

Family Foster Parent Handbook

**Arkansas Department of Human Services
Division of Children and Family Services**



Publication 30/Revised 12/2008

The Division of Children and Family Services is a Licensed Child Welfare Agency

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ABOUT THIS HANDBOOK

This handbook has been prepared to provide foster parents with information they will need to become a foster family and to maintain standing as a foster family. This handbook contains the standards that are required for a family to become approved to operate their home as a foster family and information about the role of a foster family. Please read this entire handbook to be familiar with the standards for which a family is responsible, and to ensure the family's continued compliance. Please contact the designated resource worker with questions about compliance or any of the licensing standards.

This handbook is only a reference guide. Contact a local DHS County Office for clarification and interpretation of any information provided in this publication.

To help focus the reader's attention to changes, sections with modifications to content are denoted with “✎” at the beginning, and followed by “✎”, and are underlined.

FOSTER PARENT HANDBOOK INTRODUCTION

The Division of Children and Family Services (DCFS) is a licensed Child Welfare Agency and all of its approved foster family homes must be in compliance with all licensing requirements. The Child Welfare Licensing act defines a “Foster Home” as private residence of one (1) or more family members that receives from a child placement agency any minor child who is unattended by a parent or guardian in order to provide care, training, education, custody or supervision on a twenty-four-hour basis, not to include adoptive homes (see Minimum Licensing Standards for Child Welfare Agencies. DCFS PUB-22). Although the licensing standards' definition of a foster family home does not include adoptive homes, DCFS foster homes and adoptive homes must meet the same licensing standards to comply with federal funding regulations.

Family Foster Care is a program designed to provide a substitute family life experience in a DCFS approved home, Relative Foster Home, or licensed facility for a child who needs care for a temporary, or in some instances, for an extended period of time. During this time, the birth/legal family is either nonexistent or dysfunctional due to social, emotional, economic, and/or physical reasons. Foster care is founded on the premise that all children have a right to a safe and supportive environment in which to grow.

The purpose of foster care is to provide a healthy home and community experience for the child while the conditions which caused the placement away from the birth/legal family are being resolved. Thus, foster care is intended to be temporary. The length of a child's stay in foster care will depend a great deal on the conditions which caused the placement and the time and the resources available to resolve them. The goal of foster care is to work toward a permanent placement for the child, preferably, return to the birth/legal parents.

Foster care is a team effort involving DCFS, the foster family parents, the child in foster care, and the birth/legal parents. When all those directly involved in the situation understand their own and each others' roles and cooperate as team members in a team effort, the quality of the experience for all is increased, and the effect on the child's future well-being is greatly improved.

Good communication among all team members, as well as mutual respect, understanding, and honesty is essential for achievement of foster care goals. All team members share the responsibility for ensuring that lines of communication are kept open and in use.

Because of the difference in responsibilities and perspectives, conflicts may arise. How well conflicts are worked out will determine the success with which the team is able to serve the needs of the child.

Types of Foster Homes

In order to adequately serve the diverse needs of children who require out-of-home placement care, DCFS recruits foster parents, who may elect to have their home designated as one of the three following types:

Provisional Foster Homes

In an effort to preserve family connections and expedite placement of children, the Division may place a child in foster care with a relative ("Relative" means a person within the fifth degree of kinship by virtue of blood or adoption) if one has been identified and is appropriate. This type of placement is classified as a "Provisional foster home". The purpose of opening a provisional foster home is to enable DCFS to make a quick placement for the child with a relative with whom a bond already exists. Once opened as a provisional home, DCFS staff works with the foster parents in that home to bring them into full compliance within a six (6) month period. Provisional Foster Homes shall not be paid a board payment until the relative meets all of the licensing requirements and DCFS standards and is reclassified as a regular foster home.

The child is in the custody of the Department, therefore, the child shall remain in a licensed or approved foster home, shelter or facility until the relative's home is opened as a provisional home, regular foster home or the court grants custody to the relative or other person after a written, approved home study is presented to the court.

Provisional relative foster homes must meet all provisional foster family home requirements. These are a review of the home that includes a visual inspection, an expedited Central Registry check, an expedited criminal background check, and a vehicle safety check.

Relative Foster Homes

Relative Foster Homes are homes in which adult relatives are recruited by the Family Service Worker to provide 24 hours per day care of children who are related to the Relative foster parent by blood or marriage. These homes must meet all of the minimum licensing requirements for a Foster Family Home. There will be no distinction in licensing requirements between Relative foster homes and all other approved foster homes in Arkansas. Relatives may choose to be classified only as a Relative Foster home and will be designated only for placement of relative children. If the relatives choose to be classified as a regular Foster Home, they will be designated for the placement of both relative and non-relative children.

Once permanency is achieved for the relative children placed in a Relative Foster Home, relatives may choose to become a regular Family Foster Home if they remain in compliance with licensing standards. This will be a decision made by both the relatives and DCFS based on the best interest of the relative children.

Relative Foster Homes are to receive an approval letter and certificate CFS-481 identifying approval as a Relative foster family. A new approval letter should be issued if the family becomes a regular foster home.

Regular Foster Homes

While foster parents who are initially recruited to provide care for relative children may elect to care for non-relative children, regular foster homes care for children who are not related to the foster parents. These types of home are generally recruited and trained to care for children in foster care in a non-specific general population.

RESPONSIBILITIES OF THE FOSTER CARE TEAM

Foster Child

Children have certain inherent rights based on their special status as children and their inability to care for themselves. Among these inherent rights are the right to live with their birth/legal family and to receive love, protection, nurturance, and support until they reach the age of majority; the right to be free from harm, neglect, and abuse; to receive an education; to have physical care and medical attention; to enjoy all facets of family life; to be disciplined and to receive religious and moral training, and to grow into self-sufficient, independent young adults.

When a child's right to live with his or her own birth/legal family is in jeopardy, the child has a right to be represented by legal counsel and to have their legal rights protected in any judicial procedure which addresses custody or guardianship. DCFS has certain responsibilities to children who have been removed from the custody of their birth/legal parents. Responsibilities of DCFS to foster children are as follows:

- To place the child in a family foster home, Relative foster home, or, other substitute care facility that can best serve the child's needs and is the least restrictive environment;
- To place the child close to birth/legal parents to allow frequent contact;
- To have regular visits for the child with birth/legal parents, siblings, and others with whom there is a significant relationship, unless restricted by court order;
- To give the child honest information regarding all decisions;
- To provide the child the basic rights inherent to all children as stated above;
- To allow the child to participate in case planning, conferences, staffings, and court hearings, etc., whenever possible and age appropriate;
- To keep a record for each child that includes legal documents; e.g., birth certificate, social security card, court orders.
- To help the child return to the birth/legal parents' home at the earliest possible time or to be legally freed to form new family ties with relatives or adoptive parents; and
- To prepare the child for independence.

Birth/Legal Parents

Birth/legal parents are the key to long-range planning for the child in foster care. They are central members of the foster care team. The child began with them, identifies with them and, in most instances, has a longing to return

to them. The return home of the child is dependent on his birth/legal parents' ability to improve their situation. Otherwise, the birth/legal parents face the possibility of long-range plans being made which may include termination of parental rights. With the exception of parents of children for whom DHS is guardian or birth/legal parents whose rights have been permanently terminated, DCFS has certain responsibilities to the birth/legal parents of children placed in the custody of DHS.

Responsibilities of DCFS to birth/legal parents are:

- To offer and provide services directed toward preservation of the family as a unit and the avoidance of foster care if at all possible;
- To inform the birth/legal parents of the reason for removal of the child when foster care is necessary;
- To advise birth/legal parents that they may seek the assistance of an attorney any time a legal action involves the child. Arkansas law requires that defendants have the opportunity to be represented by legal counsel at all stages of court proceedings. If it is determined by the court that a parent or legal guardian, based on their financial resources, is unable to pay for an attorney, the court will appoint an attorney to represent them;
- To understand birth/legal parents without criticism, denigration or judgment and to acknowledge that the birth/legal parents share in the child's life;
- To advise birth/legal parents of what parental privileges are retained while the child is in foster care;
- To advise birth/legal parents of what conditions must be met in order to have the child returned to them;
- To include birth/legal parents in developing the case plan for the child;
- To provide birth/legal parents every possible assistance and service for resolution or correction of conditions necessary for return of the child;
- To insure that birth/legal parents have full cooperation from all foster care team members toward achievement of case goals; and,
- To return the child to the birth/legal parents' home when the necessary changes or conditions required by the court or DCFS have been made.

Responsibilities of birth/legal parents are:

- To cooperate as a foster care team member by participating in staffings, and court hearings;
- To maintain contact and communication with the child, including keeping appointments for visitation and placing and returning calls;
- To help develop and follow the case plan, thereby, achieving permanency for the child;

- To notify DCFS at the earliest possible time if they are no longer willing to work toward reunification and they wish to relinquish their parental rights and/or that another relative exists who would offer a permanent home to the child;
- To make necessary changes or correct conditions which prevent the child's return;
- To provide emotional support for the child;
- To be involved, whenever possible, in specific activities affecting the child such as medical care, religious, and social events; and,
- To provide financial support for the child. The court may designate an amount for the birth/legal parents to pay.

Family Foster Parents, Provisional Relative Foster Parents and Relative Foster Parents

It is the responsibility of foster parents, Relative foster parents, and Provisional foster parents to provide twenty-four hour nurturing care to the foster child. They also have a responsibility to help the child develop a good self image and have positive feelings about their past, present, and future.

As temporary substitute parents, foster parents are close to the foster child on a day-to-day basis. This closeness allows the foster parent to function as a vital member of the foster care team. As such, the foster parents are in an excellent position to evaluate the child's current needs and ensure that those identified needs are being met by the foster family or through resources in the community.

As team members with a unique perspective of the child, foster parents can contribute a special knowledge to DCFS and to the birth/legal parents including information about the child's behavior, relationships with playmates and other members of the foster family, and adjustment to school and to the neighborhood.

By observing the child's relationship with their birth/legal parents and the child's reactions to visitation, foster parents can enhance the DCFS work with the birth/legal parents. In some instances, the foster parent may also serve as actual role models for the birth/legal parents. This role modeling may be the first opportunity the parent has had to observe and learn effective parenting skills.

The responsibilities of DCFS to Foster Parents, Provisional Relative Parents and Relative Foster Families are:

- To provide pre-service training and continuing education for the role as family foster parents;
- To provide all available information concerning the child and the birth/legal family situation to enable them to make an informed decision about the ability or inability to provide care for the child in one's home and participate in the case;

- To involve them as a team member in pre-placement activities and case planning as well as staffings, and court proceedings;
- To ensure that they have a clear understanding of their role as well as the role of other team members in achieving case goals;
- To provide them with a board payment for food, clothing and shelter for the children in their care;
- To allow them to continue their own family patterns and routine, as much as possible;
- To allow them to request the removal of a child from one's home, with notice;
- To give advance notice, whenever possible, when a child is to be removed from one's home; (See the section entitled "Support to Foster Families and Relative Family Foster Homes" for additional information)
- To promptly inform them of any complaint against their home or of any condition or problem in the home which adversely affects the "approved" status as family foster parents and to provide guidance and support toward resolution of the condition or problem (See section on Complaints Against Foster Family Other Than Child Maltreatment.)
- To provide access to a grievance procedure when differences arise with DCFS which have not been resolved to their satisfaction (See section on Foster Parent Grievance Procedure); and,
- To inform them of DCFS programs, services, and policies which relate to foster family care.

The responsibilities of Family Foster Parents, Provisional Relative Parents and Relative Family Foster Parents to DCFS, the child and the child's family are:

- To participate in family foster parent pre-service training and continuing education programs designed to enhance their ability to care for foster children;
- To assist in the development of an individualized training plan and follow the plan;
- To abide by the policies and the decisions of DCFS and accept the supervision of DCFS;
- To utilize DCFS resources, community resources, and court activities as a team member with pertinent information based on day-to-day knowledge of the child in their care;
- To assist the child and DCFS in planning and achieving the child's return to their parents' home or to a permanent placement;
- To communicate with the attorney ad litem about the status and needs of the child so that the attorney can present to the court a complete and accurate picture of the client;
- To attend court and present information about the child, when required;

- To provide a nurturing family life experience for the child including guidance, intellectual stimulation, affection, and appropriate discipline;
- To train and discipline children with kindness and understanding;
- To establish well defined rules, set expectations and limits consistent with the child's age, and clearly establish that there will be consequences for inappropriate behavior. The child will be apprised of the behaviors and actions that are not acceptable prior to any discipline being administered;
- To train and teach each child using techniques that stress praise and encouragement; discipline should be positive not negative;

Children shall not be subjected to verbal abuse, derogatory remarks about themselves or their family members; nor should foster parents threaten to have the child removed from the foster home.

- To provide food, clothing, shelter and personal care;
- To lock up all cleaning supplies, insecticides, gasoline, hazardous tools, knives, guns, or similar dangerous objects, and medicines for household members including foster children. Guns must be unloaded and stored in a secure, locked location separate from ammunition. Foster parents shall administer medications only in accordance with directions on the label. All medications for household members including foster children shall be stored in a secure location, and psychotropic medications shall be kept securely locked. Foster parents shall be aware of possible side effects of all medications. Foster parents shall keep a log of all medications dispensed (Please use log provided in the appendix);
- To provide for enrollment and regular school attendance when age appropriate in an accredited school and to encourage the expression of the child's strengths and special talents. Home Schooling is not allowed;
- To cooperate with DCFS in arranging for routine medical and dental care as well as ensuring that the child receives appropriate care during any illness; to accompany the child on all medical appointments; to monitor the child's intake of medicine (prescription or non-prescription);
- To protect foster children from exposure to second hand smoke and take every precaution to ensure the health and safety of the children in their home. Foster parents should not directly expose foster children to secondhand smoke. Arkansas state law prohibits exposing a child under the age of 6 and less than 60 pounds to cigarette smoke while confined in a car seat.
- To maintain a record of health care, especially immunization records via Medical Passport;
- To keep a lifebook for the child to record developmental progress as well as regular and special events in the child's life while the child is in their home;
- To speak positively of the child's birth/legal family;

- To maintain absolute confidentiality of information about the child and the child's birth/legal family;
- To support the case plan, including the visitation plan and help the child feel comfortable with this;
- To maintain open communication with all team members, including communication with the child's birth/legal family when contact between foster parents and the family is part of the case plan;
- To notify DCFS of any pertinent conditions, problems, or major family changes;
- To provide the child with opportunity for recreational activities and for participation in family, school, and community activities;
- To provide information to the Family Service Worker that will be useful in case planning, to participate in staffings and court hearings;
- To assist in preparing the child and showing support for any move that must be made (to birth/legal parents' home, relatives, another foster home, or an adoptive home);
- To keep the terms of the Initial Foster Home Agreement, CFS-462 and Foster Home Agreement Addendum , CFS-462A; and,
- To notify DCFS of any needs, requests, pertinent changes or problems.

Foster Parents are prohibited from using corporal punishment on a foster child.

Methods of discipline that are unacceptable for use by foster parents with the child include but are not limited to:

1. Cruel, severe, or humiliating actions, such as washing mouth with soap;
2. Taping or obstructing child's mouth;
3. Placing painful or unpleasant tasting or hot substances in child's mouth;
4. Placing a child in dark areas;
5. Humiliation in public;
6. Physical punishment inflicted in any manner, such as hitting, pinching, pulling hair, slapping, kicking, twisting the arms, forced fixed body positions, spanking, etc.;
7. Denial of meals, clothing, shelter;
8. Interference with any case plan requirements, or any denial of basic rights;
9. Denial of visits, telephone, or mail contact with family members;
10. Assignment of extremely strenuous exercise or work;
11. Locked isolation of any kind; and,
12. Punishment of any kind for bedwetting or poor toilet habits. If a child is experiencing problems with enuresis, a therapist should be engaged to help with this issue.

DCFS or foster parents shall never give permission for the school to use corporal punishment (spank) on the child. The school may elect to spank but we can never give permission for them to do so.

THE DEPARTMENT OF HUMAN SERVICES AND ITS AGENT, THE DIVISION OF CHILDREN AND FAMILY SERVICES

DHS, acting through DCFS, serves as the court-appointed legal custodian of the child and has the ultimate responsibility for ensuring that the child has the best possible foster care experience and that appropriate long-term plans are made. There is also a direct vested interest in resolution of the problems or conditions affecting the status of the birth/legal family. The cooperative efforts from the courts, other agencies, and community resources are necessary to ensure that responsibilities to the child and assistance in resolution of problems or conditions affecting the child's birth/legal parent are carried out.

Department/Division responsibilities are:

- To serve as the court-appointed legal custodian of the child;
- To provide the foster child, birth/legal parents, foster family, and Relative foster family with the necessary support services to accomplish goals set out in the case plan;
- To work with birth/legal parents, foster families, and Relative foster families to see that the child's emotional needs are met;
- To conduct regular staffings, and to schedule and attend statutorily required hearings;
- To provide necessary medical or psychological services, evaluations, care or treatment needed by the child;
- To ensure that the child has planned regular visitation with his birth/legal parents; or, if there are barriers to visitation, to provide services directed toward removal or reduction of barriers to visitation;
- To ensure visits for the child with siblings by planned regular contact (at least every two weeks);
- To maintain regular contact with all team members according to the case plan;
- To keep all team members informed of significant changes in the status of the case or individual team members;
- To provide opportunity for religious experiences with respect for the child's and birth/legal parents' religion;
- To take the legal steps necessary to place the child in a permanent home when return to the birth/legal parents is not possible within a reasonable length of time, usually not more than one year;
- To keep the terms of the Initial Foster Home Agreement, CFS-462 and Foster Home Agreement Addendum, CFS-462A ; and,
- To communicate with the foster child's school about custody and other issues that might impact the child's ability to learn.

APPROVAL, TRAINING, AND SUPPORT OF FAMILY FOSTER HOMES AND RELATIVE FOSTER FAMILY HOMES**Family Foster Home and Relative Foster Home Approval Process**

The process of preparing and evaluating prospective family foster parents is termed a family foster home assessment. An assessment will be conducted prior to the placement of a child in one's home.

The purpose of the family foster home assessment is threefold: first, it is to educate candidates; second, it is to assess their character, suitability, and qualifications to open a foster home, or Relative foster family home; and third, it is to see that they meet the *Standards for Approval of Family Foster Homes*, PUB-022.

Providing appropriate information is essential in order to make an informed decision to pursue operation of one's home as a family foster home based on the realities of the foster care system.

Assessing the character, suitability, and qualifications of the family to operate a family foster home will be done in relation to the following areas:

- The family's capability to provide for the needs of a child who is placed in their care;
- The family's ability to accept and encourage the child's relationship with the birth/legal family;
- The family's ability to relate to the child in a helpful way; and,
- The family's ability to work as part of a team with DCFS staff, other agencies, and community resources to reach the goals set forth in the case plan.

There can be no roomers or boarders in the home. Family members are not considered roomers or boarders.

Families that move to Arkansas from another state where they have been approved as a foster family must complete the entire approval procedure of the Arkansas DCFS.

Other standards include:

- Age - The minimum age is 21 years. Alternative compliance must be obtained if one or both applicants are age 65 or over or when one or both spouses of a currently opened family foster home reaches age 65;
-  Health - All household family members must pass a medical exam (within six [6] months prior to the approval) and have a doctor's recommendation at the time the home is initially approved. Each foster parent and every family member must repeat the exam yearly to remain in compliance. All members of the household older than twelve (12) years shall receive a Mantoux skin test for tuberculosis and thereafter must

repeat the test yearly to meet the standards for re-certification. Household members with a positive skin test must provide documentation every year certifying that they are free from communicable tuberculosis; 📄

- Physical Disabilities - Physical disabilities of any of the family members will be evaluated to determine the effect, if any, the disability has on the family's ability to provide adequate care for a child and how the disability may affect a child's adjustment to the family;

Marriage and Divorce – Proof of marriage and evidence of stable marriage of at least two (2) years duration and stable family situation; proof of divorce for at least 1 (one) year. Staff may request an Alternative Compliance if the prospective foster parent has been divorced for less than one year and meets all other licensing standards. If foster parents divorce, the Resource Worker will complete a re-evaluation of the home and obtain an Alternative Compliance.

📄 In situations where an unmarried foster parent has plans to marry, the CWAL board shall be petitioned to grant an alternative compliance. DCFS staff must ensure that the future spouse is interviewed to discuss his/her compliance with the "Personal Characteristics" outlined in Pub-22 "Standards for Approval of Family Foster Homes." The intended spouse must have all background checks completed with the results. Once this is completed, a request for an alternative compliance must be sent to the DCFS Director for approval before the future spouse can be approved for training. The alternative compliance request must include clear documentation concerning the stability of the relationship between the foster parent and future spouse. The DCFS Director will not approve any request for alternative compliances to go before the licensing board unless there is clear documentation on the stability of the future spouse and stability of the relationship. Some examples of the stability of the relationship are length of time of relationship, length of engagement, where the couple plans to live; whether other children are involved, and the impact of the relationship on the foster children or other children involved. If the DCFS Director approves the alternative compliance to go before the licensing board, the future spouse can be scheduled for Foster Adopt Pride training. All unmarried foster parents must notify the Division as soon as they are aware of any plans to marry so that the application process can be initiated on the intended spouse. The foster parent must understand that the Division must obtain an alternative compliance before the intended spouse can take on the role as a foster parent and reside with foster children. 📄

- 📄 Family Composition - A Foster home may have up to eight (8) children in their home. This may consist of up to five (5) un-related children in foster care, and up to three of the foster parent's own children. Or in the case of sibling groups, the foster home may have up to eight related children in foster care. In this instance, the total number of the foster parent's children who reside in the home will determine the number of children from one sibling group that may be placed together in the home.

For example:

No children of the parents and 8 children in care who are all related

1 biological or adopted child of the parents and 7 children in care who are all related.

2 biological or adopted children of the parents and 6 children in care who are all related.

3 biological or adopted children of the parents and 5 children in care who are all related or unrelated.

Including the foster parent's own children, the foster home may have no more than two children under age two and no more than three children under age six. 📄

- Parenting Ability – Ability to provide a nurturing family life experience for the child including guidance, intellectual stimulation, affection, and appropriate discipline;

- Employment - In two-parent homes where the parents are both employed outside the home or in a single-parent home where the parent is employed outside the home, careful consideration must be given to the age and characteristics of the children for whom the home wishes to provide care as well as to the family's plan for child care. Stable employment history is required of the primary wage earner in the family foster home. The family foster home shall not be licensed as a Child care Family Home;
- ☞ Income - Evidence of stable income sufficient to meet the needs of one's family is required for approval. The foster family shall provide documentation of sufficient financial resources to meet their needs. The family shall have sufficient, reliable income to assure stability and security, without including the board payment. Management of income shall be considered more important than amount of income. Keeping children in foster care is not a profitable venture. ☞
- Physical Standards - Location, condition, and physical layout of the home will be considered. Physical conditions of the home shall present no hazard to the safety or health of a child. The home should have two exterior doors situated to provide safe exit; 50 square feet of sleeping space per foster child; an opening window, large enough that the child can exit through it, in each bedroom where a foster child sleeps; stacking of baby beds is prohibited;
- A functional land-line telephone is required;
- Transportation - The family foster parents shall maintain a mode of transportation which complies with state motor vehicle laws and shall allow foster children to be transported only by a licensed driver and must have proof of current insurance. Reliance on others outside the family household will be considered for Relative placements and will require an Alternative Compliance. This resource must be identified in advance of provision of the transportation and the person must meet the same requirements as a foster parent (proof of licensure; proof of vehicle insurance; a valid vehicle safety record check; and a Central Registry check); foster children shall be transported only while wearing safety belts, or in child safety seats, according to Arkansas law;
- Home Environment - Cleanliness of the home will be considered;
- ☞ Central Registry - A Child Maltreatment Central Registry Check will be conducted on family foster parent applicants and each member of the household age ten (10) years or older, including any state where either the applicant or household member work if different from their state of residence. A registry check will also be conducted in any other state where the applicant has worked or resided during the preceding six (6) years. The Division will repeat the Central Registry Checks every two (2) years. Successful completion is necessary before referral to foster family training. Expedited checks will be done on Provisional foster homes; ☞
- ☞ FBI Finger-print Based Criminal Record Check – A finger-print based FBI criminal background check will be conducted on foster parents and any other members of the household sixteen (16) years of age or older, excluding children in foster care. Conducting a finger-print based criminal record check is not necessary to open a provisional foster home; ☞

- Criminal Record Check - An Arkansas State Police Criminal Record Check will be conducted on the family foster parents and all members of the household age fourteen (14) and older. The Division shall repeat the Criminal Record Check every five (5) years. Successful completion or approval of alternative compliance is necessary before referral to Adopt/Pride training; Pub. 04, *Minimum Licensing Standards for Child Welfare Agencies* includes the Child Welfare Licensing Act which outlines Criminal Background results that cannot be presented to the Board for Alternative Compliance;
- ☞ Motor Vehicle Safety Check - A motor vehicle safety check will be conducted on each household member who will be responsible for transporting foster children. Each member must have a current, valid driver's license. The foster family members must be in compliance with the Arkansas Motor Vehicle Safety program. DCFS will check the driving record (violation points) for each potential foster parent. The Arkansas State Vehicle Safety Program sets the maximum number of traffic violation points a foster parent may be allowed. It is the foster family's responsibility to report any traffic violations to their Resource Worker within twenty-four (24) hours; ☞
- References - A minimum of 3 references familiar with one's child caring experiences and practices will be contacted regarding the character and ability to provide for children.
- ☞ Smoking
DCFS policy is that second hand smoke is detrimental to a child's health and the presumption will be that it is not in a child's best interest to be placed in a foster home that permits smoking in the presence of a child in foster care. To rebut this presumption, the worker must clearly identify why it is in the child's best interest to be exposed to second hand smoke.

