



FOSTERING FUTURES FOSTER
PARENT MANUAL
3RD EDITION



Foster Parent Manual

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Welcome to Fostering Futures!!!

We are so happy you are considering fostering and/or adopting, and that you are exploring this life path with us. We cannot promise that the road will be easy or straight-forward but we can pledge that we will do our very best to help you and support you on this journey; even if it is to help you realize fostering or adopting is not for you. If you decide to foster and/or adopt with us, we encourage you to take a deep breath and remember you can only control what you can control. None of us can control the decisions of birth parents, attorneys or judges and referees but we can do our individual best with our piece of providing the best we have to offer the children in our care. Fostering and adopting through foster care means parenting as a “team”; we look forward to joining with you, your family and your foster child’s “team” to create safety and permanency in their lives.

Warmest regards,

Jennifer DeVivo
Executive Director

Section 1

Agency History &
Philosophy

Fostering Futures' Mission Statement

Fostering Futures is a non-profit, child placing agency founded on a strong commitment to providing the best services to children and families in the foster care system. Fostering Futures will provide safe haven for all that receive services or employment under the auspice of its name. Fostering Futures is based on the foundation of sound clinical practice and a goal to meet the therapeutic needs of children and their families with a systemic and psychotherapeutic approach to treatment.

Fostering Futures will consistently direct all foster care money towards the needs of the children, their families and consistency of care by ensuring employees are well-compensated and given balanced work-loads, enabling them to commit long-term to the agency and its clients. Fostering Futures will function as a team with its staff, foster parents and referring agencies within a supportive, sound and transparent business structure. Fostering Futures strives to be innovative and to grow with the needs of the community and all persons involved in its proposed mission.

The History of Fostering Futures and its Founders

The experienced founders of Fostering Futures know that many times caseworkers and licensing workers in child welfare are overworked, underpaid, undertrained, and therefore; unable to meet some of the essential needs of foster children, their birth families and their foster parents. Fostering Futures is determined to meet those needs and will do so through many avenues. Importantly, Fostering Futures is committed to having all foster care staff with a maximum caseload of 15 children from its conception. The agency is also committed to a caseload of 30 foster families per licensing worker. The agency remains very committed to hiring the most competent, committed and knowledgeable social workers and ensuring that all staff are well-compensated for their efforts through salaries and benefits that match the work, commitment and experience of the staff. The additional revenues will be directed toward the training of staff, foster parents, birth families, and supporting the many needs of children in the form of trauma therapy, clothing, activities, and programs offered within the community. Monies will also be directed toward foster parents whom are in need of additional support from the agency in the care for the foster children. The atmosphere and reinvestments in infrastructure will ensure that staff will be long-time

employees, enabling foster children and foster parents to experience an unusual but essential consistency in care and high-quality service. This agency aims to reduce, if not eliminate, the issues of turnover that so greatly impact the care of children in the foster care system. Staff who are appropriately compensated and supported with more reasonable caseloads will experience: higher job satisfaction, improved agency morale, a sense of belonging to a team, and the PRIDE of providing consistent care to children and their families in the context of a supportive team.

The founders of Fostering Futures also bring knowledge of the ongoing dynamic in welfare agencies, in which foster care revenue is used to support many other programs within large agencies, resulting in the foster care system falling short of the needed reimbursements for quality care. The state reimbursement rate is higher than ever in its history and monies are available to be reinvested in care. Fostering Futures also aims to remain small in size having no more than a capacity of 100 children in care. This will also ensure the quality of care remain focused on the children, birth families, staff and foster parents who dedicate themselves to the effort of reunification and permanency. The Fostering Futures leadership aims to finally deliver this service in a premier manner. Fostering Futures will continually strive to become not only a leader in the state of Michigan but nationally in the care for foster children, their families, and foster parents. Fostering Futures realizes the need to stay focused on its original mission statement; adding services carefully, as to avoid the common pitfall of diluting its mission by spreading itself too thin.

Fostering Futures – A Brief History

In 2001, Fostering Futures was first conceived by Jennifer and John DeVivo. This was a time when the child welfare system was completely different than it is today; their dream of an agency with lower caseloads and more caseworker and client support was not financially feasible, especially for smaller agencies. However, in time, Michigan's response to the lawsuit (that ultimately resulted in the current Modified Settlement Agreement) has supported private agencies having lower caseloads and as well to devote more resources to staffing and the families they serve. In the context of Michigan's intent to improve the child welfare services, Fostering Futures was created.

In 2009, Fostering Futures was licensed and received its first contract with DHHS to license foster homes, place foster children in foster homes and offer Independent Living services to children. Brittany Valliere joined the leadership team during the licensing process, assisted with the 501-C-3, and has been integral to the development of the agency as a whole since she was hired on full-time in May of 2010. In 2010, the

agency obtained its contract to also place children in adoptive homes and complete adoptions. The founders had finally begun their journey to create the private agency they imagined.

Notable Achievements

The underlying intent and mission for Fostering Futures was always to create a warm, happy place, where birth families could receive supportive services and heal together, and as well, where all families are welcome to foster and adopt children. This important goal has resulted in Fostering Futures obtaining the Gold Seal from the Human Rights Campaign's All Children, All Families initiative. Fostering Futures continues to prioritize the facilitation of an accepting environment and a commitment to equal rights for all its staff and clients, including an LGBT-friendly board of directors, volunteers and contractual staff. In the context of this welcoming environment, Fostering Futures has completed many, many adoptions and reunified more children with their birth families than is the national average for foster care agencies.

Fostering Futures has also prioritized creating a friendly, cheerful environment in which staff, families and children can have the positive experience of a well-cared-for and nurturing space to work and spend time as a family. This includes two large, professionally decorated parenting time spaces and several beautiful meeting rooms for Family Team Meetings, staff gatherings and trainings for foster parents. This focus on the physical environment extends to creating as supportive and engaging of an emotional environment as possible for children, foster and adoptive families, and birth families. The staff are trained to value and provide the best care possible to the children through services to meet their individual needs and through services for their birth parents, including parenting time specialists, trained by a clinical master's level social worker. Lastly, the agency works hard to accommodate the individual schedules of foster parents for parenting time scheduling, and as well, to offer assistance, on an as-needed basis, with transportation. The agency offers a monthly collateral training and support group for foster and adoptive parents, facilitated by the agency Executive Director, a clinical LMSW and therapist who has worked with families in the child welfare field for almost 20 years. Foster and adoptive parents are given the opportunity to explore questions about court processes, fostering and adopting, as well as a chance to receive on-the-spot-training about their licensing or foster care issues. This group also offers a place for those considering fostering or adopting to learn about other people's experiences in a supportive, honest and personal context. In general, group attendees report appreciating the opportunity to vent their frustrations about the system, share experiences, loss and the vicarious trauma they live through as foster parents to

wounded children. Attendees encourage each other to continue their difficult but rewarding journey to help families heal or to consider adopting special needs children.

Fostering Futures Foster Care Program Statement

Fostering Futures provides a foster care program for Michigan clients (primarily those in southeast Michigan) who are in a temporary and/or permanent need of placement. Specifically, Fostering Futures serves primarily the following counties (child from other counties will be considered): Washtenaw, Macomb, Wayne, Oakland, Livingston, Jackson, and Monroe.

Fostering Futures' foster care program seeks to meet the needs of children, including newborns, children and adolescents up to age 21, who enter foster care in need of intensive case management and in some cases, therapeutic intervention. The goal of the foster care program is to prepare the family and the child for reunification, however; in situations where child are not able to re-unify with their families, permanency goals can be achieved through adoption or in some instances, a guardianship is deemed appropriate. If none of these goals are appropriate, the next levels of permanency include:

Permanent Placement with a Fit and Willing Relative (PPFWR) and lastly, Another Planned Permanent Living Arrangement (APPLA or APPLA-E). APPLA or APPLA-E is for children who cannot be reunified, adopted or placed with a guardian, the permanency goal must reflect a permanent placement with a nurturing adult with whom there is a strong attachment and sense of belonging. In cases of children who are not placed with an adult who is committed to their long-term care and welfare, every effort must be made to secure a network of supportive people who will assist and be responsive to the child's needs while in foster care and after the foster care case closes. The agency promotes and facilitates individual and family therapy as needed and/or ordered, with the goal of treatment being to address long-standing, negative familial patterns and to promote alternative and appropriate methods for handling conflicts and coping with daily events. Child in the foster care program will receive visits from the Foster Care Workers monthly for the purpose of: maintaining the placement, coordinating services, assessing and ensuring the safety and care of the foster child, supporting the foster parents, and promoting family reunification.

Initially, Foster Parents receive 3 hours of orientation and 12 hours of intensive Parent Resources for Information, Development, and Education (PRIDE) training from the Fostering Futures' staff. In addition, foster parents will also have the opportunity to receive training from professionals in the community and the agency itself through special seminars and events on specific topics, and participation in the Foster Parent Collateral Training on the second Wednesday of each month.

All foster parents will receive six hours annually of ongoing training to assist them in the successful maintenance of their license and the placement of children in their home.

Organizational Structure

The Executive Director supervises the Foster Care, Adoption and Licensing Supervisors, who then supervise the Foster Care Workers, Adoption Workers, Licensing Workers and support staff. The Executive Director also supervises the staff in charge of financials of the agency. The Executive Director will directly supervise these supervisors and working with the Leadership Team to maintain the integrity of the program and its mission. The Leadership Team will work as a group to make decisions, including but not excluded to: the hiring of additional staff, development of new programs and/or the alteration of existing programs, and where newly referred or replaced children are to be placed within the agencies' foster homes. Final decisions will be the responsibility of the Executive Director. The Executive Director and all staff will meet on a monthly basis to process administrative issues and to conduct case conferences. The Leadership Team will meet at least monthly but often weekly, as needed and logistically possible. Staff will also be invited and expected to attend additional clinical trainings outside and inside of the agency to further develop their knowledge of current research and treatment techniques. Additional training funds may be available under special circumstances, as deemed so by the Executive Director. All staff are required to be in compliance with the State of Michigan Foster Care contract and Modified Settlement Agreement regarding the required hours of training per year.

All caseworkers will work as a team with the foster parents, birth family, funding agency and the courts to support the best treatment and care for the children and families in care. The Licensing Worker is responsible for the recruitment of potential foster homes, licensing of homes and investigating complaints. Pre-service and ongoing training is the joint responsibility of the Supervisors and the Licensing Workers. The foster parent(s) provide the daily care, assist in the treatment planning and implementation of the treatment plan (as appropriate), and create an environment in the home setting that allows for the least-restrictive, most family-like setting, and promotes the healing and development of the whole child. The Foster Care Worker supports their efforts and offers guidance and assistance in this process through regular contact. Foster families are required to follow all requirements of the Parent Agency Treatment Plan (i.e. appropriate discipline, transportation, participation in services with the child, and in general, supporting reunification efforts).

Types of Children Served

Fostering Futures aims to serve male, female, and transgendered children ranging from infancy to 21 years of age, who are temporary or permanent wards of the

court, or Michigan Children's Institute (MCI) wards; either due to delinquency, abuse or neglect by the primary caregivers. Specifically, the agency aims to help children and their families overcome familial systemic issues, including patterns of abuse and/or neglect. The intake process will assess the child's intellectual/developmental capacity and clinical needs to ensure that they are capable of benefiting and learning from the services offered within the program. If the services provided by Fostering Futures do not meet all the needs of the child, then the agency will work with the referring agency to secure additional supports in the community for the child and foster family.

Services Provided to Foster Families, Foster Children & Birth Families

In order to assure quality care and successful outcomes, Fostering Futures offers a variety of supports and services to the foster families, children and birth family members. All foster families will receive 3 hours of orientation and 12 hours of pre-service PRIDE training that will prepare them to understand the complexities of foster care, DHHS and the court system. Training sessions will be constructed to help the foster parents understand the impact of family upon the child, the team approach to care, and the goal to re-unify children with family whenever possible. In addition, in the monthly Foster Parent Collateral Trainings, the foster parents will be introduced to many different hands-on trainings and an opportunity to learn about different forms of trauma treatment, including examples of treatment interventions they might find useful in providing sophisticated care to the specific children placed in their home. The foster parents will have access to a 24-hour on call worker for emergency situations. Foster parents will be encouraged to attend training seminars in the area, and they will be required to receive six hours of ongoing training per year. Foster parents will receive visits once a month and therapy will be offered for children, as needed (i.e. weekly, bi-weekly), either by a therapist contracted with Fostering Futures or through a local CMH or other Medicaid-funded treatment facility. Visits by the Foster Care Worker to the child in the home will address case management issues, behavior challenges, medical needs and developmental assessments, which may involve school, the birth family, and/or the foster and family.

The Foster Care Worker will meet with and be involved with the school system (particularly if that child is in special education), the foster parents and/or birth parents as part of their monthly visits or in addition to, as needed.

In situations when the court, DHHS and Fostering Futures agree that it is indicated, the birth family members will participate in the ongoing therapy services provided by a community resource. The therapeutic goals will be outlined in the Parent-Agency Agreement as identified by DHHS, the court, the Foster Care Worker, with input from all of the above and the birth family, the child, and foster parents. These participants in the treatment planning will also meet to evaluate and review progress,

typically in a Family Team Meeting. Therapeutic goals might include: the birth family to review reasons for removal, improve parenting skills, understand the necessity of structure and the developmental needs of children, and in general, resolve the issues that brought the child into foster care placement (this is by no means a complete list).

Service Delivery System

Sources of Referral

The agency is contacted by DHHS or a private agency regarding the need for placement for children who have been accepted into the foster care program by DHHS due to charges of neglect or abuse against their parents or caretakers. DHHS or the court system may refer a child that has delinquent charges and cannot return home due to charges of abuse or neglect. Fostering Futures may also receive referrals from residential programs, and children waiting to be adopted through the Michigan Adoption Resource Exchange (MARE) system. In the event that the residential facility prepared the child for re-entry into the community and that the child is found to be appropriate for a foster care placement, these children are accepted into a Fostering Futures foster/adoptive home.

Intake, Screening & Placement

The Intake Worker and Executive Director receive referrals either by email or phone regarding potential children needing placement in a foster home. Then after licensing is consulted about possible placement openings and appropriate children for those placements, the Intake Staff, typically a Foster Care Supervisor, is in charge of coordinates referrals directed to Fostering Futures. The Intake Staff will assess referrals to assure that they are appropriate for placement in the foster care program and consult with the Executive Director about children with more serious issues. Children being released from residential settings or having very severe behaviors will have their cases reviewed by the Leadership Team before placement will be facilitated in a Fostering Futures foster home. The agency wants to ensure that children with serious needs are placed with families who have the resources to meet their needs. For example, children referred to Fostering Futures will be assessed for past and present suicide issues, family of origin issues, educational issues, behavior problems, and any delinquency or sexual perpetration or abuse issues. Pre-placement visits and possibly pre-placement overnights will be conducted if time and the circumstances of the removal allow it. Specifically, Emergency Protective Service removals and Child Protective Service referrals may not allow for any extended type of visitation or pre-placement planning to occur. In the event that emergent circumstances make a pre-placement process impossible, DHHS, birth family, foster child, the Foster Care Worker, will do their best to identify all the needs of the child given the suddenness of the placement.

Time in Care/Criteria for Moving

Going Home

The primary goal of foster care and Fostering Futures is to reunite the foster child with their families. Ongoing assessment of the families' situation begins immediately upon a child's entry into the program through the MiTeam process. The state-designed, MiTeam format is designed to prepare families to reunite with their children, and ongoing assessments of the families' needs and resources are conducted to identify when it is appropriate and safe to re-unite children with their families (typically, once the families have fulfilled the requirements, including the demonstration of benefitting from services, of their Parent Agency Treatment Plan). The MiTeam format requires that a Family Team Meeting be held to identify and address strengths and barriers to reunification before the completion of an Initial Service Plan (ISP) - due upon 30 days into a child's placement with an agency. Every 90 days thereafter the agency must complete follow-up Family Team Meetings prior to the Updated Service Plan (USP), which addresses the reunification goals the family has accomplished. The MiTeam format requires ongoing communication and coordination between the parents, agency staff and service providers, and assures that children and families receive quality care, and as well, that decision-making includes all parties involved in the case.

Replacement (Leaving a Foster Home to go to a New Foster Home)

Fostering Futures maintains that children need to resolve their problems within their particular foster family (if at all possible) rather than transferring from that foster home to another. As well, the agency maintains a goal of properly preparing foster families for the specific needs of children before they are placed in the home, as well as ensuring that appropriate services to meet the child and families' needs are put in place as soon as possible. There are times when systemic issues delay the implementation of such services, which can sometimes make it difficult for a placement of a particular child to be successful. If serious problems arise, the agency will examine the existence of services in the home and those being received by the child, to evaluate whether more can be put in place to assist the child or foster family. In addition, for the best interest of the child, the foster family will be strongly encouraged to continue working through existing behavioral issues or conflicts, and avoid the replacement of the child to another home. The agency will also continue to work on the facilitation of appropriate services for the child and family. In the event that the problems cannot be overcome or worked-through, a written, 30-day notice of a request for replacement is required in order to prepare the child, the receiving foster family, and the birth family, for the change. The entire foster care staff will review and agree upon all replacements, however; the

Executive Director retains final decision-making authority. In the matter of the replacement process, all MSA, contract and DCWL rules and policies must be applied and followed.

Roles and Responsibilities

In instances when children are referred to a Fostering Futures' contracted therapist, or a Medicaid treatment provider, the Foster Care Worker should ensure the therapist has been provided with updated knowledge from the school, foster parents, and birth family, and that the therapist is encouraged to involve these valuable resources in the treatment process. The Foster Care Worker is responsible for the development of the treatment plan, goals, and reports of progress specific to the child, as noted in the Parent Child Treatment Plan. The therapist for the child will develop and maintain their own therapeutic goals in the child's treatment and share these goals and the progress towards them with the Foster Care Worker and the foster and birth families (as appropriate). Progress reported to the therapist by the Foster Care Worker should include input from the foster parents and the birth parents.

Among other duties, the Foster Care Worker is responsible for: the completion of the ISP and USP, court reports, monthly foster home visits, quarterly unannounced visits to the foster home, quarterly birth home visits, supervision of at least one visitation per month, case service coordination, attendance at court hearings, as well as ongoing communication with DHHS, attorneys, foster parents, birth parents, service providers, the Fostering Futures' Supervisor, and if necessary, the Executive Director. The Foster Care Worker is responsible for ensuring all the documents, contacts and case file information is uploaded onto MiSACWIS and therefore accessible to the DHHS Monitor.

Foster parents are responsible for structuring the daily living routines of the children in their home. They should be involved in the formation of therapy goals and they are expected to report all progress and challenges to the Foster Care Worker and the therapist. As foster parents are responsible for the well-being of the child on a daily basis, they are responsible for obtaining regular dental checks-ups (one within 90 days of placement and either every 6 months or year thereafter, depending on the dentist's recommendation), and ongoing well-child appointments (the first well-child being required within 30 days of placement), corresponding to the age of the child (see DHHS Well-Child Exam schedule). Foster parents are also responsible for providing the dentist and medical offices with the state-required forms (the agency staff will work hard to ensure foster parents have these ahead of time!), and providing these completed forms and copies of all other paperwork from any of the child's appointments to the Foster Care Worker in a timely manner. In case of emergencies, the foster parents have access to a 24-hour per day, on-call Fostering Futures worker via an emergency cell phone system. Foster parents will complete three hours of orientation and twelve hours of pre-

service PRIDE training, as well as ongoing training totaling six hours per year. Foster parents are also expected to attend any school-related meetings (regular parent-teacher conferences, IEPs or 504's) and are responsible for providing children with transportation to visits with the birth family. Foster parents may occasionally, in rare cases and when the foster parent feels it is workable and appropriate, be asked by the court and/or the agency to provide supervision of family visits. Lastly, foster parents are required to work with the Foster Care Worker to assist in the completion of all Early On Assessments and appointments, Infant Mental Health Assessments and appointments, as well as psychological evaluations of the children, trauma assessments and psychiatric evaluations and follow-up appointments and medication reviews. The Foster Care Worker is to assist the foster parent in setting up these appointments, if needed, and support them maintaining such services, as needed. The foster parent is to share all progress and barriers, as well as any paperwork they are provided by service providers, with the Foster Care Worker. The Foster Care Worker will share these documents with the birth parents, as is appropriate, and ensure the documents become part of the child's paper file and the electronic record on MiSACWIS.

Foster parents are also responsible for working with the Foster Care Worker to ensure that birth parents have the opportunity to attend school events and meetings, as well as therapy, medical and dental appointments. The foster parents must let the Foster Care Worker know all scheduled appointments and meetings related to the child so that the birth parents have the knowledge of the appointment and can arrange to attend, if that is their desire. The agency is responsible for ensuring that birth parents who want to attend such meetings have the opportunity to do so and the agency is required to assist by offering certain times and dates that work best for the birth parent (the date and time of appointment will also be scheduled around the needs of the foster family and child if at all possible) and/or transportation, if needed.

In rare cases where the child will return directly to DHHS (due to the lack of replacement opportunities with Fostering Futures or another private agency), the foster parents are expected to give the agency and DHHS a 30-day notice prior to the removal of the child from their home. An inter-agency re-placement also requires a 30-day notice of removal from the home and must occur only after intense efforts have been made towards the resolution of existing behavioral issues or conflicts and the facilitation of appropriate services for the child and family. After business hours, in the event of an emergency, a foster parent is expected to call the emergency cell phone in the case of a child being suicidal, homicidal or presenting with any similarly unstable mental conditions. The emergency cell phone must be called in the instance that after business hours there is a health emergency, the police are called, or a child has run away from the home. A foster parent may call the emergency cell phone for other difficult issues as well after-hours. All emergencies listed during business hours should be called into the office and a supervisor requested if the Foster Care Worker is unavailable. The Foster Care Worker's cell phone should also be called in the event of an emergency during business hours. Foster parents are considered to be a part of the treatment team

and are expected to be role models to birth families, and thus; foster parents are expected to interact in an appropriate and therapeutic manner regardless of the crisis.

Transition to Independent Living

Fostering Futures has an Independent Living program, and Fostering Futures recognizes the state eligibility of children 16 years and older to enter into an Independent Living (IL) situation; specifically children who are appropriate are those who are assessed as being able to participate in successful independent living through their active investment and cooperation in their treatment plans and statement of goals. Fostering Futures believes that quality supervision, structure, and guidance from adults through the completion of a high school career is the best preparation for a child to enter IL. In cases where children are placed in a Fostering Futures' foster home and all involved in the case agree to a goal of IL, then Fostering Futures will facilitate the transition to the agency IL program.

