

RESOURCE FAMILIES MANUAL



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November 2006

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Chapter 1

INTRODUCTION

This manual has been developed to provide you with an overview of provider care, host home care, foster care and permanency. As you will see throughout this manual, your role as a resource family is a very important one. You are a critical part of the adult/child's team and your impact on the adult/child is very significant.

Not all of the laws, policies and regulations governing foster, host home and provider care are available in this manual. To cover all of them would require several manuals of this size. We have done our best to provide the information that is most often requested. Other information can be obtained from your client supervisor or agency clinical staff, should a situation occur, or should you have a question that is not covered in this manual. Please bring any questions to staff's attention. Remember, the only questions that are foolish are those that people do not ask.

Welcome to provider, host home and foster care, and always remember that you, the resource family, are one of the most important members of the adult/child's team, and what you do will make a difference in the life of a(n) child/adult.

MISSION STATEMENT

The purpose of this agency is to provide supportive, community based, family placements for children and adults who are not able to live with their own families. In addition to placement, this agency also provides services that lead to a permanent living arrangement for children in the child welfare system. The agency provides for the safety, permanence, and well-being of individuals while following the guidelines, rules and regulations of the referring counties, the state of Pennsylvania, and the federal government.

FCS SERVICES

INTERIM FOSTER CARE—This program is used for the admission of children who do not have sufficient history to place them in a specific program. The length of stay in this program is limited to 30 days, during which time the child will receive the needed evaluations to determine the proper level of care needed. If scheduling problems arise, with the evaluations, a 30-day extension will be requested. This program is also used for short-term, temporary placements.

GENERAL FOSTER CARE—This program is used for children who have thus far been raised in normal, well-functioning homes. For reasons beyond their control and the control of their families, foster care placement is needed. Such reasons include parental death, permanent disability, relinquishment for adoption at birth, and so on. General Foster Care is not intended for those children who have suffered the effects of abuse and neglect, who are involved in the juvenile justice system, or who have mental health problems, mental retardation, and the like. Services are available for those children through other programs within this agency.

SPECIALIZED FOSTER CARE—This program is for children who have suffered the effects of abuse and neglect, but are still resilient enough to function normally, for the most part. They need much more support and guidance than the average child, but do not suffer from any chronic or severe physical health problems, or severe or persistent mental health problems.

THERAPEUTIC FOSTER CARE—This program is for children with persistent and severe behavioral, physical, and/or mental problems. These children have generally had prior hospitalizations or residential placements to help manage their symptoms. They require intensive care and supervision by the resource parents and agency staff.

MEDICAL FOSTER CARE—Four levels of Medical Foster Care are provided. These services are ordered by physicians and carried out according to each client's Individual Service Plan which is also approved by the client's physician. The medical levels are designated as follows:

Medical Foster Care--Level I—Children receiving this service have chronic, but mild, medical diseases such as asthma. The child's health can deteriorate very rapidly.

Medical Foster Care--Level II—Children receiving this service have diseases which require much daily time and attention to manage, such as diabetes.

Medical Foster Care--Level III—Children receiving this service have serious medical problems requiring regular and generally long-term medical and supportive care, such as a feeding tube which requires the child to be connected to a machine several hours each day.

Medical Foster Care--Level IV—Children receiving this service have the most severe medical diagnoses such as AIDS or terminal diseases. They require intensive care for many hours each day

FAMILY LIVING--Long-term residential placement, in private homes, for individuals with mental retardation, who are not able to live at home. (These individuals are usually adults over the age of 18 and are in need of caregivers/providers. Those who provide care for them are known as caregivers or providers.)

COMMUNITY HOMES--In our agency, these services are identical to Family Living, except that more than two individuals are permitted to live in one home. (These individuals are usually adults over the age of 18 and are in need of caregivers/providers. Those who care for them are known as caregivers or providers.)

COMMUNITY RESIDENTIAL REHABILITATION (CRR) SERVICES--

Residential placement in private homes, for children with mental illness and serious emotional disturbance. This program is used for both a step-up from living at home, when more intensive services are needed, and a step-down from residential treatment centers, when less intensive services are required.

RESPIRE CARE--Short-term services to assist families who are providing long-term care. The most common reasons for respite care are the need for a break, a vacation, or due to medical necessity.

PREPARING YOUTH FOR ADULTHOOD PROGRAM--A program designed to assist adolescents and young adults to move from children's services to adult services or successful independence. Clients will live in foster care under the guidelines of the independent living program which encourages self determination and individual responsibility. In this program, youth are encouraged to earn a driver's license, obtain employment, develop a career plan, and prepare for independence while having the support of a resource family.

ADOPTION/PERMANENCY SERVICES— FCS is a licensed affiliate with the Statewide Adoption Network (SWAN). As an affiliate, we have been approved by SWAN to provide the following Pre-permanency Services: Child Profiles, Family Profiles, Child Preparation, Child Placement, Child Specific Recruitment and Adoption Finalization. Our approved post permanency services include: Advocacy/Assessment, Advocacy/Case Management, Support Group and Respite. FCS is ready to assist with the adoption/permanency process for children already in placement as well as to accept children with a goal of adoption or another permanency goal.

CLIENT FUNDS FINANCIAL MANAGEMENT—provides financial management services. FCS receives income payments, prepares and administers budgets, communicates with landlords, vendors, and Social Security, and disburses funds on behalf of the individual. Individuals receive a monthly statement showing income, disbursements, and current account balances.

Chapter 2

FOSTER CARE--PROVIDER CARE—PERMANENCY

This manual has been provided to familiarize you with provider parenting, host home care, provider care and permanency. There are several names used to designate providers and caregivers. When caring for children under the age of 18, the terms foster parent, resource parent, provider parent and host parent are often used interchangeably. When providing care for adults over the age of 18, who are unable to live in their own homes, the terms provider or caregiver are used, as our role is not to parent these adults but to provide necessary care and assistance. Please keep this in mind while reading this manual.

Many of the policies, procedures and regulations that govern our agency are contained in this manual. Please learn the general information first and then proceed to the program-specific information for the particular program, in which you might be working. It is important for the safety and well-being of the clients we serve that these rules be followed. We hope that this manual will answer most of your questions regarding foster parenting, provider care and permanency. If you have any questions, please contact your client supervisor.

WHAT IS FOSTER CARE?

Foster care is a program designed to provide substitute family life experience for a child at the time of a crisis or need in his/her life. Foster care is provided to a child when the child's family is unable or unwilling to provide a home and care for him/her. Foster care is time limited, temporary care. Resource families provide parental care and supervision, working with the placing agency staff, with the goal of achieving permanence for the child. Foster care allows children to grow and develop in a safe and supportive environment until the permanency goal can be achieved. Resource parents come from all walks of life. They are of many races, nationalities, and economic situations. Foster care is not a lifetime commitment, but a commitment to be meaningful to a child during his/her time of need.

WHO ARE RESOURCE PARENTS/PROVIDERS?

- Resource parents (known as foster or host parents or providers) are from all walks of life. They are single, married, divorced, straight or gay, and may be male or female.
- Resource parents may be as young as 21 years of age, or they may be grandparents.

- They live in apartments, houses or farms; stay at home with children or have a career.
- Some resource parents are able-bodied and others live with disabilities.
- Resource parents belong to many different communities of faith and come from all racial and ethnic backgrounds.
- Some resource parents care for children to whom they are related (sometimes known as “kinship” or “relative caregivers”).
- What all resource parents have in common is their genuine love of children and a desire to make a difference in the lives of the children and of their families.

ROLES AND RESPONSIBILITIES OF A RESOURCE PARENT:

You, the resource parent, have one of the most challenging and emotionally draining roles in the child welfare system. You must be prepared to welcome a new child into your home (sometimes at odd hours and on short notice), manage a wide range of behaviors, and cope with agency regulations, policies and paperwork. You are also expected to be a support to the family.

In your home, you are expected to be a parent, counselor, healer, mentor, role-model and disciplinarian. Beyond your doors, you are expected to attend meetings and training at the agency and school and attend appointments such as medical, dental, case reviews and court hearings.

You, the resource parent, need to understand and believe that you are a critical member of the child welfare system and have important knowledge, skills and information. You should expect to be treated as peers and professionals. In the past, children could remain in foster care for long periods of time, even into adulthood, but no more. Today, when reunification with parents cannot be achieved within a reasonable time, resource parents will be the first ones approached about being a permanent resource for the child.

Your three major responsibilities as a resource parent are: to meet the daily needs of the child in your home, participate as a full partner in the child’s team to plan for and achieve safety and timely permanency for the child and prepare for and support the child as he/she transitions from your home to another home, whether that is his/her family home, a relative’s home, another foster home, an adoptive home or a permanent legal guardian’s home. Of course, as you strive to fulfill all of these roles, you must also take care of yourself. Make sure you take care of your own health and well-being and seek support along the way from your family, friends, support groups, other professionals and your own community of faith.

MORE SPECIFIC RESOURCE PARENT/PROVIDER RESPONSILITIES:

- Obtain your resource parent/provider approval and participate in annual evaluations to renew your approval.
- Review, adhere to and sign policy statements relating to confidentiality, furnishing and use of tobacco, firearms and other policies.
- Attend, participate and successfully complete all training requirements annually.
- Make sure your home and vehicle(s) continue to meet all of the standards necessary to meet the safety needs of children/adults at each age and developmental level.
- Keep the foster care agency informed of any changes in your circumstances such as job, housing changes and the addition of new family members including older children returning from college or other settings, significant health changes, legal convictions of you or any member of the household. State regulations say that you may not have more than 6 children under 18 living in your home. There are also regulations governing the number of individuals receiving care permitted in Family Living Homes and Community Homes
- Provide a safe and comfortable place for a child to live, with a separate bed and a place for belongings.
- Provide for the child's basic physical and emotional needs as you would for your own child.
- Provide for school attendance.
- Provide appropriate clothing.
- Attend to regular medical and dental needs, including regular check-ups.
- Assist the child through grieving and adjustment to foster care.
- Assist the child to maintain realistic expectations with respect to his/her family through cooperation with visitation, understanding feelings and preparing for permanency.
- Provide recreational and enrichment activities to promote healthy development of the child.
- Maintain a record of developmental milestones, immunizations, photographs, and report cards for the child.
- Provide consistent and realistic discipline and guidance that is age appropriate with no corporal punishment or restraints.
- Be prepared to listen when the child speaks.
- Accept the fact that in almost all cases children ultimately love their parents and it is with them that their allegiance lies.
- Assist the child when placement ends and the child is preparing to leave foster care.

RESOURCE PARENT RESPONSIBILITIES TO THE BIRTH FAMILY:

- Be open-minded.
- Be respectful to them. (Be a role model and mentor for the parents.)

- Support their efforts toward reunification.
- Encourage the child to cooperate with reunification. (Support the child's relationship with his/her parents.)
- Share with them the day-to-day activities of their child. (Share helpful information with the parents such as report cards, notes from doctor visits, recent photos.)
- Support visitation.
- Maintain a positive attitude. (Be supportive following visits and telephone calls.)
- Be honest, natural, and friendly in contacts with the family.
- Avoid a critical or disapproving attitude toward them.
- Help them to abide by the family service plan and individual service plan.

RESOURCE PARENT RESPONSIBILITIES TO THE AGENCY:

- Must obtain physicals and PPD for all adults over 18 years of age. (Initially and then every two years.)
- Must obtain Act 33 (police, Childline) clearances. (Initially and then every two years.)
- Must complete all pre-service training and requirements of the foster care agency.
- Keep agency informed of all progress, medical treatment, problems, and school issues regarding the child.
- Keep agency informed of all changes in your home to include: phone number, address, family composition, legal charges, or vacation plans.
- Be available for meetings as scheduled.
- Work as a "team" member.
- Attend required topics and number of hours of resource parent training.
- Cooperate with the agency to implement the terms of the family service plan, the child's individual service plan and the goals for family reunification or permanency.
- Provide transportation as requested and in accordance with the child's individual service plan.

RESOURCE PARENTS RESPONSIBILITIES TO THEIR OWN FAMILY:

- Be open minded.
- Listen to your family members.
- Respect each person's ideas, feelings and needs.
- Take time out for your family, as needed.
- Include your family in family decisions.
- Keep a positive attitude.

WHAT MAKES A SUCCESSFUL RESOURCE PARENT?

- Successful resource parents care about children, and they are willing to continually learn new things about themselves.
- It can be challenging to parent a child who has been separated from her parents under circumstances that are often traumatic and stressful. Successful parents are patient, willing to reach out for help and support, and well-trained.
- Successful parents develop their communication skills and their problem solving skills. They can express feelings safely and support the child's emotional and physical needs.
- Most importantly, successful resource parents see themselves as part of the child's team, which includes the child's parents and all of the helping professionals.
- The focus and goal of the team is to ensure that the child has the opportunity to grow up safely in a permanent and loving family. (This is often known as permanency and differs from foster care, which is designed to be temporary.) The permanent family may be the parents, relatives, legal guardians or an adoptive family).
- Successful resource parents must work closely with all members of the team— sharing information, giving and receiving support--but most importantly ensuring that the child feels safe and is safe from all threats of harm or danger. All children need to have a permanent family in which to grow up and this need must be met in a timely manner. Resource parents can help to ensure that this need remains central in all decision making and planning for the child.

WHY ARE CHILDREN PLACED IN FOSTER CARE?

Children are placed in foster care when removal from the home is clearly necessary to protect the health, safety and welfare of the child. This may occur from birth to eighteen years of age. Children are placed for reasons of emotional, physical or sexual abuse, lack of housing, serious neglect, or severe family situations.

Sometimes children are placed into foster care at the request of the parents-- called voluntary placement. At other times, children are placed into care when the Children and Youth Agency obtains an emergency court order for the placement—called court-ordered placement. In all cases, children are placed into care to assure their safety, health and well-being. Resource parents provide a temporary home for these children whose families are unwilling or unable to give the children the care they need. Children grow and develop best in a family setting and resource parents make a difference by sharing their home and family experience.

WHAT DO CHILDREN IN FOSTER CARE WANT YOU TO KNOW?

- Our lives lack stability.
 1. Changing foster homes unexpectedly.

2. Changing school constantly.
 3. Always losing friends and needing to make new ones.
 4. Having to adapt to new communities.
 5. Having to adapt to new environments.
 6. Always getting new caseworkers, client supervisors
 7. Always getting new therapists, doctors.
- Here is how you can help.
 1. If I have to move, tell me why.
 2. Please don't pack my stuff, without my permission.
 3. If foster parents would listen to other youth, other youth could help train them.
 4. Don't tell other people about my background or the things you read in my file.
 5. Don't read my files and then think you know me.
 6. Let me be more involved in all of the decisions affecting my life.
 7. Inform me of my rights; about my case; of my court dates and the purpose of each hearing; who my attorney is and how to reach her/him.
 8. Communicate with me.
 9. Train teachers and counselors about foster care.
 10. Let me practice my religion, no matter what it is.
 11. Help me to stay in touch with my parents and siblings.
 12. Help me with my problems, don't just medicate me.
 13. Give more positive encouragement; stress what can be done and help me to do it.
 14. Treat me like you would treat your own children.
 15. Treat me with respect, as if I am important.
 16. Respect my culture and family values.
 17. Don't expect me to be perfect.
 18. Encourage my goals, even if they do seem idealistic.
 19. Don't assume anything is unrealistic.
 20. Foster my dreams.

WILL MY FOSTER CHILD CONTINUE TO SEE HIS/HER PARENTS?

Children placed in foster care will, in most cases, maintain contact with their families throughout placement. The initial and primary goal for most children placed into foster care is to help transition the child safely back to his/her parents. During this time of separation, families work toward the goal of having their child (ren) returned back to their care. This is a very stressful time for all family members. As resource parents, one of your most important responsibilities is to help maintain a positive relationship between the child and his/her family during this separation. In fact, state regulations require that foster children be permitted to visit with their parents or family at least every two weeks, if not oftener.

Developing a relationship with the child's family is often difficult. You may feel that the child's parents hurt the child in some way. The child's family may feel that you

are taking their place and be hostile and resentful toward you. Regardless of why the child was removed from his/her family's care, in most cases, the family is the best resource for the child. By helping the child accept his/her family in a realistic and constructive manner, you can help the child build a positive self-image.

Biological parents and/or guardians, with the family's permission, are informed of the names and addresses of the resource parents, where their child is residing, unless the court or referral agency orders otherwise. Supervised visits with biological parents or guardians are held in the FCS Visiting House unless other arrangements are made.

WILL I RECEIVE INFORMATION ABOUT THE CHILD BEFORE I HAVE TO MAKE A DECISION ABOUT ACCEPTING HIM INTO MY HOME?

It is the responsibility of FCS to provide you with as much information as possible about each child you are being asked to care for in your home. It is your right and responsibility to ask questions and get as much information as you need to feel comfortable with accepting a child into your home. FCS and the referring agency may not have all of the information you seek, but will give you all of the information that we are able to gather prior to the placement of the child with FCS.

PLACEMENT PROCEDURE:

Under state law, the county children and youth agency can place a child for up to 72 hours without parental consent if it feels that it is necessary for the child's safety and with the verbal approval of the court. Beyond that, a formal hearing must be conducted to show the need to continue a child in care. The county children and youth agency selects the foster home it feels is best suited to meet the needs of the child, but the final decision is left up to the resource parents. Best practice is for the placement agency (FCS) to contact the resource parent and share available information about the child regarding but not limited to: child's general health, medical history, general behavior, likes and dislikes, religious affiliation (if any), school, and reason for placement. Most placements of any emergency nature are needed for the same day as requested.

