

The Foster Parent Handbook


For

The Foster and Adoptive Families  
Of Louisiana

Louisiana Office of Community Services  
Baton Rouge, Louisiana  
February 1981


April 2009  
Replacing December 2007

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Under the *Chapters* heading on the left of the page, click on Foster Parent Handbook.

	<b>Agency Name</b>	Office of Community Services (OCS)		
	<b>Chapter No./Name</b>	Foster Parent Handbook		
	<b>Part No./Name</b>	1. Introduction to Foster Care		
	<b>Section No./Name</b>	Introduction to Foster Care		
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## **PART 1 – INTRODUCTION TO FOSTER CARE**

### **A. OVERVIEW**

This handbook was developed for foster parents as a resource tool to provide general information regarding the Louisiana Foster Care Program. As changes in policy and procedures are made you will be advised by your worker.

For convenience, the pronoun “he” has been used throughout the handbook in referring to a foster child (inclusive of the male and female gender).

The term “Agency” is used for the Office of Community Services.

The Office of Community Services, most commonly referred to as OCS, falls under the direction of the Department of Social Services. The State is divided into OCS regional offices, under which fall local parish offices. You will be working with persons from your local parish office and/or regional office. The State Office of OCS, which is Administration, is located in Baton Rouge.

We hope this handbook will be fully read and used by foster parents, and that it will contribute to quality care for children served in the foster home program. This handbook is yours to keep.

### **B. WHAT IS FOSTER CARE**


Foster care is a planned, goal-directed protective service for children and their parents who must live apart because of child abuse, neglect or special family circumstances requiring the need for out-of-home care. Foster care services are intended to provide temporary care for a child until he is reunited with his family or until another permanent living situation is provided.

The goal of the foster care program is to maintain the child in a safe environment, which is supportive of his development. It is to also assist his parents in resuming responsibility and custody or to attain an alternative permanent placement for the child as soon as possible.

### **C. LAWS GOVERNING FOSTER CARE PROGRAM**

There are laws that govern the care of and accountability for children in need of care. Louisiana law provides the “Department of Social Services the responsibility to administer and supervise all child welfare activities relating to children who are dependent, neglected, delinquent or physically or mentally handicapped;...” **Louisiana Revised Statute 46:51 (8)**

Louisiana law also provides that “the Office of Community Services shall provide for the public child welfare functions of the state, including but not limited to....making permanent plans for foster children and meeting their daily maintenance needs of food, shelter, clothing, necessary physical/medical services, school supplies, and incidental personal needs;...” **Louisiana Revised Statute 36:477C**

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The policies and procedures of the Office of Community Services are designed to assure compliance with all Federal and State Laws and regulations governing foster care as it applies to the safety, permanency and well-being of children placed within foster care.


#### **D. WAYS A CHILD MAY COME INTO FOSTER CARE**

- **Instant Order**  
An emergency order given by the court to secure the protection of a child(ren) that is at risk of harm as a result of child abuse and/or neglect. It provides temporary custody of the child pending a Continued Custody Hearing. This hearing is held within three days of the child entering foster care with the issuance of the Instant Order.
- **Custody Order**  
An order given by the court that places custody of the child with the agency following a court hearing. It is temporary and can be changed at the discretion of the court.
- **Voluntary Agreement**  
An agreement between the biological parent (per the parent’s request) and the agency to provide foster care services for the child for a specified period of time due to the parent’s inability to provide parental care. This agreement is temporary and rarely used.
- **Acts of Surrender**  
A voluntary or involuntary legal act by the legal and/or biological parent(s) that terminates his/her parental responsibilities and rights to the child.


#### **E. LEGAL REQUIRMENTS FOR CONFIDENTIALITY**

Louisiana law, Revised Statute 46:56, provides “information concerning clients of the agency shall be confidential. Therefore, information regarding children in foster care and their biological families must be held in confidence by all concerned.” Penalty for violation of provisions of Louisiana Revised Statue 46:56 is a maximum penalty of a \$2,500 fine or two years in parish prison or both; not less than \$500 or ninety days on each count.

As foster parents, you are provided personal and confidential information regarding the child placed in your home, to assist you in caring for the child. Any and all personal information about the child, his family and his situation (reason for entering foster care) that has been shared with you should be treated in a confidential manner. This helps to assure the child and his family’s privacy. This information should only be shared with the child’s treating physicians, therapists, CASA, attorney, teachers and some of the child’s caretakers, as necessary, to meet the needs of the child. This information cannot be disclosed to relatives, friends or neighbors. Foster parents are not allowed to permit any newspaper, magazine, other print or television media to take photographs that identify children in care without the permission of OCS.

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The child may share information with you that is unknown to OCS. As a foster parent, you must share this information with the child's OCS worker as it will assist the agency in providing appropriate services to the child.

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## **PART 2 – PLACEMENT OF A FOSTER CHILD IN YOUR HOME**

### **A. SELECTING A PLACEMENT**

When placement outside of the child’s family home is needed, the first decision made is whether there are relatives with whom the child may live; and if not, what type of placement will be most appropriate. In most situations, the progression of consideration in the selection begins with a non-custodial parent and relative resource and moves to family foster care. The foster child is to be placed in the least restrictive (most family-like), most appropriate setting available and in close proximity to the parent’s home. Children should be placed in their home parish or an adjoining parish unless there is a clear and compelling reason to place at a distance from their own families.

The best interest and special needs of the child should be considered when selecting a placement. In selecting a home for a child, there are other areas to consider, such as the child’s age, stage of development, any special needs or problems the child may have, health and schooling needs, as well as whether or not he has siblings who should or should not be placed in the same home. These factors are then compared with the available foster homes capable of meeting those specified needs. The final step is to determine which of the currently available foster homes are most appropriate for the child.


### **B. MEETING YOUR NEW FOSTER CHILDREN**

A child has a feeling of loss due to separation from birth parents, caretakers, relatives, friends and home. Often the child has had little, if any, time to prepare for the move and placement in your home. The child may have feelings of guilt, rejection, loneliness, anger and frustration over having his life disrupted.

You should have special things in mind to do when a foster child is placed in your home. There are a number of actions you can take to ease the child’s placement in your home and to establish a framework for caring and helping the child. Meeting with your new foster child will probably be exciting for you and frightening for him. You are meeting this child during one of the most traumatic periods of his life. This initial meeting is part of the trauma because it signifies more loss and change. It is helpful to put yourself in your foster child’s place. Making a foster child’s first few days in your home as comfortable as possible for him may mean an easier adjustment to foster care and your family’s ways. The child’s previous life style may have been different. When a child is first placed in your home the following should be done immediately with follow-up because the child may not remember everything.

- Offer physical comfort to the child (if appropriate), talk little and accept the feelings that the child may have.
- Show a new child around your home immediately.
- Let the child know that he can come to you for help or to discuss anything, that if you cannot answer or help, you will help find someone who can. You may want to give the child a special code, or signal for him to use if he has something very important or urgent to tell you. The child is not to be told that statements and actions in the foster home are not to be shared with people



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outside the foster family. The child may have been in an environment where he was required to maintain secrecy about their family.

- Have and point out nightlights in child’s room and bathroom.
- Show the child where personal items are kept in the bathroom such as, the child’s new toothbrush, toothpaste, towels, washcloths, toilet paper, etc.
- Show the child his bed, closet space and drawers; help child hang up clothes, put away clothes in drawers, if he needs and/or wants help.
- Point out child’s play space.
- You should not celebrate his arrival by inviting interested friends and relatives over for a look at him. Remember, he is sad and hurting inside, and may be confused and self-conscious. The foster child does not want to be put on display or to see if he meets the approval of your friends or relatives.
- The foster child needs the security of a regularly scheduled day. Regular playtime, naptime and mealtime for young children are important. A regular schedule is necessary for all foster children.

### C. CHILD’S NAME


When a child is initially placed in your home, the following question may be on your mind: What name should the foster child use? For legal purposes and most importantly for his identity, it is necessary that the foster child be recognized by his own name. He should not assume the name of the foster parents. Sometimes children have a need to belong and to not be different; therefore, they ask about calling themselves by your name. It is important at such times to talk with the child, recognizing his need to belong to a family, but explaining his foster care placement is temporary. Do not support or encourage the child to change his name. Generally, changing a child’s name or using another name in your home conveys rejection of the child and will elicit distrust and perhaps anger from his biological family. Discuss this with the child in such a way that he does not feel that you are rejecting him. The child’s worker should be told of the child’s desire to assume the foster parent’s name. Remember, before people ask, it is a good idea to practice with the child his “responses to questions” about why his name is different.

### D. HOUSE RULES

When a foster child enters your home, he should be provided with some basic information regarding the family’s house rules. The following **basic rules** are important and should be discussed with each child:

**Safety:** Inform the child that while he is in your home, you will keep him safe. Tell the child that in your home if he is afraid or feels anxious about something, he needs to tell you so together you can discuss his feelings and decide what can make him feel better. Don’t assume the child knows basic personal or general safety rules; review and explain safety rules.

**Privacy:** Knock when a door is closed. Everyone has a right to privacy.

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**Clothing:** Unless in the privacy of your bedroom or the bathroom, no one in the family should be in underwear or pajamas without a robe.

**Touching:** No one touches another person without permission.

**Wrestling and Tickling:** These are normal childhood behaviors which can take on sexual and abusive overtones. They are often painful, uncomfortable or humiliating for the weaker person, and should be limited.

**Bedrooms:** Children, over the age of six, of opposite sex are not to share a bedroom. Sexually abused children of any age should not be allowed to get in bed with the foster parents, other adults or other children. It may be over stimulating to them, and they may interpret cuddling as sexual advances. All foster children must have their own bed.


**Name:** Discuss with the child and help him decide what he would like to call you. Requiring the child to call you mom and dad may be stressful for the child due to his emotional attachment to his parents.

Remember, behaviors and actions expected of a child are best learned by you setting a good example. The following are examples of **house rules** that should be discussed with the child and then posted in a central area (e.g., refrigerator, door, etc.):

- I am here to protect and keep you safe.
- We are polite to one another.
- We clean up our messes.
- We don't hit or throw things.
- We are honest.
- We talk out our problems.
- We don't yell.

There are usually understood and/or unspoken rules of the family; however, these rules need to be discussed with the foster child. For example:

- Should he need you during the night, just call and you will come to him;
- When and if he can have snacks and drinks;
- Can he eat in any room or just the kitchen or dining area;
- When can he watch television;
- When is bed time;
- When is bath time;
- Is he expected to bath everyday;
- Is everyone expected to eat dinner together;
- When can he go outside;
- Who washes his clothes;
- Are clean bath towels and washcloths used everyday;
- Where does he put dirty clothes;

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- When/if a room is off limits and why (e.g., parent(s) bedroom, formal living room);
- When are allowances given – each board payment includes an allowance for the foster child; and
- When can he use the computer and video games.


Your family may have some additional “understood rules” which need to be shared when a new child is placed in your home.

## E. FAMILY SAFETY RULES


The following is a list of suggested rules designed to keep everyone safe in this family. Included are rules for living together safely, respecting the rights of others, and ensuring the personal safety of everyone. The rules should first be discussed with the foster child to determine if they are different from what he is accustomed to. In situations where the child(ren) repeatedly breaks certain rules, these rules can be put in writing as a contract. The contract should be age appropriate and signed by the foster child and the foster parent(s). The child’s signature on the bottom of the contract acknowledges that the rules have been discussed with the child, he understands the rules, he will follow the rules, and he will help other children in the family to follow these rules.

The suggested rules are as follow:

- I understand that before I go into another person’s bedroom, I must get permission first.
- I understand that if no one is home to give me permission, I am not to go into another person’s bedroom.
- I understand that when visiting another person’s bedroom, the door must be open.
- I understand that if someone is visiting my bedroom, the door must be open.
- I understand that if my foster parent(s) talk with me in my bedroom, the door must be open.
- I understand that undressing is allowed only in my bedroom and in the bathroom with the door closed.
- If the door is closed, I understand that there is to be only one person in the bathroom. Specific exceptions to this item are as follows: \_\_\_\_\_.
- I understand that everyone sleeps in his own bed.
- I understand that children do not sleep in the same bedroom with the foster parents.
- I understand that if I am six years of age or older, I will not share a bedroom with a person of the opposite sex.
- I understand there is to be no sexual play or sexual touching and that includes playing doctor, nurse or things like that.
- I understand that all inappropriate sexualized language and/or behaviors (references to body parts, sexual activity, back rubs, foot tickling, wrestling, “horseplay”, etc.) will not be permitted.
- I understand that I will not have access to or bring into the home any inappropriate sexually oriented materials (books, pictures, magazines, videos, internet access, etc.) other than that which is used for the purpose of appropriate sex education as agreed to by my case worker and foster parent(s).

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- I understand there is to be no masturbation in front of other people.
- I understand that if someone sexually touches me inappropriately, I will tell the foster parents and my worker. Other people I can tell to get help are my doctor, teacher, therapist or minister. I will continue to tell until someone believes me and helps stop the sexual touching.
- I will obey these rules of privacy (not touching another's private parts, purses, notebooks, private notes, diaries, mail, etc.).
- I understand that if someone disciplines me in a physical manner, such as hitting or spanking, I will tell my case worker and foster parent(s).
- I understand that any plans for me to baby sit in or outside the home must be discussed with and approved by my worker.
- I understand that I am responsible for obeying these rules.
- I understand that I am responsible if I break these rules.
- I understand these rules clearly.

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## **PART 3 – LIVING WITH A FOSTER CHILD**

### **A. SPECIAL CHARACTERISTICS**

Living with a foster child can be different from other children. Allow time for adjustment for you, your family and especially the foster child. It is understandable if you feel guilty, disappointed or take it personally if you and your foster child are not getting along well at the beginning of the placement.

Foster children usually have some characteristics related to the things that have happened to them. Their behavior may seem extreme; they may be withdrawn, shy, boisterous, rowdy, or overly sensitive and destructive. As a result of certain situations, their development may be delayed.


The foster child may have lived in an environment with many problems. He has learned to behave according to the way he has been treated. If he has heard only yelling, then he tends to yell. If people in his family have fought, then he knows that by reacting in an aggressive manner he will get what he wants. A child mimics and copies the behavior of the adults in his life.

Some pretty bad things can happen in a child’s life, such as abandonment, abuse and rejection. The separation from his family and placement in a foster home can be very traumatic. No one can predict how he will react to the traumatic events that brought him into foster care. He may react by being especially compliant at the beginning of the placement, which is often called the “honeymoon” period.

Another type of initial reaction is the “trying out” period. During this period of time, the child may exhibit trying behaviors such as not liking your home, his new school, your children or the food you prepare. There are many reasons for his behavior. He may want to see if you really will like him. He may also feel that if he is so bad that you cannot stand him, he will be sent back to his family. The child needs warm concern and honest discussion of his actions, considering his behavior as inappropriate, not him. He needs to know you care about him and are committed to him.

A child might be a bed wetter. It will help to be prepared by having the bed protected, to leave a night light on, and to offer to wake the child and accompany him to the bathroom. If the problem persists, discuss it with your child’s worker, as the child may need medical testing. Other characteristics and problems a foster child may exhibit are lying, stealing, fighting and running away. The child’s OCS worker will be available to discuss these problems with you.

A foster child has feelings that may be different from other children. Some are feelings of not belonging in your home, having a different name from yours and having two sets of parents. He may feel torn between his own family and your family. The foster child also differs from your child in that he sees his parents only by special appointment and has involvement with a social worker. All of these issues will impact the child’s behavior and adjustment in your home.

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## B. CONCERNS OF FOSTER CHILDREN

Current and former foster children have shared some of their feelings and concerns regarding their personal experiences in foster care placements. We have included a list of common feelings and concerns to help increase your awareness so you can make the foster care experience better for children placed in your home. Some concerns are:

- Lack of trust between foster child and foster parents;
- Lack of communication between foster children and foster parents;
- Telling foster child's personal information and revealing they are a foster child to other people;
- Abuse in the foster home;
- Children of all ages do not get their allowances from foster parents;
- No privacy in the foster home;
- Foster parents treat foster children differently from their own children;
- Foster parents criticize foster children and make them feel it is their fault they are in foster care;
- Foster parents do not allow foster children to use household items;
- Foster parents lack respect for foster children;
- Foster parents have the attitude that most or all foster children are unstable, unruly or a problem to society;
- Foster parents do not use the board received for the foster child towards their care; and
- Children are not allowed choices in the food they eat, the clothes they wear, their worship, the way they style their hair, etc.

## C. ISSUES FOR ALL FOSTER CHILDREN


When raising any child, issues arise which all parents must address and manage with the child. In addition to all the issues that exist in any parent-child relationship, there are some specific issues that are unique in caring for foster children.

### Issue 1      **I don't feel safe.**

Bad things can happen in a child's life, such as abandonment, abuse and rejection. The resulting separation from his family and placement in a foster home can traumatize the child. The foster children often feel alone and without resources to help or protect them.

### **What can you do?**

Treat the child with kindness and be patient. Keep rules clear and simple and enforce rules in the same way every day. Discuss rules of privacy and personal space. Allow the child to meet with and call their OCS worker anytime.

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## **Issue 2      How can I trust anyone?**

Many foster children will have conflict in one of the most basic areas of human experience. “Can I trust you? Maybe you act nice, treat me well, say I am safe and say you care, but the last time I trusted someone, I was terribly hurt.”

### **What can you do?**

Adhere to confidentiality regarding the child. It is important to keep private information about the child and family to yourself, sharing only what is necessary with those caring for or treating the child. Set limits on behavior and be fair and consistent. Discuss with the child that you are there to care for him and that he can count on you. Keep rules clear and simple and enforce rules the same way every day. Always treat the child in a consistent, kind manner. Avoid making promises you may not be able to keep. Do not say anything unless you have every intention of doing what you say.

## **Issue 3      I am grieving.**

Being separated from biological parents, caregivers, siblings, family, school and friends can be overwhelming for the child. A grieving child may have little emotional energy to relate to others. Being withdrawn or seeming to be preoccupied or distant in relationships are common signs of grief.

### **What can you do?**


Try to place yourself in the child’s position of being separated from everything and everyone you have known. Then imagine how you would feel and behave or how you would decide whom to trust or feel comfortable and/or safe with. Provide the child with a stable routine and with opportunities to participate in interesting activities. Recognize the child’s feelings, but do not dwell on them or try to convince the child not to be sad. Make yourself available. Make the child feel welcome in your home. Provide a special treat or a special seat at the dinner table. Allow the child to personalize his room. Follow visitation as set in the child’s case plan. Do not make negative remarks about the child’s family. Refer to the section on the separation and grieving process in this handbook.

## **Issue 4      I feel that I am no good. I must be worthless.**

Having been removed from their parents/caregivers, foster children experience feelings of rejection and often blame themselves. They may try to protect themselves from further rejection by being critical or nasty to adults who reach out to them.

### **What can you do?**

Discuss with the foster child, at their level of understanding, the reason for placement in foster care and what will happen in the immediate future. Be caring and do not criticize the child’s family. Help the child form a relationship with a caring adult. Do not use corporal punishment or verbal put-downs. All

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children have something positive about themselves. Look for positive ways to praise the child, attend school functions, award ceremonies, etc. Help the child develop hobbies or areas of special ability where realistic pride can be built. Do little things that send the message “you are special.” Make the child’s favorite meal or dessert, fix up their room, or do something extra with the child. Most of all, spend time with the child and participate in activities with the child.

**Issue 5 I don’t fit in anywhere!**

Foster children have been uprooted from their homes and may have been in other placements. Life keeps changing and they feel they don’t belong anywhere.

**What can you do?**

Show the foster child that you are stable, organized and consistent and that he is an important part of your life. Visit the school with the child and meet the new teacher. Talk to the child about plans for home, school and activities. Show, by your planning and interest, that the child fits into your home and you are eager to make your home a pleasant place for him. Include the foster child in family activities and traditions.

**Issue 6 You are not my real parent. I don’t have to do what you say.**

Often there is a period of particularly nice behavior when a foster child enters a new home. Sooner or later the child may begin to test your authority and challenge your rules. Remember that most children do this to some degree as they develop and become more independent.


**What can you do?**

Realize the foster child has experienced big disappointments and may be reacting to previous problems by challenging you as the current symbol of authority. Do not take any challenging behavior personally. Stay calm and remind the child the rules must be obeyed and followed. By staying calm and being consistent and firm, you are sending the important message that the home can be a stable, predictable and safe place. A consistent system that employs basic principles of behavior management is a good way to deal with challenging, negative behavior. Talk to the child’s worker about books you can read, ask them for suggestions, talk with the child’s therapist if they are receiving therapy and review the discipline section of this handbook.

**Issue 7 I have sexual feelings.**

Feelings of a sexual nature occur in various forms and actions at all ages. Foster children may have been exposed to sexual behavior at an early age. These and other factors can combine to create increased awareness of and interest in sexual behavior. As the child may not feel this is something he can discuss with you, he may act on these feelings and will need your guidance.



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### What can you do?