DCFS shall not place or permit a child in foster care to remain in any foster home if the foster parent smokes or allows anyone else to smoke in the presence of any child in foster care unless it is in the child's best interest to be placed in or remain in the foster home.

All foster parents will complete DCFS form Foster Parent Smoking Certification, CFS-363 and identify if the foster parents will permit smoking in the presence of a child in foster care.

Foster parents will indicate if smokers in the home or who visit the home will be permitted to smoke while in the presence of a child in foster care. If the foster parent indicates smoking will not occur in the presence of a child in foster care, then children in foster care may be placed in this foster home and DCFS will designate the home a "non-smoking" foster home.

If a foster parent indicates that smoking will occur in the presence of a child in foster care, the foster home will be designated a "smoking" foster home and no child may be placed or remain in the foster home unless it is in the child's best interest to be placed in or remain in the foster home.

The Area Manager will sign and submit the CFS-363 along with any supporting documentation for review and signature to the Assistant Director of Community Services requesting a finding that it is in the child's best interest to be placed in or remain in a smoking foster home. No child in foster care shall be placed in a smoking foster home without a waiver from the Assistant Director of Community Services.

For children in foster care who are currently in smoking foster homes, the worker shall make an individual assessment of each child's case and determine if it is in the child's best interest to remain in the smoking foster home. If so, the Area Manager shall complete a CFS-363 and submit the form along with any supporting documentation to the Assistant Director of Community Services requesting a finding that it is in the child's best interest to remain in the smoking foster home. If it is not in the child's best interest to remain in the smoking foster home, a plan shall immediately be developed to properly transition the child to a non-smoking foster home.

State law prohibits smoking in a vehicle if a child in the car is under the age of six (6) and weighs less than sixty (60) pounds. Thus, no foster parent or DCFS employee may smoke in the vehicle when transporting a child in foster care who is under the age of six and weighs less than 60 pounds.

In accordance with A.C.A. 20-27-1804, smoking is prohibited in all vehicles and enclosed areas owned, leased or operated by the State of Arkansas, its agencies and authorities. Therefore, DCFS staff may not smoke in a state vehicle OR in their private vehicle when a child in foster care is present. Foster parents are strongly discouraged from smoking in a vehicle when a child in foster care is present.

Alternative Compliance & Waiver Requests

☛ DCFS bases its standards of care and character on the Child Welfare Agency Licensing Act (CWALA). If it is believed that an applicant to become a foster parent possesses special abilities or circumstances which would make them good foster parents in spite of their inability to meet a standard, the county office may request an approval for alternative compliance or a waiver from policy.

An alternative compliance is a request for approval from the Child Welfare Agency Review Board (CWARB) to allow a licensee to deviate from the letter of a regulation, provided that the licensee has demonstrated how an alternate plan of compliance will meet or exceed the intent of the regulation. What is proposed as an alternative to compliance with policy or standards will comply with the intent, if not the actual requirement.

A Policy Waiver Request is a request to deviate from the letter of the DCFS Policy, procedures and standards. Waiver requests may be approved by the Director of DCFS.

All policy waiver and alternative compliance requests will be approved or denied based on the individual circumstances of the foster parent applicant. Safety and welfare of the child(ren) involved will be paramount.

If a foster parent or applicant has questions or concerns regarding alternative compliance or waiver requests, they should consult their Resource Worker. ☛

Training

DCFS recognizes the child's right to be placed in a home able to deal with the special problems and traumas of out-of-home care. Foster parenting is a specialized field, different from parenting one's own children, and for which special training is essential. As foster parenting is far too complex to be covered in one course, DCFS will provide opportunities for training of prospective family foster parents and training related to the special needs of children in out-of-home placements. An individualized training plan will be developed taking into consideration the age and characteristics of children for whom the foster parent has expressed preferences.

Pre-Service Family Foster Parent Training

Successful completion of the assessment and, if applicable, approval of alternative compliance or policy waiver, is necessary before referral to foster family training. Training of prospective Family Foster Parents, Provisional Foster Parents and Relative Foster Parents will be done by using group processes, but may be done on an individual basis when necessary. All family foster parents shall complete a minimum of 30 hours of pre-service training prior to accepting the first child. In addition to the 30 hours of pre-service training, the foster parent(s) shall have current CPR and First Aid Training. No child will be placed in the foster home until the foster parent(s) has obtained CPR Certification and completed First Aid training.

First Aid and CPR training and certification will only be accepted from a certified trainer associated with the American Heart Association, the National Safety Council or the American Red Cross. First Aid training provided through the National Safety Council must be the Standard First Aid, not Basic First Aid. All CPR classes must cover infant, child and adult methods. Prospective foster parents must obtain a certification card from the trainer representing the certifying national organization. DCFS staff will coordinate the CPR and First Aid training with the national organization.

Continuing Education

DCFS will require participation in local educational and training opportunities. Each family foster parent shall annually participate in a minimum of 15 hours of approved training. This additional 15 hours becomes due at the end of the second year that a foster home is in operation. The same training classes cannot be repeated yearly. Training classes may cover a wide range of topics related to parenting, child development, behavior problems, medical needs, etc., and may be offered by educational systems (college, university, local school system), Health Department, Community Mental Health Centers, the Foster Parent Association and others. Special TV programs related to child abuse, parenting adolescents, etc. may also be considered training. However, videos, TV programs, online courses and books are only accepted on a limited basis. No more than 5 hours of videos, books, or online courses or TV programs for each foster parent will be accepted per year and must have prior approval by the Area Manager or their designee. To be considered as training these programs must be discussed with the Resource Worker assigned to the family foster parents and receive prior approval before the program is viewed. Participation shall then be documented in the family foster home case record. The DCFS County Office will inform all foster parents of any training and educational opportunities known to them. CPR training is not allowed to be counted toward the required fifteen (15) hours. The CPR requirement may not be taken on-line.

A statewide foster parent training conference and area wide conferences are held yearly, if funds are available, to give foster families and Relative foster families the opportunity to obtain the required hours. Both in-state and out-of-state conferences may be considered training. Funds may be available to defray expenses for these educational opportunities. Prior approval is required for reimbursement. Contact a Resource Worker.

The appropriate DCFS County Office will maintain the training record, both DCFS and non-DCFS sponsored. Foster parents are responsible for reporting to their Resource Worker participation in non-DCFS sponsored training. Evidence of attendance (training certificate, etc.) will be needed to document participation.

Both travel and baby-sitting expenses incurred when attending mandatory local and DCFS sponsored training are reimbursable. One's Resource Worker must be contacted prior to the training for approval of such expenses.

Reevaluation of Family Foster Homes

The Resource Worker will monitor the foster family home at least quarterly for continued compliance with the Standards of Approval for foster homes and complete the Checklist for Compliance, CFS-475 (F).

Family foster homes must be reevaluated annually (i.e., no later than the anniversary month of the family foster home's approval), to assure that they continue to meet all standards and policy requirements. Any family foster home that does not continue to meet standards will be closed. The Resource Worker or designee will formally review each foster home and complete a Checklist for Ongoing Monitoring, CFS-475 (A-C) and the Family Foster Parent Reevaluation, CFS-451. The review will be filed in the family foster home record

This reevaluation is necessary to ensure that changes in the family, either physical changes or changes in attitudes, do not adversely affect children placed in that home. After having actually experienced foster children in the home, one may have very different feelings about family foster parenting and the ability to work with different types of children. The opportunity will be provided to express any changes in feelings subsequent to the last approval, evaluation, or reevaluation. Also, one's Resource Worker may assess the family's ability as shown by past experiences with foster children. This information will be recorded in the foster family record to be used by any Resource Worker placing or supervising a child in that home.

The family foster parent reevaluation packet will be mailed or hand-delivered to be completed prior to the home visit by the resource worker. The resource worker will make an appointment to conduct the reevaluation, review the completed packet, and interview the family. The foster parent reevaluation form will be filed in the family record and a narrative entry will also be made in the record that reflects the resource worker's assessment of the following items:

- Continued compliance with Family Foster Home Standards;
- Continuing education compliance;
- The foster parent has maintained current CPR Certification and First Aid training;
- How the family has met the needs of the children placed, including physical, emotional, educational and recreational needs;
- Identification of persons in the home at the time of the reevaluation;
- Attitudes toward birth/legal parents;
- Impressions and Evaluation;
- Objective evaluation of present and future capacity as a family foster home;
- Strong points of the family foster home;
- Weak points of the family foster home;
- How the family has met the needs of the children placed in the home;
- Health and Financial Status;
- Declaration on status of other applicable requirements, such as physician's exam, TB test, Criminal record checks, motor vehicle check and telephone;
- Recommendations;
- Age, sex, and special characteristics of children who should be placed in the home;
- Problems which can and cannot be handled;
- Recommended length of placement desirable.

(For reference, see the Re-evaluation Form, CFS-451)

The Foster Parent Resource Worker will notify the family of the disposition of the reevaluation in writing within 10 days. When re-approved, one will receive a Family Foster Home Re-evaluation Letter.

A reevaluation of a family foster home shall be conducted whenever there is a major change in the lives of family foster parents including, but not limited to:

- A death or serious illness among the members of the foster family;
- Separation or divorce;
- Loss of or change in employment;
- Change in residence;
- Suspected abuse or neglect of any child;
- Addition of family members; e.g., birth, adoption, aging relatives moving in
- Criminal or traffic offenses

SUPPORT TO FOSTER FAMILIES AND RELATIVE FAMILY FOSTER HOMES

As an integral part of DCFS delivery system, one can expect support from DCFS in the form of training, in-home contacts, case consultation, board payments, special services to children in one's care, and recognition and acknowledgment of these efforts.

When a foster parent requests that a foster child be removed from their home, excluding an emergency that places the child or a family member at risk of harm, the foster parent will be expected to attend a staffing to discuss what services or assistance may be needed to stabilize the placement. The staffing will be held within 48 hours of notification by the foster parent to remove the child from their home. The age-appropriate foster child, the child's attorney ad litem and a CASA, if appointed to the case, the parents, or guardian, and all parties' attorneys shall be notified so that they can attend and participate in the staffing and planning for the child's placement. If the placement cannot be stabilized the foster parent will continue to provide for the foster child until an appropriate alternative placement is located, but this shall not be longer than five (5) business days.

Foster parents primarily work with three different DCFS staff positions. These are the Family Service Worker, the Foster Parent Resource Worker, and in some instances, the Foster Parent Ombudsman. To better understand the goals of foster care and how these staff members work as a team and interact with the goal of providing the best overall experience for foster children, the following brief job descriptions are offered.

The Family Service Worker

The Family Service Worker is primarily responsible for working with the foster child and his or her biological or legal family. They work to correct problems in the home of the biological parent or legal guardian with the goal of preventing the need for removal and, if removing a child from their home is necessary, then reunifying the child and family.

In the course of serving the needs of any foster child in their care, the Family Service Worker will visit frequently in the home. When the Family Service Worker visits the home, the main objective is to discuss the case plan, any changes in the plan, or specific problems with the placement. The foster parents are not expected to have answers to all problems, neither is the Family Service Worker. Foster parents have the child-raising experience; the Family Service Worker has the objective knowledge about foster children. Together, solutions are found.

The Family Service Worker is not expecting to be a formal guest in the home. Nor should the Family Service Worker be a casual acquaintance or a "best friend". The relationship is most positive when it is pleasantly professional. Problems with the Family Service Worker visiting occur when family foster parents, and/or foster child, do not know the purpose of the visit. Problems also arise when the Family Service Worker is seen as a negative authority person. For example, threatening the child with "if you're not good I'll call the worker", or perceiving the Family Service Worker as someone who will solve all the problems, i.e., "We'll call the worker; she'll take care of everything," is not productive. This does not support the team approach and it undermines the foster family's authority. Foster parents and the Family Service Worker are partners working together. This partnership works best when each person presents the other to the child as a positive influence in that child's life, each one bringing his or her contribution to the effort taking place on behalf of the child.

The following are some of the responsibilities of the Family Service Worker:

- Providing protective services, foster care, and supportive services for abused and/or neglected children;
- Providing assistance in investigating suspected child abuse and neglect complaints to determine if allegations can be substantiated by making on-site visits, securing background information, and interviewing parties involved;
- Documenting all casework activities for children in foster care whose cases they are assigned;
- Providing assistance in developing case plans to establish goals, objectives, tasks, and time frames for all parties involved;
- Recruiting families, providing assistance in conducting home studies and family assessments to determine appropriate child placements, and visits clients and/or foster parents to monitor progress toward case objectives;
- Performing any other related responsibilities as required to further the goal of a therapeutic experience for children in protective services and foster care; and,
- The Family Service Worker has regular contact with clients, law enforcement officials, medical personnel, teachers, child care personnel, foster parents, agency and private attorneys, and the general public.

The Foster Parent Resource Worker

The Foster Parent Resource Worker is responsible for overseeing the operation of all foster family homes. Each DCFS service area has an assigned Foster Parent Resource Worker who serves as an advocate for the foster parent. The Foster Parent Resource Worker is responsible for recruitment of foster families, facilitating new provider orientations, training sessions, both new and on-going, and other licensing and education requirements. They monitor compliance, provide case management to promote foster home retention, provide support, facilitate corrective action, develop resources, and assess homes that are not in compliance as well as work with those homes and families, and provide other types of general support to care providers within their area.

The Foster Family Resource Worker's assistance to the foster care family includes, but is not limited to the following:

- Conducting interviews for the purpose of gathering social histories or other needed information to assess for eligibility or appropriateness of referral;
- Administering background checks;
- Responding to adoption inquiries and refer, when appropriate, to adoption staff;
- Conducting quarterly foster home visits for monitoring continued compliance, appropriateness and suitability;
- Completing annual evaluation of each home that is in the provider pool;
- Checking for licensing compliance;
- Following up corrective action for homes that are out of compliance;
- Responding to requests from foster parents as they need required logs and/or on-call lists, etc;
- Creating Family Development Plans for continued inservice training and conducting make up training as needed;
- Conducting health and safety assessments as needed (only in regard to licensing complaints-non maltreatment) and other licensing standard compliance.
- Assisting in the development of foster parent support groups/associations and participating in the Annual foster parent mini conference.
- Visiting the foster home;
- Providing training information;
- Providing information regarding available resources; and,
- Performing any other duties identified by the Area Manager that will promote the success of the foster home.

The Foster Parent Resource Worker will work with the foster parents to improve the overall working relations between DCFS and the Foster Parent Association.

Foster Parent Ombudsman

The Foster Parent Ombudsman serves as a statewide advocate for foster parents and assists with providing training, updates, and support to the Foster Parent Associations.

Some of the duties include:

- Receiving phone calls, emails, or letters regarding complaints and problems the foster parents are experiencing (wide range of calls and issues such as licensing standards, staff complaints, travel reimbursement, adoption issues)
- Attending and facilitating Foster Parent Association support group meetings (provide training/continuing education, updates on DCFS policies, answer general questions about the agency)

The Foster Parent Ombudsman may be contacted if the foster parent has a complaint; however, the Ombudsman is not part of the official grievance procedure. (See the section on Family Foster Parents Grievance Procedure for further clarification.)

Visits to Family Foster Home

The Family Service Worker overseeing the care of individual children in the foster home will make at least weekly visits that take place in the home during the first month of placement. After the first month, the Family Service Worker must make weekly contact with the foster child at school, or during sibling or parental visits, but must continue to visit the home at least monthly. In most instances, visits will be scheduled with the foster parents. However, unannounced visits will be made to the foster home. The Foster Parent Resource worker overseeing the operation of one's home as a foster care resource will visit the home at least quarterly. More frequent visitation may be made to the home to help solve problems.

The visits will be used to relay necessary information to the child and to allow the foster parents to voice their feelings about the placement and subsequent adjustment jointly, as well as, privately, and to ascertain if the needs of that particular child are being met. Each visit will include a private conversation with the child away from the foster parent. Another purpose of home visits is to monitor continued compliance with Family Foster Home Standards. These visits may be scheduled or unannounced.

Availability of DCFS Family Service Worker and Foster Family Resource Worker to Foster Families

For foster parenting to be a successful experience, one must have access to the Family Service Worker and Foster Family Resource Worker. If either of these staff members is absent from the office when telephoned, calls will be returned promptly. If a visit is necessary, it will be scheduled.

Telephone numbers of the Foster Family Resource Worker who may be contacted after hours will be furnished (See section on DCFS County Office contact persons in the back of this Handbook). After-hours contact should be used for emergencies only. Also, information will be provided which may be needed for the child in the home in an emergency situation, such as the child's Medicaid number and Medical Passport. At the time of placement all information known about the child will be provided, such as: expected length of stay, information regarding illnesses, chronic health problems, medication, habits, etc.

Crisis and After Hours Response

Foster parents will have access to a Family Service Worker in their county twenty-four hours a day, seven days a week. A list of after hours numbers (on-call pager/cell phone numbers) where the local on-call Family Service Worker can be reached will be provided. If the after hours call requires a direct contact with the child's Family Service Worker, the on-call worker will provide the assigned Family Service Worker's home phone number or will contact the assigned worker and have that worker make contact.

Child care for Foster Children

Generally pre-school age foster children should not be placed in a two-parent foster home where both of the foster parents are employed outside the home, or, in a single-parent foster home where the sole parent is employed outside the home. Child care may be authorized for a child in foster care if child care is determined to be appropriate as part of the case plan or if court-ordered. Appropriate reasons include: 1) illness or other emergency in the foster home, 2) socialization and therapeutic benefits for the child, or 3) to ensure the child may be placed in a foster home in his/her county or in close proximity to his home. In the case of illness or other emergency in the foster home, the possibility and impact of another foster home placement upon the child should be weighed along with the anticipated length of the existing problem in the home. When seeking approval for child care in order to help the foster child with socialization and assist with therapeutic purposes, the opinion of a physician shall be obtained to support the need for the child care services. The service may be authorized for up to three (3) months at a time. Child care can only be provided by DCFS when resources are available. The foster parent must use a Child care Provider who is on the voucher system, and shall consult the Family Service Worker about child care approval prior to selecting a child care provider or using child care. If child care services are sought for foster children, the child care facility/home must be licensed by The Division of Childcare and Early Childhood Education or on the Voluntary Child Care Registry.

Counseling

Where there is a need for counseling services for the family foster home to prevent disruption and to promote stabilization, counseling shall be provided. Requests for counseling are made to the Family Service Worker, who is responsible for making that referral to the appropriate Community Mental Health Center.

Respite Care

Respite care is available to foster parents in areas where a contract for respite care is in place. In areas where a contract is not in place, foster parents may provide respite care for each other. If the foster parent elects to use another foster parent for respite, the board payment will be keyed to the foster parent who is providing the respite care. If the service is provided by a contractor, the board payment of the foster family will not be effected.

To use this service, contact the Family Service Worker. The Area Manager or their designee must approve all requests.

Transportation

Foster families should have their own transportation available to transport the child to appointments/activities.

Transportation costs such as attending staffings, court, visits with parents or siblings, and all medical appointments will be reimbursed, (other extraordinary costs may be approved on a case by case basis).

Room and board payments include routine travel expenses. As such, transportation will not be reimbursed for shopping for clothes or groceries, taking a child to school, school activities or church (unless prior approval has been obtained based on special circumstances), or daycare (unless it is a Medicaid allowable expense).

Extraordinary circumstances might include situations in which a child may wish to attend a church other than that of a foster parent and travelling to his church would require a significant deviation from the route taken to the church attended by a foster parent. The Assistant Director of Community Services will consider for approval all

written requests. Approval will be made based on individual situations and will be given only for specified time periods.

Transportation costs are reimbursed to foster parents at a rate determined by the Department. The family foster parent completes a travel reimbursement form (TR-I) and submits it to the County Travel Supervisor for approval and processing. When determining miles driven from city to city for mileage reimbursement, please use the Rand McNally online services at <http://www.randmcnally.com/>. Then use the drop down tab, click on map and directions, and then online driving directions.

Requests for travel reimbursement must be submitted on a monthly basis. Requests for reimbursement for medical and independent living transportation must be submitted on separate TR-I forms.

Medical Transportation

The foster family will complete a TR-I for regular travel and a separate TR-I for Medicaid travel, e.g., when a child is taken to receive services from a medical provider. When the foster parent needs assistance with transportation, the foster parent should contact the Family Service Worker as soon as possible. The Family Service Worker, a Social Service Aide, or a volunteer transporter may be assigned to assist with travel.

Independent Living Travel

The foster family may be reimbursed for transporting youth to Independent Living workshops and life skills training sessions. Refer to Pub 404 for additional information.

Community Resources

The DHS County Office will inform all foster parents about available resources in the community as well as resources in other areas which may be relevant to a particular child. This information will be updated as new services become available.

It will be the responsibility of DCFS to pursue any resource needed for a child which is mutually agreed upon. Foster parent's assistance may be enlisted for this purpose.

Family Foster Parent Associations

The formation of active and independent family foster parent associations is encouraged.

DCFS will provide support by the appointment of a DHS Resource Worker to the association. A DCFS representative will also be available when called upon to provide information about the Foster Care Program and allow foster parents to voice any concerns they may have with the policies of DCFS.

Income Tax Information

Board payments paid to foster parents are not considered taxable income by the Internal Revenue Services. Current tax laws may allow special treatment for foster parents. Because IRS laws are complex and subject to change from year to year, for specific tax advice foster parents should refer to Publication 17, "Your Federal Income Tax", or consult with an accountant or tax specialist.

Family Foster Parents Grievance Procedure

You have the right to appeal decisions affecting you and the operation of your home. Most problems can be solved at the local level if you and your Family Service Worker keep each other informed about matters of interest and importance pertaining to the child. It is most important for foster parents and Family Service Workers to discuss and work out issues and problems as they occur. If two way communication is maintained, it will facilitate problem solving.

All complaints may not be grievable and while the DCFS County Office will make every effort to reconcile every disagreement, some situations may not be reconcilable. Such situations result in decisions being made by the DCFS County Office based on current policy and procedure, for example closing the foster home due to the advancing age of the foster parents.

Examples of issues that you may want to take through the Grievance Procedure are:

- Removal of a child from the foster home without appropriate cause and/or without appropriate notice.
- Visits without preparation and/or notice.
- Failure by DCFS to share appropriate information.
- Failure by DCFS to provide necessary support; i.e., failure to return phone calls or habitually being unavailable when needed. This area includes such things as failure to help with initial clothing or problems with the child, medical/Medicaid coverage and/or providers.
- Failure by the DCFS to keep the terms of the initial written agreement with the foster home; i.e., CFS-462 (Initial Foster Home Agreement) and the CFS-462A (Foster Home Agreement Addendum).

Prior to filing a grievance, you should request an informal discussion of the problem with your Family Service Worker and the immediate supervisor. If the problem is not resolved at this point and the issue is a grievable one then you may file a grievance according to the procedures listed below. Any time frame specified within the grievance procedures may be modified by mutual consent and notification to all involved parties.

If after you have discussed your grievance with your Family Service Worker and the supervisor and if you believe that DCFS has failed to uphold its policies and philosophies, then, you must state your grievance in writing and submit it to the DCFS County Office Supervisor in the county where you live thirty (30) days from the date the grievable action occurred. The DCFS County Office Supervisor will schedule a meeting with you within ten (10) working days of the receipt of your written grievance and attempt to resolve the problem.

If you are not satisfied with the results of this meeting, a copy of the grievance and written reports of the previous two (2) meetings will be forwarded to the Foster Care Unit, Central Office. A Grievance Committee hearing will be scheduled within ten (10) working days. The hearing will be held in the county where you live.

The Grievance Committee will be composed of three persons: A representative selected by the DCFS County Office, a representative selected by you, and a representative selected by DHS Central Office. You may also select an individual (such as an attorney, friend, or relative) to present your case. The Grievance Committee member selected by the DCFS County Office will not be from the county where you live or any individual who is

within the direct chain of authority for the resident county. During the hearing, all parties will be given an opportunity to present their side of the problem.

The Grievance Committee will submit their findings and recommendation(s) within twenty (20) working days from the date of the Grievance Hearing to the Assistant Director of Community Services.

You and the DCFS County Office will be notified, in writing, by the appropriate decision-making personnel of the decision within ten (10) working days from the date the Grievance Committee's findings and recommendation(s) are submitted.

If corrective action is required by the DCFS County Office, the corrective action will begin no later than ten (10) working days after the DCFS County Office and you are notified of the decision. A written report of completed action will be submitted to Central Office no later than thirty (30) days after corrective action has commenced. If corrective action has not been finalized within the 30 day time frame, an interim report will be submitted by the DCFS County Office every 30 days until completed.