Theory/Treatment Modality

Fostering Futures strongly believes in a team approach to case management and therapy, and therefore; the agency respectfully involves the Foster Care Worker, therapist, Foster Care Supervisor, often the Executive Director, the foster parents, the child, the birth family, the LGAL, and when applicable, DHHS and the court system. This whole-system approach results in a thorough identification of barriers and goals and provides many viewpoints when it is time to discuss progress and make decisions. The Executive Director provides support and program supervision through individual meetings with the therapist and through meetings with the entire team of staff to review and clinic cases. Staff have the opportunity to meet about specific cases as needed and case reviews of treatment plans and services, as well as permanency goals and progress are conducted on a regular basis in monthly supervision. The team approach adds a dimension of insight to the process; if the child is in therapy, the team format provides a solid and informed basis from which the therapist can offer treatment, as well as treatment planning that would not be possible without the input of so many sources. An ISP is due upon a child's 30th day in foster care, and in it the Foster Care Worker addresses the information and insights presented by the staff, service providers, and clients participating in the treatment planning for the child and family.

In providing therapeutic services, Fostering Futures believes in utilizing therapists who practice multiple approaches to helping children and/or families that include, but are not limited to: cognitive-behavioral treatments, attachment theory, family systems theory, play therapy, insight-oriented therapy, and trauma-focused therapy. If recommended, ongoing weekly therapy sessions are conducted with the

child to process their history of abuse and neglect, their grief over separation from their family, adjustment to their foster family and then adjustment to the goal of family reunification. The therapist, along with DHHS, also aims to provide the family with the additional resources necessary for family reunification. Therefore, if recommended by the child's therapist, therapy can include the child and their birth family. The foster family will often be asked to participate in therapy sessions so that they can receive additional training, guidance and insight into the parenting of the child and their specific needs. Prior to a child returning to a birth parent, the therapist will ideally work with the birth parent who also needs to understand and be able to implement and utilize these tools with the child once they are returned to their care.

Evaluation

The goal of Fostering Futures is to provide quality care to the children and families served within its system, and as well, to provide a quality work environment to its staff. Ongoing assessment of children is conducted through a review of the 30-day ISP document, as well as a review of the 90-day USP document. Fostering Futures conducts ongoing quality assessments and assurances of staff satisfaction through monthly staff meetings and supervision, and periodic case reviews. Fostering Futures offers an anonymous tip box for suggestions about ways to improve the office and/or organization as a whole. In addition, Fostering Futures has a goal of eventually administering satisfaction surveys to the foster parents, birth families and staff.

Organizational Structure Goals

At this time, Fostering Futures aims to remain a "small" foster care agency in order to continue to provide the outstanding quality of care its founders were driven to provide. The organization aims to have: an Executive Director, potentially a Program Manager, several foster care/adoption supervisors (number to be determined depending on the needs of staff over time and workload for supervisors), a licensing supervisor, seven foster care/adoption specialists, three licensing workers, a financial administrator, an office manager, and up to four parenting specialists (depending on number of caseworkers and Temporary Court Ward cases). This smaller structure aims to allow for excellent communication, efficiency in the coordination of services, treatment, trainings, and overall the care of clients and staff.

Services Provided

Fostering Futures is a child placement agency that licenses foster homes, facilitates the placement of children in licensed foster homes, and works to re-unify children with their birth families. In circumstances in which the court rules it is not in the best interest of a child to reunify with their birth parents, Fostering Futures is able

to provide adoption services through the Fostering Futures Adoption Program. Fostering Futures also offers Independent Living services to youth appropriate for the program.

Fostering Futures facilitates the provision of therapy to children through contractual therapists and Medicaid providers, depending on availability and the specific needs of the child.

Service providers for parents are funded through DHHS but often referred by DHHS and/or Fostering Futures Foster Care Workers.

Fostering Futures also provides regular parenting time with children, facilitated by the Foster Care Worker and the Parenting Specialist, supervised through the Parenting Specialist Program. This program provides trained and supervised Parenting Specialist staff to teach, support and in general, assist the birth parents in having successful parenting times with their children. This program may provide transportation if other transportation is not available to get parents to their parenting times (i.e. their bus pass is not for a bus that goes where parenting times are held). In addition, when needed, the Parenting Specialists may also assist with transportation of children to and from parenting times.

Statement of Need for Foster Parents

Fostering Futures seeks to provide opportunities for a child that is currently unable to safely live in the birth home but is able to remain in a community and family setting. A foster care placement offers children that do not belong in a residential or group home, the chance to receive the care, support and as “normal” a life experience as possible while the child waits for reunification to be possible. Ideally, a foster home is also a “concurrent placement”, meaning that if reunification is not possible, that the family would consider offering permanency to the foster child through adoption. This allows the child to be emotionally preparing for both possible outcomes and prevents further disruptions to the child’s life in the event that reunification efforts are not successful. Foster care allows the birth parents needed time to access and obtain necessary resources and skills, to be able to safely parent their children and be in a better position to care for and protect themselves and their children. Fostering Futures aims to promote dignity, self-respect and a sense of empowerment in the children and in the families they serve, as well as in the foster families.

The role of a foster parent is to provide child with an opportunity to address any developmental, emotional, physical or cognitive delays or concerns, continue to grow and to enjoy as much about their childhood as they can while in foster care. In the foster homes, children should also be developing daily living and relationship skills in a safe and consistent family, as well as a safe community setting, so that whether they reunify with their birth family or have a different permanency plan, they are healthy and able to

live a productive, safe and healthy lives. Foster parents care for the child on a daily basis and are responsible for supervising daily routines and therefore; their weekly feedback to the team is essential in assessing a child's progress towards treatment goals and as well, to know how the child is experiencing foster care placement. Foster parents are critical advocates for a foster child, whether it be in meetings with the Foster Care Worker, LGAL, school, therapist, doctor, dentist, or in the context of a Family Team Meeting about the child's well-being. In some cases, the birth parents will be present as well but other times the foster parent may be the child's most-informed advocate.

Foster parents are also intended to act as role models and to interact with birth families in a manner that is kind, supportive and non-judgmental. Fostering Futures and its foster parents are expected to uphold the rights of birth families to pre-arranged visits, phone contacts, letters, service provider updates, medicals and dental reports, and school reports. In essence, foster parents are an integral component in the process of reunifying children with their family. In the event that the children are reunified, foster parents can remain an ongoing support and back-up for the birth parents and the children after reunification. Many foster parents find remaining involved in a distant but supportive role after reunification is beneficial to everyone. In the event that the children cannot be reunified with their birth family, the foster parent will have a wealth of information about the child's background, relationships and experiences while in foster care. This information is critical in the child's future therapy and adjustment to adoption or other long-term permanency goals.

Training and support is offered to all foster parents on an ongoing basis and a 24-hour emergency cell phone allows the resolution of emergency issues in an effective, timely and supportive manner.

Fostering Futures is looking to recruit, train and work with adults in the community who aim to provide nurturing care to children in need of a foster home while their family works towards reunification. Any interested parties can contact our agency for information about becoming foster parents at (734) 481-8999 or through the Fostering Futures website, www.FFkids.org.

Statement on "Families"

Fostering Futures recognizes the importance of the family structure in American life in regards to its role in helping to instill basic morals, values, and work ethic in children, as well as to facilitate healthy attachments and a positive internal sense of self. Fostering Futures also recognizes that more than any other group of people or institution, the birth family has the power to make a child feel that they are cared for, loved, valued and deserving of healthy, safe expressions of love. Appropriate role models in the birth family also play a critical role in a child's development of a social conscience, sense of self, productive styles of communication, and an ability to monitor

the self through the evaluation of personal behavior and choices. It is the mission and goal of Fostering Futures to reunify children with their families whenever it is deemed safe and appropriate by the courts, Fostering Futures and DHHS.

The goal of an out-of-home placement is not only to reunify children with their families but also to assist the families and the child in developing new insight into the original reasons for removal and ultimately, a healthy set of coping skills to utilize during times of stress. Services such as therapy for parents and at times, children, helps to ensure that the child's return to the home environment is a positive and emotionally corrective experience. Families must be treated with the utmost respect and dignity throughout the therapeutic process of reunification, as only through an empowering style of treatment can a family become empowered to heal themselves and help their children heal. Fostering Futures will work with the families and the child to form and implement treatment goals that follow the MiTeam concept and reflect the specific needs and strengths of the family and child. Fostering Futures will adhere to state and court rules, laws, and orders that aim to protect children and reunite families throughout the entire permanency planning process.

Section 2

A Description of Foster
Care

What is Foster Care?

Every child needs and wants a family of their own, a family that is the child's forever and will give that child the love, nurturance, protection and permanence they need to grow and develop into a healthy, happy, responsible adult. For most children in our society, that "forever family" will be the one into which the child is born.

Sometimes a child's birth family is unable to provide the care, safety, protection and nurturance the child needs. When that happens, society's first obligation is to protect the child and assure that their basic needs are met. Typically, the first step of intervention when there is a safety or neglect issue, is to arrange for services to help the family function responsibly and meet the child's needs adequately, while keeping the family intact and the child in their home.

In instances where safety concerns are so serious that the child must be separated from their birth family while services are provided, the child must have a temporary living situation where they can receive, as nearly as possible, the kind of care and experience that they should have had with their birth family. Fostering Futures believes that foster family care is the best temporary alternative for children who can function in a family setting but cannot remain with their own family in their own home. We also believe that services provided while the child is in foster care must be directed at reuniting the child with their birth family as soon as possible.

The goal of foster care is always permanency for each child. This may be achieved through the return to their birth family, placement with relatives, adoption, guardianship or possibly APPLA with Independent Living services. Fostering Futures is committed to working with the birth family, the courts, and the foster family to achieve permanency for foster children as quickly as possible.

The Purpose of Foster Care

As stated previously, foster care exists to provide a family and their child with an alternative to living together, if it is found that placement with the birth family is not appropriate. Foster care may also be used for children who are suddenly (i.e. due to natural disaster, accidents, etc.) in the position of having no family or home. In either case, the goal is to assist the child reunifying with their birth family. In the case of a child or children whose parents, rights are terminated, Fostering Futures is committed to supporting and assisting those children in permanency through adoption (or in some cases, guardianship, PFWR or APPLA).

Specific reasons for the placement of a child in foster care include several different scenarios. Parents might be unable to care for their children due to illness,

death, or economic conditions. There may also be situations of abuse or neglect that have required children to be removed from the home. The parents and family may not be able to provide supervision or direction that is needed to keep the child(ren) out of a foster care placement. Such children may be in a position to work towards reunification with other family members, and in that case, a foster care placement enables them to safely participate in family and community life until they can enter a placement with family.

Criteria for consideration when making placements with a foster family home include:

- The case plan which includes the goal of permanence.
- The physical and emotional and safety needs of the child(ren).
- Proximity to the child(ren)'s family.
- Placement within kinship family network of the child(ren).
- Placement with siblings of the child(ren).
- The child(ren)'s and the child(ren)'s family's religions preference.
- The least restrictive, i.e. most family-like setting.
- The continuity of relationships.
- The age range of the child.
- A preference for gender or culture.
- Proficiency in the language spoken by the child(ren).
- The anticipated behaviors the child(ren) may exhibit.
- The foster family's own needs.
- Special skills or attributes of the foster family.
- Availability of placement resources for the purpose of timely placements.

Why Are Children Placed in Foster Care?

Children placed in foster care are from birth to eighteen years of age. In some cases, children can remain in care until age 21. Children are placed for reasons related to: physical, sexual or emotional abuse, lack of housing, serious neglect, or severe family situations. Foster parents provide a temporary home (often with potential to be a long-term placement if reunification cannot be achieved) 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 foster parents make a difference by sharing their home and family experience, while supporting that child and their family during a very difficult time.

The Referral and Placement Process

In the event that it is possible, the placement process includes gathering and sharing with foster parents as much information about the child and the family as is possible before a placement, and in some cases, may even allow for pre-placement visits with the foster family.

However, since most of the children referred will need immediate placement, the agency will often be given very little information, and there it is unlikely that there would be an opportunity for pre-placement visits.

DHHS tries to provide Fostering Futures with all the information they have within seven days of placement but depending on the situation, Fostering Futures may or may not be given the information or have access to it. The agency is very committed to sharing the information obtained as quickly as possible once it is received, so that the foster parents are as informed as possible as they assess the child's needs themselves and have to make many daily decisions about the child's care (i.e. what to feed them, schedules, sleep environment, school enrollment, medical appointments and follow-up, answering questions the child might have about when they will see their parents or siblings again, etc.).

Referral Sources

Children in need of placement away from their own homes and families are referred to Fostering Futures from a variety of sources: Department of Health and Human Services (DHHS), other private agencies, placement units, and rarely, the Juvenile Court.

If you have questions about how your foster child came to Fostering Futures and/or about what this means in terms of our responsibility to agencies outside of Fostering Futures, we urge you to discuss this with the Foster Care Worker. There will be times when you will be told, "They (DHHS, the Court or another agency) require that ...", and it is important that you understand what the responsibility and authority of the outside agency is in relation to your foster child. In summary, DHHS "monitors" the foster care case once it goes to a private agency like Fostering Futures. Monitoring means that they overlook that all required services are being provided by the agency, that policy is being followed and work completed in a timely way and in agreement with DHHS policies and contract requirements. DHHS monitors are able to do tasks that staff at Fostering Futures cannot do, such as: order Medicaid cards for children, order birth certificates, get court orders from some courts, change primary care physicians for children, change the type of Medicaid the child has, refer for some services for children and parents, access some charities, and give final approval on such payments as Youth In Transition monies, clothing allowances and Determination of Care Levels for foster children.

Admission Criteria

Fostering Futures aims to have a flexible yet comprehensive policy of admission criteria for foster care programs. Specifically, the foster care program aims to admit all children, including those with significant problems that need ongoing intervention on a weekly basis by a therapist or other service providers. Aspects of a child's background considered in deciding where to place a child in the community setting include but are not excluded to:

eating disorders, Posttraumatic Stress Disorder, autism spectrum disorders, suicide histories, history of sexual perpetration, adjustment problems, school functioning, social skills, aggression, destructiveness towards property, self-harming behaviors, educational impairments, and emotional impairments. Children will be assessed for levels of depression and anxiety and other mental health needs, such as the need for psychiatric medications and appointments to review medication needs. The admission process includes discussions with the referral sources about the degree of challenges present in all of these areas to help assess and assure quality care, and appropriateness for a specific child in a community setting, like foster care. All children, newborn to age twenty-one, male or female, regardless of race, are considered for this program. There is no requirement for minimum IQ levels, however; educational testing results are also considered useful for the selection of appropriate placements. Histories of psychiatric admissions will also be important information to be gathered by the Intake Worker and reviewed by the workers, caregivers and service providers in team meetings. Staff doing the intake will do their best to acquire detailed family histories through sources such as: the birth parents, previous foster parents, the current or previous treating therapist, psychiatrist, DHHS workers, as well as court documents and hospital records (all paperwork and documentation will be requested at intake from the referral source). Any current behaviors that do not ensure reasonable safety for the child in foster care will also be investigated and considered prior to placement. Once placed, if children are temporary court wards, the agency will begin the process of referring the parents and family for assessments of their needs for services.

In order to ensure safety and the most effective treatment, in cases that present the need for additional information, such as a child being released from a hospital or residential setting, Fostering Futures may require access to psychiatric and/or psychological evaluations available on a child. Fostering Futures is committed to admitting only children that the agency feels are capable of functioning within the program safely. Specifically, children that are actively suicidal or homicidal do not meet the requirements for admission, as any such child is in need of a psychiatric admission until stabilized. In instances where the Intake Worker is considering placement of a child with more severe behaviors and moderate to severe needs, the Leadership Team will assess the available information and make a group decision about whether the child can be safely placed in a specific foster home. The abilities, experience and expressed interest of the potential foster family will all be considered in this process.

In emergency cases, children may have to be placed before all the aforementioned information is obtained about the child and their history. In such cases, staff will work diligently to collect all of this information as quickly as possible following placement, and then if it is deemed that the child has been matched with the appropriate foster family, this pertinent information will be shared with the foster parents and the child's school (as needed). In the event that the child's issues or new information clarifies that the child is not an appropriate match for their emergency placement, the staff and foster parents will discuss the situation and a more appropriate foster family will be identified as quickly as possible, so as to allow the child and families involved to get settled as soon as possible.

Section 3

Foster Parents: Roles, Rights & Responsibilities

General Foster Parent Responsibilities

Foster Parent Responsibilities to the Child:

- Provide a safe and comfortable environment for children to live, including a separate bed and a place for their personal belongings.
- Provide for the children's basic physical and emotional needs as they would for a birth child of their own.
- Assure school attendance.
- Provide appropriate clothing.
- Attend to regular medical and dental needs including regular check-ups.
- Assist the child through the grieving and adjustment process that accompanies the transition from the birth home to the foster home.
- Assist the child in maintaining a realistic relationship with their family through cooperation with visitation, understanding feelings and preparing for permanence.
- Provide recreational and enrichment activities that will promote the 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 and does not involve corporal punishment.
- Be ready 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 with the transition as the placement ends and the child prepares to leave foster care.
- Assure that all belongings the child has accumulated during their foster care placement (even those bought by the foster family and those that are now too small or no longer used) be sent home with the child, as they represent a part of that child's history and belong to the child.

Foster Parent Responsibilities to the Birth Family:

- Be open-minded.
- Be respectful of them at all times.
- Support their efforts toward reunification.
- Encourage the child to cooperate with reunification.
- Share with them the day-to-day activities of their child.
- Support the visitation process.
- Be honest, natural and friendly in contacts with them.

- Avoid criticism or disapproving attitudes of them.
- Help them abide by the family service plan and individual service plan.
- Keep a positive attitude.

Foster Parent Responsibilities to the Agency:

- Must obtain 1326 Criminal Clearances.
- Must complete all pre-service training and requirements of the foster care agency.
- Keep the agency informed of all progress, problems, medical treatment, and school issues regarding the child.
- Keep the agency informed of all changes in your home including: employment changes, new household members or someone moving out of the home, starting or stopping therapy services, phone number, plans to move, or vacation plans.
- Be available for meetings with the Foster Care Worker, including quarterly unannounced visits to your home.
- Work as a true “team” member.
- Attend required number of hours and topics of foster parent training.
- Cooperate with the agency to implement the terms of the family service plan, the child’s individual service plan and goals for family reunification or permanency.
- Comply with state regulation, Modified Settlement Agreement requirements, and agency policies.
- Provide transportation as requested and in accordance with the child’s individual service plan.

Foster Parent Responsibilities to their Own Family:

- Be open-minded.
- Listen to all members of the family.
- 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.
- Expect and understand family members’ negative and positive reactions to the fostering experience.
- Educate family members about the needs of the foster children in your home.
- Be honest with yourself and your family about what you can and cannot do as a foster parent.

Your Role with Other Foster Parents

Your relationship and interactions with other foster parents can be one of the most helpful and rewarding aspects of foster parenting. Other foster parents know, as no one else can, the combination of experiences and feelings which go along with taking responsibility for someone else's children.

We encourage you to make contact and build ongoing relationships with other foster parents within Fostering Futures and with foster parents affiliated with other agencies. There are many ways to do this: monthly Fostering Futures' Foster Parent Collateral Training, foster parent associations and support groups, online support groups, training activities, agency events such as picnics and recognition dinners, regional foster parent activities and state organizations.

Foster Parent Bill of Rights

The Department of Health and Human Resources and Fostering Futures shall ensure that each foster parent shall have all of the following rights:

- 1) The right to be treated with dignity, respect, trust and consideration as a professional member of the child welfare team.
- 2) The right to be free from discrimination based on religion, race, color, creed, gender orientation, national origin, age, marital status, or physical handicap in matters concerning licensing or placing of children. *Fostering Futures adds that foster parents will be free from discrimination based on gender expression or gender identity. Fostering Futures WELCOMES all people to explore whether being a foster parent is right for their family.*
- 3) The right to receive explanation and clarification regarding expectations and roles of all team members, and to receive evaluation and feedback on their role of foster care giver.
- 4) The right to receive the necessary training and support to enable them to provide quality services to the children in their care, including reasonable relief and respite as allowed by agency resources, access to agency staff for assistance dealing with family loss and separation when a child leaves their home, and access to available advocacy services to help support the foster parent in their role as care giver.
- 5) The right of access to the appropriate child placement agency 24-hours-a-day, seven-days-a-week, for emergency information and assistance for children in the foster parent's care.

- 6) The right to receive timely financial reimbursements and adequate compensation in accordance with the federal study, and guidelines set forth in this study, for the cost of raising a child.
- 7) The right to receive information concerning agency policies and procedures, changes to such policies or procedures related to their role as a foster parent or the children in their care, and/or information contained in the foster parents' record, as allowed by law.
- 8) The right to policies regarding foster care and adoptive placement developed by the Department and other child placing agencies, shall be designed to support and aid foster, kinship and adoptive families.
- 9) The right to a fair, timely and impartial investigation of complaints concerning the foster parent's licensure, the right to have a person of the foster parent's choosing present during an investigation, and due process during the investigation. The right to request and receive mediation or an administrative review of decisions affecting licensing parameters, or both mediation and administrative review; and the right to have decisions concerning a licensing corrective action plan specifically tied to the licensing standards violated.
- 10) The right to copies of all information relative to the foster family and services contained in the personal foster home records.
- 11) The right to receive information about, and have access to, local and statewide support groups, including local and statewide foster, kinship and adoptive parent associations.
- 12) The right to be notified in advance whenever possible about plans for placing a child with them.
- 13) The right to receive information prior to placement of the child, regarding the child's behavior, background, health history, or other issues relative to the child that may jeopardize the health and safety of the foster family or alter the manner in which foster care should be provided. In an emergency situation, the child placement agency shall provide information as soon as it is available.
- 14) The right to refuse placement of a child into the foster home or to request, upon reasonable notice, the removal of a child from the foster home without fear of reprisal or adverse effect on assignments of future foster children or adoptive placements.
- 15) The right to receive information through the Department and/or child placing agency regarding the number of times a foster child has been moved, the reason

for the move(s) and names and telephone numbers of previous foster parents, if the previous parent has authorized such release.

16) The right to be given advance notice of a child's removal in order to prepare the child and foster family members, except in an emergency situations where there is evidence of mistreatment.

17) The right to be notified of meetings and staffing concerning the foster child to enable the foster parent to be an active and respected participant in the case planning and decision-making process regarding the child, including

- individual service planning meetings
- administrative case reviews
- interdisciplinary staffing
- individual education planning meetings

The right to participate in any meeting, be informed of decisions made by the court or child welfare agency concerning the child, The right to provide input concerning the service plan for the child and to have that input given full consideration in the same manner as information from other professionals working with the foster child within the context of the team, including therapists, physicians and teachers.

18) The right to receive a copy of the agency's placement and service plan concerning the care of the child in the foster parents' home, to participate in and receive service plan revisions as well as any other information relevant to the care of the child, including subsequent revisions to the case plan in a timely manner. Foster parents are to be meaningful participants in the development and/or revision of the case plan for the foster child in their home. Service plans must be provided within 10 days of a foster parent's written request.

19) The right to be given timely and complete written notice of all court proceedings, including notice of the date, time and location of hearings, name of the judge or hearing officer assigned to the case, and the court docket number as well as The right to full participation in court hearings.

20) The right to submit factual written statements to the court as provided by law, as well as the right to be heard at court hearings regarding the foster child in their care.

21) The right to be considered as a foster care option when a child formerly placed with the foster parent is re-entering foster care. The right to be considered when a child previously place in their home becomes available for adoption, if relative placement is not available and the placement is consistent with the best interest of the child and other children in the foster parent's home.

