have a “placement ceremony,” an event that marks the change in the child’s status within your home. Alternately, you may choose to have this celebration at the time the adoption is finalized in a court of law. Your foster care case manager will continue to be involved with you and the child in foster care. They will continue to be the primary case manager until the point of the adoption finalization. However, the adoption social worker will meet with you at least monthly until the adoption is finalized to provide adoption specific guidance and support. During the adoptive placement period, 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. Until finalization, the public agency custodian has the authority to sign for releases of information; consent for treatment for medical emergencies, surgeries, and hospitalizations; and for participation in high-risk activities.
3. Adoption Subsidy
After adoption placement, foster care providers stop receiving foster care reimbursement. Some children are eligible for adoption assistance/adoption subsidy support. An adoption subsidy is a monthly reimbursement 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 and state 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, or if not IV-E funded in foster care, the child meets the “applicable child” provisions of Public Law 110 - 351 - Fostering Connections to Success and Increasing Adoptions Act of 2008. If the child is not eligible for federally funded subsidy, he may still be eligible to receive a state 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 a public custodian and who is seven years of age or older; under eighteen years of age with a physical, emotional, or mental disability or has been diagnosed by a licensed physician to be at high risk for such a disability; a member of a minority; or a member of a sibling group. Your adoption social worker will submit paperwork to determine whether the child meets the criteria for a child with special needs for the purposes of adoption assistance as the adoption process proceeds. A prospective adoptive parent’s income is not considered in determining whether the adoptive parent will be able to receive an adoption subsidy. That is, the amount of money you earn does not affect whether you can receive an adoption subsidy.

a. Adoption Subsidy Agreement:
To be able to receive an adoption subsidy, a prospective adoptive parent must enter into an adoption subsidy agreement with the Department before the child is adopted. The amount of the subsidy will be negotiated based on the child’s needs. Your adoption social worker will refer you to the office for this purpose if the child has been determined to be a “child with special needs” and qualifies for adoption assistance.

b. Subsidy Rates:
Adoption subsidy rates are negotiated by the ND Department of Human Services Foster Care and Subsidized Adoption Eligibility Unit. The family may negotiate a rate that is no more than the rate the child receives in foster care reimbursement. The negotiated rate must be based on the child’s needs and situation at the time of application. Higher rates may be time limited and renegotiated periodically. A ND adoption subsidy will be reviewed at least every two years.

c. Medical Assistance Subsidy:
Children who qualify for adoption assistance also qualify to receive Medical Assistance as a back up to the adopting families’ private health insurance. Adoptive families who have a private family health insurance policy are expected to add the adopted child to that policy at the time of adoptive placement.
d. **Reimbursement of Nonrecurring Adoption Expenses:**
If adopting a child who has special needs, the adoptive family is also eligible for reimbursement of nonrecurring adoption expenses up to $2,000 per child. A nonrecurring adoption expense is a one-time reimbursement that is directly related to and necessary for the adoption of a child in foster care 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 to keep all receipts for adoption-related expenses and submit at the time of the negotiation of the adoption subsidy.

e. **Adoptive Parents Living Out-of-State:**
If adoptive parents are adopting a North Dakota child and live outside of the state or move to another state after adopting a child from foster care in North Dakota, and the child is eligible to receive an adoption subsidy, the subsidy will continue to be paid by the state of North Dakota. In most cases, you may be able to receive Medical Assistance in your new state of residence. You will need to check with the CFS Foster Care and Subsidized Adoption Eligibility Unit 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 monthly reimbursement, but still receive Medical Assistance and/or payment for nonrecurring expenses of adoption. This may occur for different reasons, such as: there is no perceived need for the subsidy; the child appears healthy physically and emotionally; etc. Prospective adoptive parents should carefully consider the child’s current and future needs when deciding to refuse subsidy. All refusals must be put in writing. If a family initially refuses a monthly subsidy and an agreement is facilitated with a $0 monthly amount (monthly deferred), the family may later request a negotiation of a monthly reimbursement if the needs of the child or the circumstances of the family change.
4. Finalizing the Adoption

An adoption may be finalized legally in North Dakota when the child has lived in the adoptive home for at least six months. This six-month period may include the time the child has been in your home in a foster care placement. To finalize the adoption, you will need to petition the court and ask the judge to issue an order of adoption. Your adoption social worker and an attorney will help you in this process.