If corrective action is required by you, you must indicate the steps necessary to correct the deficiency within ten (10) days after notification from the appropriate decision-making personnel. This corrective action plan must receive the approval of the DCFS County Office Supervisor. You will notify your local DCFS County Office and DHS Central Office within sixty (60) days of the original findings being received, that all corrective steps have been accomplished. In the absence of said notification from you, it will be presumed that you have elected not to comply with the findings of the appropriate decision-making personnel.

The decision of the appropriate decision-making personnel will be considered final, and no other appeal procedure within DHS is appropriate.

REPORTS OF CHILD MALTREATMENT INVOLVING MEMBERS OF FOSTER FAMILY HOMES

☞ All child maltreatment allegations concerning any person in a foster home shall be investigated in accordance with the Child Maltreatment Act § 12-12-509.

If any child in foster care is the subject (alleged offender or alleged victim) of an allegation of child maltreatment, the Division shall notify the child's family, the OCC attorney, Child Abuse Hotline, the CASA and the attorney ad litem. The attorneys ad litem for all other children placed in the home shall be notified as well.

The safety and welfare of any children in foster care shall be paramount. ☞

COMPLAINTS AGAINST FOSTER FAMILY OTHER THAN CHILD MALTREATMENT

Any complaint against the foster parent will immediately be brought to the attention of the DCFS County Office Supervisor or Area Manager.

After the investigation has determined the validity of the complaint, one will be advised, in writing, of the complaint, the outcome of the investigation, any corrective action needed to be made, and any other action that will be taken. An agreement will be made between the foster parent(s) and their Foster Family Resource Worker for corrective action. The foster parent(s) must submit in writing the steps necessary to correct the deficiency within ten (10) days after notification from the appropriate decision-making personnel, or submit application

applying for alternative compliance (see section on alternative compliance). This corrective action plan must receive the approval of the DCFS County Office Supervisor. Foster parents will notify their local DCFS County Office and DCFS Central Office within thirty (30) days of the original findings being received, and that all corrective steps have been accomplished. In the absence of said notification from the foster parents, it will be presumed that they have elected not to comply with the findings of the appropriate decision-making personnel.

DCFS will offer any assistance available to correct the problem. If, after working with the foster parents, the problem still exists, another meeting will be held to discuss closing the home.

Any complaint, regardless of nature, must be recorded in detail in foster homes record.

The report will include the following information:

1. Date and nature of complaint;
2. Source of complaint;
3. Reaction of the foster family;
4. Services offered to the family;
5. Conclusion of investigation; and
6. Corrective action.

CLOSING A FAMILY FOSTER HOME

Division's Decision

If it is deemed necessary by the DCFS County Office to close a foster home, a written summary will be prepared documenting past and present reasons for closure as well as all efforts by the DCFS County Office to eliminate the problem. The final assessment and determination of closure will be made by the Resource Worker and with assistance from designated county staff, the Area Manager and DCFS Central Office staff, if appropriate. The closure process will include a mandatory face-to-face conference with the foster parent(s) at which time reasons for the closure will be explained. The DCFS County Office will provide written notification of the closure including the reasons for the closure and one's right to appeal the decision by filing a grievance (For additional information, see Foster Parent Grievance Information Section).

By Request of Foster Family

If the foster family requests that their home be closed as a foster home, the Resource Worker will discuss the reasons for closure with the foster parents. The request for closure by the foster parents will be confirmed in writing by the Resource Worker and sent to the foster parents.

After a home has been closed at the request of the foster family, if the family wishes to re-open their home, the family and home must be reevaluated to insure that all areas of compliance are still met, and all criminal checks must be repeated.

If the family wishes to re-open their home within 5 years of their request to close it and discontinue providing foster care, the foster parents will not need to repeat the Foster Pride Adopt Pride Training.

FOSTER CARE PLACEMENT**Legal Factors Pertaining to Foster Care**

All children entering foster care do so under authorization by the Court.

Legal custody constitutes authorization by the court for DCFS to assume physical control of a child. A child will never be placed in foster care without legal custody.

Arkansas Code Annotated §9-27-313 authorizes the Division to take emergency seventy-two (72) hour legal custody of any child who is in immediate danger when there is not sufficient time to petition for and obtain a court order.

Termination of parental rights with the power to consent to adoption is primarily granted in cases where the child cannot return home. Adoption may then occur without further notice to the birth/legal parents.

Selection of a Foster Care Home

Based on information from the family assessment the Family Service Worker will select the foster care home that best meets the child's needs.

The law requires that a child be placed in the least restrictive, most family like environment possible. A child will also be placed as close to his birth/legal parents as possible. Placement should be in the same county, unless the child needs special services not available in their originating county. This is to help facilitate visits with parents, siblings, relatives, or other people with whom the child has established bonds and supportive relationships. Factors taken into consideration in selecting a foster care home include the child's age, sex, religion, disabilities, interests, problems, existence as part of a sibling group, case plan, proximity to family (within a fifty mile radius), maintaining enrollment in the child's school, developmental needs of the child and, training and skills of foster parents. Consideration will be given to the foster parent's preferences as to children approved for their home. There will be no violation of the limitations of these preferences.

The Family Foster Home and Relative Foster Home

Family foster care and relative foster homes offer a less restrictive environment than other types of out-of-home placement and are particularly adapted to meet the developmental needs of a child.

A foster home is suitable for any child who can accept family life, attend community schools, and live in the community without posing a danger to self or others. This includes children with special needs.

Preparing the Family Foster Parents for Placement of a Child

The Family Service Worker will realistically describe the foster child to the foster parent when asking a family to accept a child. However, sometimes in emergency situations, all information may not be known.

The following will be included in the child's description:

- Age;
- Probable length of placement;
- Education and school information;

- Health of child, special health needs;
- Handicaps, special equipment, facilities, or help needed;
- Behavior, both positive and negative, that can be expected;
- Siblings and where located;
- Major reason the child is in foster care;
- A general indication of the case plan including the plan for visitation of both parents and any siblings; and,
- Interests.

This information is confidential and should be treated as such.

The Family Service Worker will arrange pre-placement visits between the child and the foster family. Several visits are preferred, but a minimum of one pre-placement visit is required except in emergencies.

The Family Service Worker will know or at least meet the foster parents before taking a child for pre-placement or placement visits in a provider's home.

The Family Service Worker will discuss these pre-placement issues:

- General requirements regarding the number of children that reside in the foster home.
- Where the child will be in school, how the child will get to school, arrangement for the transfer of school records, who will have a conference with the teacher or principal;
- Activities, toys, etc. the child enjoys, the child's likes, and fears the child may have;
- Financial arrangements;
- The foster parent's feelings on the impending placement;
- The foster parent's perception of the child;
- Maintaining the child's records; and,
- Medical needs and issues.

Foster parent(s) shall maintain records in accordance with DCFS' procedures and forms for the children placed with the family. The records shall include:

a. Health Records:

- Name, address, and telephone number of a person to contact in case of emergency and those persons authorized to give medical consent;
- A record of the child's medical and dental appointments, illnesses and health problems, prescribed medications, shot record and hospitalizations (Medical Passport).

b. Progress Records:

- The dates of arrival and departure of the child in the foster home;
- Progress notes on those areas of the child's case plan as indicated in the written agreement in which foster parents are involved;
- Journal of the child regarding significant events;

- School reports;
- Significant photographs of the child taken periodically; and,
- A record of the child's memberships, and participation in extracurricular activities.

Foster Parent Resource Worker

The Resource Worker helps foster parents understand that the child is going through a series of changes. Among these are: separation from the birth/legal parents and interacting with DCFS personnel, a new family, and new surroundings. The child in care can experience anxiety as a result of these changes. The Foster Parent Resource Worker suggests to the foster parents ways to help the child move through these changes. The Family Service Worker will also assist the foster family through difficulties which occur, emphasizing that there will be good times and bad times during the placement, and that the bad times are no reflection on their parenting ability. In part, the goal of support from the resource worker is to help assure continuity for children who are placed in their home. In supporting the foster parents, the Foster Parent Resource Worker will work with them to help prevent the potential harm that can come to a child due to several moves.

Placement of Children by a Sheriff or Chief of Police

In an emergency situation, a Sheriff or Chief of Police may place children in a DCFS Foster home. The foster parent must be well known to the Sheriff or Chief of Police, and they must determine that the foster home is safe and provides adequate accommodations for the child. The foster parent must notify DCFS county staff on the next business day after the placement of the child.

FINANCES

Board Payment

☞ DCFS makes a monthly board payment to foster parents. This monthly board payment includes payment for room and board, clothing, ongoing school and personal supplies, and a small allowance for the child. The amount listed below is included in the monthly board payment and must be used for the child. All medical and dental services, including hospitalization, will be paid by Medicaid funds and /or state funds. Foster parents are expected to use a Medicaid provider for meeting the medical needs of the child. ☞

Generally, foster parents receive the board payment between the 6th and 10th of each month. Checks may be received as early as the 27th of the month, although this is not guaranteed. The monthly board payment is for the period starting on the 27th of the month and ending the 26th of the following month. For example, October's board payment is for the thirty days that begin September 27th and end on October 26th.

Other services or supplies needed by the child must be authorized and approved per DCFS policy. (See section on additional expenses.)

Foster parents shall receive a monthly board rate according to the following chart:

Board Payment Chart

Birth through 5 years

	<u>\$400.00 Monthly</u>
Board and Care	345.00
Clothing	40.00
Personal Needs	15.00

6 through 11 years

	<u>\$425.00 Monthly</u>
Board and Care	355.00
Clothing	45.00
School and Personal Needs (Personal supplies; allowance)	25.00

12 through 14 years

	<u>\$450.00 Monthly</u>
Board and Care	365.00
Clothing	55.00
School and Personal Needs (Personal supplies; allowance)	30.00

15 through 21 years

	<u>\$475.00 Monthly</u>
Board and Care	375.00
Clothing	65.00
School and Personal Needs (Personal supplies; extracurricular activities, allowance)	35.00

Board rates are established as part of policy, and any exception must receive prior approval. (For more information, see section on Special Board Rates)

Clothing

When a child first enters foster care, the Division may issue an initial clothing order for the purchase of new clothing. Initial clothing orders will be issued on case-by-case basis. Not all children will need to purchase new clothing as they may come into care with ample clothes from their home. The Family Service Worker will assess what clothing items are needed and issue the authorized amount of clothing allowance. Purchases will be made using the DHS-1914 process, which requires submission to and approval by the Financial Support Unit. Upon approval, a typical scenario might involve the foster parent selecting clothing and leaving it with appropriate customer service staff of the store, where the FSW may present and pay for the merchandise.

Foster parents should use the following guidelines:

1. Foster parents shall provide, with the assistance of the Division, each child with their own clean, well fitting, attractive, seasonal clothing appropriate to age, sex, individual needs, and comparable to the community standards.
2. Foster parents shall include the child in the choosing of their own clothing whenever possible and age appropriate.

3. Foster parents shall allow the child to bring and acquire personal belongings. The foster parent should establish and maintain a personal property inventory.

4. Clothing and personal needs money paid monthly to foster parents is based on the age of the child. The foster parents are to spend that amount of money for the child. Money may be spent monthly or may be saved and used for a larger purchase at a later time

5. Foster parents shall send all personal clothing and belongings with the child when the child leaves the foster home. To facilitate this, the foster parent should maintain a clothing inventory.

If a child is absent from the foster home for hospitalization or a trial placement for 10 days or less and is to return to that home, no change of status is necessary. However, the child's Family Service Worker must always be advised of an absence from the home.

The agency pays according to the number of nights a child is in the foster home. Payment for stays of less than twenty-four (24) hours will be based upon a daily rate determined by the Division. If a child is in the home for part of a month, a partial board payment will be made.

Foster Child's Personal Allowance

The foster parent will give an allowance to the child from the board payment. The amount of the child's allowance is decided by the foster parent, based on the child's age.

Special Board Rates

There are occasions when the regular board rate is inadequate when caring for a child with special needs. Foster parents may identify and document those needs so that the Family Service Worker can request authorization from the Area Manager for a special board rate.

Overpayments to Family Foster Parents

☞ From time to time, foster parents may be overpaid on a board payment. If this happens, during the next month, the computer system may automatically generate a correction. The amount of the overpayment will become an accounts receivable due from the foster parent if restitution is not made prior to the next payment cycle. Per funding source, each subsequent board payment will be offset until the amount of the overpayment is recouped. The funding source of the board payment (federal or state funds) will determine whether the over payment is deducted from the next board payment. If funds are from the same funding source, it will be deducted from the next board payment. If it is not deducted, the Office of Finance and Administrative Services will send a notice of overpayment. Account reviews are processed monthly and overpayment statements are normally sent monthly.

A foster parent may contact the Foster Care Technical Assistance Unit at 501-682-8345 for help with any overpayment statement. The unit will research the overpayment and provide an explanation. ☞

Reduced Board Rates

A child's board rate may sometimes need to be reduced rather than increased. This applies to those children who are residents of a state institution; e.g., School for the Deaf or Blind/ Rehabilitation Training Facility, Human Development Center or who are attending college and for whom the case plan includes visits in the family foster home on weekends, holidays, or summer vacation. Board Payments will only be made for a child visiting in a foster home for the actual time the child is there.

Foster Care Payment and Eligibility for Assistance and Food Stamps

Board payments, made by DCFS for the care of children in homes of public assistance recipients, are not considered as a resource in determining eligibility for assistance or the amount of the grant. This payment is designated for certain purposes and is not available to the foster parents. For any foster parent applying for food stamps, a re-evaluation of stable income will take place. This may impact the approval status of the foster home.

School Lunches

Foster children are eligible for free meals in all schools which participate in the National School Lunch/Breakfast Programs and in the Commodity-only schools.

WIC Programs

☞ The Women, Infants and Children Food Program, WIC, is administered by the Health Department. The program provides, on a monthly basis, nutritious foods for pregnant and nursing women and infants and children up to age 5 years. Eligibility is determined by a medical assessment of nutrition risks such as iron poor blood and improper growth, etc. Foods provided by WIC are supplemental and are not intended to fulfill all nutritional needs for a month. Foster children may be eligible for WIC. ☞

Replacement and/or Supplemental Clothing

A monthly allowance for clothing replacement is included in the board payment. During the months when there are no replacements, the clothing allowance must be saved for the months when more than usual amounts of clothing are needed. All receipts from the purchase of clothes must be retained and turned in to the Resource Worker at the quarterly visit.

With the approval of the DCFS County Office Supervisor and Area Manager, it is permissible to obtain another clothing order. This should happen only in an exceptional circumstance. The foster parent may request a "Replacement/Supplemental Clothing Order". These requests may not exceed \$400.00 in one quarter. The foster parent should contact the Family Service Worker in the event that this need should arise.

Payment for Medical Services

Medicaid is the primary source of medical payment for children in foster care.

If a child in the home does not receive a Medicaid card, contact the Family Service Worker. (A card should be received within a week for a new child and by the third of the month thereafter.) Although the FSW may provide a copy of the Medicaid Card for the foster parent to keep in the Medical Passport, and so that they may obtain medical services for the child, the actual Medicaid Card will be kept in the child's case record in the county office. When there are no Medicaid providers available in cases of emergency, the Family Services Worker (with the approval of the DCFS County Supervisor) will authorize and bill medical services via DHS-1914 or contract. In the event medical services are denied by Medicaid, the child's medical needs will be met with Foster Care funds. A child shall not be denied medical services because the child is not Medicaid eligible.

Additional Expenses

In addition to the items already listed, the following items are allowable with the approval of the DCFS County Office Supervisor:

- Required School Materials and School Fees, including athletic wear. Foster parents must have prior approval for such purchases.
- Graduation Expenses
 - ☞ The Division recognizes and values the importance of education and youth in foster care completing their education. There are certain expenses that can be purchased and/or reimbursed for senior year graduation. All these expenses whether purchased by the Division or reimbursed to the foster parent require prior approval.

High School Graduation expenses will be authorized for the following items:

Senior Ring: Maximum amount the Division will commit is 250.00

Prom: Maximum total cost the Division will commit is \$350.00. This cost shall include prom dress, alterations, tux, shoes, undergarments and tickets to prom (if there is a cost).

The Division will reimburse a maximum amount of \$500.00 for cap/gown, invitations, thank you notes, and senior pictures. ☞

- Cell Phones

☞ The Division generally does not provide cell phones. If a foster family chooses to allow a child in care to purchase or use a cell phone, the Division will not be responsible for any expenses related to the purchase, use or abuse of the phone. ☞

- Holiday Allowance

Children will be provided additional funds so they may participate in Holiday giving. The amount will be based on the age of the child. Consult the Family Service Worker with regard to the amount provided. The money is included in the November check and is to be used by the child for purchasing gifts for biological family members and friends.

- Emergency medical services and drugs not purchasable by Medicaid.
- Non-Medical transportation provided by the foster parent or public carriers when directly related to the case plan for the child. (See Transportation section).
- Child care or Baby-sitting fees.

Child care or baby-sitting fees when required to attend training or for one's own children when transporting a child to services are also reimbursable. This does not include child care for a foster parent's employment.

Any other expenses must receive prior approval from the Area Manager. This can be requested by the Family Service Worker.

Children in Foster Care Trust Funds

When a child in the Foster Care Program has income from child support or Social Security benefits, DCFS will apply to become payee. The child's funds will be deposited into a trust account for the child if payee status is

awarded to the Division. Separate accounts are maintained for each individual child in foster care, including those from the same sibling group. The funds in the account should be utilized solely for the individual child for whom the account was established, and no funds should be spent for any other child.

Foster care trust accounts are delineated into two distinct types: Dedicated and Regular. Each account type has different rules for how the funds may be spent.

Dedicated Trust Account

A Dedicated Account is usually funded from the Supplemental Security Income (SSI) Program administered by the Social Security Administration (SSA). SSA deposits funds in this type of account if the child is owed six or more months of retroactive payments. DCFS must obtain permission from the SSA to spend money from a Dedicated Account. With prior approval from the SSA, income in a Dedicated Account may be used for the following:

1. Medical Treatment; and
2. If pertaining to an impairment-
 - Personal needs assistance
 - Housing modifications
 - Special Equipment
 - Therapy or rehabilitation, or
 - Other items or services if approved by the SSA.

Regular Trust Account

Money in a Regular Account is usually income from child support or Social Security Survivor's (Title II) benefits. Although these funds have fewer restrictions than a Dedicated Account, spending must be appropriately prioritized according to the child's needs:

1. Medical needs.
2. Reimbursement of board/contract payments.
3. Clothing purchases:
 - Initial clothing is limited to \$150.00 upon entry into foster care.
 - Supplemental clothing is limited to a maximum of \$400.00 per calendar quarter.
4. Education related expenses-including fees for extracurricular activities-excluding school supplies which are covered in the monthly board payment.
5. Miscellaneous expenses-damaged/destroyed property, legal fees, restitution for stolen goods etc.-Excluding clothing, toys and electronic equipment.
6. Electronic equipment purchases—must have prior approval from the area manager.
7. Exceptional purchases, toys or video games purchases outside of Christmas purchases must not exceed 20% or \$500.00 of the child's available trust account balance and be appropriate for the child's age and/or disability. Expenditures exceeding 20% must have prior approval of the supervisor and area manager.

After basic needs are met, purchases may be made for items or services that will enrich the child's life. Examples of this include, but are not limited to items such as tutoring, music lessons, and dance lessons.

Purchases utilizing the funds of trust accounts must be approved by the child's caseworker. In some instances approvals must also be approved by the caseworker's Supervisors, Area Managers, and/or DCFS Executive Staff.

Only DCFS staff is permitted to make purchases from the accounts. To maintain a child's eligibility for some Medicaid Programs, the balances in Regular Accounts must remain within limits set by the State and Federal Governments. For example, if a child is receiving SSI then the countable value of the Regular Trust Account must be under \$2,000 at the end of each month. A report is available to DCFS staff that lists foster children with Regular Account balances of \$1,000 or more.

Foster parents are encouraged to assist DCFS in identifying children's needs that can be met using foster care trust funds. Recommendations for purchases that meet the criteria discussed in this document should be made to caseworkers so DCFS may decide if money is available for the purchase from a trust account and so that DCFS may secure the necessary approvals to make the purchase.

Incidental Expenses

An Incidental Expense Fund is established for the purpose of providing items and activities which serve to normalize a child's life experience while in care. For example, camp fees, music lessons, field trips, school uniforms and other items not specifically covered by other means can be met by this fund. The Incidental Expense Fund is intended for items or activities which cost \$25.00 or more and use of the funds does not require prior approval. Items covered by the board payment are not eligible for reimbursement from this fund. In addition, these funds shall not be used for Holiday gifts. The Family Service Worker will assist the family foster parent to access these funds when the money is needed for a situation that meets the policy guidelines.

MEDICAL SERVICES

Medical Passport

In order to comply with health care standards in the interest of good clinical practice and effective service to children in foster care, an abbreviated health record ("Medical Passport") shall be completed by the Family Service Worker or Health Services Specialist for each child. The Medical Passport will include initial health screening, timely comprehensive health assessments and a descriptive health plan for each child.

The Family Service Worker or Health Service Unit shall request medical records on the child for the time prior to entry in foster care. The medical history information gathered shall be given to the physician who will do the comprehensive health assessment. The medical history is be used to supplement and correct the child's Medical Passport. Requests for medical records are documented on the Requested Medical Records Log, CFS-353.

The Medical Passport forms are to be completed during initial placement into foster care. The Family Service Worker shall complete forms Medi-Alert, CFS-362, Placement Plan – Placement Provider Information, CFS-6007. The Family Service Worker and the foster parent are to complete Receipt for Medical Passport, CFS-365* optional together. The CFS-352 is used for Initial Dental Exam, Medical, Vision, Hearing, & Psychological Episodic. The CFS-366 is used for the Initial Physical.

After each health care visit, the Family Service Worker, Health Service Unit, or Health Care Specialist shall collect records of the child's health care, keep the child's Medical Passport up to date, and shall provide the revised Passport to the child's foster parent.

Initial Health Screening

A child who enters the custody of DHS shall receive an initial health screening:

- * not more than twenty-four hours after removal from home, if the reason for removal is an allegation of severe maltreatment or there is evidence of acute illness or injury.
- * not more than seventy-two hours after removal from the home for all other children.

The foster parent should accompany the child to the initial screening, and to any appointments for on-going health or mental health services. If this is not possible, the foster parent shall be available by telephone to the person conducting the screening. The Family Service Worker or Health Service Unit shall inform the foster parent of the results of the screening, and any instructions for the child's care and treatment, and shall give the foster parent the name of the person who performed the screening, and the names of the child's prior health care providers, if known.

The initial health screening should include a head-to-toe physical. If possible the physical should be conducted by the child's Primary Care Physician,(PCP). Within the first thirty days the following tests will be conducted:

- a complete blood count;
 - a check for anemia and infection;
 - abnormalities in the urine (urinalysis);
 - HIV, sickle cell and other communicable diseases, shall be considered for children in high risk groups.
- Immunizations, tuberculin skin test (TB), and lead poisoning levels are usually completed at the local County Health Office.

Upon completion of the initial health screening, the Family Service Worker or Health Service Unit shall complete the Medi-Alert, CFS-362 form of the Medical Passport and give a copy to the child's foster parent.

All health screening requirements conform to the Child Welfare League of America's 1988 Standards for Health Care Services for Children in Out-of-Home Care as mandated by the Arkansas Child Welfare Reform Document, Attachment "A", dated February 24, 1992.

Assessing Health Needs

If the initial health screening indicates that treatment or further evaluation is needed within thirty days, the Family Service Worker or Health Service Unit shall ensure that the need is promptly met.

The foster parent should accompany the child to receive treatment, and shall consult with the health care provider about the child's health care needs. DCFS shall provide assistance with transportation, child care for other children in the foster home, and other necessary support to enable the foster parent to accompany the child to this and any subsequent health care visits. This assistance may either be provided through the use of DCFS staff, including paid or volunteer aides, or through agreements to reimburse the foster parent for such supportive services.

If a foster parent cannot accompany the child, the Family Service Worker or Health Service Unit shall accompany the child, and convey the health care provider's diagnosis and instructions to the foster parent. The Medical Passport shall be revised and this revision provided to the foster parent.

Comprehensive Health Assessment

A comprehensive health assessment should be completed within sixty days of placement.

The Comprehensive Health Assessment should be completed by a Multidisciplinary Team (MDT). The MDT should address and attempt to integrate the medical examination, a vision and hearing screening, speech and language assessment, and emotional, developmental, educational, social, and cultural aspects of the child's well being. Medications should be provided as necessary.

Within the first 60 days a dental examination should be completed for signs of infection, gross abnormalities, malocclusion, painful areas, inflammation of the gums, plaque deposits, decayed or missing teeth, and an assessment of the continuing dental hygiene practices for the child. All follow-up dental work that is recommended by the provider shall be completed in thirty days.

Birth/legal parents or relevant members of the extended family should be encouraged, where appropriate, to participate in the Comprehensive Health Assessment.