Set clear boundaries for behavior of a sexual nature. Discourage intense displays of physical affection such as kisses on the lips, prolonged hugging or sitting in adult’s lap. Set a standard for privacy and modesty and have clear guidelines for the child to follow. There are many ways to express love without the type of physical contact that can stir feelings and create conflicts. Discuss feelings openly; show the child he can ask questions or share feelings and will not be punished or his questions be ignored.

### Issue 8 I am jealous of your other children, grandchildren or other people in your life.

The foster child will often feel like a stranger in your home and may resent the attention you give to others. With a possible history of emotional deprivation, having been separated from home and possibly prior placements, the child may exhibit sensitivity about being slighted or ignored.

### What can you do?

Within reason, try to divide your time and energy in a fair manner. Show the child by your actions that you care. Never compare the child to other family members or children in the neighborhood. If you have other children or grandchildren in the home, encourage some cooperative projects where there is group success and everyone receives praise and recognition. Be aware of the child’s increased sensitivity in this area. Develop habits of offering support and attention on a regular basis without the child having to seek attention. Do not exclude the foster child from family gatherings, vacations, weddings or other family activities if other children in the family are attending.


## D. ACCEPTING THE CHILD

A foster child often feels the breakup of his own home was punishment for his “badness.” In your home he may be compelled to repeat behaviors he feels were responsible for his move, in order to see if the same thing will happen again. This can result in an outburst of behavior problems in the foster care placement. It will help to view unacceptable behavior as unhappiness on his part.

The foster child may have a lot of habits, such as poor table manners, inappropriate language or poor hygiene skills that you will want to help change. However, the child may have difficulty in changing because his habits may be associated with his parents’ way of doing things and giving them up totally could mean, to him, cutting off memories or wishes of his parents. You may have to consider compromises in your family while helping the child adjust to your home and family. Assist the child in developing more appropriate social and living skills. When addressing inappropriate behaviors or manners, dealing with one or two areas at a time, rather than several may be more successful.

According to Gregory Keck and Regina Kupecky in “Parenting the Hurt Child: Helping Adoptive (Foster) Families Heal and Grow”, the following facts should be kept in mind as you begin to understand parenting the hurt child:

- Parenting hurt children requires loving patience and clear expectations for improvement;

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- Hurt children bring their pain into their new families and share it with much vigor and regularity;
- Nurturing will promote growth, development and trust;
- Family fun should not be contingent upon the child’s behavior;
- Parents should expect difficult times, as well as a reduction of them;
- Expectations are more effective and powerful than dozens of rules; and
- Hurt children get better when their pain is soothed, their anger reduced, their fear quelled, and their environment contained.


## E. SEPARATION AND THE GRIEVING PROCESS

Whenever a person is separated from someone with whom there has been a strong attachment, feelings of loss occur. This loss is expressed through a grieving process. Foster children go through this process when separated from their biological parents or caretakers. When they move from a previous placement, they may also grieve. Since separation is a part of the foster care experience, an understanding of the grieving process is essential for foster parents. Through this understanding, the professional foster parent can help the foster child express and adjust to his feelings caused by separation. Foster parents will also be able to recognize how separation feelings affect the behavior of the parents of children in placement. An awareness of the grieving process will also help foster parents prepare themselves and their family for eventual separation from the foster child.

As a foster parent, understanding the impact of separation is of utmost importance. “Any child who is compelled for whatever reason to leave his own home and family and live in foster care, lives through an experience filled with pain and terror and potentially damaging to his personality and normal growth.” This quotation from the article “Placement from the Child’s Viewpoint” by Leontine Young, describes the feelings of a child entering foster care placement. When a child is placed away from home, it has been decided that the separation will be less damaging than leaving the child in his own home; however, the traumatic experience of separation occurs. It then becomes the mutual responsibility of the foster parents and foster care workers to prevent the separation from becoming more harmful than if a child had remained in his previous environment.

Crucial to the success of the placement are the attitudes of the foster parents towards the effects of separation on the foster child, their own family and the biological parents. One concern is the foster parent’s responses toward behaviors expressed by foster children and biological parents. Another issue of concern is the foster parent’s own experiences with separation, how well they can accept the temporary nature of foster care, and their ability to “give up” a child. There is no painless way to lose someone when there has been a strong attachment. Most people have a solid foundation of good emotional health and nurturing relationships which help them through the grieving process. The foster child may not have this foundation and therefore, separation may be a more difficult experience.

The grieving process is the way by which people recover from the painful experience of separation and loss. It is unhealthy to prevent someone from grieving. This is a difficult, yet necessary, process to work through. It is possible the individual will stop the grieving process early. The grieving process can have a tremendous impact on a foster child. Without completing the process, the person cannot

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really become accepting of or adjusted to the loss, and may never be able to deal with their feelings about what has happened to them. Such unresolved issues may affect the person’s overall functioning and may appear in their daily behavior. The child’s grieving process may remind foster parents and foster care workers of their own personal experiences. As a professional team, foster parents and foster care workers must be careful to prevent their own feelings, attitudes and needs from influencing and/or not allowing the grieving process for the child. Foster parents and foster care workers have a responsibility to assist the child in the grieving process.

There are five emotional steps in the grieving process: **shock, anger, bargaining, despair** and **acceptance**. Foster parents need to be prepared for the various types of behavior the foster child will present as he moves through these stages. Some people move forward and backward between steps, improving then regressing, during the grieving process. It is a responsibility of the foster parent to help the child through this process.


The length of time a child takes to move through these stages varies. It may take a foster child up to six months or more to complete the grieving process. The separation and grieving process that happens in foster care is a tough time for everyone: Biological parents maybe difficult to work with during this period and the behavior of the foster child can be, at the same time, the most difficult.

## 1. SHOCK

In this stage (step), emotions may seem to be absent or shallow. The child may give the appearance of feeling no effect from the separation or may just appear to be numb. It is not unusual to find a child acting happy. If the grieving process is not understood, then this behavior will not be recognized as inappropriate. The foster family may mistakenly think the child is happy to be coming into placement. This sets up the foster family for a disappointment when the “honeymoon” is over. The honeymoon period is a common occurrence in foster care. The child’s worker may have prepared the foster parents for negative behavior the child had been presenting. Yet, after days or even weeks in the foster home, the child is quiet, conforming and docile.

The foster parents may report the child isn’t doing any of the negative things which were shared with them. The child may appear well mannered and eager to please. This type of situation is an indication that the child is still in the first stage of the grieving process: denial that anything bad has happened, and denial that separation has become a reality. This is the child’s way of defending against the fear “of the unknown”.

During this time, the foster parents should allow the child to gradually become familiar with the family’s habits and routines. The child needs factual information about his placement situation, whereabouts of parents and siblings and enough contact with the social worker to begin to be reassured that someone from his previous life knows what is happening to him. The foster parents should keep the child’s OCS worker informed of the child’s behavior during this stage. If this stage of shock persists for more than several weeks, it may indicate an emotional disturbance that warrants medical consultation. You may

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note progress when moving to the next stage when the child begins to display more emotion and response to what has happened to him.


## 2. ANGER

This stage (step) begins when the shock of separation is over and the child finally realizes the implications of living with a new family. Feelings are no longer repressed, and the child may feel angry or anxious, or both. Thoughts and behavior may be directed toward the biological parent or caretaker. An older child may make an active attempt to contact the relative by phone calls and/or running away. There may even be times where the child may have fantasies about his situation as a coping mechanism. He may or may not share these fantasies with the foster parents.

A common attempt to reclaim the lost person is by telling stories about his family that are exaggerations, distortions, or false. This situation needs special work between the foster parent and child's worker. As a team, they need to determine what is true and false, and how to be supportive to the child so that everyone can tell the difference between the reality and the fantasy. Correcting a child's account or story about his family can result in increased anger by the child. You and the child's worker should jointly decide on how and when it's necessary to address incorrect information. The foster child may be angry at his biological parents for deserting him and act out this anger by refusing to see them, talk with them, or talk about them. Feeling guilty because of the anger adds more emotional trauma. Foster children often blame themselves for causing the removal and placement, and mistakenly believe they are being punished for something they said or did.

The age of the child will determine the way anger is acted out. The younger child may throw tantrums and be destructive. The adolescent (already in a normal developmental stage of rebellion) may refuse to obey adults. This anger stage may be the most difficult for foster parents. Those who do not understand what the child is going through may feel the child is unfairly taking out anger on them despite their great efforts to help. Many placements fail at this stage because the foster family cannot cope with the child's expressions of anger and the foster family then feels guilty.

One of the tragedies of foster care is the child who has been moved from one foster home to another, in an attempt to locate a family who can cope with his behavior. This rejection causes a poor self-image and regression so that the child eventually becomes "fixed" in a certain stage. It is the sensitive and understanding foster parent who realizes the child may be angry with his own parent for giving him up. The foster parents need strength and patience to cope with the child's need to displace his anger on the parental substitute. The child who is given the message that it is normal to feel angry, and who is helped to express his anger in a safe and appropriate way, can successfully move out of this stage. Foster families can be prepared for this stage if they talk out their ideas about "okay" ways of expressing anger, and share their frustrations with the child's worker.

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### 3. BARGAINING

In this stage, the child may think or talk about what could have been done to prevent his separation from his family members. He may suggest that had he not been bad or had he not upset his parents, they would still be a family. The child may also try to make deals with himself, such as the promise to do better if he can be returned home. During this stage, it is important to help the child understand that placement in foster care was not his fault.

### 4. DESPAIR

In this stage (step), the child's feelings are directed inward more than outward. Perhaps he has exhausted the energy it takes to act out angry feelings but, most likely, the child has accepted the reality of being placed. The child has learned that, despite all his bad behavior, the foster family intends to keep him, and returning to where he came from will not likely occur in the immediate future. Depression and hopelessness are common feelings. The child may feel disorganized, restless and more preoccupied with things than people, resulting in a marked withdrawal from social contact. During this despair state, it is normal for the child to regress to behavior characteristics of a stage in his life when the world was not such a painful place in which to live.


The child should be encouraged to talk about his feelings; however, this should not be done by asking the child how he feels or what he thinks. Instead, comments that he looks sad or upset and is maybe thinking about his family and how much they are missed, are appropriate. The child should also be warmly supported, helped to express his hurt and have his worries resolved. Dolls and pictures are good methods of helping the younger child act out his feelings through play, since verbal ability is limited.

### 5. ACCEPTANCE

This stage (step) completes the grieving process. Instead of clinging to the past, refusing to accept the present and being fearful of the future, the child shows greater security in the environment. Because of this he functions with more stability and continues to grow emotionally. This does not mean that the child has stopped thinking of the family he lost. In fact, it is important that the child be allowed to remember, talk about and have contact with his past; this may in turn allow the child the opportunity to seek new activities and relationships.

## F. IMPACT ON THE BIOLOGICAL PARENTS/CARETAKERS

Although the needs of the foster child are the primary focus of the foster parents, the needs and feelings of the biological parents should not be forgotten. Placement of their child is a drastic action, confirming the parent's feelings of guilt and anger which they experienced as a result of the family breakdown. Foster parents must devote extra effort in their contact with the child's biological parents in order to promote a positive relationship. It is an error to want to eliminate contact between the child and his biological family.

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As the primary goal of foster care is often family reunification, this goal can be fulfilled only if the biological parents are involved in the child’s placement and the development of a plan for the child. The biological parent’s feelings of guilt or failure may cause them to be defensive and hostile towards the foster family and social worker. Also, their own particular emotional problems such as immaturity, substance abuse, or mental illness may complicate their involvement. It is only in extreme circumstances, such as desertion or severe mental illness, that the biological parent and his child cannot be helped through the grieving process together. The social worker looks for ways to enable the biological parents to improve their level of functioning. The foster parents provide a secure and accepting environment for the child. Together they deal with the denying, protesting and despairing behavior of the biological parents and their child, which is part of separation.

One must remember the biological parents, too, are experiencing the trauma of separation, and trying to deal with the resulting pain. Following placement of the child, the biological parents may feel some sense of relief. Being relieved of responsibility for the child’s day-to-day care is often necessary for the biological parents to regain control of their life situation and to work on their problems. Separation from their child triggers the grieving process. This additional pressure further lessens their ability to function adequately. The biological parents must also work their way through each of those difficult stages, as well as, to resolve the problems that resulted in placement of the child.

With acceptance of their child’s foster care placement, the biological parents will have more energy for working on realistic plans for their future and the child’s future. The biological family needs to begin with a clear understanding of the reasons for the child’s placement. If the goal is for the child to be returned to the biological family, a plan must be developed which will remove the problems that caused the family’s breakdown. Change is always difficult but, with support and guidance, the majority of biological parents can improve themselves and their situation and be expected to take care of their child.


Foster parents and social workers should be careful not to expect the impossible of biological parents. It is possible that some biological parents will be unable to develop appropriate parenting skills or have a physical setting the same as that of the foster family. Expectations of the biological parents should be limited to a reasonable belief they will be able to provide a minimum sufficient level of care for their child. A return to even marginally adequate parents is a better alternative for the child than years in foster care.

## **G. UNIVERSAL PRECAUTIONS**

Universal precautions is an approach to infection which is based on the premise that “all human blood and certain human body fluids are treated as if known to be infectious” for HIV and other bloodborne pathogens.

### **Facts About Communicable Diseases**

Generally, being in the same room or touching a sick person usually carries no risk. In order to decrease risk of disease, the following should be practiced:

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- Good hygiene;
- Frequent, careful hand washing;
- Wearing of clean clothing; and
- Using protective gloves when exposed to body secretions.

Physical health and well-being depend on many factors, including good eating habits, exercise, regular medical and dental checkups and the practice of good hygiene on a daily basis. In the event of situations where probable exposure to bloodborne pathogens or other human body fluids might occur, good infection control procedure—Universal Precautions—is necessary. You, your family and children in care can easily maintain a greater degree of protection from infectious diseases if you use and teach the following universal precaution procedures.


### What Do I Do?

- Wash hands regularly and thoroughly with soap and warm water (rub your hands vigorously for 10 to 15 seconds as you wash them), particularly after toileting, diaper changes, potty training, cuts and injuries, coughing and sneezing, before eating and before food preparation.
- Teach young children to wash their hands carefully after toileting, coughing and sneezing and before eating.
- After thorough cleaning, cover open cuts and injuries with bandages.
- Wash toys, stuffed animals, favorite blankets and things children put in their mouths with soap and warm water regularly.
- Use disposable gloves when in direct contact with body fluids that contain blood.
- Wash surface areas, clothing, bed linen and laundry exposed to body fluids (blood, urine, feces, vomit, secretions). Use a household disinfectant or mild bleach solution – one cup of bleach to nine cups of water.
- Dispose of diapers, gloves, bandages and paper products used to clean up body fluids in individual, tightly sealed plastic bags.
- If a child bites you and draws blood, wash area immediately with soap and water. For any human bite wound, consult with your doctor.
- Do not allow sharing of toothbrushes or razor blades.

In the event you feel you have been exposed to an infectious disease during the course of working with the foster child placed in your home, inform your worker and be tested. The results of the testing should be provided to the worker. In certain situations, the agency will assist with reimbursement for testing. Additionally, the agency offers training related to diseases that can result from blood or other body fluids.

## H. PARENTING THE SEXUALLY ABUSED CHILD

Many foster children entering care today have been sexually abused. It is important for foster parents to have information about sexually abused children, so they can decide if they are prepared for this challenge. Children who come into foster care that have been sexually abused have special needs.

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Sexual abuse may occur within the child’s family, which is called incest, or it may be committed by people not related to the child. Examples of sexual activity are sexual touching, kissing, fondling, manipulation of the genitals with the fingers, and actual sexual intercourse.

Children who have been sexually abused may have difficulty talking about what happened to them. Instead of talking, they may act out these feelings in behavior that appears inappropriate; or they may withdraw and conceal their experience as a result of feelings of shame. Other children may talk about their experience at inappropriate times or with people they should not. Help the child understand with whom and when it’s appropriate to discuss their history. Foster parents must understand that certain behavior is the child’s attempt to communicate feelings about their experience.

Fostering a sexually abused child can be stressful at times for every family member. Some stressors may cause abuse in the foster home. Foster parents are not “super humans” and in many cases, their own “triggers” are pushed and they instantly respond. For example, finding your foster child engaged in masturbating or playing sexually with another child in your home may cause you an unwarranted response if you are not prepared to handle the situation and your own feelings about it. It is very important that you, as foster parents, explore your own feelings regarding sexual activities and sexual abuse.


A sexually abused child/adolescent may act in a seductive manner. Some foster parents or foster siblings may sexually react to the foster child. A foster child giving a “good night” kiss to a foster parent may have delivered the kiss on the mouth in a passionate way. This may have stirred sexual feelings in the foster parent. Even if the foster parent handled the kiss appropriately by saying, “I feel uncomfortable when you kiss me on the mouth”, he or she may still feel guilt for being aroused. It is very important to help the child understand appropriate behavior in your household.

The different attachment and stirring of sexual feelings can also occur with foster parents’ adolescent and grown children. While this does not occur in all situations, it is in the child’s and your best interest not to allow adolescent or grown males to baby sit or care for foster children.

Sexually abused children sometimes make false sexual abuse allegations against their foster family. If it is a false allegation, the reasons for it could be the child may be angry or wanting to exert control. They may have misinterpreted the foster parent’s affection. These steps can help prevent false allegations:

- Secure accurate information upon placement of child, if available. Ask the worker specifically if there has been any documented or suspected sexual abuse.
- Discuss suggested Family Safety Rules (Part 3) when the child is placed.
- Do not leave the child alone with another child.
- Make sure each child has his own bedroom.
- Be clear on the rules of dress, privacy, touching, etc.
- Avoid teasing, tickling, horseplay or suggestive language.
- Record any sexually acting out in writing and contact worker.



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- Send your written report to the child’s social worker and therapist.
- Have a support system for the family, i.e., friend, foster family support group, therapist, etc.
- Have time alone to reduce stress.
- Have agreed upon rules, boundaries and consequences.
- Feel comfortable talking with children about sexuality, sexual abuse and personal safety.

The more information you can receive about the child, the better you are able to help him. Don’t be afraid to ask the caseworker questions about your foster child. This child will be living in your home for a long duration and it can be a time of “growth” for everyone. Be aware of the agency’s mandated requirement to investigate allegations of abuse or neglect made by a child. Refer to the section on Allegation of Abuse and Neglect.


## I. ALLEGATIONS OF ABUSE AND/OR NEGLECT

Foster parents are agency team members who, because of their role as primary caregivers for abused or neglected children, may be vulnerable to allegations of maltreatment. The first objective for everyone is to ensure that children are emotionally, physically and psychologically safe while in foster care.

A standard procedure is followed when an allegation of suspected abuse or neglect in a foster home is received. Reports alleging child abuse and neglect in foster homes are referred to the Child Protection Investigation (CPI) Unit. Experienced professionals will screen the report and a determination will be made as to whether the report will be assigned for investigation. The assigned investigator will make attempts to contact the alleged child victim first. This is agency policy and not an attempt to ignore the foster parent. After interviewing the child, the investigator will contact the foster parent and inform them of the investigation. Should your home be investigated by the agency in response to an allegation of abuse or neglect, remember that no matter how badly you feel, it is to your benefit to openly share what you know with the investigating agency staff. The decision to remove or allow foster children to remain in the home is based on a determination of the child’s safety and information received during the investigative process. Foster parents will be notified of the results of the report following the completed investigation.

The Home Development worker or the child’s foster care worker investigates child care deficiencies. These are concerns regarding the care provided to children in foster care which do not meet the legal definition of abuse/neglect and are violations of agency policy and/or licensing standards of care for children. Some examples of child care deficiencies include use of corporal punishment, denial of basic rights and inappropriate restraint. If a problem is found in the home, the home may be closed or the agency may develop a corrective action plan in order for you to continue to care for foster children.

It is normal to experience an array of feelings during the investigation of allegations of abuse or neglect in foster homes, even when the allegations are false. As advocates for children, you must remember that these procedures are in place to protect children from any possible maltreatment. Refer to the section on Foster Parent Associations in this handbook for information on foster parent support resources.

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## **J. RUNAWAY, MISSING OR KIDNAPPED FOSTER CHILD**

When there is reason to believe that a child has run away, been kidnapped, is lost or is otherwise missing and at risk of harm, you must contact the local law enforcement agency and the foster care worker immediately. You and the worker shall provide law enforcement with a description of the child, which may include photographs, fingerprints, marks, scars, tattoos, and any other identifying information that may prove helpful in the search. Other helpful information may include possible locations where the child may be found, clothes the child was wearing at the time of the disappearance and individuals the child may have been communicating with on-line. The identified information shall be sent to the State Office Child Protection Investigation Unit to assist in the development of a poster, which can aid in the recovery of the missing foster child. The child shall be listed, by the agency, as a missing child or endangered runaway on the National Center on Missing and Exploited Children database.