WHEN I AM A RESOURCE PARENT, WILL I BE ABLE TO GO ON VACATION?

Yes, you can take vacations. Family vacations and other types of breaks are important ways that resource parents can take care of themselves and continue to be successful resource parents. You may also take the child or youth on vacation, either locally or out of state, providing that you have written permission from the parent and agency or a court order.

Remember to communicate early, should you have any plans that will disrupt the normal routine. For example, the child's visit schedule must be considered when

planning a vacation. Missed visits can be made up as long as there is successful pre-planning.

WHAT DO I DO IF I HAVE CONCERNS OR PROBLEMS?

Experienced resource parents know that things don't always go smoothly. There might be times when you do not have all of the information related to the child's medical needs or schooling that you need. There might be times when you are unable to access all of the services that the child needs. You might not get a notice of a court hearing in time to make arrangements to attend or time to prepare. You may encounter behaviors or situations that present a challenge for which you are not prepared. You might have legal or financial questions, relating to your role as a resource parent. When you do not get satisfactory answers, you might become very frustrated.

You will always have resources available to you. The first person to whom you should raise your concerns is your Family Care Services (FCS) client supervisor. **(In the event of an after hours or weekend emergency, always call the beeper.)** If your client supervisor does not give you a satisfactory resolution, call the FCS program director. If you are still not satisfied, you follow the "chain of command" within the agency until your concerns and questions are satisfactorily resolved.

FCS OFFICE HOURS OF OPERATION:

FCS hours are Monday thru Friday from 8:30 a.m. to 4:30 p.m. A voicemail system with the capability of quickly notifying an on-call worker to handle emergencies is on when the office is closed. The voicemail system will give instructions when the call is answered. Just follow the directions to notify an emergency worker. Remember, there is always someone available (24 hours every day) to respond to your emergency calls.

It is important to respect the client supervisors' private and family lives. Resource parents are to make routine calls during normal office hours unless the resource parent is dealing with an emergency. Any emergency after office hours and on weekends is to be directed to the voicemail system to inform the on-call emergency worker. Should there be a need to contact the direct client supervisor during those hours (due to an emergency) the emergency on-call worker will initiate that call.

TAKE A MOMENT TO THINK:

Sometimes, children can be prepared for foster care and being separated from their family. Most of the time, placements provide little or no time to prepare a child for this impact on his/her life. Despite preparation, a child may suffer ill effects. This is an emotional time for a child, and the child's feelings may surface. Crying, sadness, refusing to talk, running away, stealing, breaking things, lying and anger sometimes occur.

Resource parents are responsible for the moral teaching of clients. The best way to do this is by setting an example. We want all clients to be honest, respectful, law-abiding citizens. Resource parents must display these behaviors so that the client will naturally learn them in the home. Many clients come into placement without proper moral teaching or a good set of values. It is important for resource parents to understand that such learning takes many years. It is unfair to expect a client to change overnight, just because he/she has moved into a different home. These changes require a lot of patience on the part of everyone.

Resource parents should be prepared to help the child understand his/her feelings and how they are connected to separation from his/her biological family. Adjusting to foster care placement can take a long time and go through several stages. Being aware of the many problems associated with placement can minimize these problems. Children are influenced by their surroundings, consistent, kind; firm parenting can help the child progress and adjust.

Remember that although you may be excited about helping a client, the client may not feel the same way. The client may have many mixed feelings. She may be very confused, may be extremely frightened, and may want nothing to do with you. She may be confused, hurt, angry, neglected, rebellious, or simply worried about living in a new place with complete strangers. Be patient. Give the client time to adjust to your home and your routines.

Accept the fact that the client may not want to be in placement or appreciate your efforts to help. You are not totally responsible for the outcome, but it is important that you do your best. The outcome depends on the client's willingness to grow and change, your efforts, the efforts of FCS staff, school personnel, outside counselors, medical staff and other individuals involved in the client's life. We must all work together as a team, and we must all do our best in order to obtain the best outcome for the client.

FCS allows approved resource parents to do short-term, respite care through other agencies. However, FCS does not allow resource parents to provide long-term placements through other agencies. FCS is responsible for training requirements, regulatory compliance, etc. and such responsibilities cannot be managed properly with directions coming from more than one source.

A client has the right to practice the religion of his/her choice. Resource parents must make every effort to insure that the client has the opportunity to practice the religion of his/her choice. If the client has no religious preference, it is appropriate for the resource family to take the client along to church when the family is attending church.

It is extremely important to notify your client supervisor (during office hours) or the emergency on-call client supervisor (after office hours and on weekends) of any unusual event **IMMEDIATELY**. If the office is closed, notify the emergency worker per the voicemail instructions. Examples of unusual events are as follows:

Any form of abuse or suspected abuse.
Any activity requiring police involvement.
Any sudden illness requiring treatment.
Any trips to the emergency room.
Any event requiring the services of the fire department.
Any vehicle accident.
Any serious injuries or accidents.
Any unusual, bizarre or dangerous behaviors.
Any event that you are not sure whether to report. Always err on the safe side and report.

If the office is closed, it is not acceptable to wait until the next morning, when the office is open, to report. It is also not acceptable to just leave a message on your client supervisor's voicemail. For the above events and situations, immediate notification is necessary. You must make every effort to talk person to person.

Resource parents have the opportunity to make a positive difference in the lives of their clients. By doing so, they often enrich their own lives as well. We believe that resource family care can be a valuable and rewarding experience for the entire family. We commend you for accepting this challenge.

COMMON TERMS

Resource Parent: This term refers to you, the parents who care for the clients in a variety of different programs, and includes foster care parents, family living staff, community home staff, host home parents, respite care parents, and etc.

Client Supervisor: This term refers to your client's FCS caseworker and the caseworker assigned to supervise your home. He/She will make regular visits to your home, usually weekly or bi-weekly, and will make unannounced visits at least every few months. Client supervisors are responsible for developing your client's treatment plan and assisting you with carrying out the needed treatment. Your client supervisor is your link to the agency. All routine questions are to be directed to your client supervisor.

Access Card: Access is government funded health care insurance for low-income eligible families. It is also known as Medicaid.

Act 33 Clearance: The Child Protective Services Law (CPSL) (23 Pa. C.S., Chapter 63) at 6344 (relating to prospective child care personnel) and the Protective Services Regulations at 3490.121-127 (relating to verification of the existence of child abuse and student abuse records for child care services) require prospective resource parents and adoptive parents to obtain a child abuse history clearance from the Department of Public Welfare and a criminal history clearance from the Pennsylvania State Police. You may

hear these clearances referred to as “Act 33” clearances. Act 33 of 1985 amended the Child Protective Services Law to require these clearances prior to approval as a foster or adoptive parent. Child Protective Services Law, Act 160 of 2004, now requires that after initial approval, foster and adoptive parents must continue to obtain new “Act 33” clearances every two years. Additionally, the Child Protective Services Law requires applicants who are not residents of the state of Pennsylvania (or have only recently moved into the state) to obtain a criminal history clearance from the Federal Bureau of Investigation.

Adjudication: Adjudication is a court decision. For the foster child, adjudication is a decision that he/she is either delinquent or dependent.

Adoption and Safe Families Act (AFSA): AFSA establishes that the goals for children in the child welfare system are safety, permanence and well-being. The law intends to make the child welfare system more responsive to the multiple needs of children and their families.

Child and Adolescent Service System Program (CASSP): CASSP is a national initiative from the Office of Mental Health. CASSP addresses the needs of adolescents and children with serious emotional disturbances who are involved with two or more child-serving agencies. CASSP coordinates services among these agencies, pooling resources to serve the child most appropriately. CASSP principals include: child centered, family focused, community based, multiple system approach, culturally competent and least intrusive/restrictive.

Corporal Punishment: Corporal punishment is physical punishment such as spanking. It is strictly prohibited for resource parents to use corporal punishment.

County Children and Youth Agency (C&Y): The county children and youth agency is the public agency that works with dependent, neglected and abused children and their families. The mission of the agency is to help the family to avoid abuse and neglect and to protect children from further abuse. County agencies provide many services to families, one of them being foster care.

Childline: Childline is Pennsylvania’s toll-free telephone hotline to report suspected child abuse and neglect. The telephone number is 1-800-932-0313.

Child Protective Services (CPS): County children and youth agencies provide CPS to abused and neglected children and their families. These services are designed to protect children from further abuse while working to rehabilitate families.

Visitation: State laws require foster children to be permitted to visit their parent(s) and/or family at least every two weeks, if not more often. Regular and frequent visits assist the child to maintain and strengthen his/her relationship with his/her birth family.

Visits need to be arranged to meet the needs of all parties involved. The relationship between the child and his/her parent must be nurtured and promoted.

REGULATIONS

Family Care Services complies with the following regulations for the programs that we are licensed to offer:

CHILDREN AND YOUTH REGULATIONS:

3700—Foster Family Care Agency

3680—Administration and Operation of a Children and Youth Social Service Agency.

MENTAL RETARDATION REGULATIONS:

6400—Community Homes for Individuals with Mental Retardation

6500—Family Living Homes

COMMUNITY RESIDENTIAL REHABILITATION REGULATIONS:

3700—Foster Family Care Agency

5310—Community Residential Rehabilitation Services for the Mentally Ill.

PERMANENCY/ADOPTION:

3350—Adoption Services

All regulations are not covered in this manual. Program-specific regulations are available and need to be reviewed by resource parents prior to receiving a client into their home. Please request these regulations from your client supervisor, if they have not already been given to you.

The following Children and Youth regulations are included because they go across all programs where children are served. Comments added by FCS staff are contained within brackets {}.

Note: although the State of Pennsylvania is now calling foster parents and foster families, resource parents and resource families, the terminology in the regulations has not been changed to reflect this change

Chapter 3

REGULATIONS COMMON TO PROGRAMS FOR CHILDREN

FFCA—Foster Family Care Agency. {In our case, Family Care Services, Inc.}

3700.31. Number of children allowed in a foster family home

FFCA's shall limit the number of children living with any foster family to six. The maximum of six children includes the foster parents' own children. Exception to this requirement may be made only with prior approval obtained in writing from the appropriate regional office of the Department.

3700.38. Orientation and information for foster families.

(a) The FFCA shall provide an orientation for new foster families before placing a child with them. The orientation shall include information about:

- (1) FFCA philosophy.
- (2) FFCA practices.
- (3) Roles of the foster family.
- (4) FFCA policies and procedures for discipline, punishment and control of foster children.
- (5) Roles of the FFCA in assisting the foster family in serving children.
- (6) First aid procedures.
- (7) Applicable statutes, regulations and general procedures.

(b) The FFCA supervising the foster family home shall give the foster families an emergency telephone number which provides 24-hour access to the FFCA.

(c) Foster families shall be provided information from the case record which is necessary to protect the child's health and safety and to assist in the child's successful accomplishment of necessary educational, developmental or remedial tasks.

(d) Foster families shall be provided information from the case record which will enable them to function safely and in cooperation with the FFCA.

3700.51. Medical and dental care.

(a) The FFCA shall ensure that a child receives a medical appraisal by a licensed physician within 60 days of the child's admission to foster family care, unless the child has had an appraisal within the last 90 days and the results of the appraisal are available. The appraisal shall include:

- (1) A review of the child's health history.
- (2) Physical examination of the child.
- (3) Laboratory or diagnostic tests as indicated by the examining physician, including those required to detect communicable disease.

(b) The FFCA shall arrange for immediate medical attention when a medical problem is recognized at the time of referral.

(c) After the initial health appraisal, the FFCA shall ensure that a child has contact with a licensed physician according to the following schedule:

Age	Frequency
Birth through 6 months	Once every 6 weeks
7 months through 23 months	Once every 3 months
23 months and older	Once a year

(d) The FFCA shall ensure that a child, 3 years of age or older, receives a dental appraisal by a licensed dentist within 60 days of admission, unless the child has had an appraisal within the previous 6 months and the results of the appraisal are available. The appraisal shall include:

- (1) Taking or reviewing the child's dental history.
- (2) Examination of the hard and soft tissue of the oral cavity.
- (3) X-rays for diagnostic purposes, if deemed necessary by the dentist.

(e) After the initial appraisals, the FFCA shall ensure that dental examinations are given to children 3 years of age or older at least once every 9 months of placement.

(f) The FFCA shall confirm the immunization record of the child within 60 calendar days of placement. An appropriate immunization schedule shall be established for the child based on his immunization status.

(g) The FFCA shall ensure that children receive necessary medical care when they are ill.

(h) The FFCA shall encourage parents to participate in the program of regular and appropriate medical and dental care for their child.

(i) The FFCA shall ensure that a continuing medical record is maintained for each child by assisting with retrieval of past medical records and transfer of current records to the child's ongoing source of child care.

3700.62. Foster parent requirements.

(a) Foster parents shall be at least 21 years of age.

(b) Foster parents shall pass an initial medical appraisal by a licensed physician prior to being approved. The appraisal must establish that the foster parents are physically able to care for children and are free from communicable disease. Further medical examinations may be required by the agency if the agency has reason to believe that additional medical appraisal is appropriate. {CPSL Act 160 of 2004 requires that resource parents have physicals every two years.}

(c) Effective January 1, 1986, foster family care agencies shall require prospective foster parents to comply with section 23.1 of the Child Protective Services Law (11 P. S. § 2223.1) and Chapter 3490 (relating to protective services).

{“On November 30, 2004, Pennsylvanian Governor Edward G. Rendell signed House Bill 2308” ...}This amendment to The Child Protective Services Law (CPSL) known as Act 160 of 2004 went into effect on January 29, 2005. Act 160 of 2004 establishes a resource family registry in which all foster and adoptive parent applicants must be registered. Act 160 of 2004 also establishes additional requirements relating to the approval of foster and adoptive parent applicants. }

3700.63. Foster child discipline, punishment and control policy.

(a) *Discipline.*

(1) Foster children shall be directed with techniques that stress praise and encouragement.

(2) Foster children may not be subjected to verbal abuse, derogatory remarks or threats of removal from the foster home.

(b) *Punishment.* The following forms of punishment are prohibited:

(1) Abusive discipline practices.

- (2) Physical punishment inflicted upon the body.
 - (3) Punishment for bedwetting or actions related to toilet training.
 - (4) Delegation of punishment to another child.
 - (5) Denial of meals, clothing or shelter.
 - (6) Denial of elements of the service plan or ISP.
 - (7) Denial of communication with, or visits by, the child's family.
 - (8) Assignment of physically strenuous exercise or work solely as punishment.
- (c) *Control.* Passive physical restraint is the only allowable method of restraining a child. {Restraint is considered a treatment failure. FCS is a restraint free agency so physical restraint is not allowed. }

3700.64. Assessment of foster parent capability.

(a) The FFCA shall consider the following when assessing the ability of applicants for approval as foster parents:

(1) The ability to provide care, nurturing and supervision to children.

(2) A demonstrated stable mental and emotional adjustment. If there is a question regarding the mental or emotional stability of a family member which might have a negative effect on a foster child, the FFCA shall require a psychological evaluation of that person before approving the foster family home.

(3) Supportive community ties with family, friends and neighbors.

(b) In making a determination in relation to subsection (a) the FFCA shall consider:

(1) Existing family relationships, attitudes and expectations regarding the applicant's own children and parent/child relationships, especially as they might affect a foster child.

(2) Ability of the applicant to accept a foster child's relationship with his own parents.

(3) The applicant's ability to care for children with special needs, such as physical handicaps and emotional disturbances.

(4) Number and characteristics of foster children best suited to the foster family.

(5) Ability of the applicant to work in partnership with an FFCA.

3700.65. Foster parent training.

A foster parent shall participate annually in a minimum of 6 hours of agency approved training. {FCS staff believes that additional hours of training are needed in order to care for some clients, and some FCS referral agencies require additional hours of training; therefore, the minimum requirement for FCS is 16 hours of annual training. }

3700.66. Foster family residence requirements.

(a) The FFCA shall ensure that the foster family residence has:

(1) At least one flush toilet, one wash basin and one bath or shower with hot and cold running water.

(2) An operable heating system.

(3) An operable telephone.

(b) Sleeping areas shall meet the following criteria:

(1) No unsuitable area such as a hall, stairway, unfinished attic or basement, garage, bathroom, eating area, closet, shed or detached building may be used as a sleeping area for children. {FCS requires adequate sleeping space of approximately 80 square feet for a single child and a minimum of 50 square feet per child for a double bedroom. No more than two children are permitted to share a bedroom unless the bedroom is extremely large and FCS staff has given approval for more than two children to share a bedroom. FCS requires that a bedroom cannot be used as a regular means of egress to any other area of the home such as an entrance way into a laundry room, bathroom or attic. Children over one year of age may not share a bedroom with their parents. }

(2) Foster children of the opposite sex who are 5 years of age or older may not share the same bedroom.

(3) Each foster child shall be provided with a clean, comfortable mattress and clean linens, blankets and pillow.

3700.67. Safety requirements.

(a) Medication and containers of poisonous, caustic, toxic, flammable or other dangerous material kept in the residence shall be distinctly marked or labeled as hazardous and stored in areas inaccessible to children under 5 years of age.

(b) Emergency telephone numbers, including those for fire, police, poison control and ambulance shall be conspicuously posted adjacent to all telephones.

(c) Fireplaces, fireplace inserts, wood and coal burning stoves and free-standing space heaters, if allowed by local ordinance, shall be installed, equipped and operated according to manufacturers' specifications and requirements specified by local ordinance.

(d) An operable smoke detector shall be placed on each level of the residence. The detector shall be maintained in operable condition.