The Comprehensive Health Assessment should produce a written summary of the medical, mental health, educational, dental and social status and needs of the child. The Multidisciplinary Team shall complete the Child's Health Services Plan at the Comprehensive Assessment. The Family Service Worker or Health Service Unit shall provide copies of the health plan and updates to the child's birth/legal parents, foster parents, and the child if age ten or older within seven days.

Continuing Health Services

After the initial physical, dental, visual, and hearing examinations are completed during the Comprehensive Health Assessment, all subsequent examinations shall be accomplished as part of the ongoing Early Periodic Screening Diagnosis Treatment (EPSDT) screening program, based on the respective periodicity schedules. The medical provider will complete CFS-352 at each examination. A physical examination control schedule shall be maintained so that examinations are conducted according to the Health Department's EPSDT periodicity schedule. The Family Service Worker or Health Service Unit shall update the CFS-362, CFS-6007, CFS-368 as necessary, after each physical examination.

The initial screening can be received at any age. The Family Service Worker shall schedule all subsequent screenings according to the following periodicity schedules:

Medical Periodicity Schedule (02-08/95)

* 2-6 wks., 8-10 wks., 4 Mos., 6 mos., 9 mos., 12 mos., 15 mos., 18 mos., 24 mos., 3 yrs., 4yrs., 5yrs., 6 yrs., 8yrs., 10 yrs., 12 yrs., 14 yrs., 16 yrs., 18 yrs., and 20 yrs.,

* prior to placement for adoption.

Dental Periodicity Schedule (02-08/95)

<u>Age</u>	<u>Periodicity Schedule</u>
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6 Mo. to 1	one exam
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1 to 21, an appointment will be scheduled every six months and the exam is to be completed within 30 days of the date scheduled.

Hearing Periodicity Schedule

Same as medical schedule until age 5, then one screen at age 12 and age 18 (gross until age three, after age three, audiometer).

Vision Periodicity Schedule

Same as medical schedule until age 8, then at age 12, 14, 18 and 20 (gross until age 3, vision test after age 3).

If a child needs a screening outside the periodicity schedule, the Family Service Worker may issue an EMS-694 marked, "Foster Child - Unscheduled EPSDT Screening authorized by the Division of Children and Family Services", 30 days before the appointment.

Mandatory Immunizations

State law requires that certain immunizations are obtained before a child enters school. Foster parents should assist in maintaining current immunizations. See Recommended Immunizations Timetable on next page.



DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2007

Vaccine▼	Age►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB	^{2,3,4} footnote 1		HepB				HepB Series		
Rotavirus ²				Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis ²				DTaP	DTaP	DTaP		DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁵	Hib		Hib			
Pneumococcal ⁵				PCV	PCV	PCV	PCV				PCV PPV	
Inactivated Poliovirus				IPV	IPV		IPV					IPV
Influenza ⁶							Influenza (Yearly)					
Measles, Mumps, Rubella ⁷							MMR					MMR
Varicella ⁸							Varicella					Varicella
Hepatitis A ⁹							HepA (2 doses)				HepA Series	
Meningococcal ¹⁰											MPSV4	

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 0–6 years. Additional information is available at <http://www.cdc.gov/nip/recs/child-schedule.htm>. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and

other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)**At birth:**

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can only be delayed with physician's order and mother's negative HBsAg laboratory report documented in the infant's medical record.

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered at age ≥ 24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of ≥ 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)

- Administer the first dose at age 6–12 weeks. Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer a dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHibit® (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children aged ≥ 12 months.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV])

- Administer PCV at ages 24–59 months in certain high-risk groups.
- Administer PPV to children aged ≥ 2 years in certain high-risk groups. See *MMWR* 2000;49(No. RR-9):1–35.

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 5 years for live, attenuated influenza vaccine [LAIV])

- All children aged 6–59 months and close contacts of all children aged 0–59 months are recommended to receive influenza vaccine.
- Influenza vaccine is recommended annually for children aged ≥ 59 months with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006;55(No. RR-10):1–41.
- For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
- Children receiving TIV should receive 0.25 mL if aged 6–35 months or 0.5 mL if aged ≥ 3 years.
- Children aged < 9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥ 4 weeks for TIV and ≥ 6 weeks for LAIV).

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided ≥ 4 weeks have elapsed since the first dose and both doses are administered at age ≥ 12 months.

8. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose of varicella vaccine at age 4–6 years. Varicella vaccine may be administered before age 4–6 years, provided that ≥ 3 months have elapsed since the first dose and both doses are administered at age ≥ 12 months. If second dose was administered ≥ 28 days following the first dose, the second dose does not need to be repeated.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- HepA is recommended for all children aged 1 year (i.e., aged 12–23 months). The 2 doses in the series should be administered at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55(No. RR-7):1–23.

10. Meningococcal polysaccharide vaccine (MPSV4). (Minimum age: 2 years)

- Administer MPSV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See *MMWR* 2005;54(No. RR-7):1–21.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/nip/acip>), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

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Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2007

Vaccine ▼	Age ►	7–10 years	11–12 YEARS	13–14 years	15 years	16–18 years
Tetanus, Diphtheria, Pertussis ¹	see footnote 1		Tdap		Tdap	
Human Papillomavirus ²	see footnote 2		HPV (3 doses)		HPV Series	
Meningococcal ³		MPSV4	MCV4		MCV4³ MCV4	
Pneumococcal ⁴			PPV			
Influenza ⁵			Influenza (Yearly)			
Hepatitis A ⁶			HepA Series			
Hepatitis B ⁷			HepB Series			
Inactivated Poliovirus ⁸			IPV Series			
Measles, Mumps, Rubella ⁹			MMR Series			
Varicella ¹⁰			Varicella Series			

 Range of recommended ages

 Catch-up immunization

 Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 7–18 years. Additional information is available at <http://www.cdc.gov/nip/recs/child-schedule.htm>. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components

of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

(Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL™)

- Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids vaccine (Td) booster dose.
- Adolescents aged 13–18 years who missed the 11–12 year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP vaccination series.

2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Administer the first dose of the HPV vaccine series to females at age 11–12 years.
- Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
- Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

3. Meningococcal vaccine. (Minimum age: 11 years for meningococcal conjugate vaccine [MCV4]; 2 years for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 at age 11–12 years and to previously unvaccinated adolescents at high school entry (at approximately age 15 years).
- Administer MCV4 to previously unvaccinated college freshmen living in dormitories; MPSV4 is an acceptable alternative.
- Vaccination against invasive meningococcal disease is recommended for children and adolescents aged ≥ 2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See *MMWR* 2005;54(No. RR-7):1–21. Use MPSV4 for children aged 2–10 years and MCV4 or MPSV4 for older children.

4. Pneumococcal polysaccharide vaccine (PPV). (Minimum age: 2 years)

- Administer for certain high-risk groups. See *MMWR* 1997;46(No. RR-8):1–24, and *MMWR* 2000;49(No. RR-9):1–35.

5. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 5 years for live, attenuated influenza vaccine [LAIV])

- Influenza vaccine is recommended annually for persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006;55 (No. RR-10):1–41.
- For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
- Children aged < 9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥ 4 weeks for TIV and ≥ 6 weeks for LAIV).

6. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- The 2 doses in the series should be administered at least 6 months apart.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55 (No. RR-7):1–23.

7. Hepatitis B vaccine (HepB). (Minimum age: birth)

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.

8. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age ≥ 4 years.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

9. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- If not previously vaccinated, administer 2 doses of MMR during any visit, with ≥ 4 weeks between the doses.

10. Varicella vaccine. (Minimum age: 12 months)

- Administer 2 doses of varicella vaccine to persons without evidence of immunity.
- Administer 2 doses of varicella vaccine to persons aged < 13 years at least 3 months apart. Do not repeat the second dose, if administered ≥ 28 days after the first dose.
- Administer 2 doses of varicella vaccine to persons aged ≥ 13 years at least 4 weeks apart.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/nip/acip>), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

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Catch-up Immunization Schedule

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for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ⁷
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks if first dose administered at age <12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age ≥15 months	4 weeks ⁴ if current age <12 months 8 weeks (as final dose) ⁴ if current age ≥12 months and second dose administered at age <15 months No further doses needed if previous dose administered at age ≥15 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Pneumococcal ⁵	6 wks	4 weeks if first dose administered at age <12 months and current age <24 months 8 weeks (as final dose) if first dose administered at age ≥12 months or current age 24–59 months No further doses needed for healthy children if first dose administered at age ≥24 months	4 weeks if current age <12 months 8 weeks (as final dose) if current age ≥12 months No further doses needed for healthy children if previous dose administered at age ≥24 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			
CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ⁶	4 weeks	8 weeks if first dose administered at age <12 months 6 months if first dose administered at age ≥12 months	6 months if first dose administered at age <12 months	
Human Papillomavirus ¹¹	9 yrs	4 weeks	12 weeks		
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	4 weeks if first dose administered at age ≥13 years 3 months if first dose administered at age <13 years			

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB[®] is licensed for children aged 11–15 years.

2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)

- Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer a dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fifth dose is not necessary if the fourth dose was administered at age ≥4 years.
- DTaP is not indicated for persons aged ≥7 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- Vaccine is not generally recommended for children aged ≥5 years.
- If current age <12 months and the first 2 doses were PRP-OMP (PedvaxHIB[®] or ComVax[®] [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
- If first dose was administered at age 7–11 months, administer 2 doses separated by 4 weeks plus a booster at age 12–15 months.

5. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)

- Vaccine is not generally recommended for children aged ≥5 years.

6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age ≥4 years.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
- If not previously vaccinated, administer 2 doses of MMR during any visit with ≥4 weeks between the doses.

8. Varicella vaccine. (Minimum age: 12 months)

- The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
- Do not repeat the second dose in persons aged <13 years if administered ≥28 days after the first dose.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- HepA is recommended for certain groups of children, including in areas where vaccination programs target older children. See MMWR 2006;55(No. RR-7):1–23.

10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum ages: 7 years for Td, 10 years for BOOSTRIX[®], and 11 years for ADACEL[™])

- Tdap should be substituted for a single dose of Td in the primary catch-up series or as a booster if age appropriate; use Td for other doses.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. A booster (fourth) dose is needed if any of the previous doses were administered at age <12 months. Refer to ACIP recommendations for further information. See MMWR 2006;55(No. RR-3).

11. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

Information about reporting reactions after immunization is available online at <http://www.vaers.hhs.gov> or by telephone via the 24-hour national toll-free information line 800-822-7967. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at <http://www.cdc.gov/nip/default.htm> or telephone, 800-CDC-INFO (800-232-4636).

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The immunization schedules shown above should serve as a guideline only; acceptable alternate schedules do exist, and consultation may be required in some cases.

Hospitalization

- When a foster child is hospitalized, the Family Service Worker working with the child must provide the hospital with the child's Medicaid number, if applicable, vital statistics, previous medical history, and other identifying information as indicated.
- The Family Service Worker signs both the admission forms and the required consent for surgery if indicated. A second opinion by a medical specialist will be obtained before major surgery whenever possible.
- The Family Service Worker completing admission forms must leave with the hospital the name and telephone number of the Worker to be contacted regarding the child.
- Foster parents shall not sign a foster child into the hospital or sign other medical or surgical consent. Physicians and hospitals may determine that an emergency exists and waive the usual required consent, or they may take consents on the telephone with a second party at the hospital listening and verifying the consent. The Foster Parents should notify the Family Service Worker immediately when a foster child is hospitalized. As soon as possible, the Family Service Worker shall visit the hospital and sign the required consents.

Prescription Drugs

Foster children are eligible for prescription drugs through the State Prescription Drug Program.

When there are no Medicaid providers available in cases of emergency, the Family Service Worker (with the approval of the DCFS County Supervisor) will authorize and bill for medication and medical services using a DHS-1914.

ADDITIONAL INFORMATION**Educational Services**

It is the responsibility of DCFS to provide educational opportunities to help each child meet their full potential. To insure that children in the custody of DHS receive a quality education, it is DCFS' policy to enroll foster children only in accredited public schools. Home Schooling is not permitted.

DCFS will not pay tuition for a foster child to attend a private school.

Tutoring can be purchased for a child in need of additional educational assistance. Consult the Family Service Worker regarding tutoring. Educational testing and counseling should be available to a foster child when they begin to make career/curriculum decisions. If a child desires to pursue college or vocational training after high school, the Family Service Worker will assist the child in the exploration of resources to pursue this plan.

Foster Care Staffings

A staffing is a meeting of key persons who are responsible directly or indirectly for problem solving and decision-making in regard to a child's case plan.

An initial staffing for the child is held within the first thirty days of the child's stay in foster care. Another staffing is held in 2 months after the first staffing and every three (3) months thereafter.

Foster parents will be invited to all staffings on children currently in their care in accordance with the Foster Home Agreement Addendum, CFS-462 A. However, it may not be necessary for them to attend the entire staffing.

The Family Service Worker will inform the foster parent in advance of the purpose of the staffing, and what information, if any, that one may be called upon to present. Information presented may include the following:

- Observations about the child;
- If visits have occurred between the birth/legal family and the child, the child's reactions as perceived by the foster parent;
- The child's adjustment in one's home and community;
- Any problems the child is currently experiencing and difficulties this may be causing the family; and,
- Input regarding development of the case plan and the foster parent's assessment of progress in those areas.

Visitation Between/Among the Child and his Birth/Legal Parents/Siblings/Relatives

In order to achieve reunification of families, DCFS shall strive to ensure visitation be made available within the first five days of placement. Visits will be based on the families' needs and reasons for the home placement.

The foster parent plays a very important role in the visitation of the child with parents and siblings. This role includes acceptance of the visits, emotional preparation of the child and supportive follow up with both the child and the child's worker. The foster parent can help the child by preparing the child for changes in the family circumstances or anything that might be unexpected and difficult for the child to accept. The same supportive attitude is needed after the visit.

The foster parent's help is vital to the success of the child's visitation with family members. However, one may find visitation difficult in some situations. For example, a child may be returned upset, with lost clothing, uncombed hair, etc. These issues may cause one to question the value of the visits. At such times, it will help to discuss these feelings with the FSW and to remind one's self of the reasons for visitation. Frequently, with supportive understanding, such problems can be worked out satisfactorily for all concerned.

In any case, always report to the child's worker the reaction of the child to the visit and one's perceived observation.

DCFS Policy regarding visitation includes the following:

A. Parent/Child Visitation

1. Children in foster care shall have at least weekly visits with their parents. However, in the exercise of professional judgment, if such visits are contrary to the health and welfare of the child, an exception may be made to omit the visits. This provision shall not be construed to compel a child to visit with his/her parents over the child's objection. Visitation shall be subject to the orders of the presiding court.
2. A visitation schedule shall be established within three days of initial placement. Visits shall begin no later than five days from the date DHS assumes custody of the child unless, in the exercise of professional judgment, such visits are contrary to the health and welfare of the child or are impossible due to circumstances outside DCFS' control. Visitation shall be subject to the orders of the presiding court.
3. Visits shall, if possible, take place in the parents' home or in the most homelike setting available or in some appropriate educational or recreational setting. The DHS office is the most restrictive setting for visits and should be avoided if possible.
4. For those children in foster care whose parents or legal guardians are incarcerated, the Arkansas Department of Correction (ADC) social worker will be contacted to arrange visitation between the child placed in an out-of-home setting and his incarcerated parent(s) unless such visitation is prohibited by the court, not recommended by a physician, etc.
5. Visits are to increase in frequency and duration. This will include weekend visits leading up to the child's return home, unless specific documented harm is caused by the visits.
6. Children in foster care shall have reasonable opportunities to communicate in writing or by telephone with their parents unless prohibited by court order.

B. Siblings Visitation

1. If a child has a sibling, the Family Service Worker shall arrange sibling visits. Sibling visits shall take place at least once every two weeks unless, in the exercise of professional judgment, the children's best interests require less frequent visitation.
2. If it is in the child's best interest, visits between siblings and with relatives may continue after Termination of Parental Rights (TPR), if visitation was established prior to TPR. Visitation after TPR will continue until an adoption placement is made or the Out-of-Home placement case is closed. Continuation of visits with parents who have had their parental rights terminated does not continue. Relative visits after TPR must have court approval and cannot continue without the court's approval.
3. Sibling visits shall, if possible, take place in the parents' home, in the home of one of the siblings, in the most homelike setting available or in some appropriate setting such as an educational or recreational setting.

C. Relative Visitation

- I. Children shall have an opportunity to visit with grandparents, great grandparents, or others as determined by the Family Service Worker. Relatives should be allowed supervised visitation. These visits can help explore alternate placement options.

Publication of Information about Foster Children

There are occasions when questions may be asked or pictures requested for purposes of newspaper, television, or radio publicity. All publicity must be approved through the Family Service Worker and the DCFS County Office Supervisor. Some situations may require the involvement of the DHS Director of Communication.

Child in Foster Care Application for an Arkansas Driver's License and Insurance Reimbursement Programs

The Director of DCFS may authorize an employee or any foster parent to sign a child in foster care's application to obtain an Arkansas Learner's Permit or Intermediate Driver's License. The child in foster care must meet requirements set by the Division and the State of Arkansas, and be approved by the Director. The foster parent may apply for reimbursement for the additional cost to add the child in their home to their automobile insurance. Participation in both of these programs is voluntary. For more information, the foster parent should consult with their FSW.

Runaways

Foster parents need to be aware that if a child runs away from home, the first reaction should be to notify the child's Family Service Worker, On-Call Worker and/or DCFS County Office Supervisor. The Foster Parent must be able to provide information regarding clothes the child was wearing, etc., to aid the worker in making a report to the police.

When a Child in Foster Care is Arrested

When a child in foster care is arrested, a foster parent should notify the Family Service Worker or On-Call Worker (if after hours). The Family Service Worker will talk to law enforcement officials to find out where the child is being held, the alleged offense, times of the hearings, and possible repercussions. The Family Service Worker will also determine if the child understands their legal rights and has not unknowingly waived the rights to silence and to presence of an attorney during any questioning.

The Family Service Worker will attempt to have the child released into the custody of the foster parent if they are willing to sign a statement that the child will be returned on the day of the detention hearing and/or the adjudication hearing. The child's birth/legal parents will be notified. The DHS Attorney will be notified, and will contact the Prosecuting Attorney to assure that both the rights of DCFS and the child are protected and that the child has an attorney. The DHS Attorney will represent DHS, when appropriate, in the court hearing. The Family Service Worker will go to court with the child.

FOSTER PARENT ADOPTION

Once Parental Rights have been terminated the children may be adopted. One may apply to DCFS to adopt a child. A distinction is made between foster parents who apply through the regular adoption program and foster parents who apply to adopt a particular child.

Foster parents applying through the regular adoption program must meet the same requirements as all other adoption applicants. The Family Service Worker will refer any interested foster parent(s) to the Adoption Specialist.

When foster parents are interested in adopting a foster child in their home, DCFS will consider the benefits provided by them for that child and other certain conditions. The child's desires will be especially considered. Does the child consider the home as his or her home and the foster parents as his or her parents? The Family Service Worker will speak with the child alone regarding this major decision in his or her life and help the child consider all the facts.

If a foster parent wishes to adopt a child in their home, the foster parent should make the request known by requesting and completing a Foster Parent Request for Consideration to Adopt, CFS-489 if one meets the basic qualifications outlined on the form. Discuss the desire to adopt with the Family Service Worker to determine eligibility.

ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT (APPLA)

This goal addresses the quality of services the child will receive, including independent living services, and a plan for supervision and nurturing. APPLA can only be selected if the child cannot be reunited with their family, another permanent plan is not available and:

- a compelling reason exists why termination of parental rights is not in the juvenile's best interest; or
- the juvenile is being cared for by a relative and termination of parental rights is not in the best interests of the juvenile.

This category applies only to those children who are secure in their setting, who have been with a foster home for a number of years, and for whom this is the most suitable plan that can be made. The following criteria must be met:

- The child is secure and has demonstrated good adjustment in the foster home and is firm in the decision, after consideration, that one does not wish to be adopted;
- The foster parents have revealed their love and affection for the child but cannot adopt;
- The child has resided in the foster home sufficiently long to develop close ties;
- It is apparent that the child should not be placed with birth/legal parents, relatives or adoptive parents; and
- The child is 14 years old or older.

INDEPENDENT LIVING PROGRAM

The Independent Living Program, also known as the Chaffee Foster Care Independence Program, assists youths age 14 through 20 who are interested in furthering their educational/vocational goals and who voluntarily participate in the program's services. The program coordinates and provides life-skills training and educational assistance to current and former foster care youth in preparation for the transition into adulthood and mainstream society. Training is provided in various formats and in accordance with case plans. All training is coordinated through the assigned Family Service Workers located in one of the ten DCFS service areas. The local DCFS County Office can provide more information about this program. DCFS Publication 404, *Chaffee Foster Care Independence Program Handbook*, outlines the program's services, policies and forms, and is available at: <http://www.arkansas.gov/dhhs/chilnfam/PUB-404%20-%20%201-31-03.pdf>.

You Are Not Alone

You Are Not Alone, DCFS PUB-50, is a resource for those foster children who are ages 14 through 20 and was developed to provide the child with information he/she will need while in foster care. This book is only a reference guide. The child may contact DCFS for any questions or further explanations.

WHEN FOSTER CARE CAN BE CONTINUED PAST 18 YEARS

When a child reaches the age of 18 and is still in an educational or training program, foster care services can be continued with proper approval. The Family Service Worker will discuss options with the child. The child will discuss their plans with the Family Service Worker and sign a form reflecting an interest to continue in foster care.

If foster care is to be continued past a child's 18th birthday, an agreement will be established between DCFS, the child, and the foster parent(s) in those cases where it is considered appropriate to do so.

LIABILITY OF FOSTER PARENTS

Foster parents must carry homeowner's or renter's insurance and general liability insurance, which may be included in the homeowners policy.

Any claims for damages or destruction to a foster parent's personal property, not covered by homeowner's insurance, car insurance or to the property of others due to the actions of a child placed in a foster home should be filed with the Arkansas Claims Commission. Foster parents or the individual may request the appropriate application to submit their claim by contacting the Arkansas Claims Commission, 101 East Capitol Ave., Suite 410, Little Rock, AR 72201-3823, Telephone: 501-682-1619, www.claimscommission.ar.gov

The foster parents or the individual should contact the DCFS County Office and provide information needed to complete an incident report. (This is a different document from the claim form mentioned above.) This incident report will be submitted to DHS Central Office and will be used to assist the Claims Commission in processing the claim.

Foster parents approved by the Division shall not be liable for damages caused by foster children, nor shall they be liable to the foster children or to the parents or guardians of the foster children for injuries to the foster children caused by acts or omissions of the family foster parents unless the acts or omissions constitute malicious, willful, wanton, or grossly negligent conduct. (Act 941 of 1989)

The information contained within this handbook is a guideline to the Family Foster Care Program. If any information contained herein should be in disagreement with official DCFS policy as written in the DCFS Services and Procedures Manual or with state/federal law; then the policy or law shall take precedence. DCFS urges discussion of any concerns related to foster children in one's home with a Family Service Worker.

Foster Family Handbook/Appendix and Forms

In the event one needs to contact the Division of Children and Family Services for any reason, please call the persons listed below in the order they are listed. For example, if one cannot reach the Family Service Worker or feel they need to speak to a supervisor, then one should call the second name listed.

DIVISION OF CHILDREN AND FAMILY SERVICES COUNTY OFFICE CONTACT PERSONS

CHILD'S NAME _____

FAMILY SERVICE WORKER _____

Work Phone _____

Emergency Phone _____

FAMILY SERVICE WORKER'S SUPERVISOR _____

Work Phone _____

Emergency Phone _____

DCFS COUNTY OFFICE SUPERVISOR _____

Work Phone _____

Emergency Phone _____

FOSTER PARENT RESOURCE WORKER _____

Work Phone _____

Emergency Phone _____

DCFS AREA MANAGER _____

Work Phone _____

Emergency Phone _____

This form may be duplicated to use with children who have different case workers.

[illegible]

Foster Family Handbook/Appendix and Forms

NATIONAL FOSTER PARENT ASSOCIATION CODE OF ETHICS FOR FOSTER PARENTS

Preamble

Foster family care for children is based on the theory that no unit in our society, other than the family, has ever been able to provide the special qualities needed to nurture children to their fullest mental, emotional and spiritual development. If, for a certain period, a family ceases to provide these special qualities, substitute care must be used. It is recognized that ideally, foster care is temporary in nature. Persons who provide foster family care must have commitment, compassion and faith in the dignity and worth of children, recognize and respect the rights of natural parents, and be willing to work with the child-placing agency to develop and carry out a plan of care for the child.

Foster care is a public trust that requires that the practitioners be dedicated to service for the welfare of children, that they utilize a recognized body of knowledge about human beings and their interactions, that they be committed to gaining knowledge about human beings and their interactions, and that they be committed to gaining knowledge of community resources which promote the well-being of all without discrimination.

Each foster parent has an obligation to maintain and improve the practice of fostering, constantly to examine, use and increase the knowledge upon which fostering is based, and to perform the service of fostering with integrity and competence.

Principles

In order to provide quality foster care services, foster parents subscribe to the following principles:

I regard as my primary obligation the welfare of the child deserved.