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

- The report to court of the licensed child placing agency recommending the adoption be finalized,
- 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 applicable Zone Director (custodian) to the adoption.

a. Hiring an Attorney:

The adoptive parents will be instructed by the adoption social worker to contact an attorney of your choice when you are moving toward the finalization of the adoption of the child in foster care. It is a good idea to hire a lawyer who is familiar with the adoption process. The adoption worker may be able to recommend an attorney in your area that has worked in this area of law in the past. You are responsible to pay the attorney fees and court costs. Attorney fees may be reimbursed as a nonrecurring expense of adoption.

b. Court Proceedings:

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

c. Final Steps:
After the adoption hearing, your attorney will assist you in having your child’s birth certificate amended and getting you a copy of the new birth certificate. You will also receive a copy of the Decree of Adoption. You should take these documents to your Social Security Office so that you can get a copy of your child’s social security card with his/her new name or so that you can apply for a new social security number in your child’s new name. If you are receiving an adoption subsidy, you should send copies of your child’s Adoption Decree, new birth certificate and new social security card to the CFS Foster Care and Subsidized Adoption Eligibility Unit.

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

Licensing Forms Required

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

ND licensing forms are fillable and savable. A description of each form and when it should be used is detailed below.

- **SFN 327** “Family Foster Care Claim of Property Damage” is to be completed by the care provider and submitted by the authorized agent or supervising agency within 90 days of the discovery of the property damage. If approved, payment will be made to the party experiencing the damage.

- **SFN 433** “Child Abuse and Neglect Background Inquiry” this form shall be completed by care provider(s) and other adults in the home, each year during the renewal licensing period granting the CFS Licensing Unit permission to check the index.

- **SFN 844** “Relative Waiver” is to be completed and signed by prospective foster care provider(s) and reviewed by the licensing specialist if the family requires a relative waiver to provide foster care.

- **SFN 850** “Initial Licensing Checklist” is to be completed and signed by the licensing specialist completing the home study and working with the prospective care provider

- **SFN 851** “Review Licensing Checklist” is to be completed and signed by the licensing specialist completing the home study and working with the care provider during renewal licensing period.

- **SFN 863** “Licensing Change Checklist-Family Foster Homes” is to be completed when a licensing change occurs in a foster home, this checklist must be completed and signed by the licensing specialist and submitted to the CFS Licensing Unit.

- **SFN 889** “Initial Home Study Foster Care For Children” is completed by the licensing specialist thoroughly detailing all information collected while assessing the applicants and household members.

- **SFN 890** “Affidavit of Compliance in lieu of License for Foster Care For Children” must be signed each year by the Tribal Nation licensing the foster care provider on or near the Indian reservation. This is a statement in writing by a representative of the Tribal Nation stating that a specific home does meet federal and state requirements to provide foster care to children.

- **SFN 893** “Application to Provide Family Foster Care For Children” is completed by prospective foster care provider(s). The initial application must be received by the CFS Licensing Unit or an authorized licensing agent in order for the licensing process to begin.

- **SFN 902** “Foster Care Licensing Reference Check” the prospective foster care providers will provide three names of reference for the authorized licensing agent to discuss the applicant's interest, willingness, and abilities to provide foster care to children in their home.

- **SFN 974** “Physical Exam Verification” the prospective foster care provider(s) shall submit the results of an initial physical examination dated within 12 months of the date of initial application. All foster care providers licensed prior to October 1, 2019, are grandfathered in.

- **SFN 1037** “Licensing Packet” is to be completed by the foster care provider inclusive of a checklist of items to be gathered (drivers licenses, furnace inspection, fire extinguisher receipts, etc.). In addition, the foster care provider will complete a family evacuation plan, emergency
contacts, fire safety checklist, acknowledgement of placement preferences, financial assessment, and health declarations.

- **SFN 1038** “Foster Parent Policy and Standards Review” is to be reviewed by the licensing specialists with the foster care providers initially and annually thereafter in efforts to ensure understanding of high-level topics that impact licensing of foster parents educate and clarify any law, rule or policy topics.

- **SFN 1059** “Authorization to Disclose Information” is to be used when a licensing specialist is requesting information from any household member and the authorization, in written form for selected information to be disclosed under this authorization in any form.