Foster Parent Code of Ethics

Code of Ethics

The family unit is recognized by our society as the structure that helps to provide children with the guidance, compassion and training that instill a person with necessary life skills and a sense of self. It is the family that helps a child feel loved, special and cared about and establishes self-worth. The family is responsible for teaching the children how they will one day care for themselves, respond to their own needs, and be guided by their own instincts. Through their support and modeling of a healthy lifestyle, the family unit helps the children to develop a conscience and character that will help them strive to be caring and productive members of society. There are occasions when family structures and systems break down and substitute families, foster parents, are needed to temporarily assist in the monumental task of raising children.

Adults who choose the journey of fostering have the responsibility and an obligation to participate in this important forum of raising children with dignity, respect, guidance and supervision. It is the foster parents' obligation to follow all agency and state policies, rules and laws, and to communicate with all systems involved in the caring of the children in their home; always remembering that foster parenting is team parenting, and all members need to know the progress and needs of the children in our foster homes, as well as how the foster families are doing with their specific journey as foster parents.

Foster Parent Principles

1. I shall treat children with dignity, respect and care.
2. I shall embrace the task of preparing a child for life through guidance, patient education, and progressive discipline that aims to teach and discipline, not punish.
3. I hold myself responsible for the quality of care and respect delivered to the children and birth family system.
4. I shall keep all information regarding the children and birth family system confidential.
5. I will utilize available community resources that will help educate and care for the children.
6. I will communicate with all team members of the treatment team.

7. I will take responsibility for being a proper role model and for taking excellent care of myself.
8. I will commit myself to helping children feel cared about and valued.
9. I will seek out and welcome all new information about how to better understand my foster child and their family; I will then do my very best to implement it well for the well-being of the foster child in my home.

Foster Parent Position Description

Experience

No experience is necessary, however, previous successful foster care experience is desirable, as is a history of working with children or having raised children.

Major Responsibilities

- Participation as part of the treatment team.
- Communication with the Foster Care Worker and other members of the treatment team.
- Accepting Foster Care and Licensing Workers into your home as required.
- Providing the agency with documentation of all services obtained for the children while in your care.
- Assistance with the formation of treatment goals (for the children) and the monitoring/sharing of progress.
- Follow through on promised rewards or consequences, as set in place by the treatment team
- Supervision of the daily routines of children.
- Keeping appropriate records on children in the home.
- Monitoring and responding to health concerns and obtaining regular dental and physicals exams.
- Providing an environment in which the child is respected, cared for and the foster parent acts as a proper role model.
- Facilitating necessary communication with the birth family as is necessary in the fulfillment of treatment goals and planning.

Training

During the licensing process, foster parents must receive 3 hours of orientation and 12 hours of PRIDE Certified pre-service training and additional hours if they so request.

Foster parents will also receive two PRIDE Sessions 5 and 7, during their first six-month, provisional license period, and 6 hours of training each additional year.

Basic Requirements

- A foster parent can be single, married or involved with a significant other.
- A foster parent must have a land line or other working phone that stays in the home at all times.
- A foster parent must demonstrate financial stability that is not solely dependent on foster care payment and reimbursement.
- A foster parent and the home they provide must adhere to all agency and state policies, rules, and laws that govern care, and must be financially stable.

Fostering Futures Foster Parent/Agency Agreement

Regarding the Child and Birth Family

The Foster Parent agrees to:

- Provide the necessary home/school equipment, and supplies including but not limited to bedding, laundry, and toiletry articles, such as soap, shampoo, toothpaste, lotion etc.
- Provide transportation to regular appointments and family visits in accordance with the agency policy.
- Be consistent without the threat of use of physical punishment, in accordance with the agency's Discipline Policy and the behavioral interventions approved in the child's treatment plan.
- Provide transportation to and from school if the student is unable to take a bus and resides beyond walking distance.
- Seek medical care, in an emergency situation, from the child's regular physician if possible, otherwise, use the best medical services available and contact the agency promptly in accordance with agency policy. When a child in care becomes ill or suffers physical injury, notify the agency immediately.
- Provide shelter, food and clothing.
- Provide care and supervision 24-hours, 7 days per week, unless other arrangements have been made by the agency.
- Have a plan acceptable to the agency for provision of care and supervision of the child by a competent person whenever absent from the home, and notify the agency of said arrangements.
- Monitor attendance and academic progress of the foster child in accordance with agency policy; attend all school meetings and inform the Foster Care

Worker about all scheduled meetings in advance so that birth parents have the opportunity to attend

- Be responsible for the cost of a summer school program should one be deemed necessary by the school or agency. Fostering Futures will attempt to obtain reimbursement from the placing agency however this is not a guarantee.
- Make sure all gifts and clothing bought for the child remains with the child as their property. All clothing and gifts will leave with the child when and if the child is removed from the foster home.
- Be responsible for providing the opportunity for the religious education and attendance at religious services of the child in accordance with the religious affiliation/expressed wishes of the child's parents or agency in accordance with the agency policy.
- Contact Children's Protective Services if there is any suspicion of a child is being abused or neglected as required by the Child Protection law, Act Number 238, Public Acts of 1976 as amended, Sections 722.621-722.638, Michigan Compiled Laws. Central Intake: 855-444-3911.
- Keep all information concerning the child and birth family confidential.
- Encourage the child to maintain contact with their birth parents through phone calls, letters, and parenting time, as indicated in the treatment plan in accordance with agency policy and court order(s).
- Help the child prepare for visits with their birth parents and assist in the transition after the visits.
- Treat birth parents with respect and basic positive regard.
- Cooperate in planned visits or placement with the child's birth parents, or with persons important in the child's life, including but not limited to siblings.
- Return all paperwork about a foster child to Fostering Futures upon the child's exit from the foster home.

Regarding Fostering Futures

The Foster Parent agrees to:

- Keep the agency informed of the child's behavior through ongoing contact with the Foster Care Worker, and if they choose to, keep a behavior log or notes of incidents (behavior logs are necessary for most DOC Levels, particularly a Level II or higher).
- Immediately notify the licensing department of any changes in family composition or plans to move. To also notify the case manager of any plans to travel out of state seven days prior to travel for authorization.
- Attend/complete the six hours of training each year in order to remain in compliance with the agency policy.
- Work as a team member with the agency in the treatment plan for the child and attend all required meetings.

- Maintain working telephone service in your home at all times, in accordance with agency policy.
- Admit representatives of Fostering Futures into the home whenever a situation requires, cooperate with the agency's monitoring program, and maintain compliance with the rules for licensure as determined by DCWL.
- Keep specific financial, school, immunization, medical, dental and any other records, including all necessary clothing and other receipts as requested by the agency.
- Ensure that the foster child receives all medical, dental and developmental services required or referred in the state-mandated time frames. The foster parent will obtain or assist the agency in obtaining documentation of all appointments.
- Give a thirty-day written notice when it is desired that a child be removed from the home. Agree to remain responsible for the child for those 30 days in accordance with agency policy.
- Not take placement of a child from any other source or agency without prior permission from Fostering Futures.
- Accept Fostering Futures final responsibility to remove a foster child when the child is to be returned to his birth family or relatives, or in the midst of a complaint against the foster home. If a child has been the foster home for over 30 days, the foster parent has the right to challenge the removal of a child from the home to the Foster Care Review Board.
- If the child is in therapy, cooperate with the child's therapist and transport the child to therapy.
- Recognize that Fostering Futures, in accordance with the requirements of DHHS and the applicable Family Division of Circuit Court, retains final authority and responsibility to make and carry out casework plans.
- Recognize that the birth parents maintain all rights to their children except physical custody until parental rights are terminated by the Family Division of Circuit Court.

Fostering Futures agrees to:

- Maintain the foster home license through an initial 6-month evaluation and then yearly evaluations of rule compliance.
- Provide regular training opportunities and foster parent support groups (as support groups are requested by foster parents and as attendance supports).
- Will accept the right of foster parents to refuse to accept a child whose needs they believe they cannot meet.
- Explain fully any changes in the foster home license or reasons whereby a license is revoked or not renewed according to state regulations.

- Provide 24 hour, 7 days per week availability and instructions for after-hours cell phone service.
- Develop a service/treatment plan for the child, including services to be provided to the child's birth parents, and include the foster family in the development of this plan.
- Pay for each night a child is in the foster parent home according to rates set by the Michigan Department of Health and Human Services. Payment is on the business days closest to the 1st and 16th of each month. Note: when a child first comes into care with Fostering Futures, it may take up to 45 days for Fostering Futures to be able to distribute payment to the foster family. At that point, the first payment will be retroactive to the first day the child was placed in the home.
- Arrange for birth parents to provide clothing and/or an initial clothing order from DHHS. The agency shall provide Medicaid or insurance cards from DHHS or the birth family for each child (insurance cards are requested of DHHS by Fostering Futures upon placement of the child; however it may take months for the card to be provided to the agency or the foster parents). Although Fostering Futures has limited control of how long this takes, if you have waited several months, please remind the Foster Care Worker and Supervisor that you still do not have them and additional efforts will be made if they are not already occurring.
- To provide foster parents with a written and verbal explanation of the foster home licensing rules and regulations, a Verification of Placement, a medical consent authorizing routine medical and dental care, and written permission for obtaining medical and dental care, including emergency procedures.
- To obtain necessary written permission for surgery from the child's birth parents or from the legal system.
- Fostering Futures will grant the foster parent the authority for making necessary appointments and purchases in agreement with the agency.
- Provide to foster parents written copies of the Department of Child Welfare Licensing (DCWL) licensing rules and regulations of all Fostering Futures policies and procedures applicable to foster parents and their role, rights and responsibilities.
- Provide foster parents with an explanation for removal of a child from a foster home.
- Implement and maintain the foster care team concept, clarifying for foster parents the roles of foster parents, licensing workers, foster care workers, birth parents and foster children.
- Share with foster parents, initially and on an ongoing basis such information about each foster child that will help the foster family meet the child's needs. Information to be shared shall include: the child's needs, background, behavior, placement planning, requirements for sibling visits, and all known visitation rights and plans of the child's birth family.

Section 4

Foster Children & the
Birth Family

The Foster Child's Basic Needs

As we look at the needs of the foster child, we start with the needs every child has. Every child begins life with some basic needs, some of which will be present throughout the child's lifetime.

The basic needs, which the foster child has in common with all other children are physical needs, safety, security, self-esteem, love, belonging and self-actualization. Along with the basic needs, the foster child has additional unique needs that grow directly out of the fact that they are in foster care.

The Foster Child's Bill of Rights

Foster children are individuals that already have endured many challenges in life, and therefore; it is especially critical that their experience in the Fostering Future's program be a positive and healing one. Specifically, in the interest of providing an emotionally corrective experience in a family setting, and thus, enhancing their sense of self-worth, children are to be treated with dignity and respect at all times.

In addition to the new DHHS-5307, Rights and Responsibilities for Children and Youth in Foster Care (See Appendix), Fostering Futures identifies the following rights are rights of all children supervised and cared for within the Fostering Futures system:

- The right to be treated with respect and dignity.
- The right to safely express and explore sexual preference, gender expression and gender identity.
- The right to seek resources available to them in the community.
- The right to have access to their Foster Care Worker, LGAL, and judge in the governing county of their commitment.
- The right to proper medical attention, appropriate mental health and developmental assessments, and personal care.
- The right to have the adults who care for them be free of personal problems that could impair the adult's ability to care properly for the children.
- The right to have all court orders followed in an appropriate manner that ensures proper parenting time with the birth family, as well as the provision of any additional emotional and/or physical care deemed necessary by the court.

- The right to see siblings (not placed with them) on at least a monthly basis.
- The right to the least-restrictive placement.
- The right to be disciplined in a progressive, educational and calm manner without any use of corporal punishment or punitive responses.
- The right to not be exploited by the agency, staff or foster parents in any manner.
- The right to confidentiality.
- The right to express their political, religious, gender identity or sexual preferences.
- The right to communicate with any public official in regards to any abuse they feel they have endured, including but not limited to physical, mental or sexual abuse.
- The right to send and receive sealed mail (unless otherwise ordered by the court for purposes of emotional or physical safety).
- The right to be excluded from any research unless consent is informed and given by the children and birth family and guardian.

If the concerns are not resolved satisfactorily, the child, parent, or caregiver can contact the MDHHS Office of Family Advocate at (517) 373-2101.

Birth Family Rights and Responsibilities

Rights

- To have access to all public reports written concerning the children and family.
- To be involved in all pre-placement procedures that will ensure quality of care.
- To be considered in the placement of children in regards to location and preferences, as much as is possible, as this may be more difficult in emergency placements.
- To be able to visit and communicate with their children and agency regarding all matters (communication with children may be limited due to court orders for emotional or physical safety).

- To be treated with dignity and respect at all times.
- To be involved in treatment planning that aims to reunite families.
- To be consulted and involved regarding all major decisions regarding medical events, school activities and specific plans for treatment and services of the child.
- To be involved in all reviews of treatment goals and progress.
- To be given direct and honest feedback on progress towards goals.
- To (at least quarterly) Family Team Meetings with the supports of their choice present, if at all possible, that occur in a family-friendly location.
- To request Family Team Meetings at any time a concern arises that requires the team to come together for the parent and/or child.
- To parenting times held in a family-friendly location.
- To support and assistance as needed with transportation to parenting times and services.

Responsibilities

- To work towards resolving the problems that prompted the children's removal from the home.
- To contribute to the costs of care for their children.
- To attend all agreed upon visitations and meetings, or to communicate otherwise in a timely manner.
- To promote the children's success in foster care and to promote successful reunification.
- To be actively involved in all planning and forming of treatment goals.
- To follow all court orders and agency rules and policies.
- To work cooperatively with the entire foster care team, including foster parents.

- To inform the agency of any changes within the family, including residence, employment and phone numbers.

The Foster Child's Birth Family

The relational bonds children have with their birth family and birth parents have been and continue to be critical to the child's development; maintaining them is almost always beneficial to the children's mental health and well-being. In cases in which severe emotional or physical abuse and/or neglect have occurred, the children need and deserve the chance to experience the healing of those wounds with their parents. In the event that a parent is unable or unwilling to heal and/or be rehabilitated through services and treatment, the children still benefit from contact and connection with the birth family in a safe and stable setting with intense supervision and guidance to the parents. Only when the agency and/or court feels that contact with birth parents in parenting time is harmful to the children, will the agency or court consider complete suspension of parenting times. Notably, negative reactions before, during and after parenting times do not necessarily indicate a negative or troubled bond with the parent but could be intense grief reactions to the traumatic separation from the primary caregiver. However, the agency will continue to train supervisory staff to recognize, be aware of and report trauma responses before, during and after contact with birth parents. Therapists will often be utilized to assist and interpret the reactions of foster children to parenting times in the event that there are noted issues. For example, a child's therapist may sit in on a parenting time, be contracted to provide parenting coaching to the parent, or Infant Mental Health Specialists may work with the families if there are identified problems in the relationship between the parent and young children (under age 5). Infant Mental Health Assessments can be requested for children and their parents and may also involve working with the foster parents and the identified child.

The foster child's definition of family, like everyone's, includes not only parents, but brothers and sisters, grandparents, aunts and uncles, cousins and those persons who do not have blood ties but who are "family by choice" (kinship), and people whose role with this child can be very special: friends, godparents, neighbors, etc. The child's ties with their family will last for their lifetime, regardless of the legal situation or the kind and amount of contact they have with them until they are returned home or even until they are eighteen years old. Every foster child has some good memories about their life with their family, and these memories need to be supported and preserved. In fact, foster parents can help children calm themselves or understand their mixed feelings about abusive parents by telling the foster child that having mad and happy feelings about a parent is normal (when there have been unhappy and happy memories with a parent or caregiver).

Birth parents, as well as their children, experience extreme grief when the families are separated, and their grief includes the feelings of anger, guilt, hopelessness, helplessness, apathy, anxiety, pain, confusion and resentment associated with grief. This grief can be expressed in behavior, much of which can be upsetting, bewildering, frustrating and even frightening to all the members of the team trying to help the family heal, as well as the children, if this behavior is demonstrated in parenting times. It is the agencies' goal to help parents successfully manage these complicated and negative feelings in the most productive way possible that is least harmful to the children. Services will be recommended and put in place as soon as possible to assist parents during this difficult time, both for their well-being and the emotional health of the children.

Birth parents do care about their children and do want to be good parents. It is essential that every member of the team respond to unpleasant reactions of birth parents in ways that demonstrate respect and support of the birth parents and their bond to their child; children in foster care need to see their parents being treated well, as they are watching all of the adults involved to see how they themselves will be treated in foster care. Children have often seen their parents engaged in conflicted and even violent relationships; seeing people attempt to provide support and kind guidance to their parents allows children to hope and have confidence in the people (initially all of whom are strangers!) caring for them during this scary time.

Family Team Meetings

In the Foster Care Manual, under policy FOM 722-06B1, DHHS provides the following succinct description of the Family Team Meeting:

“The Family Team Meeting (FTM) is an essential component of MiTEAM, Michigan’s Child Welfare Practice Model. FTMs serve as the primary forum for safety planning, collaborative service planning, service identification, and assessing progress. The FTM represents a child-centered, family-driven, strength-based, team-guided approach, designed to engage families in developing plans for the safety, permanency and well-being of their children and family.

FTMs should include child welfare staff, parents, caretakers, foster parent children, youth, and may also include extended family, friends, neighbors, community-based service providers, community representatives, tribal representatives, for Indian children, or other professionals involved with the family. During the FTM, participants work together to create a plan for safety, placement, and permanency tailored to the individual needs of each child. This process provides a forum to share ideas and opinions and stresses the importance of the family’s perspective and involvement. In addition, this process encourages full participation of all participants, honest communication, and promotes dignity and respect.”

FTMs are required prior to the completion of each Initial Service Plan and Updated Service Plan, as well as at other significant moments in a case (i.e. prior to every replacement of a child or prior to reunification; prior to a permanency goal change, such as reunification to adoption, etc.). Your Foster Care Worker can provide more details of other times FTMs are required or typically held or you can look online at the DHHS website under the Foster Care Manual for a very detailed description (it is far too long to put in here!). In summary, the birth parents can request a FTM at any time in the course of a case. FTMs are always intended to accentuate the strengths of the family, identify all potential and actual resources for the family, and to clearly identify known barriers to reunification and define what actions must occur to overcome these barriers.

Birth parents are encouraged to invite as many resources and supports to an FTM as possible. Sometimes parents specifically want foster parents present at FTMs and other times, they may state they do not want foster parents there. In the event that a foster parent wants to attend an FTM and they agency feels it would be helpful to the case, the Foster Care Worker will work with the birth parent to see if this could occur while maintaining their sense of being supported and safe (remember: a parent feeling “not safe” or uncomfortable with a foster parent at an FTM most often a result of shame about the situation, and not personal).

Once children are Permanent Court Wards or Michigan Children’s Institute Wards (i.e. available for adoption), then their primary caregivers/foster parents will be the primary participants in the FTM, as the permanency goal is now adoption (no longer reunification with birth parents). These FTMs will be a time to evaluate where the family and child are in the adoption processes, the needs of the child and pre-adoptive family, and to identify tasks to be completed to complete the adoption.

Section 5

Maintaining Family Connections

Life Books

Life Books are important to children in foster care. Children in care often experience gaps or “blind spots” in their life experiences, primarily due to the traumas they have faced. A well-done life book does an excellent job of helping children maintain connections or links with their past, as well as carry memories of their time spent with their foster family to their new, and hopefully, permanent placement. Life Books may also provide helpful information to the new caregiver, whether it is another foster family, an adoptive family or the birth parents.

A life book may consist of a simple compilation of dates, milestones, photos, and memorabilia that have been placed in an inexpensive folder or it may be an elaborately done album that has been carefully and creatively constructed by the foster parents (and if old enough, the child, too). Either way, these books serve an important function in helping the child view their life as meaningful and having an order that makes up their personal life story. By providing an understanding of where they have been and with whom, the Life Books contribute to a sense of connectedness, self-worth and wholeness.

Putting Together a Child’s Life Book

Basic life book tools include:

1. Pen/Pencil – Used to record information. Write down information as soon as possible after it occurs. This helps to maintain the accuracy of the information being provided. Information should never be written in a way that demeans the child or the birth family. Even the most sensitive situations can be described in a meaningful, non-threatening way.
2. Notebook -- Notebooks may be used to keep recorded events and anecdotes (a brief description of an interesting, amusing or significant incident) that require more detailed writing or explanation than can be written on a calendar.
3. Calendar-- The calendar may also be used to note the child’s accomplishment of milestones. Calendars are indispensable for recording information on the spur of the moment. When a child takes his first step or you discover the first tooth being “cut,” you can immediately record this event on your calendar, where it will be recorded until you are ready to transfer this information to the actual Life Book.
4. Any creative energy you have – Feel free to elaborate on these ideas, use scrapbooking to document what feels important. Imagine what you

would want a birth child to have recorded for themselves when they are older and looking back on their childhood.

Life Book Policy

A child's healthy growth and development require that they have an account of life which connects them with the past, places the child in the present and helps the child plan for the futures, all of which contribute significantly to their sense of self-identity. Typical information included in the foster child's life book should include but is not limited to the following:

- Information regarding birth parents and siblings (case worker can assist with this)
- Developmental milestones.
- Photographs.
- Awards & certificates of achievement.
- Significant events.
- Schools attended and report cards.
- Names of teachers and friends
- Samples of schoolwork.
- Information about hobbies, clubs, sports, and other activities.
- Mementos of special days and occasions.
- Anything else important to the child.

The agency can help develop and maintain a life book for your foster child by providing you with some guidelines about what to collect and record, sources from which material and information can be secured, how material can be organized and how the life book can be used with your foster child. We encourage you to talk with the child's worker about these guidelines and about helping you start and maintain a life book for your foster child.

Life books do not necessarily need to be books. It is appropriate to have a CD of pictures, a small photo book, or a file of information for the child to have. Life books are

meant to remain with the child so information, awards, pictures, etc. should be secured as to not be lost.

I am aware of and agree to follow the Fostering Futures policy regarding life books for any and all foster children placed in my home Fostering Futures requires that a life book be developed for each foster child in foster care with the agency. The life book must be kept current throughout the child's time in foster care and the life book shall go with the child when they leave the foster home whether they move to another placement, return to their birth family, move to an adoptive placement, or enters into another permanent living situation.

By signing this agreement, I agree to take responsibility to develop and maintain a life book for each foster child placed in my home.

Parenting Time & Sibling Visits

Parenting Time

Whether the child has been removed by an order of the court, or has been voluntarily placed in foster care by the birth parents, the parents have the right to have a continuing role as a parent in the child's life. Unless permanent separation has taken place through voluntary or involuntary termination of parental rights, it is a requirement (unless ordered otherwise by the court due to the severity of allegations against the parent or other court concerns) that the child and their birth parents experience regularly planned, parenting time, in compliance with MSA requirements.