## **K. DAY CARE**


If day care is necessary for the child placed in your home, you should discuss the need with the child's OCS worker and determine if the eligibility criteria for day care services is being met. You must choose a day care center that is licensed by the Department of Social Services Bureau of Licensing. You must provide the name of the day care center to the child's worker. The child's worker will determine if the center meets the criteria for provision of day care services.

## **L. RELIGIOUS ACTIVITIES**

Biological parents do have a right to choose their child's religious affiliation and their wishes should be respected. If biological parents state a religious preference for their child, OCS will make every effort to place the child in a foster home of the same religion. When this is not possible, it is the shared responsibility of the foster parent and the child's worker to locate a resource to enable the child to attend a house of worship of his religion. It is the role of the foster parent to provide transportation to religious activities and assure appropriate supervision. If you attend church it may be all right for the child to attend church with you. At no time should foster parents require or push the child to accept their religious beliefs or rituals. Older children may also choose to not participate in religious activities or choose to participate in different religious services from that of your family.

## **M. MANAGING TELEPHONE CALLS AND MAIL**

The foster child or foster parent may make long distance telephone calls on the foster parent's phone to the child's parents/family (as agreed upon in the child's case plan) or to make medical appointments or to call the worker. The foster parent will be reimbursed for the listed long distance phone calls. Long distance telephone calling cards, purchased by the worker for the child, may be used to call family members or his worker. This is allowable when it is agreed to in the child's case plan and when the telephone card purchased is for 60 minutes or less and is kept by the foster parent.

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A usage log is to be maintained by the foster parent which includes the date, time call(s) began and ended, name of person called or attempted to call and the telephone number called. The log shall be submitted to the child's worker.

A foster child has the right to send and receive mail. Mail is the private property of the foster child and should not be opened or read by the foster parents except at the child's request. They should not be pressured into letting foster parents read their mail. If problems arise with mail, which is disturbing to the child, then foster parents should seek the assistance of the child's worker.

The child has a right to privacy when communicating by phone and mail with others or when visiting with others, unless otherwise restricted.

## **N. INFORMATION TO BE SHARED WITH THE CHILD'S WORKER**


Often foster parents are not aware of the information they need to share with their foster care worker about the children placed in their home. Sometimes foster parents may not want to share information about the child's inappropriate behavior because they're afraid the foster care worker may think they're not doing a good job.

It is important for foster parents to remember problems with the child or children placed in their home are bound to happen and are expected by the agency. Talking with your child's worker about things the child is doing that are causing problems in your home gives the worker a chance to discuss with you possible ways of handling the child's behavior. Working together as a team makes it easier for the foster care worker and the foster parent to deal with the problems and helps the child adjust to the foster parent's home.

You may find it helpful to keep a journal or log about important issues or things that have come up with the child. You will be able to refer to your notes when you meet with the child's worker and not worry that you will forget important pieces of information, which may have occurred several days or weeks earlier. This is especially helpful if you have more than one child in your home. This helps you track the progress you and the child are making.

The following are examples of information foster parents need to share with the foster care worker:

- The child's eating and sleeping habits; his likes and dislikes, and things he talks about; the child's personality – is he friendly or withdrawn; how he acts toward family members, at school and in the neighborhood.
- The child's abilities: does he seem to know how to do things like other children his age? Can he dress, feed and bathe himself, brush his teeth, etc? Does the child know how to use a knife, fork and spoon when eating? Does the child appear to have trouble hearing, reading, speaking or writing?
- Does the child talk about his parents, sisters, brothers, friends or relatives? If so, what does he say?

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- Does the child seem to know the reason why he is in your home or in foster care? Has the child asked when he is going to visit his parents or when he'll be able to go back home?
- Does the child behave differently before or after he goes for a visit with his parents? If he does, how does he act?
- Do you talk to child before and after the visit? If so, what kinds of things do you say and talk about? If you don't say much or anything at all, before and after the visit, is there a reason?
- What kinds of things have happened that have caused problems or have been hard to handle? Talk about these kinds of situations and how they are handled. You may want to ask for information on ways to handle any similar situations that may come up in the future.
- How would you describe the child's health?
- What kinds of things do you think would help the child?
- If you are worried about how the child acts sometimes, describe his behavior, how often he acts this way, how you handle it, and how other people in the family or at school handle it. Remembering and talking about what happened before the child got angry or upset is good information because it can help you and the child's worker understand the nature of the problem.
- How do the members of your immediate family, relatives, friends and neighbors feel about you having a child placed in your care? Talk about their good and bad feelings.
- Has the child's presence in your home affected any of the relationships among family members? If yes, talk about what relationships in your family have been affected and how you are handling it.
- Provide school information regarding the child such as attendance, conduct, detentions, suspensions, report cards, IEP, progress reports, IOWA and LEAP scores, etc.


## O. EMERGENCY PLANNING

Foster parents should have an emergency plan for their family including their foster children in the event of a crisis (i.e., evacuation of the home). The plan should be shared with the OCS worker when a child is placed in the home. \*The agency expects foster parents to evacuate their family (inclusive of the foster child placed in the home) when Parish officials have declared a mandatory evacuation and assure the continued safety of the foster child(ren) in their care.\*\*

## P. ADOPTION OF A FOSTER CHILD

There are some children who cannot return to their biological family or primary caretaker. When this occurs, the agency will explore the foster parents' feelings regarding adoption of the child. If the foster parents are interested in adoption of the foster child and an assessment by the agency indicates that there is a healthy attachment between the child and foster parent, and remaining with the family on a permanent basis is in the child's best interest, the foster parent is given much consideration as an adoptive placement.

Foster parents are considered eligible to be certified as adoptive parents if they have completed the appropriate pre-service training offered by the agency when they are certified as foster and adoptive parents and if the following conditions are met:

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- The home is a certified home;
- The home has no validated incidence of abuse/neglect;
- The child is legally available for adoption and no relative or other person known to the child is determined to be an appropriate permanent placement;
- The child has been placed in the certified foster home for a minimum of one year;
- The foster parent wishes to adopt the child, the child is of appropriate age and desires to be adopted; and
- The foster parent(s) is single, legally married or divorced, not just legally separated.

Foster parents planning to adopt their foster child should also be prepared for the kinds of grieving behaviors they can expect from the child during the adoption process. Even when the foster parent has had the child in their home for some time, the child will likely still experience and/or re-experience loss. The adoption decision may remind the child of earlier losses. The foster family has the benefit of knowing the previous grieving behaviors of the child; however, they may be surprised to see such behaviors again.

## **Q. WHEN A FOSTER CHILD LEAVES**

Moves experienced by foster children evoke physical, social and emotional changes that affect the children and all involved families. When children leave the foster home, all individuals involved need to be included in the planning. Moves of a foster child include reunification with his parents/caretaker, relatives, change of foster care placement or adoption. Foster parents are responsible for helping the foster child prepare physically and emotionally for his move.

When a child leaves the foster home, **all** personal belongings (gifts given to the child such as toys, bicycles, clothing, life book, memorabilia, pictures, medical card, educational/medical information, etc.) must go with the child. The child's belongings are to be respectfully packed in a suitcase, trunk, box or other appropriate container. Trash bags are not appropriate for packing the child's belongings.

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## PART 4 – DISCIPLINE

### A. METHODS

Discipline is teaching a child how to react in socially acceptable ways. Children need discipline to develop self-confidence, self-respect and dignity. We teach them by our responses and interactions and by helping them to develop self-control, self-concept and self-esteem. It is by gradual experiences, geared to their age and level of maturity, that children learn to control their behaviors in order to gain long-term satisfaction and achievements. They need help in developing these inner controls.

Foster parents must administer discipline in a constructive way that meets the needs of the child’s development and past experiences. By letting children learn the logical and natural consequences of their behavior, we begin to teach the child self-discipline.

Every day people are confronted with situations to which we may respond in numerous ways. Our response is based on the choices available to the situation and our past experiences. Our behavior is shaped by the choices we make in every situation. Foster parents and biological parents are faced with important questions in helping children make correct choices. We must assist children to develop a positive self-concept, which will help them to begin to feel lovable, capable, worthwhile and responsible.


Discipline needs to be done in a planned manner and not in reaction to something that has happened. You need to be able to identify the problem, assess it and then decide what action is most appropriate based on the child’s individual needs and situation. By using this process, **identifying the problem, assessing the problem and deciding on the best action**, the effectiveness of your discipline will increase. Any discipline plan needs to be used consistently. It is important to always help the child understand that it is the behavior that is unacceptable, not the child. However, behaviors beyond the child’s control, such as bedwetting, learning problems, crying, etc. should not be the focus of discipline or punishment.

The impact of consequences needs to be considered when choosing problems or behaviors to focus on. Does the child run out into the street without looking? Does he turn the stove on without telling anybody? It would be overwhelming for the child to work on all noted problems or behaviors. It is best to choose one or two problems or behaviors to work on at a time.

Discipline and punishment methods should be discussed with the child’s worker. You should not hesitate to call the worker if you are in doubt as to how to manage a behavior problem.

### B. INAPPROPRIATE METHODS OF DISCIPLINE

A frequently asked question is: Is it okay to spank a foster child? The answer to this question is: No, it is not okay to spank a foster child. As a foster parent, you should adhere to the following:

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- **It is never acceptable to slap, strike or hit a foster child.**
- **It is never acceptable to spank a foster child, under any circumstance.**
- **It is never acceptable to hit a foster child with a fist or an object.**
- **It is never acceptable to shake a foster child.**
- **It is never acceptable to pop the hand, buttock and legs of a foster child.**
- **It is never acceptable to use a chemical, drug, physical or mechanical restraint on a foster child.**

In addition, the following forms of punishment are not to be used:

- Cruel, humiliating, severe and unusual punishment, such as putting the child on his knees;
- Verbal abuse, ridicule, humiliation or derogatory remarks about the foster child or his family;
- Threats of removal from your home;
- Denial of meals and daily needs;
- Assignment of excessive or inappropriate work or chores;
- Permitting a child to punish another child;
- Allowing the sexual abuse of a child;
- Denial of mail, telephone calls or planned visits with the family or child's worker;
- Placing the foster child in a locked room; and
- Requiring or denying the foster child's participation in religious activities.


For children who have been abused, spanking or smacking can be terribly damaging. Using alternatives to physical punishment has two important benefits. First, it minimizes the risk of additional hurt to a child. Second, it helps break the intergenerational cycle of physical abuse.

Foster children need the security that develops from being an accepted part of the foster family. This means sharing and participating in the family's activities, doing chores, obeying the rules and receiving discipline when it is needed. Being consistent and correcting a child's unacceptable behavior in a positive manner is the key to success.

### **C. INCREASE POSTIVE/WANTED BEHAVIORS**

The best method of teaching is to reward and praise children for positive behavior. It gives the child a feeling of accomplishment and worth, shows the child your good feelings for him and fosters a positive relationship that makes the child want to please. The following presents the steps and examples for disciplining with praise.

**Reward desired behaviors often and quickly.** If you praise your foster child's positive behavior as soon as it happens, the child will be more likely to repeat this behavior.

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**Be specific in your praise or rewards.** Be specific when describing the good behavior for the foster child. What did the child actually say or do that pleased you? For example, “You quietly waited for your turn”, rather than saying, “What a good boy.”

**Explain the results of the specific behavior.** What were the results and positive effects of the behavior? “The other children wanted to play with you because you took your turn and you were happy playing with them.”

**Express how you feel about the behavior.** Let the child hear your feelings of happiness, appreciation, pride, etc. “It makes me feel very happy to see you help set the table.”

**Set a good example.** If you want your child to put things away, put your own things away and show the child what you would like him to do. The child should begin to imitate the behavior.

**Point out that something fun will follow positive behavior.** For example, “After you put your clothes away, you can go play in the yard.”

**Some examples for positive consequences:**

- Earn a star or check (redeemed later as a reward)
- Watch a late TV show
- Take the child to special places
- Specific rewards (small toy)/privileges
- Play an extra game together
- Read an extra story
- Special treats for dinner

Most children respond more readily to positive reinforcement. Being generous with words of praise can be a motivating factor in increasing wanted behaviors. **Some examples of words of praise may include the following:**

- Thank you
- Much better
- Wonderful
- I like the way you did that.
- Marvelous
- Perfect
- You are learning fast.
- You are a good helper.


**D. DECREASE/STOP NEGATIVE/UNWANTED BEHAVIORS**

Be aware that negative behavior on the part of a child can serve as a means for getting attention. The following provides steps and examples for helping the child change negative/unwanted behaviors:

**Redirecting Behavior**

This is a simple, basic method of managing unwanted behaviors. The child is redirected to an activity that is acceptable without making an issue of the negative behavior. If a child is being destructive with a certain toy, it can be suggested that he play outside for a while or come help you. Refocusing the child’s interest and energy to an activity or behavior that is acceptable can be a simple, yet, effective way to stop what might otherwise develop into a major outburst or destructive action. By decreasing the frequency and intensity of the undesirable behavior, new patterns of behaviors and habits are formed.



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### Ignoring Behaviors

It is good to ignore certain unwanted behaviors. Even negative attention such as scolding will often cause a child to keep behaving badly. For example, if your foster child is having a tantrum, make sure the child is safe and then direct your attention elsewhere. When the tantrum stops, give the child attention. Ignoring is particularly effective with complaining, whining and nagging behaviors.

### Correcting

It is important to discipline immediately after the negative behavior occurs. When correcting a child, try to use positive language. For example, “Please close the door quietly next time” is better than “Don’t slam the door.”

### Focus on Unwanted Behaviors

Always comment on unwanted behavior and not the child. For example, say, “No playing with the food” rather than “You’re so sloppy!”

### State Reason for Discipline

Briefly state a reason for punishment such as “Hitting is not allowed.”


### Some Examples of Choices for Negative Consequences:

- Miss favorite TV show
- TV is off earlier than usual
- Developing a behavioral contract
- Restitution by child of other persons’ property damaged or destroyed by the child
- Time out (usually one minute for each year of age – e.g., three year olds have three minutes of time out, four years olds have four minutes of time out, etc.)
- Removal of some privileges
- Grounding to a certain area
- Extra chores

## E. TIME-OUT

Time out is an acceptable discipline method that works in controlling behavior of children between the ages of two and twelve. It allows the child an opportunity to think about his behavior. The child is placed in a quiet place until a signal that the time-out has ended. The place chosen for time-out should be away from interesting or rewarding activities such as TV. For a very small child, the spot could be a time-out chair. For an older child (about five years), it would be appropriate to place the child in another room in the house with the door to the room open. The rule of thumb is that the child’s age determines the length of time-out, about one minute for each year of age. For example, a two year old would be in time-out for two minutes and a three year old for three minutes. Behaviors that respond well to time-outs include: hitting, spitting, slapping, pinching and throwing food at the table.

The goal of a time-out is for the child to realize that he needs to calm down and behave in a more appropriate way. Some children have been known to request time-out when they realize their behavior is out of control. Time-out is not a personal attack on the child. It is simply a calm and non-violent consequence to the child’s misbehavior. Time-outs work because the procedure is easy for an adult to

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learn and the adult can model being calm and non-violent. The time-out serves as a clear signal to the child that the behavior in question will not be tolerated.

## F. REWARDS

A Reward or Behavior Plan is an effective way to provide motivation to help children improve behavior. The rewards are for doing something right or positive. The following is an example of a behavior chart.

<b>Billy's Reward Chart</b>							
<b>Task</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
Homework	✓	✓	✓		✓		
Feed the Dog	✓	✓		✓		✓	✓
Clear the Table	✓		✓			✓	
	<b>TOTAL</b>	<b>NUMBER</b>	<b>OF</b>	✓	=	<b>12</b>	

To set up a reward system you must be specific about the behaviors you wish to help the child increase. Only select a few behaviors to target. The following will help you develop a behavior chart.

- First, it is important to include the child's input in setting up any behavior plan.
- List the behaviors you wish to increase. These could include feeding the dog, cleaning the table after meals, making their bed, completing homework by dinnertime, etc.
- Next, decide on a reward or set up a reward menu with a number of rewards and their point value.
- Be sure the reward system is appropriate to the child's age, maturity and ability level.
- Be aware the younger children respond best to highly visible, frequent rewards (such as stickers) that can be enjoyed immediately. Older children often respond well to systems where they can earn points or stars to be redeemed for rewards at a later date.


When a reward system is successful, the behaviors will become easier for the child and will occur more frequently. After a time the behaviors will become habits and another target behavior can be added.

Some examples of the reward system may include the following:

- 10 Stars may earn the child \$1;
- 20 Stars may earn the child a trip to the video store; and
- 30 Stars may earn the child a special treat (a stuffed animal or a trip to the movies).

## G. GUIDES TO ACHIEVE POSITIVE DISCIPLINE


- ✓ Establish well-defined rules that set the expectations and limits of behavior.
- ✓ Respect individual differences in children; for example, age, personality, likes and dislikes.
- ✓ Set realistic goals within a child's ability to achieve.
- ✓ Try to separate behavior causes by anxiety or tension from deliberate misbehavior.

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## H. DO(S) AND DON'T(S) OF PARENTING

<b>Don't(s)</b>	<b>Do(s)</b>
<ul style="list-style-type: none"> <li>-Don't use punishment excessively.</li> <li>-Don't slap, hit or shake the child.</li> <li>-Don't shame or threaten or ridicule the child.</li> <li>-Don't be excessively strict and controlling.</li> <li>-Don't be overly permissive.</li> <li>-Don't have too many unimportant rules and regulations.</li> <li>-Don't insist on always being right.</li> <li>-Don't feel you always have to be in charge.</li> <li>-Don't reject the child.</li> <li>-Don't ridicule the child's fear.</li> <li>-Don't make the child feel guilty about his feelings.</li> <li>-Don't model behaviors and attitudes you don't want the child to learn.</li> <li>-Don't have excessively high standards for a neat house.</li> </ul>	<ul style="list-style-type: none"> <li>-Reward good behavior. Redirect destructive behaviors.</li> <li>-Treat the child with love and affection.</li> <li>-Build a positive self-concept by showing respect for your child and helping him feel good about himself.</li> <li>-Allow the child freedom to make some of his own decisions.</li> <li>-Reward independent achievement and cooperation.</li> <li>-Establish reasonable but flexible limits for your child's behavior.</li> <li>-Have very few important, simple rules that are regularly enforced.</li> <li>-Let the child express his own opinions even if they sometimes differ from yours.</li> <li>-Be responsive to your child's needs and interests as they occur.</li> <li>-Get involved with the child. Spend time together.</li> <li>-Do things together that are fun.</li> <li>-Try to understand and help the child deal with his fears.</li> <li>-Comfort the child when he is distressed.</li> <li>-Help the child realize that any feelings are okay but violent actions are not.</li> <li>-Help the child verbalize about feelings.</li> <li>-Model positive social behaviors and attitudes.</li> <li>-Realize that a young child's needs are more important than a neat house.</li> <li>-Child proof your house.</li> </ul>

American Red Cross. *Parenting: Your Child from One to Six, Parent's Guide.*  
Garden City, N.Y.: Doubleday & Co., 1981.

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## **PART 5 – HEALTH CARE**

### **A. TREATMENT RESPONSIBILITY**

The Office of Community Services has the overall responsibility for the physical, medical, dental and emotional care of foster children. The agency is ultimately responsible for making provisions for preventive and remedial care and/or treatment for any condition that is dangerous to the child’s physical or mental health.

Because the caretakers are in the best position to observe and note the child’s needs for medical attention, much responsibility for securing medical care is delegated to foster parents. Foster parents are responsible for seeing the child keeps all scheduled appointments and sharing the completed medical form and/or the results of the physician’s diagnosis, tests and treatment with the child’s worker. Foster parents should obtain approval from the Foster Care worker for non-emergent treatment or hospitalizations.

### **B. COMMUNICATION OF KNOWN HEALTH PROBLEMS**

Children entering care may have pre-existing conditions some of which may be due to abuse and/or neglect. They may also be reacting to the trauma of placement. Many of these conditions cannot be treated with good daily childcare activities alone and may require medical treatment.


During pre-placement and at the time of placement, the child’s social worker will provide information about the child’s physical and mental health. For infants and very young children, this information may include hospital records and medical records from health department clinics, pediatricians, etc., if available.

### **C. PHYSICIAN CHOICE**

Medical provider choice is limited to licensed physicians and facilities who participate in the KidMed and/or Medicaid. All foster children receive a Medicaid card for obtaining medical services. Any services not covered by the medical card, required by the child, are to be discussed with the child’s worker prior to obtaining the service.

### **D. MEDICAL CARE/FORMS/RECORD**

A child entering foster care must have a medical exam. If the child had an exam 30 days prior to entering foster care, this is acceptable. However, if the child has not had a recent exam, one must be completed within seven calendar days of child entering care. If an initial examination is necessary, the OCS worker will discuss with you scheduling an appointment with a KidMed physician or clinic for the child to have a medical examination completed within seven calendar days of custody. Thereafter, the following schedule of examinations should be followed:

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- A child under the age of one should see a doctor every three months, or as often as recommended by the physician;
- From age one or two, the child should continue to be seen as often as his condition requires, but at least once per year (including visits for required immunizations as outlined in Appendix G), and as recommended by the child's pediatrician;
- For children over the age of two, it is required that a thorough physical examination be arranged annually;
- Because immunizations are given free to children at local health units and are also paid through Medicaid at programs such as KidMed, OCS will not pay for immunizations given by a non-participating provider/physician; and
- Unless the child's condition warrants a specific physician, a local KidMed provider or doctor accepting Medicaid should be used.