(e) A portable fire extinguisher, suitable for Class B fires, shall be available in the kitchen and other cooking areas. The extinguisher shall be tested yearly or have a gauge to ensure adequate pressure.

(f) Protective safety caps shall be placed in electrical outlets accessible to children younger than 5 years of age.

(g) Exposed electrical wires are prohibited.

(h) Drinking water from an individual water source shall be potable as determined by an annual microbiological test conducted by a laboratory certified by the Department of Environmental Resources.

{If an annual water test is contaminated and unsafe for drinking, the foster home will be given a provisional approval and must correct the situation within 90 days. Safe drinking water must be obtained from another source during the period of time while the situation is being corrected. The general rule has been that the family will purchase drinking water during that period and provide the receipts for purchases to their client supervisor.}

{FCS also requires that the home, inside and outside, be clean and in good repair, All trash must be properly discarded. All repairs must be made in a timely fashion.}

3700.69. Annual reevaluation.

(a) The FFCA shall visit and inspect annually each foster family to determine continued compliance with the requirements of §§ 3700.62—3700.67 (relating to foster parent requirements; foster child discipline, punishment and control policy; assessment of foster parent capability; foster parent training; foster family residence requirements; and safety requirements).

(b) The FFCA shall give each foster family written notice regarding the results of the annual evaluation.

(c) The FFCA shall give written notice to foster families of its decision to approve, disapprove or provisionally approve the foster family. The written notice shall inform the foster parents that they may appeal the FFCA's decision to disapprove or provisionally approve the foster {resource} family.

3700.70. Temporary and provisional approvals of foster families.

{The section on temporary approval is not included because FCS cannot give a temporary approval. Only a government agency can give a temporary approval.}

(b) Foster families may be given provisional approval to care for foster children.

(1) Provisional approval of a foster family may be authorized by an FFCA when a previously approved foster family is determined, in a reevaluation, not to meet one or more of the requirements in § § 3700.62—3700.67.

(2) The FFCA may authorize provisional approval only if the identified areas of regulatory noncompliance will not result in an immediate threat to the health or safety of foster children placed with the foster family.

(3) During a period of provisional approval, the FFCA may not place additional children with the foster family.

(4) For foster families approved after October 1, 1982, provisional approval may be maintained for no longer than 12 months. The FFCA shall terminate the provisional approval of a foster family unable to achieve compliance within 12 months of receipt of provisional approval. Upon termination of a foster family's provisional approval, the FFCA shall remove foster children living with the foster family.

3700.72. Foster family approval appeals.

(a) The FFCA shall give written notice to each applicant of its decision to approve, disapprove or provisionally approve the foster family. The written notice shall inform the foster parents that they may appeal the FFCA's decision to disapprove or provisionally approve the foster family.

(b) Foster parents who wish to appeal an FFCA decision to disapprove or provisionally approve the foster family shall submit to the FFCA a written appeal, postmarked no later than 15 calendar days from the date of the written notice. The appeals are subject to Title 9003 of the DPW Manual to be codified at Chapter 30 (relating to licensure or approval appeal procedures).

(c) Upon receipt of the foster parent appeal, the FFCA shall date stamp the appeal. The FFCA shall review the appeal and determine if steps can be taken to resolve the appeal without a hearing. If, after considering the appeal, the FFCA is unable to resolve issues of disagreement, the appeal shall be sent to the Office of Hearings and Appeals, Post Office Box 2675, Harrisburg, Pennsylvania 17105 within 15 calendar days of the date stamp.

3700.73. Foster parent appeal of child relocation.

(a) Foster parents may appeal the relocation of a child from the foster family except under one of the following conditions:

- (1) The child has been with the foster family less than 6 months.
- (2) The removal is initiated by the court.
- (3) The removal is to return the child to his parents.
- (4) The removal is to place the child for adoption.

(5) An investigation of a report of alleged child abuse indicates the need for protective custody removal to protect the child from further serious physical or mental injury, sexual abuse or serious physical neglect as defined in Chapter 3490 (relating to protective services).

(b) The FFCA shall inform foster parents in writing that they may appeal the relocation of a child in accordance with subsection (a) at least 15 days prior to the relocation of the child.

(c) Foster parents who wish to appeal the relocation of a child shall submit to the FFCA a written appeal to be postmarked no later than 15 days after the date of the notice of their right to appeal the child's relocation.

(d) Upon receipt of the foster parent's appeal, the FFCA shall date stamp the appeal and submit it to the Department's Office of Hearings and Appeals, Post Office Box 2675, Harrisburg, Pennsylvania 17105, within 5 working days.

(e) If a foster parent submits an appeal in accordance with subsection (c) and the foster parent has the right to appeal in accordance with subsection (a), the child shall remain in the foster family home pending a decision on the appeal.

(f) Parties to an appeal of a child's relocation may be represented by an attorney or other

3680.17. Transportation requirements.

(a) The legal entity shall establish, and ensure adherence to, written policies and procedures regarding the transportation of children receiving services.

(b) The policies shall include, at a minimum, the following:

(1) A vehicle used in transporting children while they are receiving services from the agency shall be validly licensed and inspected under 75 Pa.C.S. § § 101—9901 (relating to the Vehicle Code). {Copies of automobile registration, and current insurance should be given to the client supervisor, for inclusion in the Resource Family Chart, as they are updated.}

(2) Persons transporting children on behalf of the agency shall possess a valid driver's license for the class of vehicle the person is operating. {Copies of current driver's licenses are filed in the Resource Family chart.}

(3) The number of persons in a vehicle used to transport children may not exceed the passenger capacity as determined by the vehicle manufacturer. Safety restraints, as installed at the time of manufacturing, shall be used by occupants.

(4) Children who are younger than 4 years of age shall be transported in motor vehicles in accordance with the requirements for parents and guardians under 75 Pa.C.S. § 4581 (relating to restraint systems).

{Children must be securely buckled at all times while in a car. Children up to 4 years of age must be in an approved care safety seat at all times. Children up to 8 years old must be in an approved child booster seat with appropriate restraints in place at all times while riding in a vehicle. All foster children must be in a seat belt or a child safety restraint seat at all times while riding in a car.}

{FCS prefers that all school-age children ride the bus to and from school rather than riding or driving with friends. If there is good reason to do otherwise such as going to work after school, please discuss the situation with the client supervisor.}

3680.43. Agency discipline.

(a) The legal entity shall ensure that a discipline policy is developed in accordance with the requirements established by an applicable service-specific chapter promulgated by the Department.

(b) If the agency operates programs for which no service-specific chapters apply, the legal entity shall establish, and ensure adherence to, a written policy governing the discipline of children.

(c) The policy shall:

(1) Stress praise and encouragement.

(2) Prohibit abusive or degrading practices, including:

(i) Ridicule, verbal abuse or threats, or derogatory or humiliating remarks.

- (ii) Physical punishment inflicted upon the body.
 - (iii) Punishment for bedwetting or actions related to toilet training.
 - (iv) Delegation of discipline to another child or group of children, except as part of an organized self-government program that is conducted in accordance with written policy and directly supervised by staff.
 - (v) Denial of food, water, shelter, sufficient sleep, clothing or bedding.
 - (vi) Denial of elements of the individual service plan (ISP).
 - (vii) Denial of communication with or visiting by or with the family.
 - (viii) Assignment of physically strenuous exercise or work solely as punishment.
 - (ix) Requiring a child to remain silent for long periods of time.
 - (x) Group punishment for the misbehavior of an individual child.
 - (xi) Delegation of discipline to persons not known by the child.
- (d) ... no programs operated by the agency may use a method of physical restraint, isolation, security or physical barriers which prohibit a child's egress. Locks may be used only as a means of external security to keep persons out or to deny access to a certain area of the facility in which the program operates.

Chapter 4

POLICIES AND PROCEDURES COMMON TO ALL PROGRAMS

ABUSE POLICY

DEFINITIONS:

PHYSICAL ABUSE--injury to the body.

MENTAL/EMOTIONAL ABUSE--injury to the feelings or self-worth.

SEXUAL ABUSE--injury or exploitation of a child's body for the purpose of sexual gratification on the part of the abuser.

CHILDLINE: 1-800-932-0313

All suspected abuse will be immediately reported to Childline: 1-800-932-0313. Abuse and injury will be reported per regulation 3680.21.

Physical discipline is not permitted in resource homes; therefore, any spanking, hitting, slapping, kicking, pinching, etc. is grounds for immediate removal of a child from a resource home.

Mental/emotional abuse includes name calling, derogatory or humiliating remarks, ethnic/racial slurs, ridicule, verbal abuse, threats, swearing at a child, screaming at a child, forcing a child to eat noxious substances, etc. Noxious substances include soap, pepper, tabasco sauce, or any other distasteful substance a child is forced to eat against his/her will. Foster children have often received less than ideal care prior to placement; therefore, it is of utmost importance that they always be treated with respect, compassion, and understanding. For a healthy self-esteem to be developed a child must learn to respect himself/herself. The best way to learn to respect oneself is to be respected by parental figures. Mental/emotional abuse will not be tolerated. If it occurs, the foster child will be relocated.

Sexual abuse includes genital contact or inappropriate touching, fondling, kissing, or hugging of a child or exposing oneself to a child. Sexual abuse also means the obscene or pornographic photographing, filming, or depiction of children for commercial purposes, or the rape, molestation, incest, prostitution, or other such forms of sexual exploitation of children under circumstances which indicate that the child's health or welfare is harmed or threatened. Sexual abuse is a serious criminal act. A rule of thumb

when teaching children about sexual abuse is to not allow touching where the bathing suit normally covers. Any sexual abuse or exploitation is grounds for immediate removal of a foster child.

All children need to be taught about all forms of abuse so that they will know when to report it. Children are often abused before they understand that the actions are abusive. Resource parents are to teach all of their children about abuse. If they ever suspect that a child has been abused, they are to immediately report their suspicions to the client supervisor. If the abuse has not already been reported to Childline, it is to be done at this time by calling 1-800-932-0313. If FCS ever suspects abuse within a child's home, it will be reported to Childline immediately.

Please see regulation number 3700.63 for additional information on foster child discipline, punishment, and control policy.

Please note: When a child reports or staff suspect abuse that occurred prior to the child's placement, it is necessary to report that abuse to Childline as well. If the abuse was already reported to Childline by another agency, it is not necessary to report it again; however, it is necessary to verify that it was reported.

Many children are placed in foster care because of some kind of abuse. Resource parents are charged with the responsibility of helping the children recover from any past incidents of abuse as well as preventing any further abuse. Abuse has been known to occur in resource homes. Resource parents have been known perpetrators of abuse. FCS wants to make it absolutely clear that abuse of any kind will not be tolerated in resource homes. If it occurs, FCS will cooperate fully with criminal prosecution of the perpetrators. Abuse under any circumstances is tragic. Abuse in a home where a child has been placed for protection is many times more tragic.

No client may be subject to neglect, abuse, exploitation, or maltreatment by employees or caretakers. Such maltreatment is also reportable and will be investigated fully.

ACCESS TO INFORMATION POLICY

Information and records of clients are strictly confidential.

The agency will follow HIPAA regulations.

Individuals having free access to the records are:

1. Clients (unless prohibited for good reason by the treatment team), natural parents or guardians (if clients are under age 18) and their attorneys (unless specified otherwise).

2. Family Care Services staff.
3. Resource parents who are providing direct care or designee.
4. Potential resource parents who may be providing care for the client.
5. Those individuals required by law to have access to the records. See regulations 3680.35 (C&Y), 6400.217 (CH), 6500.185 (FL), 5310.64 (CRR) and 5310.142 (CRR) for additional information. FCS will release information according to these regulations.

Written consents must be obtained from the client or the client's natural parents or guardians to release information other than to the above individuals.

Breach of confidentiality includes, but is not limited to, discussing a child's history or present situation with unauthorized persons, signing release of information forms without authorization, allowing information and/or pictures of clients to be given to newspapers without authorization, HIV/AIDS status, etc.

If any FCS staff member or resource parent violates this policy, he/she will receive at least a written warning. Depending on the severity of the breach, he/she may be terminated. If there is a second occurrence, the employee/resource parent will be terminated.

Protection of information relating to a child's identity, life and circumstances , and that of his or her family, from inappropriate disclosure is of the utmost importance, in order for the child and his/her family develop trust and to feel safe, besides it is the law. A sample copy of the Confidentiality Statement that all resource parents must sign annually is in Chapter 6.

BEHAVIOR PLAN POLICY

Behavior plans are a very helpful tool when used as part of a behavior shaping plan. It is recommended that a behavior plan be developed for any child regularly exhibiting unacceptable behaviors. A simple plan lists the rules to be followed, the consequences for following or not following the rules, and some sort of documentation system for keeping track of the child's daily progress. These plans are to be developed jointly between the resource parents and the client supervisor. A sample behavior plan is in Chapter 6.

CIVIL RIGHTS COMPLIANCE POLICY

EQUAL EMPLOYMENT OPPORTUNITY SERVICE DELIVERY

Subject: Nondiscrimination Policies in Employment and Service Delivery.

In accordance with applicable Federal and State civil rights laws, regulatory requirements and guidelines, the following policies will be adhered to by Family Care Services, Inc. in assuring civil rights in matters of employment and the delivery of human services:

Equal Employment Opportunity

An open and equitable personnel system will be maintained. Personnel policies, procedures and practices will be designed to prohibit discrimination on the basis of race, color, religious creed, disability (physical including HIV/AIDS, or mental), ancestry, national origin, age, or sex. Only information that is required by law to be released regarding HIV/AIDS will be released unless permission is obtained to release such information.

Employment opportunities shall be increased for qualified disabled applicants, and reasonable accommodations shall be made to meet the physical or mental limitations of qualified applicants or employees.

Service Delivery

Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability (physical, including HIV/AIDS, or mental), ancestry, national origin, primary language or mode of communication, age, or sex.

Program services shall be made accessible to eligible disabled persons through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids and use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any client (and/or his/her guardian) who believes the client has been discriminated against or any employee who believes he/she has been discriminated against may file a complaint of discrimination with any of the following:

Family Care Services, Inc.
4498 Edenville Road
Chambersburg, PA 17202

Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health & Welfare Building
P. O. Box 2675
Harrisburg, PA 17105

PA Human Relations Commission
Harrisburg Regional Office
Riverfront Office Center
1101 S. Front St., 5th Floor
Harrisburg, PA 17104

U.S. Department of Health and Human Services
Office for Civil Rights
Suite 372, Public Ledger Bldg.
150 South Independence Mall West
Philadelphia, PA 19106-9111

COURT HEARINGS POLICY

Resource parents are generally expected to attend the child's court hearings. For many resource parents, this is a stressful time. They are uncertain what they might be asked and what is expected of them. Below are some tips on participating in court hearings.

- Stay informed about court dates and times. Ask for information if you feel you are not getting what you need.
- Ask the client supervisor to explain the purpose of the hearing to you, and your role in the hearing, if you are not sure.
- Work with your client supervisor and others to help the child understand what to expect and how to participate in court, including who will be present, the purpose of the hearing, what will happen and be said during the hearing and what will happen afterward. Try to respond to the child's questions, but be sure your information is accurate.
- Always arrive 15-30 minutes early to get through security and to get to the court room. (Often the child's attorney will want to speak with the child prior to the hearing.)
- Bring the child(ren), whose hearing you are attending, but make child care arrangements for other children in your care.
- Dress professionally and appropriately.
- Bring any records that you wish to bring but keep in mind that any written materials you bring might be requested and copied by all attorneys for the official record. (Usually, the client supervisor will provide any information requested by the court or placement agency prior to the hearing except for a questionnaire that you might be asked to complete. If asked, please complete the questionnaire as soon as possible and return it to the sender.)

- If you are asked to speak, speak slowly, clearly and use clear and professional language. Give all of your answers out loud, do not nod or shake your head. Refer to the judge as “Your Honor”
- Be as clear and as complete as possible when responding to questions or providing information about the child so that the judge has a clear picture with which to make a decision.
- When asked to give sworn testimony, speak with an attorney ahead of the hearing to be sure that you know what this means, if you do not know.
- If your religious beliefs prevent you from taking an oath, let the attorney and your client supervisor know ahead of time so that an alternative pledge can be arranged.
- Talk to other resource parents about their experiences in court.
- Remember that all information about the child’s case is confidential.
- Relax—you are a part of the team.

COMMON QUESTIONS THAT MIGHT BE ASKED IN COURT

- How long have you been a resource parent? How many children have you cared for?
- How long have you known this child? Did you know this child before you became his/her resource parent?
 - Do you have any special training or experience related to caring for children?
 - What was the physical and emotional condition of this child when he/she came into your home?
 - What changes have you noticed in this child’s physical condition, emotional condition or behaviors since he/she came into your home?
 - Describe the child’s typical day.
 - Describe your relationship with the child’s parents.
 - Have you seen the child interacting with his/her parents? Can you describe the interaction? You may be asked to give dates and descriptions.
 - Describe the nature of the contact—dates and length of visits—phone calls—gifts.
 - How does the child react or behave before and after the contact with his/her parents?
 - How is the child doing in school?
 - How is the child’s health? When did he/she last go to the doctor?
 - What other activities is the child involved in? (such as sports, church, music, social, recreation)
 - What concerns do you have?
 - If reunification does not happen, are you interested in being a permanent resource for this child through adoption or guardianship?
 - What other supports or services do you or the child need?

