



Family Support Services
OF NORTH FLORIDA INC.

Foster Parent Handbook

A Resource Guide



Updated Aug. 2021

To Our Foster Parents

A message from Jenn Petion

President and Chief Executive Officer at Family Support Services of North Florida



Thanks so much for your commitment to our children in care by becoming a foster parent.

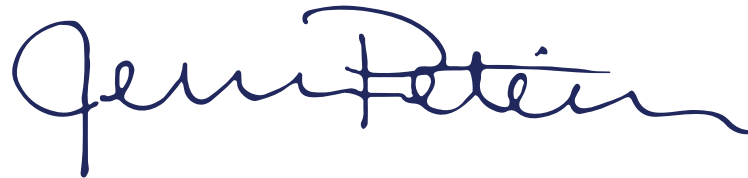
We truly could not meet their needs without foster parents, like you, who are a critical part of why community-based care works in our area.

As you continue exemplifying the five characteristics that make for a quality foster parent — understanding their needs, protect and nurture, supporting family relationships, promoting lifetime relationships and being a part of a professional team — you ensure our children in care will have a safe, stable and temporary place to live.

Family Support Services of North Florida is here to support your fostering journey; and would like to provide you with this digital resource handbook, created to assist you along the way.

Again — thank you for everything you do, as our partner in foster care; and positively impacting the lives of our children!

Best,

A handwritten signature in blue ink that reads "Jenn Petion". The signature is fluid and cursive, with a long horizontal flourish at the end.

Jenn Petion, FSS President and CEO



	Contents	Page #
1	The Nuts & Bolts of Child Welfare	<u>5</u>
	Introduction to FSS	<u>6</u>
	Important Phone Numbers List	<u>7</u>
	The Layers of Foster Care in Duval/Nassau	<u>8</u>
	The 5 Core PRIDE Competencies	<u>9</u>
	Common Terms & Acronyms in Child Welfare	<u>10-11</u>
2	Working Together in Partnership	<u>12</u>
	The Importance of Working Together in Partnership	<u>13</u>
	The Foster Parent	<u>14</u>
	Roles and Responsibilities	<u>15</u>
	Foster Parent's Bill of Rights	<u>16-17</u>
	Child's Rights & Expectations In the Foster Home	<u>18-19</u>
	Co-Parenting: A New Approach to Fostering	<u>20</u>
	Minimum Standards of Care for Family Foster Homes	<u>21-25</u>
	Recent Changes to the FAC 65C-45 for Foster Care Licensure	<u>26</u>
	Partnership Plan	<u>27-28</u>
	The Birth Parents	<u>29</u>
	Biological Parents' Bill of Rights	<u>30</u>
	The Family Service Counselor (FSC)/Case Manager (CM)	<u>31</u>
	Role of the FSC/CM	<u>32</u>
	The Child	<u>33</u>
	The Child's Rights	<u>34</u>
	The Guardian Ad Litem (GAL)	<u>35</u>
3	Preventing Child Abuse in Foster Care	<u>36</u>
	Child Abuse in Foster Care	<u>37</u>
	Discipline Policy	<u>38-39</u>
	Incident Reporting Procedures	<u>40</u>
	Letter of Agreement for Missing Children	<u>41-42</u>
	Investigating Allegations of Abuse or Neglect in the Foster Home	<u>43</u>
	Abuse Report Process Flowchart	<u>44</u>
	Foster Care Referral Process Flowchart	<u>45</u>
	Foster Allegation Support Team (FAST)	<u>46</u>
4	Meeting All of the Child's Needs	<u>47</u>
	Basic Needs: Shelter, Food, Education, Medical & Clothing	<u>48</u>
	Child Welfare Early Education Partnership (CWEEP) & rating system	<u>49</u>
	Types of Quality Early Education Programs: Duval & Nassau	<u>50</u>
	Standards for Licensed Out of Home Caregivers	<u>51</u>
	ELC (Duval) & ESC (Nassau)	<u>52-53</u>



Contents		Page #
Drop-In Centers		54
Rilya Wilson Act		55
School Readiness & Developmental/Infant Mental Health Screenings		56
School Needs: ESSA(Schools), IEP, Focus, Parent Academy, Suspensions		57-59
Your Child & Medication		60
Psychotropic Medication		61-62
Medicaid Information		63
Clothing Allowance		64
Additional Needs		65
When A Child First Comes Into Your Home		65-67
When Your Child Leaves The Foster Home		68
The Child's Resource Record (Red Folder)		69
Creating a Life Book		70
Client/Master Trust Funds		71
Placement/Removal		72
Placement Transition Planning		73
Teen Enrichment Programs: Youth 13-17 Years Old		74
Keys to Independence		74
Embrace the Race		74
The Challenge		74
Splash		74
Just Like Me		74
Independent Living Services: Youth 18-22 Years Old		75
Extended Foster Care (EFC)		75
Postsecondary Education Support Services (PESS)		75
Aftercare Services		76
Education Training Voucher		76
Tuition and Fee Exemption		76
5	Order In The Courts	77
The Dependency Legal System		78
Dependency Case Management Flowchart		79-80
Changes in Permanency Goals		81
Caregivers & the Courts		82-85
Judicial Caregiver Input Form		86
Multi-Ethnic Placement Act (MEPA)		87
Confidentiality & HIPAA		87
Online Social Networking Policy		88
The Adoption & Safe Families Act (ASFA)		88
6	Foster Parent Resources	89
Sulzbacher Village		90



Foster Closet	<u>91</u>
Contents	Page #
Foster & Adoptive Parent Associations (FAPA)	<u>92</u>
QPI Myth Busters: Common Myths & Facts About Foster Care	<u>93</u>
Board Payments & Allowance	<u>94</u>
Board Payment FAQ's	<u>95</u>
Transportation	<u>96</u>
Compassion Fatigue	<u>97-98</u>
When a Foster Parent Should Call...	<u>99</u>
Safe Baby	<u>100</u>
Health & Safety Tips for Foster Parents	<u>101</u>
Florida Child Car Seat Laws	<u>101</u>
Swimming Pool Safety Guide	<u>102</u>
Sex Trafficking and Sexual Exploitation	<u>103-104</u>
Ongoing Training Requirements for Foster Parents	<u>105</u>
Contact us.....	<u>106</u>
Required Logs & Documents	107
Contact/Sign-out Log	<u>107-109</u>
Prescription Medication Log	<u>110-112</u>
Over the Counter Medication Log	<u>113-115</u>
Clothing/Personal Articles Inventory	<u>116</u>
Policies & Procedures	117
Overpayment of Benefits for Children in Care – DCF Memo	<u>117</u>
Acknowledgement of Firearms Safety Requirements	<u>118</u>
Confidentiality	<u>119</u>

Section 1:

The Nuts & Bolts of Child Welfare





Introduction to FSS:

Family Support Services of North Florida (FSSNF) is the lead agency for foster care, adoption and family preservation in Duval and Nassau counties. Through community-based care, FSS provides services and programs to help prevent child abuse and neglect, to promote a healthy family environment and to care for our community's children in foster care.

Our non-profit organization was established in 2001 to provide child well-being services in Duval County, and was extended to also serve Nassau County in 2007.

FSSNF Mission: The mission of Family Support Services of North Florida, Inc. is to be the leader in providing safety, stability, and quality of life for all children by working with the community to strengthen the family unit.

FSSNF Vision: Our vision is that children grow up connected to their own families, supported by families and protected by the community; that children have the opportunity to achieve in school and to learn to be productive citizens; that citizens of Duval & Nassau counties, organizations and agencies recognize that child protection is a community responsibility and represents the best interests of all county residents.



Important Phone Numbers List:

FSS Main Number: (904) 421-5800
Office Hours: M-F 8:30 am to 5:00 pm

FSS Placement Department, aka Kids Central: (904) 421-5828
FSS Placement Hours: M-F 8:30AM TO 5:00 PM

**FSS Placement After-Hours Emergency Contact
(evenings, weekends & holidays): (904) 265-6804**

(Answering service will receive your call and contact FSS on-call staff. FSS on-call staff will return your call within 5-10 minutes.)

CMO List:	
Case Management Organization (CMO):	Main Number & website:
Daniel	(904) 296-1055 / https://www.danielkids.org/
Jewish Family and Community Services (JFCS)	(904) 448-1933 / https://jfcsjax.org/
National Youth Advocate Program (NYAP)	(904) 551-2399 / https://nyap.org
FSS Nassau	(904) 225-5347 / http://www.fssjax.org/portal/

Additional Community Resources List:	
Organization Name:	Main Number:
Children’s Legal Services (CLS)	(904) 798-4900 / http://www.myflfamilies.com/service-programs/childrens-legal-services
Guardian Ad Litem (GAL)	(904) 255-8440 / https://guardianadlitem.org/
Foster Closet	(904) 629-2116 / http://www.fostercloset.org/
Early Learning Coalition (ELC)	(904) 208-2044 / http://www.elcofduval.org/
The Sulzbacher Village (72-hour & 30 day visit)	Medical: (904) 394-4958 / Dental: (904) 394-4963 / https://sulzbacherjax.org/

The Layers of Foster Care in Duval/Nassau:

Dept. of Children & Families (DCF):

- State level of Child Welfare system
 - Responds to all abuse reports
- Certifies foster care licenses for homes

FSSNF:

- Lead contracted agency by DCF for foster care management
- Ensures ongoing compliance with state regulations for foster care licenses
- Maintains relationship between foster homes & DCF

Case Management Organizations (CMO):

- Contracted by FSS to maintain legal care and well-being of children and families in child welfare system
 - Children's Home Society, Daniel, FSS-Nassau, Jewish Family & Community Services; Neighbor To Family Inc.



The 5 Core PRIDE Competencies:

Integral to the *PRIDE Model of Practice* is the understanding that protecting and nurturing children at risk and strengthening all their families (birth, foster, or adoptive) requires teamwork among individuals with diverse and culturally responsive knowledge and skills, all working from a shared vision and toward a common goal. Resource parents are essential members of this team. They, like caseworkers, require preparation and training to acquire the knowledge and skills needed to be effective in their work. The aim of the competency-based approach is to assure that resource families are willing, able, and have the resources to meet the needs of traumatized children and their families to the fullest possible extent.

1. Protecting and nurturing children;
2. Meeting children's developmental needs, which includes health, intellectual growth, appropriate discipline, cultural and sexual identity, social skills, academic progress, as well as ameliorating the effects of trauma and other developmental challenges or delays;
3. Supporting relationships between children and their families - because whether children have a little contact, a lot of contact, or no contact with their families they still have feelings about them, and best practice dictates that child services promote healing between children and their families;
4. Connecting children to safe, nurturing relationships intended to last a lifetime, because children need continuity, commitment, legal and social status that comes from having a family of one's own through some form of permanency;
5. Working as a member of a professional team.

The *PRIDE Model of Practice* recognizes that foster and adoptive parents are a rare, valuable resource. Without them, children who must be separated from their families of origin would not have the benefits of family living. *PRIDE* also emphasizes that it is a child's right to be protected, this is not a privilege; to be a parent (birth, foster, adoptive) is a privilege, not a right.

The following pages of this handbook are intended to provide information and resources to better support you in all 5 of the above competencies.



Common Terms and Acronyms in Child Welfare:

- **ADD:** Attention Deficit Disorder
- **ADHD:** Attention Deficit Hyperactivity Disorder
- **ASQ:** Ages & Stages Questionnaire. Tool used to assess child's developmental growth in 5 domains
- **BD:** Bi-polar Disorder, previously known as Manic Depressive Disorder
- **Case Plan:** Plan in intervention, which is negotiated w/the family and other parties. Specifies the reasonable efforts of all parties to achieve the child's permanency goal
- **CBC:** Community Based Care (usually used to refer to the lead placement agency, FSS)
- **CBHA:** Comprehensive Behavioral Health Analysis. Tool used to determine services needed for child
- **CCMS:** Continuity of Care Management System
- **CFLE:** Certified Family Life Educator (focus is on healthy family functioning, preventative service)
- **CGC:** Child Guidance Center (www.childguidancecenter.org)
- **CHS:** Children's Home Society (www.chsfl.org, CMO agency & group home)
- **CLS:** Children's Legal Services (DCF law firm representing the State in child welfare matters)
- **CMO:** Case Management Organization (manage the children and family personal case plans)
- **Concurrent Planning:** Process of supporting reunification and simultaneously supporting the preparation to quickly implement an identified alternative goal if safe, timely reunification is not successful
- **CPI:** Child Protective Investigator (first responder from DCF to investigate reports)
- **Daniel:** Daniel Memorial (CMO agency & group home)
- **DCF:** Department of Children & Families (State level)
- **DID:** Dissociative Identity Disorder (previously known as Multiple Personality Disorder)
- **DJJ:** Department of Juvenile Justice
- **ELC:** Early Learning Coalition (www.elcofduval.org, Duval county childcare & education services)
- **ESE:** Exceptional Student Education (children requiring extra educational support)
- **FAPA:** Foster & Adoptive Parent Association (www.floridafapa.org)
- **FAS:** Fetal Alcohol Syndrome (usually diagnosed with facial scan)
- **FAST:** Family Assessment Support Team: (early family intervention service)
- **F.A.S.T.:** Foster Allegation Support Team, through Florida State FAPA
- **FBCH:** Florida Baptist Children's Home (CMO agency & group home, specialized in children with special health needs)
- **FSC:** Family Services Counselor (also called a caseworker or FSC)
- **FSSNF:** Family Support Services of North Florida (lead CBC for placement & licensing for Duval/Nassau)



Common Terms and Acronyms in Child Welfare (cont'd):

- **GAL:** Guardian Ad Litem (www.guardianadlitem.org), child advocate assigned to represent child in court
- **UHS:** Unified Home Study, a process of preparing, evaluating and assessing applicants for adoptive, foster and relative/non-relative child placement in a written report to DCF
- **IEP:** Individualized Education Plan (support plan for students with disabilities)
- **IL:** Independent Living (transitional services for teens in care age 13 to 23)
- **JCC:** Jacksonville Children's Commission (www.jaxkids.org, assist with afterschool and summer programs)
- **JFCS:** Jewish Family & Children Services (CMO agency)
- **Judicial Review (JR):** Review done by the courts after the child's removal from the home or acceptance of case plan, whichever comes first, and at least every six (6) months until the court terminates supervision
- **LC:** Licensing Counselor, referring to your licensing support at FSS
- **PRIDE:** Model Approaches to Partnerships in Parenting (former foster parent training, PRIDE replaced this)
- **MHRC:** Mental Health Resource Center
- **NTF:** Neighbor to Family Inc. (CMO agency, specialized in placing sibling groups of 4 or more together)
- **OCD:** Obsessive Compulsive Disorder
- **ODD:** Oppositional Defiance Disorder
- **PRIDE:** Parent's Resource for Information, Development & Education (current foster parent training)
- **PTSD:** Post Traumatic Stress Disorder
- **QPI:** Quality Parenting Initiative (www.qpiflorida.org, Florida's approach to strengthen foster care and kinship care, source for information and training)
- **RAD:** Reactive Attachment Disorder
- **Safety Plan:** Plan developed, and continued throughout case, to address additional safety measures
- **Status:** Status Hearing (court hearing covering status of case plan progress)
- **STEPS:** Strengthening Ties & Empowering Parents (www.flsteps.org, intervention/preventative program to strengthen families)
- **TANF:** Temporary Assistance for Needy Families (includes food stamps, Medicaid services, etc.)
- **TBI:** Traumatic Brain Injury
- **TFC:** Therapeutic Foster Care (caters to the special physical, emotional and social needs of children in care)
- **TPO:** Temporary Protective Order (document issued by court to protect youth from abuser)
- **TPR:** Termination of Parental Rights (parent's rights are severed by court and child is open for adoption)

Section 2:

Working Together in Partnership



Importance of Working Together in Partnership:

Foster parents can help children reunify with their birth family by continuously working in partnership with the CMO, FSC, FSS, DCF, GAL, courts and the biological family. When children see harmony among the adults that impact their lives, they can relax, let go and just be children. Children will worry less about trying to “fix” the adults around them. As we know, children coming into care often blame themselves for the removal from their home while trying to cope with the loss of no longer living with their parents.

If foster parents commit to working with birth parents, children will feel better about themselves and gain confidence. When birth parents feel supported and included, they will, in most cases, work with foster parents to help ease the emotional stress on their children. This in turn gives children the permission they often seek to live and be happy in the foster home. The more comfortable children feel in their foster home, the more unlikely they are to defy foster parents in order to show loyalty to their birth family. By working together and reducing the perception of divided loyalty, foster parents can work more effectively with the children in their homes. Foster children can feel emotionally safe, and birth parents can learn valuable parenting skills from foster parents.

Remember that just as parents have enough love for all their children, children have enough love for all their parents, even their temporary parents.



The Foster Parent:

Being a foster parent is a tough but **very** rewarding experience. Knowing that you can make a difference in the life of a child, and potentially their entire family, is a priceless gift.

The purpose of this handbook is to assist you in providing the children placed in your home with safety and permanency in order to ensure their well-being at all times. In addition, this handbook will clearly set out what FSSNF expects of you as a foster parent. The following section contains the roles and responsibilities, the bill of rights, the standards for foster care licensure, the Partnership Plan and additional helpful information for the foster parents.





Roles and Responsibilities of the Foster Parent:

As a caregiver, your roles and responsibilities include, but are not limited to the following:

- To ensure the child's safety and well-being at all times.
- To ensure the child's needs for food, clothing and shelter are met.
- To treat the child as your own: providing love, care, guidance and support.
- To assist in taking the child to medical, dental, and mental health appointments.
- To reward and praise the child.
- Ensure the child is given his/her medication in the dosage prescribed by a doctor or psychiatrist.
- To attend court hearings, meetings and staffings, when necessary.
- Cooperate with parental & sibling visitations as specified in the court order.
- Ensure that the children are supervised by an approved caregiver at all times.
- Ensure the child's resource record (red folder) accompanies them when they leave your home and that it is current.
- To hold all information confidential regarding the child and his/her family.
- Complete a minimum of 8 hours of in-service training annually.
- Ensure that any legal action to get custody of the child placed in your home is only with prior DCF consent.
- To notify FSS immediately of any changes in the home, such as the physical address, change of employment, change in household members, etc.
- Work as a member of the team with FSS, DCF, providers, courts, and all the other members of the partnership to ensure the child's continued safety and well-being.
- To ensure the child is available for the FSC to visit a minimum of once every 30 days.
- To contact FSS and local law enforcement immediately, if the child runs away or is missing.
- To work with FSS, providers and the court to ensure the child's continued safety and well-being at all times.



Foster Parents' Bill of Rights:

As a foster parent, I/we understand that my/our rights include, but are not limited to, those listed below. Furthermore, as stated in the FAC 65C-45, I/we understand that serving as a licensed out-of-home caregiver is a privilege and public trust. I/we do not have an inherent right to a license as an out-of-home caregiver.

1. The right to be treated with dignity, respect and consideration as a professional member of the partnership for children and families at all time.
2. The right to be provided with ongoing and pertinent in-service training in order to assist me/us in being able to more effectively meet the needs of the children placed in my/our care and to develop and/or enhance my/our skills.
3. The right to be informed as to how to contact the appropriate full case management agency staff in order to receive information and assistance to access supportive services for the children placed in my/our care.
4. The right to be provided a clear and written understanding of the full case management agency's plan concern the placement of the children in my/our home.
5. The right to be provided a fare, timely and impartial investigation of complaints or foster parent referrals concerning my/our licensure, to be provided due process during the investigation; the right to be provided the opportunity to request and receive mediation or an administration review of decisions that affect licensing parameters, or both mediation and administration review; and the right to have decisions concerning licensing corrective action plan specifically and clearly explained and tied to the licensing standard(s) violated.
6. The right to be provided with a Child Resource Record (Red Folder) on each child placed in my/our home at the time of placement or within 72 hours; the right to additional or necessary information that is relevant to my/our providing continued quality care to the child to be provided as it becomes available.
7. The right to receive timely financial reimbursement – that has been pre-approved by the full case management agency – commensurate with the care needs of the children placed in my/our home.
8. The right to be notified in timely manner of scheduled meetings and staffing concerning the foster child in order to actively participate in the case planning and decision-making process regarding the child placed in my/our temporary care, including individual service planning meetings, administrative case reviews, interdisciplinary staffing, and individual education planning meetings; the right to provide input concerning the plan of services for a child and to have that input given full consideration in the same manner as information presented by any other professional on the team; and the right to communicate with other professionals who work with the foster child within the context of the team, including therapists, physicians, and teachers.
9. The right to be provided, in a timely and consistent manner, with any information a FSC has regarding the child and the child's family which is pertinent to the care and needs of the child and to the making of permanency plan for the child. Disclosure of information concerning a child's family shall be limited to that information which is essential for understanding the needs of and providing care to the child in order to protect the right of the child's family.



Foster Parents’ Bill of Rights (cont’d):

- 10. The right to be given reasonable written notice of any changes in the child’s case plan, any plans to terminate the placement of the child with me/us, or the reason(s) for the change or termination in placement. (Notice shall be waived only in cases of a court order or when the child is determined to be at imminent risk of harm.)
- 11. The right to be notified in a timely manner of all court hearings, including notice of the date and time of the court hearing, the name of the judge or hearing officer hearing the case, and the location of the court proceeding.
- 12. The right to be considered as a placement option when a foster child who was formerly placed with me/us is to be re-entered into foster care when such placement would be consistent with the best interest of the child and other children in my/our home.
- 13. The right to have timely access to the full case management agency’s appeals process and the right to be free from acts of harassment and retaliation by any other party when exercising the right to appeal.
- 14. The right to be provided with the telephone numbers that are critical to ensuring a child’s safety, permanency and well-being, for example (1-800-FLA-FIND) in the event the child/children placed in my/our home does not receive a visit from the child’s FSC at least every 30 days and the Florida Abuse Hotline (1-800-96-ABUSE) in the event that I/we suspect that a child or children placed in my/our home has been abused or neglected (including incidents of child-on-child abuse).
- 15. In order for me/us to have a right to be treated as a member of the partnership that helps to create safe havens for children and their families, I/we agree to carry out the responsibilities as delineated on the following page. These responsibilities include, but are not limited to, the following: (a) Participating in the child’s case plan; (b) Supporting the child’s education goals; (c) Fostering normal activities so to ensure the child feels that he/she is a member of my/our family; (d) Co-parenting by working in partnership with the child’s parents; and (e) Immediate reporting of any critical incident.

Caregiver 1

Date

Caregiver 1

Date

Agency Witness

Date



Rights and Expectations for Children & Youth in Shelter or Foster Care:

All children deserve to be treated as human beings with unique needs, feelings, and ideas. As foster children have suffered the loss of being temporarily separated from their parents and family, they need special safeguards, resources and care. As a caregiver, I/we will ensure the rights of the children placed in my/our home is/are respected at all times. A foster child has the following rights:

1. The right to live in a safe home and to be treated with respect.
2. The right to be loved and cared for by a family: his own family, a foster family or adoptive family.
3. The right to attend school; obtain special education services if needed, and to participate in sports, clubs, and extracurricular activities.
4. The right to be represented by an attorney at law in administrative and court hearings so that his/her interests are always protected.
5. The right to receive a high quality of child welfare services including regular visitations with the birth family, unless prohibited by court order.
6. The right to be free from physical, sexual, emotional, and other abuse to include corporal punishment.
7. The right to receive adequate and healthy food and adequate clothing.
8. The right to receive appropriate medical, dental, vision and mental health.
9. The right to private storage space in the home wherein he/she can store his/her personal belongings.
10. The right to receive money allowance using the money given monthly for foster care payments to the foster parent.
11. The right to have his/her personal property and belongings respected, even if he/she is on runaway or has left the placement.
12. The right to have his/her information or records kept confidential in accordance with state and federal laws; including medical, mental health, and educational.
13. The right to attend classes or programs that will prepare him/her for independent living.
14. The right to maintain contact with the biological parents, siblings, foster parents, and any other person(s) important to the child's life - as allowed by the courts and the agency and when in the child's best interest.
15. The right to have things explained to him/her in words that he/she can understand.



**Rights and Expectations for Children & Youth
in Shelter or Foster Care (cont'd):**

- 16. The right to be told how his/her money, being held by DCF, is being used.
- 17. The right to being his/her property with him/her when he/she leaves your home.
- 18. The right to have any person, who asks him/her to fill out or sign a paper, explain to him/her for the form or paper.
- 19. The right to make a complaint to the Agency or DCF about how they are being cared for by you, the agency or other people providing child services.
- 20. The right to attend court hearings involving his/her care and to tell the judge what is happening to him/her and when he/she wants.
- 21. The right to have a Guardian Ad Litem (GAL) appointed to him/her by the judge and to have immediate and unlimited ability to meet with him/her.
- 22. The right to have all efforts in court made without delay in order to ensure the child’s permanency is achieved in the shortest amount of time possible.
- 23. The right to a permanent home or family.
- 24. The right to enjoy the same rights established in the Constitution of the United States and Florida as every other person in the state: individual dignity, liberty, privacy, pursuit of happiness, and the protection of his/her civil and legal rights.

I/we have read the aforementioned and will support it as it relates to the safety, permanency and well-being of the children placed in my/our home. I/we agree that if I/we encounter a problem resulting in my/our not being able to uphold the terms of this agreement I/we will immediately notify my/our full case management agency for assistance and support.

I/we have been provided with a copy of the Children’s Bill of Rights for the Foster Parent form. I/we also understand that a copy of this form will be placed in my/our licensing file.

Caregiver 1

Date

Caregiver 1

Date

Agency Witness

Date



Co-Parenting: A NEW Approach to Fostering

Co-Parenting, or shared parenting, is a new approach providing many benefits to foster parents. Co-parenting is more than just having contact between the birth family and the foster parent. Rather, co-parenting envisions the development of an actual partnership between the birth parents and the foster parents that is focused on the well-being of the child. By working in partnership with birth parents, foster parents are helping the child to let go of anxious behavior and become a child again. When a child sees harmony among the adults in his/her life, he/she can relax and allow him/herself to be a child. The child worries less and spends less time trying to “fix” the adults around him or her.