Policy FOM 722-06I states, "Supervising agencies must use parenting time to maintain and strengthen the relationship between parent and child. By facilitating parenting time, agency staff can positively influence the length of time children stay in the foster care system and the time required to achieve permanence. Caseworkers must engage the family in scheduling and participating in parenting time." Policy FOM 722-06I also states, "Scheduling of parenting time must be done with primary consideration for the parents' time commitments which may include employment and mandated service requirements. The supervising agency must institute a flexible schedule to provide a number of hours outside of the traditional workday to accommodate the schedules of the individuals involved. Barriers to parenting time are to be identified and when possible; resolved."

Research has found that there is a high correlation between the number of visits between a child and their parents and the successful return of the child to their parents. Parenting time with parents is generally ordered by the court and the court specifies whether parenting time will be supervised or unsupervised; typically initial visits with

children who have just come into care are supervised until the parent makes progress on a court-ordered treatment plan. Policy requires parenting times to be as frequent as 3 times per week or as infrequent as 1 time per week, depending on the age of the child when they enter foster care (see chart below). In some instances, the judge may order more frequent or longer parenting times but typically the courts follow the agencies' recommendation for parenting time, and the agencies make recommendations that take into account the best interest of the child and parents, and must meet policy and MSA requirements. Foster parents play a significant role in assisting the children to have the highest level of emotional stability possible before, during and after these parenting times. This includes preparing children for parenting times with positive but realistic and age-appropriate preparation, language and answers to questions. Children benefit most from being able to have their own feelings acknowledged and understood by all their caregivers, and it is very difficult for children to manage their own feelings if a foster parent is visibly distressed or upset by the parenting time. Children can very easily feel torn loyalties and traumatized children are especially likely to feel "in trouble"; an agitated foster parent can surely, without meaning to, add to a child's stress and upset about the parenting times. In addition to keeping calm and approachable throughout the visit process, foster parents can help the child feel calmer by having appropriate and positive interactions with birth parents; interactions can simply be about the child's well-being, schedule details, or even just a brief, kind conversation. These interactions add to the child's perception that the adults in their world (especially you, their foster parent) can be safe, predictably appropriate and stable, and in general, trustworthy. In general, it is important that foster parents work along with the child's Foster Care Worker and the Parenting Specialist to make parenting times go as easy and naturally as possible. Discussions about transportation, times and locations should occur outside of parenting times and be held with the Foster Care Worker.

The Foster Care Worker will work with the Parenting Specialist Supervisor in scheduling where visits occur and generally coordinating parenting times and transportation. Please be aware that the decision about when and how often parenting times occur is based on policy requirements, court orders, the availability of the birth parents, the child's schedule (we need your input on the best or worst times of day for visits for the child's well-being), and the schedule of the foster family. Parent and child visitations usually take place at the Fostering Futures office, a DHHS office, or some other neutral location, as conveniently located for all parties as possible, and may be supervised or unsupervised, depending on the court order. Please note that policy and the court also require that the parenting times are held close enough to birth parents so as not to cause an "undue burden" on them to travel a long way to see their children; the idea being that no additional barriers should be added to the goal of reunification. Regarding transportation, great deal of consideration is given to all persons involved, particularly the foster parents who will be assisting the Foster Care Worker in getting the child to and from visits. This process and the logistical needs for the parenting time may vary from case to case.

Children have a right to visit with their parents and siblings as long as it is determined to be in their best interest. It is helpful to remember that a child's birth parents are their own family, and often, their only known caregivers. They cannot, in most instances, forget them entirely. Even if they will never make a home for them, a child's parents are important to them. One of a foster parent's greatest services to a child is to encourage and support their faith in their birth parents. This approach forms a healthy basis for future relationships, including the child's relationship with the foster parent.

Policy FOM 722-06I explains, "Frequency of parenting time is determined by the age of the child when s/he enters care. Parenting time above the minimum guidelines should always be explored when appropriate. For sibling groups; the number of required visits is determined by the youngest child's age.

Parenting time requirements for frequency:

- Newborn to age two, visits occur, at a minimum, three times per week.
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- Ages three to five, visits occur, at a minimum, twice a week.
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- Ages six and older, visits occur, at a minimum, once a week.

Note: *Parenting time must not be reduced solely due to a child turning a year older.*

*If visits are not occurring as outlined above, the barriers that are contributing to less frequent visits and how those barriers are being addressed must be documented in the case service plan by the Foster Care Worker.

Duration: Visits should be long enough to promote parent child.

Location: Parenting time should occur in a child and family friendly setting conducive to normal interaction between the child and parent.

Extra-curricular activities, services & school events: Parents should continually be involved in activities and planning for their child; such as attendance at school conferences and involvement in medical, dental, and Early On appointments, unless documented as harmful to the child.

Exceptions: All reasonable efforts must be made to ensure that children in foster care with a goal of reunification have visitation with their parents. Reasonable exceptions to this requirement include:

- ?
• The court orders less frequent visits.

- The parents are not attending the visits despite the caseworker taking adequate steps to ensure the parents' ability to visit.
- One or both parents cannot attend the visits due to compelling circumstances such as hospitalization or incarceration.
- The child is above the age of 16 and refuses such visits take place.

All exceptions and reasonable steps to assure that visits take place must be documented in the case service plan. If such an exception exists, the caseworker must review the appropriateness of the child's permanency goal."

The child should be encouraged to talk about their birth parents following visitations and in general. If talk is negative, it is not necessary to agree or disagree. Focus on the child's feelings and provide feedback by helping the child isolate or identify their feelings and by providing validation. A foster parent may contact the Foster Care Worker if what the child is saying about the parent or their displays of emotion cause concerns. Lastly, it is crucial for foster parents to remember that negative and aggressive reactions toward the foster parents and others after parenting times are not truly directed or meant towards a foster parent, but rather they are an expression of grief and loss, and in some cases, a trauma reaction.

In the event that problems arise, it is important that foster parents immediately report any concerns regarding the birth parents, particularly as it relates to unauthorized visits, telephone calls or threats. While it is important to support children in maintaining connections with birth parents and other significant people in their past, this should never be done at the expense of the safety and security of the child or the foster family. Foster parents will find, however, that most birth parents are not difficult to work with and many of them welcome the care and stability the foster parent is providing for their child during their period of crisis.

Required - Sibling Visits

Sibling visits are required on at least a monthly basis, and can occur in a foster home or in the community. They can occur before or after a parenting time but policy states that sibling visits must be held separate from parenting times; in other words, parenting times where all siblings are present do not count as sibling visits. It is important for children in foster care to see their siblings as much as possible and doing so separately from the birth parents provides a different environment for them to relate to each other, and for a variety of reasons, often ends up being a very different sibling interaction than those during parenting times. A foster parent is free to arrange the child's visits with siblings. Some foster parents find it is easier to coordinate such visits

outside of the agency based on their own schedules and over time, these bi-monthly or monthly visits become a fun part of both foster families' routines. In addition, the foster families of siblings can become part of the "family" the children have while in foster care. Connecting with foster parents of the foster child's siblings can create support for foster parents as well as a possible resource for respite; foster parents can watch the siblings for one another so they can each take breaks and recharge.

Please tell your Foster Care Worker when you have sibling visits so they can enter it into the state system, as it is a required contact. Sending pictures of the children at the visits is a nice idea as the Foster Care Worker can print them for the file, for you, and for the children or birth parents!

Helping the Child Manage Visits

Children experience many different feelings and reactions around visitation. These feelings can range from anger, fear, sadness, relief, and anxiety to excitement and joy. These different feelings can exhibit themselves through different behaviors before and after visits. These behaviors should be discussed with the Foster Care Worker if they are disruptive to the child (interferes with ability to function) or family.

Keep in mind that behaviors and strong emotions are expected, and typically not indicative of a need to change the visitation plan. Visits are difficult for children; having to say hello and goodbye to parents and family is hard in the most traditional of circumstances and for the child in foster care this is amplified.

- If a child is upset after a visit, allow them to talk about it. Tell the child about the next scheduled parenting time and write it on a calendar they can see so they can plan emotionally for their next parenting time. A small child may benefit from such language as, "You will see your mom and dad in 4 sleeps."
- Do not assume that just because a child is upset before or after visits that the visits should cease; the child's negative or unpleasant feelings could be largely grief-related.
- Remember that most children remain loyal to their parents even under the worst abuse cases. Do not make negative comments about their family, even if family members are lying and making unrealistic comments. Negative comments by you or others will undoubtedly be internalized as negative comments about the child and their sense of self and identity.
- When in doubt, consult with the child's Foster Care Worker.
- Keep notes on behavior changes so that accurate reporting of feelings can be reported to the Foster Care Worker, who can report the child's well-being to court and in service plans.

- Typically, a child's reactions to parenting time will be most intense initially and as they become used to the routine of your home, and going to visits on a regular basis, they will be able to tolerate the process with less ups and downs. You may see new waves of emotional instability if parents are inconsistent with attending parenting times or if the parenting times increase or decrease or move locations.
- Be aware that children often sense the feelings of the adults around them, and when there is an upcoming important court hearing or some other big event impacting their parents' case, the children will often display more pronounced behaviors and feelings, as they absorb all that is going on around them and figure out how they feel about it. This is very hard for younger children who do not have the words to express their confusion or anxiety, and as well, the adults are less likely to explain what is going on to younger children.
- In light of the previous point, if children ask questions about court or other events in the case or their parents' life, you may want to consult with the Foster Care Worker to find out how to best respond in a particular case. Honesty is important but it is also important to share only what is needed to ease the feeling of unknown for the child and avoid over-burdening the child if at all possible. If a child is in therapy, you can also consult with the child's therapist but it is important to let the Foster Care Worker know any questions the child is asking as well.

Section 6

Reimbursements – Foster Parent Payments, Medical Coverage & Other Benefits

Reimbursement Rates for Foster Parents

Foster parents are reimbursed for the care of each foster child in their home at a standard daily rate. This rate is different depending on if the child is 12 and under or 13 and older. The older children receive a slightly higher daily rate. Children with special needs beyond what is typical of a child their age may qualify for an additional daily rate called a Determination of Care rate, or DOC.

Funding for children placed in the Fostering Future's program originates from State, County, and Federal dollars. These funding sources make payments directly to the agency. In turn, the agency is responsible for making payments to foster parents every two weeks. Payment to the foster parents will begin within 45 days of the placement of a child into their home; the first payment will be retroactive to the first day of placement. They will then receive payments every two weeks that the child is placed in their home. The last payment will be made two weeks following discharge.

The current basic daily rate of re-imburement for Foster Parents is:

- 0-12 years old - \$17.24/day
- 13-18 years old - \$20.59/day

In the DHHS Foster Care Manual, "Foster Policy FOM 903-03- Payment for Foster Family Care", Determination of Care rates are explained,

"A determination of care (DOC) supplement may be justified when extraordinary care or expense is required of the foster parents or relative (foster care provider) who is eligible for a foster care payment. The appropriate DOC form is to be completed in MiSACWIS for every child in a paid foster home or relative placement. The supplement must be based on one or more of the following case situations where additional care is required of the foster care provider or an additional expense exists:

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- Physically disabled children for whom the foster care provider must provide measurably greater supervision and care.

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- Children with special psychological or psychiatric needs which require extra time and measurably greater amounts of care and attention by the foster care provider.

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- Children requiring special diets which are more expensive than a normal diet and which require extra time and effort by the foster care provider to obtain and prepare.

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- Children whose severe acting-out or antisocial behavior requires a measurably greater amount of care and attention of the foster care provider.

Note: The receipt of Social Security Income (SSI) benefits by a child in a paid placement requires a DOC assessment. The child does not automatically qualify for a DOC due to receipt of SSI.”

Determination of Care (DOC) Rates

0-12 years of age:

Level I - \$5 DOC + \$17.24 = \$22.24/day

Level II - \$10 DOC + \$17.24 = \$27.24/day

Level III - \$15 DOC + \$17.24 = \$32.24/day

13-18 years of age:

Level I - \$6 DOC + \$20.59 = \$26.59/day

Level II - \$11 DOC + \$20.59 = \$31.59/day

Level III - \$16 DOC + \$20.59 = \$36.59/day

Medically Fragile Determination of Care (0 – 18 years of age):

Level I - \$8 + dollar amount of daily age rate (either \$17.24 or \$20.59) = \$25.24 or \$28.59.

Level II - \$13 + dollar amount of daily age rate (either \$17.24 or \$20.59) = \$30.24 or \$33.59.

Level III - \$18 + dollar amount of daily age rate (either \$17.24 or \$20.59) = \$35.24 or \$38.59.

Please note, that all Determination of Care levels require additional documentation in order to have the additional rate approved by the DHHS Monitor and Supervisor. Documentation may include any of the following:

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- Hospital/medical records/doctor's statement(s).
- Psychiatric evaluation.
- Psychological evaluation.
- Initial service plan/updated service plan.
- Foster care provider logs.
- School records/evaluations/individual education plan.

- Institutional discharge summaries.

In the event that your DOC is NOT approved at the level that you feel is appropriate and fair, you may request an Administrative Review through your Foster Care Worker and Supervisor. It is best to do this in writing, so that Fostering Futures can present this written request to DHHS on your behalf. Per the Foster Care Manual,

“If the foster care provider or the agency disagrees with the level of care determination or is not notified in a timely manner, an administrative review process may be initiated within 30 calendar days of the decision. For PAFC supervised family foster care, the agency must initiate the request for the administrative review on behalf of the foster parent or relative placement. It is the foster parent’s or relative placement’s right to the administrative review. The request must be submitted even if the PAFC provider agrees with DHHS’s decision. For DHHS supervised family foster care, an administrative review may be requested by the foster parent. Administrative review decisions by the Federal Compliance Division (FCD) regarding DOC requests up to and including level III are final. Once an FCD decision is received, the local DHHS office must implement any change in DOC, as determined by FCD.

If an administrative review is requested, payment will not be reduced until the administrative review is complete.

Note: The Business Service Center director’s decision on a DOC level IV is final and not eligible for the administrative review process.”

In extreme cases, a medically fragile child may receive a Level IV Medical DOC, **up to** an additional \$80.00 a day. These cases require an intense level of documentation (daily nursing notes, schedule of medical appointments, detailed descriptions of medical care provided throughout the day and night by the foster parent, etc.). These DOCs must also be approved by the Federal Compliance Division.

Lastly, some children, in participating counties, are able to qualify for a SED Waiver, which is a Level IV DOC for Serious Emotional Disturbance. Specifically, FOM MENTAL HEALTH, BEHAVIORAL AND DEVELOPMENTAL NEEDS OF FOSTER CHILDREN states, “Community Mental Health Service Provider (CMHSP) Community Mental Health Service Providers serve children with serious emotional disturbance (SED). A determination of SED is made by the CMHSP, based on the child’s functioning (measured using the CAFAS, Child and Adolescent Functional Assessment Scale, the PECFAS, Preschool and Early Childhood Functional Assessment Scale or the DECA-I/T, Devereux Early Childhood Assessment Infant/Toddler) and an interview performed by a clinician with specialized training on the effects of trauma, loss and prenatal substance abuse on children and adolescents. If a child is assessed as SED, a plan of service is developed through the CMHSP.

If the CMHSP determines that the child is not SED, the caseworker must refer the child back to the MHP behavioral health division for mental health services. All assessments and/or treatment recommendations provided by the CMHSP are included with the MHP referral.

The Serious Emotional Disturbance Waiver (SEDW) Project is currently available in many counties throughout the state to serve DHS foster children. A foster child is eligible for the waiver if all of the following apply. The child:

- Is under the age of 18 at time of initial approval.
- Resides with his/her birth parent, a relative or in a foster home willing to commit to the child for at least one year.
- Has a primary Diagnostic and Statistical Manual of Mental Health Disorders (DSM) Axis 1 mental health diagnosis. –
- Meets CMHSP contract criteria for and is at risk of inpatient hospitalization in the state psychiatric hospital.
- Demonstrates serious limitations that impair his/her ability to function in the community.

The SEDW offers expanded mental health services including family training and support, respite care, therapeutic activities, therapeutic overnight camp, and transitional services. Wraparound is a required service for children in the SEDW Project. A \$50 daily rate is paid to foster parents caring for a foster child in the SEDW Project; see FOM 903.”

Clothing Procedures & Policy

Often children may come into foster care without having the proper clothing. There is a system designed to help assist children in the acquisition of sufficient and proper clothing. When a child enters into care, every effort is made to obtain the clothes they already have from the birth families. The Foster Care Worker then conducts a clothing inventory with the child and foster parent. The Clothing Inventory form is sent to the DHHS office to help obtain an initial special allotment of money of up to five-hundred dollars. **In addition, a daily amount of clothing is included in the daily room and board rate.** One of the reasons foster parents are evaluated during licensing to ensure they are financially stable without foster care reimbursement is to ensure that foster parents are financially in a position to provide such items as clothing and belongings for children placed in their home, even while waiting for the clothing inventory monies or allowances. Fostering Futures also understands that children need many things and that meeting their needs is expensive. Fostering Futures supports parents shopping at children’s resale shops, mom-to-mom sales and utilizing other deals on clothes in the community as long as the clothes are of the same quality as the clothes of all other children in the home (ie. Its not appropriate for birth or adopted children to

have all new clothes and foster children have only used clothing, as this could be emotionally damaging to the self-esteem of the foster child).

Each fall and spring approximately \$107-\$125 (the amount depends on the age of the children – those under 13, and 13 and over) is provided by DHHS for clothing needs. The intention is that each child shall have sufficient clothing that is appropriate in size and season and that is in good repair. This additional clothing allowance most often comes in September and April.

Stated specifically in Policy FOM 903 – 03, “The semi-annual clothing checks will be sent with the regularly scheduled foster care payments. The check-stub will list the name and amount of the clothing allowance for each child whose clothing needs are included in the check. Each child in foster family care for whom payment is authorized on February 28 and August 31 respectively will receive this clothing allowance. The child's age as of February 28 and August 31 will determine the amount of the clothing allowance; see FOM 905-3, Foster Care Rate.”

Funds may also be requested on a special needs basis when a children has grown a great deal in a short amount of time or has lost or gained a notable amount of weight. DHHS determines the amount a child will receive in response to special requests. This special request is to be a rare event and it is at the discretion of the local DHHS source to approve or deny according to their funding allotments.

While individual taste in clothing may vary among children, the clothing purchased by a foster parent and child must be age-appropriate and considered appropriate for community interaction. Clothing that is too sexually suggestive or that may infer the use of alcohol or drugs is considered inappropriate and will also be addressed in the children’s treatment planning.

All clothes belonging to a child should follow them when they are moved from a foster home. If a child is truant, the clothing should be picked up by the Foster Care Worker (in the event that the child has been truant for five days and the agency placement has been officially terminated with the county). This clothing should then be delivered to the child in their next placement. It is inappropriate for a child’s clothing to be distributed to other children. It is possible that a foster parent may be asked to bring the truant or removed child’s clothing to the agency in order for the clothing and possessions to be returned to the child in a timely manner. **It is against policy to withhold the clothing and possessions of a child that was within a foster home.**

The clothing inventory will be kept within the children’s file at the agency.

Personal Possessions, Allowances & Money Policy

All foster parents will be responsible for the management of the valuables for each foster child in their care. This includes material objects and/or cash. It is a good idea for foster parents to keep ongoing documentation of these possessions, including weekly distribution of allowances.

Specifically, it is expected that all foster children be provided with some of the daily rate paid to the foster parents as a type of allowance. The exact determination of how much and on what basis the foster family provides the allowance to the youth is a matter for joint family and Foster Care Worker determination, as well as the department's allowance policy as required by Child Placing Agency Rule 400.12410. The Foster Care Worker and the foster parents should be discussing what is an appropriate rate for each child, and whether the child is too young to have any money (i.e. an infant) or developmentally or emotionally unable to have money (this must be supported by therapist or other treating physician that the child is unable to have money). In such cases where a child cannot have the money, the agency expects that the foster parents will start a bank account for that child so that the money may go with the child when/if they move from the home. The foster parents can share a print-out of the bank account balance for the child at foster home visits.

The suggested range of allowance can be linked to the child's age (i.e. their age in a dollar amount per week) and it can be based on completion of chores, homework, etc. However, if the child does not "earn" the money, it still has to be put in a bank account for the child, as they are entitled to this allowance overall. Foster parents can also research typical allowances for children of different ages online.

Notably, any money earned or received by the foster child will always remain the property of the foster child.

It is a good learning experience for the foster parents to put some of the allowance money (i.e. half), employment earnings, and any monetary gifts to the foster child into a bank account. This account should be a joint account requiring the signature of both the foster parent and foster child.

Of course, upon movement from a foster home the child is to receive all established savings, other personal valuables and possessions

The foster parent and agency must assure that a child has a right to have his or her personal possessions during placement with a foster family and when leaving the foster family. All gifts and clothing that are purchased for the child during placement with the family shall remain the property of the foster child.

Day Care Reimbursement for Foster Children-

Child Development & Care (CDC)

Per DHHS Policy, FOM 722-12:

“The Application Process:

1. The foster parent/paid relative caregiver must submit an application for Child Development and Care (CDC). If there are two foster parents/paid relatives, both of the foster parents/paid relatives must be unavailable to provide the needed child care because of a valid CDC need reason:
 - Need
 - Employment
 - High school completion classes
 - Family Preservation
 - Michigan Works Agency approved activity.

-The foster parent/paid relative caregiver must submit a DHHS -4583 (RFF 4583), Child Development and Care (CDC) Application, or an (RFF 1171) DHHS -1171, Assistance Application, to the local DHHS office serving the area where they live. Other verifications will be required such as verification of identity, need/reason for child care and child care provider information (See BEM 702, 703, 704).

Eligibility for CDC:

Eligibility for the CDC program will be determined after an application is received. The eligibility begin date is the date a complete application is received in the DHHS office or 21 days prior to the date application is received when the following criteria is met:

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- Day care provider is a licensed child care provider.
- If the day care provider completes the Great Start to Quality Orientation prior to or within the 21 day period, eligibility for payment as a DHHS child care provider will begin effective the completion date of the orientation.
- Care must be provided in Michigan by an eligible child care provider. Eligible providers are those regulated by DHHS, Division of Child Welfare Licensing (DCWL), or enrolled by DHHS. Those regulated by DCWL are:

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1. Child care centers.
2. Family child care homes.
3. Group child care homes.

Enrolled providers are:

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1. Day care aides.
2. Relative care providers.

Day care aides or relative care providers must meet all requirements listed on the DHHS -220-A, Day Care Aide Provider Application or the DHHS-220-R, Relative Care Provider Application.

Note: All newly enrolled day care aides or relative care providers are required to complete the Great Start to Quality Orientation before receiving payment as a DHHS child care provider.

Payment to Eligible Providers: If eligible, DHHS will pay child care costs up to the DHHS maximum.

The Amount of Payment:

This payment amount depends on the provider type, age of child, county where care is provided and number of hours of care provided. DHHS pays the lesser of the provider's charge or the DHHS maximum rate. DHHS will only pay for care actually provided during times when the foster parent/paid relative is unavailable due to a valid CDC need/reason.

Eligibility for CDC on this basis ends when either:

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The child is removed from the eligible placement, or the DHHS foster care case is closed, or the need no longer exists.”