I shall work objectively with the agency in effecting the permanent plan for the child in my care.

I hold myself responsible for the quality and extent of the services I perform.

I accept the reluctance of the child to discuss his past.

I shall keep confidential from unauthorized persons information pertaining to any child placed in my home.

I shall treat with respect the findings, views and actions of fellow foster parents, and use appropriate channels, such as a foster parent organization, to express my opinions.

I shall take advantage of available opportunities for education and training designed to upgrade my performance as a foster parent.

I respect the worth of all individuals regardless of race, religion, sex or national ancestry in my capacity as a foster parent.

I accept the responsibility to work toward assuring that ethical standards are adhered to by any individual or organization providing foster care services.

I shall distinguish clearly in public between my statements and actions as an individual, and as a representative of a foster parent organization.

I accept responsibility for working toward the creation and maintenance of conditions within the field of foster family care which enable foster parents to uphold the principles of this code.

National Foster Parent Association website address: <http://www.nfpainc.org/index.cfm>

Foster Family Handbook/Appendix and Forms

Foster Parent Support Act and Foster Children Protection Act of 2007

Section I

9-28-901. Title and Findings

This subchapter shall be known and may be cited as the “Foster Parent Support Act of 2007”.

9-28-902. Findings.

(a) The General Assembly finds that foster parents providing care for children who are in the custody of the Department of Human Services play an integral, indispensable, and vital role in the state's effort to care for dependent children displaced from their homes. The General Assembly further finds that it is in the best interests of Arkansas' child welfare system to acknowledge foster parents as active and participating members of this system and to support them.

(b) When policies regarding foster care and adoptive placement are developed by the Division of Children and Family Services of the Department of Human Services and other child placement agencies, those policies shall be designed to support and aid foster parents.

9-28-903. Foster Parent Support.

Foster Parents should be supported in the following manner:

(1) Treated by the Division of Children and Family Services of the Department of Health and Human Services and other partners in the care of abused and neglected children with consideration, dignity, respect, and trust as a primary caregiver for foster children, including respect for the family values and routines of the foster parent;

(2) Considered to be an integral member of the professional team caring for children in foster care;

(3) Confidentiality regarding personal issues as provided by law and to be free from discrimination based on religion, race, color, creed, national origin, age, marital status, or physical handicap in matters concerning licensing approval;

(4) (A) Receive training that will enhance the skills and ability to cope as foster parents.

(B) The training shall include both standardized preservice training and continuing education at least annually and at appropriate intervals, including without limitation the following purposes:

(i) To meet mutually assessed needs of the children in foster care;

(ii) To inform foster parents of their responsibilities and opportunities as foster parents.

(iii) To assist in the understanding of and dealing with family loss and separation when a child in foster care is placed, as well as when a foster child leaves the foster parent's home;

(iv) To be informed of and have access to in a timely manner and at least annually, any changes in applicable laws, guidelines, policies and procedures that may impact the role of foster parents; (v) To receive specific training on

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investigations of alleged child abuse or neglect in a foster home. The training shall include the rights of a foster parent during an investigation; and

(vi) To receive information about and have access to local and statewide support groups, including without limitation local and statewide foster parent associations;

(5) Have contact information for the appropriate staff of the child placement agency in order to receive information and assistance to access supportive services for children in the foster parent's care;

(6) Have access to services from the Division of Children and Family Services/Child Placement Agency twenty-four (24) hours a day, seven (7) days a week for assistance;

(7) (A) All information regarding the foster child that will impact the foster parent's home or family life in order to provide assurance of safety of the foster parent's family during the care of the child in foster care.

(B) Full disclosure of all medical, psychological, and behavioral issues of children in their care;

(8) (A) To be informed prior to placement of all information regarding the child's behavior, background, health history, or other issues relative to the child that may jeopardize the health and safety of the foster family or alter the manner in which foster care should be provided.

(B) In an emergency situation, the child placement agency shall provide information as soon as it is available;

(9) Prior to placement, to review and discuss written information concerning the child and to assist in determining if the child is a proper placement for the foster family;

(10) The ability 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 without fear of reprisal or any adverse affect on being assigned any future foster child or adoptive placements;

(11) Receipt of any information through the Division of Children and Family Services/Child Placement Agency regarding the number of times a child in foster care has been moved and the reasons for those moves and, upon request and within legal guidelines or as provided by statute, to receive the names and phone numbers of the previous foster parents if the previous foster parents authorize such release;

(12) The provision of a clear, written explanation of the placement agency's plan concerning the placement of a child in the foster parent's home and to receive at any time during the placement any additional or necessary information that is relevant to the case of the child, including any subsequent revisions to the case plan on a timely basis;

(13) (A) Meaningful participation in the development of the case plan for the child in foster care in their home.

(B) To accomplish this goal the foster parents shall have:

(i) The opportunity to discuss the plan of the child in foster care with the case manager and the child welfare team and be provided with a written copy of the individual service and treatment plan concerning the child in foster care in the foster parent's home, as well as a reasonable notification of any changes to that plan;

(ii) The opportunity to participate in the planning of visitation with the child in foster care and their birth family

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- (iii) The opportunity to participate in the case planning and decision-making process with the Division of Family and Children Services/Child Placement Agency regarding the child in foster care;
- (iv) The opportunity to provide input concerning the plan of care for the child and to have that input considered by the Division of Children and Family Services/Child Placement Agency;
- (v) The opportunity to communicate for the purpose of participating in the case planning for the child in foster care with other professionals who work with the child in foster care within the context of the professional team, including without limitation therapists, physicians, and teachers;
- (vi) The opportunity to be notified of all scheduled meetings and staffings concerning the child in foster care in order to actively participate in the case planning and decision-making process regarding the child in foster care, including individual service planning meetings, administrative case reviews, multidisciplinary staffings, and individual educational planning meetings;
- (vii) The opportunity to be given, in a timely and consistent manner, any information a case worker has regarding the child in foster care and the family of the child in foster care that is pertinent to the care and needs of the child in foster care and to the making of a permanency plan for the child in foster care;
- (viii) The opportunity to be given reasonable explanatory written notice of any changes in a case plan for the child in foster care, plans to terminate the placement of the child with the foster parent within fourteen (14) days, and the reasons for the change or termination in placement except in an immediate response to a child maltreatment investigation involving the foster home. The notice shall be waived only as provided for by law;
- (14) The opportunity to be notified in advance by the Division of Children and Family Services or the court of any hearing or review where the case plan or permanency of the child in foster care is an issue, including periodic reviews held by the court, permanency hearings, and motions to extend custody;
- (15) The opportunity to be notified and to be heard during any court proceeding regarding the child in foster care in the foster parent's home and to be informed of decisions made by the courts or the child welfare agency concerning the child in foster care;
- (16) The opportunity to be considered as a permanency option for a foster child in their home and if in the best interest of the foster child, and to receive assistance in dealing with family loss and separation when a child in foster care leaves the foster parent's home;
- (17) The following considerations:
 - (A) Consideration when appropriate, as a preferential placement option when a child in foster care who was formerly placed with the foster parents has reentered the foster care system;
 - (B) Consideration for adoption when a child in foster care who has been placed in the foster home for a period of at least twelve (12) months becomes eligible for adoption to the extent it is in the best interest of the child in foster care; and
 - (C) To maintain contact with the child in foster care after the child leaves the foster home, unless the child in foster care, a birth parent, the Division of Children and Family Services who retains custody of the child in foster care, or other foster or adoptive parent refuses such contact;

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- (18) A reasonable plan for relief from the role of foster parenting through the use of respite care services;
- (19) Receipt of timely and adequate financial reimbursement according to the agreement between the foster parents and the Division of Children and Family Services/Child Placement Agency;
- (20) Receipt of evaluation and feedback on their role as a foster parent.
- (21) In the event of an alleged violation of policies, foster parents shall have the opportunity:
 - (A) To request and receive a fair and impartial review regarding decisions that affect approval and retention or placement of a foster child in the foster parent's home;
 - (B) To be provided a fair, timely, and impartial investigation of complaints concerning the operation of the foster home;
 - (C) To an explanation of a corrective action plan or policy violation relating to foster parents;
 - (D) To have child maltreatment allegations investigated in accordance with the Child Maltreatment Act and any removal of a child in foster care shall be pursuant to the Division of Children and Family Services policies and procedures;
 - (E) To request and receive a review of decisions that affect approval of the foster home; and
- (21) Information on policies and procedures for reporting of misconduct by Division of Children and Family employees, service providers, or contractors, confidential handling of the reports, and investigation of the reports.

Section 2

9-28-1001. Title

Safeguards for Children in Foster Care Act.

9-28-1002. Findings and Purposes

- (a) The Arkansas General Assembly acknowledges that society has a responsibility, along with foster parents and the Department of Health and Human Services, for the well-being of children in foster care.
- (b) Every child in foster care is endowed with the opportunities inherently belonging to all children.

9-28-1003. Safeguards children in foster care.

- (a) Special safeguards, resources, and care should be provided to children in foster care because of the temporary or permanent separation from parents.
- (b) A child in foster care in the State of Arkansas shall be entitled to the following:

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- (1) To be cherished by a family of his or her own;
- (2) To be nurtured by foster parents who have been selected to meet his or her individual needs; (3) To be heard and involved with the decisions of his or her life;
- (4) To have complete information and direct answers to his or her questions about choices, services, and decisions;
- (5) To be informed about and have involvement when appropriate with his or her birth family and siblings;
- (6) To have reasonable access to his or her caseworker or a person in the Department of Health and Human Services who can make decisions on his or her behalf;
- (7) To express his or her opinion and have it treated respectfully;
- (8) To request support and services that he or she needs;
- (9) To have individualized care and attention;
- (10) To have ongoing contact with significant people in his or her life, such as teachers, friends, personal support, and relatives;
- (11) To be notified of changes impacting his or her permanence, safety, stability, or well-being;
- (12) To have a stable, appropriate placement if he or she is placed in foster care;
- (13) To receive a free appropriate education, training, and career guidance to prepare him or her for a useful and satisfying life;
- (14) To receive preparation for citizenship and parenthood through interaction with foster parents and other adults who are consistent role models;
- (15) To have reasonable access to and be represented by an attorney *ad litem* in all juvenile judicial proceedings so that his or her best interests are represented;
- (16) To receive quality child welfare services;
- (17) To have a plan for his or her future and the support needed to accomplish it;
- (18) To receive a copy of his or her case record upon exiting foster care;
- (19) To be placed in the custody or foster home of relatives, if appropriate, provided the relative caregiver meets all relevant child protection standards; and
- (20) To be cared for without regard to race, gender, religion, or disability.

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~~FOSTER PARENT HANDBOOK INTRODUCTION~~

~~Family Foster Care is a program designed to provide a substitute family life experience in a Division of Children and Family Services (DCFS) approved home, Relative Foster Home, or licensed facility for a child who needs care for a temporary, or in some instances, for an extended period of time. During this time, the birth/legal family is either nonexistent or dysfunctional due to social, emotional, economic, and/or physical reasons. Foster care is founded on the premise that all children have a right to a safe supportive environment in which to grow, preferably a home environment.~~

~~The purpose of foster care is to provide a healthy home and community experience for the child while the conditions which caused the placement away from the birth/legal family are being resolved. Thus, foster care is intended to be temporary. The length of a child's stay in foster care will depend a great deal on the conditions which caused the placement and the time and the resources available to resolve them. The goal of foster care is to work toward a permanent placement for the child, preferably, return to the birth/legal parents.~~

~~Foster care is a team effort involving DCFS, the family foster parents, the foster child, and the birth/legal parents. When all those directly involved in the situation understand their own and each others' roles and cooperate as team members in a team effort, the quality of the experience for all is increased, and the effect on the child's future well-being is greatly influenced.~~

~~Relative Foster Homes are homes in which adult relatives within the first, second, or third degree of consanguinity to the parent or stepparent are recruited by the Family Service Worker to provide 24 hours per day care for children who are related to the Relative foster parent by blood or marriage. These homes must meet all of the minimum licensing requirements for a Family Foster Home. Relatives who are approved for placement of children in their home may choose to be Relative Foster Home or a regular Foster Home. Relative Foster Homes will be approved only for placement of relative children. If the relatives choose to be a regular Foster Home, they will have the responsibility of caring for relative and non-relative foster children.~~

~~There will be no distinction in licensing requirements between Relative foster homes and all other approved foster homes in Arkansas.~~

~~Once permanency is achieved for the relative children placed in a Relative Foster Home, relatives may choose to become a regular Family Foster Home if they remain in compliance with licensing standards. This will be a decision made by both the relatives and DCFS based on the best interest of the relative children.~~

~~Relative Foster Homes are to receive an approval letter and certificate (CFS-481) identifying approval as a Relative foster family. A new approval letter should be issued if the family becomes a regular foster home.~~

~~It is your responsibility as family foster parents and Relative foster parents to provide twenty-four hour nurturing care to the foster child. You also have a responsibility to help the child develop a good self image and have positive feelings about his past, present, and future.~~

~~Good communication among all team members, as well as mutual respect, understanding, and honesty is essential elements for achievement of these goals.~~

~~All team members share the responsibility for ensuring that lines of communication are kept open and in use.~~

~~Because of the difference in responsibilities and perspectives, conflicts may arise. How well conflicts are worked out will determine the success with which the team is able to serve the needs of the child.~~

~~This handbook has been prepared to provide you with information you may need. This handbook is only a reference guide. Contact your local DHS County Office for clarification and interpretation of any information provided here.~~

RESPONSIBILITIES OF THE FOSTER CARE TEAM

FOSTER CHILD

~~Children have certain inherent rights based on their special status as children and their inability to care for themselves. Among these inherent rights are the right to live with their birth/legal family and to receive love, protection, nurturance, and support until they reach the age of majority; the right to be free from harm, neglect, and abuse; to receive an education; to have physical care and medical attention; to enjoy all facets of family life; to be disciplined and to receive religious and moral training, and to grow into self-sufficient, independent young adults.~~

~~When a child's right to live with his own birth/legal family is in jeopardy, the child has a right to be represented by legal counsel and to have his legal rights protected in any judicial procedure which addresses custody or guardianship. DCFS has certain responsibilities to children who have been removed from the custody of their birth/legal parents. Responsibilities of DCFS to foster children are as follows:~~

- ~~• To place the child in a family foster home, Relative foster home, or, other substitute care facility that can best serve the child's needs and is the least restrictive environment;~~
- ~~• To place the child close to birth/legal parents to allow frequent contact;~~
- ~~• To have regular visits for the child with birth/legal parents, siblings, and others with whom there is a significant relationship, unless restricted by court order;~~
- ~~• To give the child honest information regarding all decisions;~~
- ~~• To provide the child the basic rights inherent to all children as stated above;~~
- ~~• To allow the child to participate in case planning, conferences, staffings, and court hearings, etc., whenever possible and age appropriate;~~
- ~~• To keep a record for each child that includes legal documents (e.g., birth certificate, social security card, court orders);~~
- ~~• To help the child return to the birth/legal parents' home at the earliest possible time or to be legally freed to form new family ties with relatives or adoptive parents; and~~
- ~~• To prepare the child for independence.~~

BIRTH/LEGAL PARENTS

~~Birth/legal parents are the key to long-range planning for the foster child. They are central members of the foster care team. The child began with them, identifies with them, and in most instances, longs to return to them. The return of the child to his home is dependent on his birth/legal parents' ability to improve their situation. Otherwise, his birth/legal parents face the possibility of long-range plans being made which may include termination of parental rights. With the exception of parents of children for whom the Department of Human Services is guardian or birth/legal parents whose rights have been permanently~~

~~terminated, DCFS has certain responsibilities to the birth/legal parents of children placed in the custody of the Department of Human Services.~~

~~**Responsibilities of the DCFS to birth/legal parents are:**~~

- ~~• To offer and provide services directed toward preservation of the family as a unit and the avoidance of foster care if at all possible;~~
- ~~• To inform the birth/legal parents of the reason for removal of the child when foster care is necessary;~~
- ~~• To advise birth/legal parents that they can seek the assistance of an attorney anytime a legal action involves the child. If the birth/legal parents cannot afford an attorney, they can advise the court of this and seek assistance from Legal Aid, the Lawyer Referral Service, or other private means;~~
- ~~• To understand birth/legal parents without criticism or judgment and to acknowledge the birth/legal parents share in the child's life;~~
- ~~• To advise birth/legal parents of what parental privileges are retained while the child is in foster care;~~
- ~~• To advise birth/legal parents of what conditions must be met in order to have the child returned to them;~~
- ~~• To include birth/legal parents in developing the case plan for the child;~~
- ~~• To provide birth/legal parents every possible assistance and service for resolution or correction of conditions necessary for return of the child;~~
- ~~• To insure that birth/legal parents have full cooperation from all foster care team members toward achievement of case goals; and,~~
- ~~• To return the child to the birth/legal parents' home when the necessary changes or conditions required by the court or DCFS have been made and circumstances that necessitated the removal have been eliminated.~~

~~**Responsibilities of birth/legal parents are:**~~

- ~~• To cooperate as a foster care team member by participating in staffings, and court hearings;~~
- ~~• To maintain contact and communication with the child including keeping appointments for visitation and placing and returning calls;~~
- ~~• To help develop and follow the case plan (CFS-6010), thereby, making a permanent plan for the child;~~
- ~~• To notify DCFS at the earliest possible time if the birth/legal parents are no longer willing to work toward reunification and they wish to relinquish their parental rights and/or that another relative exists who would offer a permanent home to the child;~~
- ~~• To make necessary changes or correct conditions which prevent the child's return;~~
- ~~• To provide emotional support for the child;~~

- ~~To be involved, whenever possible, in specific activities affecting the child such as medical care, religious, and social events; and,~~
- ~~To provide financial support for the child. The court has a chart and will designate an amount for the birth/legal parents to pay.~~

FAMILY FOSTER PARENTS and RELATIVE FOSTER PARENTS

~~As temporary substitute parents, you are close to the foster child on a day-to-day basis. This closeness makes you a vital member of the foster care team. You are in an excellent position to evaluate the child's current needs and ensure they are being met in your family or through resources in the community.~~

~~You, as team members with a unique perspective of the child, can contribute a special knowledge to DCFS and to the birth/legal parents including information about the child's behavior, relationships with playmates and other members of your family, and adjustment to school and to the neighborhood.~~

~~By your observations of the child's relationship with his birth/legal parents and the child's reactions to visitation, you can enhance the DCFS work with the birth/legal parents. In some instances, you may also serve as actual role models for the birth/legal parents. This role modeling may be the first opportunity the parent has had to observe and learn effective parenting skills.~~

The responsibilities of DCFS to Foster Parents and Relative Foster Families are:

- ~~To provide pre-service training and continuing education for your role as family foster parents;~~
- ~~To provide all available information concerning the child and the birth/legal family situation to enable you to make an informed decision about your ability or inability to provide care for the child in your home and participate in the case;~~
- ~~To involve you as a team member in preplacement activities and case planning as well as staffings, and court proceedings;~~
- ~~To ensure that you have a clear understanding of your role as well as the role of other team members in achieving case goals;~~
- ~~To provide you with reimbursement for food, clothing and shelter which you have given children in your care;~~
- ~~To allow you to continue your own family patterns and routine, as much as possible;~~
- ~~To allow you to request the removal of a child from your home, with notice;~~
- ~~To give notice, whenever possible, when a child is to be removed from your home;~~
- ~~To promptly inform you of any complaint against your home or of any condition or problem in your home which adversely affects your "approved" status as family foster parents and to provide guidance and support from DCFS toward resolution of the condition or problem (See section on Complaint Against Foster Family Other Than Child Maltreatment.)~~

- ~~• To provide you access to a grievance procedure when differences arise with DCFS which have not been resolved to your satisfaction (See section on Family Foster Parent Grievance Procedure); and,~~
- ~~• To inform you of DCFS programs, services, and policies which relate to foster family care.~~

~~The responsibilities of Family Foster Parents and Relative Family Foster Parents to DCFS, the child and the child's family are:~~

- ~~• To participate in family foster parent pre-service training and continuing education programs designed to enhance your ability to care for foster children;~~
- ~~• To assist in the development of an individualized training plan and follow the plan;~~
- ~~• To abide by the policies and the decisions of DCFS and accept DCFS's supervision;~~
- ~~• To participate in DCFS resources, community resources, and court activities as a team member with pertinent information based on day-to-day knowledge of the child in your care;~~
- ~~• To assist the child and DCFS in planning and achieving the child's return to his birth/legal parents' home or to a permanent placement;~~
- ~~• To provide a nurturing family life experience to the child including guidance, stimulation, affection, and appropriate discipline;~~
- ~~• To train and discipline children with kindness and understanding;~~
- ~~• To establish well defined rules, set expectations and limits are consistent with the child's age. There will be consequences for inappropriate behavior and the child will be apprised of the behaviors and actions that are not acceptable prior to any discipline being administered.~~
- ~~• To train and teach each child using techniques that stress praise and encouragement, discipline should be positive not negative.~~

~~Children shall not be subjected to verbal abuse, derogatory remarks about themselves or their family members; nor should they threaten to have the child removed from the foster home.~~

~~Methods of discipline that are unacceptable for use by foster parents with the child include but are not limited to:~~

- ~~1. Cruel, severe, or humiliating actions, such as washing mouth with soap;~~
- ~~2. Taping or obstructing child's mouth;~~
- ~~3. Placing painful or unpleasant tasting or hot substances in the mouth, lips, etc.;~~
- ~~4. Placing a child in dark areas;~~
- ~~5. Humiliation in public;~~
- ~~6. Physical punishment inflicted in any manner, such as hitting, pinching, pulling hair, slapping, kicking, twisting the arms, forced fixed body positions, etc.;~~
- ~~7. Denial of meals, clothing, shelter;~~

- ~~8. Withholding implementation of the case plan (CFS-6010), or any denial of basic rights;~~
 - ~~9. Denial of visits, telephone, or mail contact with family members;~~
 - ~~10. Assignment of extremely strenuous exercise or work;~~
 - ~~11. Locked isolation of any kind; and~~
 - ~~12. Punishment of any kind for poor toilet habits.~~
- ~~DCFS or foster parents shall never give permission for the school to use corporal punishment (whip the child). The school may elect to whip but we can never give permission for them to do so.~~
- ~~• To provide food, clothing, shelter and personal care;~~
 - ~~• To lock up all medicines, cleaning supplies, insecticides, gasoline, hazardous tools, knives, guns, or similar dangerous objects. Guns must be unloaded and stored in a secure, locked location separate from ammunition. Foster parents shall administer medications only in accordance with directions on the label. All medications shall be stored in a secure location, and psychotropic medications shall be kept securely locked. Foster parents shall be aware of possible side effects of all medications. Foster parents shall keep a log of all medications dispensed;~~
 - ~~• To provide for enrollment and regular school attendance when age appropriate in an accredited school and to encourage the expression of the child's strengths and special talents. Home Schooling is not allowed;~~
 - ~~• To cooperate with DCFS in arranging for routine medical and dental care as well as ensuring that the child receives appropriate care during any illness; to accompany the child on all medical appointments; to monitor the child's intake of medicine (prescription or non-prescription);~~
 - ~~• To maintain a record of health care, especially immunization records via the Medical Passport;~~
 - ~~• To keep a lifebook for the child to record developmental progress as well as regular and special events in the child's life while the child is in your home;~~
 - ~~• To speak positively of the child's birth/legal family;~~
 - ~~• To maintain absolute confidentiality of private information about the child and the child's birth/legal family;~~
 - ~~• To support the case plan, including the visitation plan and help the child feel comfortable with this;~~
 - ~~• To maintain open communication with all team members; and, this includes communication with the child's birth/legal family when contact between you and the family is part of the case plan;~~
 - ~~• To notify DCFS of any pertinent conditions, problems, or major family changes;~~
 - ~~• To provide the child with opportunity for recreational activities and for participation in family, school, and community activities;~~
 - ~~• To provide information to your Family Service Worker that will be useful in case planning, to participate in staffings and court hearings;~~

- ~~To assist in preparing the child and showing support for any move that must be made (to birth/legal parents' home, relatives, another foster home, or an adoptive home);~~
- ~~To keep the terms of the CFS-462 (Initial Foster Home Agreement) and CFS-462A (Foster Home Agreement Addendum); and,~~
- ~~To notify DCFS of any needs, requests, pertinent changes or problems.~~

THE DEPARTMENT OF HUMAN SERVICES (DHS) AND ITS AGENT, THE DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)

~~The Department of Human Services acting through its agent, DCFS, serves as the court-appointed legal custodian of the child and has the ultimate responsibility for ensuring that the child has the best possible foster care experience and that appropriate long-term plans are made. There is also a direct vested interest in resolution of the problems or conditions affecting the status of the birth/legal family. The cooperative efforts from the courts, other agencies, and community resources are necessary to ensure that responsibilities to the child and assistance in resolution of problems or conditions affecting the child's birth/legal parent are carried out.~~