Annual medical examinations must be documented in the child's case record. The worker will provide OCS Form 98-F for completion by the physician or the KidMed provider. This physical form shall be used for documentation of visits to KidMed Clinics. The child's worker is to be given the completed form.

Foster parents should keep written records of a child's medical and/or dental treatments, illnesses or injuries which occur during the foster child's stay in the foster home. The child's worker is to be informed of these illnesses and treatments as they occur. This record should be included in the child's Life Book (refer to Part 9 of this handbook) along with other significant events and changes.

## **E. EYE AND DENTAL SERVICES**


Prior to making an appointment for the child to have eye or dental treatment, the foster parent must contact the foster care worker. However, the foster parent should schedule the child's routine annual eye or dental exam. These services must be obtained from a Medicaid or KidMed provider.

Orthodontia services must be authorized for payment by Medicaid. If agency funded treatment was approved prior to January 2006, it may be continued until the treatment is completed.

## **F. EMERGENCY TREATMENT**

The physician makes the decision regarding the need for the child to be hospitalized. Authorization for the hospital to treat the child is given by the worker on a form which is provided by the hospital. Except in emergencies, the worker shall give such authorization in advance. In cases involving surgery, general anesthesia or unusual treatment, a biological parent or court consent may be necessary. The worker must be involved in the authorization process. The foster parent is to notify the child's worker as soon as possible when the child is hospitalized.

A child may also come into contact with a poisonous substance. Should the child(ren) eat, inhale or come into contact with any substance that can cause harmful effects to the body, the foster parent should

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immediately contact the Louisiana Drug and Poison Information Center (phone number is listed in Appendix G). Contact must also be made with the child’s worker.

## **G. PAYMENT RESPONSIBILITY**

The agency is responsible for all medical and dental care of foster children. A medical card is provided to foster parents for those children in their care. Since the medical card covers medical expenses, it is important to show the child’s card to the treating facility or pharmacist, who will then bill Medicaid. All doctors and dentists do not participate in the Medicaid Program. When making an appointment, the foster parents should ask if the doctor or dentist accepts Medicaid. If the foster parents have trouble locating a doctor or dentist, they should ask the child’s worker for assistance.

Most medical expenses are covered by the child’s medical card. Foster parents can be reimbursed for certain prescription drugs and medical emergencies when the child’s medical card does not cover these expenses. In these instances, it is preferable for the medical providers to bill the agency directly. The agency will forward to the medical provider the appropriate payment forms.

## **H. MEDICAL SUPPLIES AND MEDICATIONS**


Routine medical supplies, such as band-aids, Tylenol, etc., are not reimbursable to the foster parent.

The following criteria is to be followed when providing children with medication:

- To only give prescription medication to the child if prescribed by a physician for that child;
- To not change the dosage of the medication without doctor’s orders;
- To notify the child’s worker or responsible supervisor within one working day when psychotropic medications (medications to control behavior) are prescribed for the child;
- To exercise good judgment in providing non-prescription medications only when the child actually needs them and shall use non-prescription medications only in accordance with the directions on the label of medicine;
- To make every effort to learn and to look for potential negative side effects of both prescription and non-prescription drugs and to immediately report negative side effects to a physician and to the child’s worker as soon as possible;
- To be responsible for making available medications ordered for the child and for storing those medications and medical supplies out of reach of the child(ren);
- To keep a medication log for the child detailing all medications given; and
- To call 911 Emergency Services immediately when emergency care is needed.

## **I. MENTAL HEALTH SERVICES**

Treatment is available to resolve emotional or psychiatric problems of foster children when indicated. Referral for treatment by the worker and supervisor is based on their assessment of the child’s needs. While the child may be the identified client, it is expected that much, if not most, of the therapeutic

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contact will be made with the child’s foster family. Treatment will normally focus on helping the child and his caregiver to better manage his behavior at home and at school.

Treatment will progress more rapidly if you are actively involved. There are a number of reasons for this. First of all, if the therapist has the cooperation of the foster parent, they can get to the cause of the problem quicker and the foster parent can back up the therapist’s strategies for bringing about change. Secondly, if the therapy does not seem to be working, the therapist will be quicker to try something different.

Make it a point to be available and ask for a short period of time at the end of each session with the therapist. Use the time to tell the therapist what you have observed since the last session and to have the therapist bring you up to date. You should expect that the therapist will not discuss the details of the sessions due to confidentiality. The therapist can give you general information on how things are progressing and what you and the child should be working on until the next session. It is helpful for you to make notes about what has happened in between sessions and also helpful to take notes on what the therapist tells you at the end of sessions and the actions you are to do. These periods with the therapist, when required documentation is completed, can count towards your annual in-service training hours.

Foster parent involvement in the child’s therapy is beneficial for you and the child. The assistance will help the whole family. Therapeutic information and actions are to be discussed with the child’s foster care worker.

Waiver Services for developmental disabilities and Early Steps Referrals may be available for the child placed in your home. As a foster parent, you should direct all inquiries for services offered by providers to the child’s assigned worker. You should never refuse services without notifying the child’s OCS worker. You should discuss with the worker any problems you encounter in arranging or participating in developmental services.

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## PART 6 - SCHOOL

### A. LAWS TO HELP A CHILD IN SCHOOL

The foster child's educational needs are to be met through the public school system. Section 504 of the Americans with Disabilities Act is designed to provide accommodations to students with disabilities who also qualify for services under the Act. Section 504 was enacted to eliminate issues that would hinder full participation in the classroom setting by persons with disabilities. The school is required to provide various accommodations to help the student achieve his highest potential. This must be done outside of special education departments.

The law is for children who have difficulty in school with learning, but are above the functioning level to qualify for specialized services. Often these children get in trouble for fighting, cheating or not paying attention. This is the child whose school or teacher may have told you that he is immature, he is just not motivated or there is a need for more attention focused on addressing school issues. You may have been told that the child is smart, but just needs to buckle down and work. Your child may have a learning disability.


The following are actions to determine a child's learning needs and the type of accommodations the school is to provide.

- ✓ You begin this process by talking first to your child's school counselor or teacher. Remember, the law entitles your foster child to receive these services, so do not be put off by school officials who say they cannot or do not provide this type of testing or this type of accommodations, etc. They are under legal obligation to do so and refusal can place them in violation of the law. Refer any problems you encounter in securing school services to the child's worker.
- ✓ A formal evaluation is required to get an accurate diagnosis of any and all hidden disabilities of your foster child. This can be arranged through your child's school. Be sure to ask that your child also be tested for Attention Deficit Hyperactive Disorder (ADHD), if this seems appropriate. This evaluation is called a 504 Evaluation and upon completion it is effective for three years.
- ✓ If you think your foster child needs accommodations in his classroom or the ones he has now are inadequate or insufficient, you can also contact your regional Special Education Coordinator for special assistance.

Some examples of accommodations are listed below:

- Provide a tape recorder for school and home use so student can tape lessons, assignments and/or homework;
- Tape teacher lessons;
- Provide peer tutoring and/or peer note taker;
- Repeating directions to the student after they have been given to the class: then have him repeat and explain directions to teacher, or simplifying complex directions by first breaking them down into parts;
- Reducing the reading level of the assignments;



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- Not grading handwriting;
- Train the child to use a computer so that work will no longer be turned in handwritten;
- Require that the child only do a certain numbers of problems; for example: the child understands the concepts, but takes excessive time to complete the assignment;
- Provide a calculator for all school work where math is involved;
- Change of classrooms and/or teachers;
- Have student leave any class when overwhelmed – go to special education classroom to unwind and talk to the teacher;
- Have all tests read to your child; for example: a science test becomes a test of reading ability rather than science skills if your child is an auditory learner;
- Allowing student to give test answers on tape recorder;
- Allowing extra time for exams;
- Allow certain classes to be waived and alternatives placed; and
- Move the child to a vocational track and give him credit for work experience or vocational training.

These accommodations are achieved by having an Individualized Educational Plan (IEP) completed for the child once the 504 evaluation is completed. The IEP is updated when a change is indicated or at least annually. School systems frequently offer workshops, classes or have written information on parent and children’s educational rights. You are encouraged to attend such meetings, when possible, and obtain additional information.

You are also encouraged to put any requests to the school regarding the child’s learning needs and specific accommodations in writing and keep a copy.

## **B. GUIDELINES TO HELP FOSTER PARENTS WITH CHILD’S EDUCATION**

- ✓ Most school information is sent home with the child. As a foster parent, you are responsible for sharing this information, for example, a report card, with the foster care worker and the biological parent. This is a great opportunity for the foster parent to work with the parent for the benefit of the child.
- ✓ Make an assessment of the child’s clothing needs prior to when the child begins school and assure the child is dressed in keeping with school standards and peer group. As school clothing is included in the regular foster care board rate, you may want to begin your purchase a couple of months in advance to spread the costs over time.
- ✓ Take the child to school on the first day.
- ✓ Attend PTA meetings, teacher meetings and other activities related to the child’s educational needs.
- ✓ Apply for free breakfast and lunch. Your income is not used as a measure of eligibility. Send money for lunch and snacks when required or prior to completion of application for free meals.
- ✓ Assist the child with homework and other class assignments (as needed for a child based on their age and developmental level).
- ✓ Provide a quiet, well-lit place for the child to complete homework.

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- ✓ Provide the child with school supplies (e.g., pens, pencils, paper, notebooks, backpack, etc.). Keep the school supply list and original receipts for reimbursement.
- ✓ See that the child gets to school on time and is picked up on time when the school day ends.
- ✓ Provide a child care plan if foster parent(s) work. Who will care for the child before and after school hours? Provide this information to the foster care worker.
- ✓ You can give permission for ordinary events such as field trips or other school activities. The foster care worker must give approval for extended trips and expenses beyond the allowable amounts.

### C. SCHOOL RESPONSIBILITIES: FOSTER CARE WORKER/FOSTER PARENT

The foster care worker will be available to assist the foster parent with entering a child in a new school. All necessary records, such as transfer records, immunization record, birth certificate, etc. will be obtained and provided by the child's worker.

Foster parents need to be an active educational advocate for the child. Take the child to the new school to give support on the first day. Meet with the principal and teacher to let them know you are involved and available. Share with them any special education or behavioral needs the child has and any suggestions to manage the behaviors. Inform the principal that corporal punishment is not allowed for the child. Stay in touch with school staff, make periodic visits and when necessary involve the child's worker. Always share any information or school problems with the foster care worker.

In some cases, the foster child may need to remain in his same school. As a foster parent, you would be required to assure appropriate transportation is provided, particularly if the child's school is outside of your current school district.


### D. EDUCATIONAL SERVICES

Certain educational services are allowed for foster children who are in need of this service, or who have the motivation and capacity to utilize the service. **Prior approval from the agency is required.** The list of educational services is as follows:

#### Tutoring

The purpose of tutoring services is to assist a child when the child's academic progress is threatened. Efforts of the child, the foster parent, the teacher and the free tutoring resources available in the family/community must be used to help the child avoid academic failure.

Foster Parents should discuss with the child's worker, the amount of time the foster parent is required to spend assisting a child in schoolwork when is behind in school.

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### Summer School

Examples include remedial courses offered through the public school system for the child to rectify a failing grade and special college short courses for gifted and talented students offered by a state college or university. A child may also take courses to graduate on schedule, to graduate early or to get on grade level. Also, Driver's Education is considered a summer school course.

### Vocational Training

This service is available to foster children age 16 or older wishing to attend a public or state educational facility.

### College

Limited payments for college education are available to foster children 18 years or older who have shown the potential and motivation to pursue higher learning. Special approval is required and the youth is also required to apply for grants and scholarships.


### Private or Home School

Private school tuition and fees are not reimbursable. Regular school supplies may be reimbursable. The agency must consent to enrollment in a private or home school.

## E. SCHOOL SUPPLIES

School supplies are any expenses related to educational needs other than educational services associated with enrollment as listed above. **Prior to shopping contact the child's worker for the allowable money limits for school supplies.** The following may be claimed as school supplies, if included on the child's school supply list.

- ✓ Items specifically required by the school or college, including tablets, notebooks, pens, pencils, school bags, folders, books, art supplies, tools for trade school, etc. There is a limit on the purchase of school items, for elementary and high school students, for the beginning of the school year. Replacement items may be purchased, as they are needed. If the cost of a child's initial school supply list exceeds that of the limit, items not needed by the child until later in the school year may be purchased at a later date and claimed as a separate expense. High cost school items such as back packs, calculators, specialized art supplies and home economic supplies, for example, may also be claimed as separate expenses when necessary.
- ✓ Gym clothes, costumes and uniforms (e.g., band or sports) needed for school, scouting and camping, when these cannot be worn as everyday clothing. This includes purchase of material and sewing supplies if the item is to be made. Uniforms required for **trade school and vocational training** may be considered as school supplies. However, uniforms for full-time school wear are considered part of the regular clothing budget and are not reimbursable.
- ✓ Insurance, when required by the school to participate in athletics and health insurance offered by a vocational school or college (in some instances, insurance is included in the tuition fee).
- ✓ Club dues for elementary and high school sponsored clubs.


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- ✓ Fees for school sponsored day field trips (does not include senior trip or school sponsored out-of-state trips).
- ✓ Educational/learning toys, if the toy meets an identified educational, developmental or socialization need of the child. The child's teacher should identify and make recommendations in writing regarding the need. Also the foster parent is expected to use the toy to work with the child on an ongoing basis to improve weak areas.
- ✓ A limited amount of money may be allowed through the high school senior year for special expenses of the senior year and graduation. This may cover class ring, yearbook, invitations, diploma fee, rental of cap and gown, senior pictures, etc. The foster care worker and foster parent should work together with the child to make the best choice as to how to use this money.
- ✓ Yearbooks and school pictures for each school year. (Note. School pictures can only be purchased once each school year.) A picture is to be provided to the child's worker and the child's parents.
- ✓ School snacks or special contributions for school parties or special events;
- ✓ Room and board, including dorm fees and meal tickets for students in vocational training or college.
- ✓ Clothing needed for a special school event that cannot be worn as everyday clothing. This includes purchase of a formal or material to sew a formal and rental of a tuxedo or purchase of a suit for a prom, special dance or other special occasion and rental of cap and gown for graduation. Clothing for two special school events other than graduation are allowed per school year.
- ✓ Diploma or other graduation fees for high school students.
- ✓ Diploma fees for college students are included as part of the tuition as an educational service.
- ✓ Transportation to school when this is not provided or reimbursed by the school board. This includes transportation to grade school, high school, summer school, vocational school and college, as well as transportation provided by foster parents to enable the foster child to participate in extracurricular activities or continue to attend previous school prior to foster care entry.
- ✓ Band instrument when band is an elective or part of the curriculum at school.


### **Band Instruments**

Before the agency will authorize the purchase of a musical instrument, the foster care worker and foster parent must assess carefully whether the child has a genuine interest in music. If, after an instrument is purchased for a foster child, the child quits the band or moves from the foster home, the instrument must be **returned** to the agency, or sold, with the money being refunded to the agency. The following steps apply when buying an instrument:

- The worker or foster parent shall first try to locate a used instrument.
- If a used instrument cannot be located, a new one can be purchased on a rental-purchase plan. The rental must be for at least three months and the rental must be able to be applied to the purchase price.
- There is a maximum allowable purchase price (including insurance) permitted for an instrument.

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- The usual instruments that can be purchased under the allowed amount for band students are the drum, flute, clarinet, trombone and trumpet. A saxophone or any other instrument can be purchased only if one can be found for the allowed amount or less.
- Insurance to cover damages to or loss of the instrument must be purchased. This can be purchased from the dealer or can be included as part of the foster parent's homeowner's insurance policy. The cost of the insurance is included in the total maximum purchase price. The foster parent can claim reimbursement for the insurance if it is part of their homeowner's policy. Only one instrument will be purchased for a foster child; therefore, the instrument must be insured in the event it is damaged or needs to be replaced.

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## PART 7 - ADOLESCENTS

### A. FOSTER PARENTING THE ADOLESCENT

The path between 12 and 18 years can be a difficult one for any parent and child. This is a time when the youth tries to become independent, but remains dependent on his caretakers. He will rail against his parents one minute and then want to be coddled the next. He is maturing faster physically and intellectually than emotionally.

The natural problems and insecurities of teens are increased in foster children. This is an age when a child thinks a lot about his identity. The foster child may not know who he is or where he is going. An adolescent does not like to be different from his friends; however, being a foster child may sometimes make him feel different and ashamed.

For the foster child who becomes rebellious, some of this rebellion may have been building over years. Behavior cannot easily be changed by a change in environment. He will likely continue the actions that were problems before he came to foster care.


Foster parents need special talents in caring for teens. They need to accept the child as he is, in a non-critical atmosphere. They need to remember that he has a right to make mistakes and to be angry. Their purpose is to help the child set some reasonable goals, to help him resolve his feelings about his biological parents and to help him develop self-confidence and a good image of himself. But sometimes all that can be done is to house, feed and cloth him; listen if he wants to talk, but don't pry if he doesn't and praise him when you can. If he runs away, think of what you would do if he were your own child. You might say for example, "You cannot run from everything you do not like. Let's work things out."

Be supportive. Keep your sense of humor. Take rebellion as a sign of becoming independent. Set few but reasonable limits. Teens may resent controls, but respect your consistency. You may seek help from other foster parents or the child's worker. Caring for teens can be a rewarding area of foster care. Do not disengage or ignore the adolescents as they still need your care and attention.

Foster parents play a central role in helping adolescents prepare for life after foster care. The youth's preparation for independence works best in a family setting. Foster parents have the most knowledge and contact with the young person in the home. They are expected to guide youth and teach them skills for living on their own. Foster parents become the teachers of youth for the following daily living tasks:

- |   |                    |                                     |
|---|--------------------|-------------------------------------|
| -Obtaining food and clothing                | -Cooking           | -Planning meals                     |
| -Washing and drying clothes                 | -Managing money    | -Using public transportation        |
| -Obtaining health care                      | -Filling out forms | -Locating a part-time job           |
| -Finding appropriate socialization services |                    | -Shopping for household items, etc. |

While the list may seem lengthy, it only represents a portion of the topics parents teach children on a daily basis. Foster parents are an integral part of the team that prepares adolescents for independent living.

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## B. DRIVING

The agency can give permission to the Louisiana Driver's License Bureau for a foster child to obtain a learner's permit or a driver's license on a case-by-case basis. Because the agency and the foster parents can be held ultimately liable for any damages caused by a foster child in any accident, the decision to permit a foster child to obtain a license or permit must be carefully weighed. Consideration is only given to youth 16 years or older, who are participating in independent living services, who have completed a driver's education course, and who are mature enough according to the foster parent, the worker, supervisor and District Manager to handle the responsibility that comes with the privilege of driving. Only the District Manager may give final approval. Following the District Manager's approval, the worker would obtain the youth's legal parents' permission for the youth to receive his permit/license.

Before foster parents make a decision to permit a foster child to drive their car or another car, they should keep in mind that they can be held liable for any damages incurred. The agency, because of its contractual agreements with the foster parents can through legal measures recoup any monies it has expended as the result of damages or injury caused by a minor foster child to foster parents; therefore, the agency must hold foster parents responsible for consistently, reasonably and adequately supervising the actions of a foster child under their care.


The general liability insurance policy for foster parents does not cover automobiles; therefore, it has been recommended by the agency's Bureau of General Counsel that foster parents obtain \$300,000 worth of liability insurance. The agency cannot reimburse foster parents for the cost of the automobile insurance. However, the foster child should be encouraged to help pay the cost of insurance through part-time employment.

In those situations where a biological parent signs for the foster child to get a license and purchases the car for the foster child, that biological parent is expected to purchase liability insurance in the amount of \$300,000.

It is required that a foster child enrolls in Driver's Education prior to receiving a driver's license. Payment of Driver's Education classes may be approved as an education service.

## C. EMPLOYMENT

Most children, as they grow older, feel a need for an expression of some degree of independence and a desire to "prove themselves". A paying job can provide the teenage foster child with an opportunity to develop valuable independent living skills. Allowing the child to accept employment is a decision that should be made jointly with the child's worker. There are many facets to this decision that should be considered. For example, will working interfere with the child's school schedule and the preparation of his homework? Will the working hours allow the child adequate rest?

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A foster child wishing to earn money through babysitting must be at least 15 years old and must first obtain approval from his foster care worker. Overnight babysitting is not permitted. Prior to being permitted to baby sit, the child shall complete a baby sitting course through a local hospital, cooperative extension service agency, or other community program, if offered. (NOTE: A foster child cannot be left “in charge” of another child within three years of his age, or more than two children at a time.)