Specifically, to receive day care reimbursement, foster parents must:

1. Find a licensed day care provider or day care center or individual licensed day care that is DHHS-approved. See the list of requirements for these providers listed above. The Child Care Network may be able to help if you need assistance. Their contact information is 517-817-0820. The State of Michigan will only reimburse licensed facilities. Your local DHHS will have a list of approved providers in the area.
2. Foster parents must complete a DHHS application (listed above). They can obtain the packet from DHHS or apply online. Fostering Futures has found that foster parents are more successful applying in person at their local DHHS office. The foster parent income does not affect the assistance you receive; you qualify because the children are foster children. Please inform the DHHS Worker that you are a foster parent.

3. Submit the assistance packet to DHHS - Reimbursement begins the day the packet is submitted- There is no retroactive payment before this date.
4. The day care provider will be paid the State of Michigan rate for child care, which as stated above, varies. You will need to find a provider willing to accept the rate or be willing to pay the difference.
5. The day care provider will receive payment directly from the State of Michigan. It may take a while for these payments to start but they will be retroactive to the day care provider once they begin.
6. The foster parent must go to the DHHS and FIS worker in the county in which they live, NOT the county from which the child came from.
7. A day-care licensed facility is necessary for re-imbusement. If an adult person enters into a licensed foster home, then the care by that adult becomes reimbursable (as the foster home is already a licensed facility). Fostering Futures requires that this person submit to a background check through the Fostering Futures system prior to caring for a child on a regular basis. Please work with your DHHS worker to set up this arrangement and contact your Licensing or Foster Care Worker if you are having any issues with this process.
8. Unfortunately, Fostering Futures is unable to influence or in most cases, even speak with, your DHHS benefits worker about your application for CDC reimbursement. This is because they are in a separate department at DHHS than foster care and do not work with private foster care agencies, only directly with parents, relatives and foster parents seeking daycare assistance.

Foster Children & Medical Costs

All children committed to DHHS or placed with the department by a court, who are in out-of-home care, are categorically eligible for Medicaid as a department ward. Medicaid is also known as medical assistance (MA); see BEM 117 for additional information. Medicaid covers the medical appointments in full with any child that receives care from a Medicaid provider. There is no co-payment for any medications under Medicaid.

Children in foster care can have several types of Medicaid, with some being PPOs and some children occasionally having straight Medicaid (usually not for long). Children coming into care usually have one type of Medicaid assigned to them by the DHHS Monitor, usually based on what is the best one to have in that particular county. In some events, the DHHS Monitor will be able to find out from your Foster Care Worker which Medicaid is best for your foster child, based on the pediatrician the child will be

seeing in your home (note: policy requires the child to continue with their Primary Care Physician they had before coming into care if at all possible).

In the event that the PCP needs to be changed, the Foster Care Worker has to request that DHHS call Medicaid and make this change with Medicaid. This should not be too difficult. If the child's medical needs or location suggest that a different Medicaid provider (i.e. a different PPO) would be better for that child, the Foster Care Worker will check with the DHHS Monitor about when this can occur. **Unfortunately, there are only two times per year (specific months for each child) when Medicaid type/provider can be changed.**

The foster parent should not incur any medical costs of a child in foster care. If Medicaid is not able to cover some unusual expense or procedure, the foster parent should seek approval prior to the procedure and Fostering Futures will seek full reimbursement for the foster parent. In some events, the Foster Care Worker will have to work with DHHS to ensure coverage or get pre-approval for certain doctors or procedures.

Notably, neither the foster parent, the Fostering Futures Foster Care Worker or the Foster Care Supervisor are able to change Primary Care Physicians for foster children or to change their Medicaid provider. Only DHHS Monitors can request these changes from Medicaid.

If an emergency medical cost is incurred, Fostering Futures will seek full reimbursement from the local DHHS system.

Upon placement of a foster child, foster parents will be given the consent to treat a foster child for routine medical procedures and the corresponding Medicaid Recipient ID Number.

Section 7

Health Issues

Medical Policy & Procedures

FOM 801: HEALTH SERVICES FOR FOSTER CHILDREN FOB 2015 -0023-1-2015
“All foster children are entitled to health services that identify their conditions and needs, diagnose and treat identified problems, and initiate appropriate follow-up and preventive health care.

All medical recommendations must be followed unless reviewed by authorities and any such deviation from medical recommendations is documented and approved by the State of Michigan. The foster parent and Fostering Futures will document all medical and dental care received by a foster child.”

Well-Child Exams

Children entering into Fostering Futures must follow the state-mandated and MSA-requirement of having a completed well-child exam completed and in their file within 30 days, and as well, if age 3 or over, they must have a dental exam within 90 days of placement. Immunization records should be current (if medically possible per the doctor) and complete within the file within 30 days. A waiver of immunizations may be signed by the birth family, in place of the completion of immunization records in accordance with state law.

Foster parents will be provided with as complete a health history of a child as possible (unless for some reason, Fostering Futures is unable to acquire this information from the birth family or DHHS) including: medications, allergies, immunizations and any outstanding health issues or concerns. The agency will provide a Medical Passport within 30 days of placement with as much information as the agency has at that time, and continue to provide it to the foster parents as more information becomes available or more appointments occur.

Foster parents are responsible for the dispensing of all medications according to the directions on the label of the medication bottle. Medication storage is “to be out of the reach of children” (Re: medications, please see Psychotropic Consent” section).

Foster parents are responsible for the scheduling and transportation of children to all medical appointments. Foster parents are responsible for the filling out of the state required health forms at the physician’s office and ensuring the submission of the well-child forms to the Foster Care Worker.

A medical authorization signed by the Executive Director will be issued to the foster parent as a child is placed in their care. This document grants permission for the foster parents to acquire routine medical care for the children. Medical cards will also

be made available to the foster parents at the time of placement if DHHS has them, however; typically, it takes a period of time for them to come. Fostering Futures and other private agencies are not able to request the cards from Medicaid but rather must request that the DHHS Monitor request them from Medicaid. They typically then come in the mail either to the agency or directly to the foster parent or caregiver.

Medical expenses are largely covered by Medicaid and any additional expenses should be discussed with the Foster Care worker prior to the incurring of such expense.

An appropriate well-child exam must be completed within thirty days of any child entering into care. Depending on the age of the child, additional medical exams will be required.

The following is the schedule of required well-child examinations, per age:

- DHS-580, Well Child Exam Infancy: 1 Week Visit Rev. 07/11
- DHS-579, Well Child Exam Infancy: 4 Weeks Rev. 07/11
- DHS-0583, Well Child Exam Infancy: 2 Months Rev. 08/11
- DHS-581, Well Child Exam Infancy: 4 Months Rev. 07/11
- DHS-1641, Well Child Exam Infancy: 6 Months Rev. 07/11
- DHS-1638, Well Child Exam Early Childhood: 9 Months Rev. 07/11
- DHS-1639, Well Child Exam Early Childhood: 12 Months Rev. 08/11
- DHS-1640, Well Child Exam Early Childhood: 15 Months Rev. 08/11
- DHS-1631, Well Child Exam Early Childhood: 18 Months. Rev. 07/11
- DHS-1632 Well Child Exam Early Childhood 2 Years Rev. 07/11
- DHS-1633, Well Child Exam Early Childhood: 30 Months. Rev. 07/11
- DHS-1634 Well Child Exam Early Childhood 3 Years Rev. 07/11
- DHS-1642, Well Child Exam Early Childhood: 4 Years Rev. 08/11
- DHS-1635 Well Child Exam Early Childhood 5 Years Rev. 07/11
- DHS-0381 Well Child Exam Middle Childhood 6-10 Years Rev. 07/11

- DHS--1636, Well Child Exam Early Adolescence: 11-14 Years. Rev. 07/11
- DHS-1637 Well Child Exam Early Adolescence: 15 - 18 Years Rev. 07/11

Dental Exams

A dental exam is required within ninety days of placement for any child is who 3 years of age and older. A dental re-examination is required every year, or if recommended by the dentist, every six months. DHHS has a dental form that needs to be filled out at dental appointments and provided to the agency; please ask your worker for a copy if it has not already been provided.

It is also required that any follow-up dental care (i.e. sealants, fillings, etc.) recommended by the dentist occur in the suggested time frame.

A dental re-examination must be obtained at least every 12 months, unless a greater frequency is indicated.

Getting Practical: Medical & Dental Forms

One of Fostering Futures' biggest challenges with meeting state standards for taking care of kids (and showing the state we are doing a good job doing so!) is getting medical well-child and dental forms completely filled out by doctors' offices. We spend hours of staff time getting these forms returned at all, let alone to meet State standards and requirements! To help us, you can:

1. Make sure you have the required forms ahead of time. Get them from your worker, or download them here: <http://tinyurl.com/WellChildExamForm> or <http://tinyurl.com/MichYouthDental>.
2. Remember, children need Well-Child Exams for specific ages in certain time-frames. Please see the Well-Child Exam Schedule below for details.
3. Explain to your child's physician that the **completion of these forms is required** by Medicaid policy and the State of Michigan for all foster children; failure to complete them can contribute to causing you, or our agency, to be seen as medically neglectful!
4. Discourage your physician from doing it "later" and "sending" it to us. We have extremely low rates of having these completed / returned to us, if not done so personally by the Foster Parent.
5. Make sure your doctor fills in the developmental assessment and referral portion on the last page of the well-child document. For children 6 months to 5 years, we usually utilize the ASQ with you and the doctor; however, they can use any screening tool as long as they complete one and fill out that section.

6. Fill in the date if the physician does not! Many times physicians fail to put a date anywhere on the form.
7. Make sure we can read the name, address, and phone number of the physician who completed the form. This is important for communication with their office regarding Medical Passport signatures and other important matters related to quality continuation-of-care.

Mental Health Screening

Per Policy, FOM 802, "All children entering foster care are required to have a mental health screening within 30 days of removal. The mental health screening is to be performed during initial and subsequent periodic or yearly well child exam. Verification that mental health screenings occurred must be documented on the Early Periodic, Screening, Diagnostic, and Treatment (EPSDT)/Well Child Exam form or an equivalent approved form; see FOM 801, Health Services for Foster Children.

The department recommends that a validated and normed screening instrument be used by the primary care provider for foster children. The following screening instruments have been made available by the department:

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The Ages and Stages Questionnaire –Social Emotional (ASQ-SE) for children up to age 5 1/2 years, or The Pediatric Symptom Checklist (PSC), for children ages 5 1/2 years and older. The screening instrument must be completed by a person who knows the child best, before the child's EPSDT/well child exam. This may be the child's birth parent, foster parent, caregiver, or other adult who is very familiar with the child. The caseworker assists in the mental health screening process by ensuring that the completed instrument is provided to the primary care provider. Note: Although the ASQ-SE or PSC is recommended, the primary care provider may use another screening tool or screening method such as surveillance, in which a tool is not used."

Psychotropic Consents & Medications

Psychotropic medication affects or alters thought processes, mood, sleep, or behavior. A medication classification depends upon its stated or intended effect. Psychotropic medications include, but are not limited to:

- Anti-psychotics for treatment of psychosis and other mental and emotional conditions.
- Antidepressants for treatment of depression.
- Anxiolytics or anti-anxiety and anti-panic agents for treatment and prevention of anxiety.

- Mood stabilizers and anticonvulsant medications for treatment of bi-polar disorder (manic-depressive), excessive mood swings, aggressive behavior, impulse control disorders, and severe mood symptoms in schizoaffective disorders and schizophrenia.
- Stimulants and non-stimulants for treatment of attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).
- Alpha agonists for treatment of attention deficit hyperactivity disorder (ADHD), insomnia and sleep problems relating to post-traumatic stress disorder (PTSD). Follow the link below for an alphabetical listing of psychotropic medications by trade, generic name, and drug classification:
<http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtml>

PROHIBITED USE:

The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is strictly prohibited. Psychotropic medication may never be used as a method of discipline or punishment. Psychotropic medications are not to be used in lieu of or as a substitute for identified psychosocial or behavioral interventions and supports required to meet a child's mental health needs.

PRESCRIBING CLINICIAN:

Only a certified and licensed physician can prescribe psychotropic medications to children in foster care. If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child's psychiatrist, or a general psychiatrist if a child psychiatrist is not available, should occur if the child's clinical status has not improved after 6 months of medication use.

Consent for Psychotropic Medication:

Foster parents and relative caregivers may not sign consent for psychotropic medications.

Consent is required for the prescription and use of all psychotropic medications, including those prescribed for continued use in a hospital setting, upon discharge from a hospital, or as a result of outpatient treatment, for all foster children. The DHS-1643, Psychotropic Medication Informed Consent, must be used to authorize consent. The Consent will be completed after the discussion between the prescribing clinician and the consenting party (the birth parent in the instance of temporary court wards), and the prescribing clinician must then forward the DHS-1643 to the assigned caseworker. Upon receipt of the DHS-1643, Psychotropic Medication Informed Consent, from the prescribing clinician, the caseworker must review the form for accuracy and completion.

If the DHS-1643 has not been signed by the consenting party (i.e. birth parent), then the caseworker must obtain consent from the applicable party as indicated below. Pursuant to MCL 712A.12, 712A.18(1)(f), and 712A.13a(8)(c), when a parent is unavailable or unwilling to provide consent and a child's physician or psychiatrist has determined there is a medical necessity for the medication, the supervising agency must file a motion with the court requesting an order for the prescription and use of necessary psychotropic medication.

The caseworker must continue to communicate with the child's parent regarding treatment options when medication is not deemed a medical necessity but there is a current DSM-based psychiatric diagnosis supported by documented evidence/observations that medication would improve a child's well-being or ability to function. The agency is required to document all efforts to obtain parental consent for treatment.

Emergency Medical & Dental Care

Foster parents may authorize physician mandated emergency medical, surgical or dental treatment for their foster children. Elective surgery, including body piercing or tattooing and other cosmetic surgery, CANNOT be performed without the consent of the birth parent or the legal guardian.

Child Development

A foster parent's daily observations of the child's developmental progress will prove to be very beneficial to the Foster Care Worker and others providing services for the child. When a child enters care, the Foster Care Worker will obtain as much developmental history as possible from the parent, extended family, and medical records.

The age at which a child masters developmental milestones can provide valuable information regarding the child's medical status and other needs which may require special services. The earlier these needs are identified, the greater the likelihood that they can be corrected or at least prevented from further deterioration or stagnation. The child's health provider will complete a developmental assessment during regularly scheduled screenings. A foster parent should express any concerns about a child's development to the Foster Care Worker and the child's health provider.

Fostering Futures will provide written information to foster parents during their initial training that offers concrete and detailed information about normal development in children. It is important to hang on to this information (even post it on your refrigerator!) so that you can monitor any delays in a child's progress and growth. For

younger children, you may receive information, charts and guidelines on development from Early On or Infant Mental Health. Your child's doctor can also provide information and will include some when they give you the child's summary of their well-child exam. Please let your Foster Care Worker know if you have any needs for additional materials on child development.

Smaller children cannot tell you what they know, understand or feel, and therefor sometimes it can be more difficult to tell if a younger child is struggling developmentally or otherwise. Below is a list of concerning signs listed in FOM 802 that can be a guide to when there may be delays in the child's development.

Developmental Warning Signs for Children 0 – 12 months:

- Resists holding
- Is difficult to comfort or console; has prolonged inconsolable crying.
- Has sleeping or eating difficulties (sleeps or eats too much or too little).
- Is failing to thrive.
- Rarely seeks or makes eye contact, or typically avoids eye contact with parents.
- Appears unresponsive to efforts to interact or engage.
- Rarely coos, babbles, or vocalizes.
- Has limited ability to regulate emotions.

Developmental Warning Signs for Toddlers, 1 -3 Years:

- Shows little preference for or excessive dependence on the parent(s) or other primary caregiver.
- Does not show any apprehension about strangers.
- Appears excessively irritable or fearful.
- Has an inappropriate or limited ability to express feelings.
- Lacks interest or curiosity about people or playthings.
- Fails to explore his or her environment.
- Often appears sad and withdrawn.
- Inappropriate sexual, impulsive, or aggressive behavior.
- Excessive fears that do not respond to reassurance.
- Experiences frequent night terrors.
- Extreme and frequent tantrums.
- Experiences significant language delays.
- Exhibits unusual need for order or cleanliness.

Detailed information on the social-emotional development of young children can be found at:

http://www.michigan.gov/documents/Social_Emoional_Developmental_in_Young_Children_Guide_88553_7.pdf

HIV Testing of Children

If a child has signs or symptoms that may be consistent with HIV infection or whose history may pose risk factors for acquiring HIV, they must be evaluated by a medical professional to determine if testing is necessary and appropriate. Risk factors include:

- A person from a high-risk group sexually abused the child.
- The child has engaged in sexual activities with high-risk partners.
- The child has a history of IV drug usage.

The agency will seek court approval if testing is recommended by a physician and under no circumstances can a foster parent proceed with HIV testing without court permission.

Emergent & Minor Incidents

The foster parents must advise the Foster Care Worker or after hours on-call workers of any emergent event that occurs with the foster child. Emergent incidents include: contact with the police, a serious medical emergency, and truancy from the home or an attempt to abduct the child. During business hours, the child's Foster Care Worker should be contacted immediately. After business hours, the on-call worker must be contacted immediately. The Foster Care Worker must report the emergency call to the DHHS Worker, as well as the Supervisor and Executive Director, immediately via voice mail and be prepared to discuss the event the following business day. Emergent Incidents will be documented and filed in the foster child's case file.

Minor events are those that should be reported to the Foster Care Worker through voice mail or in person by the end of the following business day. These events might include but are not excluded to: non-emergent medical care, emergent medical care that did not require hospitalization, aggressive behavior, school suspensions, substance abuse or sexual acting-out. Foster Care Worker should report these events to their supervisor during supervision.

Section 8

Safety Considerations & Safety-Related Policies

Emergency Procedures

In the event of truancy, fire, severe illness, hospitalization, death, an aggressive act, criminal act, sexual misconduct, or an event that requires the police intervention, the foster parent is to contact the agency during regular business hours or to use the emergency cell phone number: (734) 819-8419 during off hours. If for any reason Fostering Futures is not available to consult with, the foster parent **must** call their local Police immediately to report a missing child of any age who is placed in foster care.

The foster parent should report all unusual events to the Foster Care Worker. If a child runs away, the foster parent must contact the agency or a staff immediately - on the emergency cell phone (734) 819-8419 after hours or at the office if business hours. The staff contacted regarding the event will direct the foster parent to contact the police and give a description of the clothing worn, physical characteristics, court ward ship and status. An arrest order may be issued by the police if the child is a delinquent. If the child is in foster care secondary to abuse and/or neglect, a missing person form will be filed. Any time a child is missing from the foster home, the birth family, the agency, the child's attorney and DHHS will be notified. A child is considered missing if they are missing for more than an hour without notifying the foster parents as to their whereabouts. A foster parent will never go to sleep with a child missing without following all the steps of this procedure.

If a child returns to the foster home, a foster parent will contact the agency immediately.

A foster parent will notify the agency of any person attempting to harbor or take a child from their care and any hospitalizations that have occurred with a child in care.

Foster parents will have an identified back up person to care for the child in case of personal emergency. This person must be identified in the licensing process and be listed in the fact sheet of the foster parent file. The person is identified as a Substitute Care Provider and appropriate legal and protective service checks will be reviewed on these persons.

Foster parents will follow all agency procedures regarding fire and tornado safety as reviewed in the licensing process.

One adult member of the household will be certified in "First Aid".

All staff are to immediately without delay report any emergency to the on-call supervisor and executive director.

First Aid Training

Foster homes are now required to have at least one adult household member certified in First Aid from the American Heart Association or the American Red Cross totaling 12 hours of training. Families licensed after January 31, 2015, were required to meet this requirement to be licensed. The agency will be reviewing this new rule at all of the foster home annual and renewal visits following the rule change, and in the process they will be ensuring that the families licensed before this date have a plan to be in compliance as they renew their license or complete their annual review.

Water Safety

Drowning, according to the National Safety Council, ranks among the highest leading causes of accidental death for children and child ages 0-24. Foster parents must take extra precaution with children when around bodies of water. Foster parents whose primary or alternate residence (vacation home, country residence, etc.) has an in-ground or above-ground pool, hot tub, river, lake or pond, must comply with the following requirements that were updated in January, 2015 by the State of Michigan.

Water Hazard Policy Requirements:

- Before using a residential pool, spa or hot tub, the foster parent shall assure that the water is clean, safe and sanitary.
- Children must be adequately supervised at all times around any water activity.
- If there is a residential pool, spa or hot tub, pond or other body of water on the premises, rescue equipment shall be available at all times.
- There shall be an alarm on any exterior door that leads directly to the pool, spa, hot tub, pond or other body of water.

Additional Recommendations:

There are additional precautions foster parents can take to assure the safety of children in and around water. You are also encouraged to check with local medical facilities or go on-line to increase your awareness of water safety strategies for children. Additional steps that may be taken to ensure the safety of children in your care include the following:

- Have children wear a U.S. Coast Guard approved personal flotation device (life vest, jacket, etc.) when on a boat or other watercraft. Although the water safety policy makes specific reference to swimming pools, extra safety precaution (i.e.

supervision, sensors, alarms, locks, etc.) must also be taken with lakes, rivers and ponds, especially ponds that are located on the same property as the foster home.

- Never leave small children unattended near large buckets of water. Children have drowned in as little as one to two inches of water!
- Install self-closing/self-latching devices on windows or doors leading to pool/lake area (if possible), as well as on pool gates. Alarms on exterior doors that directly lead to a body of water is mandatory.
- Drain and cover pools that are not to be used for an extended period of time.
- Remove pool cover completely when pool is in use to prevent children from getting trapped underneath.
- Remove portable steps to aboveground pools when the pool is not in use.
- Keep a phone with you while at the pool with children to prevent having to go indoors “briefly” to use the telephone, leaving children unsupervised.
- Clearly identify the deep and shallow ends of the pool.
- Equip the swimming pool or water area with such life saving devices as ring buoys, rescue tubes or other floatation devices such as “water wings”, etc.
- Flotation devices should never be used as a substitute for proper supervision.
- Children should never be left unsupervised while in or near water simply because they know how to swim.
- Complete a Basic Water Rescue class that is designed to prevent and respond to water emergencies.
- Enroll all children placed in the home, three (3) years and older, in a swimming class at the local YMCA or other free or inexpensive facility some time during the first year of placement in the home.

Supervision of Older Children

Generally speaking, reliable, developmentally on-target, and competent children, 13 years and older, may be left under their own supervision under certain circumstances, and for short periods of time, so as not to jeopardize their safety and well-being. At this stage in their lives, many children are able to benefit from experiences that foster a sense of responsibility, independence and self-control. Situations requiring child to be home alone after school hours or when foster parents are attending to short-term personal matters are acceptable within the limitations indicated.

The primary factor to consider in determining if child may be left alone is their ability to function for short periods of time independent of a caretaker. The foster parent assures that the child is aware of procedures to be taken in case of an emergency and has access to emergency contact numbers, including their own and a nearby relative, neighbor friend.