Seeing birth and foster parents work together can change the way a child functions. When birth parents feel accepted and supported, they are more likely to work with foster parents on issues relating to the child and to give the child permission they feel is necessary to be in the foster home. Hopefully, over time, the child will comfortably settle into the foster home because he/she no longer must prove loyalty to the birth parents through the exclusion of the foster parents. By reducing this tension, foster parents can positively work with and influence the children placed in their homes.

Other benefits of co-parenting include:

1. Birth parents can provide foster parents with vital information and insights about their children. With this information, foster parents can more effectively and more appropriately meet a child’s needs earlier in their relationship. Similarly, foster parents should keep birth parents apprised of all issues relating to the children in their care, as long as there is no safety issue against the sharing of information. This will help birth parents continue to be involved in their children’s lives and prepare them for reunification. An exchange of information between birth and foster parents will decrease many misunderstandings and potential conflicts over issues regarding the children;
2. Co-parenting can increase the effectiveness of the foster parent’s role. When birth families feel supported by foster parents, they support parenting decisions made by the foster parents.
3. Co-parenting creates a bridge between the two families. The foster family serves as a mentor and a support for the birth family. This is especially important with very young children. When the family recovers and the children return home, lines of communication and support should remain open. From the perspective of bonding and attachment, the foster parent and the foster children should remain like an extended “family” despite living in different households. In this way, important attachments are not suddenly disrupted, and the foster and birth families become a support system for one another. This positive connection may prevent children from re-entering care.
4. When foster parents co-parent, they acquire a unique understanding of the parent/child relationship and the strengths and deficits in the family unit. This information is vital to the caseworkers in preparing case plans and assessing permanency goals. Moreover, the information is vital for judicial decision-making. Foster parents can assist the court in understanding the family dynamics and provide the court with valuable information regarding parenting strengths and weaknesses and needed services.



Minimum Standards of Care for Family Foster Homes:

Foster parents must be able to meet the minimum standards for Family Foster Homes as set forth in the Florida Administrative Code 65C-13 and in the guidelines in Chapter 39 and Chapter 409. The standards therein must be adhered to in order to ensure the safety, permanency and well-being of foster children in care when they are temporarily placed in a family foster home. When unusual situations make it advisable to waive one or a minimal number of requirements, only the Regional Administrator or the Chief Executive Officer for the Community Based Care Lead Agency will have the authority to grant such a waiver and to provide written assurances that the home can provide for the care and needs of a child. Documentation of any exception to the Minimum Standards must be on file in the foster parent's licensing case file.

Serving as a licensed out-of-home caregiver is a privilege and public trust. No applicant has an inherent right to a license.

1. Skills and Abilities:

Foster parents and the full case management agency (AGENCY) staff must work together as a team with a shared and common goal of permanency planning for children; the primary goal for most children is family reunification. As a team member of the partnership, the family will face many challenges. Foster parents are expected to provide continuity of care while helping a child repair the effects of earlier life experiences. Foster parents must evidence the maturity, stability, fitness, skills and competency to successfully protect, nurture, and meet the developmental needs of children; support the agency's established case goals and Permanency Plan for children placed in their care. Foster parents need to have a number of specific skills:

a. Understanding of the Impact of Fostering

The foster parent must be able to identify their individual and family strengths and needs, and communicate these to the agency. Foster parents should recognize how the addition of a new family member can affect family relationships (including the extended family), life styles and support systems. The foster parent should understand their role in fostering and know the kinds of children whose needs they can best meet.

b. Teamwork and Communication

The foster parent must be willing and able to communicate with the child, the AGENCY, birth parents and other foster/adoptive parents who may have different outlooks because of different experiences, ages and cultures. Consequently, their participation and attendance at the Foster Parent Association Meetings is recommended as this will assist foster families in being able to better understand and fulfill their roles and responsibilities in working with children, birth families, the AGENCY, GALs, professional partners for the child, etc. They must work in partnership to help children be reunified with birth families, be adopted or move into independent living.

c. Parenting Abused/Neglected Children

Foster parents must be able to effectively parent children who have been abused, neglected, abandoned and/or emotionally maltreated. Families must help children develop a positive self-concept and identity, recognizing that past experiences and losses may have contributed to their poor self-image and identity-confusion. They must help children understand and deal with the past in non-judgmental ways which make them feel good about who they are. Families must be willing to seek outside assistance in order to meet a child's specific needs.

d. Understand Grief, Loss and Attachment Issues for Children In Care

Children removed from their birth families experience profound losses and need help in managing their grief. Foster parents must have resolved their own losses and be able to anticipate the effects of future losses on the family. Since children who have experienced loss often have difficulties attaching, families will need to understand bonding and attachment in order to be able to help the children.



e. Understand, Prevent & Manage Misbehaviors

Children that come into care will exhibit many inappropriate behaviors that reflect the physical and emotional pain they have undergone. Foster families must understand the feelings, the reasons behind the behaviors and be able to help children get their needs met in ways that make children feel lovable, capable, worthwhile and responsible. Foster parents must adhere to the policy prohibiting physical discipline/corporal punishment and use positive methods to modify the inappropriate behaviors.

f. Support Primary or Birth Family Connections

Families must help children maintain and develop relationships that keep them connected to the past, the source of their identity and self-esteem. Since most children are reunified with their birth families, visitations between the birth families and the child – unless there is a court order prohibiting the visitation - should take place as soon as possible. Visitations between siblings should also take place as soon as possible given the unique bond that exists between siblings.

g. Provide a Safe, Nurturing & Healthy Environment

Recognizing that children in foster care are vulnerable to further abuse and exploitation, foster parents must be able to protect children from any form of maltreatment. In addition, foster parents must provide a healthy, safe and permanent environment to the children placed in their care, following all state and local health and safety regulations. Supervision of all children is necessary, but especially so for infants and young children, both when awake and asleep.

2. Background Screening:

Any and all persons residing temporarily or permanently in the foster home along with any frequent visitor to the home and having access to the children must undergo a complete background screening. The screenings shall at a minimum include a local, statewide (FDLE) and nationwide check (FBI). The fingerprinting or nationwide check (FBI) applies to any adult (age 18 and over). The finger printing must be performed via LIVESCAN at one of the full case management agencies. The outcomes to be clearly documented in the licensing case file. Any person between the ages of 12 – 17 must have a local and FDLE check completed. Any and all persons will have a records checks done through the child abuse registry. If the person has resided in any other state over the past five years, a request for abuse and neglect histories must be made of those states and the results obtained will be reviewed and documented in order to ensure our children’s safety and well-being. A civil record checks regarding domestic violence complaints and orders of protection must also be conducted. Any call outs to the home by law enforcement that did not result in criminal charges will need to be obtained for those families pursuing initial foster care licensure.

Persons who are currently licensed as foster parents and any adult household member will be re-screened at least annually as part of the application for relicensing. The annual rescreen shall be limited to a local, abuse and neglect record check, and a civil records check. For a child in the home between the ages of 12 – 17 the FDLE check will also be conducted annually.

If a teenager (16 and older) is used to babysit, a background screening to include an abuse and neglect record check, local and an FDLE check will also be conducted. Documentation to be provided in the licensing case file regarding the foster parent being responsible for ensuring that the baby-sitter is suitable and appropriate for the age, developmental level and behaviors of the children.

3. Income:

A family must demonstrate that they have sufficient income to maintain their family excluding the board rate received for the children placed in the home. Being a foster parent is a privilege and a trust, not an entitlement.

4. Marital Status and Other Significant Relationships:

The prospective foster parent must provide proof of current marriage or divorce, if applicable. If involved in a relationship, this will be explored during one of the home visits conducted. The impact fostering will have on your family as well as our children’s safety and well-being will be assessed. This person will also need to complete a full criminal background and abuse check. In the event the foster parent gets married after becoming licensed, the unlicensed spouse will need to complete the pre-service training within six months. (A foster parent must be at least 21 years of age.)

5. References:

There will be a minimum of three personal references (cannot be related to the applicant) obtained. The person must have known the applicant for at least three years. References will also be obtained from the adult children of each applicant to



determine suitability as a licensed caregiver. An employment reference will be obtained to verify two year employment history. If the applicant has been with the present employer for less than two years, a secondary employment reference will be obtained. (Work hours and flexibility of schedule in case of emergency, medical or school appointments for the children will also be explored.) School references will be obtained from the childcare provider of any preschool age child or from the school of any child residing in the home. Two additional references will also be obtained from neighbors or community members.

6. Confidentiality:

The foster parents along with all adult members residing in the home (or frequenting the home) will be asked to sign the confidentiality policy so to ensure that any information that comes to their attention and knowledge is kept confidential and is not disclosed to anyone other than authorized persons by the AGENCY. A copy of the confidentiality form will be provided to the individual.

7. Environmental Inspection:

A statement from the local health department indicating that a satisfactory environmental inspection has been completed is required. Fire drills shall be conducted at a minimum of two times a year or whenever a new child is placed in the home. The family will also have a written plan for evacuation in the event there is a disaster. The plan will include where the family will go and information as to how the family can be reached by the AGENCY in the event an emergency occurs.

8. Gas Heaters:

Gas heaters in the foster home must be vented to avoid fire and health hazards. However, unvented, fuel-fired heaters equipped with oxygen depletion safety shutoff systems may be operated in foster homes. It is a good safety practice that all homes with gas appliances (stove, fireplace and water heaters) have carbon monoxide detectors. All electrical wiring shall meet required building codes. Fireplaces, space heaters, steam radiators, and hot surfaces shall be shielded against accidental contact. Access to children under six will be restricted by a barrier.

Extension cords shall not extend from one room to the next with the exception of situations involving an emergency loss of power due to a natural or manmade disaster.

9. Safety Considerations:

Smoke alarms must be present in the home and functioning at all times. The family must also have a first aid kit and a fire extinguisher with a current tag.

Firearms must be locked away from children. Ammunition must be kept locked and stored separately from firearms.

Poisonous chemicals (cleaning supplies and toxins) shall be kept in a locked location. Hooks, child safety latches and other baby proof devices do not qualify as a locked storage for poisonous chemicals. Alcoholic beverages and medication shall also be stored away from children. Combustible items will be stored away from sources of heat.

Homes having a swimming pool must meet all community ordinances to operate a pool. The pool must be fenced with a gate, which is kept locked to prevent unsupervised access by children. Families having a swimming pool or whose home is adjacent to bodies of water unprotected by a four-foot barrier will be required to complete a basic water safety course. Access to swimming pools and bodies of water shall be restricted when supervision is not available and children shall never be left to swim alone.

If there are burglar bars, they must be breakaways so to allow easy access in the event of an emergency.

10. Animals:

Florida law requires that all dogs, cats, and ferrets be vaccinated for rabies. Re-immunizations are required either annually or triennially depending on the vaccine for animals over the age of four months. The family shall also have a secure method to restrict access to potentially dangerous animals so to ensure our children's safety.

11. Health:

A medical history that includes the physical, mental health and other treatments for all household members will be explored. If there is a concern regarding the physical, mental or emotional health of any member of the household and possible



injurious effects on a child, the applicant must supply recent medical reports and evaluations. This licensing counselor completing the home study will explore and document this information in the home study.

12. Pre-service Training:

Licensed foster parents with the Department of Children and Families must satisfactorily complete the pre-service training/preparation as part of the minimal requirements for licensure. The training includes appropriate methods of discipline and emphasizes that corporal punishment is prohibited as well as the importance of maintaining birth family connections.

13. Continued Parent Development:

Foster parents must complete a minimum of 8 hours of in-service training yearly as part of their requirements for continued re-licensure. Half of the training will be completed in the classroom and the other half may be obtained on line, via literature, video or in-home instruction. Newly-licensed foster parents are required to complete psychotherapeutic medication training within 120 days of their becoming licensed.

The foster parent will also need to complete training on fostering the sexual aggressor/victim child. Documentation of all trainings taken must appear in the licensing case file.

14. Appropriate Utilization of Foster Home:

No more than five (5) children, including the children of the foster family, shall be placed in a foster home.

No more than two (2) children under twenty-four (24) months, including the children of the foster family, may be placed in a foster home.

An adult shall be within hearing distance and accessible to the rooms wherein there are children under the age of six (6) sleeping.

Bunk beds shall be equipped with safety rails on the upper tier for a child under ten (10) or for any child whose physical, mental or emotional condition indicates the need for such protection. Bunk beds shall not be bunked higher than two tiers.

No child shall sleep in a bed with an adult.

Each child will have a separate bed.

A child over twelve (12) months cannot sleep in the bedroom of an adult unless deemed to be medically needed. A doctor's note must be placed in the licensing file of the Department and the AGENCY.

Children over thirty-six (36) months must not share a bedroom with a child of the opposite sex unless efforts are being made to maintain a sibling group. In instances where efforts are being made to maintain a sibling group or maintain viable best interests of the children involved. Rationale for any decision made for children over thirty-six (36) months to share a bedroom shall be documented in FSFN.

15. Face-to Face Contact:

At least once every 30 days, the child's FSC shall have face-to-face contact with children in foster care and their foster parent(s). The child's FSC will provide current and proper identification and sign the foster parent's Visitation Log/Contact Log.

16. Employment Outside the Home:

A single foster parent or both foster parents can be employed outside the home if childcare is provided and if able to meet the needs of the children in foster care. All prospective families and licensed foster parents will be asked to identify a relief or back-up person to assist them in providing ongoing care to our children. The identified individual(s) must have a complete abuse and background check done along with completing the required documentation.

17. Religion:

Children in foster care should be afforded the opportunity to practice the faith of their choice or that of the birth parents as well as be encouraged and supported in the development of their ethnic background. The family's attitudes regarding the prohibition against seeking medical treatment, celebrating holidays or birthdays and discipline practices encouraged by their faith will be explored and documented in the home study.



18. Driver's License:

Foster parents need to have transportation available twenty-four (24) hours a day. They cannot transport children in vehicles such as truck beds, motorcycles, or any other high-risk method of transportation that would endanger our children. No child will be transported on his/her lap. The vehicle to be used to transport our children must be in safe condition, in compliance with the applicable motor vehicle laws of the state and be equipped with seat belts and approved car seats. The vehicle must be smoke-free when foster children are being transported.

The person providing the transportation must possess a valid and current Florida driver's license along with auto insurance. A part of the foster parent partnership expectation is that they provide transportation for children placed in their home. Foster Parents have the sole responsibility to transport and accompany the child to all medical, dental, and/or other appointments. This is critical to providing information to the doctor regarding and receiving information and instruction with respect to the child's care. In the event of an emergency in which the foster parent cannot provide the transportation, then he/she will contact the child's FSC for assistance. Even in an emergency situation, the foster parent must make every effort to be accessible by phone should the doctor need more information. The Department of Vehicles database will be accessed at the initial application for licensure and at each time of re-licensure so to ensure the caregivers do not have any driving violations less than five (5) years old on file relating to driving under the influence of alcohol or drugs.

19. Foster Home Approval:

Foster parents will be approved as a foster home resource for only one agency; however, they may accept children from another agency with prior approval from their original approving agency.



Recent Changes to the FAC 65C-45 for Foster Care Licensure:

- The FSS licensing department must be immediately notified of any frequent visitor to the home so to ensure fingerprinting takes place within five (5) days.
- A Household Member includes any and all visitors expected to stay an indefinite period of time or college students expected to return to the home.
- All new household members must be fingerprinted within five (5) days of residence.
- All foster parents must complete training regarding psychotherapeutic medications within 120 days of initial licensure.
- Exit interviews will be conducted on those foster children that remain in the foster home for more than 30 days. (Any issues raised in the exit interview will be addressed in the re-licensing summary.)
- Smoking in a vehicle is prohibited when transporting foster children.
- Any change in the foster home must be immediately reported to the FSS licensing: These include but are not limited to the following: (a) law enforcement involvement of any household member; (b) change in marital status; (c) changes in household composition; (d) change in physical address; (e) changes in financial situation; (f) serious health issues; (g) additional changes include home phone number, mailing address, employment and/or work schedule.
- Overnight trips exceeding one night must be approved by the FSC.
- Caregivers shall support the child's effort to learn to drive and obtain a license, www.k2i.us.
- Caregivers are not required to buy auto insurance for a youth.
- Background checks for youth's dating/outings are not required.
- Failure to report a situation that threatens the safety of a child or results in non-conformity with the licensing requirements may be a reason to deny or revoke a license.
- A foster parent that marries or reconciles and the spouse has not had the required pre-service training must secure the needed training within six (6) months of the date of marriage or reconciliation. (No new children shall be placed until this has been satisfied.)
- Serving as a foster parent is a privilege and public trust: applicants do not have an inherent right to a license.
- A respite home must be licensed.
- Babysitters must be at least 16 years old and have received a background screening.
- Babysitting is limited to less than 24 hours in duration.
- Foster children shall not provide supervision to other children in the home.
- The Department is the licensing authority for all family foster homes and has the final authority for approval, denial or suspension of ANY license.



Partnership Plan for Children in Out-of-Home Care:

All of us are responsible for the well-being of children in the custody of the Department of Children and Families (DCF). The children's caregivers along with the Florida Department of Children and Families, community-based care (CBC) organizations, their subcontractors and staffs of these agencies undertake this responsibility in partnership, aware that none of us can succeed by ourselves.

Children need normal childhoods as well as loving and skillful parenting which honors their loyalty to their biological family. The purpose of this document is to articulate a common understanding of the values, principles and relationships necessary to fulfill this responsibility. The following commitments are embraced by all of us. This document in no way substitutes for or waives statutes or rule; however we will attempt to apply these laws and regulations in a manner consistent with these commitments.

1. To ensure that the care we give our children supports their healthy development and gives them the best possible opportunity for success, caregivers and DCF, CBC and agency staff will work together in a respectful partnership.
2. All members of this partnership will behave professionally, will share all relevant information promptly, and will respect the confidentiality of all information related to the child and his/her family.
3. Caregivers, the family, DCF, CBC and agency staff will participate in developing the plan for the child and family, and all members of the team will work together to implement this plan. This includes caregiver participation in all team meetings or court hearings related to the child's care and future plans. DCF, CBC and agency staff will support and facilitate caregiver participation through timely notification, an inclusive process and providing alternative methods for participation for caregivers who cannot be physically present.
4. Excellent parenting is a reasonable expectation of caregivers. Caregivers will provide and DCF, CBC and agency staff will support excellent parenting. This requires a loving commitment to the child and the child's safety and well-being, appropriate supervision and positive methods of discipline, encouragement of the child's strengths, respect for the child's individuality and likes and dislikes, providing opportunities to develop the child's interests and skills, awareness of the impact of trauma on behavior, equal participation of the child in family life, involvement of the child with the community and a commitment to enable the child to lead a normal life.
5. Children will be placed only with caregivers who have the ability and are willing to accept responsibility for the care of a child in light of the child's culture, religion and ethnicity, special physical or psychological needs, unique situation including sexual orientation and family relationships. DCF, CBC and agency staff will provide caregivers with all available information to assist them in determining whether they are able to appropriately care for a child. Caregivers must be willing and able to learn about and be respectful of the child's religion, culture and ethnicity, and any special circumstances affecting the child's care. DCF, CBC and agency staff will assist them in gaining the support, training and skills necessary for the care of the child.
6. Caregivers will have access to and take advantage of all training they need to improve their skills in parenting children who have experienced trauma due to neglect, abuse or separation from home, to meet these children's special needs and to work effectively with child welfare agencies, the courts, the schools and other community and governmental agencies.
7. DCF, CBC and agency staff will provide caregivers with the services and support they need to enable them to provide quality care for the child.

The Birth Parents:

When you initially went through the PRIDE pre-service training, we made you aware of some of the possible challenges you may encounter in temporarily foster a child. We asked that you look at being a foster parent as one family helping another family: the child's birth parents. We informed you that visits were one of the first opportunities to develop the alliance between the birth family and the foster parent. Both sets of parents should have a strong common bond to ensure the best interest of the child. When you support birth parents in their efforts for reunification, the goal is more likely to be achieved. The children are less likely to feel divided loyalties and fearful about their future if they can see the important adults in their lives working together: this assists in the child's adjustment in your home as well as promotes a better relationship between you and the child. The child will not see you as his enemy but as his/her ally. As foster parents, you play an important role in creating the partnership with the birth parent.

We understand why you may find it difficult to commit to the goal of reunification, especially when you have viewed the effects of maltreatment on the child firsthand and do not want to jeopardize the child's safety and well-being. However, it is important to always focus on what is in the child's best interest – the opportunity to be raised in their own family. Commitment to this belief and goal makes the partnership possible! As one of the most important members in the family partnership, we need to remember that birth parents also have rights to their children, unless their rights have been terminated by the courts. On the next page, we have defined some of these rights.





Biological Parents' Bill of Rights:

When any child is placed in the custody of the state, Biological Parents are still able to maintain many legal rights until and unless a determination is made by the courts with legal jurisdiction that those rights should be terminated. Additionally, good child welfare practice requires that the respect for the right of parents should continue to the greatest extent possible. These rights include but are not limited to the following:

1. The right to be provided with information regarding the child's medical, dental, mental and psychological status while in temporary care;
2. The right to translation and interpretation services in order to be able to communicate effectively with the Department of Children and Families, Full Case Management Agency (FSS), courts, and other professionals regarding the safety, permanency and well-being of their child;
3. The right to be notified and be able to participate and provide input in the case planning and decision-making process involving the child;
4. The right to assistance, if needed, with transportation, to ensure they have an opportunity to attend court, medical appointments, etc. as it relates to ensuring the return of the child;
5. The right to receive a written copy of the case plan as well as be able to discuss any issues or concerns as noted therein with the CMO;
6. The right to be treated by the Department of Children and Families, FSS, and the other partners with dignity, respect, and trust;
7. The right not to be discriminated against on the basis of religion, race, color, creed, gender, marital status, national origin, age, or physical handicap;
8. The right to receive information from the FSS on how to access economic services or financial aid and any other assistance, and reach personnel 24 hours per day, seven days per week;
9. The right to have ongoing visitation with the child, unless there is a court order prohibiting the visitation. The visitation should take place at a mutually-agreed upon, convenient and easily-accessible location;
10. The right to be notified in advance, in writing and via telephone, by the CMO or the court of any hearing or review where the case plan or permanency of the child are an issue, including periodic judicial reviews held by the court or Court Review Panel;
11. The right to have the child continue with his/her own birth family values and beliefs, while in temporary foster care, unless it jeopardizes the child's safety and well-being;
12. The right to be apprised of information, laws, and guidelines and any changes in policies and procedures, that would delay the safe return of the child.

The Family Service Counselor (FSC):

As valued members in the partnership for children and families, Foster Parents need to ensure that they communicate regularly with the child's FSC. Foster Parents and FSC's need to communicate often and effectively, respect each other's roles, make decisions together, solve problems together, and resolve conflicts. All members of the team have a common goal: to provide a safe, nurturing environment for the children in care. When communication is open and mutual, it is easier to accomplish this goal.





Role of the FSC/CM:

One of the other key members of this partnership that you will be interacting with regularly includes your foster child's FSC. Their responsibilities include but are not limited to the following:

1. The FSC shall have face-to-face contact a minimum of once every thirty (30) days by visiting the child in the out-of-home placement.
2. The CM shall discuss with the caregiver the case plan's progress and the child's progress, development, health and education.
3. The FSC will ensure that the date in the Department's system of record, FSFN, always contains accurate and current information regarding the child. This includes but is not limited to the child's placement history, home visit date, etc.
4. The CM will provide any and all available background information on the child: social history, medical, psychiatric and educational information.
5. Within two (2) days of the receipt of the case file, the FSC will contact the Foster Parent and inform them that he/she has been assigned to the specific child's case and to arrange a face-to-face meeting with the child. Contact information will be provided to the Foster Parent at that time: Office & cell numbers, along with their supervisor's information.
6. The CM will inform the Foster Parent of any upcoming staffing, conference or court hearing, at least within seventy-two (72) hours, in order to allow the Foster Parent an opportunity to participate and provide input with regards to the child's safety, permanency and well-being.
7. The FSC will provide a copy of the home visit form to the Foster Parent at the time of the home visit is made (SAMPLE HOME VISIT FORM CAN BE FOUND IN THE FORMS SECTION).
8. The CM will inform the Foster Parent of any changes relating to the child's psychological, physical or educational needs.
9. The FSC will inform the Foster Parent of visitations between the birth parents and the child and/or the child and his/her siblings. Visitations are to take place as soon as possible.
10. The CM will treat the Foster Parent with respect, dignity and courtesy at all times.
11. The FSC will ensure that the Foster Parent has a Child Resource Record (Red Folder) for each child that is placed in the home. The Red Folder will be given at the time of placement or within 72 hours of placement.
12. The CM will ensure that he/she provides the child's Medicaid card to the Foster Parent. If the Medicaid card is not available, the CM will ensure that he/she completes the application and submits in timely manner.
13. The FSC is to present proper identification to the Foster Parent at the time of the home visit along with ensuring that he/she signs the Visitation/Contact Log.
14. The CM will show support by responding within twenty-four (24) hours, whenever possible, to the Foster Parent's telephone messages and written correspondence.

The Child:

Your job is truly unique because each child that enters foster care is unique. For reasons beyond his/her control, separation from the home and family has occurred. Each child needs special attention and understanding for the many fears, worries and anger they may be experiencing. Consequently, the foster child placed in your home may be in shock. You will care for, worry about, scold and love this child as you would your own child.

You take the foster child "as is." You will not start at the beginning as you did with your own. Your foster child will come to you with a definite personality, range of habits, expectations and attitudes - all shaped by relationships formed in the past. This is a child you will share: a child to be enjoyed by your family and his family; a child destined to bring both sunshine and rain; but most importantly, a child needing your ever-present love and support!





The Child's Rights:

As a child I have the right to.....

1. Live in a safe home.
2. Be treated with respect.
3. Be treated as a member of the family.
4. Be accepted and loved for who I am.
5. Go to school.
6. Be in sports, clubs or afterschool activities.
7. Not be touched in any way I do not want or feel comfortable.
8. Not get hit when I do something wrong.
9. Eat a healthy and balanced meal each day.
10. Have enough summer and winter clothes that fit me.
11. Go to the doctor and dentist.
12. Have my own space to store my personal belongings.
13. Receive an allowance.
14. Not have information about me shared with strangers.
15. Speak to my counselor or guardian.
16. Go to court and speak to the judge.