When a child placed in foster care provides child care either in or out of his home, the foster parent should contact him at least once during the time he is supervising other children and should make certain the child knows how to reach the foster parent or some other designated adult, in case of an emergency.

If a child placed in foster care baby sits with other children in the foster home, he should receive payment from the foster parent, including those times when the foster parent receives reimbursement from OCS for approved baby sitting expenses.

If you and the child’s worker decide that employment is feasible for the foster child, it will be your responsibility to watch for changes in attitude and behavior and help make the decision as to the benefit the child will derive from working.

It is also very important for the foster parent to keep the foster care worker informed of how much a foster child earns since this must be tracked by the agency to determine if the child remains eligible for federal benefits, if applicable.

#### **D. DATING**

It is the foster parent’s responsibility to decide at what age and with whom a foster child should date. The child’s level of maturity should be a determining factor. You need to discuss your decision with the foster care worker.


#### **E. EDUCATIONAL/VOCATIONAL NEEDS**

Foster children in adolescence must establish goals aimed at assuming and maintaining self-support as young adults when there is a reasonable expectation of this. The child’s worker and the foster parents should discuss the available alternatives with the adolescent and help him set realistic goals.

Teenagers with little interest or motivation to achieve high standards in an academic setting should be helped toward participation in vocational training. This includes apprenticeship programs, vocational or trade schools, armed services and Job Corps. The agency helps the child achieve self-support by arranging for his care and support while securing job training.

When a child has shown the motivation and the capability of achieving academically, the agency may provide financial assistance for the child to attend a state university or college until he reaches age 21.



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## F. PLANNING FOR INDEPENDENT LIVING

The foster child, foster parents and foster care worker shall begin planning for the child's independent living as soon as the child reaches adolescence. The service plan developed with the teenage foster child shall include planning for the educational/vocational needs and goals to reach self-supporting capability.

When a child reaches age 18, he is by law an adult and can no longer retain the legal status of foster child. It is recognized however, that many former foster children (and other children) at age 18 are not fully prepared to live independently. The OCS Young Adult Program (YAP) is available to former foster children who need additional support until age 21. The 18 year old foster child must meet all YAP requirements and must enter into a voluntary contract with the agency until he completes the college/vocational training plan or until the child reaches age 21. There are some special issues to be resolved when the foster child reaches his senior year in high school.


## G. PLANNING FOR HIGH SCHOOL GRADUATION

There are specific school expenses related to high school graduation. Foster parents and the child's worker should work together with the child to make the best choices as to how to use the allotted funds. Refer to Part 7 Section E. School Supplies to determine items, directly related to graduation, that are paid by the agency.

## H. PLANNING FOR COLLEGE/VOCATIONAL TRAINING

College education or vocational training must be obtained from a state or public educational facility if state funds will be used for tuition and other fees. The foster child must be at least 16 years of age in order to be approved for vocational training. The approval process for a foster child's college or vocational training plan is as follows:

- The foster child must explore all alternative sources of funding, such as PELL Grants, loans, scholarships, TOPS, Louisiana Rehabilitation Services, etc.;
- When the foster child completes the ACT Assessment in order to attend a state college, the child is asked to state on the ACT form three colleges he wants to receive his ACT scores; and
- If the foster child has a physical or emotionally disability, the child may be eligible for assistance through Louisiana Rehabilitation Services.

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## PART 8 - LIFEBOOKS

### A. REASONS A CHILD NEEDS A LIFEBOOK

Children in foster care have many experiences, acquaintances and relationships but often they do not have clear memories of their past. Each time they leave a family, biological, foster or adoptive, they have memories of the people, events and feelings associated with those periods of their lives. Foster parents and foster care workers can and must assist foster children to retain their past and assist them to move on to the future.


A Life Book records a child's family and placement history. It is used to gather information about the child's growth and development, feelings, ideas, as well as hopes and dreams for the future. A Life Book is very different from a scrapbook or memory book in that it is the personal life story of a child which captures memories, feelings and thoughts as well as concrete information. A Life Book is to be prepared for each child entering foster care and is to begin at the time of placement.

Betsy Keefer and Jayne Schooler in *Telling the Truth to Your Adopted and Foster Child* state seven important reasons a child needs a Life Book.

1. It recreates a child's life history – an accurate record of their past.
2. It gives a child information about his birth family – a child needs positive and negative information about his family.
3. It give reasons for placement – provide accurate and honest information about why they are in foster care; provide accurate information about his placements.
4. It provides photos and a pictorial history – records child's development and life events.
5. It records the child's feelings about his life – a record of his personal thoughts or feelings.
6. It gives the child information about his development – records important milestones, like a baby book.
7. It is a useful tool when working with a child – allows all individuals involved with the child a method to organize the information.

### B. DEVELOPING A LIFE BOOK

Foster parents are required to assist the agency in the on-going process of developing the child's Life Book. It becomes a part of the child's possessions and accompanies the child when the child moves from the foster home. If the foster parent is helping the child complete the Life Book, then the foster parent should maintain the Life Book in a secure place or in the case of an older child, help the child locate a place for safe keeping. The foster parent and child are to bring the Life Book to the Family Team Conference (FTC) so that updated information can be copied, so information can be replaced if the Life Book is lost, stolen or destroyed.

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<b>Information to be Compiled by Foster Parents</b>	
<ul style="list-style-type: none"> <li>✓ Visits with birth relatives</li> <li>✓ Developmental milestones</li> <li>✓ Common childhood diseases</li> <li>✓ Immunizations</li> <li>✓ Information about injuries, illnesses, or hospitalizations</li> <li>✓ Ways the child showed affection</li> <li>✓ What child did when he was happy or excited</li> <li>✓ What things child was afraid of</li> <li>✓ Favorite friends, activities and toys</li> <li>✓ Birthday and religious celebrations</li> <li>✓ Pictures of each foster family, their home and their pets</li> </ul>	<ul style="list-style-type: none"> <li>✓ Trips taken with the foster parents</li> <li>✓ Members of the foster parents' extended family who were important to the child</li> <li>✓ Cute things the child did</li> <li>✓ Nicknames</li> <li>✓ Family pets</li> <li>✓ Names of teachers and schools attended (pictures, if possible)</li> <li>✓ Report cards</li> <li>✓ Special sporting activities the child may have been involved with</li> <li>✓ Special activities, such as scouting, clubs, or camping experiences</li> <li>✓ Church and Sunday school experiences</li> </ul>

*Fahlberg MD, Vera I. A Child's Journey Through Placement. Indianapolis, IN: Perspective Press, 1991.*

The above listed information may not be a total listing of information that can be included in the child's Life Book. Additional information, such as the following, can also be included: foster care worker's name, school pictures, achievement awards, school events, letters, birthday cards, drawings by the child, etc. The child's worker will also be working with the child and adding material to the book. It is important that the child know that the Life Book tells a story, he is the leading character and the book is available for him to look at when he wants.

The Life Book should be kept in a secure location; this will help to protect it from loss or damage by other children or the foster child during periods of anger or depression. Its value should be stressed to the child. It is not so important how fancy or expensive the Life Book is, but rather the personal effects and information contained within. The child should work jointly with his worker and foster parent in adding to the Life Book.

Foster parents should help the child be proud of their history, yet also understand with whom the Life Book should be shared. Explaining that the book is private and personal and other children may not understand some of the personal information in it, will prevent inappropriate sharing of private information.

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## **PART 9 – RESPONSIBILITIES AS TEAM MEMBERS**

### **A. WORKING TOGETHER: THE PARTNERSHIP BETWEEN THE FOSTER PARENTS, OCS AND THE BIRTH PARENTS**

Foster care is a team effort involving the agency, child, foster parents, and biological parents. The goal is for all members of the team to work together for the best interests of the child. The degree of cooperation, trust and shared responsibility among members of the team will greatly influence the quality of the foster care experience.

When you have questions or concerns, you should talk to the child’s worker. Good communication is crucial, and all team members are responsible for keeping the lines of communication open. Since you are with the child more than anyone else at this time in his life, your role as a team member requires sharing with the agency your insight about the child.

Everyone has a special job, and an effective team depends on each member understanding his responsibilities. It is only through cooperation that the special needs and care of the child can be accomplished. All members of the partnership must focus on how the needs of the child can be met.


### **B. ROLE AND RESPONSIBILITIES OF FOSTER PARENTS**

Foster parenting is an opportunity for you to make a difference in a child’s life during a time of crisis. Regardless of the experiences foster parents have had with their own children, they often find foster parenting very different. Foster parenting may involve handling several children, of different ages and with many different needs, at one time. It involves the acceptance of the total child, regardless of their problems, history, needs, fears and ability to love. Foster parents also have a special relationship and responsibility that other parents do not have. They have legal obligations to the agency, biological parents and foster children.

Foster parents, as temporary caregivers, are responsible for providing the child with daily care, supervision, discipline and a positive family life experience. The responsibilities include those tasks related to the care of the child, cooperating with the agency, mentoring and assisting biological parents in learning to better care for their child and maintaining/completing requirements necessary for certification and/or re-certification. The responsibilities to care for the child include the following:

#### **Child Development**

Provide the child with tools needed for developmental activities. Promote the child’s relationship with biological parents when this is appropriate. Help prepare the child physically and emotionally for return to his family or to another permanent placement as determined by the agency. Do not compare the foster child’s development to other children; rather look at each child individually as each child has different needs.

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### **Practicing Confidentiality**

Maintaining confidentiality is a key requirement of a professional foster parent. When asked about the child’s placement in your home, keep your explanations simple and positive, such as, you are providing care for the child until he can return to live with his family. Do not introduce the child as your foster child; he may be sensitive to his current status and does not like to be constantly identified as a foster child. Negative information can be very damaging to the child’s reputation in the community. It is good to help the child develop and practice what he will tell other people about himself when or if they ask. Think ahead of time of the kinds of situations in which the child may be required to talk about himself or his family background and plan for what you and the child can say. When you must inform people of the child’s status, it is better to say, “I am his foster parent”, rather than “he is a foster child”.

### **Court**

Foster parents have the right to attend court hearings and to be heard regarding the children in their home in accordance with the Louisiana Children’s Code regulations. They are the most knowledgeable of the child’s day-to-day functioning, behavior, etc. and are encouraged to inform the court of the child’s progress and well being. The foster parent shall be notified and invited to the court hearing by the child’s OCS worker.

### **OCS Form 427**

This agreement specifies the responsibilities and requirements for foster parents. It is completed and signed at the time of the initial certification and thereafter, at re-certifications.

### **Re-certification**

Foster parents must adhere to and complete the regulations set forth by the *Minimum Licensing Requirements for Child Placing Agencies With and Without Adoption Programs*, OCS Form 427 (Agreement for Foster Family Services), OCS Form 604 (Foster/Adoptive Home Recertification) and OCS Form HDU 5 (Foster/Adoptive Home Evaluation for Environmental, Health and Fire Safety). The stated forms are located in the Appendix Section. Foster families must annually complete the required 15 hours of in-service training or non-compliance of these criteria can result in your home being decertified and closed.

### **Team Involvement**


Prepare for and take part in all Family Team Conferences pertaining to the child. With the agency, child and child’s family, assist in developing the child’s service plan and visitation plan; then follow through with the actions of the plan. Provide the foster care worker with information regarding the child.

### **Transportation**

Provide transportation to doctor/dental/therapy appointments, visits, school activities, etc.

## **C. ROLE AND RESPONSIBILITIES OF FOSTER CARE WORKERS**

The foster care worker represents OCS and has the responsibility for leading the team members in planning and caring for the foster child. The worker serves as your contact person and will be the

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individual responsible for managing your foster child’s case. Any questions or concerns should be directed to the worker. If you cannot reach the worker, contact their Supervisor or the District Manager.

The following include the worker’s responsibilities in planning and caring for the foster child:

**Availability**

The worker is available to assist you and to monitor the child’s placement your home. The worker is to provide to foster parents their work and home phone numbers as well as the supervisor’s work and home phone numbers.

**Case Plan**

The worker manages the periodic review, assessment and updating of the case plan with the child, family, foster parents and other participants; makes decisions regarding the permanent plans for the child, which may include return of the child to the biological family, release for adoption or permanent care; and prepares and supports the child, foster parents and biological parents for accomplishment of the permanency plan.

**Day-to-Day Care**

The worker is to select an appropriate placement that best meets the child’s needs; oversee the day-to-day care of the child while in the foster home; informs the foster parent of current agency procedures that impact the daily care of the child; obtains services; and continuously ascertains whether or not the child’s physical and emotional needs are adequately being met.

**Legal Relationship**


The foster care worker acts as legal guardian for the child placed with the agency; is a representative of the legal guardian; prepares for and attends periodic court reviews and Family Team Conferences of the child’s case and plan; manages the service delivery of the case plan with the child and/or family; gives notice to the child’s foster/adoptive parents of their rights to appear at each case and permanency review hearing.

**Necessary Services**

The worker completes and provides the foster parent with an Authorization for Emergency Medical Services (OCS Form 98-A), at the time of placement, which authorizes emergency medical care or surgery for the child; provides immunization records and assures that annual exams are completed; arranges/informs/assists foster parents regarding services required by the child; provides and/or requests approval for requested services.

**Visitation**

Supports relatives’ and siblings’ rights to reasonable visitation unless restricted or denied by the court. Visits the child at least monthly unless otherwise indicated. Visits with the foster parent shall occur at least monthly with at least one visit every three months occurring in the foster home unless otherwise indicated.

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## D. RESPONSIBILITIES OF BIOLOGICAL PARENTS

Involvement of the biological parents will vary from case to case, but the importance of the biological parents to the child should never be minimized. Parental cooperation and participation in the placement of their child in foster care are essential in helping to relieve the child's fears, anger and guilt about separation from them. Alleviating the biological parents' fears about the child's placement will in turn allow the biological parents to be more supportive of their child's placement.

The biological parents' responsibilities are as followed:

### Case Plan

Participate in the development of a service plan for family members and cooperate in working toward the goals of the plan.

### Communication

Keep the agency informed of current family situation. Keep appointments, respond to calls and maintain communication with the child.

### Emotional Support

Provide emotional support for the child.

### Financial Responsibility

Assume financial support of their child, wherever possible.

### Reunification/Permanency

Work toward the return of the child to their family by dealing with the factors that required the child's removal and/or work toward achieving alternative permanency planning for the child.

### Visitation


Maintain regular visitation with the child.

## E. PERMANENCY PLANNING

The Permanency Planning policies of the agency ensure that work to develop a permanent plan for the child begins as soon as placement occurs in foster care. The job of planning for permanency of a child requires the talents of many people. Foster parents are always a part of the permanency planning effort.

The first choice of a permanent plan is to restore the child's family so that he may be returned. Not all children can be returned home; so another permanent plan must be developed. Other plans may be:

- Make the child available for adoption so he may be placed with adoptive parents;
- Transfer custody of child to relatives;
- Transfer child's custody or legal guardianship to foster parents or to non-certified caretaker not related to the child; or

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- Arrange for the child’s well being and protection in a safe and stable environment in an alternative permanent living arrangement (until he is 18) while planning for his independence.

## F. CONCURRENT PLANNING

Efforts are made to place children with families who can provide permanent placements for them should they be unable to return to their parent’s custody. This may involve placing children with relatives who are willing to adopt or accept custody. Children who are not placed with relatives, but are at risk of not being returned to their parents, are placed with resource homes (foster/adoptive families who are dually certified). Foster parents with whom the child is living will be considered as an adoption resource if those foster parents are willing to commit to permanent care for the child.

## G. CASE PLANNING PROCESS

The case planning process is used to structure and document the on-going effort by OCS staff and other team members. The purpose of the case plan is to assist the worker, supervisor, child, parents, foster parents/caretakers and the court to work towards the goals of safety, permanency and well being to the degree possible for children in the family using the available resources. The formal case plan is developed based on an assessment of the family’s strengths and needs, reasons the child came into care, barriers preventing return to the family and the child’s needs. The child’s health and safety shall be a paramount concern in the development of the case plan. Foster parents are in an excellent position to evaluate the child’s current needs and to contribute this information during the case planning process. The case plan is developed with parents, child and foster parents/caregivers and finalized at the Family Team Conference.


## H. FAMILY TEAM CONFERENCE (FTC)

Family Team Conferences offer the opportunity for formally identifying any barriers to the child returning home or otherwise achieving a permanent plan and for finalizing a service plan for the family and child to overcome these barriers. At each FTC, responsibilities for all team members, including the child when appropriate, are decided. The plan shall be specific in terms of the overall permanent goal, objectives required to achieve the goal, tasks required to achieve the objectives, services to be provided, participants’ responsibilities and timeframes for completion. Foster parents are encouraged to discuss with the foster care worker, the child’s case plan and services they are to provide in case plan. Foster parents are to encourage participation of the child and/or biological parents, as appropriate, in the FTC case planning process. An FTC is held within 30 days of a child entering agency custody and every six months thereafter until permanency is achieved.

## I. COURT HEARINGS

The Louisiana Children’s Code provides for Judicial Review of all children placed in agency custody.



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**Case Review Hearings** are held at **six month intervals** from the time a child is placed in agency custody. These hearings give the Judge an opportunity to review the child’s case plan and to determine if it protects the child’s health and safety and is in the child’s best interest.

**Permanency Hearings** are **within 12 months** of a child being placed in agency custody and at a minimum of annually thereafter. The purpose of the Permanency Hearing is to determine the permanent plan for the child that is most appropriate and in the best interest of the child.

Foster parents have the right and are encouraged to attend and provide information at their foster child’s case and permanency review hearings. The child’s worker is responsible for notifying you of the day, place and time of the hearing.

## **J. VISITS BETWEEN CHILD AND FAMILY MEMBERS**


For the well being of most children, visits with their biological families are essential. Parental visitation can be denied only at the discretion of the court. Visitation is important to the child in maintaining his union with his biological family.

The plan for visitation is created and a schedule is established in the Family Team Conferences. It is the responsibility of the foster care worker, the foster parent, and the biological parents to develop this contract. Visitation plans consider a convenient time and place for family visits and are made according to the child’s individual needs. Foster parents are extremely important in helping children maintain contact with their families. However, all visitation and changes in visitation are arranged through the child’s worker.

Whenever possible, family visits in the biological parents’ or foster parents’ home are encouraged. When this is not possible, visits may be arranged in a neutral setting, such as a park. Except in certain circumstances, visits are usually not held in OCS offices. Foster parents are generally responsible for transporting foster children to and from visits. They should share their observation of these visits with the foster care worker.

Foster children should not be allowed to leave the foster home with their biological family without prior notification to and approval by the agency. Foster parents should not use force against a biological parent to prevent unauthorized removal, as doing so might be dangerous to the foster child and/or the foster parent. If forcible unauthorized removal occurs, the foster parent should immediately call the police and the child’s worker.

The foster child may become anxious prior to the visit with his biological parent or be upset and unhappy after the visit. Despite these problems, you must be aware of how important the biological parents are to the child. Most foster children miss their biological parents. Through visits they are able to maintain ties with their family. The more the child visits his biological family, the better he will be able to adjust in your home. If visits are extremely upsetting, you should discuss this with the child’s worker.

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The foster child’s feelings of being separated from his biological parents are renewed following visits with them. The visits are necessary because they allow the child opportunities to act out and to resolve many of his feelings about his biological family and being separated from them. This allows him to continue emotional growth and development.

The child can be helped to maintain a feeling of contact with his family by taking a picture of him with his parents during a visit and being allowed to display the picture in the foster home. Also helping him to send Valentine cards, Christmas cards and an occasional letter to his family will give him a feeling of contact with his family. It is important to report all contacts to the child’s worker.

Even if biological parents are unable to care for their child, most will want to know how the child is doing. It is helpful to take his school papers and pictures to visits, so his parents can enjoy them.

#### **K. VISITS BETWEEN FOSTER CARE WORKER, CHILD AND FOSTER PARENT**


Visits between the foster care worker and the child, as well as visits between the foster care worker and foster parents are necessary. Visits are defined as any face-to-face contact. Visiting with the child on the same date as a visit with the foster parent may occur, provided the worker and the child have an opportunity to visit privately. The purpose of the visits are to assess and monitor the care the child receives, including the child’s safety, clothing, physical environment, education progress, health needs, lend support to the foster parent, etc.

#### **L. VOLUNTEER AND VISITING RESOURCES**

Children in various foster care settings often have individuals from the community come forth as a volunteer or as a visiting resource. A volunteer is a person who has no personal connections to a child, but is willing to spend time with a child through referral from or contacts with a program in which the child is receiving services. A visiting resource is a person who has a personal connection to a foster child through kinship or personal contacts in routine daily life. These interactions can be very positive experiences for the children. However, there are requirements, which individuals must meet prior to working or visiting with a foster child without the foster parents’ supervision. These individuals must be approved by the agency prior to contact with the child, as a volunteer or a visiting resource. Discuss with the child’s OCS worker any programs or persons meeting the above stated description.