~~Department/Division responsibilities are:~~

- ~~To serve as the court-appointed legal custodian of the child;~~
- ~~To provide the foster child, birth/legal parents, foster family, and Relative foster family with the necessary support services to accomplish goals set out in the case plan;~~
- ~~To work with birth/legal parents, foster families, and Relative foster family to see that the child's emotional needs are met;~~
- ~~To conduct regular staffings, and arrange for Judicial Reviews of the case;~~
- ~~To provide necessary medical or psychological services, evaluations, care or treatment needed by the child;~~
- ~~To ensure that the child has planned regular visitation with his birth/legal parents; or, if there are barriers to visitation, to provide services directed toward removal or reduction of barriers to visitation;~~
- ~~To ensure visits for child with siblings by planned regular contact (once every two weeks);~~
- ~~To maintain regular contact with all team members according to the case plan;~~
- ~~To keep all team members informed of significant changes in the status of the case or individual team members;~~
- ~~To provide opportunity for a religious experience with respect for the child's and birth/legal parents' religion;~~
- ~~To take the legal steps necessary to place the child in a permanent home when return to the birth/legal parents is not possible within a reasonable length of time, usually not more than one year; and,~~

- ~~To keep the terms of the CFS-462 (Initial Foster Home Agreement) and CFS-462A (Foster Home Agreement Addendum).~~

~~APPROVAL, TRAINING, AND SUPPORT OF FAMILY FOSTER HOMES
AND RELATIVE FOSTER FAMILY HOMES~~

~~**FAMILY FOSTER HOME AND RELATIVE FOSTER HOME APPROVAL PROCESS**~~

~~The process of preparing and evaluating you as prospective family foster parents is termed a family foster home assessment. An assessment will be conducted prior to the placement of a child in your home.~~

~~The purpose of the family foster home assessment is threefold: to educate you, to assess your character, suitability, and qualifications to open a foster home, or Relative foster family home and to see that you meet the "Standards For Approval of Family Foster Homes" (PUB-022).~~

~~Providing you with appropriate information is essential for you to make an informed decision to pursue operation of your home as a family foster home based on the realities of the foster care system.~~

~~Assessing the character, suitability, and qualifications of your family to operate a family foster home will be done in relation to the following areas:~~

- ~~• Your family's capability to provide for the needs of a child who is placed in your care;~~
- ~~• Your family's ability to accept and encourage the child's relationship with the birth/legal family and your ability to relate to the child in a helpful way; and,~~
- ~~• Your family's ability to work as part of a team with DCFS staff, other agencies, and community resources to reach the goals set forth in the case plan.~~

~~**Other standards include:**~~

- ~~• Age - The minimum age is 21 years. The family foster home shall undergo a "second party review," if one or both applicants are age 65 or over or when the current foster parent reaches age 65.~~
- ~~• Health - All family members must pass a medical exam and have a doctor's recommendation at the time the home is initially approved. All members of the household older than twelve (12) years shall receive a Mantoux (TB) skin test for tuberculosis every three (3) years as long as the results remain negative. Household members with a positive skin test must provide documentation every two (2) year certifying that they are free from communicable tuberculosis.~~
- ~~• Physical Disabilities - Physical disabilities of any of your family members will be evaluated to determine the effect the disability has on your family's ability to provide adequate care to a child and how the disability may affect a child's adjustment to your family.~~
- ~~• Marriage and Divorces - Evidence of stable marriage of at least 3 years duration and stable family situation;~~

- ~~Family composition - A foster home may have up to eight (8) children in the home. This may consist of up to five (5) un-related children in foster care, and up to three of the foster parent's own children. Or in the case of sibling groups, the foster home may have up to eight related children in foster care. In this instance, the total number of the foster parent's children who reside in the home will determine the number of children from one sibling group that may be placed together in the home. For example:~~
 - ~~1 child of the parents and 7 children in care from the same sibling group.~~
 - ~~2 children of the parents and 6 children in care from the same sibling group.~~
 - ~~3 children of the parents and 5 children in care from the same sibling group.~~
- ~~Parenting Ability,~~
- ~~Employment - In homes where both parents or a single parent is employed outside the home, careful consideration must be given to the age and characteristics of children for whom the home wishes to provide care as well as to the family's plan for child care. Stable employment history is required of the primary wage earner in the family foster home. The family foster home shall not be licensed as a Day Care Family Home.~~
- ~~Income - Evidence of stable income sufficient to meet the needs of your family is required for approval. The foster family shall provide documentation of sufficient financial resources to meet their needs. A copy of this documentation shall be placed in the foster parent's case record.~~
- ~~Physical Standards - Physical conditions of your home will present no hazard to the safety or health of a child.~~
- ~~Location, condition, and physical layout of your home will be considered;~~
- ~~Telephones are required;~~
- ~~Transportation - The family foster parents shall maintain a mode of transportation which complies with state motor vehicle laws and shall allow foster children to be transported only by a licensed driver and must have insurance.~~
- ~~Cleanness of your home will be considered;~~
- ~~References - A minimum of 3 references who are familiar with your child caring experiences and practices will be contacted regarding your character and ability to provide for children, and,~~
- ~~Central Registry Check - A Child Maltreatment Central Registry Check will be conducted on the family foster parent(s) and each member of the household age ten (10) years or older, including any state where either the applicants or household members work or have worked if different. A registry check will also be conducted in any other state where the applicant has resided during the preceding six (6) years. The Division will repeat the Central Registry Checks every two (2) years.~~
- ~~A finger-print based FBI Criminal Background check of all foster parents and all members of the household aged sixteen (16) years or older, excluding children in foster care.~~

- ~~Criminal Record Check - An Arkansas State Police Criminal Record Check will be conducted on the family foster parent(s) and all members of the household age fourteen (14) and older. The Division shall repeat the Criminal Record Check every five (5) years.~~
- ~~A local background check will be conducted on all foster parents and members of the household aged fourteen (14) years of age or older; and~~
- ~~CPR and First Aid Training and Certification - The family foster parent(s) must complete CPR and First Aid training and receive certification in both areas prior to approval to become a foster parent.~~

• **~~Smoking:~~**

~~DCFS shall not place or permit a child in foster care to remain in any foster home if the foster parent smokes or allows anyone else to smoke in the presence of any child in foster care unless it is in the child's best interest to be placed in or remain in the foster home.~~

~~All foster parents will complete DCFS form CFS-363 (Foster Parent Smoking Certification) and identify if the foster parents will permit smoking in the presence of a child in foster care.~~

~~Foster parents will indicate if smokers in the home or who visit the home will be permitted to smoke while in the presence of a child in foster care. If the foster parent indicates smoking will not occur in the presence of a child in foster care, then children in foster care may be placed in this foster home and DCFS will designate the home a "non-smoking" foster home.~~

~~If a foster parent indicates that smoking will occur in the presence of a child in foster care, the foster home will be designated a "smoking" foster home and no child may be placed or remain in the foster home unless it is in the child's best interest to be placed in or remain in the foster home.~~

~~DCFS policy is that second hand smoke is detrimental to a child's health and the presumption will be that it is not in a child's best interest to be placed in a foster home that permits smoking in the presence of a child in foster care. To rebut this presumption, the worker must clearly identify why it is in the child's best interest to be exposed to second hand smoke.~~

~~The Area Manager will sign and submit the CFS-363 along with any supporting documentation for review and signature to the Assistant Director of Community Services requesting a finding that it is in the child's best interest to be placed in or remain in a smoking foster home. No child in foster care shall be placed in a smoking foster home without a waiver from the Assistant Director of Community Services.~~

~~For children in foster care who are currently in smoking foster homes, the worker shall make an individual assessment of each child's case and determine if it is in the child's best interest to remain in the smoking foster home. If so, the Area Manager shall complete a CFS-363 and submit the form along with any supporting documentation to the Assistant Director of Community Services requesting a finding that it is in the child's best interest to remain in the smoking foster home. If it is not in the child's best interest to remain in the smoking foster home, a plan shall immediately be developed to properly transition the child to a non-smoking foster home.~~

~~State law prohibits smoking in a vehicle if a child in the car is under the age of six (6) and weighs less than sixty (60) pounds. Thus, no foster parent~~

~~or DCFS employee may smoke in the vehicle when transporting a child in foster care who is under the age of six and weighs less than 60 pounds.~~

~~In accordance with A.C.A. 20-27-1804, smoking is prohibited in all vehicles and enclosed areas owned, leased or operated by the State of Arkansas, its agencies and authorities. Therefore, DCFS staff may not smoke in a state vehicle OR in their private vehicle when a child in foster care is present. Foster parents are strongly discouraged from smoking in a vehicle when a child in foster care is present.~~

ALTERNATIVE COMPLIANCE/WAIVER

~~If it is believed that a foster family or applicant possesses special abilities or circumstances which would make them a good foster home in spite of their inability to meet a standard the county office may request a second party review be conducted by the Area Manager or their designee for consideration of an exception of a standard in areas where such reviews are permitted.~~

TRAINING

~~DCFS recognizes the child's right to be placed in a home able to deal with the special problems and traumas of out-of-home care. Foster parenting is a specialized field different from parenting your own children and for which special training is essential. As foster parenting is far too complex to be covered in one course, DCFS will provide opportunities for training of prospective family foster parents and training related to the special needs of children in out-of-home placements. An individualized training plan will be developed taking into consideration the age and characteristics of children for whom the foster parent has expressed preferences.~~

Pre-Service Family Foster Parent Training

~~Training of prospective family foster parents and Relative Foster Parents will be done by using group processes, but may be done on an individual basis when necessary. All family foster parents shall complete a minimum of 30 hours of pre-service training prior to accepting the first child. In addition to the required hours of pre-service training, the foster parent(s) must complete training in CPR and First Aid and receive certification in both areas prior to approval. No child shall be placed in the foster home until the foster parent(s) has obtained CPR and First Aid certification.~~

Continuing Education

~~The DCFS County Office will require your participation in local educational and training opportunities. Each family foster parent shall annually participate in a minimum of 15 hours of approved training. These may cover a wide range of topics related to parenting, child development, behavior problems, medical needs, etc., and may be offered by educational systems (college, university, local school system), Health Department, Community Mental Health Centers, and others. Special TV programs related to child abuse, parenting adolescents, etc. may also be considered training.~~

~~Videos or TV Programs are only accepted on a limited basis. No more than 5 hours of videos or TV programs will be accepted per year and must be approved by the~~

~~Area Manager or their designee. However, to be considered as training these programs must be discussed with the Family Service Worker assigned to the family foster parents and receive prior approval before the program is viewed. Participation shall then be documented in the family foster home case record. The DCFS County Office will inform you of any training and educational opportunities known to them.~~

~~A state-wide foster parent training conference and area wide conferences are held yearly to give foster families and Relative foster families the opportunity to obtain the required hours. Both in-state and out-of-state conferences may be considered training. Funds may be available to defray expenses for these educational opportunities. Prior approval is required for reimbursement. Contact your Family Service Worker.~~

~~Your DCFS County Office will maintain your training record; both DCFS and Non-DCFS sponsored. You are responsible for reporting to your Family Service Worker your participation in Non-DCFS sponsored training.~~

~~Both travel and baby-sitting expenses incurred by you when you attend local and DCFS sponsored training are reimbursable. Your Family Service Worker must be contacted prior to the training for approval of such expenses.~~

REEVALUATIONS OF FAMILY FOSTER HOMES

~~The Family Service Worker will monitor the foster family home at least quarterly for continued compliance with the standards for approval of foster homes and complete the Checklist for Compliance (CFS-475). The Recruiter Trainer or Family Service Worker shall formally review each foster home and complete the Checklist for Compliance Section F. Ongoing Monitoring (CFS-475) and the Family Foster Parent Reevaluation (CFS-451). The review will be filed in the family foster home record. Family foster homes must be reevaluated annually; i.e., no later than the anniversary month of the family foster home's approval, to assure that they continue to meet all standards and policy requirements. Any family foster home that does not continue to meet standards will be closed.~~

~~This reevaluation is necessary to ensure that changes in your family, either physical changes or changes in attitudes, do not adversely affect children placed in your home. After having actually experienced foster children in your home, you may have very different feelings about family foster parenting and your abilities to work with different types of children. You will be given the opportunity to express the changes in your feelings since you were approved or were last evaluated. Also, your Family Service Worker may assess your abilities as shown by your past experiences with foster children. This information will be recorded in your record to be used by any Family Service Worker placing or supervising a child in your home.~~

~~The Family Foster Parent Reevaluation (CFS-451) will be mailed or given to you to be completed prior to the home visit by the recruiter/trainer or your Family Service Worker. (The recruiter/trainer or Family Service Worker will make an appointment with you to conduct your reevaluation when they have been notified that you have completed the TB (Mantoux) skin tests for all family members.) During the visit, the recruiter/trainer or your Family Service Worker will interview your family and view your current TB (Mantoux) skin test report. The Foster Parent Reevaluation (CFS-451) will be filed in your record, and a narrative entry will be made in your record which reflects your Family Service Worker's assessment of the following items:~~

- ~~• Continued compliance with Family Foster Home Standards;~~

- ~~The foster parent maintained current certification in both CPR and First Aid;~~
- ~~How your family has met the needs of the children placed; including physical, emotional, educational and recreational needs;~~
- ~~Identification of persons in your home at the time of the reevaluation;~~
- ~~Your attitudes toward birth/legal parents;~~
- ~~Impressions and Evaluation;~~
- ~~Objective evaluation of present and future capacity of you as a family foster home;~~
- ~~Strong points of your family foster home;~~
- ~~Weak points of your family foster home;~~
- ~~How your family has met the needs of the children placed in your home;~~
- ~~Health and Financial Status;~~
- ~~Recommendation;~~
- ~~Age, sex, and special characteristics of children who should be placed in your home;~~
- ~~Problems which can and cannot be handled; and~~
- ~~Recommended length of placement desirable.~~

~~You will be notified of the disposition of your reevaluation in writing within 10 days. When you are re-approved, you will receive a Family Foster Home Approval Certificate (CFS-481).~~

~~A reevaluation of a family foster home shall be conducted whenever there is a major change in the lives of family foster parents including, but not limited to:~~

- ~~A death or serious illness among the members of the foster family;~~
- ~~Separation or divorce;~~
- ~~Loss of or change in employment;~~
- ~~Change in residence;~~
- ~~Suspected abuse or neglect of any child;~~
- ~~Addition of family members (birth, adoption, elderly relatives moving in, etc.)~~

SUPPORT TO FOSTER FAMILIES AND RELATIVE FAMILY FOSTER HOMES

~~As an integral part of DCFS delivery system, you can expect support from DCFS in the form of training, in-home contacts, case consultation, board payments, special services to children in your care, and recognition and acknowledgment of your efforts.~~

~~In order to prevent the disruption of a child's placement in a foster home and to assist the foster parent in providing proper care to a child, DCFS shall establish, either directly or through contract, placement support services to assure stable placements for children in DCFS custody. Support services shall include the following:~~

Your Family Service Worker

~~Your Family Service Worker will visit frequently in your home. When the Family Service Worker visits your home, the main objective is to discuss the case plan (CFS-6010), any changes in the plan, or specific problems within the placement. You are not expected to have answers to all problems, nor is the Family Service Worker. You have the child-raising experience; the Family Service Worker has the objective knowledge about foster children. Together, solutions are found. The~~

~~Family Service Worker is not expecting to be a formal guest in your home. Nor should the Family Service Worker be a casual acquaintance or a "best friend". The relationship is most positive when it is pleasantly professional. Problems with the Family Service Worker's visiting occur when family foster parents, and/or foster child, do not know the purpose of the visit. Problems also arise when the Family Service Worker is seen as a negative authority person. For example, threatening the child with "if you're not good I'll call the worker", or perceiving the Family Service Worker as someone who will solve all the problems, i.e., "We'll call the worker; she'll take care of everything," is not productive; this does not support the team approach and it undermines the foster family's authority. You and the Family Service Worker are partners working together and, this partnership works best when each of you present the other to the child as a positive influence in that child's life, each one bringing his or her contribution to the effort taking place on behalf of the child.~~

~~Visits To Family Foster Home~~

~~There will be at least weekly visits in your home during the first month of placement. In most instances visits will be scheduled with you. Afterwards, periodic visitation in your home will be provided by the Family Service Worker, except if the child is under seven years old, then at least one visit will occur monthly. Additional visits may be made to the home if there are problems.~~

~~The visits will be used to relay necessary information to the child and to voice your feelings about the placement and subsequent adjustment jointly, as well as, privately, and to ascertain if the needs of that particular child are being met. Each visit will include a private conversation with the child away from the foster parent. Another purpose of home visits is to monitor continued compliance with family foster home standards.~~

~~Availability of DCFS Family Service Workers to Foster Families~~

~~For foster parenting to be a successful experience, you must have access to your Family Service Worker. If your Family Service Worker is absent from the office when you telephone, your calls will be returned promptly. If a visit is necessary, this will be scheduled.~~

~~You will be furnished telephone numbers of Family Service Workers who may be contacted after hours (See section on DCFS County Office contact persons in the back of this Handbook). It is expected that you will first attempt to contact the Family Service Worker for the particular child in your home. After hours contact should be used for emergencies only. You will be provided with information which you may need for the child in your home in an emergency situation, such as the child's Medicaid card and Medical Passport. At the time of placement you will be provided with as much information as is known about the child, such as, expected length of stay, siblings, information regarding illnesses, chronic health problems, medication, habits, etc.~~

~~Crisis and After Hours Response~~

~~When you receive a child, you will also receive the home phone number of the assigned Family Service Worker.~~

~~You will have access to a Family Service Worker in your county twenty-four hours a day, seven days a week. You will be provided with a list of after hours numbers (on-call pager numbers) where the local on-call Family Service Worker can be reached. If the after hours call requires a direct contact with the child's Family Service Worker, the on-call worker will provide the assigned Family~~

~~Service Worker's home phone number to you or will contact the assigned worker and have that worker contact you.~~

~~Foster Parent Liaison~~

~~Each DCFS service area has an assigned Foster Parent Liaison who serves as an advocate for the foster parent.~~

~~Some of the liaison's duties include:~~

~~Visits to the foster home;
Checking for licensing compliance;
Providing training information;
Providing information regarding available resources; and
Any other duties identified by the Area Manager that will promote the success of the foster home.~~

~~The Foster Parent Liaison will work with the foster parents to improve the overall working relations between DCFS and the Foster Parent Association.~~

~~Day Care for Foster Children~~

~~Generally pre-school age foster children should not be placed in a foster home where both foster parents or a single foster parent are employed outside the home. Day care may be authorized for a child in foster care if day care is determined to be appropriate as part of the case plan (CFS-6010) or if court-ordered. Appropriate reasons include: 1) illness or other emergency in the foster home, 2) socialization and/or therapeutic benefits for the child, or 3) to ensure the child may be placed in a foster home in his/her county or close proximity. In the case of illness or other emergency in the foster home, the possibility and impact of another foster home placement upon the child should be weighed along with anticipated length of the existing problem in the home. When seeking day care for socialization/therapeutic purposes, the opinion of a physician shall be obtained to support the basis for the day care. The service may be authorized for up to three (3) months at a time. Day care can only be provided by DCFS when resources are available. The foster parent must use a Day Care Provider who is on the voucher system. Ask the Family Service Worker about day care approval prior to selecting a day care provider or using day care. If day care services are sought for foster children, the day care facility/home must be licensed by the Division of Childcare and Early Childhood Education or on the Voluntary Day Care Registry.~~

~~Counseling~~

~~Where there is a need for counseling services for the family foster home to prevent disruption and to promote stabilization, counseling shall be provided. Requests for counseling are made to your Family Service Worker.~~

~~Respite Care~~

~~Respite care is available to foster parents in areas where a contract for respite care is in place. In areas where a contract is **not** in place, foster parents may provide respite care for each other. If the foster parent elects to use another foster parent for respite, the board payment will be keyed to the foster parent who is providing the respite care. If the service is provided by a contractor, the board payment of the foster family will not be effected.~~

~~To use this service, contact your Family Service Worker. The Area Manager or their designee must approve all requests.~~

Transportation

~~Transportation costs such as attending staffings, court, visits with parents, siblings, and all medical appointments will be reimbursed, (other extraordinary costs may be approved on a case by case basis).~~

~~Transportation costs are reimbursed to foster parents at a rate of \$.29 per mile. The family foster parent completes a travel reimbursement form (TR-1) and submits it to the County Supervisor for approval and processing. Foster families should have their own transportation available to transport the child to appointments/activities. Area Managers may grant a waiver in situations where Relative families have been recruited specifically for a child.~~

~~The foster family will complete a TR-1 for regular travel and a separate TR-1 for Medicaid travel, e.g., when a child is taken to receive services from a medical provider. When the foster parent needs assistance with transportation, the foster parent should contact the Family Service Worker as soon as possible. The Family Service Worker, a Social Service Aide, or a volunteer transporter may be assigned to assist with travel.~~

Community Resources

~~The DHS County Office will inform you of available resources in your community as well as resources in other areas which may be relevant to a particular child. This information will be updated as new services become available.~~

~~It will be the responsibility of DCFS to pursue any resource needed for a child mutually agreed upon. Your assistance may be enlisted for this purpose.~~

Family Foster Parent Associations

~~The formation of active and independent family foster parent associations is encouraged.~~

~~DCFS will provide support by the appointment of a DHS County Office liaison to the association. The DCFS representatives will also be available when called upon to provide information about the Foster Care Program and allow you to voice any concerns you may have with the policies of DCFS.~~

Income Tax Information

~~Board payments paid to you are not considered taxable income by the Internal Revenue Service.~~

~~Current tax laws may allow special treatment for foster parents. Because IRS laws are complex and subject to change from year to year, for specific tax advice foster parents should refer to Publication 17, "Your Federal Income Tax" or consult with an accountant or tax specialist.~~

FAMILY FOSTER PARENT GRIEVANCE PROCEDURE

~~You have the right to appeal decisions affecting you and the operation of your home. Most problems can be solved at the local level if you and your Family Service Worker keep each other informed about matters of interest and importance pertaining to the child. It is most important for foster parents and Family Service Workers to discuss and work out issues and problems as they occur. If two way communication is maintained, it will facilitate problem solving.~~

~~All complaints may not be grievable and while the DCFS County Office will make every effort to reconcile every disagreement, some situations may not be reconcilable. Such situations result in decisions made by the DCFS County Office based on current policy and procedure, for example closing the foster home due to the advancing age of the foster parents.~~

~~Examples of issues that you may want to take through the Grievance Procedure are:~~

- ~~• Removal of a child from the foster home without appropriate cause and/or without appropriate notice.~~
- ~~• Visits without preparation and/or notice.~~
- ~~• Failure by DCFS to share appropriate information.~~
- ~~• Failure by DCFS to provide necessary support; i.e., failure to return phone calls or habitually being unavailable when needed. This area includes such things as failure to help with initial clothing or problems with the child, medical/Medicaid coverage and/or providers.~~
- ~~• Failure by the DCFS to keep the terms of the initial written agreement with the foster home; i.e., CFS-462 (Initial Foster Home Agreement) and the CFS-462A (Foster Home Agreement Addendum).~~

~~Prior to filing a grievance, you should request an informal discussion of the problem with your Family Service Worker and the immediate supervisor. If the problem is not resolved at this point and the issue is a grievable one then you may file a grievance according to the procedures listed below. Any time frame specified within the grievance procedures may be modified by mutual consent and notification to all involved parties.~~

~~If after you have discussed your grievance with your Family Service Worker and the supervisor and if you believe that DCFS has failed to uphold its policies and philosophies, then, you must state your grievance in writing and submit it to the DCFS County Office Supervisor in the county where you live thirty (30) days from the date the grievable action occurred. The DCFS County Office Supervisor will schedule a meeting with you within ten (10) working days of the receipt of your written grievance and attempt to resolve the problem.~~

~~If you are not satisfied with the results of this meeting, a copy of the grievance and written reports of the previous two (2) meetings will be forwarded to the Foster Care Unit, Central Office. A Grievance Committee hearing will be scheduled within ten (10) working days. The hearing will be held in the county where you live.~~

~~The Grievance Committee will be composed of three persons: A representative selected by the DCFS County Office, a representative selected by you, and a representative selected by DHS Central Office. You may also select an individual (such as an attorney, friend, or relative) to present your case. The Grievance Committee member selected by the DCFS County Office will not be from the county where you live or any individual who is within the direct chain of authority for the resident county. During the hearing, all parties will be given an opportunity to present their side of the problem.~~

~~The Grievance Committee will submit their findings and recommendation(s) within twenty (20) working days from the date of the Grievance Hearing to the Assistant Director of Community Services.~~

~~You and the DCFS County Office will be notified, in writing, by the appropriate decision-making personnel of the decision within ten (10) working days from the date the Grievance Committee's findings and recommendation(s) are submitted.~~

~~If corrective action is required by the DCFS County Office, the corrective action will begin no later than ten (10) working days after the DCFS County Office and you are notified of the decision. A written report of completed action will be submitted to Central Office no later than thirty (30) days after corrective action has commenced. If corrective action has not been finalized within the 30 day time frame, an interim report will be submitted by the DCFS County Office every 30 days until completed.~~

~~If corrective action is required by you, you must indicate the steps necessary to correct the deficiency within ten (10) days after notification from the appropriate decision-making personnel. This corrective action plan must receive the approval of the DCFS County Office Supervisor. You will notify your local DCFS County Office and DHS Central Office within sixty (60) days of the original findings being received, that all corrective steps have been accomplished. In the absence of said notification from you, it will be presumed that you have elected not to comply with the findings of the appropriate decision-making personnel.~~