Youth's Name

Date

Caregiver's Name

Date

FSC's Name

Date



The Guardian Ad Litem (GAL):

Many children in the custody of the Department of Children & Families are represented before the court by a Guardian Ad Litem (GAL). A GAL is a court appointed, specially-trained, volunteer who serves as an officer of the court to ensure that the best interests and wishes of the child are represented at legal proceedings. The GAL is there to help and provide a strong voice in court and a positive systemic change on behalf of abuse and neglected children.

GAL responsibilities:

- Investigates abuse allegations independently
- Monitors services provided
- Makes recommendations to the court
- Conducts monthly home visits with child/children

The GAL has the right to interview the child they represent and to be involved in making major decisions which affect the child. If you want to know if a GAL has been appointed to the case, please ask your child's FSC.

Guardian Ad Litem for Duval, Nassau & Clay counties:

214 N. Hogan St. 32202

Phone: (904)255-8440



GAL

Guardian ad Litem

**A POWERFUL VOICE FOR
FLORIDA'S CHILDREN**

**FLORIDA GUARDIAN AD LITEM
PROGRAM**

Section 3:

Preventing Child Abuse in Foster Care



Child Abuse in Foster Care:

Any person who knows or has reasonable cause to suspect that a child has been abused, neglected or abandoned by a parent, legal custodian, caregiver or other person responsible for the child's safety and well-being shall immediately report such knowledge or suspicion to the Florida Abuse Hotline of the Department of Children and Families.

To report suspected or confirmed abuse you can call the 1-800-96-ABUSE (1-800-962-2873) or 1-800-453-5145 for TDD (Telephone Device for the Deaf) services. The reporting of abuse can also be done via fax. (The form is available online at <http://www.dcf.state.fl.us/abuse/howtoreport.shtml>). Once you have completed the form, it will need to be faxed to 1-800-914-0004.

Telephone reporters will always be told prior to concluding the conversation whether the information has been accepted as a report or not. If you have faxed the information, notification will be provided only when additional information is needed to accept a report, or when the report does not fall within the jurisdiction of Children and Families. **REMEMBER: All reports are confidential.**

Knowingly and willfully making a false report is a 3rd degree felony. This can result in a fine or imprisonment if convicted. Section 39.205, Florida Statutes (F.S.) states what the department has to do concerning false reporting for children and Section 415.111, F.S. addresses false reporting for adults.

April is National Child Abuse Prevention Month





State of Florida/DCF Disciplinary Policy:

DISCIPLINE:

Discipline is an educational process through which foster children develop the self-control, self-reliance, and orderly conduct necessary for them to assume responsibilities, make daily living decisions and live according to acceptable standards of social behavior. Our goal is to work with them until they have the ability to control their behavior until they have self-discipline. When a child has self-discipline, he/she is able to control his/her behavior based on rules he/she thinks are important. Children learn these rules by experiencing the consequences of their behavior. Hence, it is important to let children learn what happens and how people react when they behave a certain way.

PROHIBITED DISCIPLINARY PRACTICES:

Foster parents should understand that the following practices are prohibited and may result in an investigation by Child Protective Investigations and either closure of the foster home or a warning that additional violations will result in closure of the home:

1. Corporal punishment of ANY KIND: including, hitting a child with an object or hand, slapping, spanking, popping, smacking, grabbing, shaking, washing mouth out with soap, or any other form of physical discipline.
2. Verbal abuse such as derogatory remarks about the child and/or family member, yelling or screaming at child.
3. Threats to remove child from the home or to physically punish.
4. Group punishment for the misbehavior of an individual child.
5. Withholding a meal, clothes, shelter, mail, or family visits.
6. Humiliating or degrading punishment which subjects the child to ridicule.
7. Humiliating, degrading, severe, cruel or excessive punishment. For example, washing the child's mouth out with soap, making them eat hot peppers/sauces, kneeling on stones, physical chores or exertion that would deprive the child of sleep or endanger health, etc.
8. Placing a child in a locked room.
9. Delegating authority for punishment to other children or persons. **NO OTHER CHILD, ADOLESCENT, OR ADULT IN THE HOUSEHOLD SHALL HAVE THE AUTHORITY TO DISCIPLINE.**
10. Punishment for bedwetting or errors occurring during the toilet training process.

Signed copy on file with FSS, this is your copy for reference.



State of Florida/DCF Disciplinary Policy (cont'd):

ACCEPTABLE DISCIPLINE METHODS:

Foster parents should discipline children with kindness, consistency and understanding, using positive discipline methods, including.

1. Reinforcing acceptable behavior such as honest praise, special privileges and treats, extra hugs/kisses, additional time spent with the child, stars/smiley faces on a door/bulletin board.
2. Verbal disapproval of the child’s behavior, never the child, for example, “I don’t like ball throwing in the house.”
3. Loss of privileges. For example, watching television, participating in a special event or playing with a specific toy.
4. Grounding (restricting the child to the house or yard) or sending the child out of the room and away from the family activity (for short periods of time).
5. Re-directing or providing alternatives for the child’s destructive behavior. For example, replacing a sharp object with a toy.

VIOLATIONS OF THIS POLICY:

When it comes to the attention of the Department that a foster parent has violated the provisions of this policy, a foster care counselor will immediately meet with the foster parent to discuss the incident. If during this discussion it becomes apparent that a child may have been neglected or abused, the foster care counselor will immediately report the incident for investigation.

Foster/Shelter Parent Name (please print)

Foster/Shelter Parent Signature

Date

Foster/Shelter Parent Name (please print)

Foster/Shelter Parent Signature

Date

Signed copy on file with FSS, this is your copy for reference.



Incident Reporting Procedure:

An incident is any occurrence or event that interrupts normal procedure or precipitates a crisis. There are two types of incidents: critical and non-critical. A critical incident is one that is likely to have an adverse impact on the CMO's ability to protect and/or serve its clients. Some examples of critical incidents include the following:

- Abuse/ Neglect/Exploitation/Threat of Harm;
- Aggression/threat;
- Altercation;
- Baker Act;
- Bomb Threat;
- Client Injury (requiring medical attention);
- Child Born to an Active Client (if minor child is in foster care and gives birth while living in out-of-home foster care);
- Client death;
- Criminal activity;
- Damage;
- Drugs;
- Elopement/runaway;
- Emergency room visit;
- Escape (from a locked facility);
- Foster Home/Facility Complaint;
- Hospital admission;
- Media coverage;
- Physical aggression;
- Self-injurious behavior;
- Sexual battery;
- Suicide attempt;
- Suicide ideation/threat;
- Theft/Vandalism/Damage; and
- other incidents (unusual occurrence or circumstance initiated by something other than natural causes or out of the ordinary such as a tornado, kidnapping, riot or hostage situation, which jeopardizes the health, safety and welfare of clients who are in the physical custody of Our Kids).

The Child's FSC must be notified within one (1) hour. If the Child's FSC or Supervisor cannot be reached you will be asked to contact FSS Placement or FSS on-call Placement Specialist. This reporting assists in a confidential incident report to be generated. Immediate reporting of an incident is critical as all parties need to be aware: Birth Parents (that have not had their rights terminated), legal counsel, Guardian Ad Litem, and the CMO's Executive Director MUST be notified of the incident within 24 hours.



Foster Parent Runaway Reporting Policy:

1. If a child has an assigned curfew, wait four (4) hours AFTER their curfew time to report run episode. At 4 hours, notify Law Enforcement to report child missing and obtain a CCR#.
 - If more than one child runs at the same time, a separate report **MUST** be issued for EACH child, no exceptions.
2. During the 4 hours, efforts to locate the child by the foster home should include, but not be limited to (if applicable):
 1. Searching the child's belongings
 2. Calling/texting the child's cell phone
 3. Checking the child's computer, social media accounts, or other online accounts
 4. Contacting the child's friends, relatives, or known associates
 5. Searching areas that the child is known to frequent
 6. Contacting the child's school
 7. Contacting the child's employer
3. ONCE DETERMINED CHILD IS MISSING – call law enforcement and obtain a missing person's police report number. (*Must be missing person's report, not an information only report*).
4. After CCR# is obtained, contact Kids Central (after hour's number is 904-265-6804 or kcrunaway@fssnf.org) and report child as missing. Provide all required information on child:
 - Date/time of run
 - CCR#
 - Description of child's clothing, if known
 - If child left with someone, provide that information
- Information needed for law enforcement report:
 - Provide demographic information, clothing information, previous run episodes and where child was found if known, medications, mental health, medical health, direction of travel.
5. Once child returns immediately call law enforcement to cancel CCR# and Kids Central to cancel child's run episode.

Exigent Circumstances:

DO NOT WAIT 4 HOURS WHEN:

- **Child is under the age of 12;**
- **Child has mental or medical issues**
- **Suspected abduction**
- **Human trafficking victim**



Acknowledgement of Runaway Reporting Policy:

Florida Abuse Hotline: (800) 96-ABUSE

I have received and read a copy of the Family Support Services Foster Parent Runaway and Incident Reporting Policy. I understand that I will receive in-service training for review in the event I do not comply with FSS reporting policies.

Foster Parent Print (Caregiver 1)

Foster Parent Signature (Caregiver 1)

Date

Foster Parent Print (Caregiver 2)

Foster Parent Signature (Caregiver 2)

Date



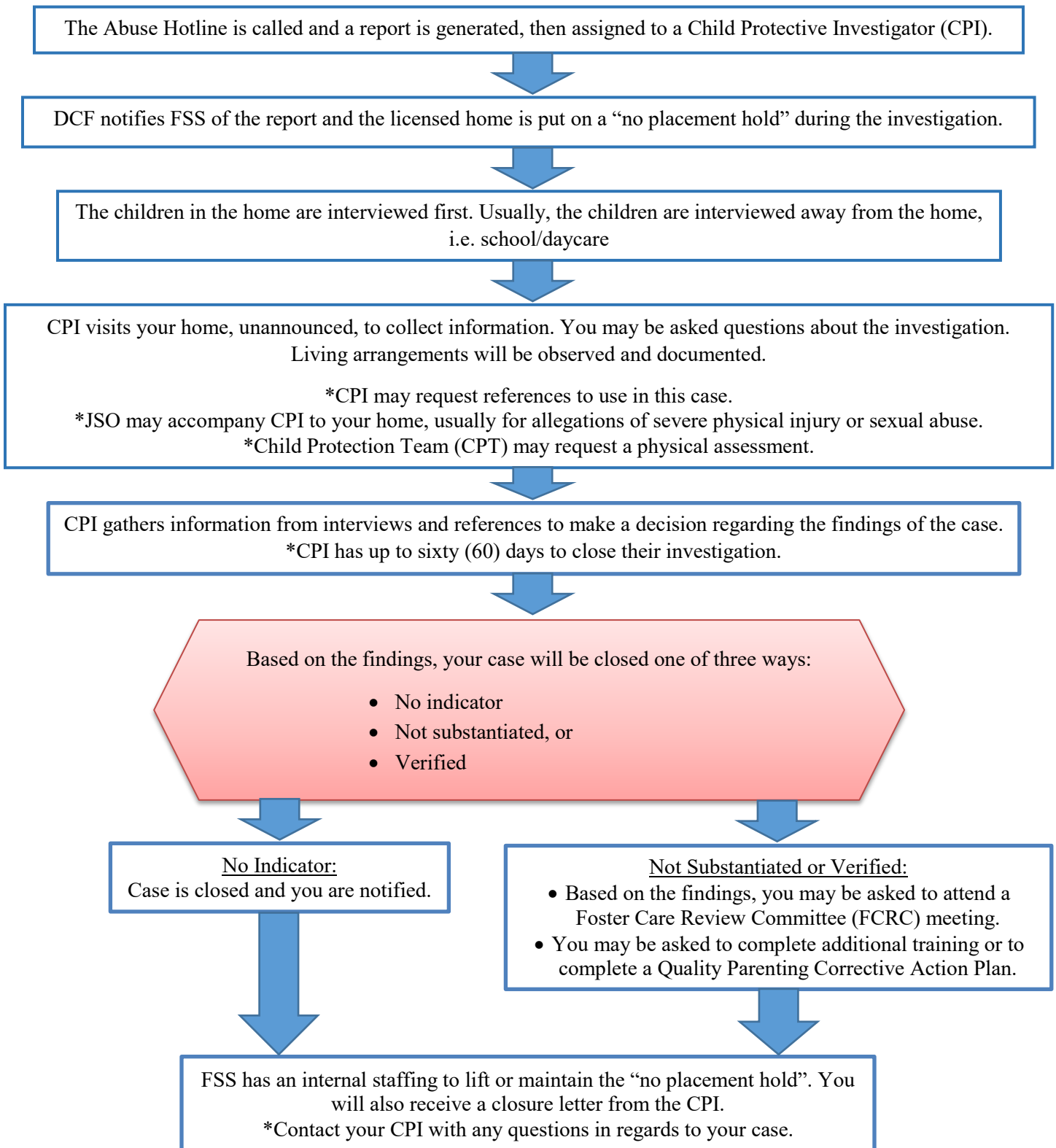
Investigating Allegations of Abuse or Neglect in the Foster Home:

In order to ensure our children's safety and well-being at all times, **ALL** abuse reports, licensing complaints and foster care referrals must be addressed by DCF and FSS, collaboratively. Following this page are two flowcharts that display the process for each investigation. Investigations may take up to sixty (60) days to investigate, before closure. How the investigation is closed will determine the direction DCF and FSS must proceed with your licensed home. We at FSS try our best to keep our Foster Parents as informed of the process as necessary, while protecting confidential information.

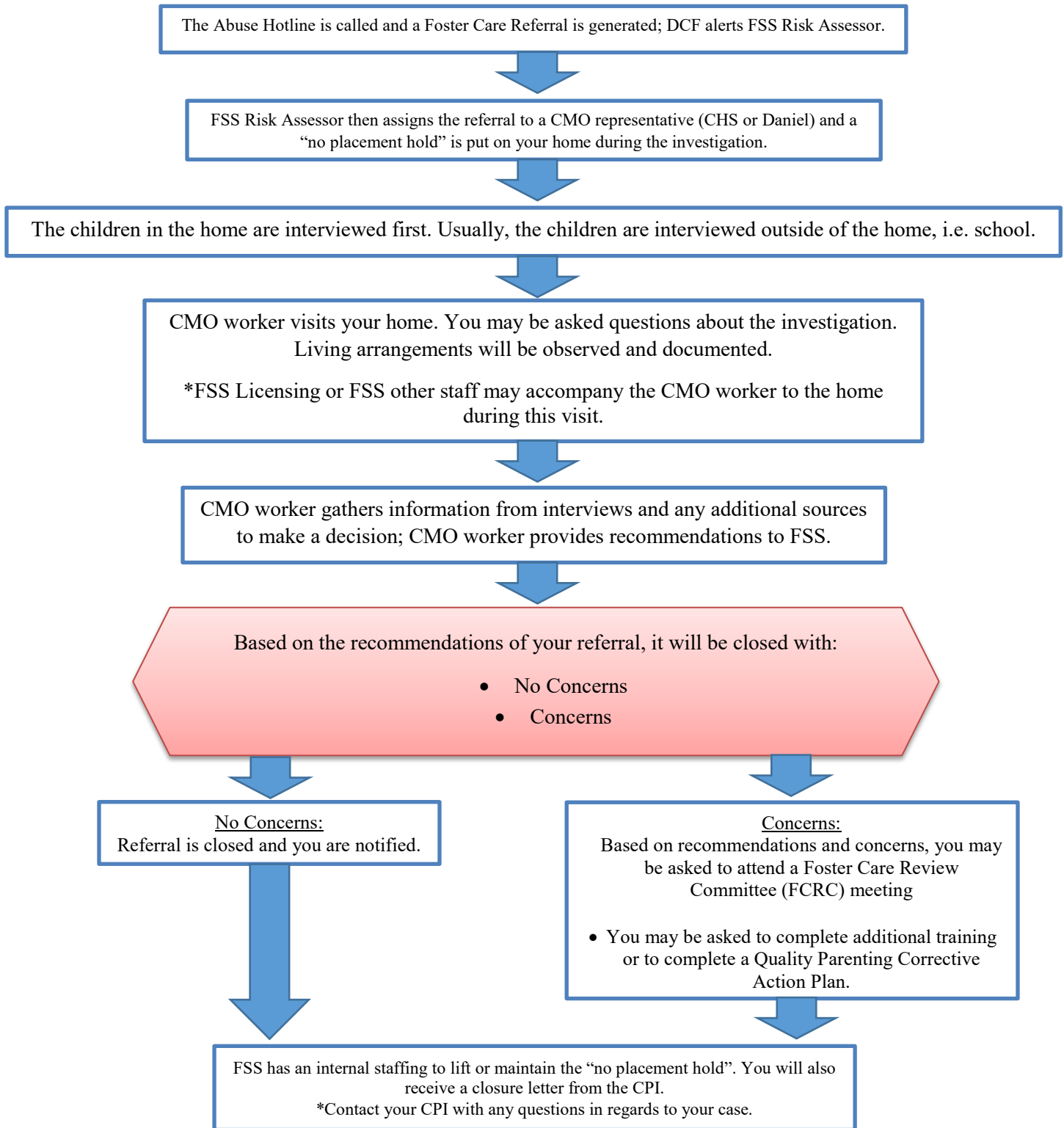
All allegations are closed one of three ways:

1. No Indicator: Meaning that the CPI found no evidence to prove the allegations during their investigation. Placement hold will be removed from the licensed home.
2. Not Substantiated: Meaning that the evidence for the allegations were present but inconclusive evidence to support the responsible party. Placement hold is staffed between DCF and FSS to come to a conclusion on further steps of action. Often times a QPI Agreement Plan is drafted and additional training is requested to help avoid similar situations in the future.
3. Verified/Substantiated: Meaning that evidence was present that there is reasonable cause to believe that child abuse or neglect has occurred and that a specific party is responsible for the given acts. DCF and FSS will staff to discuss potential license revocation.

Abuse Report Process Flowchart:



Foster Care Referral Process Flowchart:





Foster Allegation Support Team (F.A.S.T.):

F.A.S.T. provides support to foster parents when an allegation has been, or might be brought against them. Foster parents need to be kept informed of the procedures and the process throughout an allegation. F.A.S.T. was created to provide support without judgment and in an environment that provides the least amount of damage or harm for the foster parents and their families while an investigation is ongoing.

F.A.S.T. can offer the foster parent the following services:

- Provides an immediate response as well as support to foster parents when an allegation has been, or might be, brought against them by clarifying the process, and providing clear communication.
- F.A.S.T. volunteers will be there when any foster parent asks for help or support.
- F.A.S.T. volunteers will keep you informed of the procedures and the processes a foster parent can expect during an investigation.
- F.A.S.T. volunteers work toward better investigations, more compassion, tolerance and respect for foster parents, children and families.
- F.A.S.T. volunteers have a firm commitment to maintain the confidentiality of the reports.
- F.A.S.T. volunteers support and help, which means listening to foster parents when they have a need to vent a sense of hurt, anger and shock at what has happened to them.
- F.A.S.T. volunteers never allow themselves to get involved in name calling, accusations, or other counterproductive behaviors.
- F.A.S.T. volunteers help foster parents learn the concept of "fair fighting". You must remember to treat the other side with absolute respect and insist on the same.
- F.A.S.T. volunteers help foster parents gain an attitude of honest and straightforward integrity which allows their point to be viewed.

Families accused of neglect and abuse experience the accusation of integrity as a form of assault or victimization. People who have been accused of abuse often experience the same types of symptoms as those who have actually been abused:

- **TRAUMA:** Many foster parents express shock and disbelief.
- **BETRAYAL:** They feel their main source of support can no longer talk to them.
- **STIGMA:** Foster Parents report feeling shame, humiliation, inadequacy and a decline in self-esteem.
- **POWERLESSNESS:** The process can be lengthy and complex and often feel they have little information regarding the allegation.

Above all, do not forget that when you are the subject of an investigation, you need to ensure the following: (a) Begin a dated, written journal of events and communications; (b) Keep good records; (c) Insist on giving full input into the investigations; (d) Request assistance from your agency in explaining to the children what is happening and why; (e) Maintain your sense of professionalism as a foster parent; (f) Cooperate with the investigation; and most important, call **FAST** for the needed support at:

1-800-FAST-119
(1-800-327-8119)

Or by email at fast@floridafapa.org

Section 4:

Meeting All of the Child's Needs



Basic Needs: Shelter, Food, Education, Medical & Clothing:

Shelter:

One of the most important needs that a child has is a stable living environment. While there are some families who are forced to move often, such as military families, it is ideal for a child to put down roots in one place. However, this is not the single most important factor in providing a stable living environment. A stable living environment is a peaceful and safe place that the child can call home. There are many situations that could cause a living environment to become unstable. For example, when there are marital problems that result in violence, yelling and chaos or if a child is forced to move often due to financial constraints this can also cause a child to feel uneasy about the future. Many children act out with negative behaviors as a result of living in an unstable living environment. Whenever possible do your best to provide your children with a safe haven that they can call home.

Food:

Most children would live on junk food and snacks if we allowed them to. This is one of the key differences in what children want and what they need. In order to grow and develop healthy bones children must be given a healthy and nutritious diet consisting off plenty of proteins, calcium, vitamins and minerals. In addition, children must drink plenty of water. Allowing your child to eat sweet snacks once in a while is fine but these should never become a staple. Parents should look for healthier choices when it comes to snacks such as carrot sticks dipped in a favorite dressing or fresh fruits. Many children today suffer from what is called sub nutrition. Most people have heard of malnutrition but have no idea what sub nutrition means. This simply means that the child is given an adequate amount of food but the quality of food is not healthy. For example, a child who lives primarily on McDonald’s happy meals and candy bars is probably not having his/her nutritional needs met.

Food hoarding is a common behavior in children who have been deprived of adequate sustenance early in life. It can manifest in many ways, including hiding food around the house, overeating to the point of throwing up, or becoming extremely anxious at having to wait for meals to be prepared. At no point should food be locked away. If food hoarding or over-eating behavior presents itself, please seek proper resources and training on how to properly approach this behavior, as not to cause unintentional additional trauma.

Educational, Medical & Clothing:

The following pages contain further information and resources as to better help you in meeting these equally important needs.





Child Welfare-Early Childhood Education Partnership (CWEEP):

A quality early education experience provides child welfare involved children a solid foundation for learning and optimal development that is essential for long-term success. The Child Welfare Early Education Partnership (CWEEP), an effort of 16 child-serving organizations in Duval and Nassau Counties, was established in 2011 to create strategic coordination and establish communication between child welfare, early childhood, community organizations, and families with infants and young children involved in the child welfare system in Northeast Florida. CWEEP has been highly successful in its primary goal of increasing the number of children in out-of-home care enrolled in quality early learning programs. The goal of CWEEP is to increase the likelihood that children under five years old participate in consistent quality early education programs that improve school readiness and lifelong outcomes.

Importance of Early Childhood Education

Children with involvement in the child welfare system are often developmentally vulnerable due to trauma from abuse, neglect, substance misuse, poverty, homelessness or mental health issues. Early education is a great source of family support and allows children to have hands-on experiences, increases school readiness and socialization skills. Quality early education programs support the child by providing a safe and enriched learning environment where parents and caregivers are involved in the teaching experience. Quality early education centers also understand that learning begins at birth and offer activities that give the child opportunities to acquire new talents. Children who attend early education programs are generally prepared to successfully enter kindergarten with the foundational knowledge for reading, writing, mathematics, social skills and problem solving. Additionally, enrollment in quality early learning programs provides early identification of developmental needs, and offers access to health and mental health services.

Child Care Rating System:

Importance of a quality child care facility: Evidence is clear that quality early education benefits children of all social and economic groups. Research shows that when children start school behind they stay behind. Quality early education programs give them the social, language and numbers skills they need; they prepare children, especially at-risk children, for school. They make children more likely to start kindergarten ready to learn and therefore they do better throughout school. The characteristics of high quality childcare, as defined as having qualified and well-compensated staff; age-appropriate and creative curricula; decent facilities, equipment and supplies; appropriate economies of scale for administration; and small groups (class size) with optimal ratios.

Department of Children and Families' Gold Seal centers are accredited by nationally recognized agencies and possess standards that reflect quality (above the standard state licensing requirements) in the level of care and supervision provided to children. Gold Seal centers are in Duval and Nassau Counties.

Early Learning Coalition's Guiding Stars of Duval (GSOD) is a voluntary, quality rating improvement system that indicates the center's commitment to quality early education. The 5-Star rating system represents an increasing level of quality, which exceeds the minimum state licensing standards.

Child Welfare Early Education Partnership -CWEEP Certified centers are trained to effectively interact with children with behavioral problems in order to reduce disruption of child care services while meeting the specific needs of children in the child welfare system. Staff participate in 12 hours of training in Child Welfare, Trauma-informed care and Positive Behavioral Interventions and Support (PBIS) with the intention of reducing disruption of child care due to situational behavioral problems. There are CWEEP Certified centers in Duval and Nassau Counties.



Types of Quality Early Education Programs in Duval & Nassau:

School Readiness provides child care financial assistance for eligible families to offset the expense of child care by paying a reduced parent fee. School Readiness child care assistance is available to families with a child between the ages of 6 weeks and 8 years of age who:

- Are at or below 150% of the Federal Poverty Level **AND**
- Are employed at least 20 hours per week **OR**
- A full time student status (12 credit hours or 20 hours in school a week) **OR**
- Parent with a disability

Success By 6 : This is a partnership between the Early Learning Coalition of Duval and United Way of Northeast Florida. The program offers two-year scholarships for families of 3-year-olds. Eligible families are awarded a scholarship and agree to be a part of this program for two years and participate in the family programs provided. Families must be employed 20 hours a week or more and have a gross annual income of 130-200% of the federal poverty level by household size. If you need help applying or have questions, contact **Tinesha Byrd at (904) 208-2044 x 285** or by email at tbyrd@elcduval.org.