DISCIPLINE POLICY

Corporal punishment of foster children is not permitted. Corporal and other types of punishment which are not allowed can include, but are not limited to, any of the following:

- Spanking, slapping, or other forms of hitting with hands or other instruments.
- Any form of punishment which inflicts pain.
- Use of restraints or isolating a child in a closet or other inappropriate space.
- Denial of meals or other basic needs.
- Verbal abuse or ridicule, or threats of removing the child from the home.
- Denial of planned visits, phone calls or other contact with family members.
- Assignment of inappropriate chores or work.
- Punishment for bed-wetting or actions relating to toilet training.
- Allowing children to discipline other children.
- Denial of any component of the child's family or individual service plan.

EMERGENCY TELEPHONE NUMBERS

Emergency telephone numbers should always be posted by the telephone. The length of the list of the emergency telephone numbers is determined by the needs of the client and the number of persons, agencies, etc. involved in their care. Parents should have as a minimum, the numbers for fire, police, and ambulance posted by their telephone(s). Parents should also have telephone numbers for all significant persons, agencies, therapists, physicians, etc. who are involved in the care of the client.

Suggestions for an emergency telephone number list are below:

Fire Department—Check to see if your area has the 911 system, another similar community wide emergency number, or if you must call a particular fire station. Post the correct number. (Chambersburg area has 911)

Ambulance/Rescue Squad—Check as above. (Chambersburg area has 911)

Police—Check as above. In addition, if you live within borough or city limits, you would use the borough or city police and if you live outside the borough or city limits, you would use the state police. (Chambersburg area has 911)

Doctor—Post the family doctor as well as any specialists involved in the client's care.

Hospital—For emergencies, you would use the nearest hospital unless you have written instructions to do otherwise.

Poison Control Center

Central PA Poison Center: (717) 531-6111 or 1-800-521-6110
Altoona area Poison Control Center: (814) 946-3711.
Maryland Poison Center: 1-800-492-2414
American Association of Poison Control Centers: 1-800-222-1222.

Childline—1-800-932-0313. To report child abuse.

Client's parents and/or other responsible persons—This, of course, varies with each client. Complete this information with the client's parents and Family Care Services staff.

Neighbor—Closest, dependable neighbor who is able and willing to help in an emergency.

Family Care Services:

Office: (717) 263-2285
Emergency Number: same as above. When the office is closed, the voice mail system will notify the on-call emergency worker. Just follow the directions on the voice mail system.
Fax: 717-263-6597

Franklin/Fulton Counties MH/MR

(717) 264-2184 Franklin-Fulton Co. (MH)
(717) 264-8381 Franklin-Fulton Co. (MR)

Franklin County Children and Youth Services

(717) 263-1900

Fulton Co. Services for Children

(717) 485-3553

Obtain emergency numbers from your client supervisor for referral sources other than those listed.

In the event of an emergency, follow the steps below:

1. Call for assistance, if needed.
2. Deal with the emergency.
3. Call Family Care Services (FCS). FCS staff will make the rest of the calls. If unable to reach FCS for any reason, report the emergency to the appropriate referral source.

FINANCIAL REIMBURSEMENT POLICIES AND PROCEDURES

Provider Parent Pay. All resource parents are paid a daily rate for clients placed in their home. There are different rates of pay for the different services that are provided. The rate is discussed prior to placement and an agreement between FCS and the resource parents is completed. The rate ranges approximately \$16 to \$62 for each day, according to the difficulty of care of clients in different programs. Parents receive pay checks for the previous month by mail on the fifteenth of each month or the day before if there is no mail delivery on the fifteenth. Parents are paid for days ending with an overnight stay. On a day when a client moves from one provider family to another, the family who has the client overnight will be paid for that day. Since the first day and last day of a placement are partial days, only the first day will be paid. If a client is temporarily in the home of another resource parent overnight, that parent is paid.

Some providers have requested early payments due to being away on vacation and other reasons. Due to FCS cash management policy, payments are not made before the due date. However, advance payments to meet unusual expenses connected with client care are available as described below. If the provider supplies a deposit ticket, FCS can deposit checks when resource parents are away.

Income Tax on Resource Parent Pay. The payments which you receive for providing care to FCS clients are generally not taxable. You should refer to IRS Publication 17, Your Federal Income Tax, for specific instructions. Please note that you should not deduct expenses related to foster care from your taxable income unless those expenses exceed the amount you were paid. Consult current tax guidance before you claim a foster child for a tax credit or exemption.

Room and Board. Reimbursement for expenses incurred providing room and board for clients in resource homes is a part of the daily payment to resource parents. The amount paid for room and board expenses is \$15.11 per day.

"Room" is defined as the client's share of the family's home costs, including utilities, maintenance, furnishings, supplies, etc. "Board" is the client's share of the family's food and food preparation costs.

Money paid to resource parents is expected to cover food; shelter; laundry expenses; personal items such as toothpaste, shampoo, sanitary needs, hair cuts/styling, etc. which are normally used by other members of the family; any activities which the family attends together such as movies, amusement parks, etc.; and transportation costs.

Reimbursement is not provided for any items needed to care for a client which are normally part of a home such as beds, linens, furniture, dishes, bottles, etc. Reimbursement is not provided for any home furnishings or equipment that are damaged or missing while a client is in placement.

All children are normally eligible for free school lunches. The form for free lunches is obtained through the school the child attends. Consult the WIC office for benefits for young children.

Medical costs including prescription medication are normally covered by Medical Assistance through the client's ACCESS card. Intermittent over-the-counter medication prescribed for colds, fever, upset stomach, headaches, etc. is furnished by the resource parents. Regular, long-term use, over-the-counter medication used to treat a diagnosed disease, ordered by a physician, and not covered by the ACCESS card is paid for by the resource parent and reimbursed by FCS as described below.

Except in emergencies, resource parents must have prior approval from the client supervisor for FCS to pay for medical expenses not covered by the medical card, eyeglasses not covered by the medical card, etc. FCS must also obtain prior approval from the county referral agency in order to bill the county for such medical expenses. If prior approval is not obtained, resource parents will be responsible for payment. Reimbursement is requested by submitting a reimbursement form to the client supervisor with a copy of the physician's order or prescription and receipts for purchases.

Transportation. Resource families are responsible for all transportation of clients to school, work, day programming, medical and dental appointments, counseling appointments, court hearings, and any other activities that are part of an approved treatment plan. Resource parents transport children to supervised natural family visits in the FCS visiting facility. Resource parents will provide transportation for visits at FCS, at the child's home, or other locations within our normal geographical placement limits which are 70 miles in any direction from the FCS office. Natural parents are encouraged to provide transportation to home visits. If they are unable to do so, resource parents will provide the transportation. Clients may use free or subsidized transportation that may be authorized for them. Any cost of transportation will be paid by the resource family. Client funds will not be used, except when the client's plan includes working toward independence by providing his/her own transportation.

Resource families are also responsible for arranging backup transportation if a client misses scheduled transportation such as the bus going to or from school. If transportation cannot be arranged in an emergency, FCS will arrange it and deduct a charge per mile traveled by FCS staff or half of the daily provider payment, whichever is greater. FCS may assist with unusually difficult transportation requirements. Resource parents should discuss transportation problems with their client supervisor.

Sitters. Resource parents are responsible for arranging and paying for a qualified sitter when the need arises. If no sitter can be found in an emergency, FCS will arrange for a sitter and will deduct at least 1/2 of the daily payment or more if the expense exceeds that amount. If an overnight sitter is needed, the entire daily payment will go to

the sitter. It is the responsibility of the resource parents to arrange for their own sitters except in emergencies. See the Sitter Policy for sitter requirements.

Parent Availability during Client Absence. CRR Host Home parents and foster parents must be accessible while their client is a runaway, on home visits, at camp, or away at college unless the client has been temporarily discharged from FCS. During such absences, the county children and youth agency usually authorizes placement maintenance pay for CRR clients or continuation of foster care pay. If parents are receiving placement maintenance or foster care pay, they must be available for an early or unscheduled return of the client. If parents are not prepared for the return of the child on any day of the absence, they are not eligible for pay during the absence. If the family is not available for any of the period of absence, another family will be assigned the responsibility the client and will receive the pay until the family returns and is again responsible for the child. Notify your client supervisor if you are not going to be available during your client's absence.

Advance Payment for Client Clothing and Other Expenses. Advance payments may be requested to meet unusual expenses connected with provider parenting, such as initial placement expenses or major purchases of \$250 or more. We will not issue advances for routine expenses because we issue checks for reimbursements within three weeks after submission of proper documentation to the client supervisor. Advance checks will be mailed as soon as possible. Reimbursement forms will be submitted as usual. The advance will be collected from subsequent payments.

Client Funds. Some clients have income from Social Security, jobs, or other sources. This money is referred to as "client funds" because the funds are owned by the client. Clients who receive Supplemental Security Income (SSI) have their room & board, clothing, and other expenses paid from these funds by their representative payee who may be a resource parent, FCS, or a natural family member. When a resource family member or natural family member is representative payee, that individual pays a monthly room and board bill to FCS and makes the client's funds available for clothing, spending money, and other expenses. When a resource parent serves as representative payee for a client receiving social security benefits, FCS will provide appropriate financial training to the resource parent. Resource parents should not use these funds or require these clients to pay for expenses which fall within the definitions of room and board above. The representative payee is accountable to the Social Security Administration for the client's funds. When FCS is representative payee, resource parents make purchases and request reimbursement as described in the Program Funds section.

A client may pay for clothing and personal appliances with his/her own funds, but should not be required to purchase basic furnishings for his/her room or appliances that are for general family use. Clients retain ownership of those things that they purchase. They may pay for entertainment and other activities they attend as individuals and not as part of the family.

Money cannot be taken out of a client's personal account against his/her wishes to pay for damages in the resource home. If damages occur and the client refuses to pay for the damages, the resource parents should file criminal charges to recover the loss.

Expenses for Clients in a Respite Placement. For children in Mental Health Respite Care funded by the county MH/MR and Respite Care for Children funded by Catholic Charities, the biological parents/guardians are responsible for the purchase of all clothing and other personal items.

Program Funds come from county agencies in payment to FCS for placement services provided to their clients by FCS. Program funds are owned by FCS, unlike client funds which are owned by the client. Children in our CRR host home and foster care programs who do not receive Supplemental Security Income (SSI) have their room & board, clothing, and other expenses funded by the referring county children & youth or juvenile probation agency. FCS bills the county and the county's payment provides a fixed amount per day which is available to the child for clothing, spending money, entertainment, cultural activities, personal items, etc. Children in foster care are generally allocated \$4.00 per day and children in CRR are allocated about \$5.00 per day. These funds must be used in accordance with FCS policies.

A computer listing is provided monthly showing the clothing and maintenance allowance through the last end of month and expenses recorded to date. Resource parents are responsible for monitoring this listing and insuring that expenses do not exceed the allowance. An explanation of the listing is printed on the back of the listing. Please direct questions to your client supervisor, who also receives the same listing.

Program Funds expire at the end of the fiscal year which is June 30. Expenditures made by June 30 use this year's money. Expenditures after June 30 will use next year's money. Bills and reimbursement forms for the fiscal year ended June 30 must be submitted to your client supervisor by July 20. The date of expenditure determines which fiscal year's money is used. Do not mix expenditures from both years on the same reimbursement form.

Reimbursement Procedures. Resource parents pay for clients' expenses and submit reimbursement claims to their client supervisor. Use Form 63 and Form 229 for resource parent reimbursements. Use Form 60 only for initial clothing and medical reimbursements. You may also submit bills for payment.

All reimbursements are requested by submitting reimbursement forms to the client supervisor with receipts and other necessary documentation. Forms must be filled out with ink (not pencil) with the client's name as it appears in FCS records. Enter the date of the day the form is filled out which should not be prior to the dates on the receipts. Receipts submitted must show that the items were purchased by cash, check, charge card or charge account. Price tags are not adequate receipts. If lay-away statements are used as receipts, they must show that items were received and paid for. If

a receipt is lost, prepare and sign a statement as follows: I certify that I purchased (list items) from (store) on (date) for (price). (your signature) Attach receipts to the back of the form. Receipts and purchases must be shown to the client supervisor when reimbursement is requested. Do not mail reimbursement forms. The reimbursement form will be taken to the FCS office by the client supervisor and a check will be issued within the next three weeks.

Clothing Inventory. Clothing is the first priority for program funds. Do not spend program funds on other things and neglect clothing. Our contracts with children & youth and juvenile probation agencies require us to maintain an adequate clothing inventory for the child in placement at all times. When a child is placed, FCS must inventory the child's clothing. If necessary clothing items are missing, the county will be requested to fund the purchase of those items.

During the placement, resource parents make purchases to maintain the inventory by replacing clothing that is worn or too small. At the time of moves between homes and each year on the anniversary date of the child's placement, an inventory must be completed. Ask your client supervisor if the referral county allows an annual allowance for the purchase of new clothing as the child grows. If so, submit the inventory showing shortages to your client supervisor who will request the allowance for the purchase of any needed clothing. Insure that the client's clothing goes with him/her during a move or upon discharge and that the clothing inventory is complete.

Items purchased with program funds are for the client's use while in placement and are not owned by the client until discharge. Clients must maintain items purchased with program funds in the placement home. Clients may not take these items to home visits and leave them there. Clients may not sell or give away these items.

Upon discharge from our care, the child must leave with adequate clothing. FCS must again inventory the child's clothing and report to the county. Resource parents should plan clothing purchases to maintain an adequate clothing inventory at all times. If purchases are reasonable and prudent, program funds will be adequate to maintain the inventory. Resource parents should not purchase unusually expensive clothing items with program funds. The clothing inventory form in Chapter 6 lists the items all children must have in good condition and fit during their placement and upon discharge.

Your client supervisor will maintain copies of reimbursement forms for all clothing purchases using program funds. Also reimbursement forms for all non-clothing items with a value of over \$25.00 will be maintained. (Please tell your client supervisor when clothing items or non-clothing items valued at over \$25.00 are lost, damaged or stolen or otherwise disposed of.) Check with your client supervisor concerning the disposal of multiple items on the inventory should that become necessary due to a growth spurt, item damage or etc. (This is not necessary for normal disposal of worn out clothing, but for other items it will assure that there are no questions later about what happened to these items.)

Spending money for clients may be received as a weekly check by mail or resource parents may give the child cash and request reimbursement. Spending money checks must be cashed when received and not saved up for a major expense. Spending cash is to be spent for entertainment, not for clothing or other non-entertainment items. Ask your client supervisor about receiving a weekly check. Resource parents who give clients spending cash must request reimbursement by month using Form 229, which includes a daily record of cash given with the child's signature for each time that cash is received. Ask your client supervisor for this form. This form is not needed if the child receives spending money by a weekly check from FCS. Clients may receive extra spending money for significant accomplishments such as improvements in behavior, school performance, and attaining treatment plan goals. If cash for a special purpose or event is to be given to a client who is receiving a weekly check, discuss the amount and purpose with your client supervisor in advance. Form 229 should be turned in within six weeks after the cash is given. If cash is given to the child for a purchase, obtain a receipt for the purchase and submit Form 63 for reimbursement. We will not reimburse resource parents who do not follow these procedures.

Other Uses for Program Funds. We would like to encourage the use of program funds for worthwhile purposes that will enrich the lives of children by giving them education and experience in many areas. Following is a list of some possible uses:

- Musical instruments and lessons
- Art supplies, equipment, and lessons
- Sports equipment and instruction
- YMCA, Scouts, and other youth organization membership
- Computer equipment and software
- TV, VCR, Stereo equipment, videotapes, CDs
- Professional tutoring to help with school subjects(reading, math, etc.)
- Bicycle and accessories
- Tools and supplies for repair or building projects
- Camping activities
- School clubs and activities

Automobile and Driving Expenses. Program funds may not be used for the expenses of owning and operating an automobile, such as purchase of a vehicle, registration, insurance, repairs and maintenance. The ongoing expenses of owning and operating a vehicle are far beyond the scope of program funds. Clients should have adequate income from a job for these expenses. Program funds may be used for a learner's permit and driving instruction.

Use of Funds for Independent Living. Program funds may also be used to prepare for independent living. The following guidelines apply when clients use program funds to prepare for independent living:

1. Client's goal must be independent living, not return to natural family. Purchases must be made within the six months before independent living. Do not purchase items for which adequate storage is not available in the provider home.
2. Client must maintain an adequate clothing inventory. Clothing is the first priority for program funds. Our contracts with children & youth and juvenile probation agencies require us to maintain an adequate clothing inventory for children in placement at all times. See clothing inventory form in chapter 6.
3. If client has other sources of funds, such as a job, these funds should be used before program funds.
4. Items purchased with program funds for independent living must be stored and not used while in placement. Resource parents remain responsible for the client's room furniture and appropriate furnishings.
5. When purchasing household furnishings with program funds, consider sources other than new merchandise:
 - a. Donations. Many families have excess household furnishings available for donation.
 - b. Yard sales and auctions are good sources for household furnishings at a fraction of the cost of new merchandise.
6. These guidelines do not apply to money earned by the client or to items purchased with the client's money.

Initial Clothing Allowance. The purpose of the initial clothing allowance for children & youth and probation clients is to provide clothing items for children who come into placement without adequate clothing. We inventory the child's clothing upon placement and ask the referring county for the necessary funds. Funds authorized by the county must be used only for the shortages identified by the inventory.

To make the best use of the initial clothing allowance and to receive prompt reimbursement, please comply with the following:

1. When buying initial clothing, buy only the shortage items and use the total authorized amount on shortage items only.
2. Purchase initial clothing during the first week of placement and obtain separate receipts for each child's purchases.
3. List only shortage items on the Form 60 and submit to the client supervisor within the first two weeks of placement with original receipts.