- **SFN 1941** “Licensing Home Study Renewal - Foster Care For Children” is completed by the licensing specialist. The form will detail relevant information since the date of the last licensure study.

- **SFN 1974** “Request for Electronic Communication of Non-Protected Health Information (non-PHI) by Unencrypted (Unsecure) Means” is required for CFS Licensing Unit licensing specialists requesting permission from an applicant/ foster care provider to communicate with alternative means of communication (texting, emails). The form remains valid for the duration of licensing; expiration will occur when/if the license were to close or be requested to discontinue.

**Additional Forms Needed for the Child in Foster Care**
- Clothing Inventory - created by foster care case manager
- Monthly Independent Living Services (NYTD) Tracking Form

**Additional Forms Needed for Reimbursement**
- Child Care bill or invoice **SFN 920** from the licensed childcare provider
- Excess maintenance forms will be provided to you by the agency for signature
PRIDE Pre-Service Competencies for Foster Care Providers and Adoptive Parents

Protecting and Nurturing Children

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

Meeting Children’s Developmental Needs and Addressing Their Developmental Delays

- Knows the stages of normal human growth and development
- Knows the impact of multiple placements on a child’s development
- Knows how physical abuse, sexual abuse, neglect, and emotional maltreatment affect child growth and development
- Knows the conditions and experiences that may cause developmental delays and affect attachment
- Can recognize developmental delays and respond appropriately
- Knows the categories and types of loss, responses to loss, and the factors that influence the experience of separation, loss, and placement
- Knows the effects of separation and loss on children’s feelings and behaviors
- Knows how to help children cope with feelings resulting from separation and loss, and how to minimize the trauma of placement
- Knows the importance of creating a supportive and accepting family environment
- Knows the importance of providing unconditional positive support
- Understands the relationship between meeting needs and behavior
- Knows the goals of effective discipline and how these goals relate to policy on discipline
- Knows developmentally appropriate, non-physical disciplinary methods used to meet the goals of effective discipline
- Understands the importance of helping children learn grooming and hygiene to develop positive self-esteem
- Knows the importance of promoting a child’s positive sense of identity, history, culture, and values to help develop self-esteem
- Knows the value of Life Books
- Knows how physical abuse, sexual abuse, neglect, and emotional maltreatment affect attachment
- Knows how physical abuse, sexual abuse, neglect, and emotional maltreatment affect child growth and development
- Knows how to use discipline strategies with children who have experienced trauma
- 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.
Supporting Relationships Between Children and Their Families

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

Connecting Children to Safe, Nurturing Relationships Intended to Last a Lifetime

- Understands the concept of permanence for children and why children in family foster care are at risk for not being connected to lifetime relationships
- Understands that reunification is a primary child welfare goal, and knows the circumstances that would contribute to the selection of each permanency goal
- Understands the reunification process and how children, their parents, and foster care providers may experience a child’s transition from a foster family to the birth family
- Knows how the professional team can support the reunification process
- Understands the process and impact of a child’s transition from a foster family to an adoptive family
- Knows how the professional team can support a positive transition for children and adoptive families
- Understands the rationale for planned long term family foster care and knows the supports and services the agency can provide throughout the placement
- 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
- 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
- Knows how adoption is a legal and social process that transfers parental rights to adoptive parents
- Knows the needs of specific children awaiting adoption
- Knows the implications of adoption for children at different stages of their development and can provide appropriate information and support
- Can apply an understanding of the degrees of openness in adoption to their own family situation
- Can apply an understanding of attachment to the adoption process
- Knows the unique aspects of the adoptive parent role which differentiates adoptive families from birth families and foster care providers
- Knows the process involved in conducting an adoption search
- Knows the family’s role and tasks in the adoption process and the impact this process has on one’s family
- Understands the implications for their own family in making a lifetime commitment to a child
• Understands the need to anticipate challenges as an adoptive family and can use strategies for managing these challenges
• Understands the process and impact of a child’s transition from a foster family to the adoptive family