Early Head Start (EHS)/Head Start (HS) is a federally-funded community-based program for low-income families with infants and toddlers. Its mission is to enhance the development of very young children and to promote healthy family functioning. **Early Head Start (EHS) provides comprehensive, year-round child and family development services for low-income families with children ages six weeks to 3 years.** Head Start (HS) serves the same population for children ages 3-4. Provided in conjunction with Duval City public school calendar. *NOTE:* Applications are accepted year-round.

- **EHS/HS in Duval County Lutheran Services of FL (904) 572-5560**
<http://headstart.lsfnet.org/Pages/Home-Duval.aspx>
- **EHS in Duval County Contact Episcopal Children's Service (904) 726-1500** www.ecs4kids.org
- EHS/HS services in Nassau County
 - Fernandina Beach (904)491-3630
 - Callahan (904) 879-2811

Voluntary Pre-K (VPK) is a no cost pre-k program for children turning 4 years old before September 1st **AND** residing in Florida. While there is no cost for this program, these programs are only ½ day. If full-time/extended care is needed, the parent must apply for School Readiness funds to offset the cost. VPK is held at many elementary schools and child care facilities in Duval County. There are 2 sessions: school year and summer. The child may enter either program at any time, as long as there is an opening at the school of choice, but cannot attend both sessions.

Duval Contact: ELC of Duval 904-208-2044 Ext. 1 www.VPKDuval.org

Nassau Contact: ECS of Nassau 1-800-745-4836 <https://familyservices.floridaearlylearning.com>.



65C -45 Standards for Licensed Out of Home Caregivers:

Section 2.d

Child care for children in licensed out-of-home care shall be chosen by the caregiver(s) according to the following order:

1. Gold Seal accredited child care providers or providers participating in a quality rating system;
2. Licensed child care providers; Guiding Stars of Duval or CWEEN (Child Welfare Early Education Partnership) Certified Center.
3. Public school providers;
4. License exempt child care providers, including religious exempt, registered, and non-public schools. These providers must be participating in the school readiness program through the local early learning coalition.

If there is no available Gold Seal accredited child care provider or space for the child at the Gold Seal provider, then the caregiver shall chose a licensed child care provider. If a licensed child care provider has no availability, the caregiver shall chose a public school provider. If there is no availability at a public school provider, the caregiver shall chose a license exempt child care provider as required by this subparagraph 65C-13.030(2)(d)4., F.A.C. The cost of child care shall be assumed by the licensed out-of-home caregiver to the extent that subsidized child care is unavailable. See full rule at <https://www.flrules.org/gateway/ruleno.asp?id=65C-13.030>



ELC (Duval):

Children in the child welfare system are referred for protective child care by the Family Services Counselor (FSC). Caregivers will be contacted by ELC or ECS for an appointment. Caregivers are required to attend the appointment for child care services to begin.

Protective services child care assistance is not “free” child care. Caregivers are responsible for registration fees; supply/material fees; difference between child care subsidy and actual cost of child care fees; late fees; and any other fees that are assessed by the center.

Early Learning Coalition of Duval (<http://www.elcduval.org/>)

ELC of Duval is the one-stop resource for information about early learning experiences in Duval County. ELC of Duval helps families get their children into early learning care, provide child care financial assistance and helps child care providers improve the quality of their early learning program. A protective services referral will be submitted to the ELC Duval for child care assistance by your Family Services Counselor/Case Manager.

Important Information:

- Per state guidelines, please allow up to 10 days for ELC Duval to act upon receipt of protective services referral.
- Please let your referring worker know what day you plan on enrolling your child(ren), so they can begin the referral eligibility for that date.
- **Your referral is valid for 30 days once stamped complete.** *If your referral is not processed within the 30 days of the complete stamp, you may be responsible for all child care fees if your child(ren) have been enrolled with a provider. If your referral expires and your case is still open and active, you will need to contact your referring worker for a new referral.*
- *Protective services child care assistance is only eligible while your investigation/case is open. Once your investigation/case is closed your protective services eligibility will be terminated by the referring agency. After termination or expiration of your protective services eligibility, you will receive 3 months of childcare assistance to become eligible for the School Readiness program*
- When a referral is received by ELC Duval, **an email will be sent** to you with a Protective Services eligibility packet attached to you. Instructions will be in the email content and also in the eligibility packet.
- ELC Duval has transitioned towards an online Family Portal and an **email address is required** to help set up the account.
- You may come in to one of our three offices, as a walk-in, Monday-Thursday from 7:00am and our last walk-in at 5:30 PM. ELC Duval is closed to the public on Fridays.
- You **MUST** sign the referral while you are in our office to submit your eligibility packet and documentation.
- Your Protective Services eligibility packet will be processed in the order it is was received. Once your referral and eligibility packet is processed a Child and Family Resource Specialist will contact you with your childcare information.
- **ELC Duval will NOT authorize payment before caregiver is processed.** When a packet is received you will receive a receipt and a date stamped copy of the cover page of your packet. You may show that to your childcare provider as proof a packet was submitted to ELC Duval for childcare assistance.
- If you do not have a Family Portal account. Do not worry. ELC Duval will create one for you and an email will be sent for your to activate your Family Portal account.
- Please have a provider chosen before you submit the packet. If you would like a list of providers in your chosen area, please call our Customer Care line at 904-208-2044 ext.1.

ELC in Duval County– Items needed for Foster parents and Kinship Caregivers

- Valid government photo ID
- Child’s Red Folder
- Out-of-Home Placement form (signed by caseworker)
- Proof of residency (ex. Gov’t ID, signed lease, recent utility bill, etc...)
- Social Security Card for foster parents or Relative/Non-Relative caregiver (optional)
- Child’s Medicaid documentation if birth certificate or Social Security card are not available.
- ELC Duval Protective Services eligibility packet.



ECS (Nassau):

Children in the child welfare system are referred for protective child care by the Family Services Counselor (FSC). Caregivers will be contacted by ELC or ECS for an appointment.

Protective services child care assistance is not “free” child care. Caregivers are responsible for registration fees; supply/material fees; difference between child care subsidy and actual cost of child care fees; late fees; and any other fees that are assessed by the center. Caregivers are required to attend the appointment for child care services to begin.

Episcopal Children’s Services in Nassau (ECS Nassau)

Episcopal Children's Services is a recognized leader in early childhood education serving more than 50,000 children and their families in fourteen counties in Northeast and Central Florida – Baker, Bradford, Clay, Duval, Nassau, Putnam, St John's, Alachua, Marion, Lake, Citrus, Gilchrist, Dixie and Levy. They are a nonprofit organization that uses research and best practices to help families ensure their children enter school ready to learn

Important Information:

- ECS receives a referral from Caseworker
- ECS calls caregiver to set up appointment
- Clients have 10 days from the signature date on the referral, after the 10 days a referral expires and a new one will be needed to process paperwork
- Eligibility Period- Protective Service and Foster Care Cases are given a maximum of six months of eligibility at a time. With New guidelines you might have the potential for up to a year of services.

ECS in Nassau County- Items needed for Foster parents and Kinship Caregivers

- Referral from Caseworker
- Red folder with all identifying information
- Proof of Nassau County Residency (driver’s license, utility bill or letter from DCF mailed to your home)
- Proof of age (birth certificate for each child in household)
- Proof of citizenship (birth certificate, Social Security Card)
- Last 6 weeks of paystubs for all adults in the household
- Provider Choice (Foster child MUST attend a DCF Licensed Facility, <https://cares.myflfamilies.com/PublicSearch>)
- If they do not have a birth certificate, Immunization records are accepted

DCF Child Care Provider Search:

DCF has an online system to locate child care facilities by certain criteria that meet the needs of the family. Use the link below to access all child care facilities in Duval and Nassau Counties.

<http://dcfsanswrite.state.fl.us/Childcare/provider/>



Drop-In Centers:

Drop-In Centers are a joint collaboration between Child Welfare Early Education Partnership (CWEED), Early Learning Coalition (ELC), Episcopal Children's Services (ECS), Department of Children and Families (DCF) and Family Support Service of North Florida (FSS). The purpose of creating Drop-in Centers is to assist foster parents and relative/non-relative caregivers in locating immediate, temporary child care when a child(ren) has been removed from his/her home.

These Drop-In Centers allow immediate child care arrangements to be made, until the proper documentation and vouchers can be obtained for daycare, whether the child is in a licensed foster care home or we are attempting to place the child with a relative or non-relative caregiver (kinship).

Drop-In Centers are Quality Child Care Centers in Duval and Nassau Counties that are willing and able to accept the Protective Service Child Care Certificate from ELC for Duval County or ECS for Nassau County.

These centers serve 3 groups of children in the child welfare system:

- Children placed for a short period of time in licensed foster care
- Children placed in relative/non-relative care
- Children suspended from another early learning program (***Children expelled/suspended from their Public/Private/Charter school are only allowed to attend Drop-In Centers during their regularly scheduled before and after school timeframe***)

School age children are not allowed to be at Drop-In Centers during in-school hours. Although Drop-In Centers are available for children ages 6 weeks to 12 years, child care payment certificates currently only serve newly enrolled children from birth to age 9. Alternative arrangements must be made for children who are too young to attend child care centers or too old to receive child care assistance.

To use a Drop-In Center:

- Contact child's FSC to arrange child care services at a Drop-In Center.
- Contact ELC in Duval County, (904) 208-2044 ext 1, to report Drop-In services will be used.
- Contact ECS in Nassau County, (904)491-3638, to report Drop-In services will be used.
- Receive a zero balance receipt from child's current child care center.
- ***Attend appointment at ELC or ECS to complete process for placement in new child care center.***



Rilya Wilson Act

The More You Know: ESSA & Rilya Wilson Act

According to ESSA:

- All school age children (5 -18 years) must remain in their school of origin, unless it isn't in the best interest of the child.
- Staffing to be held with the Child Welfare Professional (or others) when school of origin is changed.
- A child can immediately enroll in a new school, even if the required enrollment documents and school records aren't available.

According to Rilya Wilson Act:

- A child birth to school age (0 to 5 years) is required to attend a program 5 days a week (unless exception is made by court).
- All children enrolled in daycare must remain in that daycare unless it is determined to not be in their best interest (until a transition plan is developed).

If a child is absent:

- The caregiver must report the absence(s) to the program by the end of the business day.

Every Student Succeeds Act (ESSA):

A Federal Education Law that promotes school stability and success for youth in out of home placements.

Rilya Wilson Act:

Children who are currently in an out-of-home placement, must be enrolled in an age-appropriate education program.



If you have additional questions, please contact:
Rilya.Wilson@FSSNF.org.





School Readiness & Developmental/Infant Mental Health Screenings:

School Readiness-

Applying for School Readiness

All protective services families, who live in Duval County, may become eligible for the School Readiness program through ELC Duval once their protective services case closes. To be eligible for the School Readiness program families must meet the following guidelines: Receive \$242.00 or more per child in TANF (Relative Caregiver Benefits). If family receives less than \$242.00 per child they must meet School Readiness eligibility of working at least 20 hours per week (one parent household), working combined 40 hours per week (two parent household), full time student, combination of work and school, or disability. Families will have 3 months to become eligible for the School Readiness program after case closure. Families should call ELC Duval at 904-208-2044 ext. 1 once they know the case is going to close.

Developmental/Infant Mental Health Screenings

Comprehensive Behavioral Health Assessment

When children are sheltered and placed in out-of-home care, they participate in a **Comprehensive Behavioral Health Assessment (CBHA)**. CBHAs are a comprehensive look at the child's behavioral health needs. CBHAs are intended to guide case planning and ensure the appropriate services for each youth. Services identified as needs within the CBHA that are incorporated into the case plan are supposed to be implemented within 30 days.

Fla. Admin Code 65C-28.014(4) and (5) state that CBHAs must be performed by a licensed mental health practitioner or under the supervision of a licensed practitioner. If a child is known to have a specific disability or other special need, ask for a practitioner with experience in that field (e.g. developmental disability, substance abuse, sexual abuse). All children who are taken into state custody and placed in a licensed placement are supposed to have a CBHA performed within 30 days. Children who go to relatives or non-relative placement do not automatically have a CBHA performed. But they may still be eligible for them.

Ages & Stages Questionnaire

The Ages & Stages Questionnaires®, Third Edition (ASQ-3™) pinpoints developmental progress in children between the ages of one month to 5 ½ years. **Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ:SE-2™)** is a system focused solely on social and emotional development in young children. These questionnaires are based on age and include input from the child's caregiver. If there are concerns, the child will be referred to appropriate services. Once a child has been in out-of-home placement for more than six months, a post-test of ASQ and ASQ:SE will be completed by case management staff to monitor the child's progress now that their living situation has stabilized. Case management staff will make arrangements with the child's caregiver to complete the post-test.

If a child is recommended for further evaluation they will be referred to

Early Steps (Birth to 3 years):

910 N. Jefferson St.
Jacksonville, FL 32209
Office: (904) 360-7022
Fax: (904) 798-4545 or (904) 798-4544

Child Find (3 to 5 years):

4124 Boulevard Center Dr.
Jacksonville, FL 32207
Office: (904) 346-4601
Fax: (904) 346-4611



School Needs:

Every Student Succeeds Act (ESSA):

FAQ's:

Q: What is *Every Student Succeeds Act* (ESSA)?

A: On December 10, 2015, President Obama signed this act, amending Title 1, Part A of the *Elementary and Secondary Education Act*. For the first time, ESSA embeds in federal education law provisions that promote school stability and success for youth in care and collaboration between education and child welfare agencies to achieve these goals.

Q: Why are protections for students in foster care included in the ESSA?

A: Children in foster care are some of the country's most educationally disadvantaged students. Studies show that students in foster care experience school suspensions and expulsions at higher rates than their peers not in foster care, lower standardized test scores, high levels of grade retention and drop-out, and far lower high school & college graduation rates.

Q: What are the specific protections for students in foster care contained in the ESSA?

A: REMAIN IN THE SAME SCHOOL WHEN IN THE CHILD'S BEST INTEREST-Children in foster care frequently change schools-when they first enter foster care, when they move from one foster home to another, or when they return home. Research shows that children who change schools frequently make less academic progress than their peers and fall farther behind with each school change. Also, school instability makes it difficult for children to develop supportive relationships with teachers or peers.

SCHOOL TRANSPORTATION WHEN NECESSARY-For some students in care, transportation is needed to allow them to remain in the same school. By 12/10/16, local education and child welfare agencies must collaborate, and the education agencies must include in their local plans, assurances that they have developed and implemented clear written procedures governing how transportation to ensure school stability will be provided, arranged and funded for the duration of the children's time in foster care in a cost effective manner and in accordance with the provisions of the child welfare law that permit the use of certain Title IV-E funds for school stability transportation.

IMMEDIATE ENROLLMENT IN SCHOOL AND TRANSFER OF SCHOOL RECORDS-Children in foster care frequently face delays in school enrollment or are placed in the wrong classes or schools, often due to missing, incomplete, or delayed school records and documentation.

POINT OF CONTACT DESIGNATED WITHIN STATE EDUCATIONAL AGENCY-Under the new law, every state education agency must include in its state plan the steps it will take to ensure collaboration with the state child welfare agency, including designating an employee to serve as a point of contact for child welfare agencies and to oversee implementation of the foster care provisions of the ESSA. The point person should also identify best practices and ensure effective implementation at the local educational agency level and with public charter schools. The point person must be someone other than the state's McKinney-Vento Act Coordinator.

LOCAL EDUCATIONAL AGENCY (LEA) POINT OF CONTACT-LEA's (typically a school district, but it could also be a charter school or other LEA) must include in their local plans assurances that they will collaborate with local child welfare agencies and that, when a child welfare agency notifies the local education agency that it has a point of contact for the education of children in foster care, the LEA must designate a similar point of contact.

REQUIRED DATA COLLECTION AND REPORTING-For the first time, state educational agencies will be required to report annually on student achievement and graduation rates for students in foster care. To implement this requirement, education and child welfare agencies will need to work together to ensure effective, appropriate, and confidential data and information sharing between systems.

CHARTER SCHOOLS- States receiving charter school grants under the Title IV Part C of the new law must work with charter schools on recruitment and enrollment practices to promote inclusion of all students. This includes eliminating any barriers to enrollment for youth in foster care.



Getting Ready for Your Child's IEP Meeting:

Every Child with a disability who is eligible for Exceptional Student Education (ESE) will have an Individual Education Plan (IEP). An IEP is a written plan for the special education of a child with a disability. The IEP is like a road map. It describes what the child can already do and what the child needs to learn in order to reach his/her goals. The IEP also identifies the kinds of support that child needs in order to learn. Your child's IEP will be written by a team of people at an IEP meeting. The IEP team will decide which special services and supports your child needs in order to make progress.

You are an important member of the IEP team. The guide will help you know what to expect during the IEP meeting, so that you will feel more comfortable and be able to participate effectively in the process. Keep in mind: an IEP is written for your child only, there is only one IEP at a time for your child, & an IEP is a plan for up to 12 months of your child's education.

Q: Who could be on the IEP team?

A: Biological parents (if rights are still intact), you (one or both caregivers), child (if age appropriate), at least one ESE teacher who provides or may provide services to your child, child's general education teacher, someone who understands and can explain the evaluations that have been done for your child (this may be one of the people already on this list), a person from the school system who can make sure that your child gets the services listed on the IEP, other people invited by agency or the school.

Q: How can I get ready for the IEP meeting?

A: Think about your goals for the child's long-term future. Make a list of what the child can do, likes to do, and needs to learn. Make a list of types of support the child needs. Ask to look over the child's school records and evaluations and read them carefully. Talk with your child about the IEP process and what he/she wants from it. Ask the school for a blank IEP form so you can become familiar with it. Let the school know in advance if you will need a translator during the meeting. Talk to other parents about their IEP experiences.

Q: How can I participate in the meeting?

A: Bring paper, pen, and any records or evaluations of your child. Share your vision for the child for this school year and years to come; talk about what the child can do and what the child needs help with; talk about any services the child has received in the past; listen and ask questions to make sure you completely understand; have a positive attitude-even when you disagree.

If the biological parent's rights are still intact, they will review and sign the IEP. If their rights are not intact or the school has made three attempts to contact them without success AND the child has been in your home for a minimum of 2 months, you may review and sign the IEP. You may review IEP at the end of meeting before signing. If you wish, let the team know you would like to take the IEP home to think about it before signing. If you think the IEP is not finished, ask for another meeting. Once the IEP is complete, the school will give you a copy to keep in your records. If FSC is not in attendance to receive a copy, please request an additional copy for the FSC to receive at next home visit.

Q: What happens after the IEP meeting?

A: After the first IEP has been written, the biological parents will be asked to give written consent for the child to receive ESE services. Unless rights have been terminated or 3 attempts to contact the biological parents without success and the child has been in your care for 2 months or more, you may give written consent, the school will begin implementing the IEP by providing specially designed instruction and services. Check that all the plans are being carried out and that the child is making progress. Continue to look over the child's school work, keep in touch with the child's teachers, and visit the child's class (call the school first). The IEP must be updated at *least* once every 12 months. However, you may ask for an IEP meeting at any time if you believe it is important to consider changes in the IEP.

If you disagree with the IEP, the law provides a process for resolving differences. You may schedule another meeting. You may seek mediation, ask for a due process hearing, or file a formal complaint with the Florida Dept. of Education. For more information, talk to the ESE administrator in your local school district office.



School Needs (cont'd)- **Focus, Parent Academy & Suspensions:**

In order for a child to be performing at their best, as their temporary caregiver, it is important to become actively involved in his/her education and being supportive of positive learning experiences in the home. So what can you do to help?

- Read with them and ask them if they need help with their homework
- Turn off the TV to create less distracting environment
- Let them know that you expect them to do well and the importance of a good education
- Let them know that you will help and support them to be the best they can be

Focus: Caregiver's can check on grades and assignments by logging into the Grade Portal, aka Focus. Parents/Guardians must create an account. The directions are posted on the website:

www.dcps.duvalschools.org/focus. The school will verify your account within 24 hours. There is a link for support and help for any issues in registering for Focus.

Parent Academy: On www.dcps.duvalschools.org, there is a tab for "Parents" with multiple resources for caregivers to assist with their child's education. Caregivers can register under the "Parent Academy" for courses and training to better assist them in guiding their children through school. Certificates of training are provided and can be applied to your FP annual requirement.

Suspensions:

To ensure we are not reinforcing a negative behavior, please do not pick a student up from school unless they are suspended or ill

Anytime the FSC, caregiver or group home staff is called to pick a student up from school they need to verify the reason for the call. If the student is ill and needs to be checked out of school a note must be turned in upon return to school for the absence to be excused.

Anytime the FSC, caregiver or group home staff is called to pick a student up because they are being suspended, inquire into when the proper paperwork will be completed. Ask if the student has been referred to ATOSS. Transportation and meals will be provided for foster children at ATOSS. ATOSS allows for the student to have an excused absence and do their work. Transportation for ATOSS is on High School schedule that begins and ends earlier than Middle School hours. To attend ATOSS you must have referring paperwork from the school. An alternate ATOSS site can be requested if there is alternate transportation arrangements provided. ATOSS is not available for students in PRIDE and may not be available for a student with an IEP if an ESE teacher is not at the ATOSS site. If an ATOSS center calls for you to pick up a child due to disruption, they must be picked up as there are rules to follow at the ATOSS center.

If the school says that they are working on the paperwork, then wait or ask when you can pick the paperwork up and it should be that day. Do not leave the student, because if they have been suspended then they will be considered trespassing on the school property, but you need to have the completed paperwork before you leave school grounds. You should also have a Discipline Referral Form with date of the offense and then the number of days for the suspension. If you are picking up a student during the morning then that may count as the first day. Verify an exact beginning and ending date with school before leaving. Keep the paperwork, because if your student has an IEP there are steps that the school must follow concerning suspensions.

Schools do not have the authority to expel a student from school. They can refer a student to the hearing office if they have had multiple offenses. If that happens and your student has been out of school 7 days without notification of a hearing, please call FSS Education Specialist at 904-418-5822.



Your Child and Medication:

As a foster parent, you are responsible for giving the child the medication as prescribed by a licensed doctor and for recording the exact amount of any medication prescribed in the Medication Log – which is to be kept in the Child’s Resource Record (Red Folder). A sample Medication Log can be found in the Forms Section of this Handbook. No child should be given prescription medication without a physician’s prescription. The Medication Log reflects the following information: (a) date/time the medication was administered; (b) name of the child (one Medication Log per child); (c) the name of the medication (to include any over-the-counter medication); (d) quantity of the medication in the container (at the time of admission); (e) prescribing doctor; (f) reason for administering the medication; (g) how medication was administered; & (h) who administered the medication. Please refer to the below example of a partially completed Medication Log.

If you feel the child should stop taking the prescribed medication due to it having an adverse effect on the child, you should not discontinue giving the child the prescribed medication. You must first *immediately* contact the child’s FSC or the FSC supervisor and express your concerns. You also need to document it on the home visit form given to you once every 30 days when the child’s FSC visits your home.

Reminder: New medication CANNOT be started without consent from the biological parent or a court order.

PRESCRIPTION MEDICATION LOG

Month/Year: Current month and year-9/16 Client Name: Child’s name here-Youth Smith Foster Home: Your name here-Carin Home
Foster Parent Giving Medication (Name & Initials): Your name here-Carin Home/ CH Prescribing Physician: Doctor’s name-Dr. Love
List of Medications: Dosage: List of Medications: Dosage:

Adderall	10 MG		
Elavil	50=2 25 MG		

Med/Time	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Morning																																	
Adderall	10mg	-	-	-	-	CH	CH	CH	CH	CH	CH																						
Elavil	25mg																																
Elavil	25mg																																

CODES: S – School Dose H – Hospital V – Out of Home Visit O – Omit Dose M – Missed Dose DC – Discontinued R – Refused

Youth Left Placement (date): _____ Meds Supplied To: _____ Amount: _____ Date Supplied: _____
Foster Parent Signature _____

Medication Disposed: _____ Amount: _____ Initials: _____

Additional Comments: _____

Sign YOUR NAME HERE UPON PICK-UP _____ Date of pick-up _____ FSC signs here upon pick-up at home visit _____ date of pick-up _____
Foster Parent Signature Date Signature of Staff Recording Log Date



Psychotropic Medications:

Psychotropic Medication Chapter 65C-35 Caregiver

Caregiver as defined by 65C35: A person who is approved in writing by the Department as responsible for providing for the child's daily needs, or any person legally responsible for the child's welfare in a residential setting.

What should caregivers expect prior to Administering Psychotropic Medication?

A Child Resource Record with all information:

- Medication Report Form 5339 Medication Log
- The full name of the child for who the medication is prescribed
- The condition and purpose for which the medication is prescribed
- The prescribing practitioner's name and contact information
- The pharmacy from which the prescription was obtained and contact information
- The prescription number, drug name and dosage
- Medication Home Visit Addendum/Inventory Form
- Pamphlet "Understanding Psychotropic Medications"
- Refrigerator handout of type of Psychotropic Medication and Side Effects (following page)

Administering Medication: What to know?

- Medication must be a current prescription, in original container, and clearly marked
- The recognized side effects, risks and contraindications of medications
- Drug-interaction precautions and possible side effects of stopping medications

Complete Medication Log Daily

- The times frequency, and method of administration and if the dosages vary at different times
- The practitioner's plan to reduce /or eliminate ongoing administering of medication
- The dates and times of any follow-up appointments, including appointments for laboratory testing

Caregiver Involvement

The caregivers must make every effort to attend medical appointments and obtain the information about medications, possible side effects, and provide information about the child to the prescribing practitioner as requested. The caregiver's schedule must be taken into consideration when scheduling appointments.

The caregivers do not have the authority to provide expressed-informed consent, nothing in this rule prohibits caregivers from expressing their concerns regarding prescribing psychotropic medication. If the caregiver is unable to attend the appointment, the FSC shall provide the Medical Report 5339 and review the report with the caregiver to ensure the caregiver has a full understanding of the report and medical instructions.

The caregiver shall monitor the child and report to the prescribing practitioner, CPI or case manager any behavior or other incident that could indicate an adverse reaction or side effect to the medication.

The caregiver must seek emergency care for the child in the presence of adverse or side effect is affecting the child's health or safety.