#### **M. COURT APPOINTED SPECIAL ADVOCATE (CASA)**

A CASA is a trained community volunteer, appointed by the Juvenile Court Judge to represent the best interests of abused/neglected children involved in court proceedings. The volunteer is to get to know the child and then let the Judge and others in the system know the child’s perspective and the child’s needs. CASA volunteers talk with the child, parents, family members, foster parent(s) and others who are knowledgeable about the child.

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## PART 10 – ISSUES PERTINENT TO FOSTER PARENTS

### A. MINIMUM STANDARDS FOR FOSTER AND ADOPTIVE FAMILY HOMES

The Bureau of Licensing and Louisiana laws set forth mandated requirements for foster and adoptive homes. In addition to being in compliance with the law, the purpose of the agency’s minimum certification standards is to ensure that OCS foster/adoptive homes best meet the health, safety and well-being needs of children placed in foster care.

The agency’s minimum certification standards for foster and adoptive homes are listed as detailed rules and regulations in the *Minimum Licensing Requirements for Child Placing Agencies With and Without Adoption Programs* handbook. OCS is responsible for training and certifying the agency’s foster/adoptive families. Each foster parent is provided a copy of the licensing handbook when they are certified. If you need a copy, please contact your Home Development worker.


The agency also has additional policy requirements which must be met for certification. These can be found in Foster Parent Agreement (OCS Form 427). The licensing standards and agency policies were discussed with you during the pre-service training and the home study process. They will also be discussed during the re-certification process.

### B. RE-CERTIFICATION

Foster homes undergo a re-certification study after the first six months **\*and in one year from the six months re-certification.** After the first yearly re-certification, foster homes are re-certified at least annually, unless it is determined that the home continues to meet re-certification requirements on an on-going basis and therefore may be re-certified for a three year period. There must be an annual home visit.\*\* The purpose of the re-certification is to determine how the foster home can best be used in the future and to assure that the conditions under which children in OCS custody are living are safe and well functioning. Each foster parent is expected to cooperate with the Home Development Unit to complete the re-certification process by the annual date. Timely re-certification of your home is of the utmost importance as it may affect the child’s eligibility for federal funding and the agency’s licensing status.

At the time of re-certification, the Home Development Unit will need the following:

- ✓ Current physical exams on all members of the household (excluding the foster child) every three years;
- ✓ Pet immunization records;
- ✓ Car insurance and license tag verification;
- ✓ Documentation of 15 completed hours of ongoing in-service training per year;
- ✓ Available child care plan and support system;
- ✓ Compliance with necessary information to complete the re-certification process; and
- ✓ Income verification.

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It is your responsibility to provide the Home Development worker with the above items by the date requested. If above requested information is not provided, your home could be decertified.


### C. IN-SERVICE TRAINING

Annual training for foster parents is required for re-certification. Foster parents must complete a minimum of 15 hours of approved in-service training each year. Completion of the 15 hours of training must occur per fiscal year, July 1 - June 30. In two parent households, the hours may be shared between the foster parents; however, each parent must receive a minimum of five hours, with the total hours to be 15. Foster parents found to be out of compliance with the in-service training requirement will be required to enter into a corrective action plan with the agency that states they agree to attend the necessary training and specifies the names and dates of the scheduled training. If the foster parents refuse to attend in-service training or fail to complete the corrective action plan, the agency may remove the children and close the home.

Regional Office staff schedule training classes. Foster parents are informed annually of the available in-service topics and schedules. OCS allows additional types of training, other than the regional scheduled classes, to count toward the 15 hours. Foster parents are encouraged to contact their Home Development worker with suggested topics or areas of training that may be pertinent in helping them better meet the needs of the child(ren) in their home.

Additional training resources include the following:

- Training/instruction periods between foster parents and workers, can be considered for six hours of the required 15 annual hours. The only applicable hours during these training/instruction periods will be when the worker provides information **\*on\*\***: behavior management techniques; child development; managing sexually explicit behaviors; cultural competency; attachment issues; and managing child-parent visitation. The training hours with the worker are documented on the Workshop/Conference Attendance Form for Foster Parents and Service Providers (TRN-7). The completed form is submitted to the Home Development Unit for filing in the foster parent record. The remaining nine hours of the total 15 hours of required in-service hours are to be obtained through formal professional training.
- Foster parent consultations with a licensed psychologist, psychiatrist or Licensed Clinical Social Worker/Professional Counselor for the purpose of implementing an individualized behavior management program or other therapeutic treatment on behalf of a child placed in the home.
- Formal training received from a medical provider, which is required for the foster parent to meet the physical needs of a child placed or to be placed in their home, is applicable in meeting these in-service training hours.
- Foster parents may obtain their annual in-service training hours at the internet website, [www.fosterclub.com](http://www.fosterclub.com) or [www.fosterparents.com](http://www.fosterparents.com). The courses are written by professionals and focus on foster and adoptive children. To obtain training credit, the foster parents logs on to the website and reads the posted training material. At the end of the training course, there is a questionnaire that is completed and submitted on-line. With a return of 80% correct, a certificate of completion per course is e-mailed to the participant. The certificate contains the course title,

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hours of credit, and first and last name of the participant. For couples, each individual will need to complete the course material and receive a training certificate. The training certificate is to be submitted to the Regional Office for documentation of training hours. All 15 hours can be obtained on the Internet.

- The Annual Foster Parent Conference sponsored by the Louisiana Foster and Adoptive Parent Association provides 15 hours of in-service training and an opportunity to network with other foster parents statewide.

#### **D. FOSTER PARENT IDENTIFICATION**

When foster home approval and certification are granted, each parent will be given OCS Form 406, a Foster Parent ID card. The card will be effective for the time period stated which will be one year from your certification date. A new card will be provided \*\*\* following \*\*\* re-certification.

The purpose of the card is to assist the foster parent when identification is needed to verify their official role as a foster parent for school, doctor appointments, etc. It is very important not to publicly display the card, i.e., neck-type cardholder, as this may be a source of embarrassment for the foster child. The card is never to be given to or utilized by anyone else.

#### **E. RESPITE AND ALTERNATIVE CHILD CARE PLANS**


Respite care is the temporary care of the foster child in a certified foster home or residential care setting while board payments are continuing to be made to the foster parent. The purpose of respite is to give caretakers temporary relief from the care of the child. As this is planned respite, the foster parent(s) must discuss with the OCS worker the arrangements for respite as far in advance as possible.

Community, free of charge, licensed respite services may be available to foster children in very limited circumstances. In most situations where temporary child care is needed for a foster child, foster parents should rely on the child care provider(s) who was designated during the home certification process. In situations where a foster child or foster parent is hospitalized and the foster parent needs child care for the foster children in the home, purchase of babysitting may be appropriate. Regular foster parents can receive seven days of respite per child per calendar year with worker and first line supervisory approval. Community respite funded through the Medicaid waiver program must be explored for children who qualify. Respite funded through the Family Resource Centers must also be explored for children.

#### **F. LIABILITY INSURANCE**

The Department of Social Services assumes limited liability for damages caused by a foster child living in a foster home. The liability insurance does not assure foster parents that all their claims will be paid. A claim may be paid to the foster parent in the following situations:

- When it is shown that the placing worker knew the child was destructive and failed to share this information with the foster parents;

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- When the foster parent has signed a foster parent liability agreement which is included in the OCS Form 427 at the time of certification and damages to a third party are not the result of negligence of the foster parent or third party.

The Department of Social Services will defend or provide protection for foster parents for liability when they become legally liable or obligated to pay because of acts of a foster child toward a third party when the conditions specified above are met. However, this indemnity does not apply to the foster parents themselves nor their home or other personal or property damage to any household member or automobiles or other vehicles.

## G. HOMEOWNER INSURANCE

Damage by a foster child to property owned, occupied, rented or controlled by the foster parent is the responsibility of the foster parent. For this reason, foster parents are encouraged to seek household insurance coverage. Foster parents should clear with their insurance agent whether or not a homeowner's policy or renter's policy would cover damages by a foster child to their house and possessions. Any premium incurred by such coverage is the responsibility of the foster parent.


## H. AUTOMOBILE INSURANCE

Louisiana law requires all automobiles to have liability insurance. DSS cannot be responsible for car insurance for foster children. Although the foster parents cannot give permission for the license, if the youth will be driving the foster parent's car, they should be in agreement with the plan because the foster parents must assume the responsibility to provide insurance coverage for the youth. The agency recommends that foster parents obtain \$300,000 worth of liability insurance for a minor youth driving their car. The agency will not reimburse foster parents for the cost of this automobile insurance. However, the youth can be encouraged to help pay the cost of insurance through part-time employment.

## I. FILING A CLAIM

The foster care worker is responsible for assisting the foster parent in filing a claim whenever damages occur. The claim should be forwarded through the Regional Administrator or designee along with applicable documents to the Office of Risk Management, Attention: Insurance Claims Section. The Office of Risk Management insurance claims adjuster will investigate and determine if the claim will be reimbursed.

The claim must include the following: name, address, and telephone number of the foster parent; date of claim; the claimant's name, address and telephone number (any third party involved in the claim for damages); and the name, address, parish, region and telephone number of the worker, the worker's supervisor, and the District Manager; and any comments. The foster parent liability agreement (OCS Form 427 - Standard Provisions Section) must be attached to the claim. The claim must be filed with the Office of Risk Management as quickly as possible as the investigation and determination of the damages must be made within a year of the date the damages occurred. Payment claims will be paid

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directly to the person or vendor seeking reimbursement for damages/repairs, rather than to the foster parent.

## **J. ADDRESS AND HOUSEHOLD COMPOSITION CHANGE**

It is important for the foster child to maintain meaningful contacts with his biological family. Consequently, if the foster parents are moving out of his parish or out-of-state, a decision must be made as to whether or not it is in the best interest of the foster child to move with the foster family. These decisions are made by the agency and, when appropriate, are made jointly with the court and biological family. Such decisions are made on a case-by-case basis with strong consideration being given to the child's ties with his biological family, as well as the child's individual needs. Foster parents must inform OCS staff if they plan to move to another parish or out-of-state.

The foster parents must immediately notify the Home Development and Foster Care staff should they move to a new residence within the same region. The Home Development worker will make a home visit to your new home to determine whether or not minimum safety standards are met. The new review may result in the continuation of the current certification or may result in a change in the number of placements or a corrective action plan to address required changes.

At any time an adult, 18 years or older, moves into the foster home, the Home Development staff must immediately be informed. Foster parents must also notify staff immediately when any member of the household is involved in criminal acts. Staff should conduct a criminal record check and require a medical examination and TB test on the new household member.


## **K. PROBLEM RESOLUTION**

When a foster parent has any unresolved complaint, it should first be discussed with the foster care worker, supervisor, District Manager or Regional Administrator. Then, if the complaint has not been resolved at the local and/or regional level, the OCS Field Liaison Section should be contacted at (225) 342-9141.

## **L. FAIR HEARING**

A Fair Hearing is the administrative procedure during which a foster parent or his representative may present an appeal and show why it is believed that the action or decision of the agency is not fair and should be corrected. If the claim for benefits is denied or not acted upon with reasonable promptness, a Fair Hearing may be requested due to failure of the agency to reimburse certified foster parents for the following allowable expenses: the appropriate board payment, special board, or separate reimbursable amount for the foster child.

The separate reimbursable expenses are payments for initial and replacement clothing, respite, transportation, day care, hospital sitters, education, in-service training, socialization, and incidentals.

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Medical, dental, Alternate Family Care (AFC) and specialized home subsidies, evaluations and therapy are not included in the right to a Fair Hearing in the State of Louisiana.

An individual does not have an appeal right through the Department of Social Services (DSS) Bureau of Appeals fair hearing process in regards to home certification or de-certification actions.

The DSS Bureau of Appeals shall be responsible for determining if the issue falls within the boundaries of an appeal issue and for conducting the fair hearing, if appropriate.

### **M. NOTICE OF RIGHT TO REQUEST A FAIR HEARING**

When a foster parent submits a written request for benefits, the child’s worker must acknowledge receipt of the request in writing within 30 days advising of the decision to approve or disapprove or that such a decision will be provided within the next 90 days. When foster parents submit an OCS Form 435 for reimbursement of expenses, if the amount of reimbursement is denied or reduced, then the worker must send notice of the decision to deny or reduce payment requested. The notice of decision regarding benefits must include the notice of a right to request a Fair Hearing, the method for requesting the Fair Hearing and the right to be represented by anyone of the foster parent’s choosing in the matter of a Fair Hearing. The request for a Fair Hearing must be made in writing by the foster parent or his authorized representative and mailed to the following address:

DSS Bureau of Appeals  
P. O. Box 2944  
Baton Rouge, LA 70821.

The child’s worker will use OCS Notice of Decision on Request for Foster Care Benefits Form when rendering an adverse decision to a written request for foster care benefits including the OCS Form 435. The form contains all requirements for adequate notice of a Fair Hearing.


### **N. TIME LIMIT TO REQUEST A FAIR HEARING**

A foster parent will have 30 days from the date on the written notification of denial or delay of the requested action to request a fair hearing. If the request for the Fair Hearing is post marked within 30 days of the notification date, any payment currently being made which is in dispute may not be reduced or discontinued pending the decision of the Fair Hearing.

The Bureau of Appeals is responsible for the following:

- Acknowledging in writing all written requests within five working days of their receipt;
- Accepting or rejecting all requests for a Fair Hearing;
- Determining if the request is made timely for continuance of payments until the Fair Hearing decision is rendered with the recipient responsible for repayment should the agency decision be upheld;
- Notifying the Regional Administrator of the appeal by memo, with instructions to prepare a Summary of Evidence, which includes a written summary of the information used to make the



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decision being contested. The Regional Administrator shall also receive a copy of any correspondence from the foster parent or his representative;

- Notifying the foster parent and the Regional Administrator of the time, date and place or teleconference arrangements for the hearing;
- The notice to the foster parent will include a statement that the hearing will be dismissed if the foster parent or his representative fails to appear or in the case of an agreed upon teleconference, fails to participate in the hearing without good cause; that the foster parent has the right to be represented by someone else, including legal counsel; and that he may bring with him anyone he wishes to offer evidence in his behalf; and
- The foster parent may request and is entitled to receive a postponement of the hearing provided he has good cause to do so. Agency action shall be postponed for as many days as the hearing is postponed. When postponement occurs, the Regional Administrator shall be notified and confirmation of postponement sent to the foster parent.

The hearing is presided over by an Administrative Law Judge who is an impartial DSS employee at the state level, not having been involved in any way with the agency’s action, inaction or decision. The Administrative Law Judge shall regulate the hearing consistent with due process, order any professional evaluation(s) needed at the agency’s expense and provide a hearing record and recommendation to the Secretary of DSS or designee.

The Secretary of DSS or designee shall decide on each fair hearing in either of the following ways:


- Foster Parent Favor – This decision is rendered when the evidence available as a result of the hearing supports the conclusion that the foster parent is entitled to his claim with regard to the issue. The agency representative shall initiate action to implement the Bureau of Appeals directive not later than 10 days following receipt of the directive.
- OCS Decision Making Upheld – This decision is made when the evidence available as a result of the hearing supports the conclusion that the action of the responsible agency representative was in accordance with agency policy and the foster parent is not entitled to his claim.

When the Fair Hearing decision is adverse to the foster parent, the notice of the decision will include the explanation that he has exhausted all administrative remedies open to him and that he is free to pursue judicial review of his claim at his own expense. If the final hearing decision is unfavorable to the foster parent the agency may recover from the recipient the cost of any services provided during the period of ineligibility.


Within 30 days after the mailing of the final decision, or, if a re-hearing is requested, within 30 days after the decision thereon of the Bureau of Appeals, the foster parent may obtain judicial review of the decision by filing a petition in the District Court of the parish in which the agency office is located.

## **O. INTERNAL REVENUE SERVICE REGULATIONS**

Regular board payments, level of care payments and expenses reimbursed to foster parents on behalf of a foster child, are not reported as taxable income. Specialized foster homes that receive a subsidy each

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month in addition to the regular board rate do not have to report the subsidy as taxable income if there is a child in the foster home. If there is not a child in the foster home at least one day of a calendar month, the subsidy payment is taxable. **\*Payment for respite is considered taxable income.\*\*** Retainer fee payments made to Retainer Homes are also considered taxable income.

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## PART 11 - REIMBURSEMENT

### A. EXPENDITURE REIMBURSEMENT PROCESS

Reimbursements may be available, based on the Agency's budget. Foster parents must talk with the child's foster care worker to confirm the availability of reimbursable funds prior to making a purchase for a foster child when a reimbursement will be expected. Effective January 2006, reimbursements will not be made for orthodontia or tutoring as well as for out-of-state day care that exceeds the Louisiana state rate, set by the Office of Family Support.


There are approvals and procedures involved to receive reimbursement. On a monthly basis, foster parents are to submit the Foster Parent's Supplementary Expenditure Affidavit (OCS Form 435), to make a claim for reimbursement to the child's worker; the form is listed as Appendix H. Receipts or sale slips must be attached verifying purchases of all items over \$1.00. Receipts must show the item(s) purchased, the date and the amount and should be signed by the vendor (person whom item(s) was purchased from). Separate receipts are necessary for each foster child. School supply lists must also be attached with receipts, if these items were purchased. Foster parents must submit odometer readings for reimbursement of transportation involving authorized travel in their personal vehicle. If the transportation involves more than one foster child, the mileage is to be pro-rated for each child. Receipts for any public transportation must be submitted.

Form 435 and receipts are reviewed by the worker and approved if expenditures claimed are in accordance with policy. Remember to get prior authorization and expenditure amounts from the worker. \*\*\* Reimbursement requests submitted after a three-month timeframe may not be honored.

Most medical expenses are covered by the child's medical card. The child's medical card may not cover certain prescription drugs and medical emergencies. In these situations, it is preferable for the medical providers to bill the agency directly. The agency will then forward to the medical provider the appropriate payment forms. Foster parents can be reimbursed if the child requires the medication immediately.

Payment and/or reimbursement may be made by check or direct deposit. Foster parents may enroll, cancel or make changes in direct deposit of their payments by completing the OCS DD-1 Form. The form must be submitted along with documentation for the financial institution account to which payment is to be directed. Refer to Appendix H for the OCS DD-1 Form and instructions. Also additional information on direct deposit may be found in the Administrative Manual Chapter 1, Section [1-922](#) and [1-924](#).

A separate document from the payment, called a Remittance Advice, is mailed at the same time that the payment is made to confirm payment. The Remittance Advice is a document containing the amount and description of items/services for which the payment is being made, a Payment Information Number (PIN), a nine digit Payee number, and a check number or a direct deposit tracking number.

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## B. BOARD PAYMENT

Payment for the care of foster children is made once a month. Board payment is retroactive and received during the middle of the month for care provided the preceding month. The board payment is computed at a daily rate. Therefore, the board payment will vary slightly in amount according to the number of days in a month.

The daily foster care rate payments shall not be used for expenditures that are not part of the child's needs. The basic rate paid each month is for the child's shelter, food, clothing, monthly allowance, personal items and gift allowance. The following describes each component of the rate:

**Room and Board** is to defer part of the cost for the child to reside in the home and the provision of food. The room and board amount is based upon the United States Department of Agriculture estimates of the cost of raising a child and budget appropriation from the state legislature.

The **clothing allowance** is to be spent monthly or saved, to be used as needed for clothing (e.g. winter coat/clothes and summer clothes), school uniforms, clothes for Sunday, etc. This payment is only for clothing. The agency will not regularly replace clothing. Clothing should be purchased new and in keeping with community standards as appropriate to the age of the child.

The **child's monthly allowance** is to be paid directly to an age appropriate child or placed in a piggy bank or account each month if the child is not paid directly. This is to occur each month for all children, ages 0 through 17.


**Personal items allowance** is to cover personal items such as haircuts, shampoo, etc.

The **gift allowance** is to be used to purchase gifts for the child.

The board rate is for four age groups: birth up to age two; two through age five; six through age 12; and 13 years of age or older. The following is a breakdown of the average board payment based on the age of the child.

**Birth up to Age 2 years**  
 (\$15.58 per day)

\*\$313.77 – room and board  
 61.50 – diapers  
 61.50 – clothing  
 9.72 – child's monthly allowance  
 15.37 – personal items  
 5.54 – gift allowance  
 -----  
 \$467.40 = Average Monthly Payment\*\*

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**Age 2 through Age 5 years**  
(\$13.57 per day)

\*\$314.76 – room and board  
61.50 – clothing  
9.93 – child’s monthly allowance  
15.38 – personal items  
5.53 – gift allowance  
-----  
\$407.10 = Average Monthly Payment \*\*

**Age 6 through Age 12 years**  
(\$14.96 per day)

\*\$324.47 – room and board  
73.80 – clothing  
29.62 – child’s monthly allowance  
15.37 – personal items  
5.54 – gift allowance  
-----  
\$448.80 = Average Monthly Payment\*\*

**Age 13 years or older**  
(16.70 per day)

\$351.31 – room and board  
80.38 – clothing  
46.70 – child’s monthly allowance  
16.33 – personal items  
6.28 – gift allowance  
-----  
\$501.00 = Average Monthly Payment


### C. SPECIAL BOARD PAYMENT

In some instances special or extra time and effort on the part of the foster parent is required to care for and meet the needs of a child. The child may be physically, emotionally or mentally handicapped. Special board payments are based on the foster parents’ time and effort to care for the child. Two types of OCS foster homes have different approval criteria for special board. These are Alternate Family Care (AFC) and Specialized Homes. Special board for AFC must be approved by State Office; while any special board for specialized homes over \$300 must be approved by State Office. This is necessary due to the agencies expectations and the additional monthly payments paid to these homes.