Some resource parents have purchased other items and have included those items on the Form 60. We can't reimburse for those items from the Form 60; so our staff must line off those items and ask the resource parents to submit them on Form 63. This makes extra work for all and delays payment.

Some resource parents have failed to purchase some of the shortage items. The county only pays us for those items purchased. Often the total of the items purchased is less than the amount authorized by the county and we don't use the authorized funds. Later, some of the items not purchased for initial clothing are purchased, which uses program funds that could have been used for something else.

Sometimes we hear that items on the inventory are not purchased because children refuse to wear them. Our inventory list includes clothing items that should be worn by a child living with a foster family. For instance, there will be family activities that require dress clothes. In addition, bathrobes are useful for personal privacy and respect for other family members. We understand that some shortage items may not be purchased because seasonal items such as heavy coats may not always be available or the amount authorized may not cover all shortages. See the clothing inventory in Chapter 6.

FIRE SYSTEM FAILURE MONITORING PROCEDURE

In the event of a malfunction in any fire safety equipment (smoke detectors, fire alarms, and fire extinguishers), the following procedure shall be followed:

1. Repair the equipment immediately, if possible.
2. If unable to repair the equipment immediately, notify Family Care Services.
3. Equipment must be repaired or replaced within 48 hours.
4. While equipment is malfunctioning, be extra cautious. Check the house for fire hazards prior to going to bed. Alert everyone in the household of the malfunction. Hold a fire drill to refresh everyone's memory of what to do in case of fire.

FIRE TRAINING

1. Review fire safety regulations.
 - a. 6400 regulations : 101-107. (MH/MR clients)
 - b. 3700 regulations: 3700.67 (C & Y, Probation, and CRR clients)
2. Review the tape from the Fire Department.

3. Review the family's escape plan. Revise if necessary. There must be two exits (one normal and one emergency) from each bedroom.
4. Review use of fire extinguishers.
5. Hold a fire drill. {Fire drills must be completed every 2 months.}
6. Test smoke detectors and check gauges and inspection dates on fire extinguishers. All fire extinguishers must be checked by a fire safety expert and tagged with the checked date at least annually.

FIRST AID

EMERGENCIES AND TREATMENT:

1. Severe bleeding.
 - a. Direct pressure.
 - b. If necessary, indirect pressure.
2. Severe injury.
 - a. Do not move unless absolutely necessary.
 - b. If necessary, move the whole body as one unit.
 - c. Treat for shock.
3. Person stops breathing.
 - a. Give rescue breathing. (if breaths go in, then start CPR.
 - b. If breaths don't go in, then treat for obstructed airway, as necessary.
4. Heart stops.
 - a. Call 911
 - b. Give CPR.
5. Uncontrollable behavior which is dangerous to self or others.
 - a. Get help--medical personnel and/or police.
 - b. Do not attempt to restrain a violent person by yourself.
6. Unconsciousness.
 - a. Insure open airway.
 - b. If not breathing, do CPR.
If breathing, treat for shock.

In all emergencies, contact emergency medical personnel (911) immediately. Stay with the victim and provide care if you know how. It is required that all resource parents take a course in First Aid and CPR. Call FCS as soon as possible and report the emergency.

NON-EMERGENCIES WHICH REQUIRE MEDICAL TREATMENT:

1. Persistent or high fever.
2. Persistent vomiting or diarrhea.
3. Persistent or severe pain.
4. Persistent or severe rash.
5. Seizures or a change in seizure pattern.
6. Any severe behavior change.
7. Any symptom that persists more than a few days.
8. Any other unexplainable symptom.

OTHER MEDICAL CONDITIONS NOT REQUIRING MEDICAL TREATMENT

(Monitor the symptoms. Medical treatment may become necessary if the symptoms persist or worsen):

1. Minor cuts, scratches, and bruises.
2. Stomachache, headache, backache, etc. which goes away.
3. Minor colds.
4. Other mild symptoms which go away.

GRIEVANCE PROCEDURE

1. Complaints are received from clients, resource family members, or client's family members.
2. Complaints are immediately taken to the Client Supervisor.
3. The Client Supervisor consults with the Program Director. If the complaint is not resolved within 48 hours, it is to be put in writing and brought to the attention of the Clinical Director.
4. The Clinical Director consults with the management team and provides a written response within 5 working days.

5. If the complaint is still not resolved, it will be brought to the attention of the client's support coordinator from the referral source.
6. If the complaint is not resolved within 5 more working days, it will be referred back to the referral source for a joint resolution by the entire treatment team.

HOUSE RULES POLICY

1. All resource homes are to have a written list of house rules that govern the home. Preferably, these rules are in place prior to a child being placed in the home. If rules are not already in place, they need to be developed within 30 days of placement. These rules need to be clear, concise, and easily understood by children. It is recommended that children sign that they have read and understand the house rules prior to imposing any consequences for unacceptable behavior. These rules are to be clearly posted in the home.

2. A sample of some house rules is found in Chapter 6.

INFECTION CONTROL POLICY

As most of us know, there has been an increase in deadly infectious diseases such as AIDS and Hepatitis. Because we cannot tell by looking at someone whether he/she is a carrier of an infectious disease, it is important to learn ways to protect ourselves from such diseases. Rather than concern ourselves with whom to protect ourselves from, it is far better to treat everyone as though he/she may be infectious. Protecting ourselves in this way is exercising "universal precautions". Taking universal precautions means that we protect ourselves from everyone in the same way since we do not know who can infect us with deadly diseases.

Casual contact with another person DOES NOT pose a risk of catching a disease which is transmitted by blood. Contact which can share blood or some body fluids IS dangerous. The two most common ways of spreading these viruses are sharing needles or having sex with an infected person. If you do not share needles or have sex with an infected person and you practice universal precautions with all people, you will be very safe from these diseases. Talk with your physician and determine whether it is advisable for you to receive the Hepatitis B Vaccine.

Some clients come from situations where they did not receive adequate medical care. Therefore, their current medical status is unknown. They may have some illness or infection which has not been diagnosed or treated. It is important, therefore, to treat all children as if they have contagious diseases until they can be taken to the doctor for a physical examination and diagnosis of any medical problems.

Prevention of diseases utilizing universal precautions includes the following:

1. Practice good and frequent hand washing and good hygiene. Good hygiene is the single, most important disease prevention technique. Immediately washing your hands after contact with any infectious substance greatly reduces your chances of contracting the disease. Practicing good hygiene keeps everyone healthier and more resistant to diseases in general.
2. Wear latex gloves when cleaning body fluids, particularly any body fluids containing blood, semen, or vaginal fluids. Sometimes vomit, urine, and feces can contain blood. To be extra careful, gloves should be worn when cleaning up these body fluids as well. Always wash your hands after removing the gloves.
3. Do not share the following items with other people:
 - Razors or razor blades
 - Nail clippers
 - Earrings
 - Toothbrushes
 - Needles or syringes
 - Food
 - Chewing gum
 - Makeup
 - Anything that can spread blood or body fluids to another person
4. Do not eat after other people and do not allow other people to eat after you. This includes small children.
5. Some parasites, such as head lice, can be spread by sharing personal hygiene items such as combs and brushes. Teach clients to use only their own personal hygiene items.

HEPATITIS B VACCINE

All FCS staff members are offered the Hepatitis B Vaccine at the time of employment. Resource parents should discuss the need for the Hepatitis B Vaccine with their physicians.

PROCEDURE FOR POSSIBLE EXPOSURE TO BLOODBORNE PATHOGENS

1. Notify your physician immediately.
2. Notify FCS if the exposure is client or work related.
3. Determine the best course of action with assistance from your physician and other health-care professionals.

LIFE BOOKS POLICY

Children in out-of-home placements are at high risk of losing their identities because of multiple moves, homes, schools, broken bonds and friendships, and repeated losses. Children need to know, "Who am I? Where did I come from? How did I get here? Where am I going? How will I get there?" It is essential for those who care for these children to preserve memories as best as possible. Life books are one such way of accomplishing this task. Photo journals and Life Boxes are other ways.

FCS clients who are in placement for one month are to have a Life Book, a Life Box, and a photo album for pictures. Funds that are reserved for client use may be used for purchasing these items. If age appropriate, allow the child to participate in purchasing his/her own materials. These items will follow the child upon discharge and are to include a variety of information such as:

BIRTH AND DEVELOPMENTAL HISTORY:

Developmental milestones, health and medical information, school information, church information, baptismal record, placement records and reasons for moves, family history, family stories, family traditions and special events, likes and dislikes, interests and talents, childhood treasures, awards and achievements, heirlooms, friends, relationships, pets, favorite places to visit, feelings, goals and dreams.

INFORMATION AND DESCRIPTIONS ABOUT BIRTH PARENTS AND SIBLINGS:

Family tree, name, address, physical description, race, national origin, talents, occupation, health history, pictures.

INFORMATION ABOUT RESOURCE FAMILIES:

Name, address, physical description, race, national origin, talents, occupation, pictures.

TRAINING

FCS believes that Life Books are a very important record of a child's stay in foster care, therefore, all FCS resource parents are encouraged to attend Life Books training annually.

PHYSICAL RESTRAINT POLICY

FCS is a restraint free agency. Restraint is considered a treatment failure. FCS requires annual training on Physical Crisis Intervention and ways to handle verbal abuse. These classes offer resource parents a variety of techniques to handle serious behavioral situations and provide tools to avoid injury to self or others.

Review the Abuse Policy, the 3700.63 regulations regarding child discipline, punishment and control policy.

Call emergency personnel, if needed, to assist with the crisis at any point that it is determined that additional assistance is needed.

Physical restraint is not to be used. If, for any reason, a restraint should ever occur, it is mandatory that FCS be notified immediately and the following information be recorded:

1. Why was the restraint done?
2. How was the restraint done?
3. How long did the restraint last?
4. What did the client do following the restraint?
5. What discussion and follow-up care was done following the restraint.

The resource parent(s) is to give the written documentation to the client supervisor. The client supervisor is to discuss the issue with the client and resource parent(s) and record any significant information. Both the resource parent's note and the client supervisor's note are to be given to the applicable Program Director. The Program Director and Clinical Director will review the information, take any action, as appropriate, and bring all of the documentation to the next weekly Management Meeting to be reviewed. Management Meeting staff will determine whether any further action needs to be taken.

HOW TO AVOID VIOLENCE

1. Never touch angry, paranoid or combative clients unless you know from history that touching is safe. Much combativeness is precipitated by unknowing staff members approaching clients incorrectly. The value of touch cannot be underestimated, but used incorrectly, it can be disastrous.
2. Give the client room to breathe. A boxed-in feeling can easily precipitate combativeness.
3. Always keep the client informed of what you are doing. Fear of the unknown can precipitate violence. This fear is easily prevented many times by providing an explanation.

4. Watch for subtle signs of behavior change which are warning signs of impending violence. By responding appropriately, violence can usually be prevented.
5. Stay out of the way of combative clients. Protect other clients and yourself from harm. Get help before things get out of hand.
6. Respect the client's right to refuse treatment.
7. Display acceptable behavior. Most people learn acceptable behavior by following the lead of authority figures and peers around them. It is important to remember that those who are physically aggressive themselves are often most fearful of violence. Their own violence is often a defense against imagined, potential attacks from others. Once they realize that their caregivers are competent, caring, non-violent people, their own combativeness decreases. Caregivers teach acceptable behavior by personally displaying acceptable behavior, and by controlling unacceptable behavior in a caring fashion.
8. Children often respond well to clear limits and a safe environment. Violence can, and often does, stop.

SELF-DEFENSE TECHNIQUES

(Do not use these techniques unless you have had specific training in how to use them.)

WRIST GRABS

1. Push or pull own arm in direction of attacker's thumb.
2. Twist out and escape.

HITS

1. Get out of the way, if possible.
2. Block.

KICKS

1. Get out of the way, if possible.
2. Block.

BITES

1. If mouth is wide, push in forcing mouth open.
2. Push on upper gum, joint in jaw, or between teeth.

HAIR PULLS

1. Hold hand to head.
2. Release finger by finger if possible.
3. Bend attacker's wrist toward knee to loosen grip and escape.

CHOKES

1. Front and back hand neck chokes.
 - a. Knock off one or both hands and escape.
2. Back neck arm choke.
 - a. Insure an open airway at bend of elbow.
 - b. Drop weight and attempt to escape.
 - c. Move to side neck choke position, jump around, and escape.
As a last resort, flip attacker to ground.

QUALITY ENHANCEMENT SERVICE POLICIES

In order to insure maximum quality, the individual's goals and progress will be formally evaluated at a scheduled time determined by the program in which he/she is placed. All client supervisors will be familiar with the client's specific program regulations, the agency's policies and procedures, the agency's philosophy, and the individual client's goals and use them as guides when assessing client progress, quality of care, and the well being of the client.

Client supervisors and program directors are responsible for assessing, implementing any changes, and insuring maximum quality in the following areas:

1. Clients achieve maximum growth and development.

- a. Assessments are used to enable the client to constantly be challenged to grow.
- b. The service plans are developed using all available information to include, but not limited to, assessments, school records, medical/psychiatric records, referring agency records and family/caregivers anecdotal information.

2. Child and Adolescent Service System Program principles are as follows: Client-centered, Family focused, Community based, Multi-system, Culturally competent, Least restrictive/least intrusive.

- a. Client's services are client-centered and based on the individual needs of the client, considering the client and family context and are developmentally appropriate. Services are strength based and child specific.

- b. Client's service planning is family focused (as appropriate), recognizing that the family is the child's primary support system. Treatment providers assure that the family participates in all decision making and in the treatment planning process.
- c. Services are delivered in the child's local community as much as possible, using formal and informal resources to promote successful community participation.
- d. All child-serving systems involved with the child, collaborate in the service planning.
- e. When planning services, recognition and respect for behaviors, ideas, attitudes, customs, beliefs, values, ceremonies, language, rituals and practices that are characteristic of the child's ethnic group are given.
- f. Services to provide for the needs of the child are met in the least intrusive/least restrictive settings available

3. Clients, as developmentally appropriate, participate fully in all aspects of service delivery.

- a. Clients, parents, case managers, school personnel, and other care providers are invited to all service planning reviews.
- b. Clients, family, and other providers are invited to participate in goal development, reviews and discharge planning.

4. Clients participate in their communities.

- a. Clients are encouraged to participate in community organizations, school programs, and other related social activities
- b. FCS holds an annual picnic and Christmas party for all clients, their provider parents, and staff.
- c. Clients are encouraged to seek employment if it is age appropriate for them to do so.
- d. Clients over the age of 15 are enrolled in FCS independent living classes to facilitate their transition to adulthood.
- e. Clients are encouraged to build appropriate relationships with the resource families, client supervisor, case managers, school personnel, peers and others in the child's life.

5. **Clients' services are planned and implemented in a coordinated fashion.**
 - a. Services are provided based on the client's individualized service plan, informal goals, medical and physical needs, and future's planning.
 - b. The service planning and personal future's plan development and review is a formal process involving all significant individuals involved in the client's care.

6. **Clients' health and safety are fully assured.**
 - a. Regular medical and dental services are provided.
 - b. Clients are provided with adaptive medical equipment, therapies and special evaluations as needed to insure maximum health.
 - c. Resource homes are inspected to insure that safety standards are enforced.

7. **Adherence to Child and Family Services Review Principles**
 - a. **Safety**-in foster care
 - 1). Protection from abuse and neglect:
 - a. Timely investigation and resolution of all reports of client maltreatment with immediate intervention as necessary.
 - b. Regular scheduled and unscheduled visits in the resource home with the resource parents and the child.
 - c. Evaluation of resource home compliance with safety regulations.
 - d. Scheduled mandatory training of resource parents.
 - e. All changes in resource home environment reviewed for safety.

 - b. **Permanence** –in foster care
 - 1). Permanence and stability in living situations.
 - a. Stability of placement in a resource family home.

- b. Coordination/cooperation with referral agency to achieve reunification or permanency goal, as appropriate.
 - c. Advocacy for terminal goal (i.e. reunification, adoption, kinship, etal.), as appropriate.
 - 2). Continuity of family relationships/connections
 - a. Proximity of placement to family.
 - b. Placed with siblings.
 - c. Visits with parents and siblings while in foster care.
 - d. Connections preserved, as appropriate.
- c. **Well-Being** of Child in foster care.
 - 1). Needs of child, family and resource parent are addressed.
 - a. Client Supervisor/ case manager visits regularly with child.
 - b. Child, family, school staff, case managers and treatment providers are involved in case management planning.
 - c. Child visits with family, as appropriate.
 - d. Child has a permanency goal.
 - 2). Child receives appropriate services to meet educational needs.
 - a. Placed in local educational district.
 - b. Assessments, placement in educational programs, as appropriate.
 - 3). Child receives adequate services to meet their physical and mental health needs.
 - a. Physical and dental evaluations and treatment.
 - b. Mental health evaluations and treatment, as necessary.

The Clinical Director is responsible for insuring maximum quality in the following areas.

1. Quality of Services

- a. Families and service providers are encouraged to provide feedback on child's care, services, and concerns on an ongoing basis.
- b. Regular inspections from local and state authorities are conducted and their suggestions are implemented.
- c. All communications and memorandums from County and State are read and acted upon by the director of the agency. Implementations are activated by the program directors and client supervisors.

2. Quality of Staff

- a. Credentials of staff members are checked to insure that they have the knowledge and competence to administer and provide services.
- b. Annual evaluations are completed for all staff members to insure ongoing competence.
- c. Competency of staff is maintained by ongoing required training and monthly staff meetings.
- d. If needed, interim evaluations and suggestions for improvement are given.
- e. Incompetent staff are terminated.