**Working as a Member of a Professional Team**
• Knows the relationship between child welfare law, the agency mandate, and how the agency carries out its mandate
• Understands the laws which define the forms of child maltreatment and child protection and the legal processes related to child placement and permanency planning
• Knows the roles, rights, and responsibilities of foster care providers and adoptive parents
• Knows the purpose of service planning
• Knows the agency’s service appeal policy
• Knows their shared responsibility for open communication with other members of the child welfare team
• Knows the importance of being non-judgmental in caring for children, working with their families, and collaborating with other members of the team
• Knows the value of maintaining records regarding a child’s history
• Understands the agency’s policy regarding foster care provider abuse and neglect allegations
• Knows the impact of placement disruption on all members of the foster family
• Knows how fostering or adopting can affect family relationships and lifestyle
• Knows the agency’s policy regarding confidentiality for children and families
• Knows the value of affiliating with other foster care providers and adoptive parents, and with foster care provider and adoptive parent associations
• Knows the importance of being informed of changes in child welfare policies and practices
• Knows the importance of advocating for children to obtain needed services
• Knows own strengths and needs in fulfilling the foster care provider or adoptive parent role
• Knows the foster care provider’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
• Knows the rewards of fostering and adopting
• Are aware of the agency’s policies regarding child placement services
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 care providers 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 care providers 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 care providers 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 care providers 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 care providers 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 care providers 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 care providers 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 care providers 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 to help children achieve their permanent goal. Goals for reaching permanence are detailed, starting with efforts to support families, and to place children back in their birth families or in the home.
of a relative. This session promotes understanding of permanency timeframes, and the importance of the “child’s clock” in making permanency decisions. You will learn about concurrent planning as a strategy for achieving permanence in a timelier fashion. Session seven presents other ways to provide lifelong connections for children who cannot grow up in their families. These include adoption, planned long-term foster care, and independent living. The session ends with a discussion of cultural issues in permanency planning, the impact of transracial placements on children, and ways to support children’s developing identity when they are in transracial placements.

**Session Eight: Planning for Change**

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

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

**Session Nine: 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 care providers, 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 being a foster provider or adoptive parent. You will be on your way toward a final decision about making a commitment to becoming a foster care provider or adoptive parent.
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 care provider, 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 care providers and adoptive parents learn and practice the skills for teamwork; it is the responsibility of everyone else in the agency to support that learning and practice.
- To be consistent with the philosophy of teamwork, Foster PRIDE/Adopt PRIDE pre-service and Foster PRIDE Core use a co-facilitator model. The training team includes a child welfare social worker or child welfare educator, and an experienced foster care provider 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 care providers, 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 care providers and adoptive families are clearly Resource Families.

Combining Training for Prospective Foster Care Providers and Adoptive Parents

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

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

Integrating Mutual Family Assessment and Group Preparation

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

Mutual Assessment and Informed Decisions

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

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

**Purpose**

Foster PRIDE/Adopt PRIDE is a competency-based program for the pre-service training, assessment, and selection of prospective foster care providers 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 care providers and adoptive parents are integral to providing quality family foster care and adoption services.

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

**Importance of Preparation**

Many emotionally charged issues must be discussed and managed in the daily delivery of family foster care and adoption services, and in daily life as foster care providers and adoptive parents. These issues include physical abuse; sexual abuse; emotional maltreatment; neglect; individual and family lifestyles; foster care provider 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 care provider or adoptive parent as a new suit or dress. Often, prospective foster care providers and adoptive parents have an idealized view of the fostering or adopting role, and how they may “look” in their new “foster care provider suit” or “adoptive parent dress.” They may not be clear whether it is the “dress” or the “suit” that they want. Pre-service training gives them the opportunity to “try on” roles prior to making a decision.

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

● The technology to combine the preparation and selection of foster care providers 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 care providers, adoptive parents, and the staff who collaborate with them.

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

**Importance of Mutual Assessment**

How families experience the mutual family assessment process is critical to the success of the agency’s efforts to recruit and retain skilled and committed foster care providers and adoptive parents. Trust and teamwork are essential in family foster care and adoption services, and require clear expectations, open communication, honest sharing of strengths and needs, and combined decision making. Combining the important processes of preparation, assessment, and licensing or certification provides a structured opportunity for prospective foster care providers 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 providing foster care or adoptive parenting. The criteria against which to measure a family’s potential for providing foster care 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 care providers 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 care providers 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 providing foster care and adoptive parenthood. Equalizing power and responsibility in the mutual family assessment process sets the tone for developing teamwork and retaining foster care providers.