Psychotropic Medications (cont'd):

Overlapping Target Symptoms (Behaviors)

	Anger/ Depression	Impulsive	Withdrawn Sad	Destructive Defiant	Anxious	Difficulty w/ Focus	Manipulative
ADHD	X	X		X		X	
Conduct Disorder	X			X			X
Oppositional Defiant Disorder	X	X		X			X
Anxiety Disorder	X	X	X		X	X	
Bipolar Disorder	X	X	X	X		X	X
Obsessive Compulsive Disorder		X			X		
PTSD	X		X		X	X	

Psychotropic medications

alter brain chemicals to regulate mood and emotions.

Antipsychotics

like Seroquel, Abilify and Zyprexa

FDA-approved for youth with: Schizophrenia, bipolar disorder, irritability with autism
Potential side effects: Sedation, weight gain, diabetes, nervous system disorder

Antidepressants

like Prozac, Zoloft and Paxil

FDA-approved for youth with: Major depressive disorder, obsessive-compulsive disorder
Potential side effects: Suicidal behaviors, weight loss, abnormal bleeding

Mood stabilizers

like Depakote, lithium

FDA-approved for youth with: Manic episodes, bipolar disorder, seizures
Potential side effects: Weight gain, diarrhea, nausea, tremors

Anti-ADHD

like Adderall, Ritalin and Strattera

FDA-approved for youth with: Attention deficit hyperactivity disorder
Potential side effects: Growth delays, tics, decreased appetite, insomnia

Anti-anxiety

like Vistaril (hydroxyzine)

FDA-approved for youth with: anxiety, tension
Potential side effects: Sedation, dizziness, dry mouth

Source: Texas Department of Family and Protective Services and The University of Texas at Austin College of Pharmacy, "Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care," September 2013
Graphic by Alexandra Kanik / PublicSource



Medicaid Information:

FAQ's:

Q: How do I apply for Medicaid for my child?

A: All children in licensed care receive Medicaid benefits. The child's FSC is responsible for applying for and making changes to the child's Medicaid. The FSC or CPI will submit the completed Medicaid application to the FSS Rev Max department for the authorization of benefits. Only children that are Citizens or qualified non-citizens are eligible for Medicaid. Illegal children will only get Medicaid to cover Emergency Medical Treatment documented by a physician at a hospital and only for the duration of the emergency.

Q: How do I request a new Medicaid Card for my child?

A: If benefits have already been authorized and a new Medicaid Gold Card is being sought, the child's FSC will be the one to contact FSS Rev Max. The issuance of these cards can take between four to five weeks since they are issued by the Agency for Health Care Administration in Tallahassee. If the child is having a medical emergency and no Medicaid card is available, the FSC will obtain an emergency Medicaid ID if necessary. Your FSC will be responsible for securing and paying the medical, vision, dental and mental health care for those children who are not eligible for Medicaid, or who need services not covered by that program with prior approval.

Q: Can we switch Medicaid plans, i.e. from Sunshine Health to United HealthCare?

A: Each child will have a managed care plan assigned to them by FSS that will be determined to meet the child's needs. Some children may come into care already on Medicaid and it may take several days to have the Medicaid reassigned to FSS. Once the child is assigned to FSS all changes will have to be made through the FSC. Each household is eligible for \$25.00 a month in over the counter Medications which the caregiver can request from the assigned managed care plan (CMS Medicaid does not have this provision).

Q: How can I switch the Primary Care Physician?

A: Once a child has been assigned to a Medicaid plan you will receive an insurance card which will identify who the Primary Care Physician (PCP) will be. If this is not the physician that you would like to use please contact the child's FSC with the information of the PCP you would prefer.

Q: I was informed my child has a primary insurance provider and Medicaid is secondary, what does this mean?

A: If the child is on their biological parents' insurance then that insurance is primary and Medicaid is secondary. This will cause foster parents to have copays that will be reimbursed by the assigned agency. It is important to ensure that the child's PCP also takes both the primary and Medicaid insurance. We can't terminate the primary insurance as the parents have the right to cover their children. If the insurance does not cover a procedure or treatment the child needs then the provider must bill the insurance first and when they deny the claim, the provider submits this to Medicaid and they will cover the expense.

- **If your question/issue is not above, contact your child's Case Manager to resolve.**



Clothing Allowance:

Initial Clothing Allowance (ICA):

The Initial Clothing Allowance is a reimbursement for clothing expenses, to include Diapers, incurred by licensed Foster Parents and/or facilities receiving children into care for the first time. The amount is \$75 and is only given once per child to the original Foster Parent or Facility. A Request form for each child is required.

- **Requirements: Child must be in a licensed Foster Care placement not less than 30 days.**
- The FSC will request the reimbursement from FSS within 45 days of child being placed in the original Foster Home.
- The FSC will collect the receipts for items purchased before requesting the Initial Clothing Allowance Reimbursement. Receipts are to be filed in child's folder.
- Children coming into care July 1-31st, will not be eligible for Initial Clothing Allowance because they will receive the School-Clothing Allowance instead.

School-Clothing Allowance (SCA):

Family Support Services of North Florida issues a School Clothing Allowance each year, the date of release varies but will be announced. The Clothing Allowance will be issued to foster parents or facilities with children 0 - 17 years of age, as a licensed foster placement. The amount is \$300 per child (subject to change).

- **Requirements: Child must be in a licensed foster placement as of mid-July of that calendar year.**
- Children in Licensed care as of mid-July will usually be issued a SCA the week of the "Tax Free Back to School" weekend. The release date is subject to change every year.
- Children coming into care after mid-July and before the end of July will be issued a SCA the first week of August.
- This will not be combined with any other Clothing Allowances through FSS (meaning the ICA). The FSC is responsible for collecting receipts and filing them in the child's folder.
- Children confined to Correctional Facilities when School Clothing Allowances are issued, will not be issued a School Clothing Allowance until they are released. Upon release to a Licensed Foster Placement, a School Clothing Allowance can be requested via email to Van.Henderson@fssnf.org.
- Should a child be released to Relative(s), moneys will be made payable to the Agency for purchases. School Clothing Allowance requests must be submitted within 10 days of release. All request must be made in writing. Receipts are required.
- A child detained beyond one (1) School Clothing Allowance cycle will only receive one (1) Allowance.



Additional Needs:

When a Child First Comes Into Your Home:

Whenever a foster child is placed in your home, you need to think about how the child is feeling along with how you are feeling. The child probably feels that he has been rejected by his/her parents, whom he/she loves despite their inadequacies. They are the persons that he/she knows. Unfortunately, you are the unknown. The child's home – no matter how cramped or dirty, was home and your home may seem bewildering, even terrifying to the child. Feeling rejected - the child's view of you and your home can be seen as punishment.

A foster child knows how his/her parents have reacted to him or her; however, but he/she doesn't know how you are going to react. An early discussion of limits may help avoid a need to test them. Remember that testing may occur anyway to see if you mean what you say. Although this will be quite aggravating to you, you need to be patient and reach out to your support systems. The child may refuse to eat, hoard food, or even overeat. The child may cling to you or may flee from you. The child may lash out his anger by hitting you, breaking things, or keep his/her anger bottled up inside. He/she may wet the bed because of his anger and insecurity. I know that you do not want to hear what I am about to tell you but it is going to take time, patience, skill and love to resolve the child's issues and problems and those prompting the need for foster care.

On the other hand, the child can be an angel for several days or weeks. If you remember your PRIDE training, this is what is known as the "honeymoon" period. The following is a list of hints that many foster parents have found useful in helping a foster child adjust into their home:

1. Welcome the child quietly. Do not overwhelm him or her with attention or a show of affection. This can be extremely threatening.
2. Help the child settle into a regular routine as quickly as possible.
3. Let the child know the rules in your home. Be as consistent as possible in enforcing the rules.
4. Do not be disappointed if the child does not respond to you immediately (I know that this one is easier said than done.)
5. Give the child opportunities to talk to you, but do not pry into his/her past life.
6. This one is very important and many times forgotten: NEVER, NEVER, NEVER say any negative things and/or criticize his/her parents. On the contrary, you need to reinforce the parents' relationship with their child as much and whenever possible.
7. Do not threaten the child with his FSC as a means of dealing with his behaviors: Don't tell the child you will call Placement and have him moved immediately if he doesn't behave. By your saying this, you, too – like his parents – will be giving up on him or her. He/she needs your love, support and understanding.
8. Help the child develop a feeling of pride and confidence by giving him tasks within his/her ability. This will help the child with his or self-esteem and identity.
9. When the child succeeds at something – no matter how big or small – express your pleasure and recognition of his/her abilities.
10. Be sure the child has a place to keep personal things.
11. Refrain from ridiculous or severe punishment, e.g. in the case of bedwetting, shame or punishment will only aggravate the problem.
12. If you feel you have tried everything and nothing is working, ask your child's FSC, other foster parents, or the child's therapist for suggestions.



HELPING THE CHILD DEAL WITH SEPARATION ISSUES:

As you learned during Pride Training, one of the most important and potentially difficult tasks you have to deal with is “separation and loss”. The child must deal with his/her initial separation from his/her parents, with him or her leaving them to come back from visits, with the daily separations that the child may have from you and the final separation from you when he/she is hopefully able to be reunified with his parents. This will be difficult for the child and he/she will need your help in coping with the feelings about these separations. It is normal for a child to be confused, angry, feel deserted, helpless and a multitude of other feelings. Unfortunately as the child does not know how to express him or herself, these may come out in different inappropriate and negative behaviors.

When the child separates from his/her parents, the feelings the child has will depend on his/her age, length and nature of the relationship with his/her parents, other life experiences and his/her ability to understand what is happening. Regardless of why a placement is made, the child will usually feel a sense of helplessness. In order for the separation to be more acceptable to the child and to feel more in control of the situation, the child will blame him/herself. Then he/she does not have to feel helpless if he/she feels that he/she is responsible for the separation. Therefore he can be at fault and not his parents. This is where working in partnership and as a member of a team is crucial. As separation and loss are quite complex and has many sides, these feelings may occur at various times during the placement. Don't blame yourself and especially not the child for the behaviors!

THE SHOCK OR HONEYMOON PERIOD:

The child may display very shallow feelings or none at all. He or she may show some false happiness, uncontrollable giddiness, docility, and robot-like actions. He or she does everything that he is or she is asked to do and never mentions his or her family. The child is agreeable to have around. You as the child's foster parent feel that the child is “adjusting beautifully” in your home. He or she seems TOO GOOD to be true! That's because it isn't true...this period will last from one to three weeks.

ANGER:

A child may begin to come out of his or her shock and give up the expectation of returning home soon. When he fully realizes what has happened to him or her, he or she may begin to exhibit certain negative behaviors. The child may become preoccupied with his or her loss and angry at the people closest to him or her, at his or her parents, at him or herself, and at God, perhaps wondering, “Why has this happened to me?” The child may even stop being so obedient; he or she may wonder if his or her behavior made him or her so unlovable and unwanted. The child may be fighting a raging battle inside with the whole force of his or her being directed at an effort to regain what he or she has lost. His or her behavior may include sleeplessness, night wandering, night terrors (he or she can't be brought out of them as he or she could the nightmares), or weeping without any apparent reason. The child may make active efforts to contact his lost family by running away, even though he or she is angry with them. He or she may show an obvious desire for help, but backs off when it is offered. He or she may refuse to be comforted or express feelings of guilt about behaviors which he or she may believe contributed to his or her being removed from the home. Children have an amazing knack of choosing the means of protest which is most threatening to parents. It seems they know what buttons to push! One child may break things, another may get sick, or lash out at you, the foster parent.

**DESPAIR:**

When his or her active efforts to get what he or she has lost are unsuccessful, he or she will become discouraged, give up, hurt, stop fighting, make no efforts at anything, or become more concerned with things than people and probably want to be left alone. You can probably even see pain on his or her face. He or she may have a sense of complete helplessness and apathy. He or she may go to bed, get sick more often, hide in the garage, go into a fetal position, etc. This is similar to the shock stage with its robot-like actions, simple motions, no plans, no desire to take care of him or herself, even to bathe! He or she may not start anything new, may regress to thumb-sucking, bed-wetting, playing with toys, etc. Even your teenagers may display some infantile behaviors. Unfortunately, the anger and despair may last several months each, depending upon the child's adjustment and his or her capacity to handle extreme stress. He or she can't be comforted nor should you try to do more than just say, "I know that this is a rotten day for you. Remember that I am here if you need me and I care about you."

DETACHMENT/REATTACHMENT:

Then, finally, one day the child wakes up and finds there is something to look forward to after all. There is still that sense of loss, but the child is able to be realistic about it. He or she has hope, a sense of mastery over his or her situation and relates to the world. He or she shifts from having a lack of involvement to feeling response to people. He or she stands straight, gives attention to his or her grooming, takes an interest in his or her surroundings, and shows more organized and purposeful behavior. This change can bring some sense of reward for those months when you accepted him or her when his or her behavior was unacceptable. But remember that this change DOES NOT happen overnight. Hang in there, it DOES get better!



When Your Child Leaves the Foster Home:

You have known all along that the foster child placed in your home would not be staying with you forever. If the child has remained in your home for 30 days or longer, an Exit Interview will be conducted. The child will be interviewed, as appropriate to his age, after he has left your home. The child's feelings about his placement in your home will be further explored. These interviews will help us in determining the quality of care and safety that is being provided in each foster home.

Even though the child was placed with you, a permanent living arrangement has always been the goal. The permanency goal can be returning to his or her parents, going to an adoptive home (your home may become his adoptive home if you have expressed a desire to adopt him to her to the child's FSC), or for some reason, you and he or she may not be able to make a success of living together and the child will be moved. Remember that the courts and the child's CMO have the legal authority for making long term plans for your child.

So when your child leaves your home, it will be hard on everyone. After all, saying good-bye, to someone you care about is not easy. If you feel like it, don't be ashamed to smile through your tears when he or she leaves. Tell him or her that you will miss him or her. At the same time, do not forget to be supportive of his or her return to his or her family or other placement. He or she can appreciate your honesty without developing guilt feelings about causing your sadness. It is healthy to show controlled sadness, rather than false happiness.

Occasionally, you may be asked to cooperate with a plan with which you do not agree. You may think the child is going to be returning to the same situation. Remember, he or she has been given an example of a good home and some strengths and habits that will stay with him or her. When the CMO knows that a change has to be made, the FSC will discuss it with you as early as possible and help you to prepare the child. Permission to leave should also be given to the child. The child may be upset and need some friendly convincing with regards to his or her return to his or her parents.

Communication with the child after he has returned to his or her home should be discussed with the child's FSC. Usually the family needs time to become a family again and outside influences may be tempting and upsetting. Close relationships have been known to develop between foster parents and the foster child and his or her family. In some cases (maybe years later) a foster child you thought you had failed may contact you with memories of the good feelings he had for you and the good times he spent in your home. Times such as these are rewarding and any headaches or heartaches you may have experienced with the child seem like a small price to have paid. You have helped a child go on with his or her life! Foster parenting is not a lifetime commitment to a child, but rather a commitment to be meaningful during a child's lifetime. Foster care involves families helping families!



The Child's Resource Record (Red Folder):

One of the most important resources available on your foster child is the Child Resource Record - CRR (also known as the Red Folder). The CRR must be given to you at the time of placement or within 72 hours. If you do not receive one for each child that is placed in your home, you need to contact your child's FSC and request it immediately. If FSC has not been assigned to your child's case yet and you have not received the CRR within 72 hours of placement, contact FSS Placement.

Once you have the CRR, you need to ensure that it is kept current. Whenever the child leaves your home, you need to ensure that he or she takes this book. This will help him at his next placement, which will hopefully be with his birth parents. Remember that the information contained in the CRR must remain confidential at all times. Staff entries in the CRR must be dated and signed.

Some of the information contained in the CRR includes but is not limited to the following:

- **Section 1 – Medical, Dental & Mental Health Information:** This would be Medicaid information, immunization record, records from medical, dental, eye exam, etc.
- **Section 2 – School Records & Information:** This would include report cards, copy of IEP, school incident reports, FCAT results, etc.
- **Section 3 – Photographs:** There is a plastic bag in this section to keep photos or keepsakes for the child.
- **Section 4 – Family Information:** Any documentation, change in visitation status, family history information, etc.
- **Section 5 – Court Orders and Information:** Court Order for Shelter/Foster Care, current case plan, most recent Judicial Review, misc. legal documentation, etc.
- **Section 6 – FSC Information & Case Plan:** FSC contact information, case plan history information, etc.
- **Section 7 – Placement Information & Family Safety Contract (if applicable):** Information about current placement, Family Safety Contract if already in place or put in place while in current placement.
- **Section 8 – Correspondence:** correspondence between FSC, bio-family, medical team, etc.
- **Section 9 – blank**
- **Section 10 – Miscellaneous:** Any additional documentation that doesn't exactly fit in the previous sections.



Creating a Life Book:

A Life Book is an excellent tool and process to help children understand their life experiences in order they can function better, feel better about themselves, and be better prepared for their future. It's is a combination of a scrapbook, diary and a story. The Life Book is an important part of a child's connection to his or her birth family. The best time to begin a Life Book is when a child comes into the foster care system, when birth family and child's developmental and family history information are more available. Unfortunately, this process often does not happen. It then becomes the task of the FSCs and the foster parents, or even the adoptive parents (if no one else has done it), to begin to retrieve and collect important identity information for this child. A Life Book should be developed with the child.

Remember that you can get information you will need for your child's Life Book from the following sources: Case records; case records from other agencies that have had contact with the child; birth parents; foster parents; grandparents or other relatives; previous FSCs; hospital where the child was born; well-baby clinics; other medical personnel; previous neighbors; teachers and schools; court records; newspapers (birth announcements, marriage announcements); school pictures (from school records); policemen who have had previous contact with the birth family; and church and Sunday school records.

There is no right or wrong way to prepare a Life Book. You can be as creative as you and your child want. Below is a guideline of some of the information you want to include (if available) in your child's Life Book:

- **BIRTH INFORMATION:** Birth Certificate, weight, height, special medical information, and a picture of the hospital.
- **BIRTH FAMILY INFORMATION:** Picture of the birth family, names, birth dates of parents, genogram, names, birth dates of siblings, and where they are, physical description of parents, especially pictures of parents and siblings, occupational/educational information about birth parents, any information about the extended family members.
- **PLACEMENT INFORMATION:** Pictures of foster family or families, list of foster homes (name, location of foster homes), names of other children in foster homes to whom child was especially close, names of social workers, pictures of social workers to whom the child was especially close.
- **MEDICAL INFORMATION:** List of clinics, hospitals, etc. where the child received care; and care given (surgery, etc.), immunization record, any medical information that might be needed by the child as they grow up, or as an adult, height/weight changes, loss of teeth, when walked, talked, etc.
- **SCHOOL INFORMATION:** Names of schools, pictures of schools, friends and teachers, reports cards, and school activities.
- **RELIGIOUS INFORMATION:** Places of worship the child attended, confirmation, baptism and other similar records, and papers and other materials from Sunday school
- **OTHER INFORMATION:** Any pictures of child at different ages of development, stories about the child from parents, foster parents, and social workers, and accomplishments, awards, special skills, likes and dislikes.

It is never too late to start a Life Book! Foster Parents have an important role in collecting information and working with the FSCs to help the child develop his/ Life Book.



Client/Master Trust Fund:

Client Master Trust (CMT) Accounts are set up for children who receive benefits from a third party source that are in the care of the State. Most CMT children receive Social Security benefits. There are two types of Social Security Benefits:

- SSA benefits (Retirement, Survivors, and Disability Insurance RSDI) are paid because a parent paid into the program and has retired, died or is disabled.
- SSI benefits (Supplemental Security Income) are paid based on the individual's need and disability. Because of this, clients receiving SSI funds cannot have more than \$2,000 in their account. Any dollar amount above \$2,000 will cause them to forfeit their SSI benefit payment and SSI Medicaid until the balance is below the \$2000.00 threshold.

A child who has a diagnosed disability, takes psychotropic medicine, lives in therapeutic/medical foster home, or has an IEP with the school may qualify. If you think a child should receive SSI, please talk to the child's Family Services Counselor.

Things every foster parent should know about a child's Client Master Trust:

- You should get the child's balance from each Judicial Review or ask about it during the monthly home visit.
- Children can request a monthly \$30 personal needs allowance.
- Client master trust funds can be used for cell phone, camp, computers, additional cloths, trips, incentives for good behavior, and provide money for transition out of care as long as it meets the prudent parent standard—would a prudent parent make this purchase?.
- Keep in mind any single item costing \$200 or more must get approval from SSA and takes additional time for approval.
- Items that could be paid for from another source such as glasses or shoes covered by Medicaid cannot be bought using Client Master Trust funds unless Medicaid denied it and deemed to be necessary and approved by SSA.
- The Client Master Trust never reimburses for purchases. Do not buy anything until the check has been issued.
- Fee Waivers can be used to accumulate more money for items that are needed but the Master Trust does not have the needed amount on hand.
- Checks are normally ready on Tuesday provided all proper check request documentation has been provided by the end of the day the preceding Friday unless otherwise noted.

If you any questions about the Client Master Trust, please contact FSS Revenue Maximization (Rev Max) department.



Placement/Removal

FSS Placement: FSS Placement team, also referred to as Kids Central, is the initial point of contact after the removal of a child from their home. When a child is placed into Out-Of-Home care, Kids Central is notified by DCF and asked to identify a home to place the child with. This is when Kids Central will ask questions in anticipation of the questions our caregivers would have. Often, and especially with a new removal, DCF will not have the information Kids Central will ask of them. Below is a list of FAQ's our Placement team regularly encounters:

1. **Q: How long will these children be expected to be in my home?**

A: The first goal of DCF is to locate relative or non-relative placement for children as these are often environments that the children are familiar with and the least invasive. The process of identifying relative/non-relative placement may take days to months for approval, every situation is unique. This is where our licensed foster families play a vital role as they already have approved background screenings and an approved Home Study on file, making an emergency placement immediate until a less invasive placement can be identified. There are cases where relative/non-relative placement option cannot or are not identified, leading to a long-term foster care placement.

2. **Q: Can Foster Parents request a specific CMO, or agency for case management?**

A: No, CMO's are assigned by CMO Services based off of specific case needs and services.

3. **Q: How do I request a child in my home to be moved to another home?**

A: We recommend parents watch this video on the effects of multiple placements: <http://centervideo.forest.usf.edu/qpi/effectsmultplac/start.html>. However, we understand there are certain life events that are unavoidable. In the event a family absolutely must request a child to be moved from their home they must call Placement during regular business hours, M-F 8am to 5pm. Placement may take up to 2 weeks to identify a new home as emergency placements take priority.

4. **Q: Who do I call when there is an emergency situation after 5pm or over the holiday?**

A: Kids Central has staff working on-call 24 hours a day, 7 days a week. The after-hours emergency number is (904) 265-6804 for any time after 5pm, weekends and holidays.

5. **Q: How can I request respite and who do I call?**

A: Call Kids Central during regular business hours, M-F 8am to 5pm to request respite. Respite requests should be called in at least 2 weeks in advance of the first day of respite beginning. For additional respite information please refer to [respite](#) section in this handbook by clicking blue link.

6. **Q: What do I do if my child runs away?**

A: Please refer to the [run-away procedure](#) section in this handbook by clicking the blue link.

7. **Q: What is the board rate and when should I expect payment?**

A: Please refer to [board rate](#) and [board rate FAQ](#) section in this handbook by clicking the blue links.



Placement Transition Planning:

Every move creates more trauma for the child, but also for our caregivers. A good Placement Transition Plan can be a healthy and positive experience for all parties, whether the child is transitioning into reunification with mom/dad, or with relatives/non-relatives, adoptive home, into another foster home to be with siblings, etc. Below are some suggestions for creating a healthy transition for the child and your family:

1. **Preparing for the move:**

- Current caregiver shares information about the child in a write up for the new caregiver to include:
 - Anything that will help the new caregiver in caring for the child.
 - The child's typical routine – bedtime, meal time, bath time, home work, etc.
 - Likes and dislikes – foods, games, hugs, etc.
 - Strengths and areas of improvements
 - Favorite foods
 - Comfort items
 - Stressful times and fears
 - Effective discipline techniques
 - Hobbies, extra-curricular activities, etc.
- Trade pictures:
 - Both families share pictures
 - Foster family provides the child with a photo album (or Life Book) commemorating his time with them
 - Receiving family sends pictures to the foster family to hang in child's room and to talk about the new family
- How to tell the child?
 - This should be a team decision made by those that know the child best – foster family, therapist, FSC, etc.
 - It should be explained at an age appropriate level.
 - If possible explain the timeframe and steps towards the move.
 - Don't make promises you might not be able to keep (overpromise).

2. **When should it occur?**

- Week day or weekend? – It shouldn't be during a time that is rushed.
- Allow time to pack all of the child's items in a relaxed and self-paced manner.
- What is going on in the child's life at that time? School, little league, birthday party, school play, etc.
- Can the move wait until after the important event? List any important upcoming events/appointments to share with receiving family so they can plan accordingly.
- When is the best time for the child to say good bye to everyone important to them?
 - Foster family members
 - School
 - After school care
 - Day care
 - Neighborhood

3. **Who will take the child to their new placement?**

- Ideally the foster parent should take the child to the new placement or meet the new caregiver in a neutral location.
- Does the FSC need to be present?
- Do we need to involve the Child Placing Agency to support the foster parent?

4. **The move:**

- This will be an emotional time for everyone but the adults need to put on a happy face for the child.
- If appropriate, take pictures to document and make this a happy occasion for the child.

5. **After the move:**

- Ideally everyone would stay in touch – visits, back up baby sitter, phone calls, and pictures – the sending parent needs to respect the boundaries of the receiving parent and allow them time to adapt to a new routine in their home too.
- Celebrate that you made a difference in a child's life.