Other important criteria to consider include the following:

- Length of time in the home.
- Judgment and level of maturity or development.
- Demonstration of dependability, responsibility and trustworthiness.
- History of emotional/psychological stability.
- History of running away and other status offenses.
- History of delinquent behavior.
- History of alcohol and substance abuse.
- Number of child present in the home and their relationship with each other.
- Gender, number and the relationship of the child to be left alone.
- History of sexual acting out.
- School performance.
- Safety of the home environment (firearm safety, water safety, any other potential hazards, etc.).
- Child's ability to readily access foster parent or other identified person should the need arise.

In all cases, the foster parent and the Foster Care Worker must determine together the feasibility of leaving older child alone in the foster home for short periods of time.

Supervision Policy

Foster parents are required to provide appropriate care and supervision for the foster child at all times consistent with a child's age, level of functioning, and treatment plan. The foster parents will always follow the agency Substitute Care Policy.

Substitute Care Policy

Substitute caregivers are persons who are responsible for the care of the foster child when the licensed foster parent is unavailable to care for them. The person providing substitute care is designated during the licensing process, background checks are completed by the agency and the results are listed within the foster parent record.

Please note that the following requirements must be met for all substitute care providers:

- 1) Be at least 18 years of age.
- 2) The individual must have "Good Moral Character" as evidenced by a clear I-Chat (criminal background check) & Central Registry Check performed/obtained by the agency.

- 3) Be committed to the Discipline Policy, which does not allow for any corporal punishment of **any child** in the foster home.

Fostering Futures recommends that children of twelve years old and younger need ongoing supervision. Children thirteen years and older may be allowed to be alone for limited periods of time, dependent on the agreements of the treatment plan. Decisions allowing a thirteen year old child to remain alone for periods of time are to be made together by the Foster Care Worker, birth parents, and the foster parents, under the direction of the Executive Director. The final decision is at the Executive Director's discretion.

Foster children must live within a licensed foster home, however, it is understood that they may have overnight visits at the homes of friends or extended family who are not licensed. In the event that an overnight visitation is occurring, it is imperative that the foster parent has the phone number, and address of the overnight home. It is also imperative that the parents of the host home are contacted and known by the parties involved in the decision to allow the child to stay overnight (i.e. foster parents). A foster parent must notify any substitute care provider of the agency's policies relating to the care and supervision and the care provider must follow the policies. Lastly, there must be an assurance that parents in the host home will be home to supervise the child and will abide by the Discipline and Behavior Management policy of no corporal punishment.

It is the responsibility of the foster parent to supervise the child placed within their care. Day care reimbursements may be sought from the local county DHS funding source within the county of your residence. All foster parents are eligible to apply for Day Care re-imbursements up to twelve years of age.

I/We agree to notify the agency before any planned absence that requires substitute care of 24 hours or more. I/We agree to notify the agency within 24 hours of any unplanned absence that requires substitute care of 24 hours or more.

Safe Sleep: SIDS & "Back To Sleep" Campaign

The Back-to-Sleep campaign is suitably named for its recommendation to place healthy babies on their backs to sleep. Placing babies on their backs to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS), also known as "crib death" but cribs do not cause SIDS. All foster home licensed for children of children under 1 years of age must follow safe sleep guidelines.

Facts About SIDS:

- SIDS is the leading cause of death in babies after one month of age.

- Most SIDS deaths occur in babies who are between 2 and 4 months old.
- More SIDS deaths occur in colder months.
- Babies placed to sleep on their stomachs are much more likely to die of SIDS than babies placed on their backs to sleep.
- African American babies are twice as likely to die of SIDS as white babies.
- American Indian babies are nearly three times more likely to die of SIDS than white babies.

Safe Sleep Policy

1. Baby should sleep alone in a federally-compliant, non-droptside crib.
2. Always put baby on back to sleep even when he/she can roll over.
3. No pillows, blankets, comforters, stuffed animals or other soft things should be in the sleep area.
4. Keep baby's face uncovered during sleep for easy breathing. Use a sleeper instead of a blanket.
5. Don't allow anyone to smoke around the baby.
6. Don't overheat the baby. Dress the baby in as much or as little clothing as you are wearing.
7. Use a firm mattress with a tightly fitted sheet.
8. Place baby in the same sleep position every time.
9. Babies that fall asleep in unapproved sleep places (car seats, pack and plays, swings, etc.) should be moved to a crib immediately.

Michigan Car Seat Laws, 2015



Infant Rear Facing Car Seats – From Birth Until Age Two (2)

- Babies and Toddlers should ride in a rear facing car seat until the age of two (2)
- In the State of Michigan all children under the age of four (4) must ride in the back seat of the vehicle providing a back seat exists.
- If the back seat of the vehicle is already occupied by children under the age of four (4) then the child may ride in the front seat of the vehicle.
- Children may only ride in a rear facing car seat in the front of the vehicle if the airbag is turned off.



Forward Facing Car Seats – From Ages Two (2) to Four (4)

- Children between the ages of two (2) and four (4) should ride in a forward facing car seat.
- Children under the age of four (4) must ride in the back seat of the vehicle if a back seat exists.



Booster Seats – Until Age Eight (8) or Four (4) Feet, Nine (9) Inches Tall

- Children must be properly secured in a car seat or a booster seat until they are eight (8) years of age or reach the height of four (4) feet, nine (9) inches tall.

Other Child Car Seat Safety Recommendations

- Car seats must be buckled in tightly with no more than one (1) inch of side to side or front to back movement.
- A rear facing car seat should be secured so that the child's head lies back on the car seat without falling forward.
- Always refer to the car seat manufacturer's instructions for installation and for height and weight limitations.



Michigan Seat Belt Law

- Passengers from birth until age eight (8) are covered above.
 - All passengers from age eight (8) to fifteen (15) must wear seat belts regardless of their position in the vehicle.
- Drivers and front seat passengers must wear seat belts.

Fire and Tornado Safety Plan & Policy

Each foster family will have contained within their foster parent file a fire and tornado safety plan. This plan includes exactly what each family member will do in the event of a fire or tornado and where all family members will meet to ensure safety during such occurrences. Families are required to prepare these safety plans during licensing and to practice these plans on an ongoing basis to promote safety in the home. These procedures should ideally be periodically reviewed in the foster home with all the household members and children.

(To be filled out during licensing and updated as needed)

Where will your family meet in the case of a tornado?

Where will your family meet in case of a fire?

What will you do if there is a serious accident or injury?

Please draw a map of where your family will meet in case of an emergency evacuation on the back of this form.

Phone Numbers:

Fire/Police: 911

Poison Control: _____

Fostering Futures: 734-481-8999 or 734-819-8419 (after hours)

Other: _____

By signing below I/we agree to abide by the safety plan listed above. This plan must be reviewed with all member of the household every 3 months. The safety plans MUST all be posted within eyesight of a phone permanently located in the home. In the event of an emergency, emergency assistance (911) should be contacted and Fostering Futures

MUST be notified ASAP. I/we agree that I/we are responsible for ensuring the safe evacuation of the children in the home in case of an emergency evacuation.

Fire Arm Safety

1. All firearms in the foster home are kept under lock and key and are inaccessible to children at all times. Fostering Futures requires an added safety measure that all guns must be triggered locked and stored in a locked location. The ammunition must be separated and be locked in a different location.
2. All ammunition should be locked away and stored in a separate location from firearms in the home.
3. *Foster parents should never allow children in care to handle any type firearm.
4. Keys to locked storage devices are to be kept in the possession of an adult or reasonably secured from children.

***NOTE: Child ages thirteen (13) years and older, who have successfully complied with all applicable hunting license requirements for Michigan, may engage in hunting activities, while under the direct supervision of the foster parent or other approved adult. The foster parent/adult is also required to be in compliance with Michigan hunting license requirements. Michigan requires completion of a hunter education course (includes safety guidelines) for all persons born after January 1, 1961. The County Director/designee gives prior approval, taking under consideration the psychological and emotional capacity of the child as well as any developmental or behavioral needs. If parental rights have not been terminated, prior written approval must be obtained from the birth parent.**

Examples of the types of locking devices that may be employed to protect children from guns include the following:

- Trigger Lock- blocks access to the trigger of the gun and prevents the gun from firing. Trigger locks cannot be used on loaded guns. The lock must be removed with a key and then the gun may be loaded, if necessary.
- Lock Box – Locks the gun away and limits accessibility. The box must be unlocked for use. The key should not be accessible to children.
- Plug/Rod Lock – blocks firing and cannot be used on a loaded gun. Lock must be removed to load gun.
- Cable Lock – Prevents ammunition loading and firing.

Firearms Policy

Firearms shall be trigger-locked or cable-locked and stored without ammunition in a locked area. Ammunition shall be stored in a separate locked location. A handgun shall be registered and documentation of the registration shall be available for review.

I(We), the foster/adoptive parent(s), agree to notify the agency of any new firearms in the home within 24 hours of obtaining the new firearm.

_____ **YES**, there is (are) a gun(s) in the home. I (We) agree to store the gun(s) in accordance with agency policy and provide proof of registration for all handguns.

List all firearms in the home:

_____ **NO**, there are no guns in the home.

Concealed Weapon Safety Plan Policy

_____ Yes, _____ has a Concealed Pistol License and I agree that I will not carry a gun while in the presence of a known foster child. I further agree that I will not bring my concealed weapon to any activity where known foster children are present including but not limited to school events, agency events, and parenting times (visitation). If mandated by an employer to carry a concealed weapon during my job, I will provide the Agency with written documentation from my employer. I agree to abide by Michigan Act 372 regarding premises on which carrying concealed weapon or portable device that uses electro-muscular disruption technology is prohibited.

If I am carrying a weapon in the community and I return to my home where a foster child is present, I agree to immediately trigger lock the weapon and store it locked in _____.

I agree to store the ammunition, locked, in _____.

If I am carrying a weapon in the community and I come in to contact with a known foster child, I agree to, if possible, immediately trigger lock the weapon and store it locked in _____.

I agree to store the ammunition, locked, separate from the firearm, in _____.

_____. If I am not able to immediately store the weapon and ammunition I agree to contact Fostering Futures within 24 hours to discuss the situation.

_____ No, no one in the home has a Concealed Pistol License.

Smoking Policy

An individual shall not smoke any substance inside the foster home while foster children are placed within the home. No individual shall smoke any substance inside a vehicle while transporting foster children.

It is unlawful for anyone under the age of 18 to possess or use tobacco products.

Children who reside with smokers have more upper respiratory infections than most children.

Fire Safety

Fire Safety Requirements:

All families should have an established plan of action in case of a residential fire. Smoke detectors should be installed as follows:

- On each floor of the home, including the basement.
- Between the sleeping area and the rest of the home. In a home that has more than 1 sleeping area, a foster parent shall ensure that a smoke detector is installed and maintained to protect each separate sleeping area.
- In areas of the home that contain flame or heat-producing equipment other than domestic stoves and clothes dryers.
- A foster parent shall ensure that at least 1 carbon monoxide detector that is approved by a national testing laboratory is installed and maintained in an area of the home that is recommended by the manufacturer.

Additional Recommendations for Fire Safety:

- Fire extinguishers may be kept in the kitchen area to be used in putting out cooking-related fires. Familiarize yourself with the manufacturer's instructions.
- Identify potential exit points in the home in case of a fire. Make household members aware of each exit.
- Inform newly placed children, depending upon their level of development, of the family's fire safety plan.
- Conduct a fire drill at least twice a year at least. Instruct family members how to exit a burning, smoke-filled structure: Stay low (smoke and heat rise), cover nose and mouth with a handy cloth, and crawl out.

- Consider keeping a strong hemp rope with a slipknot or some a ladder designed for emergency escape (available in One Step Ahead catalogs and online) in a safe location for easy retrieval if rooms are located on an upper level. Check with your local fire department for additional information on how to safely exit from upper level areas of the home.

Carbon Monoxide

The number one cause of poison-related deaths in the United States is carbon monoxide. Carbon monoxide may escape from the surrounding land on which a home is built, but it most commonly escapes from defective unvented heating sources in the home such as the following:

1. Gas ovens
2. Water heaters
3. Space heaters
4. Furnaces
5. Wood burning stoves
6. Fireplaces

To prevent problems or fatalities with these appliances, take particular care to see that they are properly maintained and functioning appropriately. The following requirements are to be observed:

- A carbon monoxide detector is an added safety device and is required in your home.
- Gas heaters must be vented.

Dog Policy

In January, 2015 the State of Michigan increased the requirement of foster parents who have pets:

“A foster parent shall assure that all animals are safe to be around members of the household and the children who may be placed in the home. The foster parent shall notify the agency within 3 business days when new pets are acquired. Animals shall be licensed and vaccinated in accordance with the laws of the municipality where the foster home is located. “

Children, unfortunately, are the primary victims of dog attacks, representing more than 60% of all dog bite cases, according to national statistics. While no specific breed of dog can legally be characterized as “vicious” or “dangerous”, it is important that foster parents are alert to the potential risks and consequences that are forever

present with any pet animal. Children are usually bitten by dogs with whom they are familiar – their own, a neighbor’s or the dog of a friend. The bodily areas usually attacked or bitten by dogs include the child’s face, hands, neck and head.

In the absence of State Law relating to the identification and proper maintenance of dogs that are considered to be “dangerous,” DHHS has instituted guidelines relative to pet safety in the foster home. In the interest of the children placed in your home, foster parents are required to exercise reasonable safety precautions when children are around pets. The following should be exercised to promote the safety of the child:

1. Closely monitor children around pets.
2. Refrain from bringing into the home any type or breed of animal that has a known history of violence and/or aggressiveness toward people.
3. Safely secure animals that have displayed violent and/or aggressive behavior toward people inside a kennel, or fence that prevents a child from entering and the dog from escaping.
4. When acquiring a pet for the home, choose a breed or type of animal that has, at the least, a history of being people-friendly.
5. Provide opportunities and instruction to children regarding safe socialization habits with people friendly breeds of animals.
6. Report immediately to the agency any acts of violence toward a child in care or others by an animal in the foster home.

Hot Water Settings

The leading cause of deaths and injuries to children at home are accidents. Scalding from hot water is one of the most dangerous of these accidents. Small children are busy and can get to sinks or bathtubs quickly. They can burn themselves severely before they can get out of the water. Infants are unable to move away from hot water if it is accidentally left on too hot or the cold water is unintentionally turned off. The following chart shows just how dangerous hot water can be.

Severity of Burns:

- First Degree Burns – A superficial burn of minimal depth
- Second Degree Burns – Burn extending through the epidermis and into the dermis

- Third Degree Burns – Entire thickness of the skin is burned

Temperature Time Required for Third Degree Burns:

120°F 5 minutes
125°F 2 minutes
130°F 30 seconds
140°F 5 seconds
150°F 2 seconds
160°F 1 second

How can you tell what the hot water temperature is in your home?

First measure the hot water temperature. The best way to do this is to measure it in the morning, before anyone in your home has used any hot water. Turn on the hot water at the kitchen sink and let it run for 2 minutes. Then, using either an outdoor thermometer or a candy thermometer, hold the thermometer in the stream of the water until the reading stops going up. If your water temperature is at a safe level (120 degrees Fahrenheit or less, you do not have to do anything.

How can you adjust your hot water heater?

If your hot water setting is too high, here are some tips on how to find the thermostat and turn it down:

1. Gas hot water heaters usually have a thermostat outside the tank at the bottom. Electric water heaters usually have either two panels screwed to the top and bottom of the tank or one panel along the side of the tank. Thermostats are located under these panels.
2. The thermostat should be set on the "low" setting or within the "energy efficient range." If the temperature at the kitchen sink is too hot at this setting, adjust the thermostat to a lower setting.
3. After changing the thermostat setting, you can test the hot water temperature again about 24 hours later.
4. If you test it in less than 24 hours, you will not get an accurate reading. Continue to test the water temperature and adjust the thermostat setting until the water is no hotter than 120°F.

General Environmental Safety

Your home environment must continue to meet health and safety standards. Some of the areas that will be observed during monthly contacts and also at re-evaluations follow:

1. Soundness of physical dwelling (address all visible/known dangers: roofing, porches, steps, doors, windows, flooring, etc.).
2. Cleanliness (clothing, furnishings, waste: garbage, trash, animal feces, etc.).
3. Appearance of electrical wiring system, fixtures and outlets.
4. Appearance of gas lines and heating and cooking appliances.
5. Availability and condition of running water indoors.
6. Availability and condition of toilet facilities indoors.
7. Appearance of household furnishings.
8. Presence and appearance of external storage facilities and/or environmental hazards, such as:
 - a. Inoperable vehicles
 - b. Adequacy of fencing/gates
 - c. Access to busy streets and/or highways

Hazardous Materials Policy

I agree to store all hazardous materials in a manner that ensure the safety and well-being of all home members, including any foster children placed in the home.

Hazardous materials include but are not limited to:

- Medications
- Alcohol
- Cosmetics
- Razorblades
- Matches/lighters
- Household cleaning supplies & chemicals
- Kitchen utensils
- Knives/swords
- Sewing materials (machine, pins, needles, buttons, etc.)

- Scissors
- Office Supplies (pens/pencils, stapler/staples, paperclips, etc.)
- Firearms (including BB guns, paintball, and Airsoft guns)
- Pets

The following is state policy as well as Fostering Future policy:

R 400.9301 Maintenance:

Water Hazards:

I agree that if there is a residential pool, spa, hot tub, pond, or other body of water on the premises, rescue equipment shall be available at all times.

I also agree that there shall be an alarm on any exterior door that leads directly to the pool, spa, hot tub, pond, or other body of water.

I agree that pools, hot tubs, and spas are required to be locked while not in use.

Examples of locks include a locked gate, a ladder with a lock, or locking straps in the case of a hot tub.

Firearms (see separate policy)

I agree that all my firearms shall be trigger-locked or cable-locked and stored without ammunition in a locked area. Ammunition shall be stored in a separate locked location.

I agree that a handgun shall be registered and documentation shall be available for review.

Pets

I agree to ensure that all animals shall be licensed and vaccinated in accordance with the laws of the municipality where my home is located.

I agree to ensure that all my animals are safe to be around members of the household and the children placed in my home.

I agree to notify the agency within 3 business days of acquiring a new pet.

I/We am/are aware of, and agree to follow, the State of Michigan Licensing Rules and Fostering Futures policy regarding the storage of hazardous materials. I/We have read the above listed points in the Hazardous Materials policy. All hazardous items are securely stored, all pets are vaccinated and registered, as required, and firearms will be stored per policy.

Truancy Procedures

In the event that a foster child is truant from a foster home, certain procedures must be followed by the foster parent and the Fostering Futures' staff.

Procedures for Fostering Futures' Foster Parents:

1. The foster parent must let Fostering Futures' staff know immediately (via the Emergency cell phone) if a foster child does not return home as expected.
2. The foster parent must report the foster child's absence to the local police.
3. The foster parent must inform Fostering Future (via the emergency cell phone if necessary) as soon as the foster child returns to the home or they learn the of the foster child's location.

Procedures for Fostering Futures:

1. The staff must inform the Supervisor and Executive Director of any truant foster children as soon as they become aware of a truancy (this can be communicated via voice mail if it is after work hours).
2. The staff must inform the foster child's DHHS Worker and parents of the truancy as soon as they become aware of it.
3. The staff must provide DHHS, as well as the agency Supervisor and Executive Director of any information about the possible location of the child.
4. The staff will inform the foster child's family that they must inform the agency if they have any knowledge of the foster child's location.
5. Fostering Futures must retain an open bed for the truant child for at least five days.

Section 9

Additional Policies &
Procedures

Changes in the Foster Family Home Policy

The foster parents(s) shall report to the agency any significant change in the foster home **immediately** after the foster parent knows of the change, during business hours, by contacting the assigned worker and after hours, on the weekend, or a holiday, by calling the Fostering Futures emergency number at 734-819-8419 if any of the following occurs:

- A significant change in the health or a serious illness/injury of a foster parent or member of the household.
- The hospitalization of a foster parent, member of the household, or foster child.
- Any illness or injury that requires medical treatment by a licensed or registered health care person.
- The death of a foster parent, household member, or foster child.
- Court supervised parole or probation of a foster parent or member of the household.
- Contact by Protective Services and or substantial child abuse or neglect by a foster parent or other members of the household.
- Involvement with law enforcement by anyone in the home pursuant to a criminal investigation.
- A foster child's involvement with law enforcement authorities.
- Admission to or release from a facility, hospital, or institution for the treatment of an emotional disorder, mental disorder, or substance abuse of a foster parent or a member of the household.
- Incidents of child-on-child abuse.
- Pregnancy of a foster child.

Changes that require notice within **24-hours** include:

- Any change in the composition of the household (i.e. people moving in), including but not limited to:
 - Overnight visitors ages 18 years and older.

- The return to the home of a child (adult or minor).
- Changes in marital status of foster parent(s).
- A move out of the home by a foster parent or household member.
- The birth of a new child.
- Accepting a new pet into the foster home
- Bringing a firearm into the foster home.
- The change, lay-off, authorized leave, or loss of employment by a foster parent.
- The gaining of employment by a foster parent.

When signing this agreement, a foster parent should understand that a failure to follow this policy may result in the foster child(ren) being removed from the home, a special investigation being opened in my home and may result in an adverse action.

Chores

Children typically do not maintain a positive attitude about having to perform family chores. However, these and other responsibilities are instrumental in helping the child develop such character traits as dependability, cleanliness, diligence and responsibility. In deciding what chores the foster will assign the child to complete, your best guide is what you would expect of your own child at the same age and level of maturity, or what should reasonably be expected of a child at that stage of development. Younger children will require some help with their chores. Try to make this a fun experience for them. In some instances, certain chores may be assigned to children in order to challenge or strengthen their capabilities. However, the assignment of too many challenging tasks will only serve to discourage or anger the child, and should be avoided. Children should never be made to feel that they have to “earn their keep.” Rather, they should be made to understand that as a member of the family, the responsibilities assigned to them represent their share of the overall family responsibilities in the upkeep and maintenance of the home.

Suggested Chores By Age Group:

Ages 5 to 6

Put dirty clothes in hamper; Help set table; Take clean folded clothes to room; Place dirty dishes in dishwasher with assistance; Put toys away; Wipe dinner table.

Ages 7 to 9

Make bed; Feed Pets; Help put away groceries; Set and clear table; Sweep floors; Rake leaves with assistance; Wipe up spills.

Ages 10 to 13

Pour beverages for meals; Make lunch for school; Unload dishwasher; Sort and fold laundry; Clean room; Take out trash; Wipe countertops.

Confidentiality & Record Management Policy

Confidentiality

The information an agency obtains regarding foster children should be kept in strict confidence. The information acquired by a foster and/or adoptive parent regarding a foster child and their family shall be kept confidential and only be released to a person authorized by the agency placing the child in the foster and/or adoptive home. Any person or organization that has a statutory privilege or any person representing the foster and/or adoptive parent in a licensing or legal matter may be excluded from these confidentiality requirements. Staff, foster parents, adoptive parents and other people involved in a foster child's life shall take precautions to protect the privacy of a foster child, the foster child's family and that of any other people involved, including other children in the foster or adoptive home.

Regarding social media: no pictures can be posted on Facebook, Twitter, MySpace, etc.