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

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

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

The training presents information about the needs of children in foster care and adoption, and the beginning competencies families must have to meet those needs. In the at-home family assessment meetings, the Family Development Specialist helps the family to consider their past and current life experiences, and to define their strengths and needs in the areas of the five competencies. The FDS and
the family then try to “fit” what is known about the family to what will be expected of them in a future role as a foster family or an adoptive family.

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

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

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

**Program Objectives**
The Foster PRIDE/Adopt PRIDE program is designed to promote positive relationships between prospective foster care providers 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 care providers, 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 indicates neither the State nor any entity that receives Federal funds may: deny any person the opportunity to become an adoptive parent or foster care provider on the basis of the race, color, or national origin of the person or child involved; delay or deny the placement of a child for adoption or into foster care on the basis of the race, color, or national origin of the foster or adoptive parent or child involved.....

Adoption and Safe Families Act
ASFA was signed into law by President Bill Clinton on November 19, 1997. The new law, which amends the 1980 Child Welfare Act (P.L. 96-272), clarifies that the health and safety of children served by child welfare agencies must be their paramount concern and aims to move children in foster care more quickly into permanent homes. Law provisions include, but are not limited to shortening the time-frame for a child’s first permanency hearing, offering states financial incentives for increasing the number of adoptions, setting new requirements for states to petition for termination of parental rights, while reauthorizing the Family Preservation and Support Program.

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

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

Family First Prevention Services Act
The Family First Prevention Services Act (H.R. 5456) was signed into law as part of the Bipartisan Budget Act on February 9, 2018, as Public Law 115-123. Family First amended Title IV-E and Title IV-B of the Social Security Act to child welfare programs and policy. This historic reform aims to change child welfare systems across the country by providing services to families who are at risk of entering foster care. Some of the highlights include access to prevent children from entering foster care through new optional prevention services, restrict placement options for children to limit use of congregate care settings, improve the electronic interstate processing system, establish model licensing standards for family foster homes, recruit and retain high-quality foster care providers, extend the Chafee program eligibility, reauthorize the Adoption Incentives program, and allow room and board reimbursement for children in care placed with their parent in family-based substance use residential treatment.
Indian Child Welfare Act
The Indian Child Welfare Act (ICWA) is a federal law passed in 1978 in response to the high number of Indian children removed from their homes; the law was revised in 2016. The intent of ICWA is to protect the best interests of Indian children and to promote the stability and security of Indian Tribes and families (25 U.S.C. § 1902). ICWA sets federal requirements that apply to state child custody proceedings involving an Indian child who is a member of or eligible for membership in a federally recognized Tribal Nation.

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

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

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

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

1. CHAPTER 50-11
   FOSTER CARE HOMES FOR CHILDREN AND ADULTS

2. CHAPTER 75-03-14
   FAMILY FOSTER HOME FOR CHILDREN
Motor Vehicle Operation by Youth in Foster Care
North Dakota Department of Human Services

Youth in foster care and foster care providers frequently have questions related to driving. This handout provides policy information related to the operation of motor vehicles by youth in foster care in North Dakota. It is understood that obtaining a driver’s permit and license is a privilege. For youth in foster care, this privilege is often presented with many barriers related to authorization, responsibility of negligence, assuming liability, etc. There may be times when it is determined by the Child & Family Team to be in the best interest of a child in foster care to obtain a driver’s license in efforts to maintain employment, attend extra-curricular activities, or to meet independent living goals. In some cases, it may be determined that obtaining a license prior to discharge will assist the youth in transition to adulthood.

Foster care liability insurance carried by the Department specifically excludes motor vehicle coverage. The Department of Human Services personnel are not allowed to sign for a minor to secure a driver’s license. However, the application of a minor for an operator's license may be authorized by an individual (responsible adult) who is willing to assume the obligation imposed under NDCC 39-06-08.

NORTH DAKOTA LAWS
The following legal information related to motor vehicle licensure for youth in foster care includes:

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 operator's license must be signed and verified before an individual authorized to administer oaths or the director, by the father, mother, or legal guardian, or if there is not a parent or legal guardian, then by another responsible adult who is willing to assume the obligation imposed under this chapter upon an individual signing the application of a minor. If the father, mother, or legal guardian is unable to appear, a father, mother, or legal guardian may designate, through a notarized document, an individual temporarily authorized to sign the application.”

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 care provider, could sign the application and, in so doing, assume the obligation imposed under Chapter 39-06, NDCC.