Teen Enrichment Programs: Youth 13-17 Years Old

Keys to Independence: The program will reimburse youth and caregivers for the costs associated with driver's education, driver's licenses and other costs related to getting a driver's license as well as motor vehicle insurance. For more information visit www.k2i.us

Embrace the Race: This program is a health and wellness program designed so that teens can experience a variety of physical well-being activities. The program offers activities that focus on both mental & physical health. Included within this program are activities and events such as a 5k, Five Tool Training, trauma informed yoga and beach volleyball. For application or more information, contact: Kendra.hilton@fssnf.org.

The Challenge: This program is designed to test youth's skills with fun-filled, challenging adventures and activities such as rock wall climbing, camping, canoeing, scavenger hunt, horseback riding, ropes course and much more. For foster, kinship or recently adopted youth ages 15-17. To register or for more information, contact: Kendra.hilton@fssnf.org.

Splash: Scuba promotes life goals and support healthy living. For foster, kinship or recently adopted youth ages 15-17. Must be able to swim (tread water, float for 10 minutes and swim 200 meters continuously, swim test is given). This program ends with a trip to the Florida Keys for a fun-filled scuba dive adventure. For application or more information, contact: Kendra.hilton@fssnf.org.

Just Like Me: This is a 3 week summer camp where teens learn how to tell their story and help others express theirs through dance, music, poetry, writing, photography or spoken word. They work directly with industry professionals at The Performers Academy and will also learn about training, education and careers in the arts. For application or more information, contact: Kendra.hilton@fssnf.org.





Independent Living Services: Youth 18-22 Years Old

***For more information about any Independent Living Services, contact efcinfo@fssnf.org.**

Extended Foster Care:

Youth are eligible for extended foster care (EFC) if they meet the below criteria-

- In licensed foster care on their 18th birthday
- Enrolled in high school, GED program, college or trade school, or
- Employed at least 80 hours per month, or
- Attending a program designed to remove employment barriers, or
- Have a physical, intellectual, emotional or psychiatric condition that limits participation.

Is EFC the right choice for youth?

EFC is a voluntary program that is all about the youth and helping the youth get to the next phase of adult life. They will have a Case Manager & FSS Independent Living Services Specialist to help them meet their goals.

IL Services Specialist will help determine which housing opportunity is right for youth.

- **Supervised:** living with licensed foster parent(s) or in a group home
- **Semi-supervised:** transitional living setting
- **Scattered site:** living in an apartment, house or other approved setting in the community

Now what?

Once youth has completed the application and it has been approved, they'll need to:

- Consent and agree to ongoing supervision by their Case Manager
- Live full-time in their approved placement
- Help develop their case plans and transition plans
- Attend their judicial reviews and court hearings
- Sign the necessary paperwork for FSS to verify and document their participation in a qualifying activity.

Youth who leave care after turning 18 are eligible to return to EFC before the age of 21 (or 22 if they have a disability).

Postsecondary Educational Services and Support (PESS):

Youth are eligible if they:

- Spent at least 6 months in licensed foster care, or
- Were at least 16 when adopted or placed with a court-approved guardian after spending 6 months in licensed foster care
- Earned a standard high school diploma or equivalent, AND
- Are enrolled full-time in a Florida Bright Futures eligible college or trade school.

If eligible – now what?

- Apply and renew PESS application annually with FSS



- Must remain enrolled at least 9 hours in a Bright Futures eligible college or trade school and maintain standards of academic progress
- Must complete a Free Application for Federal Student Aid (FAFSA) each year
- Must sign a Family Educational Rights and Privacy Act (FERPA) form each year allowing FSS to access grades
- FSS will pay rent and utilities each month out of PESS stipend; Youth will receive the remaining balance

Aftercare Services:

If youth is between the ages of 18 and 22, they may be eligible for Aftercare Services.

- Available if they are **NOT** already enrolled in EFC or PESS
- Functions as a bridge for youth who leave care without being eligible for PESS
- May include referrals to community resources who can help with:
 - Mentoring and tutoring
 - Mental health services and substance abuse counseling
 - Parenting classes
 - Money management training
 - Job and career skills training

If they qualify for Aftercare Services, an IL Services Specialist will work with youth to complete a monthly plan to help them achieve goals.

Education Training Voucher:

If youth is attending a non-Bright Futures College or trade school, or only attends part-time, they may qualify to receive a cash stipend through the federal **Education Training Voucher** (ETV) program.

Eligible students, 18 and older, may receive grants each year for up to five years or until their 23rd birthday.

Tuition and Fee Exemption: Fee exemptions are offered to students if they meet any of the below criteria

- He/She is or was at the time they reached 18 years of age in the custody of the Department of Children and Families;
- He/She was adopted from the Department of Children and Families after May 5, 1997;
- He/She was is or was at the time of reaching the age of 18 in the custody of a relative under s. 39.5085, F.S.; or,
- He/She is or was at the time of reaching the age of 18 in the custody of a guardian under s. 39.6225, F.S.; or,
- He/She was placed in a guardianship by the court after spending at least 6 months in the custody of the Department after reaching 16 years of age.

Section 5: Order in the Courts





The Dependency Legal System:

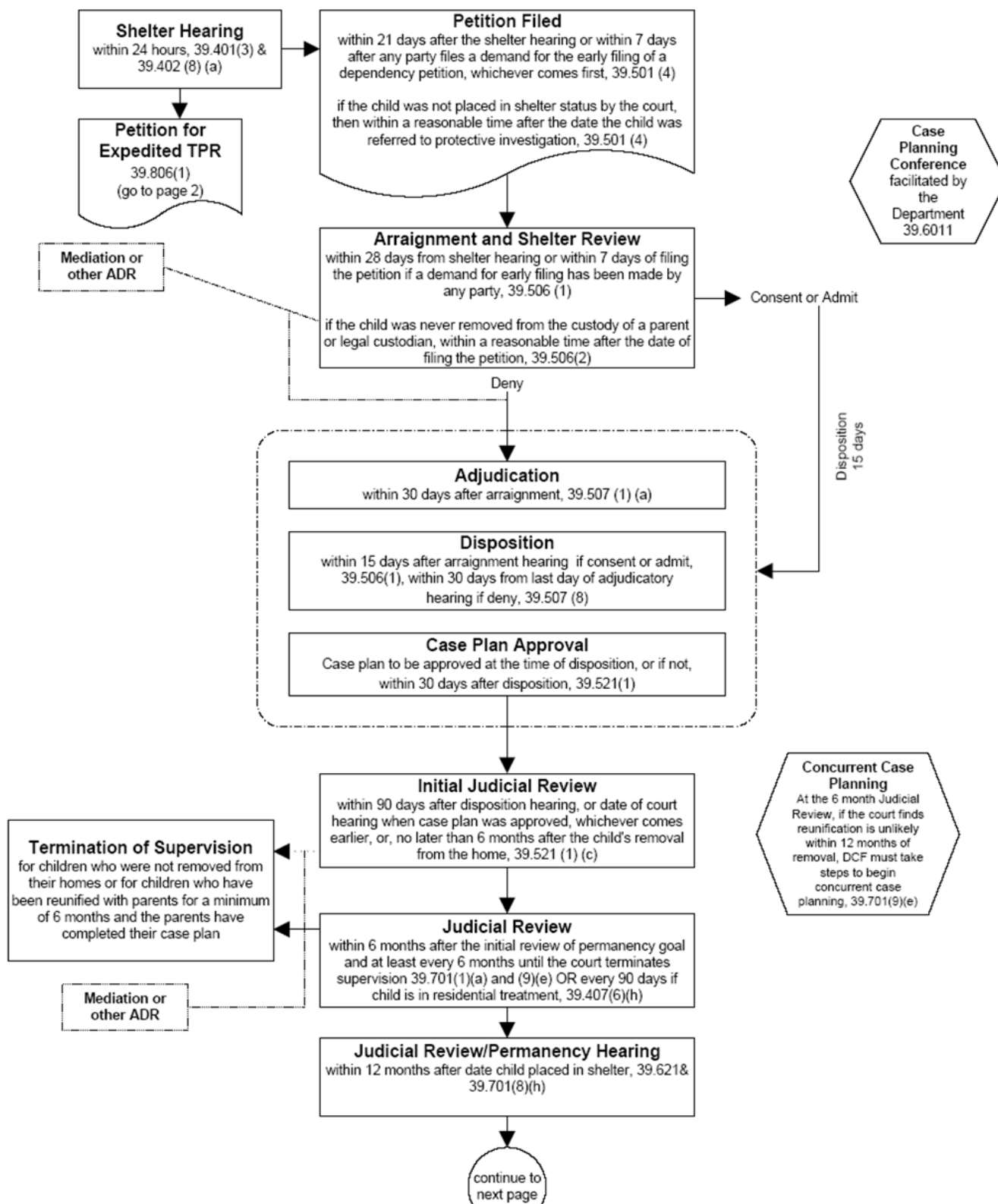
Foster Parents provide critical information to judges who make decisions about children in foster care. Foster parents can give valuable information regarding medical, dental, educational and behavioral information, child visits with the parents and/or siblings, and offer recommendations for services needed by the child. Therefore, you should make every effort to attend and participate in the child's court hearings. If you are unable to attend please feel free to provide your input to the child's case manager.

There are judicial reviews held every five to six months. These are required for all children in foster care. Their purpose is to determine how the child is doing in foster care and that efforts that are being made to ensure that child's permanency. Judicial reviews are held before a general magistrate or a citizen review panel (CRP). The CRP is comprised of 3 – 5 volunteers who assist the Juvenile Court by reviewing the child's case and providing the court with their findings and recommendations. If approved by the judge, the recommendations become court orders.

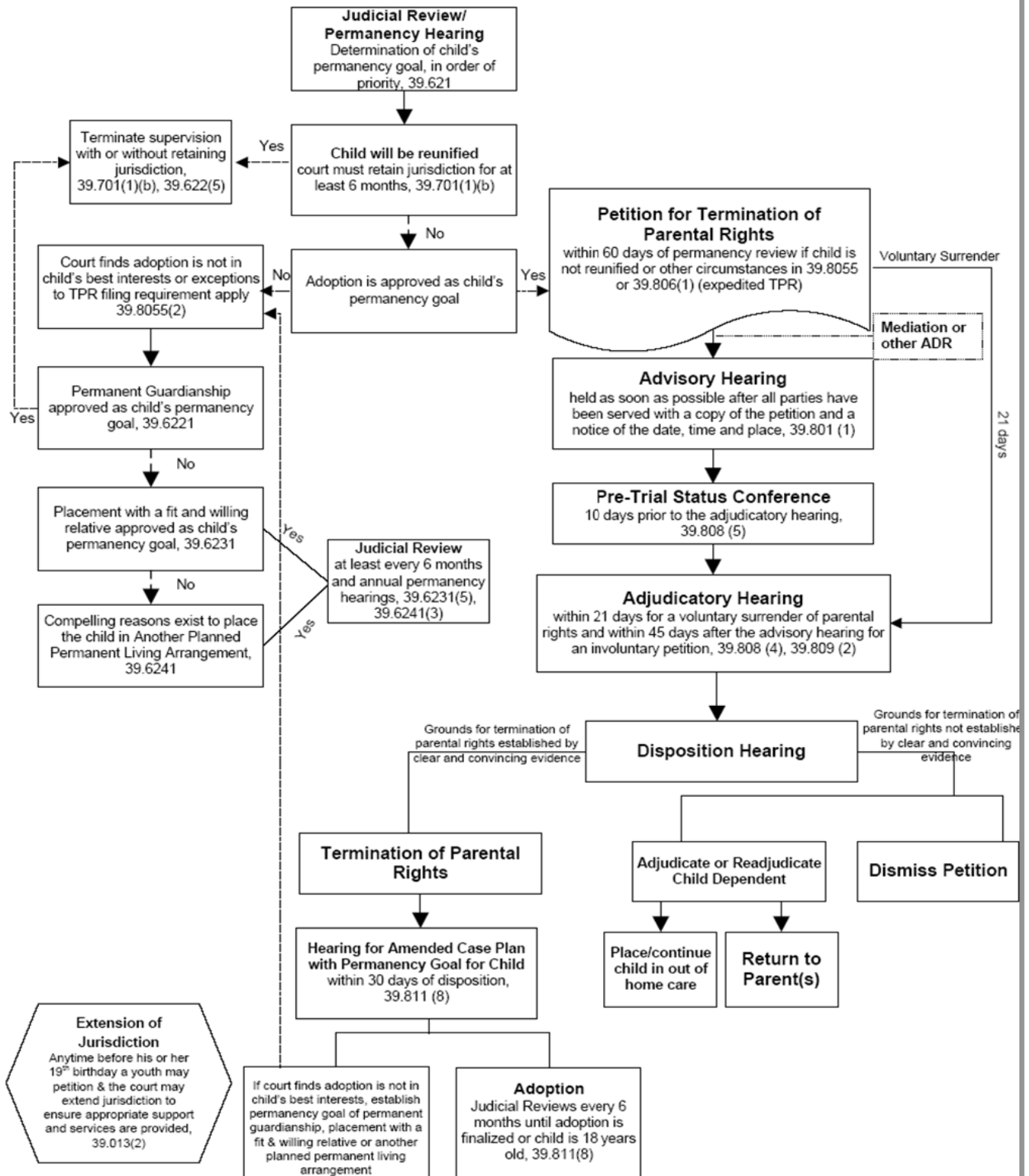
The Clerk of the Court of the 4th Judicial Circuit (located at 501 W. Adams St.) will send you a notice stating the date, time and location of the hearing. If the review is before the CRP you will also receive a letter from the staff at Foster Care Review. If you are not notified of judicial reviews, you can call your child's FSC or CLS at (904) 723-2000.

Once a child comes into care, the clock starts ticking! The case manager has ongoing deadlines that must be met to ensure the child's permanency is achieved as soon as possible. Attached is the dependency flowchart from when the child initially comes into care until permanency is achieved through reunification with his or her birth parents or adoption along with a Primer on Dependency Proceedings to assist you in better understanding the legal process.

Dependency Case Management Flowchart:



Dependency Case Management Flowchart (cont'd):





Changes in the Permanency Goals:

The following manual, Caregiver and the Courts (A Primer on Dependency Proceedings for Florida Foster Parents and Relative Caregivers), provides general information about the dependency court process. The permanency goals identified therein have been updated: In 2006, FS Ch. 39 established the following permanency goals: 1. Reunification; 2. Adoption; 3. Permanent Guardianship of a Dependent Child; 4. Placement with a fit and willing Relative; and 4. Placement in Another Planned Permanent Living Arrangement (APPLA).

As with the other four permanency goals, APPLA is planned and is intended to establish permanency for a child through a supportive relationship with a significant adult or adults that the court is satisfied will endure over time; however, it is the least preferred of the permanency goals. Compelling reasons when this placement will be pursued may include, but are not limited to:

- (1) The case of a parent and child who have a significant bond but the parent is unable to care for the child because of an emotional or physical disability, and the child's foster parents have committed to raising him or her to the age of majority and to facilitate visitation with the disabled parent;
- (2) The case of a child for whom an Indian tribe has identified another planned permanent living arrangement for the child; or
- (3) The case of a foster child who is 16 years of age or older who chooses to remain in foster care, and the child's foster parents are willing to care for the child until the child reaches 18 years of age.



Caregivers and the Courts:

INTRODUCTION

A Primer for Florida Foster Parents and Relative Caregivers

Federal Law now gives foster parents (including pre-adoptive parents) and relatives caring for children the right to be heard in court, subject to certain restrictions. As a foster parent or relative caregiver, you are an important member of the team caring for a dependent child. You may have valuable information that would help the court make its decisions. If you want your information to have the greatest chance of being heard by the court, it is important for you to understand the legal issues judges face at different types of hearings about the child, how to assess whether certain information is appropriate for the court process, and how best to present it to the court.

This brief manual provides general information about the court process as well as, in the last section, some specific suggestions on how you can participate in the process. By providing the juvenile court with current, detailed information, you can help the court to make the best possible decisions about the child in your care.

THE COURT PROCESS

How a Case Gets to Court

The dependency process begins when someone reports suspected child abuse or neglect. The Department of Children and Families or a County Sheriff's Office under contract with the department will conduct an investigation. If the investigator believes that the child's safety requires immediate removal from the home, a petition for shelter is filed and heard by the Court within 24 hours of the child's removal. If the investigator believes that a child is in need of court protection, either with or without removal from the home, then a petition is filed to declare the child a dependent of the court. This petition is called a *Petition for Adjudication of Dependency* and alleges facts that the investigator believes are the basis of the need for protection.

Initial Hearing

Within 24 hours after a child is removed from a parent (1), the juvenile court holds an initial court hearing, called the shelter *hearing*. This hearing is the court's first chance to hear about the situation that brought the family to the attention of the Department of Children and Families (DCF). At the shelter hearing the judge decides whether the child's safety requires that she be removed from her home until legal proceedings take place on the allegations of abuse or neglect filed against the parent(s), and whether the safety of the child requires that she should stay in shelter, in the temporary custody of a relative, appropriate non-relative, or DCF.

Since the initial hearing happens very quickly after the child is removed from her home and most caregivers do not have firsthand knowledge about the events addressed by the court, you probably will not have information to submit at the initial hearing.

Adjudicatory Hearing

The child's parents have a right to a trial on the allegations of abuse or neglect charged against them. At this hearing, the court receives evidence and determines whether the allegations of abuse or neglect are true. If it decides that they are, then the court sustains or upholds the petition. To do this, the court must determine whether the alleged abuse, neglect or abandonment fits the maltreatment descriptions in Chapter 39, Florida Statutes, which authorizes the court to intervene for a child's protection.

(1) Some children live with a legal guardian. If a child is removed from a legal guardian, the court follows the same process as if the child were removed from a parent.

Most relative caregivers and foster parents will not have information on whether the child falls within one of the categories that authorize the court to take charge of the child.



Disposition Hearing

If the court declares that the child is a court dependent, the judge then decides whether the child should remain with a parent or be legally removed from the parents' care. If the child is removed from the parents, the court then considers who should care for the child. The court must consider relatives as the first placement alternative. If placement with a relative is not possible, the child is usually placed in a foster home.

In most cases, the court orders a reunification plan for the parents so that the child can return home. A reunification plan describes the responsibilities and duties of both the social services department and the parents to remedy the problems that caused the child's removal. At the disposition hearing the court can also make orders about visitation, issue restraining orders, and make any other orders the judge finds are in the best interest of the child.

The decisions that are made at the disposition hearing focus on the parents' ability to provide care for the child and on services the child and family need in order to reunify as soon as possible; input by a foster parent or relative caregiver is usually not appropriate. However, in cases where the child has been in your home for many months, you may have information about the child's needs that could assist the court.

Six-Month Review Hearing

The juvenile court must review the cases of all children placed in foster or relative care at least once every six months. At the first review hearing, information is given on the parents' progress with their reunification plan and on how the child is doing in foster care. The court may return the child to his home or may order that the child continue to live in a relative's home or a foster home.

As the child's foster parents or relative caregivers, you must be given notice of this hearing. The notice must tell you that you may attend all hearings or submit to the court, in writing, information you believe to be relevant.

Foster parents or relatives caring for a child often have valuable information about the child's physical, emotional, educational, and social development. This kind of information may help the court to understand the child's needs. If you have been supervising visits between the child and a parent, you may also have some information about the parent's progress to relay to the court at the review hearing.

Permanency Hearing

A permanency hearing must be held within 12 months of the date the child entered out-of-home care. (2) The court will decide if the child can safely be returned home or if efforts to reunify the child with his birth family should end. In some cases, the court may decide to continue trying to reunify the family. It is important to remember that terminating reunification services does not terminate parental rights. The child's parents are often able to continue visits and other involvement with the child even if the court terminates reunification services.

If the child cannot return home, another permanent plan will be selected at the permanency hearing. That plan could be adoption, long term relative placement or another planned, permanent living arrangement. The preferred choice is the most permanent home possible for the child, so the court considers first adoption. If adoption is determined by the court to not be in the child's best interest, then the following options are considered:

- Long-term custody (adult relative or other adult approved by the court)
- Long-term licensed custody
- Independent Living
- Guardianship pursuant to chapter 744

Foster parents and relative caregivers are given notice of the permanency hearing in the same way they are given notice of the review hearing.

You may have information about the child's physical, emotional, educational, and social development while in foster care that will be helpful to the court at this stage of the proceedings.

(2) A child is considered to have entered foster care on the removal date.



Post-Permanency Review Hearings

A hearing is held every six months to update the court on the child's progress and needs. This continues until either the child is adopted or until the Department's supervision over the child's long term relative placement is terminated by the court. Foster parents and relative caregivers are given notice of the hearings in the same way they are given notice of review and permanency hearings.

Once a year, the court must address whether or not the permanent plan for the child continues to be appropriate. The court can add or modify orders until the child turns 18 or until Department supervision is terminated.

Information focused on the child's physical, emotional, educational, and social progress may assist the court in deciding issues having to do with the child's placement, services to the child, and visitation.

HOW YOU CAN PARTICIPATE IN COURT HEARINGS

Federal Law

The Adoption and Safe Families Act, passed by Congress in 1997, says that foster parents, pre-adoptive parents, and any relative providing care for a child must be given notice of, and the opportunity to be heard in, any review or hearing to be held with respect to the child. It does not require that foster parents, pre-adoptive parents, or relatives providing care for a child be made *parties* to the action. This means that, although caregivers can go to court and present information, they do not have the same legal rights as DCF, the child's birth parents, or the child. Caregivers are not *required* to attend court hearings under the law.

Information the Court May Consider Helpful

The information you provide is meant to assist the court in making decisions about the child in your care. Following are some types of information that the court may find useful. You do not need to address all of these, only the ones important to the child's case. It is helpful to provide factual information, describe behavior you have observed in the child, and present information about the child's needs. In general, you should focus on giving firsthand information about the child in your care and not offer opinions about other people involved in the court process (for example, the social worker, the child's birth parents, and the attorneys involved in the case).

1. **Placement Information**
 - The date the child came to your home and a brief description of the child's physical and emotional condition at that time.
2. **Medication Information**
 - Doctor visits or hospitalizations since the last court hearing, and the results of those visits.
 - Any medications the child is taking, and the dosages.
 - Any adverse reactions the child has had to medical procedures or medications.
 - A brief description of the child's physical development, and any developmental lags you have observed.
3. **Dental Information**
 - Visits to the dentist since the last court hearing, and the results of those visits.
4. **Educational Information**
 - The child's grade in school, and whether the child is performing at grade level.
 - The dates of any school conferences you have attended, and the results of those conferences (especially if the child is in special education classes).
 - Any educational testing the child has had, who administered the testing, and the results of the testing.
5. **Behavioral Information**
 - A brief description of the child's behavior in your home.
 - Any services the child is receiving to address behavioral difficulties, who is providing the services, and how often the child goes for the services.
 - A brief description of how the child expresses his needs and feelings and how he calms himself.
 - A brief description of the child's eating and sleeping patterns and any difficulties the child has eating or sleeping.
6. **Child's Special Interests & Activities**
 - A brief description of any special activities the child participates in (Scouts, music lessons, church groups, etc.) and how often the child participates in them.
 - A brief description of any talents, interests, hobbies, or skills you have observed in the child.
7. **Visitation**
 - The dates of visits between the child and her parents or other family members.



- If you supervised the visits, a brief description of the behaviors of the child and the other family members present at the visits. *Carefully describe only the behavior. Do not comment on the reason for the behavior.*
 - A brief description of any arrangements for sibling visitation.
 - The dates of any telephone contacts between the child and the child's parents or other family members.
- 8. Professional Contacts**
- All in-person and telephone contacts between you and the child's FSC.
 - All in-person and telephone contacts between you and the child's attorney.
 - All in-person and telephone contacts between you and the child's Court Appointed GAL.
- 9. Recommendations**
- A brief description of any services you believe the child would benefit from, and why.

Written Reports or Court Attendance?

Remember that judges have a small amount of time to listen to the people attending the court hearing and to make decisions about the child. Some judges prefer to have information from caregivers submitted in writing to the court before the hearing. Any reports you submit will be distributed to all the other people involved in the case. Written reports should be short (a few pages) and well organized, with headings. Reports should present only facts---never opinions. If you want to submit a written report, send it to the court as soon as possible after you receive notice of the hearing. You may also want to send a copy to the child's FSC, attorney, and GAL (if the child has one).

Some judges may limit your attendance at court to answering any questions he or she has about the child. Others may allow you to make a short statement. Remember, *the court has a limited amount of time, and your comments should be short and to the point.*

Local Court Culture

The information presented here is a general overview of the dependency process and how you can participate in it. It is important to understand, however, that each judge has procedures and rules about what happens in his or her courtroom. Before submitting written material or attending court proceedings, you should check with your social worker or the child's attorney about appropriate procedures in your local juvenile court.

Foster parents and relative caregivers are important members of the team providing care for dependent children. Your goal should be to give the juvenile court current, detailed information about the child. In doing so, you can assist the court in making the best possible decisions about the child in your care.

Testifying in Court

Foster parents and relatives caring for children are sometimes called as witnesses in dependency court proceedings. If you are to be called as a witness, one of the attorneys involved in the case will generally contact you to tell you that he or she plans to ask you some questions in court. In some cases, you may receive a subpoena (a legal document the court issues telling you when and where you must come to court). In court, after taking an oath to tell the truth, a witness sits in the witness stand and answers questions from one or more attorneys about what he or she saw or (sometimes) heard.

Here are some tips for testifying in court:

- Tell the truth.
- Dress professionally (as you might for a job interview).
- Be organized and prepared.
- Be calm and sincere, especially if you are challenged or criticized.
- Be serious and polite.
- Listen carefully to each question, pause, think, and then respond directly to the question.
- Wait until the question is completed before you answer.
- When an objection is made about a question, wait to speak until the judge decides whether or not you should answer the question.
- If you do not understand a question, ask the lawyer to rephrase it.
- Answer each question completely.
- Be sure of the answer you are giving.
- Offer to explain your answer, if necessary.
- Use language you are comfortable using.
- Listen carefully when the other people in the courtroom are talking.
- Always show the highest respect for every person in the courtroom.