3. Quality of Programs

- a. Annual evaluation of each program is conducted. FCS is a private agency and is inspected annually by the applicable county/state office overseeing the specific program.
- b. Each home is inspected annually by Family Care Services staff and as desired by the county or state offices tasked with assuring safety, permanence, and well-being of the children in care.
- c. Policies and procedures have been developed using existing regulations, best practice, competence and expertise of staff, and consultation with outside experts.

- d. Policies and procedures are revised and adapted as necessary according to any new memorandums or mandates from State or County offices.
- e. Documents and forms used in recording and communications to implement policies and procedures are reviewed and revised on a needs basis.

SAFETY POLICY

There are so many safety issues to be concerned with in normal living that it is impossible to cover all of them in this manual. Therefore, some general safety principles will be covered. Resource parents are encouraged to evaluate all situations for potential risks. Eliminate unnecessary risks and keep all other risks to a minimum. Model and teach safe behavior at all times.

We caution resource parents regarding keeping pets in the house. Children can sometimes be infected with serious diseases while playing with animals. If house pets are kept, please be sure that there are no unpleasant odors or soiling from the animals in the house. Many clients from metropolitan areas have not been around animals and are terrified of them. Please make sure that clients are never put in a situation where they may be frightened by animals. Introduce the animals very slowly and at the client's own pace. Some pets are dangerous or potentially dangerous. It is the resource parents' responsibility to properly manage their pets and prevent any accidents or injuries. If any accidents or injuries do occur with resource family pets, the resource families are financially responsible for all consequences of the accidents or injuries. FCS's insurance policy may not cover accidents and injuries caused by family pets. If a family pet bites an FCS staff member or client, the animal must be isolated from all clients and staff members pending an investigation. It is likely that the animal will be required to be kept separate from all clients and staff members indefinitely.

Family Care Services accepts clients who have drug and alcohol problems. FCS does not place recovering addicts in homes where alcohol is present. It is important for resource parents to let FCS know if they are social drinkers. Placing an addicted child in a home where he/she would have access to alcohol or addictive medication would set up the addicted child for failure.

Many safety issues are covered elsewhere in this manual under regulations, fire safety, etc. Some general safety principles are as follows:

1. Follow all laws. FCS is not responsible for enforcing laws other than those governing foster care; nevertheless, resource parents are certainly responsible for

following them. For example, parents are responsible for driving safely and following traffic laws, following animal laws for pets and getting licenses and vaccinations for them, following laws regarding alcohol and illegal drugs, etc.

2. Practice safety at all times. Insure that children wear safety helmets when riding bicycles, put fences with locked gates around swimming pools, keep children away from lawn mowers, etc. All electrical equipment must be in good repair. All electrical power tools must be locked in a cabinet, closet or storage room when not in use when children under 10 years of age are present in the home. Electrical kitchen equipment may be operated by older children only when under direct supervision of adults.

3. Choose safe activities for children. Insure that play equipment is safe before allowing children to play on it. Keep children away from farm equipment and potentially dangerous farm animals. Insure that pets are properly restrained. Insure that children and pets have contact with each other only whenever the children and the pets can be trusted together. Monitor all recreational activities to insure that they are appropriate and safe for each child.

4. Be aware that a change in environment poses a risk in itself. Children in placement are moved from a familiar environment to a totally unfamiliar one. They may have been aware of risks in their old environment, but they have no idea what risks they face in their new one. Take extra precautions for the first several weeks after placement to insure that the child(ren) have time to get familiar with their new environment.

4. Always assure that all medications and poisonous substances are locked and stored in accordance with regulations provided elsewhere in this manual.

5. Inform your insurance carrier that you have clients living in your home.

6. Always use seatbelts, infant seats or booster seats (as appropriate) when transporting children in a motorized vehicle.

7. Always assure that any weapons and ammunition in the home are locked up in separate locations.

8. A Sample of a Family Safety Contract, which is to be reviewed and signed annually, is in Chapter 6.

SCHOOL/EDUCATIONAL INVOLVEMENT POLICY

Educating children in foster care is a shared responsibility between the family, foster care agency, placement agency, resource family and the school. Studies have shown that children and youth in foster care may have many unique challenges as they make their way through the school system. When compared to other children, children and youth in foster care tend to have: higher rates of being held back a grade, lower scores on standardized tests, higher rates of tardiness and absences, higher drop out rates and lower high school graduation rates. In addition, 30-40 percent of children in foster care receive special education services. For this reason, helping the foster child in your home to be successful in school is one of your most important responsibilities.

It is the responsibility of the resource parent to ensure that the child attends school every day, arrives on time, dresses appropriately and has arrangements for lunch. The resource parent should also maintain regular communication with the school, provide appropriate school and homework supplies, assist with homework and encourage the child to focus and succeed in school.

In most instances, the family retains the right and responsibility to sign all educational documents, including Individualized Educational Plans. Youths, particularly those over 14 years of age, are expected to participate in the development and implementation of their own IEP. In some instances, the placement agency may have educational rights and will sign the IEP. The resource parent is not permitted to sign educational documents but is a very important part of the team.

Involvement in the child's education is a crucial responsibility of the resource parents. Some ways to be involved include:

1. Participation in the PTO, get to know the teachers and other school personnel.
2. Provide positive encouragement for school accomplishments. Post papers, offer praise, share progress with parents.
3. Provide a comfortable, well-supplied and well-lit place to complete homework.
4. Observe child's efforts to complete homework and if you suspect special education needs are not being met, alert your client supervisor and work together to develop a plan to address those issues. This plan may include special education planning, tutoring, after school or summer educational programs.
5. Learn about testing and other requirements for advancing from grade to grade, graduation requirements, special education policies and procedures, so that you can advocate for these services to be provided in a timely manner.

6. Provide accurate and relevant information to parents, referring agency and teachers as it relates to school progress and educational needs.

7. Include the child's parents in activities at school. (Inform the parents or if the goal is adoption, the pre-adoptive parents of upcoming activities.)

8. Become knowledgeable about post-secondary education options for older youth including colleges, vocational schools and school-to-work programs. Stay abreast of application and financial aid applications and help arrange campus tours, interviews and other important steps in the process.

At FCS, the child's client supervisor will work with you and be there to help you address any educational concerns you might have. Remember, you are part of the team and other team members are also tasked with helping to assure that the child receives the educational services and educational support that he or she might need.

SEXUAL HARASSMENT POLICY

1. Sexual harassment will not be tolerated. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature which is connected to an employee's job and acquiescence affects the employee's job in any way. Sexual harassment is also defined as any behavior of a sexual nature which interferes with an employee's ability to perform his/her job duties by creating a hostile work environment.

2. All complaints of sexual harassment are to be taken directly to the Clinical Director or Administrator.

3. No retaliatory action of any kind is to be taken against any employee who makes a complaint in good faith.

4. Corrective action will be taken immediately and can range from a verbal warning, written warning, suspension, or termination depending upon the severity of the act.

5. Any employee who has knowledge of any behavior which might be sexually harassing in nature is also obligated to immediately bring it to the attention of the Clinical Director or Administrator. In the absence of the Clinical Director or Administrator, the employee is obligated to notify his/her supervisor or another supervising employee in an effort to have the behavior stop immediately. All employees have a responsibility to keep their behavior free of harassment and to stop any possible harassment that may occur in the workplace. The workplace is defined as anywhere employees go in connection with their job duties.

SITTER POLICY

All sitters must be at least eighteen (18) years of age. Sitters used on a regular basis (once a week or more on average) or for any overnights must have Childline and Pennsylvania State Police background checks. Overnight sitters must be at least twenty-one (21) years of age and meet all other requirements for resource parents. Resource parent requirements are listed under the 3700 regulations and CPSL Act 160 in the Providers Manual. Regular use of a sitter is defined as using the sitter more than once a week. Clients are not to be left in the care of minor children at any time.

Clients under the age of fourteen (14) must have a sitter at all times when a resource parent is not present. Children over the age of fourteen (14) may be left by themselves for limited periods of time with resource parent permission and FCS staff approval. See the Social Activities Policy for additional clarification.

Resource parents are responsible for screening all potential drivers, and seeing and recording the name and driver's license number of the driver. Resource parents are also responsible for insuring that all drivers abide by FCS transportation requirements as outlined in the manual.

There may be additional sitter requirements for individual programs. Please refer to the program-specific section of this manual for additional information.

SMOKING POLICY

(Adult MR clients are exempt from this policy.)

Children in Pennsylvania are not permitted to use tobacco products. It is important for resource parents to enforce this rule. Resource parents may not give permission for foster children to use tobacco products under any circumstances. If clients under the age of 18 are caught using tobacco products, resource parents are responsible for reporting it to FCS staff.

If a client has a nicotine addiction, encourage him/her to see a physician for an evaluation. There are several tobacco-cessation products available that may be helpful. Medical assistance and other medical insurance policies cover many of these products.

FCS encourages resource parents to quit using tobacco products to protect their own health as well as the health of others around them. The health hazards of second hand smoke are well documented. Children will be affected if they breathe second hand smoke from others. If resource parents choose to continue using tobacco products, please keep them away from children as much as possible when doing so. It might be wise to

smoke in a well ventilated area in your home where children are not normally present rather than smoke in all rooms. Children are excellent followers. They tend to do what their parents do, not what they say. If the parents model smoking, chances are the children will become smokers as well.

Smoking is not permitted inside any FCS buildings.

SOCIAL ACTIVITIES POLICY

All clients are encouraged to participate in age-appropriate activities including social events, sports, band, chorus, scouting, and other activities. Client supervisors need to be aware of all organized activities for clients so that the activities can be included in the individual service plans for the children.

Clients are permitted to attend birthday parties, church activities, and other social events with resource parent permission so long as the resource parent identifies a dependable adult who is willing to accept responsibility for the child for the duration of the event. Overnight visits are permitted only in an approved resource parent or approved sitter homes. See Sitter Policy for sitter qualifications. Client supervisors must approve all overnight visits in advance of the visit.

Teenage foster children over the age of fourteen years are to be gradually prepared for independence. Therefore they are permitted to socialize in groups at the age of fourteen, to date with more than one couple at the age of fifteen, and to single date at the age of sixteen unless otherwise stipulated by FCS staff and the resource parents. With permission, they are permitted to go job hunting independently, shop for specific periods of time alone or with friends, and spend specific periods of time alone at home. There is to be no "hanging out" in town or elsewhere just to pass the time. Idle time generally leads to unacceptable behaviors. Structured activities, with clear instructions as to acceptable behavioral limits, are far better.

Curfews on evenings prior to school days shall be no later than 10:00 p.m. except for special occasions. Curfews on other evenings shall be set appropriately for the child's age and level of responsibility but shall not exceed 12:00 midnight regardless of age. For further clarification, discuss this issue with the client supervisor.

Children are expected to ride the school bus to school, unless they are going directly to a job after school, or to some other event that justifies riding with someone else or driving oneself, these exceptions are to be approved by the resource parent.

PLEASE NOTE: Rules for clients in the mental health and mental retardation programs vary according to the client's needs and the program regulations. Please refer to the program-specific chapter and to the program-specific regulations for additional information.

SUICIDE PREVENTION AND INTERVENTION POLICY

FCS staff, resource parents, and clients all have a responsibility for suicide prevention and intervention. The emotional and physical well-being of our clients is of utmost importance. If there are any symptoms displayed which show otherwise, it is important to address these symptoms with the client supervisor immediately.

If there are any symptoms of depression such as talk of or feeling despondent; eating problems; sleeping problems; loss of interest in normal activities; loss of energy; change in level of functioning at home, school, or work; or talk of, threats, gestures, or attempts of suicide, there must be a formal plan to deal with these symptoms. The plan must include, if appropriate, immediate notification of the referral source, a suicide prevention contract, and immediate referral for psychiatric treatment. All interested personnel including the client, FCS staff, therapist, provider family, family of origin, and referral source caseworker, will work together to formally develop an ongoing suicide prevention plan. A sample Suicide Prevention Contract is in Chapter 6.

VISITATION POLICY—RESOURCE PARENT RESPONSIBILITIES

FCS provides different types of service. Successful visitation is important regardless of whether the client resides in a foster home, family living home, community home, host home, or pre-adoption home. All of these homes are collectively referred to as resource homes. Client supervisors schedule the visits. Resource parents (Providers or Caregivers for MR adult clients) must insure that the schedule is understood and that clients arrive on time. Resource parents are free to leave the visitation facility as soon as FCS staff arrives and clients are turned over to them.

Resource parents are to arrive on schedule to pick up the children after the visit. Visitors are normally interested in visiting privately as much as possible. Others must respect their wishes. It is suggested that resource parents arrive approximately five minutes prior to the scheduled close of the visit.

Clients are in placement for a variety of reasons. Some parents need help in learning how to raise their children in a safe and healthy environment. They need help, not criticism. Resource parents must be very aware of attitudes and conversation. If a client is relinquished for adoption, visitation with the natural family will cease, and full attention during visitation will be directed toward the pre-adoptive family.

Clients are not to be brought for visits when they are seriously ill. If resource parents feel that their client is too ill to visit, they are to notify their client supervisor and report such. FCS staff and a physician will make a decision, if needed, as to whether the child should visit. If the client is ill, the visit may possibly be held in the resource home.

If a visit must be cancelled, visitors need to be notified as soon as possible to prevent an unnecessary trip. Cancelled visits due to illness will be rescheduled as soon as possible.

Resource parents are responsible for alerting client supervisors regarding any information which would be helpful for training natural parents or other prospective caregivers. Resource parents are often in the best situation to provide such information.

It may be appropriate for training to take place during the visit between the resource parents and the natural parents. If so, such training will be made part of the treatment plan.

CHAPTER 5

PROGRAM SPECIFIC INFORMATION

SPECIFIC INFORMATION FOR FOSTER CARE PROGRAMS

MEDICATIONS

Resource parents may not give clients over-the-counter medications without a physician's permission. FCS recommends that resource parents obtain, in writing, a list of over-the-counter medications which may be given as needed to the client such as cough medicine, pain reliever, fever reducer, etc. It is recommended that this list be obtained at the time of the client's first appointment with his/her physician. A copy of the list of medications should accompany the client upon respite.

Resource parents may not give permission for someone else to give the client medication. For this reason, provider parents cannot sign Emergency Cards for school that ask whether the child may receive Tylenol, aspirin etc. FCS staff will attempt to have either biological parents/guardians or a referral agency caseworker sign this form. The same principle applies to forms required by schools for a student to take prescription medication at school.

TRAINING REQUIREMENTS

The 3700 regulations require that resource parents receive a minimum of six hours of training per year. Philadelphia Dept. of Human Services (DHS) requires that resource parents receive a minimum of sixteen hours of training a year. DHS also requires that resource parents giving care for children with additional needs receive more training. Therefore, FCS requires all resource parents of specialized foster care to receive a minimum of sixteen hours of training. Resource parents caring for children with needs beyond specialized foster care are required to obtain a minimum of thirty-six hours of training per year.

FCS offers a sufficient amount of training each year so that all training can be obtained through FCS. Training that is pertinent may be obtained from other sources if a member of FCS staff gives prior approval.

TRAVEL WITH CLIENTS

Different referral agencies have different policies regarding out of county and out of state trips for days and overnight trips. Please ask your client supervisor for the policy of the agency that referred your client. In some cases, it is possible to obtain a blanket court order for such trips. In other cases it is necessary to obtain a court order/biological parent permission for each trip. It is essential that you tell your client supervisor about all trips so that proper permission can be obtained.

FINANCIAL REIMBURSEMENT

See Financial Reimbursement Policy in Chapter 4.

SPECIFIC INFORMATION FOR MENTAL HEALTH PROGRAMS

SITTER SERVICES

CRR sitters must be qualified and have knowledge in mental health (MH). An adult at least 18 years of age may sit for a CRR client for short periods (several hours only) on an irregular basis. For all other sitting, including overnights, the sitter must be 21 years of age and qualified as a CRR parent. That is, the person must have background checks, physical, 36 hours of MH-related training, etc.

OVERNIGHTS

CRR clients must be supervised by CRR-certified resource parents on all overnights. The exceptions are when a CRR client is away on an approved overnight visit with parents, guardian, agency staff, other providers, or community organizations such as school, church, etc. This means that a CRR client cannot spend overnights at friends' homes unless they are CRR-certified resource parents.

EMPLOYMENT, CLIENT

CRR clients are in the program to receive treatment services because they have serious MH problems. However, sheltered employment should be tried with all eligible clients. The goal is to have all CRR clients engage in independent living skills training as they become age appropriate. All job efforts should be recorded as a goal in the Residential Service Plan or Transitional Service Plan.

TRAINING REQUIREMENTS, RESOURCE PARENT AND REGULAR SITTERS

All resource parents and regular sitters are required to have thirty-six (36) hours of mental health or mental health-related training annually.

QUALIFICATIONS, RESOURCE PARENTS

All resource parents and regular sitters are required to have thirty-six (36) hours of MH training, initial and bi-annual physicals, police and Childline checks, acceptable references, and experience as a resource parent (sitters do not need prior foster parenting experience). Refer to the CRR (5310) regulations, and FCS application materials for a complete listing of qualifications.

RESIDENTIAL SERVICE PLAN (RSP)

The CRR treatment plan (RSP) is required within five (5) days of admission. The initial plan is good from admission date for the next thirty (30) days. The plan is updated at 60-day intervals thereafter. It is imperative that all written goals be measurable.