With respect to the obligations assumed by an individual 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 individual who has signed the application of the minor for an operator's license, or upon the father, mother, or legal guardian if signing authority has been temporarily transferred under section 39-06-08. This individual is jointly and severally liable with the minor for any damages caused by the negligence, except as provided in section 39-06-10.”

NDCC Section 39-06-10 Liability for negligence of minor - Proof of financial responsibility. specifies, “If a minor provides proof of financial responsibility for the operation of a motor vehicle, then the NDDOT director may accept the application of the minor.”
If an individual is willing to sign as the responsible party on the application for the child in foster care’s permit or driver’s license, the foster care case manager should:

1. Involve the custodian and child’s parents in decision making.
   a. The child’s parent is the first resource to consider in terms of assuming responsibility and providing insurance coverage for the child while he/she is placed in foster care.
   b. In circumstances of long-term placement with little or no parental involvement, the custodial agency may review the risk and determine if the willing relative or foster care providers are free to assume responsibility and provide the insurance coverage on behalf of the child in foster care.

2. Review with the individual (ex: child’s relative/foster care provider) it is not an expectation to assume responsibility or provide insurance coverage for motor vehicle operation by a child in foster care.

3. Encourage the individual to consult with their insurance agency and attorney before they assume responsibility and authorize for a minor to secure a motor vehicle license.

4. Review with the individual the significant risk they are assuming.
   a. An individual signing the application may be liable for the youth’s negligence when they assume responsibility for the child in foster care’s actions by authorizing the minor to secure a driver’s license.
   b. The Department does not provide automobile insurance coverage to foster care providers on behalf of children in foster care.

5. Notify the individual who has signed the application of a minor for a license that he/she may file a verified written request that the minor’s license be canceled at any time.
   a. NDDOT Director can cancel a license or permit of a minor and the individual who signed the application is relieved from the liability.

6. The individual may not assume this responsibility if the custodian or child in foster care’s parent(s) are opposed.

Foster care providers must be supplied with a written notice conveying the policy concerning operation of motor vehicles by youth in foster care (Brochure DN 271). Foster care providers will be asked to acknowledge with the agency that they received the information (Acknowledgement SFN 1037). The signed acknowledgment is kept in the foster home licensing file.

**Signatures Required on SFN 1037**
- Initial Licensure
- Annual licensure
- Ongoing as needed
ACRONYMS

AASK: Adults Adopting Special Kids (www.aasknd.org)

APPLA: Another Planned Permanent Living Arrangement

ASFA: Adoption and Safe Families Act

CA/N: Child Abuse and Neglect

CAC: Child Advocacy Center

CCWIPS: Comprehensive Child Welfare Information and Payment System

CFS: Children and Family Services (www.nd.gov/dhs/services/childfamily)

CFSTC: Children and Family Services Training Center (http://und.edu/centers/children-and-family-services-training-center/)

CFTM: Child and Family Team Meeting

CPS: Child Protective Services

CWLA: Child Welfare League of America (www.cwla.org)

DD: Developmentally Disabled

DHS: Department of Human Services (www.nd.gov/dhs)

DJS: Division of Juvenile Services (http://www.nd.gov/docr/juvenile/Community%20Services/offices/index.html)

DV: Domestic Violence

ETV: Education and Training Voucher

GAL: Guardian ad Litem

HIPAA: Health Insurance Portability and Accountability Act

HSC: Human Service Center (www.nd.gov/dhs/locations/regionalhsc)

ICAMA: Interstate Compact on Adoption and Medical Assistance

ICJ: Interstate Compact on Juveniles
ICPC: Interstate Compact on the Placement of Children
ICWA: Indian Child Welfare Act
IDA: Individual Development Account
IEP: Individualized Education Program
IL: Independent Living (North Dakota Youth: www.nd.gov/ndyouth)
LCPA: Licensed Child Placing Agency
MA: Medical Assistance
MEPA: Multi-Ethnic Placement Act
MH: Mental Health
NATI: Native American Training Institute (http://nativeinstitute.org/)
PRIDE: Parent Resource for Information, Development and Education
PRTF: Psychiatric Residential Child Care Facility
ROI: Release of Information
SIL: Supervised Independent Living
TFC: Treatment Foster Care
TPR: Termination of Parental Rights
TSS: Tribal Social Services
QRTP: Qualified Residential Treatment Program