Caregiver Input Form

Child's Name: _____

Parent's Name: _____

Type of Placement: Foster Parent Other Licensed Care Provider Relative/Non-Relative

Caregiver's Name: _____

Caregiver's input assist the court with making decisions about what's in the child's best interest. Your perspective regarding the child's physical, emotional, educational, and social development is important. It is also important for the court to understand the type of relationship you have developed with the child and their parents to gain insight to parent progress and relationship to the child to help in deciding when it is appropriate to move forward with an in-home safety plan/reunification. This information is needed ongoing prior to each permanency staffing at the 3rd, 7th, 9th, and 11th month to assist with decision making and planning towards reunification of the child with the parent.

Please complete this form and add any additional information you would like the courts to consider regarding the child.

1. Are there any concerns for the child's physical or health that you have discussed with the child's physician? If so, did you relay this information to the parent, case manager, and the GAL? _____

2. Are there any concerns for the child's emotional stability? If so, did you relay this information to the child's therapist, parent, case manager, and the GAL? _____

3. If you have been supervising visitation between the child and parent, what information do you have regarding the interactions observed? Are there any safety concerns? _____

4. What extracurricular activities is the child participating in or any other of the child's interest that you like to share with the court? _____

Additional information: _____



Multi-Ethnic Placement Act (MEPA):

The Multi-Ethnic Placement Act (or MEPA) prohibits the delay in a child's placement on the basis of race, color or national origin. MEPA was an attempt - made by congress - to move children through the foster care system, to eliminate biases in foster care and adoptive placements and aid in the recruitment, training and utilization of foster and adoptive parents from every race, color and national origin.

The ultimate goal of MEPA is to decrease the length of time that children wait to be adopted and to ensure that children are expeditiously placed in permanent and safe homes. Consequently, the Department and FSS cannot deny any person the opportunity to become an adoptive or foster parent on the basis of race, color, or national origin of the person, or of the child involved or delay or deny the placement of a child for adoption or into foster care, on the basis of race, color or national origin.

Confidentiality & HIPAA:

Any information relating to the child or the child abuse records is to be held confidential. Any person who willfully or knowingly makes public or discloses any information contained in the child abuse registry or the records of any child abuse case is guilty of a misdemeanor of the second degree. Therefore any information on our children that comes to your attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized persons. During your initial licensure as a foster parent and each year during your re-licensure you will be asked to review, sign and be provided a copy of the Confidentiality and HIPAA policies. We have provided a copy of the Confidentiality form in the forms section of this handbook.



Online Social Networking Policy:

The principles that were considered when examining this issue include: 1) the foster child's right to privacy, and 2) the foster child's right to live a normal life.

Use of online social networking sites to communicate with family and friends is a normal, everyday practice for most people in our modern society. Foster families and foster children are no exception. The department does not prohibit a foster family from posting images of their foster child on a social networking site, provided the child's status as a foster child is not disclosed. If a child chooses to disclose his or her foster status, such disclosure is a matter of free speech which the department has no ability, desire, or right to control.

The department strongly encourages any person posting a foster child's image to an online social networking site to use privacy settings in a manner which will protect the best interests of the child.

Direct Link to DCF Memo:

<http://www.centerforchildwelfare.org/kb/policymemos/OnlineSocialNetworkingPolicyLegalOpinion.pdf>

The Adoption and Safe Families Act (ASFA):

(Public Law 105-89) enacted in 1997

SUMMARY OF LAW:

- Emphasizes reduced time in care, safety, and consideration of the best interests of the child when deciding on permanent placement.
- Time in care: If foster care is required, length of stay in foster care should be brief. In Florida, we strive to achieve permanency within 12 months.
- Safety: Child welfare staff and foster parents must ensure the safety of children and demonstrate reasonable efforts to promote reunification if and when safety can be ensured.
- Concurrent Planning: At the same time that reasonable efforts are made to reunify children with their birth parents, efforts can also be made to identify and approve a qualified family to adopt the child. This concept is known as concurrent planning. Concurrent planning allows for the possibility of finding a foster family that could, if necessary, adopt the child should the child be unable to return home. It is ideal when a foster family can make a commitment to keep the child and adopt him/her permanently. These families provide continuity and stability for children.
- Permanent placement based on the best interest of the child: Although these laws assume that children and youth belong with their families, sometimes that is not possible. In these cases, families need help in making plans for their children and youth's long-term care.

Section 6: Foster Parent Resources





Family Support Services
OF NORTH FLORIDA INC.

Sulzbacher Village:



SULZBACHER VILLAGE PEDIATRIC HEALTH CENTER

AFFORDABLE HIGH-QUALITY HEALTH CARE

FOR YOUR KIDS. The Brentwood neighborhood and surrounding area on the Northside of Jacksonville has long been considered a "healthcare desert," primarily due to a lack of available, affordable healthcare options for residents particularly for children.

But not anymore. The Sulzbacher Village Pediatric Health Center accepts children from the surrounding community as patients.

SERVICES. The Sulzbacher Village Pediatric Health Center is a state-of-the-art, 7,000 sq. ft. facility sponsored by Florida Blue and operating in partnership with Wolfson Children's Hospital.

Services include: Primary Care • Vision Care • Behavioral Health • Dental Care • Developmental Screenings • Referral to Specialists

The Pediatric Health Center opened in September 2018. Now fully staffed, the health center is serving children and their families living at the Village as well as the entire surrounding community.

AFFORDABLE ACCESS CARE. The Sulzbacher Village Pediatric Health Center accepts Medicaid and all public or private insurance plans to assure that every child that needs care, gets care.

For more information about how your child can become a patient at the Sulzbacher Village Pediatric Health Center, please call 904.394.4958.



SULZBACHER VILLAGE: A PLACE WHERE WOMEN & FAMILIES THRIVE

Sulzbacher Village is an award-winning national model for ending homelessness for women and families. Services include:

- Permanent Supportive Housing
- Emergency Housing
- Female Veterans Housing and Services
- Case Management and Rental Assistance
- Pediatric Health Center
- Therapeutic Early Learning Center (for children birth-5)
- After School Children's Program (ages 5-17)
- Job Readiness and Placement Services

CONVENIENT LOCATION, ONSITE SERVICES.

All services are provided onsite in a 92,000 sq. ft. community located in the Brentwood neighborhood of Jacksonville. Sulzbacher Village is located on a major bus line and is within walking distance of North Shore Elementary School, retail shops and a grocery store.

For more information about living at Sulzbacher Village, call 904.394.4950 or visit our website at www.sulzbacherjax.org.



SULZBACHER VILLAGE

A Community for Women & Families

5455 Springfield Blvd. • Jacksonville, FL 32208

Sulzbacherjax.org



Foster Closet:

The Foster Closet is a free resource for Northeast Florida's foster parents and relative, non-relative placements and Independent Living Teens to access clothing, children's accessories, toys and children's furniture and more, to help take care of the foster children entrusted to them. Foster Closet offers a simple, no-nonsense approach that provides immediate assistance without complicated procedures. Through the generous contributions of our community, Foster Closet's inventory is abundant and we rely on a vast network of volunteers and donors to access additional donations at a moment's notice.

OUR PROGRAMS:

- * Helping over 800 children a year with a free resource for their needed items.
- * Helping teens as they age out of foster care, with delivery of furniture and household items.
- * Helping foster families with a monthly support group & Parent's Night Out.

CONTACT US:

Located at 8307 Beach Blvd Jacksonville, FL 32216

Phone: 904.629.2116

Email: info@fostercloset.org

Visit www.fostercloset.org for more information.



Foster & Adoptive Parent Associations (FAPA):

- **NORTHEAST FLORIDA FOSTER/ADOPTIVE PARENT ASSOCIATION**

President: Lillie Blackshear
(904) 502-7932
blackshearqueenb@aol.com

Meetings are the 2nd Monday of every month on the North/Westside of Jax.
Call and/or email for location, time and more information.

- **GREATER JACKSONVILLE FOSTER/ADOPTIVE PARENT ASSOCIATION**

President: Charnita (Lisa) Williams
(904) 614-0650 (best contact through text)
greaterjaxfapa@gmail.com

Meetings are the 4th Thursday of every month (3rd of Nov. & Dec.) in Arlington Area.
Call and/or email for location, time and more information.

- **FIRST COAST FOSTER/ADOPTIVE PARENT ASSOCIATION**

President: Tammy McGuire
(904) 629-2116
rsyp@fostercloset.org

Meetings are the 2nd Thursday of every month in Southbank downtown area.
Call and/or email for RSVP, location, time and more information.

- **NASSAU FOSTER/ADOPTIVE PARENT ASSOCIATION**

President: Mary Haight
Mary.haight@nassaufapa.org

Meetings are the 2nd Thursday of every month in
FSS Nassau Office 96016 Lofton Square Court Yulee, FL 32097

- **FOSTER CLOSET SUPPORT GROUP**

(904) 629-2116
jessica@fostercloset.org

Meetings are the 1st Thursday of every month.
Call and/or email for information.



QPI Myth Busters: Common Myths & Facts in FC:

Myth: Children and youth can never travel with their foster parents out of county or state.

Fact: They may travel out of county and/or state, however, this requires advance planning with the caregivers, the FSC and Children's Legal Services. The court order and individual circumstances must be carefully reviewed, and court permission may be required in certain situations. FAC 65C-13.029(6)(j)

Myth: Children and youth in foster care may not spend the night in unlicensed settings.

Fact: They may spend the night in unlicensed settings with the permission of their caregivers. However, this is intended for sleepovers with their peers (normalcy), not as babysitting/respice for another caregiver. FAC 65C-13.029; FS 409.145 (3)d

Myth: Parental/guardian permission is required prior to a foster child receiving a haircut.

Fact: There is nothing in statute, code or policy specifically related to the need for parent consent for haircuts. However, if their rights are still intact and in the spirit of maintaining a working relationship with the family, the licensed caregiver shall be sensitive to the parent's input regarding the types of activities in which the child can participate. The parents must be included, when practicable, in the decision making process regarding their child. FAC 65C-13.029 (1)(n)li

Myth: Caregivers and youth may not publicize or post photos of children in foster care.

Fact: In an effort to promote normalcy, children in Foster Care should be encouraged to participate in age appropriate activities that promote personal and social growth. This may include having their picture taken for newspaper or yearbook publication or for recognition of accomplishments. Care must be taken to ensure that they are not identified as Foster Children. Additionally, caregivers are permitted to post pictures of the children in their care on social media. However they may not use the child's last name or otherwise identify the child as residing in out-of-home care. Children have the right to self-disclose information about themselves on social media. However it is the responsibility of the caregiver to educate the children in their care about the potential impact about disclosure of sensitive and personal information. F.S 39.202 (4)(a); CFOP 170-11, Ch 6



Board Payments & Allowance:

When you initially went through the process of becoming a licensed foster parent, we informed you that you needed to have stable and sufficient income in order to meet your own needs without relying on the child's board payments. We also informed you that as a foster parent you would become a temporary volunteer caregiver for those who needed it the most, our children. You would be providing children with the needed love, guidance, and support they needed while in care. You would become their voice!

Notwithstanding, the state does provide a foster parent with a basic board rate payment that varies according to the age and specific needs of the children. The board rate allows for the child's basic needs to be met. Also, from the child's board rate, he/she is to receive a monthly mandatory allowance. If a child is too young and/or is not capable of managing an allowance, you must still set aside an amount each month for an allowance. You will also need to document the allowance amount as well as how it was spent. In the Forms section of this Handbook, there are two sample allowance logs that you can use. The allowance log should be kept in the Child Resource Record (Red Folder). DCF Allowance Memo, click [here](#).

(NOTE: As a foster parent, you will not expect the child to use this allowance to purchase personal hygiene items, school supplies, clothing or other necessities. Allowances cannot be withheld as a form of discipline. The FSC will verify with the child when he/she conducts the face-to-face contact at the home – every 30 days – that the allowance is being given and used appropriately.)

The child also receives [Medicaid](#) to cover his/her medical expenses. The state will also pay for child care services – totally or in part depending on the daycare facility.

Remember that the Board Rate for foster care is dependent on several things: (1) The legal status of the child; (2) The age of the child; & (3) The child's emotional, medical and behavioral issues. For additional information regarding the board rate assigned to a specific child, the timeframe for mailing out the board rate, clothing allowances, etc. please contact the child's FSC. If you cannot reach the child's FSC, please contact the FSC's supervisor.



Board Payment FAQ's:

Below are a list of the FAQ's surrounding board payments. Should you not see your question addressed below the FSS Finance Department will try their best to assist with any issues of reimbursement or payments; However, if the issue stems from date or rate of a placement, you should begin an inquiry with the FSS Kids Central Placement Department first.

FAQ's:

1. What should I expect for my first reimbursement/board payment?

If the FSS Finance Dept. does not receive your direct deposit or bank card registration form before your first reimbursement is dispersed, your first payment will be mailed to your home in the form of a check. Included with that check will be information for direct deposit or bank card options.

2. When should I expect my reimbursement/board payment?

Reimbursements are released on the 7th day of every month. When the 7th day occurs on a weekend or holiday, the payment will be released on the next business day. Checks are mailed using the same procedure.

3. Will I receive a separate bank card for each child?

No, there will only be one card issued per foster home.

4. My bank card is lost/stolen, how do I replace it?

Please call 1-855-282-6161. After hearing the prompt for card number, press # until you receive a live operator.

5. How do I change my banking information?

FSS will not accept the new banking information over the telephone. Please use the Direct Deposit/Bank Card form provided in Form Section of this handbook.

6. Where is my check/I didn't receive my check, what do I do?

FSS's first question to you would be: have you recently moved? Your Licensing Counselor tries to update us of any change in address, but sometimes that information can slip through the cracks. In the meantime, FSS will note your information and the status of the missing check, we will have to wait until the check is returned to our office before we can issue a new check.

7. I provided Respite Care for a child but I don't know their name or dates of care provided. When will I receive payment?

Contact the FSS Placement Dept. to inquire into dates of care provided, to ensure they submitted the correct payment forms.

8. What is the daily board rate for my placement?

Contact FSS Placement to inquire into this information.

9. My reimbursement/board payment is incorrect?

Please multiply the rate by the number of nights in the home. If the number of days are incorrect, you will need to contact FSS Placement for clarification.

Another solution to the above question: If the child was out of your home for respite, Baker Act, or DDC, this may have a direct effect on your payment amount. Contact FSS Placement for clarification.

10. What is respite policy, why did I fill a W-9 and why did I receive a 1099 tax form?

Each foster parent is given a total of twelve (12) days of respite each fiscal year (July 1 to June 30), this is NOT per child, this is per home. Any foster parent that exceeds the allotted twelve (12) days in a fiscal year, will NOT receive board rate for each day their child is in respite care.

For any home that provides respite care, the board rate is considered taxable income. This is why you completed a W-9.

If you receive \$600.00 or more within the calendar year for providing respite care, you will receive a 1099 tax form for claiming this income on your taxes.

11. My respite provider did not get paid. What do I do?

Your respite provider must call FSS Finance Department directly. FSS cannot discuss payments with anyone but the payee.



Transportation:

Foster parents are expected to provide routine transportation for children in their care. Foster Parents and the FSC should work in close partnership to make necessary transportation plans. Examples of routine transportation include, but are not limited to:

- Medical/mental health appointments;
- Dental appointments;
- Visitation with birth family and other destinations of a routine nature.

Foster parents are expected to transport foster children as if they were their own children. In the event of an emergency or conflict in which the foster parent is unable to transport for some unforeseen reason, FSS would highly urge our foster parents to utilize their identified back-up or respite provider and notify the FSC as soon as possible to explain the change in plans.

Signed copy of Transportation Agreement on file with FSS, this is your copy for reference.



Compassion Fatigue:

Secondary Trauma & Foster Parents: Understanding its Impact and Taking Steps to Protect Them

Introduction

Foster Parents work daily, 24 hours a day, 7 days a week, with children who have been traumatized. They listen to their stories and feel their hurt. Empathy is often the most important tool foster parents bring to helping the children in their care. Unfortunately, the more empathic they are the greater their risk for internalizing the trauma of their foster children. The result of this engagement is secondary traumatic stress.

What is secondary traumatic stress?

According to Dr. Charles Figley, author of *Compassion Fatigue, Coping with Secondary Traumatic Stress Disorder*, secondary traumatic stress is “the natural consequent behaviors resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person”. Until recently, when we spoke about persons being traumatized we were speaking only of those people who were directly exposed to the trauma. We referred to their condition as post-traumatic stress disorder. Examples of such persons were Vietnam War veterans and/or victims of domestic violence.

In the last 15 years, we have come to recognize that people, who work with, listen to and try and help children and adults who have been traumatized are at risk for internalizing their trauma. This condition is called secondary traumatic stress. The only difference between post-traumatic stress disorder and secondary trauma is that with secondary trauma you are “a step away” from the trauma. The symptoms of primary or secondary trauma can be exactly the same!

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.” (Rachel Remen, Kitchen Table Wisdom)

Why are foster parents at risk for developing secondary traumatic stress?

There are several reasons why foster parents are at risk for developing secondary trauma. Listed below are just a few of those reasons.

- 1) **Empathy:** Empathy is an important tool we use to help children and families who have been traumatized. Our clients, and children in particular, feel valued and heard when we empathize with them. However, if we over empathize or over-identify with our clients we place ourselves at risk of internalizing their trauma.
- 2) **Insufficient Recovery Time:** Foster parents often listen to their foster children describe some horrific events they have experienced. In addition, foster parents often hear the same or similar horror stories over and over again. With children in their home 24 hours a day, 7 days a week, they are often deprived of the “time off” they need to heal or to get some distance from what they have heard. Secondary trauma is cumulative, so listening to these stories over and over again can have a negative effect on even the most compassionate and resilient foster parents.
- 3) **Unresolved Personal Trauma:** Many foster parents have had some personal loss or even traumatic experience in their own life (e.g., loss of a family member, death of a close friend, physical or emotional abuse). To some extent, the pain of their own experience(s) can be “re-activated” when they hear the child describe a traumatic situation similar to the one they experienced. Unless the foster parent has healed from their own trauma they are at increased risk for internalizing the trauma of their foster child.
- 4) **Children are the Most Vulnerable Members of Our Society:** Young children are completely dependent on adults for their emotional and physical needs. When adults maltreat children, it evokes a strong reaction in any person who cares about children. As the primary caretakers for vulnerable children, foster parents are at increased risk for having a strong emotional reaction to what they hear and learn about from these children. The inability of the foster parents to change the situation can make them feel even more vulnerable.



How do you know if you are suffering from secondary traumatic stress?

One of the most difficult tasks for a foster parent is to recognize if they are suffering from secondary traumatic stress. Every person reacts differently and copes differently with their reaction to adversity. What one person finds helpful may not be helpful for another person and vice versa. All people must remember to call on the coping mechanisms that work best for them. There are, however, several "individual indicators of distress" which can tell us that we are at increased risk for developing secondary trauma. A key indicator is when you find yourself acting and feeling in ways that don't feel normal to you. It is normal for all of us to have a range of emotions that include anger, sadness, depression or anxiety. However, when these emotions become more extreme or prolonged than usual, it is a potential indicator of distress (see table below).

When you begin to see or feel, in yourself, emotional or physical indicators of extreme distress, it is time to step back and evaluate yourself. Are there specific images or cases that keep coming into your head again and again? Are there situations with children that provoke anxiety that you are trying to avoid? Are there situations or people that remind you of a particularly distressing case? If you are experiencing some of these indicators, on a consistent basis, you should reach out and ask for help from another foster parent or from your caseworker. If the trauma symptoms become severe and last for more than a few days, you should consider seeing a therapist who specializes in trauma work.

<u>Emotional Indicators</u>	<u>Physical Indicators</u>	<u>Personal Indicators</u>
Anger	Headaches	Self-isolation
Sadness	Stomach aches	Cynicism
Prolonged Grief	Back aches	Mood swings
Anxiety	Exhaustion	Irritability

Self-Care Strategies for Combating Secondary Trauma Stress

Understanding your own needs and responding appropriately is of paramount importance in combating secondary traumatic stress. For foster parents it is critically important to find ways to "get a break" from parenting. To avoid feeling overwhelmed by feelings of frustration and sadness it is important to engage in activities you consider fun and playful. Any person working with maltreated or traumatized children needs to set aside time to rest, emotionally and physically, and to engage in activities that restore their sense of hope.

Remember, in the end, our ability to help children who have suffered depends upon our ability to care for ourselves....physically, emotionally, socially and spiritually, so we can be there for them when they need us.

About the Author

David Conrad has been a social worker for over 30 years. He has worked as a child protection caseworker and supervisor. He currently serves as a Senior Instructor with JFK Partners/Department of Pediatrics at the University of Colorado Health Sciences Center in Denver, Colorado. To learn more about secondary trauma or to talk with him about providing secondary trauma training, please contact him at Conrad.David@tchden.org or at 303-861- 6183.



When A Foster Parent Should Call:

The child's FSC will keep in touch with you frequently, especially during the initial stage of a placement. Once the child has settled, there may be less contact. Below are sample situations when you will want to telephone the child's FSC for non-emergency calls:

1. **NON-EMERGENCY CALLS** are to report incidents. For instance, you are planning to move across town or the family composition is changing. Non-emergency calls also report any changes in the behavior of the child or any concerns you might have of a general nature about the child.
2. **PLANNING AHEAD CALLS** when you know that you will have to be away from the family and have arranged for substitute care or before taking the child out-of-state or allowing the child to go on a trip; before making any significant change in the child's life (i.e., a change in schools or a new job).
3. **CAUSE FOR CONCERN CALLS:** When something about your foster child seems as if it might develop into trouble---perhaps they are associating with children who exhibit questionable behaviors, or have unexplained items that they are unwilling to talk about, or slipping back to their old gang, or you think the child has more money than they should have. The child's FSC would rather be in at the beginning of a problem than to wait until you are worn out from struggling with it alone and the situation has reached the point of no return.

Emergencies when the caseworker should be contacted immediately are:

1. If the child shows signs of depression, changes in eating habits, withdraws from family and friends, talks about suicide, excessive statements about self-worth, preoccupation with death and sudden proneness to accidents.
2. If the child has run away. You should give the child reasonable opportunity to come home. Call friends where he/she might be. Contact local law enforcement. This will mean you will have to go to the station or have an officer visit your home to file a police report giving age, description and possible whereabouts.
3. If the child has a sudden serious illness or accident or dental problem.
4. If there is serious trouble with police, juvenile authorities or the school; or if the child is skipping school.
5. If anyone, including the child's own relatives, tries to take him from your home, school, child care, or other organized institutions without prior arrangements by the child's FSC.
6. If there is an emergency in your own family which makes it impossible for you to care for foster children for a certain period of time.

In all emergencies, take the common sense steps that any parent would in order to deal with the immediate situation, then notify the child's FSC, FSC Supervisor or the on-call FSC. Please remember the FSC has many other children in his or her caseload. Consequently, he or she must be out of the office much of the time in order to ensure their safety and well-being too.



Family Support Services
OF NORTH FLORIDA INC.

Safe Baby:



CHOOSING A SAFE CAREGIVER
Take your time choosing your baby's caregiver. Even if the person is a close friend, partner or family member, he or she may not be prepared to care for your baby.

- Check references by speaking to people who know the caregiver better than you.
- Look into the caregiver's background for a criminal record or violent past. Visit www.healthystartcoalition.org to learn more about background checks.
- Make sure the person has patient, nurturing qualities and experience caring for young children.
- Prepare the caregiver with details on how to meet your baby's needs. He or she should know about your baby's feeding, changing, playing and sleeping routine.
- Be sure the caregiver will not smoke or use drugs or alcohol around your baby.

Before you leave your baby with a caregiver, ask yourself:

- Is your caregiver as dedicated to your baby's safety as you are?
- Is your caregiver asking you questions and showing an interest in the safety and well-being of your child?
- Do you trust this caregiver with your baby's life?



Protect your baby.
Visit www.healthystartcoalition.org



HEALTHY START COALITION
All-Florida Leader
We Are Here
2006 N. Armenia Ave., Suite 100
Tampa, FL 33607
Phone: 813-233-2800
www.healthystartcoalition.org



Children's Board
HALL HERRING COUNTY
www.ChildrensBoard.org

© 2008 Healthy Start Coalition of Hillsborough County, Inc. All rights reserved. Duplication for educational and health care purposes without the expressed written permission of the Healthy Start Coalition of Hillsborough County Inc.





Safe Baby educates and empowers parents and caregivers with information to keep babies safe from the top three preventable causes of infant death in our community. Follow these life-saving tips to protect your baby.

PREVENTING SHAKEN BABY SYNDROME
All babies cry. However, we know that crying can trigger a caregiver to become extremely frustrated and lose control. Shaken Baby Syndrome occurs when a baby is violently shaken or thrown. Shaken Baby Syndrome causes severe head trauma, which can lead to death or life-long disabilities. Plan ahead on how you and other caregivers will cope with your baby's crying to prevent this tragedy from occurring.


SOOTHING A CRYING BABY
Crying is normal. Crying may peak during your baby's second month. Sometimes crying occurs for 30 minutes or longer.

- Check that your baby's basic needs are met. Is your baby hungry, tired, hot or cold? Does the diaper need to be changed? Does your baby need to be burped? Your baby may also cry for attention, wanting to be held or touched.

- Make sure your baby does not have a fever. Call the pediatrician if you think your baby may be ill.
- Many babies love motion. Try cooing, rocking, swaying, riding in a stroller, or using an infant swing.
- Safe swaddling with a light blanket can help calm a fussy baby.
- Try playing soft music, singing, humming or making a "shh" sound.
- Try dimming the lights or offering a pacifier.
- If your baby continues to cry, safely place your baby in a crib on his or her back to cry it out. Check on your baby every 5-10 minutes.
- It is OK to ask for help. Call a trusted friend, relative, or neighbor and ask them to watch the baby and give you a break.



SLEEPING SAFELY
Sudden Unexpected Infant Death (SUID) is a term used when an infant dies suddenly and unexpectedly. Sudden Infant Death Syndrome (SIDS) is a type of SUID in which there is no identifiable cause of death. The best way to keep your baby safe during sleep is to place your baby on his or her back in a safety-approved crib or bassinet.