CLIENT CONTACT

CRR is an intensive treatment program. The particular needs of each client will determine the frequency of contact, but under no circumstance will contact average less than weekly.

PROGRESS NOTES

All activity is recorded in the form of a progress note. Notes are required each time there is activity involving the client. Direct contact between CRR client and client supervisor is recorded in the progress notes using Data/Assessment/Plan (DAP) format.

FINANCIAL REIMBURSEMENT

See Financial Reimbursement Policy in Chapter 4.

SPECIFIC INFORMATION FOR MENTAL RETARDATION PROGRAMS

Provider/Caregiver homes that provide services to individuals/consumers who are placed through county mental retardation programs are licensed as Family Living or Community Homes. Family Living homes can provide services for up to two individuals. Community Homes can provide services for three or more individuals. Both programs receive licensure through the State Office of Mental Retardation. Since the Family Living and Community Homes programs are geared to providing services to meet the needs of the individual diagnosed with mental retardation, many of the regulations differ from the Children and Youth and Community Residential Host Home programs that are also administered through Family Care Services. Below are outlined some of these particular state regulations and agency policies.

VISITORS VS. RESIDENTS

Please note that any person living in a provider home for more than 30 days is considered a resident and must have all necessary backgrounds checks, physical examinations, Mantoux TB testing, etc. in order to remain in the home. If any visitors remain in the home without these requirements being met, the home will be closed and clients relocated until compliance is met.

CAREGIVER TRAINING

Family Living Provider Caregivers - All staff must have at least 24 hours of pre-service training, as well as 24 hours of training on an annual basis. All caregivers must receive training by a certified trainer in First Aid/CPR, and Heimlich techniques prior to an individual living in the home.

Community Homes Provider Caregivers and Staff - Anyone that works with an individual (staff) in a Community Home must receive pre-service training, as well as 24 hours of training on an annual basis. All caregiver and staff that work with an individual must receive training by a certified trainer in First Aid/CPR, and Heimlich techniques prior to an individual living in the home. Also, caregivers and staff all must have pre-service general fire-safety training, as well as, fire safety training by an expert on a yearly basis.

RESPITES

Individuals in the Family Living and Community Homes programs are able to choose to visit in the homes of family and friends. The homes that they stay in need not be licensed for the individual to stay over night. This is to promote the individual being able to freely socialize and visit with others. Still, whenever the caregivers arrange a respite for an individual, it is hoped that as often as possible the individual can be placed

into a Family Care Services provider home. This usually assures greater safety, consistency, and ease of monitoring by the family living and program specialist. It is important to remember that an individual from a Community Home residence cannot spend an overnight in any Family Living residence. An individual from a Family Living residence can spend the night in either licensed home.

PHYSICAL SITE REGULATIONS

Family Living and Community Homes - Many of the different regulations regarding the specific site regulations are the same as those in other programs. Still, there are some exceptions. When the home serves physically disabled individuals there must be appropriate accommodations made to promote the safety and reasonable access of the individual. Hot water temperature in the home must not exceed 120 degrees F. All interior stairs and outside steps must have a non-skid surface (e.g. carpeting, rubber strips, rough-finished concrete, etc). All landings must be at least as wide as stairs leading to those landings. Individual bedrooms cannot be in basements unless there is a standard door leading from the level directly outside to grade level. Each individual sharing a bedroom must have a minimum of 50 square feet of living space, and an individual occupying a single bedroom must have a minimum of 80 square feet of space. Each individual who uses a wheelchair must have a minimum of 100 square feet of bedroom space.

One additional regulation for Community Homes is that there cannot be either ammunition or firearms present in the home unless the Office of Mental Retardation has granted the home a waiver for this regulation.

FIRE REGULATIONS

Family Living Homes - Furnaces must be cleaned annually. Cleaning is not required for gas or electric furnaces (except to change the filters). Portable space heaters may never be used while the individual is in the home. Wood and coal burning stoves must first be inspected and approved for safe installation by a fire safety expert before being used. Wood and coal burning stoves, including chimneys and flues, must be cleaned at least every year if used more frequently than once per week during the winter season. Fire drills must be held at least every 3 months. A fire drill must be held during sleeping hours at least once every 12 months. Alternate exit routes must be used during fire drills. Fire drills must be held on different days of the week and at different times of the day and night. All family members and individuals must be trained in fire safety within 31 days of an individual living in the home and retrained annually. Fire extinguishers must be checked annually to ensure operation.

Community Homes - The fire safety regulations described above for Family Living Homes also apply to Community Homes with the following exceptions. There must be written notification to the local fire department of the address of the home and the exact location of the bedrooms of individuals who need assistance evacuating in the

event of an actual fire. Furnaces must be inspected and cleaned at least annually by a professional cleaning company. The inspection/cleaning must be documented. Inspections must be done for all furnaces including gas and electric furnaces. Cleaning is not required for gas and electric furnaces (except to change the filters). Portable space heaters cannot be used in the home.

If the home serves four or more individuals, or if the home has three or more stories including the basement and attic, there must be at least one smoke detector, interconnected and audible throughout the home, or an automatic fire alarm system that is audible throughout the home. If a smoke detector or fire alarm is inoperative, notification for repair must be made within 24 hours and repairs must be completed within 48 hours of the time the detector or alarm was found to be inoperative. A fire safety expert must inspect and approve all fire extinguishers on an annual basis. Fire drills must be held at least once per month. A fire drill must be held at least once every 6 months during sleeping hours. All provider parents and staff must be trained annually by a fire safety expert. Individuals must also be trained on an annual basis in fire safety (in areas as specified by regulation), unless they are medically or functionally unable.

RESTRICTIVE PROCEDURES

Restrictive procedures are defined as practices that limit an individual's movement, activity, or function. Also, they are practices that interfere with an individual's ability to acquire positive reinforcement. All caregivers and staff will receive training and information in regard to restrictive procedures. One thing to remember is that punishments (i.e. Time Out) and reward systems that may be appropriately used in other programs may be considered a restrictive procedure if used with an individual with mental retardation. Certain necessary restrictive procedures can be used, but only when attention is given to following the procedures promulgated by the regulations for Family Living and Community Homes programs.

PROVIDER HEALTH

Family Living Homes - All family members must have physicals before accepting an individual into the home. This physical must include a tuberculin skin test by Mantoux method. If a tuberculin skin test is positive then an initial chest x-ray is required. Physical forms are available from the Family Living Specialist. It is important that these forms be used as they contain the necessary component areas.

Community Homes - All family members and staff must have general physicals (including tuberculin skin test by Mantoux method) before working with individuals and every 2 years thereafter. If a tuberculin skin test is positive then an initial chest x-ray is required. Physical forms are available from the Program Specialist. It is important that these forms be used as they contain the necessary component areas.

INDIVIDUAL HEALTH

All individuals in Family Living and Community Homes must have a physical examination within 12 months prior to admission and annually thereafter. This physical must include tuberculin skin testing by Mantoux method. If a tuberculin skin test is positive then an initial chest x-ray is required. Physical forms are available from the Program Specialist. It is important that these forms are used as they contain the necessary component areas.

All individuals 17 years of age and younger must have a dental examination (including teeth cleaning or checking gums and dentures) on a semiannual basis. All individuals 18 years and older must have a dental examination (including teeth cleaning or checking gums and dentures) on an annual basis. All follow-up dental work as indicated by the examination must be completed.

MEDICATION ADMINISTRATION

It is important that all caregivers and staff be trained and proficient in the administration of medication to individuals. This training is available from the Program Specialist or Family Living Specialist in your home, as well as, through regular group training provided through the Family Care Services yearly training schedule. In addition, Community Home providers and staff must complete and pass a Medication Administration Course (and annual practicum) before being able to administer any medications to individuals in the home.

INCIDENT REPORTS

Caregivers and staff must report any of the incidents described in the list of reportable incidents to Family Care Services, Inc. immediately. Family Care Services, Inc. is then required to report the incident to the Home and Community Services Information System (HCSIS) web based system. Be sure to document and maintain all pertinent information regarding the incident. There are a few incidents that must be investigated by the agency and in some cases by the County and/or State Office of Mental Retardation. The list applies specifically to 6400 (Community Homes) and 6500 (Family Living) regulations. The list of reportable incidents also applies to any individual from one of these homes visiting in a different home not licensed under the same regulations.

If a reportable HCSIS incident occurs, notify your client supervisor or the office immediately. If the incident occurs after hours or over the weekend, please notify the emergency worker (ext. 300) immediately. If an incident occurs that is not on the list, leave a message on your client supervisor's voicemail as soon as possible. Report all incidents of concern that do not appear on the list below to your client supervisor's voicemail.

HCSIS (Home and Community Services Information System) Reportable Incidents:

Death
Suicide Attempt
Hospitalization or Psychiatric Hospitalization
Emergency Room Visit
Neglect, Physical Abuse, Psychological Abuse, Sexual Abuse, or Verbal Abuse
Missing Person
Accident or Injury Requiring Treatment beyond First Aid
Physical Restraint, Mechanical Restraint, or Chemical Restraint
Fire
Misuse of Funds
Rights Violation
Law Enforcement Activity
Medication Error
Emergency Closure

CLIENT FUNDS

Caregivers must maintain detailed records of the sources and uses of client funds held as representative payee or as temporary custodian. FCS client supervisors will review these records regularly to insure that funds are used for the client's benefit and accurate records are kept. For more information on representative payee procedures see the Client Funds section in Financial Reimbursement Policies and Procedures, in Chapter 4.

SPECIFIC INFORMATION FOR PREPARING YOUTH FOR ADULTHOOD PROGRAM

The Family Care Services, Inc. Preparation for Adulthood Program is designed for youth who are nearing adulthood and are ready to develop the skills required for success as a self-sufficient citizen. Unlike many independent or transitional living programs, services take place in a specially adapted family foster care setting. Youth admitted to the program accept the responsibility for living in and benefiting from such a program.

Youth admitted to the Preparation for Adulthood Program actively participate in developing their Individual Service Plan. The ISP will include the goals of developing a career plan, seeking and maintaining part time employment, and working toward a driver's license. It will also include goals set by the client.

Resource parents play an important role in teaching youth independent living skills. Youth in the Preparation for Adulthood program are required to observe and practice skills such as laundry, cleaning, cooking, and budgeting in their resource homes. Unlike regular foster care settings, participant youth are encouraged to increasingly meet their everyday needs. This should include setting their own appointments, managing their medications, and setting an appropriate daily schedule. Resource parents are expected to help encourage clients to make appropriate decisions for their future. Clients should gradually have greater independence and responsibility in the home. While experiencing greater independence, clients will continue to have daily contact with their resource parents and weekly contact with their client supervisors. These adults will be available at all times to help safely facilitate the path toward independence and adulthood.

Resource parents are an important source for identifying appropriate clients for the program. For more information regarding this program or the appropriateness of a specific youth, resource parents should talk to the client supervisor.

Here is a list of many of the subject areas that are covered with youth in the program:

- Money Management
- Food Management
- Personal Appearance and Hygiene
- Health
- Housekeeping
- Housing
- Transportation
- Educational Planning
- Job Seeking Skills
- Emergency and Safety Skills
- Knowledge of Community Resources
- Interpersonal Skills
- Legal Skills

SPECIFIC INFORMATION FOR PERMANENCY/ADOPTION PROGRAM

FCS is an affiliate of the Statewide Adoption Network (SWAN) and licensed by the State of Pennsylvania to provide permanency/adoption services thru SWAN.

In 1997, a federal law known as the Adoption and Safe Families Act (ASFA) was enacted. This law was enacted to improve the health and safety of children in foster care and to shorten the time that children remain in foster care. This law requires the termination of parental rights for any child who has been in foster care for 15 out of the last 22 months. (There are exceptions to this requirement as determined by the court.)

The reason for this timeline is to assure that each child in foster care will have the opportunity for permanence. To achieve this goal and timeline, permanency planning needs to begin the day a child is placed into care. Therefore, from the beginning reunification is vigorously pursued, but at the same time, alternative options are explored.

THREE PRIMARY PERMANENCY GOALS:

Reunification- when the child returns home to her family. This might also include a return to a legal guardian or an adoptive parent after a time in foster care.

Adoption- if a child cannot be returned home safely and in a timely manner, the next most important goal is adoption in a qualified and loving family. This involves the termination of the parents' rights and creating parental rights in a new legal family, who may or may not be related to the child or youth before the adoption.

Permanent Legal Custodianship (PLC)- Makes another person, often a family member, the permanent legal guardian and is intended to be a permanent arrangement, but does not involve the termination of the parents' rights. For instance, parents may retain visitation rights which they would not have in adoption.

These three permanency goals are listed in order of priority. Thus, before a child can be adopted, reunification must be fully explored and ruled out. Before PLC can be considered, both reunification and adoption must be ruled out. There is also a way for a relative providing kinship care to become a permanent legal custodian, known as "placement with a fit and willing relative." However, in most instances formalizing the relative caregiver's permanent commitment to the child through adoption or PLC is the preferred permanency goal because it provides a higher level of legal and emotional stability for the child.

OTHER LEGAL AVAILABLE OPTIONS:

Kinship care- "The full-time nurturing and protection of a child who is separated from his/her parents and placed in the home of a caregiver who has an existing relationship

with the child and /or the child's family. The existing relationship involves one of the following characteristics.”

1. Relative through blood or marriage.
2. God parent of the child-recognized by an organized church.
3. Member of child's clan or tribe.
4. Significant positive relationship with family or child.

Another planned permanent living arrangement- this option often involves the child remaining in foster care until attaining the age of 18. (This sometimes occurs when a child is older. The child may have a close bond with his/her parents and not be receptive to any other kind of permanency. This can also occur when multiple efforts to locate a permanent resource for the child have failed.)

These last two options are not as desirable as they do not provide the same level of emotional and legal security as the first three.

As a resource parent, you may be asked if you are interested in adopting or providing permanent legal custodianship for a foster child in your care. House Bill 127, now known as Act 68 of 2005, the Resource and Adoption Process Act , signed by governor Edward G. Rendell on November 16, 2005, requires that you, the resource family, are given an interview with the county or private agency when the following conditions are met:

- The child's goal is changed to adoption.
- The resource family is interested in becoming an adoptive resource; and
- The child has resided with that resource family for six months or more.

When more than one adoptive resource is available to a child, the county agency is required to document its reasons for placing the child with the selective adoptive parents in the child's case record. No resource family should be denied consideration because of an agency's inability to access this family as a resource family in the future.

Resource parents often have questions about permanency, particularly when they are considering becoming a permanent family for a child in their home or considering adoption. FCS adoption/permanency staff members are always ready to provide information and will be glad to answer your questions. Feel free to contact the permanency staff, any time to learn more about the permanency/adoption program.

Chapter 6

FORMS AND SAMPLE DOCUMENTS

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AGREEMENT TO FOLLOW RESOURCE FAMILIES MANUAL	109

BEHAVIOR PLAN

BEHAVIOR PLAN FOR _____

WEEK BEGINS ON _____

RULES:

- 1.
- 2.
3. etc.

DAY AND DATE	MON	TUES	WED	THURS	FRI	SAT	SUN
RULE # 1							
RULE #2							
RULE #3							

Place a check mark in the square if there is compliance with the rule and an "x" if there is non-compliance with the rule.

Determine what rewards are given for what percentage of compliance. It is important that there be a high level of success to keep the child motivated. Rewards need not be large and need not even be material possessions. Be creative. Develop the plan with a sense of encouragement, support, and expected success.

REWARDS:

- 1.
2. etc.

Family **C**are **S**ervices, Inc.

4385 Edenville Road
Chambersburg, PA 17201

Phone: 717-263-2285

Fax: 717-263-6597

E-mail: info@familycareservices.org

CLIENT DENTAL EXAMINATION FORM
(Host Home Program)

Dear Dentist:

Our regulations require that we provide proof that our clients have been to the dentist at least every nine months if under age 18 and what procedures were completed during the visit. Would you kindly complete this form.

Client's name: _____

Date: _____

Procedures completed: _____

Signature: _____

Printed name: _____

Copy sent to: _____ date _____

to: _____ date _____

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Date: _____

Procedures completed: _____

Signature: _____

Printed name: _____

Copy sent to _____ Date _____
to _____ Date _____

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CLIENT PERSONAL PROPERTY INVENTORY LIST

Client: _____

Bank Accounts in Client's Name: _____

Personal Property: (List each item separately)

- | | |
|-----|-----|
| 1. | 21. |
| 2. | 22. |
| 3. | 23. |
| 4. | 24. |
| 5. | 25. |
| 6. | 26. |
| 7. | 27. |
| 8. | 28. |
| 9. | 29. |
| 10. | 30. |
| 11. | 31. |
| 12. | 32. |
| 13. | 33. |
| 14. | 34. |
| 15. | 35. |
| 16. | 36. |
| 17. | 37. |
| 18. | 38. |
| 19. | 39. |
| 20. | 40. |

Staff person completing form: _____ Date: _____

Resident, parent, or guardian: _____ Date: _____

CLOTHING INVENTORY

Name: _____ Date: _____ Program: _____

	APPROXIMATE COST <small>(in dollars for each)</small>	NUMBER IN CURRENT INVENTORY	NUMBER TO BE PURCHASED	TOTAL COST
5 shirts/blouses	10	_____	_____	_____
5 long pants	20	_____	_____	_____
2 short pants	10	_____	_____	_____
7 pairs underwear	2	_____	_____	_____
7 pair socks	2	_____	_____	_____
1 heavyweight coat	50	_____	_____	_____
1 lightweight coat	30	_____	_____	_____
1 hat	5	_____	_____	_____
1 pair gloves/mittens	5	_____	_____	_____
1 pair casual shoes	40	_____	_____	_____
1 pair athletic shoes	40	_____	_____	_____
1 pair dress shoes	40	_____	_____	_____
1 pair boots	30	_____	_____	_____
2 sweaters	15	_____	_____	_____
2 sweatshirts	8	_____	_____	_____
2 sweatpants	8	_____	_____	_____
1 belt	10	_____	_____	_____
1 swimsuit	15	_____	_____	_____
2 pajamas	10	_____	_____	_____
1 pair slippers	10	_____	_____	_____
3 undershirts	4	_____	_____	_____
1 bathrobe	20	_____	_____	_____
GIRLS:				
7 bras (if age appropriate)	10	_____	_____	_____
3 dresses	20	_____	_____	_____
3 pairs nylon stockings (if age appropriate)	2	_____	_____	_____
1 slip	10	_____	_____	_____
PRESCHOOLERS:				
7 undershirts	2	_____	_____	_____
3 sleepers	6	_____	_____	_____
TOTAL COST OF NEEDED CLOTHING			\$ _____	

Seasonal clothing is considered all clothing which is anticipated to be needed during the next three months. Adjust prices as needed for extraordinary cases such as extra, extra large sizes.