### D. CLOTHES

The clothes a child wears have a lot to do with the image he has of himself. It is essential that the child’s clothes be like those of your own children and the children in the community.

A child, when first placed in foster care, may be in immediate need of clothing. An initial clothing allowance may be provided only once for each child of any age at the time he first enters care.

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The monthly clothing allowance included in the board payment is to be used to replace and add to the child's clothes. Both the initial clothing allowance and the monthly allowance are to be used to purchase school uniforms if uniforms are necessary for school. School uniform purchases by foster parents for either private or public school attendance are not reimbursed to the foster parent.

During placement, a foster child may have need for replacement of his clothing due to an unexpected circumstance. A type of situation for which replacement of clothing could be considered would be if the child's clothing was destroyed by fire or some other natural disaster, or if he has a dramatic change in clothing size due to a significant weight gain (i.e., pregnancy or abnormal growth) or weight loss (such as from illness). Contact your foster care worker to discuss procedures and money amounts.

## E. ALLOWANCES

The purpose of an allowance is to help the foster child learn to handle money. The agency provides an allowance for the child in his monthly board payment. It is important that the child receive this money on a regular basis. The child should be helped to use his money wisely and to plan ahead for his purchases. This is an excellent time to introduce the benefits of saving money in a savings account or other secure locations. This allowance is not for school lunches, personal items such as toothpaste, shampoo or deodorant and should never be withheld from him.


When a child deliberately causes damage to property, the child can be expected to pay for the damages out of his monthly allowance with the approval of the OCS supervisor. The child should participate in the development of a payment plan. The supervisor must approve the plan for payment of damages by the child. The payment plan shall be for a portion, but not all, of the child's allowance each month until the agreed upon amount is paid. If the child has earnings, a portion of the earnings may be used in the payment plan. If the child reimburses damages, a request shall not be made to the agency also for reimbursement.

Foster parents may give a foster child extra spending money for special occasions if they wish. You should not ask the foster child to use his money for certain things, such as, when the whole family goes to buy ice cream or to the movies and you are treating everyone else; treat the foster child also.

## F. GIFT ALLOWANCE

The agency provides for the foster child a small amount of money in his monthly board payment for gifts for the child. You may want to spend more on Christmas and birthdays, as you will want the foster child to be treated as equally as possible with others in the home.

Foster parents, by nature, are giving people and want to share not only their home and emotional love, but also, wish to give gifts to the child. When gifts are given to the child, then those gifts become his possessions to take with him when he leaves the foster home; the gift should be moveable and separate

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from other persons. Many foster children do not have possessions of their own. Gifts received on special occasions provide the child the opportunity to collect personal possessions.

**It should be remembered that gifts should be given with no “strings attached”.**

## G. TRANSPORTING CHILDREN

Foster parents shall comply with all the state laws for cars including current car inspections, liability car insurance and child restraint systems. All foster children when required by age and size are to comply with the law and safety practices by having the appropriate child passenger restraint systems. Any car seat or other passenger restraint system purchased for the child becomes the property of the child just as any other purchase made on his behalf, i.e., clothing. OCS provides car seats for the child. Discuss with your worker if you need OCS to provide a car restraint system.

Daily transportation is the responsibility of the foster parent and is not reimbursable. The foster parent may be reimbursed for transportation expenses under the following circumstances:


- Required or allowed by OCS for the welfare of the child for medical and other professional appointments, authorized family visits or Family Team Conferences within the state; and/or
- Free transportation to school is not available and the local school board will not reimburse the foster parent.

Within policy limitations, foster parents may be reimbursed for mileage expenses incurred on behalf of the foster child. To claim mileage expenses, the odometer reading of the trip must be submitted. Should more than one foster child be involved in the trip, e.g., sibling to a visit, foster children to medical appointment, etc., the trip mileage is to be divided between the involved foster children. An example is two foster children are taken to the doctor’s office and the round trip is 12 miles. Six miles would be claimed for each child on the reimbursement form. An OCS Form 435, provided by the agency, is to be completed by the foster parent for reimbursement. A separate Form 435 is completed on each child. Consult and discuss with your child’s worker allowable expenses and amounts.

## H. VACATIONS AND TRAVEL

Foster parents must notify the child’s worker about travel plans when the child will be traveling for more than one day. Foster parents may include a foster child in the family vacation or provide permission for a child to travel with a group for educational and/or personal growth. If the family will be traveling for an extended period of time without the child accompanying them, the foster parents are to inform the child’s worker of alternate childcare arrangements.

OCS must approve all out-of-state travel of a foster child. As much advance notice as possible, preferably at least one month, should be given so necessary parental, court and state office approval can be obtained. Expenses for vacations cannot be reimbursed.

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## I. SOCIALIZATION AND DEVELOPMENTAL ACTIVITIES

The maximum socialization and developmental funding for children age six through 17 may vary based on availability of funding and may be spent for the child to participate in formalized developmental or socialization activities. It is not expected that such expenditures will be made on behalf of every child. The activity is to be purposefully planned to meet the child’s need in a specific area such as building self-confidence, physical coordination, or improving peer interactions. If such a need is identified, it is to be addressed in the child’s case plan. Allowable activities include summer camps, community organization/church/school sponsored trips, membership in organizations such as Scouts or community sport teams and similar activities; self-improvement or skill classes in music, art, dance, gymnastics, or other physical development activities. Funds may be used, if more appropriate, to purchase items needed to participate in developmental or socialization activities.

The following kinds of items/activities are not allowed:

- ✓ Items that cannot be physically moved with the child
- ✓ TV, VCR, Stereo, Electronic devices, Video games
- ✓ Birthday parties and gifts or
- ✓ Christmas gifts.

As reimbursable expenses are limited, activities should be selected through joint discussion with the child’s foster care worker, foster parent, and child (if age appropriate). Activities should be selected based upon the ability to meet the child’s specific developmental needs. Authorization from the child’s foster care worker shall be obtained prior to any purchases. The identified needs of the child, selected activities and use of developmental and socialization funds should be included in the child’s case plan.

## J. MISCELLANEOUS EXPENDITURES


There are other items funded by the agency. The following items may also be claimed as incidental expenses.

**Long distance telephone calls** made on behalf of the foster child in accordance with the child’s service plan – such as phone calls to arrange appointments for the child and calls to the office to discuss the child. The agency does not pay for unauthorized phone calls made by the foster child on the foster parent’s phone.

A **suitcase** purchased by the foster care worker may be approved on an individual basis when the child’s need warrants the purchase. A suitcase cannot be claimed by a foster parent.


**Babysitting fees** incurred when attending foster parent training sessions required by the agency. Contact your worker for the rates established for the reimbursement of babysitting fees. A maximum amount is reimbursed per fiscal year (July 1<sup>st</sup> – June 30<sup>th</sup>) for foster parent in-service training.



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**Swimming pool alarms** are a reimbursable item for those foster parents who have swimming pools and want the additional security that a pool alarm may provide. Foster parents will be reimbursed a maximum of **\*25.00\*** toward the purchase of a pool alarm or up to **\*\$25.00\*** toward the purchase of a pool cover, certified as a pool safety device, not just a cover. The expenses will be paid once a child has been placed in the foster home. Examples of situations when a pool alarm may be warranted include the placement of a child with developmental delays, an overly active child, a small child, or any other child who may be unaware of pool safety rules. For children who could be considered at higher risk, foster parents may also wish to provide swimming lessons or water safety classes which would be funded socialization/developmental funds.

**Initial placement incidental purchases** for such items as shampoo, sanitary napkins, deodorant, shaving cream, toothbrush, etc. can be purchased for the child. There is a maximum allowable amount for the purchase of these items. Contact your child's worker for the allowable amount if you plan on seeking reimbursement of these purchases. These expenses are only reimbursed at the child's initial entry into foster care.

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## PART 12– FOSTER PARENT SUPPORT SYSTEMS

### A. FOSTER PARENT ASSOCIATIONS

Foster parents are encouraged to organize and/or participate in a foster parent association in their parish or region. Purposes of foster parent associations include:

- Improving and promoting services to foster children;
- Enhancing communication between the agency and the community regarding the overall foster care program;
- Upgrading the image of foster parents and foster children; and
- Devising a means for problem solving and education in areas related to caring for and advocating for foster children.

Foster parent associations provide a means for foster parents to encourage and support each other in their foster parenting roles. There are approximately 20 local associations, at least one in each region of Louisiana. Refer to Appendix G for the Louisiana Foster and Adoptive Parent Association’s address and Appendix B for the National Foster Parents Association Code of Ethics for Foster Parents.

### B. FAMILY RESOURCE CENTERS

Family Resource Centers are located within each region of Louisiana. The centers provide services and support designed to meet the needs of foster and adoptive families in an effort to help increase a foster child’s level of stability and permanency. The services include:

**Crisis Respite** – Unplanned respite due to an emergent or unanticipated situation;

**Planned Respite** – To give the caregiver a break or leisure time and also provide the child with various activities including field trips, school activities, camps, etc.

**Resource Library** – Information which is provided or made accessible to the family;

**Support Services**—Services that support the parent such as support groups, advocacy, information and referrals, etc.; and


**Training** – Information provided on a specific topic, which is not part of a parenting curriculum; includes such topics as stress management, conflict resolution and foster and adoptive parent in-service training.

### C. LOUISIANA ADVOCACY SUPPORT TEAM

The Louisiana Advocacy Support Team (L.A.S.T.) is comprised of volunteer foster parents. They receive ongoing training that enables them to help other foster parents deal with allegations of abuse or neglect in the foster home.


The goals of L.A.S.T. are:

- Retain quality foster homes;

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- Provide immediate moral and technical support to foster families at the threat of allegations or neglect;
- Provide information about the investigation process;
- Advocate to improve Child Protection and Child Welfare policy; and
- Provide a training assessment tool to give foster parents the training they need to parent defensively.

The phone number for L.A.S.T. is listed in Appendix G.

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## APPENDIX A

### BILL OF RIGHTS FOR FOSTER CHILDREN


Ratified in Congress Hall, Philadelphia  
 Saturday, the Twenty-eighth of April, Nineteen hundred and seventy three

**EVEN** more than for other children, society has a responsibility along with parents for the well being of foster children. Citizens are responsible for acting to insure their welfare.

**EVERY** foster child is endowed with the rights inherently belonging to all children. In addition, because of the temporary or permanent separation from and loss of parents and other family members, the foster child requires special safe guards, resources, and care.

#### **EVERY FOSTER CHILD HAS THE INHERENT RIGHT:**

- Article the first... To be cherished by a family of his own, either his family helped by readily available services and supports to reassume his care, or an adoptive family or by plan, a continuing foster family.
- Article the second... To be nurtured by foster parents who have been selected to meet his individual needs, and who are provided services and supports, including specialized education, so that they can grow in their ability to enable the child to reach his potential.
- Article the third... To receive sensitive, continuing help in understanding and accepting the reasons for his own family's inability to take care of him, and in developing confidence in his own self-worth.
- Article the fourth... To receive continuing loving care and respect as a unique human being...a child growing in trust in himself and others.
- Article the fifth... To grow up in freedom and dignity in a neighborhood of people who accept him with understanding, respect and friendship.
- Article the sixth... To receive help in overcoming deprivation or whatever distortion in his emotional, physical, intellectual, social and spiritual growth may have resulted from his early experiences.
- Article the seventh... To receive education, training and career guidance to prepare him for a useful and satisfying life.
- Article the eighth... To receive preparation for citizenship and parenthood through interaction with foster parents and other adults who are consistent role models.
- Article the ninth... To be represented by an attorney at law in administrative or judicial proceedings with access to fair hearings and court review of decisions, so that his best interest are safeguarded.
- Article the tenth... To receive a high quality of child welfare services, including involvement of the natural parents and his own involvement in major decisions that affect his life.

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## APPENDIX B


### NATIONAL FOSTER PARENT ASSOCIATION

#### CODE OF ETHICS

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

Principles:

1. I regard as my primary obligation the welfare of the child served.
2. I shall work objectively with the agency in effecting the plan for the child in my care.
3. I hold myself responsible for the quality and extent of the services I perform.
4. I accept the reluctance of the child to discuss his or her past.
5. I shall keep confidential from the community, information pertaining to any child placed in my home.
6. I treat with respect the findings, views and actions of fellow foster parents and use appropriate channels such as a foster parent organization to express my opinions.
7. I shall take advantage of available opportunities for education and training designed to upgrade my performance as a foster parent.
8. I respect the worth of all individuals regardless of race, religion, sex or national ancestry in my capacity as a foster parent.
9. I accept the responsibility to work toward assuring that ethical standards are adhered to by any individual or organization providing foster care services.
10. I shall distinguish clearly in public between my statements and actions as an individual and as a representative of a foster parent organization.
11. I accept responsibility for working toward the creation and maintenance of conditions within the field of foster care that enable foster parents to uphold the principles of this code.


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## APPENDIX C

### REMEMBER TO ASK

The following questions will help you make a decision when a social worker contacts you regarding the placement of child in your home. Please be aware that under some circumstances the worker may not know some information at the time of placement.


- I. General Information Regard A Child
  1. What is the child's name? Does he have a nickname?
  2. How old is the child?
  3. What is the general personality type of the child?
  4. What is the child's physical appearance?
  5. Are there brothers and sisters? Where are they?
  6. What is the child's relationship to his family?
  7. Can the child's feelings about being placed in foster care be determined?
  8. Does the child have any special behavior problems?
  9. What are the child's hobbies, special interests, and abilities?
  10. How does the child relate to other children? Is the child use to other children?
  11. Can this child relate to the opposite sex parental figure?
  12. Does this child relate to the same sex parental figure?
  13. Has this child ever been placed in any other foster home or care facility?
  14. What were the outcomes of any previous placements?
  15. What, if any, religious requirements are the biological parents requesting?
  16. Does the child have a pet?
  17. What is the child's favorite food?
  
- II. Information Regarding Placement
  1. Why is this child being placed (physical or sexual abuse or neglect)?
  2. Is this to be a voluntary placement or a court-ordered placement?
  3. Where is the child coming from?
  4. What is the expected length of placement?
  5. When could we expect the child?
  
- III. Health of the Child
  1. What is the health condition of the child?
  2. Does the child have any physical disabilities?
  3. Does the child need therapy of any kind?
  4. Is there any special equipment the child needs?
  5. When was the child's last physical?
  6. Are the child's immunizations current?
  7. Does the child require medication or a special diet?

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8. Does the child have any allergies? If so, what?
9. Is the child seen by a physician on a regular basis?

IV. Information Regarding School

1. What grade is the child in at present?
2. What school was the child attending?
3. Will the child be required to continue at the same school?
4. Is the child performing socially at that grade level?
5. Does the child have any learning difficulties at school? If so, what are they?
6. What is the child's intelligence level?

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## APPENDIX D


### WHEN TO CALL A WORKER

You may contact the child's social worker at any time you need to give or receive information or need support. The following list provides examples of times when you should contact the child's worker:

- ✓ Accident or Death or Medical Emergency: Notify the worker or supervisor as soon as possible;
- ✓ Runaway or Missing or Kidnapped: Contact the worker or supervisor and the police department to report a missing child;
- ✓ Behavior Problems the child may be having in your home, the school or community should be reported at their onset;
- ✓ Change in School or Church should be discussed with the social worker prior to the changes;
- ✓ School Problems: Contact the worker when problems are of a serious nature related to academic performance;
- ✓ Plans for a Family Vacation: If it involves leaving the state, report to the worker at least one month prior to the planned trip;
- ✓ Plans for the family to be away from the foster home for more than 24 hours: Contact the worker and advise worker of where and how you can be reached;
- ✓ If the child's biological parent or extended relatives attempts to take the child without prior agency approval: Contact the worker immediately; and
- ✓ If you have a family emergency that will require your absence from the home for a period of time: Contact the worker as soon as possible.

These are a few examples of when to call the worker. Keep in mind the child's worker has other clients and has to be out of the office frequently. However, you may contact the worker's supervisor, if you cannot reach the worker. If an after-hours emergency occurs, you may contact the worker or supervisor at home (their numbers are on the Form 98-A) or contact the on-call worker through the Child Protection Hotline (discuss with the OCS worker the local procedure for after hour contacts, as the procedure vary among parishes).



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## APPENDIX E

### CHILDREN’S DEVELOPMENTAL MILESTONES

During the first year the infant’s development is so dramatic that parents often feel the baby “changes overnight.” Physical development proceeds from head control to mobility. The primary psychosocial task for the baby is to build a sense of safety, security and trust in other human beings (parents/other caretakers). If this task is not accomplished, it will impact on related emotional development.

#### Infancy to Six Months

**Physical:** Sucks reflexively; visually tracks to midline; lifts head when held upright; rolls from stomach to back; pulls to sit without head lag; grasps rattle; reaches for objects; inspects objects with hands, eyes and mouth;

**Cognitive/Language:** Smiles selectively at mother’s voice; startle reflex to sudden noise; babbles and coos, squeals and gurgles (by three months); anticipates food with vocalization; laughs;

**Psychosocial:** Gazes at faces (birth); smiles responsively; uses vocalization to interact socially; distinguishes primary caretakers from others and will react if removed from home; smiles readily at most people; plays alone.

#### Six to Twelve Months

**Physical:** Creeps; sits without support; pulls to stand to cruise furniture; transfers objects hand to hand; bangs with spoon; finger feeds part of meal; shakes bell; crawls on all fours; attains sitting position unaided; stands momentarily; first steps; hold, bites and chews a cracker; grasps string with thumb and forefinger; beats two spoons together; begins to use index finger to point and poke;


**Cognitive/Language:** smiles and vocalizes own mirror images; says “ma-ma”, “da-da”; shakes head to say “no-no”; imitates playful sounds; responds to name with head turn, eye contact and smile; recognizes voices of favorite people; responds to verbal request such as wave bye-bye; repeats performance that are laughed at;

**Psychosocial:** Discriminates strangers- i.e., frowns, stares, cries; first stranger/separation anxiety begins; actively seeks adult attention; wants to be picked up and held; plays peek-a-boo; rarely lies down except to sleep; pats own mirror image; chews and bites on toys; beginning responsiveness to own name; social with family; becoming aware of emotions of others.

During the toddler years, children tend to separate emotionally from parents or primary caretakers. Self-esteem and self-confidence develops as they make moves towards greater autonomy while securing their attachment to important adults. Key milestones include locomotion, toilet training and verbal communication.

#### 12 to 18 Months

**Physical:** Walks alone; stoops and stands up again; climbs up on furniture; walks up stairs with help; builds tower of two cubes; scribbles spontaneously or by imitation; holds cup; put raisin or pellet in bottle; turns book pages, 2-3 at a time; removes hat, shoes and socks; inhibits drooling; chews most

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foods well; opens closed doors; holds cup and drinks with some spilling; imitates housework; will bring familiar object upon request;

**Cognitive/Language:** Jabbers expressively; communicates by gesture; vocalizes more than cries for attention; understands word; shakes head to indicate NO; says 2-3 “words” other than ma-ma or da-da; looks in appropriate place when asked, i.e., “Where is book?”; vocalizes NO; vocabulary of 10-15 words; fluent use of jargon; points and vocalizes to indicate wants;

**Psychosocial:** Strong dependence on primary caretaker with increasing difficulty separating; difficulty quieting and relaxing into sleep; wants to have caretaker nearby all the time; gives toy to adult on request; shows sense of me mine; follows simple request; begins to distinguish you and me; imitates adult activities; interested in strangers, but wary; sharp discipline not helpful; verbal persuasion and scolding not useful; plays alone or beside other children; strong claiming of mine.

### 18 to 24 Months

**Physical:** Runs stiffly; pushes and pulls large objects; comes down stairs on bottom or abdomen; seats self in small chair; builds tower of 4-7 cubes; tries to fold paper imitatively; can wiggle thumb; turn knobs (television); help dress and undress self; may indicate wet or soiled diapers; pulls person to show; asks for food and drink by vocalizing and gesture; uses spoon with little spilling; replaces some objects where they belong;

**Cognitive/Language:** Points to pictures in books; points to one body part on request; vocabulary of 20 words-mostly nouns; understands yours vs. mine; enjoys simple stories; speaks in two word sentences – i.e., “juice gone”;

**Psychosocial:** Moves about house without constant supervision; temper tantrums are common in situations of frustration; begins to call self by name; discriminates between edible and non-edible substances; claims and defends ownership of own things.