- Always place your baby on his or her back to sleep. The American Academy of Pediatrics made this "Back to Sleep" recommendation in 1992. This practice has reduced the rate of SIDS by more than 50 percent.
- Your baby should always sleep alone. Sharing a sleep space with your baby increases the chance of accidental suffocation and strangulation.
- Place your baby in a safe crib, bassinet or cradle. Be sure it has a firm mattress and a well-fitted sheet.
- Remove all bumpers, pillows, blankets and toys from your baby's crib because these items can block your baby's breathing.
- Never place a baby on adult beds, chairs, sofas, pillows, or cushions to sleep.
- Dress your baby lightly for sleep so that he or she does not get overheated.
- Smoke exposure can increase the risk of SIDS. Do not allow people to smoke near your baby. Clothing and furniture can also carry chemicals from cigarette smoke.
- Breastfeeding has been linked to reducing a baby's risk for SIDS.
- Place a fan in your baby's room to increase air flow.
- Use a pacifier to decrease the risk of SIDS.



Health & Safety Tips for Foster Parents:

As it relates to ensuring our children's safety and well-being at all times, the governing licensing statute requires that you have an environmental health and safety inspection completed yearly.

Don't forget that you will also need to have the following ready for DOH and/or FSS Licensing:

- (1) Current copy of your pet's vaccinations (for dogs, cats and ferrets);
- (2) Floor Plan;
- (3) Evacuation and Disaster Preparedness Plan; and
- (4) Fire Drill Log. A minimum of two should be done per year or whenever a new child is placed.

Additional Health and Safety Tips...

- Vehicle to be smoke-free when transporting children.
- If you own a swimming pool, you will need to take water safety training. To assist you in ensuring our children's safety and well-being at all times, we have attached guidelines for swimming pool safety.
- If your home is adjacent to any body of water or a swimming pool, you must instruct the children in water safety, as appropriate for their age.
- No standing water shall remain in wading pools when not in use.
- A total of two radon tests shall be completed for each home, the initial test and a 5 year re-test.
- The evacuation plan to be posted in a visible place in the home. The plan to be shared with all children as appropriate to their age and level of understanding upon placement in the home.

Florida Child Car Seat Laws:

It is the responsibility of the supervising adult to ensure that any child under 5 years old is seated in a federally-approved child car seat. Failure to do so could result in a \$60 fine and 3 points against your driver's license.

Florida law states:

- **Children 5 years old or younger** must be secured in a federally approved child restraint system:
 - **Children 3 years old and younger** must use a separate car-seat or the vehicle's built-in child seat.
 - **Children 4 through 5 years** must sit in either a separate car seat, a built in child seat or a seat belt, depending on the child's height and weight.
- **Children 6 through 17 years old** must be in a seatbelt.

Though not required, the DHSMV recommends children **12 years old** and under to ride in the back seat of the vehicle when possible. This is due to safety concerns for air bag deployment, which can be dangerous for young children.



Swimming Pool Safety Guide:

Although swimming pools can be fun, drowning has become the leading cause of accidental death in the homes of children under five years old. In order to ensure the continued safety and well-being of our children while they are near, around, or in a pool or body of water, the following guidelines are being provided in order to help caregivers provide children with the needed protection they deserve.

1. No matter what the child's age or skill level, direct adult supervision is required at all times when children are in the area of or using the swimming pool, spa, or hot tub. There should always be at least one non-swimming adult available for direct supervision.
2. The swimming pool must have a barrier on all four sides of at least four feet in height. The barrier can be in the form of a chain link, wooden, ornamental, thick hedges, etc.
3. All access through the barrier must have one of the following safety features: alarm, key lock, self-locking doors, or bolt lock that is not accessible to children. Alarm triggers are recommended as they trigger loud sounds to warn the parent or guardian.
4. When the swimming pool is not in use, make sure that ALL entry points are securely locked.
5. Steps or ladders leading to above ground pools must be secured, locked, or removed when the pool is not in use.
6. Hot tubs and spas are required to have a non-penetrating safety cover that is locked when not in use.
7. Swimming pools must be equipped with one of the following life-saving devices: ring buoy, rescue tube or other appropriate flotation device with a rope attached that is sufficient in length to cover the area. All rescue equipment should be placed near the pool in a clearly marked and readily accessible spot. Periodically check and keep all safety equipment in good condition.
8. A rope and float line is recommended and should be placed across the pool to alert swimmers of the separation of the deep end from the shallow end of the pool.
9. Children who are not proficient in swimming must wear a life jacket or approved floating device when in the pool area.
10. All caregivers who have a swimming pool must complete a basic water safety and CPR course.

In addition to these guidelines, it is always good to have a first aid kit in a safe and convenient location. Periodically check to make sure that your kit is well-stocked with all the needed essentials. A cordless phone is also convenient and a good idea especially if you need to call for help or information quickly and without leaving the pool area. As we live in an area wherein there are many sunny days, remember to use the needed level of sunscreen protection that is right for you. Even on cooler, cloudy days, the sun's ultraviolet rays can burn and damage skin cells. With these safety tips, we can all enjoy countless hours of fun and enjoyment!

Sex Trafficking and Sexual Exploitation:

Many parents have a limited understanding of the issue of sex trafficking and sexual exploitation and how it might show up within your family. As the parent of a teen, you are constantly required to navigate your child's behavior, progress at school and keep a watchful eye for warning signs that could indicate your child is headed down a dangerous or destructive path or in trouble.

Most adolescents spend more time at school than anywhere else. Certain behaviors that take place before, during and after school, as well as on weekends and breaks are important for parents to monitor. Parents can begin to recognize warning signs and changes in behavior and appearance that may indicate underlying problems with teens in their care.

Daily interaction with teens gives parents the opportunity to prevent, identify and respond to sexual exploitation appropriately.

Sex trafficking, much like other forms of child abuse, can be difficult to detect because victims often hide their victimization and are reluctant to come forward and tell a parent or trusted person at school.

Also, common myths and stereotypes about sex trafficking can affect a parent's judgment and response. The reality is that anyone, regardless of race, age, gender, sexual preference or socio-economic status can be a victim of sex trafficking.

For sex trafficking to occur, there are two primary actors- the victim and the abuser. The abuser can be a traditional sex trafficker or a pimp. Or the abuser can be someone who has traded anything of value for sexual favors from an underage minor. Police report instances where perpetrators have offered expensive clothing, cell phones, electronics, accessories and even food in exchange for sex acts.

While there is no commonly accepted profile of a sex trafficking victim, certain populations are more vulnerable than others:

- **Runaway:** Pimps/traffickers target runaway or "throwaway" (A throwaway teen is one who has been forced out of the home by the parent or guardian) teens or those who are having trouble at home. These youth are at an increased risk for predators as they have few resources, may not be old enough to legally get a job, and are often running away from difficult situations.
- **Foster Care:** Youth in foster care may move around a lot, and are prone to victimization because they may not have someone looking out for them or making sure they are safe. They may crave the attention and consistency a pimp can provide.
- **Gangs:** Increasingly, gangs are using prostitution as a means of income, much like selling drugs or guns. While drugs or guns can be sold just once, a human body can be sold over and over. Some girls are told they must sell their bodies as part of gang membership or initiation, for protection, or as their contribution to the gang.
- **Juvenile Justice System:** Youth who have been arrested or are currently on probation may be at a higher risk for trafficking. Juveniles are most commonly arrested for related crimes such as loitering, curfew, runaway or minor in possession of drugs or alcohol.





Sex Trafficking and Sexual Exploitation (cont'd):

Top 10 ways to protect your children from becoming a sex trafficking victim:

1. **Listen and be proactive:** Talk to your teen and ask questions about how they feel about their peers and other people around them.
2. **Encourage extracurricular activities and hobbies:** These help your child build their self-esteem, self-worth and to develop empathy.
3. **Teach media literacy:** Teach your teen how to identify, analyze and evaluate media messages and TV shows, movies, song lyrics, apps, slogans or social media posts.
4. **Know who is reaching out to your child:** Knowing who your teen is talking to regularly or spending time with will help protect them and allow you to give them guidance about negative influences.
5. **Know it's OK to say "NO":** Teach your teen that it is always ok to say "no" and there is no situation that is so terrible that you would not be there to help them.
6. **Teach your child about sex:** By reinforcing and supplementing what your teen learns in school, you can help your teen develop important attitudes and information about healthy sexuality.
7. **Spend time with your teen:** Teens require quality time with your parents (without distractions) so they can talk about what is going on in their daily lives and so you can assure them you are there.
8. **Know where and how your teen gets new things:** Sex traffickers will use the things that your teen wants to lure them. Take notice and regular inventory and ask questions when you see expensive electronics, clothes, makeup, nails, etc. that you did not pay for.
9. **Teach your teen about sex trafficking and sexual exploitation:** What it is, how it happens and what could potentially happen down the road.
10. **Get counseling if it's needed:** If your child's symptoms of depression or anger are disrupting school or home life, get professional help.

For parents who think their child might have been a victim of human trafficking:

1. **Call the police.** Report your suspicions with as much supporting evidence as possible.
2. **Learn all you can about your child's rights as a victim** and continue to offer nonjudgmental support.
3. **Have your child tested** for sexually transmitted infections right away.
4. **Seek long-term counseling** with a trusted provider who is trauma informed and has experience working with victims of sex trafficking.
5. **Think about psychological safety.** You can help your child feel safe by helping them identify things that instill the feelings of safety.
6. **Monitor social media or consider a break from all social media.** Monitor internet usage and website/data history.
7. **Be prepared to deal with drug addition, PTSD, depression, anxiety, low self-esteem and feelings of worthlessness during the recovery process.** Avoid blaming your child for his/her role in the abuse.
8. **Find support in your local community with a peer monitoring program.** Peer support and group therapy is helpful and sex trafficking victims can be coached to feel less like a victim and more like a resilient survivor.

If you suspect Human Trafficking, call the National Human Trafficking Hotline at **1-888-3737-888**

For more information, please contact:
Office of Sex Trafficking Intervention Research
Phone: (602) 496-0093
Email: Dominique.Roe@asu.edu
<http://www.sextraffickinghelp.com>



Ongoing Training Requirements for Foster Parents:

Training Requirements:

- All traditional foster parents are required to complete a minimum of 8 hours of training annually, more hours are always welcome!
- Each person named on the license is required to complete 8 hours of training individually.
- Several opportunities are provided for completing these hours within the licensing year, see below.

Training Opportunities:

- **Tri-annual Training:** FSS hosts 3 tri-annual trainings in various locations throughout Duval & Nassau Counties. The location and topic will change for each training offered. Information is mailed and emailed out weeks in advance and RSVP is required for space and child care purposes. These trainings offer 2 hours of training towards the required 8 hours of annual training for re-licensing. Refer to your Licensing Counselor for more information.
- **Online Training:** There are numerous training opportunities offered online. A couple of benefits to these opportunities are you may complete them at your leisure and you may choose the topic of training to fit your needs. Please follow this link for information on online training opportunities:
<http://www.fssjax.org/portal/foster-parent-training>

*Certificates must be provided to your Licensing Counselor immediately after completion to receive credit for your time. Refer to your Licensing Counselor for more information.

- **Association Meetings:** The local Foster Parent Associations offer training opportunities at some of their meetings. Refer to the contact information provided for these associations for more information.
- **Misc.:** Any other training opportunities you may encounter (through your employer or school, i.e. DCPS Parent Academy) may count towards your re-licensing requirement but they must be relevant to child care and/or child protection and a certificate of completion must be turned into your Licensing Counselor immediately to receive credit. Refer to your Licensing Counselor to confirm if training will count towards your annual requirement if it is provided by an outside source other than the ones listed above.

FSS will e-blast additional upcoming training opportunities as information becomes available. Please continue to check your email for these opportunities.

**DCF enforces a strict 3 day rule that FSS is contractually obligated to enforce.
Training must be entered in the State database within 3 days of completion to receive credit.**



Contact Us.....

Do you have any suggestions for additional items to be added to your handbook?

If so, please email suggestions to Birdie Carlisle, Licensing Supervisor with FSS Licensing.
Roberta.carlisle@fssnf.org

Thank you again for making a difference in the lives of our children!





Required Logs & Documents:

FSS Contact/Sign-out Log:

Instructions for completing:

- Enter your name and the date the log begins.
- Have **every visitor** sign the log. They must identify the date/time of their visit, their name, title, phone number, purpose of contact, and name of the youth visited. If a worker signs out a youth, the date/time of return must be filled in. If you are not clear about the identity/role of a worker, you should ask to see official photo identification from their agency. If you are still uncertain, ask for their supervisor's name & phone number so you can follow up. Every visitor, such as:
 - Child Protection Investigators (CPI)
 - Police Officers
 - Family Service Counselors (FSC)
 - Targeted Case Managers (TCM)
 - Therapists
 - Independent Living Counselors
 - Juvenile Justice Officers
 - Developmental Services Case Managers
 - Visiting Nurses
 - Drivers (**ALWAYS** ask to see Agency identification before transport, if unfamiliar with transporter)
 - Licensing Counselors
 - Youth's visiting family members
- If a family member of a foster youth asks to visit, make sure that you have authorization from the FSC prior to allowing the visit. You should have a written list from the FSC of all family members authorized to have contact with the youth. All family members must sign in on the Contact/Sign Out Log when visiting.
- Friends of a foster youth **do not** need to sign the log. If you have any concerns regarding the youth's friends visiting your home, you should discuss these concerns with the FSC.
- If you have too many visitors for one form, start a new form. Just make sure there is no gap between the end date of one log and the start date of the next log for the month.
- Sign the log when it is completed. Fill in the end date of the log (this is either the date of the last entry or the last day of the month if it is not completely full).
- It is your responsibility to ensure that your Licensing Counselor collects all the Contact/Sign Out Logs during your quarterly home visit. Your Licensing Counselor will sign and date each log upon receipt.
- Any questions about the log should be addressed with your Licensing Counselor and/or the youth's FSC, TCM, or Therapist.
- In the event you run out of blank Contact/Sign Out Logs between Quarterly Home Visits, contact your Licensing Counselor for extra.



Foster Home Contact/Sign Out Log

IN CASE OF EMERGENCY AFTER OFFICE HOURS (M-F 8:30am to 4:30pm) AND HOLIDAYS PLEASE CALL ***KIDS CENTRAL 904-265-6804***

Foster Parent Name: Your name here -Carin Home

Start Day of Log: Current month-9/16

**ONLY WHEN
TRANSPORTING YOUTH**

		PERSON VISITING FOSTER HOME AND/OR YOUTH			PURPOSE OF CONTACT (i.e. routine, transport, youth visit w/family, support specialist visit, etc.)	NAME OF YOUTH	RETURN		Meds sent/ returned
DATE	TIME	NAME OF VISITOR	Title/ Relationship	PHONE #			Date	Time	Check or N/A
9/1/16	4:30pm	Joe Schmo	FSC-Daniel	123-4567	Home Visit	Youth Smith			
9/2/16	6:00pm	Trans Porter	Daniel	987-6543	Transport	Youth Smith	9/2/16	8:00pm	✓

*All agency contacts/visitors are required to sign in the contact/sign out log. Persons transporting youth must sign youth in upon return. Agency staff should be prepared to show agency ID.
*****BE SURE THAT ALL INFORMATION IS FILLED IN AND THAT IS IT LEGIBLE******

 Sign your name upon document pick-up
Foster Parent(s) Signature

 date of pick-up
End Date of Log

 Licensing Counselor will sign here upon pick-up
Signature of Staff Receiving Log

 LC will date at pick-up
Date Log Received



Foster Home Contact/Sign Out Log

IN CASE OF EMERGENCY AFTER OFFICE HOURS (M-F 8:30am to 4:30pm) AND HOLIDAYS PLEASE CALL ***KIDS CENTRAL 904-265-6804***

Foster Parent Name: _____

Start Day of Log: _____

**ONLY WHEN
TRANSPORTING YOUTH**

		PERSON VISITING FOSTER HOME AND/OR YOUTH			PURPOSE OF CONTACT (i.e. routine, transport, youth visit w/family, support specialist visit, etc.)	NAME OF YOUTH	RETURN		Meds sent/ returned
DATE	TIME	NAME OF VISITOR	Title/ Relationship	PHONE #			Date	Time	Check or N/A

*All agency contacts/visitors are required to sign in the contact/sign out log. Persons transporting youth must sign youth in upon return. Agency staff should be prepared to show agency ID.
*****BE SURE THAT ALL INFORMATION IS FILLED IN AND THAT IS IT LEGIBLE******

Foster Parent(s) Signature

End Date of Log

Signature of Staff Receiving Log

Date Log Received



Prescription Medication Log:

Instructions for completing:

- Enter the month and year, the youth's name and your last name. In the blank space that says "Foster Parent Giving Medication", the foster parent who administers medications to youth should write their name and initials. The name of the prescribing physician should be given. This may be a psychiatrist or another type of doctor. The list of medications should include name of medication, dosage, and administration information.
- Complete the section of the log for daily administration of medications as follows:
 - Write the name of the medication, dosage of the medication, and time administered. (For example: Prozac, 20mg, 9PM. **Do not** put "at bedtime" or "in the morning" – put an actual time.)
 - Each day of the month should be entered if the youth is still in the home.
 - Use your initials if you administered the medication.
 - If a youth is refusing medication, use the code "R" for every day refused. Contact FSC, Physician, TCM, and/or Therapist immediately to inform them of the youth's refusal.
 - Any situation for which there is not a code should be addressed in the comment section of the log. The back of the form can be used for additional space.
 - Medication can only be discontinued with a Physician's authorization.
 - Omitted or missed doses should be explained on the log.
 - If a youth on medication goes on a home visit, the required number of pills should accompany them. Upon return, you should clarify with whomever is returning them if medication was administered. **Do not** send the Medication Log with the youth on a visit.
 - Any situation such as giving the wrong dosage or the wrong medication to a youth should be addressed as an emergency by calling the physician, a pharmacist, or poison control to ensure that the youth is safe.
 - If the youth appears to be having a reaction, seek emergency medical treatment immediately.
 - Once the youth is safe, you should call FSS placement to inform staff of the incident and ask that an Incident Report be written.
- The section for medication disposal should be completed if medications have been discontinued by the physician.
- The section for forwarding medications should be filled in if the youth moves to another home. **Do not** send the log with the youth; the new foster parent(s) will begin a log for the youth while they are in their home.
- Sign and date the log at the end of the month. FSC will collect this log on their home visits and sign/date upon receipt.
- Any questions about the log should be addressed to the youth's FSC, TCM, or Therapist. Contact your Licensing Counselor should any additional forms be needed.



PRESCRIPTION MEDICATION LOG

Month/Year: Current month and year-9/16 **Client Name:** Child's name here-Youth Smith **Foster Home:** Your name here-Carin Home

Foster Parent Giving Medication (Name & Initials): Your name here-Carin Home/ CH **Prescribing Physician:** Doctor's name-Dr. Love

List of Medications: Adderall **Dosage:** 20 MG **List of Medications:** _____ **Dosage:** _____
Elavil 50=2/25 MG _____ _____

Med/Dose:	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Morning																																
Adderall	7:30am	-	-	-	-	CH	CH	CH	CH	CH	CH																					
Midday																																
Evening																																
Elavil-50mg	9:00pm	-	-	-	-	CH	CH	CH	CH	CH	CH																					

CODES: S – School Dose H – Hospital V – Out of Home Visit O – Omit Dose M – Missed Dose DC – Discontinued R - Refused

Youth Left Placement (date): _____ Meds Supplied To: _____ Amount: _____ Date Supplied: _____
 Foster Parent Signature: _____

Medication Disposed: _____ Amount: _____ Initials: _____

Additional Comments: _____

Sign your name here upon pick-up
 Foster Parents Signature

date of pick-up
 Date

FSC signs here upon pick-up at home visit
 Signature of Staff Receiving Log

date of pick-up
 Date



PRESCRIPTION MEDICATION LOG

Month/Year: _____ **Client Name:** _____ **Foster Home:** _____
Foster Parent Giving Medication (Name & Initials): _____ / _____ **Prescribing Physician:** _____
List of Medications: _____ **Dosage:** _____ **List of Medications:** _____ **Dosage:** _____

Med/Dose:	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Morning																																
Middy																																
Evening																																

CODES: S – School Dose H – Hospital V – Out of Home Visit O – Omit Dose M – Missed Dose DC – Discontinued R - Refused

Youth Left Placement (date): _____ Meds Supplied To: _____ Amount: _____ Date Supplied: _____
 Foster Parent Signature: _____

Medication Disposed:	Amount:	Initials:
----------------------	---------	-----------

Additional Comments: _____

Foster Parents Signature _____	Date _____	Signature of Staff Receiving Log _____	Date _____
--------------------------------	------------	--	------------



Over the Counter Medication Log:

Instructions for completing:

- Fill out the month and year in which the over the counter medication(s) were given.
- Fill out the name of the youth receiving the over the counter medication(s).
- The foster parent administering the over the counter medication(s) should write their first and last name and initials.
- When the over the counter medication(s) are administered, write the date and time medications were given, as well as the name of the medication and the dosage. Enter initials.
- Turn the log in to the youth's FSC at the next home visit. The log should be signed and dated by foster parent on the last day of the month in which over the counter med. was administered.
- The FSC will sign and date upon receipt.
- Contact Licensing Counselor should more forms be needed.
- Any questions about the Over the Counter Medication Log and/or over the counter medication(s), in general, should be addressed to the youth's physician, FSC, TCM, and/or Therapist.

OVER THE COUNTER MEDICATION LOG

Youth name: Child's name here- Youth Smith Month and year: Current month & year- September 2016

Foster parent giving medication: Your name here- Carin Home

Date	Time	Medication & Dosage	Reason Given	FP Initials
9/8/16	3:30pm	Tylenol: 2-325 mg tablets	Headache	CH

****BE SURE ALL INFORMATION IS FILLED IN LEGIBLY****

Sign your name here upon pick-up
 Foster parent signature

date of pick-up
 Date

FSC will sign here upon pick-up at home visit
 Signature of staff receiving log

date of pick-up
 Date



OVER THE COUNTER MEDICATION LOG

Youth name: _____

Month and year: _____

Foster parent giving medication: _____

Date	Time	Medication & Dosage	Reason Given	FP Initials

****BE SURE ALL INFORMATION IS FILLED IN LEGIBLY****

Foster parent signature

Date

Signature of staff receiving log

Date



Clothing/Personal Articles Inventory:

Youth's Name: _____

Date: _____

Home: _____

Intake

Discharge

Winter

Spring

# of items	Type of Articles	Size	Condition:		
			Good	Fair	Poor
	Casual Pants				
	Jeans				
	Suit				
	Shorts				
	Sweat pants				
	Dress shirt				
	Casual shirt				
	Tee shirt				
	Long sleeve shirt				
	Sweater				
	Socks				
	Underwear				
	Belt				
	Tennis shoes				
	Casual shoes				
	Dress shoes				
	Bathing suit				
	Jacket/coat				
	Accessories: jewelry, watch, etc.				
	Other:				
	Bicycle				
	Radio/stereo				
	Gaming system				
	Games				
	Computer/software				
	Cell phone				
	Books				

Youth Signature

Date

Foster Parent Signature

Date

Continue on back of form if more room is needed. Only one copy provided in handbook, run copies before using.



Policies & Procedures:

Overpayment of Benefits for Children in Care – DCF Memo:

TO: ALL SUBSTITUTE CARE PROVIDERS
FROM: DISTRICT IV LICENSURE OFFICE, DEPARTMENT OF CHILDREN & FAMILIES
SUBJECT: OVERPAYMENT OF BENEFITS FOR CHILDREN IN CARE

This is to inform you that it is a violation of Florida Law for any person to knowingly accept or cash a state check for payment of services, which were not rendered. The following is a section from Florida Statute section 409.325 on fraud, which states:

ANY PERSON WHO KNOWINGLY CASHES, ATTEMPTS TO CASH OR AIDS IN THE CASHING OF AN UNEARNED PAYMENT IS GUILTY OF A CRIME AND WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

In the event that you receive a payment on behalf of a child for whom services were not rendered during the covered time period, you should immediately contact Family Support Services to resolve any problems with the payment. The invoice form, which accompanies your reimbursement check, will provide information regarding names of children and dates for which payment is being made. Please review this information to verify that the payment covers children who were in your home during the dates for which you are being reimbursed. If the problem is a result of inaccurate placement information, please contact the Agency.

Overpayments are normally recovered through a reduction in the amount of your next reimbursement check. If there are no children in your home, you will be asked to make a check payable to the Agency in the amount of the overpayment. A negotiated payment schedule for a period not to exceed twelve (12) months can be arranged if the overpayment amount is large and would result in a significant financial hardship.

We are requesting your assistance and cooperation to assure that all providers are reimbursed in a timely manner. Your signature on the bottom of this form acknowledges your receipt and understanding of this information. Failure to comply with these procedures may result in children not being placed in your home.

Foster/Shelter Parent Signature

Date

Foster/Shelter Parent Name (please print)

Foster/Shelter Parent Signature

Date

Foster/Shelter Parent Name (please print)

Signed copy on file with FSS.

Acknowledgement of Firearms Safety Requirements:

ACKNOWLEDGEMENT OF FIREARMS SAFETY REQUIREMENTS

Florida Statute 790-174 (Safe Storage of Firearms Required) States:

A person who stores or leaves, on a premise under his or her control, a loaded firearm, as defined in s. 790-001, and who knows or reasonably should know that a minor is likely to gain access to the firearm without the lawful permission of the minor's parent or person having charge of the minor, or without the supervision required by law, shall keep the firearm in a securely locked box or container or in a location which a reasonable person would believe to be secure or shall secure it with a trigger lock, except when the person is carrying the firearm on his or her body or within such close proximity thereto that he or she can retrieve and use it as easily and quickly as if he or she carried it on his or her body.

I/We _____ acknowledge that I/we have read and understand this document.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Note: This acknowledgement must be executed by all foster and adoptive parents during the home study

Confidentiality:



CONFIDENTIALITY AGREEMENT

I understand and agree that all information as it relates to child abuse records and clientele are to be held confidential.

I further agree to treat any such information on clients that should come to my attention and knowledge as privileged and confidential, and that I will not disclose such information to anyone other than authorized persons.

Date

Signature

Date

Signature

This will acknowledge that I have received a copy of this document.

Date

Signature

Date

Signature