~~The decision of the appropriate decision-making personnel will be considered final, and no other appeal procedure within DHS is appropriate.~~

REPORTS OF CHILD MALTREATMENT INVOLVING MEMBERS OF FOSTER FAMILY HOMES

~~Arkansas Code Annotated Sect.12-12-507(e), requires that, "When a person, agency, corporation or partnership then providing substitute care for any child in the custody of the department, or employee or employee's spouse or other person residing in the same home is reported as being suspected pursuant to procedures established by the department. Such procedures shall include referral of allegations to the Arkansas State Police Crimes Against Children Division (CACD) or appropriate law enforcement agency should the allegation involve severe maltreatment.~~

~~When an allegation of suspected child maltreatment involving a member of a foster family is received, the Area Manager or Assistant Director of Community Services will be notified. A Crimes Against Children Division (CACD) Investigator will be assigned. Once assigned, the investigator will immediately notify the appropriate law enforcement agency of the report and its contents. If appropriate, the Prosecuting Attorney will be notified. The investigator will request that law enforcement specify if law enforcement will:~~

- ~~• Conduct the investigation; or~~
- ~~• Jointly conduct the investigation with the assistance of the investigator; or~~
- ~~• Supervise the investigator's conduct of the investigation.~~

~~Once the decision is made as to who will conduct the investigation, the investigation will be initiated.~~

~~In cases involving alleged child maltreatment of foster children, DHS Central Office will determine whether or not the allegations warrant immediate inspection/interview of the child(ren). If such action is deemed necessary, the~~

~~investigator will request immediate law enforcement/DCFS County Office assistance in ensuring the safety of the involved child(ren). The victim children will be interviewed outside the presence of the alleged offender. All children residing in the home will be interviewed, including the foster parents' biological children. There will be interviews conducted with the alleged offender and any other witnesses. During the course of the assessment the home will be physically inspected. The information obtained during the inspection/interview will determine whether or not the involved child(ren) and/or other foster children in the home will be removed pending final outcome of the investigation. The Area Manager may elect to remove any children in the home during the maltreatment assessment.~~

~~Case records (paper copies) of all cases where the allegations are determined to be unsubstantiated will be destroyed at the end of the month in which the determination was made. DHS is permitted to keep information on unsubstantiated~~

~~reports to assist in future risk and safety assessment but this information shall not be subject to disclosure except as permitted in Sect.12-12-512(a) (1).~~

~~If the investigative determination is that allegations of child maltreatment are true, one of two actions will be taken. The family foster home may be closed immediately. In all cases found to be true involving sexual abuse, serious physical abuse, and conduct warranting felony criminal charges being filed the family foster home will be closed. In some cases, it may be found that the foster family can correct problems which resulted in the child maltreatment. In these cases, a corrective action plan would be established with the foster family. If it is found that corrective action is not possible, the foster home will be closed.~~

COMPLAINTS AGAINST FOSTER FAMILY OTHER THAN CHILD MALTREATMENT

~~Any complaint against you will immediately be brought to the attention of your DCFS County Office Supervisor.~~

~~After the investigation has determined the validity of the complaint. An agreement will be made between you and your Family Service Worker for corrective action and a time frame for resolution of the problem identified. You will be advised, in writing, of the complaint, the outcome of the investigation, any corrective action needed to be made, and any other action that will be taken.~~

~~DCFS will offer any assistance available to correct the problem. If, after working with you, the problem still exists, another meeting will be held with you to discuss closing your home.~~

~~Any complaint, regardless of nature, must be recorded in detail in your record.~~

~~The report will include the following information:~~

- ~~1. Date and nature of complaint;~~
- ~~2. Source of complaint;~~
- ~~3. Reaction of your family;~~
- ~~4. Services offered to your family;~~
- ~~5. Conclusion of investigation; and~~
- ~~6. Corrective action.~~

CLOSING A FAMILY FOSTER HOME

Division's Decision

~~If it is deemed necessary by the DCFS County Office to close your foster home, a written summary will be prepared documenting past and present reasons for closure as well as all efforts by the DCFS County Office to eliminate the problem. The final assessment and determination of closure will be made by the Family Service Worker and the immediate supervisor with assistance from the Area Program Specialist, Area Manager and DHS Central Office staff, if appropriate. The closure process will include a mandatory face-to-face conference with you at which time reasons for the closure will be explained. The DCFS County Office will provide you with written notification of the closure which will include the reasons for the closure and your right to appeal the decision by filing a grievance.~~

By Request of Foster Family

~~If the foster family requests that their home be closed as a foster home, the Family Service Worker will discuss the reasons for closure with the foster parents. The request for closure by the foster parents will be confirmed in writing by the Family Service Worker and sent to the foster parents.~~

FOSTER CARE PLACEMENTS

LEGAL FACTORS PERTAINING TO FOSTER CARE

~~All children entering foster care do so under authorization by the court.~~

~~Legal custody constitutes authorization by the court for DCFS to assume physical control of a child. A child will never be placed in foster care without legal custody. We have legal custody when we use a 72-hour hold; the law gives us custody at that time.~~

~~Termination of parental rights with the power to consent to adoption is primarily granted in cases where the child cannot return home. Adoption may occur without further notice to the birth/legal parents.~~

SELECTION OF A FOSTER CARE HOME

~~Based on information from the family assessment the Family Service Worker will select the foster care home that best meets the child's needs.~~

~~The law requires that a child be placed in the least restrictive, most family like environment possible. A child will also be placed as close to his birth/legal parents as possible. Placement should be in the same county, unless the child needs special services not available in that county. Factors taken into consideration in selecting a foster care home include the child's age, sex, religion, disabilities, interests, problems, existence as part of a sibling group, case plan, proximity to family (within a fifty mile radius), maintaining enrollment in the child's school, developmental needs of the child and, training and skills of foster parents. Consideration will be given to the foster home's preferences of children approved for their home. There will be no violation of the limitations of these preferences.~~

THE FAMILY FOSTER HOME AND RELATIVE FOSTER HOMES

~~Family foster care and Relative Foster Homes offer a less restrictive environment than other types of out-of-home placement and are particularly adapted to meet the developmental needs of a child.~~

~~A foster home is suitable for any child who can accept family life, attend community schools, and live in the community without danger to himself or others. This includes children with special needs.~~

PREPARING THE FAMILY FOSTER PARENTS FOR PLACEMENT OF A CHILD

~~The Family Service Worker will realistically describe the foster child to you when asking you to accept a child. However, in emergency situations, all information may not be known.~~

~~The following will be included in the child's description:~~

- ~~• Age;~~
- ~~• Probable length of placement;~~
- ~~• Education and school information;~~
- ~~• Health of child, special health needs;~~
- ~~• Handicaps, special equipment, facilities, or help needed;~~
- ~~• Behavior, both positive and negative, that can be expected;~~
- ~~• Siblings and where located;~~
- ~~• Major reason the child is in foster care;~~

- ~~A general indication of the case plan including the plan for visitation of both parents and any siblings; and,~~
- ~~Interests.~~

~~**This information is confidential.**~~

~~The Family Service Worker will arrange pre-placement visits between the child and your family. Several visits are preferred, but a minimum of one pre-placement visit is required except in emergencies.~~

~~The Family Service Worker will know or at least meet you before he takes a child for pre-placement or placement visits in your home.~~

~~**The Family Service Worker will discuss with you:**~~

- ~~General requirements; for example, that foster parents may not care for more than 3 foster children and a total of five children in the home, including their own.~~
- ~~Where the child will be in school, how the child will get to school, arrangement for the transfer of school records, who will have a conference with the teacher or principal;~~
- ~~Activities, toys, etc. the child likes, fears the child may have;~~
- ~~Financial arrangements;~~
- ~~Your feelings of the impending placement;~~
- ~~Your perception of the child; and~~
- ~~Maintaining the child's records.~~

~~Foster parent(s) shall maintain records in accordance with DCFS' procedures and forms for the children placed with the family. The records shall include:~~

~~**A. Health Records:**~~

- ~~Name, address, and telephone number of a person to contact in case of emergency and those persons authorized to give medical consent;~~
- ~~A record of the child's medical and dental appointments, illnesses and health problems, prescribed medications, shot record and hospitalizations (Medical Passport).~~

~~**B. Progress Records:**~~

- ~~The dates of arrival and departure of the child in the foster home;~~
- ~~Progress notes on those areas of the child's case plan (CFS-6010) as indicated in the written agreement in which foster parents are involved;~~
- ~~Journal of the child regarding significant events;~~
- ~~School reports;~~
- ~~Significant photographs of the child taken periodically; and~~

- ~~A record of the child's memberships, and participation in extracurricular activities.~~

~~The Family Service Worker helps you to understand the child is going through a series of changes; i.e., separation from the birth/legal parents; anxiety from having to cope with DCFS personnel, a new family, and new surroundings; suggests ways you can help the child through these changes; stresses to you that there will be good times and bad times during the placement, and that the bad times are no reflection on your parenting ability. The need to avoid the potential harm to a child due to several moves is important. The Family Service Worker will assist you and your family through difficulties which occur in order to help assure continuity for children who are placed in your home.~~

~~Placement of Children by a Sheriff or Chief of Police~~

~~In an emergency situation, a Sheriff or Chief of Police may place children in a DCFS Foster home. The foster parent must be well known to the sheriff or chief of police, and they must determine that the foster home is safe and provides adequate accommodations for the child. The foster parent must notify DCFS county staff on the next business day after the placement of the child.~~

FINANCES

BOARD PAYMENT

~~DCFS makes a monthly board payment to foster parents. This monthly board payment includes payment for room and board, clothing, school and personal supplies, and a small allowance for the child. The amount listed below is included in the monthly board payment and must be used for the child. The money may be spent monthly or can be saved and used to purchase more expensive items at a later time. All medical and dental services, including hospitalization, will be paid by Medicaid funds and /or state funds. The board payment is received between the 6th and 10th of each month. Board payments will be paid through the 26th day of each month.~~

~~After the initial purchase of clothing for a child is made, you are expected to provide clothes from the regular board payment. Other services or supplies needed by the child must be authorized and approved as per DCFS policy. (See section on Additional Expenses.)~~

Clothing and Personal Allowances

- ~~1. Foster parents shall provide, with the assistance of DHS, each child with their own clean, well fitting, attractive, seasonal clothing appropriate to age, sex, individual needs, and comparable to the community standards.~~
- ~~2. Foster parents shall include the child in the choosing of their own clothing whenever possible and age appropriate.~~
- ~~3. Foster parents shall allow the child to bring and acquire personal belongings.~~
- ~~4. Clothing and personal needs money paid monthly to foster parents is based on the age of the child. The foster parents are to spend that amount of money for the child. Money may be spent monthly or can be saved and used for a larger purchase at a later time.~~
- ~~5. Foster parents shall send all personal clothing and belongings with the child when the child leaves the foster home.~~

~~Listed below are the clothing and personal allowances money broken out by age of the children:~~

~~Birth through 5 years~~

Clothing	40.00
Personal Needs	15.00
TOTAL	55.00

~~6 through 11 years~~

Clothing	45.00
School and Personal Needs	25.00
TOTAL	70.00

~~12 Through 14 years~~

Clothing	55.00
School and Personal Needs	30.00
TOTAL	85.00

~~15 years and older~~

Clothing	65.00
School and Personal Needs	35.00
TOTAL	100.00

~~Board rates are established as part of policy, and any exception must receive prior approval (See section on Special Board Rates Below).~~

~~If a child is absent from your home for hospitalization or a trial placement for 10 days or less and is to return to your home, no change of status is necessary. The child's Family Service Worker must always be advised of this absence from your home.~~

~~If a child is in your home for part of a month, a partial board payment will be made to you based on the number of days the child was in your home. Board payment is calculated on 30 days and the agency pays according to the number of nights a child was in your home. Payment for stays less than twenty-four (24) hours will be based upon a daily rate determined by the Division.~~

FOSTER CHILD'S PERSONAL ALLOWANCE

~~From the board payment, you will give an allowance to the child. The amount will be based on the age of the child. See the breakout listing on the previous page in regard to the amount paid.~~

SPECIAL BOARD RATES

~~There are occasions when the regular board rate is inadequate when caring for a special needs child.~~

~~The needs can be identified, and your Family Service Worker can request authorization for a special board rate. When a child receives SSI, the majority of the check is given to the foster parent with the remainder going into a savings account for the child.~~

OVERPAYMENTS TO FAMILY FOSTER PARENTS

~~If you should receive board payment checks in error, the money should be returned. Contact your Family Service Worker immediately for instructions on how to return the check. You should never transfer money from one home to another or spend the check for another child that has been placed in your home. The foster parent receives a billing form each month with the check they receive. The billing form lists each child that was in the home for that month. It lists the case number, number of days the child was there, and the amount of money paid for each child. If you receive money to which you are not entitled it should be returned to finance immediately. (Consult your Family Service Worker for instructions. Board payments are made to the foster parent for the actual nights the child spent in that home.)~~

REDUCED BOARD RATES

~~Children's board rates sometimes need to be reduced rather than increased. This applies to those children who are residents of a state institution; i.e., School for the Deaf or Blind/ Rehabilitation Training Facility, Human Development Center or who are attending college and for whom the case plan includes visits in the family foster home on weekends, holidays, or summer vacation. Board payments will only be made for a child visiting in a foster home for the actual time the child is there.~~

FOSTER CARE PAYMENT AND ELIGIBILITY FOR ASSISTANCE AND FOOD STAMPS

~~Board payments, made by DCFS for the care of children in homes of Public Assistance recipients, are not considered as a resource in determining~~

~~eligibility for assistance or the amount of the grant. This payment is designated for certain purposes and is not available to the foster parents.~~

~~In determining purchase requirements for Food Stamps, it is necessary to consider the board payment. You may request more specific information about Public Assistance and Food Stamps from your DHS County Office.~~

SCHOOL LUNCHES

~~Foster children are eligible for free meals in all schools which participate in the National School Lunch/Breakfast Programs and in the Commodity-only schools.~~

WIC PROGRAMS

~~WIC stands for Women, Infants and Children Food Program. The program provides nutritious foods for pregnant and nursing women and infants and children up to age 5 years. Eligibility is determined by a medical assessment of nutrition risks; i.e., iron poor blood, improper growth, etc. Foster children may be eligible for WIC. WIC is administered by the Health Department.~~

INITIAL CLOTHING ORDER

~~When a child is first placed in foster care, an initial clothing order may be issued. Your Family Service Worker will assess with you which clothing items are needed and issue the authorized amount of clothing allowance. Purchases will be made using the DHS-1914 process. The Family Service Worker will accompany the foster parent to the store to approve the purchase.~~

REPLACEMENT OF CLOTHING

~~A monthly allowance for clothing is included in the board payment to take care of replacements. During the months when there are no replacements, you must save the clothing allowance for the months when more than usual amounts of clothing are needed.~~

~~With the approval of the DCFS County Office Supervisor and Area Manager, it is permissible to issue another clothing order. This should happen only in an exceptional circumstance. You should contact your Family Service Worker in the event that this need should arise.~~

PAYMENT FOR MEDICAL SERVICES

~~Medicaid is the primary source of medical payment for foster children.~~

~~If you do not receive a Medicaid card for a child in your home, you should contact your Family Service Worker. (You should get a card within a week for a new child and by the third of the month thereafter.) When there are no Medicaid providers available in cases of emergency, the Family Services Worker (with the approval of the DCFS County Supervisor) will authorize and bill medical services via the DHS-1914 or a contract. In the event medical services are denied by Medicaid, the child's medical needs will be met with Foster Care funds. A child shall not be denied medical services because the child is not Medicaid eligible.~~

ADDITIONAL EXPENSES

~~In addition to the items already listed, the following items are allowable with the approval of the DCFS County Office Supervisor:~~

- ~~Required School Materials and School Fees, including athletic wear.~~

~~Foster parents must have prior approval for such purchases.~~

- ~~Graduation Expenses~~

~~High school graduation expenses will be authorized for the following items:~~

Ring	Required minimum fee
Cap/Gown rental	Required minimum fee
Diploma	Required minimum fee
Annual	Required minimum fee
Pictures and announcements	A combination total is authorized for these two items;

- ~~Holiday Allowance~~

~~Children will be provided additional funds so they may participate in Holiday giving. The amount will be based on the age of the child. Consult your Family Service Worker with regard to the amount provided. The money is included in your November check and is to be used by the child.~~

- ~~Emergency medical services and drugs not purchasable by Medicaid.~~
- ~~Non-Medical transportation provided by you or public carriers when directly related to the case plan for the child. (See Transportation section.)~~

- ~~Day Care or Baby-sitting fees.~~

~~Day care or baby-sitting fees when you are required to attend training or for your own child(ren) when transporting a child to services are also reimbursable. This does not include day care for your employment.~~

~~Any other expenses must receive prior approval from the Area Manager. This can be requested by your Family Service Worker.~~

~~INCIDENTAL EXPENSES~~

~~An Incidental Expense Fund is established for the purpose of normalizing a child's life experience while in care. For example, camp fees, music lessons, field trips and other items not specifically covered by other means can be met by this fund. Items covered by the board payment are not eligible. In addition, these funds shall not be used for Holiday gifts. The Family Service Worker will assist the family foster parent to access these funds when the money is needed for a situation that meets the policy guidelines.~~

MEDICAL SERVICES

MEDICAL PASSPORT

~~In order to comply with health care standards in the interest of good clinical practice and effective service to children in foster care, an abbreviated health record ("Medical Passport") shall be completed for each child. The Medical Passport will include initial health screening, timely comprehensive health assessments and a descriptive health plan for each child.~~

~~The Family Service Worker or Health Service Unit shall request medical records on the child for the time prior to entry in foster care. The medical history information gathered shall be given to the physician who will do the comprehensive health assessment. The medical history is to be used to supplement and correct the child's Medical Passport. Requests for medical records are documented on the Requested Medical Records Log (CFS-353).~~

~~The Medical Passport forms are to be completed during initial placement into foster care. The Family Service Worker shall complete forms Medi-Alert (CFS-362), Placement Plan - Placement Provider Information (CFS-6007). The Family Service Worker and the family parent are to complete Receipt for Medical Passport (CFS-365* optional) together. The CFS-352 is used for Initial Dental Exam, Medical, Vision, Hearing, & Psychological Episodic. The CFS-366 is used for the Initial Physical.~~

~~After each health care visit, the Family Service Worker, Health Service Unit, or Health Care Specialist shall collect records of the child's health care, keep the child's Medical Passport up to date, and shall provide the revised Passport to the child's foster parent.~~

INITIAL HEALTH SCREENING

~~A child who enters the custody of DHS shall receive an initial health screening:~~

~~* not more than twenty-four hours after removal from home, if reason for removal is an allegation of severe maltreatment or there is evidence of acute illness or injury.~~

~~* not more than seventy-two hours after removal from the home for all other children.~~

~~The foster parent should accompany the child to the initial screening, and to any appointments for on-going health or mental health services. If this is not possible, the foster parent shall be available by telephone to the person conducting the screening. The Family Service Worker or Health Service Unit shall inform the foster parent of the results of the screening, and any instructions for the child's care and treatment, and shall give the foster parent the name of the person who performed the screening, and the names of the child's prior health care providers, if known.~~

~~The initial health screening should include a head-to-toe physical. If possible the physical should be conducted by the child's Primary Care Physician (PCP). Within the first thirty days the following tests will be conducted:~~

- ~~• a complete blood count;~~
- ~~• a check for anemia and infection;~~
- ~~• abnormalities in the urine (urinalysis);~~
- ~~• HIV, sickle cell and other communicable diseases, shall be considered for children in high risk groups.~~

- ~~Immunizations, tuberculin skin test (TB), and lead poisoning levels are usually completed at the local County Health Office.~~

~~Upon completion of the initial health screening, the Family Service Worker or Health Service Unit shall complete the Medi-Alert (CFS-362) form of the Medical Passport and give a copy to the child's foster parent.~~

~~All health screening requirements conform to the Child Welfare League of America's 1988 Standards for Health Care Services for Children in Out-of-Home Care as mandated by the Arkansas Child Welfare Reform Document, Attachment "A", dated February 24, 1992.~~

Assessing Health Needs

~~If the initial health screening indicates that treatment or further evaluation is needed within thirty days, the Family Service Worker or Health Service Unit shall ensure that the need is promptly met.~~

~~The foster parent should accompany the child to receive treatment, and shall consult with the health care provider about the child's health care needs. DCFS shall provide assistance with transportation, child care for other children in the foster home, and other necessary support to enable the foster parent to accompany the child to this and any subsequent health care visits. This assistance may either be provided through the use of DCFS staff, including paid or volunteer aides, or through agreements to reimburse the foster parent for such supportive services.~~

~~If the foster parent cannot accompany the child, the Family Service Worker or Health Service Unit shall accompany the child, and convey the health care provider's diagnosis and instruction to the foster parent. The Medical Passport shall be revised and this revision provided to the foster parent.~~

Comprehensive Health Assessment

~~A comprehensive health assessment should be completed within sixty days of placement.~~

~~The Comprehensive Health Assessment should be completed by a Multidisciplinary Team (MDT). The MDT should address and attempt to integrate the medical examination, a vision and hearing screening, speech and language assessment, and emotional, developmental, educational, social, and cultural aspects of the child's well being. Medications should be provided as necessary.~~

~~Within the first 60 days a dental examination should be completed for signs of infection, gross abnormalities, malocclusion, painful areas, inflammation of the gums, plaque deposits, decayed or missing teeth, and an assessment of the continuing dental hygiene practices for the child. All follow-up dental work that is recommended by the provider shall be completed in thirty days.~~

~~Birth/legal parents or relevant members of the extended family should be encouraged, where appropriate, to participate in the Comprehensive Health Assessment.~~

~~The Comprehensive Health Assessment should produce a written summary of the medical, mental health, educational, dental and social status and needs of the child. The Multidisciplinary Team shall complete the Child's Health Services Plan at the Comprehensive Assessment. The Family Service Worker or Health Service Unit shall provide copies of the health plan and updates to the child's~~

~~birth/legal parents, foster parent, and the child if age ten or older within seven days.~~

~~Continuing Health Services~~

~~After the initial physical, dental, visual, and hearing examinations are completed during the Comprehensive Health Assessment, all subsequent examinations shall be accomplished as part of the ongoing Early Periodic Screening Diagnostic Treatment (EPSDT) screening program, based on the respective periodicity schedules. The medical provider will complete CFS-352 at each examination. A physical examination control schedule shall be maintained so that examinations are conducted according to the Health Department's EPSDT periodicity schedule. The Family Service Worker or Health Service Unit shall update the CFS-362, CFS-6007, CFS-368 as necessary, after each physical examination.~~

~~The initial screening can be received at any age. The Family Service Worker shall schedule all subsequent screenings according to the following periodicity schedules:~~

~~MEDICAL PERIODICITY SCHEDULE (02-08/95)~~

~~* 2-6 WKS., 8-10 WKS., 4 MOS., 6 MOS., 9 MOS., 12 MOS., 15 MOS., 18 mos., 24 mos., 3 yrs., 4yrs., 5yrs., 6 yrs., 8yrs., 10 yrs., 12 yrs., 14 yrs., 16 yrs., 18 yrs., and 20 yrs.,~~

~~* prior to placement for adoption.~~

~~DENTAL PERIODICITY SCHEDULE (02-08/95)~~

<u>Age</u>	<u>Periodicity Schedule</u>
6 Mo. to 1	one exam

~~1 to 21, an appointment will be scheduled every six months and the exam is to be completed within 30 days of the date scheduled.~~

~~HEARING PERIODICITY SCHEDULE~~

~~Same as medical schedule until age 5, then one screen at age 12 and age 18 (gross until age three, after age three, audiometer).~~

~~VISION PERIODICITY SCHEDULE~~

~~Same as medical schedule until age 8, then at age 12, 14, 18 and 20 (gross until age 3, vision test after age 3).~~

~~If a child needs a screening outside the periodicity schedule, the Family Service Worker may issue an EMS-694 marked, "Foster Child - Unscheduled EPSDT Screening authorized by the Division of Children and Family Services", 30 days before the appointment.~~

~~Mandatory Immunizations~~

~~State law requires that certain immunizations are obtained before a child enters school. Foster parents should assist in maintaining current immunizations.~~

RECOMMENDED IMMUNIZATION TIMETABLE

<u>Recommended Age</u>	<u>Vaccine(s)</u>
Birth	Hepatitis B (option 1) Primary 1
1 mos.	Hepatitis B (option 1) Primary 2
2 mos.	DTP (primary 1)/OPV(primary 1)/Hib (HBOC) (PRP-T) (PRP-OMP) Primary 1/ Hepatitis B (option 2) primary 1
4 mos.	DTP (primary 2)/OPV Primary 2/ Hib(HBOC) (PRP-T) (PRP-OMP) primary 2/Hepatitis B (Option 2)primary 2
6 mos.	DTP (Primary 3)/OPV (last Primary) Hib(HBOC) PRP-Tprimary 3/Hepatitis B (Option 1 and 2) Last Primary*
12 mos.	Hib (PRP-OMP) Last Primary/Hepatitis B (Option 1 and 2) Last Primary*
15 mos.	DTP (Last Primary)/MMR (Primary)/Hib (HBOC (PRP-T)/Last Primary/Hepatitis B (Option 1 and 2) Last Primary*
4 to 6 yrs.	DTP (Preschool)/OPV (Preschool)
Before 7th. grade entry	MMR (Reinforcing)**
Every 10 yrs.	Td (Tetanus Booster)

* This dose is given any time between age six and 18 months, whenever a dose of any other vaccine is due.