Fostering Futures' staff will guard the confidentiality and privacy of the clients and families served by the agency. Specifically, the staff will not disclose any information regarding the client or their family to anyone not authorized to the information as set forth in the guidelines as published under the State of Michigan Public Act 258, Section 748 of 1974. Discussions of clients and their cases will be restricted among staff and not include persons outside of Fostering Futures. No information about a client or their family can be revealed to anyone outside the agency without written permission from the child's legal guardian or parent.

Foster children have the right to send and receive mail confidentially unless it is suspected that the contents of the mail may be detrimental to the wellbeing of the child. In that case, the treatment team will monitor the child's incoming and outgoing mail.

Likewise, foster children have the right to privacy on the telephone unless it is suspected that the content of the phone calls is negatively affecting the child. In that case, foster parents and/or the Fostering Futures staff can monitor a foster child's phone calls.

As stated in Michigan’s Licensing Rules for Foster Family homes, R 400.9505, a foster parent shall keep information obtained, and records maintained, by the foster parent regarding a foster child and a foster child’s parents and relatives confidential and shall release information only to a person authorized by the agency placing the child in the foster home. (2) The requirements in sub-rule (1) of this rule shall not prohibit a foster parent from communicating with any person or organization that has statutory privilege or any person representing the foster parent in a licensing or legal matter.

Record Management

- A foster parent shall maintain a record for each foster child in the home and shall contain the following information:
 - Child’s name & date of birth
 - Any known history of abuse or neglect of the child
 - All known emotional and psychological problems of the child.
 - All known behavioral problems of the child.
 - Circumstances necessitating placement of the child.
 - Any other known information to enable the foster parent to provide a stable, safe, and healthy environment for the foster child and the foster family.
 - Date of placement, date of termination of placement, and reasons for termination of placement.
 - Name, address, and telephone number, including emergency telephone number, of the agency and the agency’s social service worker who is currently assigned to the child.
 - Name, address, and telephone number of the child’s physician and dentist.
 - Written consent authorizing the foster parent to obtain routine, nonsurgical medical care and to authorize emergency medical and surgical treatment.
 - A report of the child’s medical history.
 - Child’s behavior management and discipline plan.

- A foster parent shall store and maintain each record in a manner to prevent unauthorized access or return the documents to the agency.
- **When a foster child moves from the foster home, all records regarding that child shall be returned to the agency.**
- **Upon closure of the foster home license, all records provided by the child placement agency shall be returned to the agency.**

Cultural Considerations Policy

In regard to culture, ethnicity and race, Fostering Futures abides by the mandates of the Multiethnic Placement Act/Interethnic Adoption Provision (MEPA-IEP). Fostering Futures will therefore never “delay or deny a child’s foster care or adoptive placement on the basis of that child’s or the prospective parent’s race, color or national origin”. In addition, Fostering Futures welcomes all people to become foster parents regardless of race, ethnicity, religion, sexual orientation, gender identity or expression, marital status, or national origin. Fostering Futures will always work hard to seek out “foster and adoptive parents who reflect the racial and cultural diversity of the children in the state who need foster and adoptive homes”.

Fostering Futures recognizes all the needs of a child in the foster care system and seeks to meet the best interest of each child in its care. Fostering Futures believes that the previously mentioned mandates help to ensure that children spend less time waiting for foster and adoptive placements, and also acknowledges that it is a goal for the foster and adoptive parent population pool to reflect that of the children in care.

Hair Care Policy

The foster child will maintain the current hairstyle they had upon entering foster care while residing in the foster home, unless otherwise decided by the birth parents. The foster parents will receive approval from the Foster Care Worker, who will seek approval from the birth parents, prior to taking a child to get their haircut. This process is required in order for a child’s hair to be cut or altered (this includes color, highlights, extensions, etc.).

Comment

The birth parents retain the right to decide what their child’s hairstyle should be. The foster parents are required to make sure a child’s hygiene needs are met, which includes haircuts, but the birth parents must be consulted about the style. Once a style has been established, the foster parents are allowed to maintain the same style by having the hair trimmed or braided or extended (whatever continues the agreed upon style).

CPS Mandated Reporting

Rule 136: Compliance for Child Protection Law Act 238

Fostering Futures must comply with the Michigan Protection Laws which states that child placing agencies must report any suspected child abuse or neglect in foster homes to the Licensing Consultant, the DHHS worker, and to Central Intake. If the suspected abuse or neglect is alleged to have occurred outside of the foster home, either before or after placement, then the Foster Care Worker, Supervisor and Central

Intake need to be contacted immediately (this could be an allegation a foster parent hears from a foster child about abuse or neglect prior to coming into care). **All Fostering Futures staff, foster parents and home providers are required to report incidences of abuse and neglect.**

- In the case of suspected abuse or neglect, the following procedures must be followed by Fostering Futures staff:
 1. The Supervisor and Executive Director must be notified immediately.
 2. A DHHS 3200 Report of Actual or Suspected Child Abuse or Neglect Form is completed in writing and faxed to Central Intake (fax numbers are on the form).
 3. A phone call reporting the suspected abuse or neglect must be made to the appropriate DHHS agency Child Protective Services IMMEDIATELY upon receiving the information about the allegations.
 4. A copy of the DHHS 3200 is placed in Fostering Futures' DHHS 3200-specific file.

- Guidelines of situations in which staff, foster parents or home providers should report incidents:
 1. Report all forms of staff/parent/foster parent/home provider imposed abuse or neglect (emotional, physical, sexual abuse or any type of neglect).
 2. Report any child-to-child sexual behavior that occurs in a foster home or with a foster child anywhere.
 3. Report any child-to-child abuse that results in bruises, fractures, burns, cuts or other physical injury, involving a foster child.
 4. Report the use or provision of drugs or alcohol by anyone in the presence of a foster child.
 5. If in doubt, consult with the most immediate supervisor. If still uncertain, contact Central Intake.

Mandated Reporters

Foster parents are mandated reporters. This means that you have the legal responsibility to report to Child Protective Services any suspicion that a child has been or is at risk for abuse or neglect. Reports are to be made to a central intake system at 855-444-3911.

Protection as a Mandated Reporter

Any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report to a child welfare agency providing

protective services or to an appropriate law enforcement authority will be immune from any civil or criminal liability, provided such a report is made in good faith. Suspected child abuse, which is required to be reported by any person by law, must be reported notwithstanding that the reasonable cause to believe such abuse had occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law.

Discipline & Behavior Management Policy

Fostering Futures aims to assist foster/adoptive families in providing discipline to children that allows for respect, personal development and the enhancement of a child's self-esteem. In principle, discipline helps guide and teach children to use impulse control, make good decisions and learn from past experience. Discipline should be progressive and educational. The use of time outs, removal of privileges (in appropriate proportion to offense committed), and discussions are greatly supported and promoted by the agency workers and contracted therapists. Fostering Futures recognizes that effective discipline is the product of a good relationship built on trust, mutual respect and fairness, with fairness being defined by reasonable consequences that are consistent with the behavior the parent aims to change or affect. Discipline should be delivered in a calm, firm and caring manner.

It is also well-understood by the staff at Fostering Futures, that in many cases, as a result of attachment disorders and/or trauma histories, or general emotional impairment, that typical parenting methods are not always successful or effective with children in foster care placement. In cases where it becomes apparent that normal parenting techniques are not working for these aforementioned reasons, staff, and sometimes a therapist, will work closely with foster parents and teach other methods of parenting that are more appropriate for these children. Special trainings will be held on these topics as needed and books and DVDs will be available as well as ongoing support from staff. Children that fall into this category are probably going to be candidates for ongoing therapy with a Fostering Futures Therapist, or a therapist in the community.

Fostering Futures policy is that foster/adoptive parents cannot use any physical or corporal punishment with ANY child living in the home, including but not limited to birth or adopted children in the home. This policy is in place to not only protect children from harm but also to protect foster parents from being substantiated for discipline with their birth, adopted or foster children. For example, a spanking on a birth/adopted child that leaves a mark could result in a Category III CPS Substantiation. With "regular" families, a Level III is low-risk and allows services to be offered but does not place the parent on Central Registry for Child Abuse and Neglect. However, per the Modified Settlement Agreement, foster families are held to a higher standard than "regular" families, and therefore; in the event that a foster family is substantiated for even a Level III Category of abuse or neglect of a birth, adopted or foster child, that

foster parent will, per policy, be given a Level II Category of substantiation and be placed on Central Registry. The results of being placed on Central Registry can be disastrous for any person; at the very least, it is the automatic revocation of a foster care license. The agency aims to educate and protect foster parents from such an event.

Certain methods of “discipline” are prohibited:

- Corporal punishment, excessive restraint, or any kind of punishment inflicted on the body.
- Striking or spanking of a child in any manner.
- Locking a child in any room.
- Withholding necessary food or toilet facilities.
- Mental or emotional cruelty such as, humiliating, ongoing criticism, shaming, misleading, or frightening a child.
- Verbal abuse, threats, or derogatory remarks.
- Prohibiting visits or communication with a foster child’s family.
- Denial of necessary educational, medical, counseling, or social work services.

A foster parent may use reasonable restraint to prevent a foster child from harming himself or herself, or other persons, or prevent serious property damage. Events which lead to the use of restraints should be reported to the Fostering Futures Worker immediately, and a restraint must be the last intervention to be utilized (when all other techniques of de-escalation have been exhausted).

I/We have received, read and understand the Behavior Management Policy plan of Fostering Futures. I/We have had an opportunity to discuss the policy plan with agency staff, and ask questions. I/We agree to comply with this policy and understand that I/we are responsible for the behavior management methods used when the children are being supervised by others in our absence.

Driver Education, Permits & Drivers Licenses Policy

For a child to participate in an approved driver education course, written permission must be obtained from the State DHHS worker and/or legal guardian, and have the support of the Fostering Future’s Foster Care Worker and Supervisor. The child must demonstrate a high degree of responsibility to be allowed to enroll in drivers’ education.

In order for a child to obtain a drivers permit or license, written approval must be provided by the birth parent or in case of PCWs or MCI wards, the court or MCI Superintendent.

All children owning cars must have comprehensive automobile insurance. The acquisition of insurance is not the responsibility of Fostering Futures but rather it is the responsibility of that child, their birth family or the foster family, depending on what is agreed upon by the parties involved. It is a good idea for the agreement of coverage to be in writing and in the child's file. It is also a good idea for foster children who are driving their foster parents' care to be on the foster parents' insurance policy; and it is suggested that the documentation be provided to the agency for the child's file and the foster parent's licensing file.

Educational Policy

All foster children will attend school on a regular basis in accordance with their treatment plan. Those children that have completed high school or have an equivalency degree may attend college or work.

Each child will be assessed for educational needs during intake. School records will be transferred to the new school of attendance with the help of the Foster Care Worker. Foster parents are responsible for the enrollment of the child into school, monitoring school progress, and attending school meetings and IEPC conferences. Foster parents are also responsible for arranging the child's transportation to school. Foster parents are also responsible for keeping the Foster Care Worker informed of scheduled school special events and conferences or meetings related to the child, as the Foster Care Worker is required to offer the birth parents the opportunity to attend special events and conferences, meetings and IEPs.

A School Verification Form is to be contained within the file documenting the name and address of the school in attendance and that the child began schooling within five days of being placed in the foster home.

Foster parents are responsible for the expense of extra-curricular activities and the expense that may be required for homework completion. However, Fostering Futures holds an annual golf outing each year to raise money to assist foster families with extra-curricular activities, such as dance, soccer, etc. that are in the best interest of the child's development. Foster parents in need of assistance in funding such activities for a foster child should ask their Foster Care Worker if there is available financial assistance from the agency at that time.

The child will be maintained in the school that is closest to the foster parent's home, unless it is possible and appropriate to use the McKinney Vento Act to facilitate a child's continued attendance at the school they were in previous to placement in the foster home. The school chosen for the child should be deemed by the Foster Care Worker, the birth parent and the foster parent as the most appropriate towards meeting that child's educational and emotional needs.

Note: Each child in foster care is eligible for a reduced or free hot lunch program provided through the schools.

Recreation Policy

Each foster child shall be provided with a variety of indoor and outdoor recreational activities and shall be encouraged to participate in community, school and recreational activities appropriate to the child's age and ability.

Just as foster parents provide the child with opportunities for healthy physical, emotional, mental, and spiritual growth, foster parents must also give children opportunities to discover activities which interest them and in which they can find satisfaction for their creative and achievement needs while learning how to use leisure time productively and how to keep from being bored. Helping a child learn how to have fun and to enjoy life is an important part of nurturing their growth and development. Every child needs help learning to explore ways of finding pleasure and satisfaction in sharing activities with others and doing things alone.

Nurturing this part of the child's development requires that they be given opportunities for a variety of experiences. Children need a balance of solitary activities and those they can share with others. There must be both indoor and outdoor activities. They need to be involved in activities that will offer success, as well as, activities in which they can learn how to lose. Foster parents should keep in mind that a foster child may be behind in their social and recreational development, and they may need to "catch up" before they can participate comfortably and appropriately with others in their age group. When this is true, it's okay to initially involve them in activities which might otherwise be more appropriate for younger children.

Child Employment

As adolescence grow and mature, they develop an increasing need for independence and self-fulfillment. One means of satisfying these natural developmental needs of an adolescent is through the acquisition of independently earned income – or employment. Foster parents and birth parents can play a major role in deciding whether employment is the appropriate plan for an adolescent. The adolescent's Foster Care Worker will assist the foster parent and birth parent in assessing the adolescent's overall situation before the foster parent, birth parent and adolescent come to a mutual decision in the matter. Use the following questions as a guide in deciding whether employment is appropriate for the teen in your home.

- Will working interfere with the adolescent's school schedule and completion of his homework?

- Has the adolescent generally been responsible?
- Will the work hours allow the adolescent adequate rest, recreation, time to complete homework assignments etc.?
- Is the work environment conducive to their development?
- With the feeling of growing independence, will the adolescent still be willing to be accountable to the foster parent and the case manager?

If the foster parent, birth parent and Foster Care Specialist decide that employment is feasible for the adolescent, it will be the foster parent's responsibility as on-going caregiver to watch for positive and negative changes in attitude and behavior and convey these to the Foster Care Worker and birth parent. The foster parent, birth parent and adolescent will decide as to the present and future benefits the adolescent will derive from their employment. Having a part-time job will provide a great opportunity for adolescents to begin learning how to save and budget. Adolescents are expected as a "family member" to perform routine chores in the home.

However, this expectation is not appropriate if the work consumes so much time that the adolescent is unable to seek employment outside the home. Adolescents should be reasonably and justly compensated for working in a business that is owned or run exclusively by the foster parents. The foster parent, birth parent, Foster Care Worker, and the adolescent should determine the decision as to reasonable compensation jointly. All monies earned by a foster child are to remain in their possession through placement. Foster children are encouraged to create and utilize their own bank account to save and learn money management skills while in foster care.

Transportation Policy

Foster parents shall provide transportation for foster children for the following:

1. Routine medical and dental examinations and treatments.
2. Any recommended follow-up medical care.
3. Visits at the agency with the birth family.
4. Counseling sessions.
5. School or pre-school attendance, or not provided by the school.
6. Recreational, religious and social activities.

Costs for regular and routine transportation of foster children are included in the daily board and care rate, and foster parents do NOT receive any additional

reimbursement for these costs. Reimbursement for any extra or unusual transportation will be paid to foster parents ONLY if prior written authorization for the expenditure has been secured from the agency.

Mileage Reimbursement for Parenting Time Transportation

Mileage reimbursements is available *upon request* for transporting children to parent/child visitations. Mileage will be reimbursed for round-trip travel from the foster parent's home to the location of the parent/child visitation at the agency or other community location, within 60 miles. Any mileage reimbursement request over 60 miles must be pre-approved by the Federal Compliance Division, within the Department of Health and Human Services. Mileage will be reimbursed at the current State standard rate, as published in The Department of Technology, Management, & Budget Vehicle and Travel Services Schedule of Travel Rates. The rate schedule can be accessed at: http://www.michigan.gov/documents/dmb/Travel_Rates_Jan2013_405569_7.pdf

Mileage reimbursement is paid per mile and may only be claimed once per trip, regardless of the number of children transported. The route or routes taken to and from the destination must be the shortest and most cost-effective. Mileage reimbursement requests should be submitted **monthly** by the foster parent and the foster parent must include the following information and supporting documentation:

- A memo including the child(ren)'s name (s), date(s) of birth, dates of travel, miles traveled and amount to be reimbursed.
- A copy of the authorized, pre-approved travel over 60 miles, if applicable.
- A **Mapquest** print-out showing distance to the approved destination.

Transporting children is part of normal parenting responsibility and is expected of all foster parents. The foster parent's presence can ease the child's anxiety and provide comfort and support in situations that may be distressing to the foster child.

The agency's foster care caseworkers **do not** provide **routine** transportation for foster children. If you have questions or concerns about transportation for your foster child, or you need assistance in making arrangements for usual or extra transportation needs, you should discuss the matter with the Foster Care Worker to see what assistance might be available to you.

Travel-Mail-Phone Policy

Foster children that travel outside the state of Michigan will have a written approved statement from the birth parents, or in some cases, the court, granting such permission to the foster parent. Foster parents must obtain such written permission from the agency before traveling out of state with the foster child or allowing the foster child to travel out of state with others (i.e. a school field trip). In the event that a child is a PCW or an MCI ward, the Executive Director is able to sign off on out-of-state travel.

All foster children age thirteen and above are considered eligible to take public transportation provided the child is functioning at a high enough level to ensure their safety. This assessment of the child should be discussed and an answer agreed upon by the birth parent, foster parent and the Foster Care Worker.

Foster children are entitled to send and receive mail unless prohibited by the court order or the plan of care approved by the court system. Unless there is a known concern, foster children have the right to watch their mail or packages be opened if they must be opened by an adult. A letter or package may be opened by a foster parent, worker or therapist if there is a likelihood of contraband or emotionally damaging information.

Foster children are allowed to use the phone to talk to siblings and their birth parents, if such visitation is allowed by the courts and DHHS. In the event that parenting times are ordered to be supervised, then all phone calls with birth parents must also be supervised by the foster parent. It is difficult for foster parents to monitor this in the current day of cell phones and available media to children and adolescents. **Please consult with your Foster Care Worker for a specific plan to protect older children from the emotional harm that could be caused by unknown contact with birth parents through social media, cell phones and other forms of communication.**

Religious Policy

All children who wish to attend religious services and participate in religious events may do so at their request or the request of their birth parents. Children have a right to a religious preference and to choose their level of participation. If a child's preference is different than the religious preference of a foster family, that child will be provided with means to meet their specific and personal spiritual needs. Baptism or conversion is only permitted in cases in which the birth family grants approval, and the child shall not be compelled to attend church or worship services.

Foster Parent Training Policy

Fostering Futures requires that licensed foster families attend six hours of annual training (six per licensing year). Potential new foster parents must attend Orientation, chapters 1,2,3,4, and 6 of PRIDE training, **and at least one adult member of the household must have current certification in first aid from the American Heart Association or the American Red Cross totaling 12 hours of training prior to receiving a foster home license. If the foster home is currently licensed, it is expected that at least one foster parent have the required first aid training completed by their next licensing annual/renewal.**

Within the *first 6 months of being licensed*, during which time the foster family has a Provisional license, the foster parent(s) must complete PRIDE chapters 5 and 7.

The licensed foster family is then expected to complete PRIDE training chapters 8 and 9 during the *first year of their Regular license* after the original provisional period.

These sessions will be held at Fostering Futures or the foster parent can attend these trainings at other local agencies or DHHS that may be closer to their home. If foster parents attend these sessions outside of Fostering Futures, then they must provide a certificate of completion from the other training agency (these are typically provided by the agency after completion).

Foster parents must also complete any additionally specified areas of training within the time limits of the licensing period. To maintain licenses in good standing, all training requirements must be met regardless of whether or not there is a child placed in the home.

Training will consist of, but not be excluded, to the following areas:

- Child development – including expected age-specific, emotional, physical, behavioral and physical milestones.
- Child management techniques.
- Discipline theories and non-corporal methods of reward and consequence.
- Issues related to separation and loss.
- Attachment issues and how they relate to both the family-of-origin and the foster family.
- Signs that a child has survived physical, emotional and/or sexual abuse.
- How to access appropriate supports for the child and the foster family.
- Cross-cultural training will be provided to all foster parents regardless of their intent to provide inter-ethnic placements.

Training hours can be obtained in the following ways:

- Attending monthly agency training sessions on the second Wednesday of every month from 6:00 – 8:00 pm (childcare provided).
- Attend agency-held PRIDE trainings or other special training sessions the agency offers.

- Maintaining a current certification in first aid from the American Heart Association or the American Red Cross.
- Attending outside training through approved seminars or educational institutions (evidence of attendance, certified hours of training, topic and instructor must be submitted to the agency).
- Reading or viewing materials relevant to foster parenting, child development or behavior, safety or improving skills and submitting evidence of this work to the Licensing Worker. Ask your Licensing Worker for a list of good reading resources.
- Utilizing on-line foster parent training sites, which are available at a low cost, such as the Foster Parent College program.
- Viewing movies that are educational about foster care and writing a summary of what was learned about children in foster care by watching the movie. Ask your Licensing Worker for a list of movies that are considered appropriate or suggest some of your own!

Guests in the Foster Home/Household Members

It is understood that in the normal course of daily living foster parents will occasionally have guests visit and stay overnight. In addition, it is acknowledged that a new family member may move into the home or stay as a guest for an extended period of time. Foster care licensing rules and laws and agency policies are designed to set parameters and guidelines for such occasions with the intent of protecting children and providing order and structure to the care foster children receive.

A person remaining over three weeks in the foster home is considered a member of the household and therefore certain documentation must be provided on that person. For each household member, Fostering Futures requires: three letters of reference, a record clearance, a Central Registry Clearance, and a medical exam for any person remaining within a foster home for over twenty-one days.

An overnight guest or a person residing in the home for less than three weeks is not considered by Fostering Futures to be a member of the home, and is not required to submit such documentation. Foster families are held responsible for using good judgment when they decide who they will allow into their home for these briefer periods of time. The agency is always available to consult with the foster parents regarding such decisions.

It is the foster parents' responsibility to report to the agency any guest that will remain in the home for over twenty-one days so that the necessary documentation can be obtained and placed within the file. The agency reserves the right to obtain a record clearance on a guest that visits a family for overnights on a frequent basis (although this alone does not meet the requirement of remaining in the home for over twenty-one days). This is for the protection of the children placed in the care of the family.

Failure to advise the agency of a guest remaining in the home over twenty-one days will be considered a non-compliance with State Licensing Rules and initiate an investigation.

Communication Policy

Fostering Futures staff and foster parents are role models for the children served through the agency. Fostering Futures requires its staff to always maintain respect and professionalism in their communication with clients, foster parents or any other person they are in contact with during the course of their employment at Fostering Futures. Fostering Futures maintains the similar expectation that foster parents to be respectful and appropriate in all their dealings with foster children, staff and anyone associated with the foster care case.

It is expected that foster parents respond to attempts to communicate with them by agency staff in a reasonable amount of time given the presenting reason for communication.