CONFIDENTIALITY POLICY

1. Information regarding the child/youth may be shared freely among the child/youth's Host Home staff.
2. Information may be released upon request to those persons actively engaged in implementing the Host Home youth's residential or overall treatment plan; to persons using material from the client records for teaching, training or research purposes if the youth is not identified; to any governmental or third party payor which funds any part of the cost of the youth's care; to reviewers and inspectors when necessary to obtain certification; under court order; if there is a life threatening emergency; and applicable Federal, State, and HIPAA regulations.
3. Information made available will be limited to that information necessary for the purpose for which the information is sought.
4. In order to release information under circumstances which are not listed above, written consent of the child's parents or the agency having custody of the child, if applicable, and the child if the child is 14 years of age or older. The release must be signed by one of the above parties and must be time limited. It must name the person/agency who will get the information and state why the information is needed. It must state that the consent can be revoked and it must be witnessed. A copy of the consent goes in the file and to the parent or agency having custody and the child if 14 or older.
5. Annually, these confidentiality requirements will be reviewed with all staff, volunteers, and others as they enter their position or are assigned to the Host Program.
6. The Host Home Program will keep case records in a locked room at all times when not in active use by staff.

I HAVE READ OR HAVE HAD READ TO ME, THE ABOVE CONFIDENTIALITY STATEMENTS. I UNDERSTAND AND SO ACKNOWLEDGE BY SIGNING MY NAME BELOW:

Youth/Parent/Guardian – date

Witness - date

Host Home Parent/Staff

Host Home Parent/Staff

FAMILY SAFETY CONTRACT

This contract is designed to keep everyone safe in the family. All the children (youth) in this family will sign this agreement. It lists the rules for living together safely in this family, for respecting the rights of others, and for ensuring the personal safety for everyone. Your signature on the bottom acknowledges that these rules have been discussed with you, that you understand these rules, that you will abide by them, and that you will help other children in this family to comply with these rules as well.

1. I understand that if I am in another person's bedroom, I must get permission first.
2. I understand that if no one is home to give me permission, I am not to go into that person's bedroom
3. I understand that when visiting another person's bedroom, that door must be open.
4. I understand that if someone is visiting my bedroom, the door must be open.
5. I understand that undressing is allowed only in my bedroom and in the bathroom with the door closed.
6. I understand that everyone sleeps in their own bed.
7. I understand that there will be no sexual play and sexual touching and that includes playing doctor, nurse or things like that.
8. I understand that there will be no public masturbation.
9. I understand there is to be no sexual contact or sexual touching between children and family. The only individuals who have sex together in this home are mom and dad and always with the door closed.
10. I understand that there is to be only one person in the bathroom at one time. (Exception-when parents are assisting infants and toddlers with toileting and bathing.)
11. I will tell an adult if anyone sexually touches me and I will continue to tell until someone believes me.
12. I will obey these rules of privacy, e.g. no touching of another's private parts, purses, notebooks, private notes, diaries, no opening another's mail, etc.

- 13. I understand that I am responsible for obeying these rules
- 14. I understand that I am responsible if I break these rules.
- 15. I understand these rules clearly.
- 16. List any additional rules that are specific to this particular family:

Signature-Resource Parent _____ Date_____

Signature-Resource Parent_____ Date_____

Signature-Child in placement_____ Date_____

Signature-Natural child in home_____ Date_____

Signature-Other adult in home_____ Date_____

Signature-Other-Clarify Relationship_____ Date_____

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Chambersburg, PA 17202

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Fax: 717-263-6597

E-mail: info@familycareservices.org

FIRE DRILL RECORD

Fire drills must be conducted every month under 6400 CLA regulations, every 3 months under 6500 FL regulations and every 2 months in C&Y homes and CRR host homes. (One drill every six months must be during nighttime hours.)

Date: _____ Day of Week: _____ Time: _____

Mark X in the appropriate space: Sleep Drill Awake Drill

Hypothetical Location of Fire:(use different locations each drill) _____

Response of Persons Involved: _____

Exit Route Used: (varies according to location of fire) _____

Location of Detector Activated: _____

Evacuation Time: _____

Did all participants assemble at the designated meeting place? Yes No
(Use designated meeting place from fire training plan)

Discussion after Drill: (Problems Encountered) _____

Staff Present: _____

Residents Present: _____

Signature of Person Conducting Drill: _____

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FIRE SYSTEM CHECK LOG

Date:		
Person Checking:		
Location of Alarm or Detector	Operative	Non Operative

Date:		
Person Checking:		
Location of Alarm or Detector	Operative	Non Operative

Date:		
Person Checking:		
Location of Alarm or Detector	Operative	Non Operative

SAMPLE HOUSE RULES

Be seated at the breakfast table on school days 15 minutes before bus is due to arrive, ready for school with room tidied up and bed made. Failure to do so will result in a bedtime 1/2 hour earlier than the set bedtime. If the same offense occurs more than twice in the same week, the bedtime will be reset 1/2 earlier on a regular basis. For older children who work rather than go to school, be at the breakfast table 15 minutes before the departure time for work. On non-school days, the bed is to be made and the room tidied up in the morning before breakfast.

Telephone calls are limited to 10 minutes per hour unless permission is obtained in advance to talk longer. No toll calls (long-distance) without prior permission.

Discipline for disobeying telephone privileges: No telephone use for one day for each minute over the limit.

Children age 14 and up do his/her own laundry according to the written instructions.

All children are responsible for cleaning their own rooms and keeping their own rooms tidied up between cleanings. Cleaning is done weekly including dusting and vacuuming.

Prior permission must be obtained for all outside activities including going to the neighbors, visiting friends, after school activities, dating, etc. If a child is missing for more than 30 minutes without permission, it is considered a runaway and the police will be notified.

Prior permission must be obtained before riding in anyone else's car. The resource parents or approved sitter must meet the potential driver, approve of him/her, and see his/her driver's license prior to receiving permission to leave. (Driver's should be over 21 years of age.)

No fighting or property destruction. Disciplinary action for any roughhousing is time out for 10 minutes for children over age 10 and one minute per year of age for children under age 10.

No smoking at any time. No drug or alcohol use.

No profane language. Consequence: Time out as noted above.

Maximum Curfew--Age 14-15, when behavior is satisfactory:
9 p.m. curfew on school nights.
10 p.m. curfew on weekends (Friday and Saturday).

Maximum Curfew--Age 16 and up, when behavior is satisfactory:
10 p.m. curfew on school nights.
12 midnight curfew on weekends (Friday and Saturday).

Discipline for late curfew: Grounded one day for each minute being late.

If permission is granted to get a driver's license, each child must pay for his/her own insurance, car, maintenance on car, gas, and any other expenses associated with the car.

Children of opposite sex are not permitted in bedrooms at the same time for any reason. Bedroom doors are to be closed when sleeping and dressing.

All food eaten in the house is to be eaten in the kitchen or dining room unless special permission is granted.

Stereos, TVs, walkmans, etc. must be turned off at bedtime or at 10:00 p.m. at the latest.

Bedtime on school nights is normally 10:00 p.m. for children over age 14 unless a special privilege has been granted. Younger children have earlier bedtimes at 8:00 p.m. or later depending upon age.

Extra money can be earned by assisting with chores other than routine weekly house cleaning.

No guests may be invited while resource parents are away. Permission must be obtained prior to inviting any guests to the provider home.

INCOME AND EXPENSE WORKSHEET

NAME: _____

DATE: _____

Amount carried over from previous month:							\$
			Income		Expenses		
Date	Check #	Transaction Description	Social Security or SSI	Employment and Other	Food and Housing	Other	Balance
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$

Reconciliation completed by: _____

Date: _____

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CLIENT PHYSICAL FORM

CLIENT: _____

Attention Physician: The following items are required by the State to be included in all annual physical examinations.

A review of previous health history: _____

Laboratory or diagnostic tests as indicated by the examining physician, including those required to detect communicable disease:

A general physical examination. List any abnormalities:

(Clients over the age of 18 need an annual gynecological exam.)

Height: _____ Weight: _____

Immunizations as recommended by the U.S. Public Health Services:

Please list date of last DT booster. _____

Vision and hearing screening: _____

Any special instructions for resident's diet: _____

Age appropriate screening tests for clients under age 18, according to the standards of the American Academy of Pediatrics.

Any medical information pertinent to diagnosis and treatment in case of emergency: _____

Date of last EPSDT: _____

If client is due an EPSDT please notify Family Care Services, Inc. when it is completed.

Physician Signature: _____ Date: _____

Name: _____ Phone: _____

Address: _____

Copies sent to _____ date _____

sent to _____ date _____

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CLIENT ANNUAL PHYSICAL EXAMINATION (Host Home Program)

CLIENT: _____

Attention Physician: The following items are required by the State to be included in all annual physical examinations. Thank you for your assistance.

Date of last EPSDT: _____ ***If client is due an EPSDT, please notify Family Care Services when it is completed.**

A review of previous health history (including drug & alcohol history): _____

A general physical examination. List any abnormalities: (Clients over the age of 18 need an annual gynecological exam.)

Height: _____ Weight: _____

Immunizations as recommended by the U.S. Public Health Services: Please list date of last DT booster.

Vision and hearing screening: _____

Any special instructions for resident's diet: _____

Age appropriate screening tests for clients under age 18, according to the standards of the American Academy of Pediatrics.

Recommendations pertaining to medication: _____

Recommendations for follow-up by Host Home Program: _____

Physician Signature: _____ **Date:** _____

Name: _____

Address: _____

Telephone Number: _____

Copy sent to: _____ **Date:** _____

to: _____ **Date:** _____

Family Care Services, Inc.

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Chambersburg, PA 17202

Phone: 717-263-2285 Fax: 717-263-6597 E-mail: info@familycareservices.org

ANNUAL PHYSICAL EXAMINATION

INDIVIDUAL: _____ Sex: _____ Age: _____

Attention Physician: The following items are required by the State to be included in all annual physical examinations. Please include caregiver medication training on the administration, side effects, and contraindications of all the individual's medications. Thank you for your assistance.

A review of previous health history: _____

A general physical examination. (Women over the age of 18 need an annual gynecological exam. Women need a pap smear and a breast exam. They also need a mammogram every 2 years if they are from age 40-49 and every year over 50. A prostate exam is needed for men 40 years or older.) List any abnormalities or physical limitations: _____

	Completed/ Referred	Refused/ Counseled	Deferred/ Reason
Pap Smear			
Mammogram			
Breast Exam			
Prostate Exam			

Immunizations as recommended by the U.S. Public Health Services: (TB test by mantoux is required for all clients with mental retardation every 2 years.) DT booster is required every 10 years. Please list date of last DT booster: _____

TB test by mantoux was given: Yes No **Date:** _____

Evidence of any communicable disease: Yes No

If yes, please make recommendations, regarding infection control for other individuals.

Allergies or contradictive medications:

Vision and hearing screening: (Please indicate if further screening is required)

Check if screenings within normal limits. Comments: _____

Height: _____ Weight: _____ Blood Pressure _____ Any special instructions for resident's diet:

Age appropriate screening tests for clients under age 18, according to the standards of the American Academy of Pediatrics.

Any medical information pertinent to diagnosis and treatment in case of emergency:

Any personal health recommendations, health maintenance needs, blood work, or medication regimen:

List any physical limitations: _____

Referrals to other specialists: _____

Physician Signature: _____

Name: _____ Date: _____

Address: _____

Telephone Number: _____

(AT THE TIME OF PHYSICAL THE PHYSICIAN WAS GIVEN A COPY OF THE CLIENT'S MOST RECENT LIFETIME MEDICAL HISTORY AND MEDICATION REVIEW.)

Approved by:

Date:

Family Care Services, Inc.
4385 Edenville Road
Chambersburg, PA 17201

Phone: 717-263-2285

Fax: 717-263-6597

E-mail: info@familycareservic

STAFF PHYSICAL -- MR PROVIDERS

Name: _____ Age: _____

Date of physical examination: _____

State regulations require that the physical examination include:

1. A general physical examination.
2. Tuberculosis screening. Mantoux only.
3. Detection of communicable diseases.
4. Information on any medical problems which might interfere with the health of the residents.

Date tuberculosis screening was done _____

Date tuberculosis screening was read: _____

I certify that the above named individual is in good health and able to care for clients placed in his/her home. Clients may have physical and/or mental handicaps. I certify that he/she is free of communicable diseases, has had tuberculosis screening, and has no medical problems, which might interfere with the health of clients.

Comments (if any) _____

Physician signature and date: _____

Date

Please print physician name: _____

Address: _____

Telephone Number: _____

Family **C**are **S**ervices, Inc.
4385 Edenville Road
Chambersburg, PA 17201

Phone: 717-263-2285
info@familycareservices.org

Fax: 717-263-6597

E-mail:

STAFF PHYSICAL

Name: _____ Age: _____

State regulations require that the physical examination include:

1. A general physical examination.
2. Detection of communicable diseases-includes tuberculosis screening by Mantoux method.
3. Information on any medical problems which might interfere with the health of the residents.

I certify that the above named individual is in good health and able to care for clients placed in his/her home. Clients may have physical and/or mental handicaps. I certify that he/she is free of communicable diseases, has had tuberculosis screening, and has no medical problems that might interfere with the health of clients.

Comments (if any): _____

Physician's signature: _____

Date: _____

Please print name: _____

Address: _____

Telephone number: _____

FAMILY CARE SERVICES HOST HOME PROGRAM

PHYSICIAN'S WRITTEN MEDICATION INSTRUCTION FORM

HOST HOME CHILD: _____

Medication(Generic/Brand): _____

Beginning date of Administration _____

Type of Medication(Liquid, tablet, etc.): _____

Dosage to be given per administration: _____

Number & Time of Administration per day: _____

Ending date of Administration, if applicable: _____

POSSIBLE SIDE EFFECTS: _____

INSTRUCTIONS IN THE EVENT OF A SERIOUS REACTION: _____

EMERGENCY PHONE NUMBER: _____

SPECIAL INSTRUCTIONS: _____

SIGNATURE OF PHYSICIAN

DATE

SIGNATURE OF HOST HOME YOUTH

DATE

SIGNATURE OF BIOLOGICAL PARENT

DATE

SIGNATURE OF AGENCY HAVING CUSTODY

DATE

Check No: _____

Date paid: _____

Invoice No: _____

Family Care Services, Inc.

PROVIDER REIMBURSEMENT CLAIM FOR CASH GIVEN TO CLIENT

Complete a line entry on this form each time cash is given to client. Enter the date, a short description of the purpose of the cash, and the amount of cash. The client must sign to indicate receipt of the cash. Complete a separate form for each client and for each month.

Provider Parent: _____

Client: _____ Date of Claim: _____

Date	Cash to be used for the purpose below	Amount	Client's Signature

Total Cash: _____

I certify that the cash listed above was given to the client for his/her exclusive use.

Signature – Provider Parent

I certify that I have personally validated this claim.

Signature—FCS Staff

Check one: _____ Client's SSI OR _____ Program Funds, Program Code: _____

SEIZURE ACTIVITY RECORD

Date: _____ Time: _____ Duration of seizure: _____

Describe all behavior during seizure: _____

Date: _____ Time: _____ Duration of seizure: _____

Describe all behavior during seizure: _____

Date: _____ Time: _____ Duration of seizure: _____

Describe all behavior during seizure: _____

Date: _____ Time: _____ Duration of seizure: _____

Describe all behavior during seizure: _____

Date: _____ Time: _____ Duration of seizure: _____

Describe all behavior during seizure: _____

CONTRACT TO PREVENT SUICIDE

I, Client promise that I will not harm myself while in care with Family Care Services. If I feel like I want to harm myself, I will talk to my resource parent(s), my counselor, or Family Care Services staff and make arrangements for further treatment. If I cannot reach anyone, I will go to the nearest emergency room. If I cannot find transportation, I will call an ambulance (911).

Signature (Client)

Date

Signature (Witness)

Date

AGREEMENT TO FOLLOW RESOURCE FAMILIES MANUAL

I (we) have read, discussed with my (our) client supervisor, and understand all of the information contained in the Resource Families Manual. The information includes everything outlined in the Table of Contents. I (we) agree to comply with all of the policies, procedures, regulations, and directions contained within the Resource Families Manual.

Signature _____ Date _____
(provider mother)

Signature _____ Date _____