** The reinforcing dose of MMR can be administered at either 4-6 years or at 10-14 years.

The immunization schedule shown above should serve as a guideline only; acceptable alternate schedules do exist, and consultation may be required in some cases.

Hospitalization

- When a foster child is hospitalized, the Family Service Worker working with the child must provide the hospital with the child's Medicaid number, if applicable, vital statistics, previous medical history, and other identifying information as indicated.
- The Family Service Worker signs both the admission forms and the required consent for surgery if indicated. A second opinion by a medical specialist will be obtained before major surgery whenever possible.
- The Family Service Worker completing admission forms must leave with the hospital the name and telephone number of the Worker to be contacted regarding the child.
- Foster parents shall not sign a foster child into the hospital or sign other medical or surgical consent. Physicians and hospitals may determine that an emergency exists and waive the usual required consent, or they may take consents on the telephone with a second party at the hospital listening and verifying the consent. As soon as possible, the Family Service Worker shall visit the hospital and sign the required consents.

PRESCRIPTION DRUGS

~~Foster children are eligible for prescription drugs through the State Prescription Drug Program.~~

~~When there are no Medicaid providers available in cases of emergency, the Family Service Worker (with the approval of the DCFS County Supervisor) will authorize and bill for medication and medical services via the DHS-1914.~~

ADDITIONAL INFORMATION

EDUCATIONAL SERVICES

~~It is the responsibility of DCFS to provide educational opportunities to help each child meet his full potential. To insure that children in the custody of DHS receive a quality education, it is DCFS' policy to enroll foster children only in accredited public schools. Home Schooling is not permitted.~~

~~DCFS will not pay tuition for a foster child to attend a private school.~~

~~Tutoring can be purchased for a child in need of additional educational assistance. Consult your Family Service Worker with regard to this. Educational testing and counseling should be available to a foster child as he begins to make career/curriculum decisions. If a child desires to pursue college or vocational training after high school, the Family Service Worker will assist the child in the exploration of resources to pursue this plan.~~

FOSTER CARE STAFFINGS

~~A staffing is a meeting of key persons who are responsible directly or indirectly for problem solving and decision-making in regard to a child's case plan.~~

~~Staffings on the child is held within the first thirty days of the child entering foster care. The second staffing will be held ninety (90) days from the date the child entered foster care. After the second staffing, subsequent staffings will be held at a minimum of every three (3) months while the child is in foster care.~~

~~You will be invited to all staffings on children currently in your care in accordance with the CFS-462 A (Foster Home Agreement Addendum). However, it may not be necessary for you to attend the entire staffing.~~

~~Your Family Service Worker will inform you in advance of the purpose of the staffing, and what information you may be called upon to present. Information presented by you may include the following:~~

- ~~• Your observations about the child;~~
- ~~• If visits have occurred between the birth/legal family and the child, the child's reactions as perceived by you;~~
- ~~• The child's adjustment in your home and community;~~
- ~~• Any problems the child is currently experiencing and difficulties this may be causing your family; and,~~
- ~~• Your input regarding development of the case plan and your assessment of progress in those areas.~~

VISITATION BETWEEN THE CHILD AND HIS BIRTH/LEGAL PARENTS/SIBLINGS

~~In order to achieve reunification of families, DCFS shall strive to ensure visitation be made available within the first five days of placement. Visits will be based on the families' needs and reasons for the home placement.~~

~~The foster parent plays a very important role in the visitation of the child with parents and siblings. This role includes acceptance of the visits, emotional~~

~~preparation of the child and supportive follow up with both the child and the child's worker. You can help the child by preparing the child for changes in the family circumstances or any thing that might be unexpected and difficult for the child to accept. The same supportive attitude is needed after the visit.~~

~~Your help is vital to the success of the child's visitation with family members. However, you may find visitation difficult in some situations. For example, a child may be returned to you upset, with lost clothing, uncombed hair, etc. These kinds of things may cause you to question the value of the visits. At such times, it will help to discuss your feelings with your worker and to remind yourself of the reasons for visitation. Frequently, with your supportive understanding, such problems can be worked out satisfactorily for all concerned.~~

~~In any case, you always need to report to the child's worker the reaction of the child to the visit and your perceived observation.~~

~~DCFS Policy regarding visitation include the following items:~~

~~A. Parent/Child Visitation~~

- ~~1. Unless otherwise ordered by a court, children in foster care shall have weekly visits with their parents. However, in the exercise of professional judgment, if such visits are contrary to the health and welfare of the child, an exception may be made to omit the visits. This provision shall not be construed to compel a child to visit with his/her parents over the child's objection.~~
- ~~2. Unless otherwise ordered by a court, a visitation schedule shall be established within three days of initial placement. Visits shall begin no later than five days from the date DHS assumes custody of the child unless, in the exercise of professional judgment, such visits are contrary to the health and welfare of the child or are impossible due to circumstances outside DCFS' control.~~
- ~~3. Visits shall, if possible, take place in the parents' home or in the most homelike setting available or in some appropriate educational or recreational setting. The DHS office is the most restrictive setting for visits and should be avoided if possible.~~

~~Visits are to increase in frequency and duration to include weekend visits leading up to the child's return home, unless specific documented harm is caused by the visits.~~
- ~~4. Children in foster care shall have reasonable opportunities to communicate in writing or by telephone with their parents.~~

~~B. Siblings Visitation~~

- ~~1. If a child has a sibling, the Family Service Worker shall arrange sibling visits. Sibling visits shall take place at least once every two weeks unless, in the exercise of professional judgment, the children's best interests require less frequent visitation.~~
- ~~2. Sibling visits shall, if possible, take place in the parents' home, in the home of one of the siblings, in the most homelike setting available or in some appropriate setting such as an educational or recreational setting.~~

PUBLICATION OF INFORMATION ABOUT FOSTER CHILDREN

~~There are occasions when questions may be asked or pictures requested for purposes of newspaper, television, or radio publicity. All publicity must be approved through your Family Service Worker and the DCFS County Office Supervisor.~~

CHILD IN FOSTER CARE APPLICATION FOR AN ARKANSAS DRIVER'S LICENSE AND INSURANCE REIMBURSEMENT PROGRAMS

~~The Director of DCFS may authorize an employee or any foster parent to sign a child in foster care's application to obtain an Arkansas Learner's Permit or Intermediate Driver's License. The child in foster care must meet requirements set by the Division and the State of Arkansas, and be approved by the Director. The foster parent may also apply for reimbursement for the additional cost to add the child in their home to their automobile insurance. Participation in both of these programs is voluntary. For more information, the foster parent should consult with their FSW.~~

RUNAWAYS

~~Foster parents need to be aware that if a child runs away from home, the first reaction should be to notify the child's Family Service Worker and/or DCFS County Office Supervisor. The foster parent must be able to provide information regarding clothes the child was wearing, etc., to aid the worker in making a report to the police.~~

WHEN A FOSTER CHILD IS ARRESTED

~~When a foster child is arrested, you should notify your Family Service Worker. Your Family Service Worker will talk to law enforcement officials to find out where the child is being held, the alleged offense, times of the hearings, and possible repercussions. Your Family Service Worker will determine if the child understands his rights and has not unknowingly waived his rights to silence and to presence of an attorney during any questioning.~~

~~Your Family Service Worker will attempt to have the child released to your custody if you are willing to sign a statement that you will return with the child on the day of the detention hearing and/or the adjudication hearing. The child's birth/legal parents will be notified. The DHS Attorney will be notified, and will contact the Prosecuting Attorney to assure that both the rights of DCFS and the child are protected and that the child has an attorney. The DHS Attorney will represent DHS, when appropriate, in the court hearing. Your Family Service Worker will go to court with the child.~~

FOSTER PARENT ADOPTION

~~Once the parental rights have been terminated the child/ren are adoptable. You may apply to the DCFS to adopt a child. A distinction is made between foster parents who apply through the regular adoption program and foster parents who apply to adopt a particular child.~~

~~Foster parents applying through the regular adoption program must meet the same requirements as all other adoption applicants. Your Family Service Worker will refer you to the Adoption Specialist.~~

~~When you are interested in adopting a foster child in your home, DCFS will consider the benefits provided by you for that child and other certain conditions. The child's desires will be especially considered. Does the child~~

~~consider your home as his home and you as his parents? Your Family Service Worker will speak with the child alone regarding this major decision in his or her life and help the child consider all the facts.~~

~~If you wish to adopt a child in your home, you should make your request known to your DHS County Office by completing the "Request for Consideration to Adopt" (CFS-489) if you meet the basic qualifications outlined on the form. Discuss your desire for adoption with your Family Service Worker to determine your eligibility.~~

INDEPENDENCE

~~Independence replaces the definition of long-term foster care and means a permanency planning hearing disposition for the juvenile who will not be reunited with his/her family and no other permanent plan is available and:~~

- ~~• A compelling reason exists why termination of parental rights is not in the juvenile's best interest; or~~
- ~~• The juvenile is being cared for by a relative and termination of parental rights is not in the best interests of the juvenile.~~

~~This category applies only to those children who are secure in their setting, who have been with you for a number of years, and for whom this is the most suitable plan that can be made. The following criteria must be met:~~

- ~~• The child is secure and has demonstrated his adjustment in your home and is firm in the decision, after consideration, that he does not wish to be adopted;~~
- ~~• You have revealed your love and affection for the child but cannot adopt;~~
- ~~• The child has resided in your home sufficiently long to develop close ties; and,~~
- ~~• It is apparent that the child should not be placed with birth/legal parents, relatives or adoptive parents.~~
- ~~• Child is 14 years old or older.~~

~~The foster parents will be named in the court order as Long Term Foster Parents.~~

INDEPENDENT LIVING PROGRAM

~~The Independent Living Program works with youth age 16 through age 20 who are interested in furthering their educational/vocational goals and who volunteer to be in the program. The program coordinates and provides life skills training and educational assistance in order to prepare youth for the transition into mainstream society. Training is provided in accordance with case plans and coordinated through their Family Service Workers in the area. To learn about these services, please contact the DCFS County Office.~~

WHEN FOSTER CARE CAN BE CONTINUED PAST 18 YEARS

~~When a child reaches the age of 18 and is still in an educational or training program, foster care services can be continued with proper approval. Your Family Service Worker will discuss options with the child. The child will discuss his plans with the Family Service Worker and sign a form reflecting his interest to continue in foster care.~~

~~If foster care is to be continued past a child's 18th birthday, an agreement will be established between DCFS, the child, and you in those cases where it is considered appropriate to do so.~~

~~LIABILITY OF FOSTER PARENTS~~

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~~Foster parents must carry homeowner's or renter's insurance and general liability insurance, which may be included in the homeowners' policy.~~

~~Any claims for damages or destruction to a foster parent's personal property, not covered by Home Owner's Insurance, car insurance or to the property of others due to the actions of a child placed in a foster home will need to be filed with the Arkansas Claims Commission. The foster parent or the individual can request the appropriate application to submit their claim by contacting the Arkansas Claims Commission, 101 East Capitol Ave., Suite 410, Little Rock, AR 72201-3823, Telephone: 501-682-1619.~~

~~The foster parents or the individual will need to contact the DCFS County Office and provide information needed to complete an incident report. This incident report will be submitted to DHS Central Office and will be used to assist the Claims Commission in processing the claim.~~

~~DHS shall not be liable for damages caused by foster children, nor shall they be liable to the foster children nor to the parents or guardians of the foster children for injuries to the foster children caused by acts or omissions of the family foster parents unless the acts or omissions constitute malicious, willful, wanton, or grossly negligent conduct. (Act 941 of 1989)~~

~~The information contained within this handbook is a guideline to the Family Foster Care Program. If any information contained herein should be in disagreement with official DCFS policy as written in the DCFS Family Services Policy and Procedures Manual or with state/federal law; then the policy or law shall take precedence. We urge you to discuss any concerns related to foster children in your home with your Family Service Worker.~~

~~DIVISION OF CHILDREN AND FAMILY SERVICES~~
~~COUNTY OFFICE CONTACT PERSONS~~

~~CHILD'S NAME~~ _____

~~FAMILY SERVICE WORKER~~ _____

~~Work Phone~~ _____

~~Emergency Phone~~ _____

~~FAMILY SERVICE WORKER'S SUPERVISOR~~ _____

~~Work Phone~~ _____

~~Emergency Phone~~ _____

~~DCFS COUNTY OFFICE SUPERVISOR~~ _____

~~Work Phone~~ _____

~~Emergency Phone~~ _____

~~In the event you need to contact DCFS for any reason, please call the persons listed above in the order they are listed. For example, if you can't reach the Family Service Worker or feel you have need to speak to a supervisor, please call the second name listed.~~

~~This form may be duplicated to use with children who have different case workers.~~

~~FOSTER PARENT HANDBOOK APPENDIX~~

~~Foster Parent Support Act and Foster Children Protection Act of 2007~~

~~Section 1~~

~~9-28-901. Title and Findings~~

~~This subchapter shall be known and may be cited as the "Foster Parent Support Act of 2007".~~

~~9-28-902. Findings.~~

~~_____ (a) The General Assembly finds that foster parents providing care for children who are in the custody of the Department of Human Services play an integral, indispensable, and vital role in the state's effort to care for dependent children displaced from their homes. The General Assembly further finds that it is in the best interests of Arkansas' child welfare system to acknowledge foster parents as active and participating members of this system and to support them.~~

~~_____ (b) When policies regarding foster care and adoptive placement are developed by the Division of Children and Family Services of the Department of Human Services and other child placement agencies, these policies shall be designed to support and aid foster parents.~~

~~9-28-903. Foster Parent Support.~~

~~Foster Parents should be supported in the following manner:~~

- ~~(1) _____ Treated by the Division of Children and Family Services of the Department of Health and Human Services and other partners in the care of abused and neglected children with consideration, dignity, respect, and trust as a primary caregiver for foster children, including respect for the family values and routines of the foster parent;~~
- ~~(2) _____ Considered to be an integral member of the professional team caring for children in foster care;~~
- ~~(3) _____ Confidentiality regarding personal issues as provided by law and to be free from discrimination based on religion, race, color, creed, national origin, age, marital status, or physical handicap in matters concerning licensing approval;~~
- ~~(4) _____ (A) Receive training that will enhance the skills and ability to cope as foster parents.~~

~~_____ (B) The training shall include both standardized preservice training and continuing education at least annually and at appropriate intervals, including without limitation the following purposes:~~

 - ~~(i) To meet mutually assessed needs of the children in foster care;~~
 - ~~(ii) To inform foster parents of their responsibilities and opportunities as foster parents.~~

- ~~(iii) To assist in the understanding of and dealing with family loss and separation when a child in foster care is placed, as well as when a foster child leaves the foster parent's home;~~
- ~~(iv) To be informed of and have access to in a timely manner and at least annually, any changes in applicable laws, guidelines, policies and procedures that may impact the role of foster parents;~~ (v) To receive specific training on investigations of alleged child abuse or neglect in a foster home. The training shall include the rights of a foster parent during an investigation; and
- ~~(vi) To receive information about and have access to local and statewide support groups, including without limitation local and statewide foster parent associations;~~
- ~~(5) Have contact information for the appropriate staff of the child placement agency in order to receive information and assistance to access supportive services for children in the foster parent's care;~~
- ~~(6) Have access to services from the Division of Children and Family Services/Child Placement Agency twenty-four (24) hours a day, seven (7) days a week for assistance;~~
- ~~(7) (A) All information regarding the foster child that will impact the foster parent's home or family life in order to provide assurance of safety of the foster parent's family during the care of the child in foster care.~~
 - ~~(B) Full disclosure of all medical, psychological, and behavioral issues of children in their care;~~
- ~~(8) (A) To be informed prior to placement of all information regarding the child's behavior, background, health history, or other issues relative to the child that may jeopardize the health and safety of the foster family or alter the manner in which foster care should be provided.~~
 - ~~(B) In an emergency situation, the child placement agency shall provide information as soon as it is available;~~
- ~~(9) Prior to placement, to review and discuss written information concerning the child and to assist in determining if the child is a proper placement for the foster family;~~
- ~~(10) The ability 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 without fear of reprisal or any adverse affect on being assigned any future foster child or adoptive placements;~~
- ~~(11) Receipt of any information through the Division of Children and Family Services/Child Placement Agency regarding the number of times a child in foster care has been moved and the reasons for those moves and, upon request and within legal guidelines or as provided by statute, to receive the names and phone numbers of the previous foster parents if the previous foster parents authorize such release;~~
- ~~(12) The provision of a clear, written explanation of the placement agency's plan concerning the placement of a child in the foster parent's home and to receive at any time during the placement any additional or~~

~~necessary information that is relevant to the case of the child, including any subsequent revisions to the case plan on a timely basis;~~

~~(13) (A) Meaningful participation in the development of the case plan for the child in foster care in their home.~~

~~(B) To accomplish this goal the foster parents shall have:~~

~~(i) The opportunity to discuss the plan of the child in foster care with the case manager and the child welfare team and be provided with a written copy of the individual service and treatment plan concerning the child in foster care in the foster parent's home, as well as a reasonable notification of any changes to that plan;~~

~~(ii) The opportunity to participate in the planning of visitation with the child in foster care and their birth family~~

~~(iii) The opportunity to participate in the case planning and decision-making process with the Division of Family and Children Services/Child Placement Agency regarding the child in foster care;~~

~~(iv) The opportunity to provide input concerning the plan of care for the child and to have that input considered by the Division of Children and Family Services/Child Placement Agency;~~

~~(v) The opportunity to communicate for the purpose of participating in the case planning for the child in foster care with other professionals who work with the child in foster care within the context of the professional team, including without limitation therapists, physicians, and teachers;~~

~~(vi) The opportunity to be notified of all scheduled meetings and staffings concerning the child in foster care in order to actively participate in the case planning and decision-making process regarding the child in foster care, including individual service planning meetings, administrative case reviews, multidisciplinary staffings, and individual educational planning meetings;~~

~~(vii) The opportunity to be given, in a timely and consistent manner, any information an FSW has regarding the child in foster care and the family of the child in foster care that is pertinent to the care and needs of the child in foster care and to the making of a permanency plan for the child in foster care;~~

~~(viii) The opportunity to be given reasonable explanatory written notice of any changes in a case plan for the child in foster care, plans to terminate the placement of the child with the foster parent within fourteen (14) days, and the reasons for the change or termination in placement except in an immediate response to a child maltreatment investigation involving the foster home. The notice shall be waived only as provided for by law;~~

~~(14) The opportunity to be notified in advance by the Division of Children and Family Services or the court of any hearing or review where the case plan or permanency of the child in foster care is an issue, including periodic reviews held by the court, permanency hearings, and motions to extend custody;~~

- ~~(15) The opportunity to be notified and to be heard during any court proceeding regarding the child in foster care in the foster parent's home and to be informed of decisions made by the courts or the child welfare agency concerning the child in foster care;~~
- ~~(16) The opportunity to be considered as a permanency option for a foster child in their home and if in the best interest of the foster child, and to receive assistance in dealing with family loss and separation when a child in foster care leaves the foster parent's home;~~
- ~~(17) The following considerations:~~
- ~~— (A) Consideration when appropriate, as a preferential placement option when a child in foster care who was formerly placed with the foster parents has reentered the foster care system;~~
 - ~~— (B) Consideration for adoption when a child in foster care who has been placed in the foster home for a period of at least twelve (12) months becomes eligible for adoption to the extent it is in the best interest of the child in foster care; and~~
 - ~~— (C) To maintain contact with the child in foster care after the child leaves the foster home, unless the child in foster care, a birth parent, the Division of Children and Family Services who retains custody of the child in foster care, or other foster or adoptive parent refuses such contact;~~
- ~~(18) A reasonable plan for relief from the role of foster parenting through the use of respite care services;~~
- ~~(19) Receipt of timely and adequate financial reimbursement according to the agreement between the foster parents and the Division of Children and Family Services/Child Placement Agency;~~
- ~~(20) Receipt of evaluation and feedback on their role as a foster parent.~~
- ~~(21) In the event of an alleged violation of policies, foster parents shall have the opportunity:~~
- ~~— (A) To request and receive a fair and impartial review regarding decisions that affect approval and retention or placement of a foster child in the foster parent's home;~~
 - ~~— (B) To be provided a fair, timely, and impartial investigation of complaints concerning the operation of the foster home;~~
 - ~~— (C) To an explanation of a corrective action plan or policy violation relating to foster parents;~~
 - ~~— (D) To have child maltreatment allegations investigated in accordance with the Child Maltreatment Act and any removal of a child in foster care shall be pursuant to the Division of Children and Family Services policies and procedures;~~
 - ~~— (E) To request and receive a review of decisions that affect approval of the foster home; and~~
- ~~(21) Information on policies and procedures for reporting of misconduct by Division of Children and Family employees, service providers, or contractors, confidential handling of the reports, and investigation of the reports.~~

~~Section 2~~

~~9-28-1001. Title~~

~~Safeguards for Children in Foster Care Act.~~

~~9-28-1002. Findings and Purposes~~

~~_____ (a) The Arkansas General Assembly acknowledges that society has a responsibility, along with foster parents and the Department of Health and Human Services, for the well-being of children in foster care.~~

~~_____ (b) Every child in foster care is endowed with the opportunities inherently belonging to all children.~~

~~9-28-1003. Safeguards children in foster care.~~

~~_____ (a) Special safeguards, resources, and care should be provided to children in foster care because of the temporary or permanent separation from parents.~~

~~_____ (b) A child in foster care in the State of Arkansas shall be entitled to the following:~~

- ~~(1) _____ To be cherished by a family of his or her own;~~
- ~~(2) _____ To be nurtured by foster parents who have been selected to meet his or her individual needs; (3) To be heard and involved with the decisions of his or her life;~~
- ~~(4) _____ To have complete information and direct answers to his or her questions about choices, services, and decisions;~~
- ~~(5) _____ To be informed about and have involvement when appropriate with his or her birth family and siblings;~~
- ~~(6) _____ To have reasonable access to his or her caseworker or a person in the Department of Health and Human Services who can make decisions on his or her behalf;~~
- ~~(7) _____ To express his or her opinion and have it treated respectfully;~~
- ~~(8) _____ To request support and services that he or she needs;~~
- ~~(9) _____ To have individualized care and attention;~~
- ~~(10) _____ To have ongoing contact with significant people in his or her life, such as teachers, friends, personal support, and relatives;~~
- ~~(11) To be notified of changes impacting his or her permanence, safety, stability, or well-being;~~
- ~~(12) To have a stable, appropriate placement if he or she is placed in foster care;~~

- ~~(13) To receive a free appropriate education, training, and career guidance to prepare him or her for a useful and satisfying life;~~
- ~~(14) To receive preparation for citizenship and parenthood through interaction with foster parents and other adults who are consistent role models;~~
- ~~(15) To have reasonable access to and be represented by an attorney ad litem in all juvenile judicial proceedings so that his or her best interests are represented;~~
- ~~(16) To receive quality child welfare services;~~
- ~~(17) To have a plan for his or her future and the support needed to accomplish it;~~
- ~~(18) To receive a copy of his or her case record upon exiting foster care;~~
- ~~(19) To be placed in the custody or foster home of relatives, if appropriate, provided the relative caregiver meets all relevant child protection standards; and~~
- ~~(20) To be cared for without regard to race, gender, religion, or disability.~~

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RESCIND

~~Arkansas Department of Human Services
Division of Children and Family Services~~

~~RECEIPT FOR MEDICAL PASSPORT OF A FOSTER CHILD
AND ACKNOWLEDGEMENT OF CONFIDENTIAL NATURE OF
INFORMATION CONTAINED IN THE MEDICAL PASSPORT~~

~~I have received the Medical Passport for _____
a child placed in my care.~~

~~I understand that all Medical Passport information is confidential. I may share it only with health care providers
and Department of Human Services staff. If I have any questions, I will contact the child's foster care worker.~~

~~I will return the Medical Passport to the Department of Human Services Division of Children and Family Services.~~

~~Foster Care Provider's Signature~~

~~Date~~

~~Foster Care Provider (Print/Type)~~

~~Group Home/Institution~~

.....
~~VERIFICATION OF MEDI-ALERT CFS-362~~

~~If a new Medi-Alert [CFS-362] is not completed, the worker must complete this section.)~~

~~I verify that the information on the existing Medi-Alert (CFS-362) dated _____
is current and complete on the date of this placement.~~

~~Worker's Signature~~

~~Date~~

.....
~~RETURN OF MEDICAL PASSPORT FROM FOSTER CARE PROVIDER~~

~~The above name child has been removed from the provider's care and the Medical Passport returned.~~

~~Worker's Signature~~

~~Date~~