It is also expected that the foster parent maintain a working phone which they can be contacted at and that they keep both their Licensing Worker and Foster Care Worker apprised of any change in their contact information, including but not limited to their phone number.

Licensing Policy & Procedures

In accordance with Act 116 of the Public Acts of 1973, all Fostering Futures foster families will be licensed in accordance with Michigan Licensing Rules for Certifying Foster Homes. All Fostering Futures foster families will attend and complete three hours of pre-service orientation and twelve hours of PRIDE training before being licensed.

The following description of the licensing process is a general outline and does not include all the steps and requirements for licensing as it is not intended to be an exhaustive description but rather an overview of the process as a whole. In addition to there being many detailed steps to the licensing process, every family is different, and therefore some families and homes may have additional requirements as the licensing process progresses, and these will be addressed individually as needed (i.e. homes with a well will require a well-inspection and homes with public water will not).

Foster parents are required to attend the twelve hours of PRIDE training, along with three hours of orientation and birth children of such families will be incorporated

into the licensing process. Orientation and pre-service training contains: training on agency policies and procedures, including discipline, birth family rights, and responsibilities, health care, emergency procedures, education, religion, mail, impact of family of origin on child, emotional behavior problems, effective discipline, referral sources, court procedures, worker, foster parent roles, agency organizational structure, grievance procedures, daily routines of child, and reunification planning.

Foster parents will sign and have a current physical exam in their file. All adult members in the home will have a local police and Central Registry clearance (Child Protective Services background check). All persons age thirteen and over may be requested to have a TB test in the file. The Licensing Worker will meet all family members living in the home, all other persons living in the home, and complete a comprehensive foster family home study, including a complete social history.

Foster parent files will contain three letters of reference or a record of contact with such references, none of which is a relative. All potential foster homes must be in compliance with all health and safety guidelines of the State of Michigan Licensing Rules. All Foster parents will approve, read, adhere to, and sign all Fostering Futures policies and Foster Parent Agency agreement forms. Foster parents must agree and adhere to all foster parent responsibilities.

There is an outlined grievance (noted in this manual previously) procedure to ensure differences are recognized in an organized and structured manner.

Fostering Futures will assure and adhere to all state guidelines certifying foster homes that will involve and ensure all areas of licensing are in compliance, and all annuals, renewals, and complaint investigations will be completed in accordance with state rules, laws and procedures. Copies of such reports are available to foster parents, and state officials, and will be distributed to foster parents upon completion.

State procedures outline that if all requirements are met with potential foster families that a six-month provisional license will be issued to that family. At the end of the six months, a renewal evaluation will be completed and if the evaluation is satisfactory, a two-year original license will be issued.

Fostering Futures will follow all state procedures with other agencies if a foster family elects either to transfer to another agency or to transfer to Fostering Futures from another agency.

Recruitment Plan

Fostering Futures maintains that the best foundation for recruitment is developing and maintaining satisfied foster parents; they are the best advertisement for

Fostering Futures. As a result, Fostering Futures invests a lot of time and financial resources into constantly increasing foster parent satisfaction. One specific feature the agency developed as a result of the needs of foster parents is the monthly Foster Parent Collateral Training. This group training offers foster parents two hours of training per month, peer support, and clinical guidance on parenting. The foster parents are also provided with safe child care and a pizza dinner for the entire family. In addition, the agency has developed the Parenting Specialist Program for the purpose of streamlining the parenting time-related issues for foster parents. Important contributions provided by the Parenting Specialists include: some transportation assistance to visits, the completion and provision of information sheets about the child following the visit, and often personal updates from the Parenting Specialists via phone, text or email. Parenting Specialists are specially trained upon being hired and continue ongoing training and review of practices through supervision with an MSW with great knowledge of the foster care process.

Fostering Futures also strongly believes in maintaining an active recruitment process for new foster parents. New foster parents not only bring fresh energy and ideas to the agency, they also ensure that Fostering Futures has a wider pool of homes to choose from; thus making it easier to match a particular child's needs with a particular family. In addition, the steady flow of new foster homes prevents the agency from over-working or "burning-out" the already existing foster homes. In addition, to word-of-mouth recruitment through current foster families and their friends and family, Fostering Futures' recruitment efforts have focused specifically on welcoming all types of families to foster and adopt. In 2013, Fostering Futures obtained the Gold Seal from the Human Rights Campaign All Children All Families initiative. The HRC Gold Seal lets potential families know that Fostering Futures is welcoming to LGBT and other non-traditional families, and the agency is listed on the HRC website as an agency in Michigan with the Gold Seal; this results in many foster parent inquiries on an annual basis. Fostering Futures also participates in the Washtenaw Coalition, where licensing staff work with DHHS to put on foster parent appreciation events for all foster families and foster children in the area. The agency licensing staff also attend different community events, where licensing workers provide interested parties (people or organizations) with brochures about the agency. The Licensing Worker may also present the need for foster parents at clubs, special events, conferences, and local area gatherings. Fostering Futures also maintains a website with the option to contact the agency online with an "inquiry" to foster. Overall, Fostering Futures is proud to have a consistent, steady stream of new families inquiring about fostering.

Once an inquiry about fostering is made online by a potential foster parent, it is logged into an *Inquiry of New Foster Parents* book. The Licensing Worker then contacts the potential foster parent and a three hour orientation session and dates are set. The licensing process can take up to five months, or maximum six months, as it will include a twelve-hour PRIDE training, fingerprinting and clearances, Central Registry clearances, a complete home study, reference checks and multiple home visits. The licensing of a

foster parent will follow all rules and laws that are governed in foster care and overseen by MSA, state contract and DCWL.

Fostering Futures Employee-Foster Family Policy

In order to ensure that no conflict of interest exists within the agency and the work that is conducted with foster families and children, no member of this agency is able to become a certified foster parent with Fostering Futures as their licensing agency. This would be deemed a conflict of interest and the safe and neutral insurance of rules and policies would run the risk of compromise.

Any Fostering Futures employee is welcomed to become a licensed foster parent outside the confines of this agency, however; they would not be allowed to place any child through the direction of Fostering Futures borrowed bed procedures, etc. Again, such events are seen as conflict of interest and not in the best interest of the children and families being served.

Grievance Procedure and Policy

Fostering Futures is highly committed to resolving all grievances in a manner that is timely, respectful and satisfying to all parties involved. Foster parent grievances, as well as community grievances, are to initially be directed to the staff member involved and if it cannot be resolved through that avenue, then the Foster Care Supervisor is to be sought for resolution. All grievances regarding Foster Care Caseworkers and treatment planning or documentation is to be directed to the Foster Care Supervisor. In the event that the foster parent feels the issue has still not been resolved, then the foster parent should seek assistance from the Executive Director. The Executive Director will attempt to have the parties resolve all issues directly and/or with their assistance. If the issue is still not resolved satisfactorily, then the complaint should be presented to the Executive Director, who will attempt to have the parties resolve their difficulties in a private or group meeting facilitated by the Executive Director.

All children, biological family members, outside agency staff, and DHHS members can file grievances to the Fostering Futures Foster Care Supervisor or Licensing Supervisor.

All staff grievances will be directed to the Foster Care Supervisor, who will attempt to help the parties resolve their differences and create a grievance resolution. In the event that this does not resolve the issue, the Executive Director and/or Human Resources Personnel should be contacted.

Grievances should be related to issues of treatment, not licensing regulations or State of Michigan policies. All licensing grievances can be directed to the Licensing

Supervisor at Fostering Futures. Any concerns still not resolved from this contact should be directed to the Executive Director.

Attached is a copy of the State of Michigan’s Foster Parent Bill of Rights. On April 1st, 2015, the Michigan Foster Parent Bill of Rights took effect. This policies ensure the foster parents are provided access to child welfare staff, timely financial reimbursement, details about the roles and expectations of childe placing agencies, and other rights that will assist foster parents in being treated with dignity, respect, trust and considerations.

Grievance Form

Date: _____

I, _____, am filing a grievance with Fostering
(print name)

Futures. I understand that I will receive a written notice within 30 days of how this grievance will be addressed.

The nature of the grievance is as follows:

I understand that this form needs to be complete, signed, and submitted to a Fostering Futures staff member to start the formal grievance process.

Foster/Adoptive Parent

Date Submitted

Foster/Adoptive Parent

Date Submitted

Fostering Futures Staff

Date Received

Section10

Licensing/Foster Care
Concerns

Special Evaluations & Rules Non-Compliance

Policy

Fostering Futures staff and foster parents shall comply with all state laws, rules and regulations that relate to allegations of rule non-compliance by licensed foster parents.

Special Evaluations/Complaint Investigations

Special evaluations, or complaint investigations, are a state-mandated and structured process that aims to help protect children from harm and to ensure the safety of children placed away from their families. A complaint investigation does not infer any wrongdoing on the part of the foster parent, yet is merely a process to address concerns and issues that may arise from any source having contact with a child in care. A complaint may be filed by anyone in a formal or informal manner and initiates a state mandated procedure that is also reviewed and supervised by a state official on an ongoing basis or at licensing time.

Every complaint, regardless of its origin, must be investigated. A licensing worker will inform a foster parent of the nature of the allegations made prior to any interviews with them about the allegations, and inform them, prior to the interview, of the right for the foster parent to involve a support person during the interview.

The Licensing Worker will notify the Executive Director of any complaint. The Licensing Worker must complete a 259 form, regarding the complaint, and submit it to DCWL within five working days.

If the complaint involves any issues of abuse or neglect in the foster home, Central Intake must be contacted and the complaint reported to them, as mandated by state law.

A complaint investigation will be initiated within five working days of the complaint filed, and once filed, the Licensing Worker will begin the process of interviewing all members or persons that may be involved in the discovery of the complaint and resolution of findings. The foster parent is required to cooperate with the procedures of the complaint investigation in a timely manner to ensure the quality of the investigation and timeliness according to state guidelines.

Upon the conclusion of the investigation but prior to writing the report, the licensing worker will provide the foster parent with a verbal summary of the results of the investigation. They will then write a report and a copy of the report will be mailed

to the foster parent within 10 days of its completion. A foster parent has the right to submit a written response that will be attached to the report.

Once the complaint investigation is complete, a written report must be submitted to the foster parent file. This report must contain: the date of the alleged event, the date it was reported, the nature of the complaint, the licensing rules that are within question, the investigation procedure, findings, summary and conclusions, along with recommendations that may not change the licensing status, may modify the terms of the license, or may recommend adverse action. In the event that there is a violation of the foster parent licensing rules or agency policies, the foster parent is to be involved in the creation of a Correction Action Plan. The Correction Action Plan aims to correct the violation and bring the foster parents or home into compliance with the rule or rules that are not currently in compliance. This Correction Action Plan is then monitored for up to a six-month period. The monitoring may include monthly visits to the home to ensure compliance and a review when the six-month period is completed successfully. Additional training may be required or changes to the home may be made to ensure safety and compliance. In the event that the licensing investigation results in recommendations of adverse actions, a Corrective Action Plan would not be an appropriate course of action (see Adverse Action below).

Any disagreements over the investigation can be discussed between the foster parents and agency. In the case of a violation, the Correction Action Plan is to be agreed upon between the foster parents and the agency. Foster parents are encouraged to follow the agency Grievance Procedure, as needed. Lastly, in the course of any complaint investigation, the foster parents are entitled to have advocates or legal representation.

Comment

Fostering Futures is required by the Michigan Bureau of Regulatory Services to conduct a special evaluation on every non-compliance reported about a foster home which relates to the care of a foster child. Fostering Futures is required to report to DCWL, within five working days, that a report of alleged non-compliance involving one of our licensed foster homes has been received. Fostering Futures **MUST** conduct a special evaluation and report every allegation of non-compliance, no matter how small or minor the matter may be.

Unless the allegation of non-compliance involves child abuse or neglect, the required investigation will be handled within the agency. Any alleged non-compliance involving possible child abuse or neglect **MUST** be referred to Protective Services for investigation.

An allegation of non-compliance may come from anyone: a neighbor or other member of the community, a birth parent or other relative of the foster child, school

personnel, a foster child or one of his friends, medical or hospital personnel, relatives or friends of the foster family, other foster parents or others. When an allegation of non-compliance is received about one of Fostering Futures' foster homes, Fostering Futures does NOT automatically assume that a foster parent is "guilty", no matter where the allegation comes from. Fostering Futures shall give foster parents respect and objectivity when conducting a special evaluation. Our task is to determine the truth and make recommendations based upon our findings. Foster parents will receive a copy of our report and be given an opportunity to add statements regarding our finished report.

A copy of the report will be shared with the referral source if the allegation was of a formal nature. Allegations and the follow-up special evaluations are upsetting and even painful experiences, whether the "charge" or "accusation" is about a minor or major matter and even when the allegations are unfounded. Because it MAY happen to a foster parent at some time during their experience as a foster parent, Fostering Futures may be asked to consider a number of factors. Most allegations are made by persons who really are concerned about the child. The referral source may have misunderstood or misinterpreted the situation or may have different ideas about what is good for the children, but the basis for the allegation usually is concern for the child's welfare.

A referral source has the right to remain anonymous. The important thing is the child's well-being. Fostering Futures would rather investigate allegations which have no basis than to risk that one child will be harmed or endangered because the circumstances or concerns are not reported...and Fostering Futures believes that foster parents really feel the same way.

Allegations do not always mean that Fostering Futures will remove the foster child from the foster home. Sometimes, to protect the child, the foster parent and the agency, Fostering Futures will remove the child from the foster home pending the results of the special evaluation. In most instances, Fostering Futures prefers to, and will, leave the child with the foster parents. If it is necessary to remove the child, Fostering Futures will tell the foster parent why and what will happen to the child.

In most instances, the worker(s) will come to the foster parent home by appointment to discuss the allegation with them in person. However, the worker(s) may come to the foster home unannounced if the allegation states that a child is alone in the home, is in a hazardous situation or that abuse is occurring at the time the allegation is made. The intent of Fostering Futures, when unannounced visits are made, is not to "trap the foster parent" but to protect children who may be in danger.

After all information is gathered and a conclusion has been made whether or not the allegations are founded, a complete report will be written and placed in the foster parent's licensing file. Even if the allegations are found to be untrue, the complete report is still kept on file. This also is a subject that is discussed in foster parent training

sessions within our agency. Fostering Futures urge foster parents to take advantage of these opportunities to learn more about and discuss allegations, how they are handled and any feelings about them.

There is no way Fostering Futures can prevent allegations from being made or keep foster parents from having the anxiety, distress, anger, frustration and other feelings that accompany a special evaluation. Fostering Futures does want to assure foster parents that Fostering Futures cares about them and their feelings and that they will have support and cooperation as Fostering Futures works with them in these situations to learn the truth.

Negative or Adverse Licensing Action

Policy

In the event that Fostering Futures documents evidence of a serious rule non-compliance, Fostering Futures may have to recommend to the Bureau of Regulatory Services that the terms of a foster family home or foster family group home license be reduced or that the license be revoked. Licensing actions are appealable through Administrative Hearing Procedures with Bureau of Regulatory Services.

Comment

An adverse action is the non-voluntary reduction or revocation of a license. A foster family may voluntarily choose to close their license or reduce the terms whenever they wish. Adverse action is recommended as a result of substantiated rule non-compliances. However, not all rule non-compliances will result in an adverse action. Any time the agency recommends an adverse action, foster parents may request an administrative hearing. Bureau of Regulatory Services shall notify the foster parents in writing of the agency's recommendation.

A request for an administrative hearing should be made to:

Bureau of Regulatory Services
Bureau of Administrative Hearing
P.O. Box 30041
Lansing, MI 48909

This bureau will only handle issues dealing with a foster families' foster home license.

Income Taxes

If you have questions or concerns about whether fostering may affect your income taxes, we urge you to discuss your situation with a representative from the IRS or with your individual tax advisor. The following general information may be of help to you in considering this issue.

According to IRS Publication 501 (Exceptions – 1986 Returns), neither the basic rate paid for the purpose of a foster child’s maintenance nor additional payments designated as and paid for determination of care need to be included as income for Federal Income Tax purposes. However, if you do not include the foster care payments as income, you may not claim the foster child as a dependent.

If the foster care payments you receive for caring for the child are more than your expenses, the excess payments are included in your income. If your expenses in caring for the child are greater than the payments you receive, you may claim a charitable contribution deduction for your non-reimbursed expenses IF you keep a record of all payments and expenses and can DOCUMENT that the expenses were more than the payments.

For the purpose of Michigan Income Tax, the basic rate is considered reimbursement for expenses and is not subject to State Income Tax. Any foster care payments above the basic rate (such as determination of care payments) might be subject to Michigan Taxes and should be discussed with your individual tax advisor.

EXCEPTION: Both the basic rate payment and additional payments, such as determination of care, are considered “household income” for the purpose of the Michigan Homestead Credit provisions.

A foster child is not usually claimed as a dependent for tax purposes because you are being reimbursed for his care. However, you might be able to include the foster child as a dependent IF the following conditions apply: 1) you include the foster care payments as income on your tax return, 2) the foster child you claim as a dependent has been a member of your household for the entire taxable year (has lived with your family from January 1 – December 31), and 3) the foster child meets the same tests that apply to claiming an exemption for a birth or an adopted child.

If you are considering claiming a charitable contribution deduction in relation to your foster child OR claiming your foster child as a dependent, we urge you to discuss this with your tax advisor. You will need to keep extensive records of ALL family income and expenditures (food, housing, utilities, auto expense, etc.), and you should have guidance about these so that you will meet the tax laws.

Most foster parents do not claim foster children as dependents for income tax purposes and, therefore, do not keep extensive records of all expenditures for the entire family. However, it is always wise to keep records and receipts for all expenses and reimbursements relating to your foster child, if only for your information and for ours.

Insurance

It is the responsibility of foster parents to determine what coverage they have and whether any additional kind of insurance, such as special or extra liability coverage, is needed if foster children are living in the foster home. Fostering Futures is aware of the potential liability foster parents are exposed to, and we urge foster parents to take an informed, realistic look at that potential liability and the extent to which foster parents are covered for any liability. Fostering Futures cannot guarantee supplementing or covering what is not provided for in the foster parent's private insurance. The agency will advise foster parents if any agency funds are or become available for such reimbursement. Because provisions of individual policies differ, Fostering Future's strongly suggests that foster parents ask their insurance representative for answers to the following questions:

- Am I covered for damages to my property or to my family caused by my foster child?
- Am I covered for damages caused by my foster child to the property of other persons?
- Am I protected from liability for damages/injuries to the foster child as a result of negligence on my part?
- Am I covered for any legal costs involved in determining whether or not I am negligent?
- Do I need any extra/supplemental insurance in addition to what I already have?

Section 11

Basic Legal Information
for Foster Care

Court Hearing Definitions

Preliminary Hearing: Purpose is to determine whether the court will authorize the petition filed by CPS, and whether out of home placement is necessary. Parents can disagree with reasons stated on the petition. If the parents disagree, the case will proceed to trial.

Pre-Trial Hearing: The date for trial is set, and the court may review the placement and the list of witnesses for the trial.

Trial: The purpose is to determine whether the children have been abused or neglected and whether the court has the authority to remain involved in the family's life. This can be before a judge or referee or jury with a judge present. The court will decide if the children will remain in foster care.

Dispositional Hearing: The court will determine what the parents must do in order for the children to be returned. The foster care worker must address the court with a service plan.

The court will make decisions about parenting time, and visitations.

Review Hearing: The review hearing takes place every 90 days. The court reviews the case including the progress of the parents with the plan, the quality of the parenting time, and the case and services provided to the children.

Permanency Planning Hearing: The purpose of the hearing is to determine whether the children will return home or remain in foster care for a limited and specified period of time. The court may decide to file a petition to terminate parental rights. If the court orders the agency to file a petition to terminate rights, the agency must file a petition within 42 days.

Termination Hearing: The purpose is to determine whether the legal relationship between the parent and child will be permanently severed, making the child available for adoption.

Child Legal Status Definitions

Permanent Court Ward: (PCW)

The court has terminated the parents' rights to any legal relationship with the child and made the child a permanent ward of the court (this is unusual). The child is available for adoption. Sometimes MCI Wards (see below) are referred to as PCWs but the person is really referring to MCI Wards.

Temporary Court Ward: (TCW)

In this situation, parental rights to a legal relationship have not been terminated. The court may issue an order making the child the responsibility of the state for placement and care while retaining the responsibility for judicial review.

Michigan Children's Institute: (MCI)

The Michigan Children's Institute's Superintendent is the legal guardian for children in Michigan whose parents' rights have been terminated (in very few cases the court will make a child a Permanent Court Ward instead of MCI). These children are often referred to MCI wards. These children are available for adoption.

Key People & Roles

Children Protective Service Worker: The CPS worker investigates the family where abuse or neglect has been reported and files a petition with the court to begin the legal process.

DHHS Monitor: The DHHS Monitor is the DHHS worker who oversees the private agencies work on a case. They are a secondary worker who primarily ensure timeliness of reports, medicals, dentals and generally that the case is being handled properly and by DHHS policy. DHHS Monitors can vary greatly in their level of involvement in a case depending on the personality of the worker and the expectations of their supervisor and/or county director.

Foster Care Worker: If a child is removed from their home, the case may be referred to a child placing agency. A Foster Care Worker will be assigned to work with the child, the family, and the foster family to care for the child and manage the case. The worker will set up goals for the parents to accomplish to reunify with their child, attend court hearings, arrange visitation and write reports outlining the plan and progress (see more in-depth description in Roles section of manual).

Referee: The Family Court has trained attorneys to hold hearings, take testimony, and report to the judge. All decisions of the Referee are reviewed and signed off by the Judge. Parents are allowed to request a judge hear their case for their preliminary hearing and their termination hearing.

GAL: An attorney is assigned to the child and is called the Guardian Ad Litem (GAL), who is looking out for the best interest of the child and oversees the case. An attorney is assigned to each parent to represent them in the legal proceedings. An attorney is assigned to the State of Michigan to help defend the reasons for the removal and the actions of the agency and CPS worker.

CASA Worker: Some counties utilize CASA (Court-Appointed Special Advocate) Workers to ensure cases are being well-managed. In particular, CASA examines that the best interest of the child is being considered and advocated for by all the agencies and LGAL. The CASA Worker visits the children at least quarterly in their foster homes and testifies as to their recommendations at the court hearings.

Infant Mental Health (IMH) Worker: IMH Workers are brought in to help children under 5 and their mother's attach and repair their relationship in the event the child's attachment to the parent appears to be troubled or disrupted. The IMH Worker may also come into the foster home to see the child in that environment and work with any issues that are showing up in the foster home.

*See Appendix B for a descriptive chart of the foster care court processes.

Fostering Futures
Foster Parent Manual Acknowledgement

I/We acknowledge receipt of our own copy of the Fostering Futures Foster Parent Handbook. I/we agree to accept and work under the stated policies and procedures.

I/We have received a copy of the act, administrative rules for foster homes, administrative rules for child placing agencies, good moral character rules, child protection law, children’s ombudsman act, agency program statement, agency’s foster care service policies, agency foster parent training requirements prior to being given an application.

Foster Parent

Date

Foster Parent

Date