### 24 to 30 Months


**Physical:** Jumps in place; can walk on tiptoe (imitation); walks up and down steps, both feet on each step; can walk backwards; runs headlong; holds pencil with thumb and forefingers; can zip and unzip; builds tower of 6-8 cubes; learning to use buttons and buckles; pulls on socks, pants or shorts; drinks from cup without spilling; helps put things away; toilet training in progress;

**Cognitive/Language:** Often calls self by first name; speaks 50 or more words; has vocabulary of 300 words; uses phrases and 3-4 word sentences; understands and asks for “another”; points to four body parts;

**Psychosocial:** Initiates own play activities; wants routine “just so”; does not like change in routine; cannot wait or delay gratification; does not share; identity in terms of sex and place in family is well established; observes other children at play and joins in for a few minutes.

### 30 to 36 Months

**Physical:** Completes three piece form-board; turn pages singly; can dress with supervision; eats with fork and spoon; pours from one container to another; gets drink unassisted; avoid simple hazards;

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**Cognitive/Language:** Verbalizes toilet needs; uses plural; increasing use of verbs; beginning use of adjectives and prepositions; vocabulary of 900-1000 words by 36 months; uses verbal commands; gives full name when asked; asks "What's that?"

**Psychosocial:** Begins associative play activities; names or points to self in photos; joins in nursery rhymes and songs; likes praise; auditory fears are prominent (noises) show sympathy, pity, modesty and shame.

During pre-school years, a child attain proficiency in simple self-care within the home and begins to form important relationships with peers and adults in nursery school or day care setting. This is a period of continuing growth in individuation and independence. Identification and attachment to the family is strong. Loss of or separation from parent during this phase of development may have long-term impact on personal identity or the persistence of magical thinking.

### Three Years

**Physical:** Gallops; balances on one foot (1-5 seconds); catches large ball, arms flexed; hops on one foot; turns somersaults; copies circles; builds with legos, etc.; spontaneously draws; imitates snipping with scissors;

**Cognitive/Language:** Follows two unrelated commands; identifies same/different with pictures; responds to verbal limits and directions; identifies 2 or 3 colors; listens attentively to short story; converses in sentences; speech is completely intelligible; answers simple yes/no questions; tells age by holding up fingers; shows understanding of past versus present; matches colors;

**Psychosocial:** Outstanding characteristic is readiness to conform to spoken word; begins to take turns; plays simple group games; tries to please; may masturbate openly; may have imaginary playmates; shares upon request.

### Four Years

**Physical:** Runs smoothly, varying speeds; bounces ball with beginning control; throws ball overhand; walks up and down stairs with alternating feet using rail; attempts to cut on straight line; writes on page at random; may try to print own name; draws person-arms and legs may come directly from head;


**Cognitive/Language:** Understands opposite analogies; follow 3-stage commands; listens eagerly to stories; uses all parents of speech correctly; uses color names; defines words in terms of use (car, pencil); ask many why, what and how questions; enjoys humor and self laughing; enjoys dress-up play, categorizes animals, food, toys;

**Psychosocial:** Urge to conform/please is diminished; control issues prominent for many children; may be physically aggressive; nightmares prominent; may argue, boast and make alibis; tendency to boss and criticize others; separates from mother easily; prefers peers to adults; washes face, brushes teeth and dresses self; uses bathroom unassisted.

### Five Years

**Physical:** Uses roller skates; rides bicycle with training wheels; colors within lines; can cut on line; ties knots in string after demonstration;

**Cognitive/Language:** Listens briefly to what others say; repeats days of week; acts out stories; ready to enter kindergarten; states address, age, name and ages of siblings; learns left from right; match 10-12

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colors; predicts what will happen next; prints first name and simple words; writing is mostly capitals-immature appearance; frequently copies left to right; recognizes first name and several or all numerals on clock, phone, calendar; adds and subtracts using five fingers; is capable of self criticism and self-praise;

**Psychosocial:** Enjoys small group; knows when certain events occur; accepts adult help and supervision; likes to complete task; enjoys competitive exercise games; fears of parental loss, thunder and scary animals; more conscious of body, wants privacy; less hitting, more verbalizing.

During the elementary school years, they experience successful mastery of the world outside their own family unit. Children this age are involved in academic learning, social interactions with same-sex peers and developing motor skills. As they move into the latency years, there is a strong need for children to learn more about their early history and incorporate this knowledge in their growing sense of self-identify.

### Six Years

**Physical:** Constant motion-very active; balances and rhythm are good; ties own shoes; makes simple, recognizable drawings;

**Cognitive/Language:** Uses picture dictionary; identifies likeness/difference between objects; can tell what number comes after 8; understands quantity up to 10; identifies words by length or beginning sound/letters; rereads books many times; prints first and last name; reverses digits when writing teens (13/31); names coins, states, cents value of a penny, dime and nickel; writing is slow and effortful with mixed capital and lower case letters;

**Psychosocial:** Poor ability to modulate feelings; enjoys performing for others; difficulty making decisions; plays simple table games; often insists on having own way; may return to thumb sucking, baby talk, etc.; often takes small things from others and claims them as found; begins to distinguish right and left on self; understands time interval differences including seasons.

### Seven Years


**Physical:** Small muscles are well developed; eye-hand coordination is well developed; draws triangle in good proportion; copies vertical and horizontal diamonds;

**Cognitive/Language:** Speaks fluently; uses slang and clichés; recites days of week and months of year; can talk about own feelings in retrospect; often seems not to hear when absorbed in own activity; can organize and classify information; writing speed increases; learns to tell time;

**Psychosocial:** Independent in completion of routines; learning to screen out distractions and focus on one task at a time; when angry becomes quiet and sullen; better control of voice and temper; sets high expectations for self; frequently disappointed by own performance; anxious to please others; sensitive to praise and blame; has not learned to lose games, will cheat or end game abruptly; concerned about right and wrong.

### Eight Years

**Physical:** Movement is rhythmical and somewhat graceful; frequent accidents due to misjudging abilities; holds pencil, toothbrush and tools less tensely; enjoys exercise of both large and small muscles;

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**Cognitive/Language:** Ease in expression and communication; likes humor in stories; omits words and reads out of order; interested in money; knows addition and subtraction combinations – some by heart; can write sentences; begins cursive writing; few reversal errors; tries to write neatly;

**Psychosocial:** May be selfish and demanding of attention; may be cheerful; very curious about activity of others; learning to lose at games; begins to have sense of humor, e.g., original riddles and jokes.

### Nine Years

**Physical:** Becomes interested in competitive sports-social aspects of the games are primary; apt to overdo physical activities; sitting posture often awkward-slouches, head close to work, etc.; works purposefully to improve physical skills;

**Cognitive/Language:** Enjoys school; wants to operate at optimal level; can describe preferred methods of learning; enjoys keeping a diary and making lists; prefers to read silently; worries about doing well in school;

**Psychosocial:** Appears emotionally more stable; capable of concentrating for several hours; likes to plan ahead; peer pressure gains importance; may take up collecting hobbies; makes decision easily.

### Ten Years

**Physical:** Girls and boys tend to be even in size and sexual maturity at tenth birthday; girls' bodies undergo slight softening and rounding; increased fidgeting more common for girls than boys; little awareness of fatigue; bathing is strongly refused; loves outdoor exercise play – e.g., baseball, skating, jump rope, running;


**Cognitive/Language:** Can participate in discussion of social and world problems; interest in reading varies from child to child; wishes are mostly for material possessions, health and happiness for self and others and personal improvement; enjoys memorizing; prefers oral to written work in school; interest span is short, needs frequent shift in activity in school; interest in movies and television diminishes;

**Psychosocial:** Seems relaxed and casual; boys show friendship with physical expression (wrestle, shove, punch); girls show friendship with note writing, gossip and hand-holding; enjoys sharing secrets and discussing mysteries with friends; believes friends over parents; anger not frequent and is soon resolved; little crying except with hurt feelings; does not respond well when praised or reprimanded in front of friends.

The tasks of adolescence are similar for both boys and girls although boys tend to lag behind girls by one to two years, especially in physical maturation. Asymmetrical development, e.g., cognitive development before physical growth, is common. The primary tasks are: exploring personal identity and roles; lessening dependence on family and renewed emphasis on separation and individuation; exploring relationships with peers; exploring sexuality; and exploring ways to feel competent, important and accomplished. Normal development often involves swings in mood and reliability, vacillation dependence and independence, self-absorption, impulsivity and control conflicts with adults.

### 11-13 Years

**Physical:** (Girls) – Pubic hair pigmented, curl; auxiliary hair begins after pubic hair; height growth spurt; breast development continues; labia enlarged; increase in subcutaneous fat; menarche

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	<b>Part No./Name</b>	Appendix E. Children's Developmental Milestones		
	<b>Section No./Name</b>	Appendix E. Children's Developmental Milestones		
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(menstruation begins); (Boys) – Prepubescent physical development; beginning growth of testes, scrotum and penis; downy pubic hair; consistent height growth;

**Cognitive/Language:** Beginning to move from concrete toward abstract thinking; increased interest in ideas, values, social issues, music, clothes, hair, personal appearance (especially common for girls); although conflict with family increases, most express attitudes that place strong value on family and involved parents;

**Psychosocial:** Anxious about peer acceptance; concern with self-identity; girls – highly concerned with body image and physical changes; increased interest in peers and culture; changing friends is common; strong need for achievement and recognition of accomplishment although may be masked by feigned indifference.

### 13-15 Years

**Physical:** (Girls) – Pubic hair fully developed; continued breast growth; menstruation well established; decelerating height growth; ovulation (fertility); moderate muscle growth and increase in motor skills; (Boys) – Pubic hair pigmented, curled; penis, testes and scrotum continues to grow; height growth spurt; seminal emissions but sterile; voice lowers as larynx enlarges; mustache hair;

**Cognitive/Language:** When intelligence is normal, abstract thought is fully developed (usually by age 15) and can be applied in more situations; anxiety, major distractions interfere with abstract thinking; continued interest in ideas, values and social issues;

**Psychosocial:** Increased independence from family; girls are somewhat more comfortable with body image and changes; boys highly concerned with body and changes as puberty begins; relationships with opposite sex increase; same sex relationship continues to dominate; reliance on and anxiety about peer relationships continue; may experiment with drugs; concerned with achievement, experiences, feelings of accomplishment and receiving recognition; continued interest in appearance, music and other elements of peer culture.

### 15-16 Years


**Physical:** (Girls) – Full development of breasts and auxiliary hair; decelerated height growth; (Boys) – Facial and body hair; pubic and auxiliary hair denser; voice deepens; testes, penis and scrotum continue to grow; emissions of motile spermatozoa (fertility); graduated deceleration of height growth; muscle growth;

**Cognitive/Language:** When intelligence is normal, abstract thinking is well established; applications to own current and future situations and to broader issues (e.g., social concerns and academic studies);

**Psychosocial:** As a major emancipation step becomes imminent, there may be marked increase in anxiety and avoidance behaviors; increasingly concerned and interested in movement towards independence; can maintain more stable relationship with peers and adults; body image reasonably well established especially among girls; more realistic and stable view of self and others, nature of problems and better at problem solving.

### 17-21 Years


**Physical:** (Girls) – Uterus develops fully by age 18-21; other physical maturation complete; (Boys) – Full development of primary and secondary sex characteristics; muscle and hair development may continue;

	<b>Agency Name</b>	Office of Community Services (OCS)			
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**Cognitive/Language:** Ability for abstract thinking and for practical problem-solving skills is increasingly tested by the demands associated with emancipation and/or higher education;

**Psychosocial:** Partial or full emancipation is accomplished, although with difficulty; concerns about autonomy lessen and concerns about resources (money, car) increase; relationships with family tend to be somewhat less conflictual; existing conflict tend to revolve around emancipation issues; attention still on peers and self-identity.

Reprinted from: Helping in Child Protective Services: A Casework Handbook. American Association for Protecting Children, a division of the American Humane Association. 1991. Revised Edition. Per information from the CPI Decision Making Handbook - Appendix B.


	<b>Agency Name</b>	Office of Community Services (OCS)					
	<b>Chapter No./Name</b>	Foster Parent Handbook					
	<b>Part No./Name</b>	Appendix F. Immunization Schedule					
	<b>Section No./Name</b>	Appendix F. Immunization Schedule					
	<b>Dates</b>	<b>Issue/Reissued</b>	July 2005			<b>Replacing</b>	November 1998

## APPENDIX F

### Recommended Childhood and Adolescent Immunization Schedule Department of Health and Human Services Centers for Disease Control and Prevention United States 2005

Age	Birth	1 M	2 M	4 M	6 M	12 M	15 M	18 M	24 M	4-6 Years	11-12 Years	13-18 Years
Vaccine												
Hepatitis B (HepB)	HepB #1	HepB #2 Recommended			HepB #3 Recommended							
Diphtheria, Tetanus, Pertussis (DTaP)		DTaP				DTaP Recommended			DTaP	Td	Td	
Haemophilus Influenzae type b (Hib)			Hib	Hib	Hib	Hib Recommended						
Inactivated Polio Virus (IPV)			IPV	IPV	IPV Recommended				IPV			
Measles, Mumps, Rubella (MMR)						MMR #1 Recommended				MMR #2		
Varicella						Varicella Recommended						
Pneumococcal (PCV)			PCV	PCV	PCV	PCV Recommended			PCV Recommended			
Influenza						Influenza (Yearly) Recommended			Influenza (Yearly) Recommended			
Hepatitis A									Hepatitis A Series Recommended for selected populations			




	<b>Agency Name</b>	Office of Community Services (OCS)			
	<b>Chapter No./Name</b>	Foster Parent Handbook			
	<b>Part No./Name</b>	Appendix G. Information Assistance			
	<b>Section No./Name</b>	Appendix G. Information Assistance			
	<b>Dates</b>	<b>Issue/Reissued</b>	July 2005	<b>Replacing</b>	November 1998

## APPENDIX G

Louisiana Advocacy Support Team (L.A.S.T.)  
Toll Free Number: 1-888-655-9564

Louisiana Foster and Adoptive Parent Association  
P.O. Box 332  
Baton Rouge, LA 70821

Louisiana Drug and Poison Information  
Toll Free Number: 1-800-256-9822

	<b>Agency Name</b>	Office of Community Services (OCS)			
	<b>Chapter No./Name</b>	Foster Parent Handbook			
	<b>Part No./Name</b>	Appendix H. Forms			
	<b>Section No./Name</b>	Appendix H. Forms			
	<b>Dates</b>	<b>Issue/Reissued</b>	April 2009	<b>Replacing</b>	August 2007

## APPENDIX H

### FORMS

Authorization for Emergency Services (OCS Form 98-A)  
 Agreement for Foster Family Services (OCS Form 427)  
 Caretaker's Supplementary Expenditure Affidavit (OCS Form 435)  
 Child Specific In-Service Training Credit  
 DD-1 Direct Deposit  
 Foster/Adoptive Home Evaluation for Environmental, Health and Fire Safety  
 (OCS Form HDU 5)  
 Foster/Adoptive Parent Recertification Questionnaire (OCS Form HDU 604-II)  
 Workshop/Conference Attendance Form (TRN-7)

**OFFICE OF COMMUNITY SERVICES CHILD PLACEMENT AGREEMENT**

**Child's Name:** \_\_\_\_\_ **TIPS#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY SERVICES**

This is to certify that \_\_\_\_\_ is/are foster parent(s)/caregiver(s) for  
(Foster Parents'/Caregiver's Name)  
\_\_\_\_\_, who is in State custody, and is/are authorized to obtain  
(Foster Child's Name)  
emergency medical care on the child's behalf.

**WORKER/SUPERVISOR CONTACT**

\_\_\_\_\_  
(Worker's Name) (Work) \_\_\_\_\_ (Home) \_\_\_\_\_  
(Phone No.) (Phone No.)

\_\_\_\_\_  
(Supervisor's Name) (Work) \_\_\_\_\_ (Home) \_\_\_\_\_  
(Phone No.) (Phone No.)

OCS Office for Worker & Supervisor responsible for case: \_\_\_\_\_

OCS Office for Court of Jurisdiction: \_\_\_\_\_

**CHILD SPECIFIC INFORMATION**

(The following three blank spaces do not need to be completed if a copy of the child's 98-B, listing the current physician and dentist and school, is provided to the foster parent/caretaker at the time of placement.)

Child's Current Doctor \_\_\_\_\_  
(Name) (Address)

Child's Current Dentist \_\_\_\_\_  
(Name) (Address)

Child's Current School \_\_\_\_\_  
(Name) (Address)

**CHILD CARE REQUIREMENTS**

Foster Parent/Caregiver agrees to comply with all State and Regulatory requirements that apply to this program. This includes licensing regulations and any other OCS agreement to which Foster Parent/Caregiver is a party. I agree to not use the following punishments or permit their use by others with the child: cruel, severe, or humiliating action; corporal punishment (i.e. physical punishment inflicted in any manner upon the body); denial of food, shelter, clothing, implementation of the case plan, or other basic services. I agree to notify law enforcement and the child's worker immediately if the child is missing or has run away.

**CHILD'S INITIAL SCREENING AND SPECIAL CARE PROVISIONS**

Describe the known needs and behaviors of the child and the required services to meet those needs/behaviors, including those which are recent in development and/or have not been addressed in the child's current OCS Case Plan. Provide any known educational or health problems, including infectious diseases (e.g. TB, STD's, hepatitis, etc.), needs (e.g. known conditions/allergies, medications, pending appointments, etc.) and childcare information, (e.g. food preferences, formula, bedtime, etc.) for the Foster Parent/Caregiver. List any behaviors of the child that require special attention (i.e., running away, self injurious behavior, criminal activities, sexually acting out, involvement with Office of Juvenile Justice (OJJ) or the police or FINS, etc.), explain any history of child's substance use/addiction and/or prenatal exposure to alcohol/drugs. List the information/special provisions: \_\_\_\_\_

Identify and describe for foster parent/caregiver risk factors based on the child's history and vulnerability, which will require specific supervision/actions/equipment to provide care and prevent maltreatment.

Describe history of physical or sexual abuse/neglect of child including information regarding extent of abuse, e.g. child violently shaken, or child fondled by maternal/paternal relative, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any known specialized training requirements for the foster parent, which are necessary to meet the medical and/or behavioral needs of the child. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The above information was provided by \_\_\_\_\_ on \_\_\_\_\_  
Name / Relationship Date

**CHILD VISITATION RESOURCES**

The child should be assisted and encouraged to maintain contact and/or visit with the following individuals as indicated below. Provide a copy of the child’s case plan including the visitation plan, if available. If the case plan has not been completed yet provide a copy when the form is completed at the first FTC.

Name	Relationship	Method (phone, In person, mail, etc.) Frequency	Information needed for contact (phone number, mailing address, email address, geographic address for location of visit, etc.)

This agreement provides a basic commitment between the parties.

I certify by my signature below that the OCS worker and I have discussed the child-care responsibilities and authorization for emergency services information presented on this form. I certify that I agree to fulfill these expectations. I understand that failure or inability to fulfill these responsibilities may require corrective action.

Foster parents/caregiver must check the statement below, which applies to the child’s health and education information.

- Yes, I received a copy of the child’s health and education record, including a current IEP, if applicable.
- No, Copies were not available, but worker discussed known health and education information and advised copies would be provided on or before the next FTC.
- No, Copies were not made available and no health and education information was discussed.

Foster parents/caregiver must check the statement below, which applies to Kid-Med Services.

- Yes, Kid-Med services and availability have been discussed with me.
- No, Kid-Med services and availability were not discussed with me.

\_\_\_\_\_  
 (Foster Mother or Caretaker Signature) \_\_\_\_\_  
(Date)

\_\_\_\_\_  
 (Foster Father Signature) \_\_\_\_\_  
(Date)

To the extent available and accessible, I have reviewed and shared all health, education and behavioral information pertinent for the care of this child.

\_\_\_\_\_  
 (Worker’s Signature) \_\_\_\_\_  
(Date)

AGREEMENT BETWEEN THE  
STATE OF LOUISIANA  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF COMMUNITY SERVICES (OCS)  
AND

---

(PARENT(S))

---

(PROVIDER AGENCY, IF APPLICABLE)  
FOR  
FOSTER HOME CARE FOR CHILDREN

**BRIEF SUMMARY OF SERVICES**

Foster Parents are essential members of the foster care team, which includes the agency, the child and the biological parents, which works together for the best interest of the child. As such, foster parents are expected to maintain their home in accordance with licensing standards and to fulfill certain professional responsibilities to the agency including responsibilities for the care and development of any child placed in the home. The permanent plan developed in the Family Team Conference is the primary plan for the child. Permanency planning involves all members of the foster care team; however, OCS has the final decision making authority for children in OCS custody.

**PROVISIONS**

This agreement is to create a partnership for the provision of foster care services to children in OCS custody and their families. During the performance of this agreement, the foster parent(s) and OCS agree to the following terms and conditions.

**RELATIONSHIP WITH THE AGENCY**

I understand certification and recertification to care for children in my home is dependent upon maintaining conditions approved during the process of certification. I also understand any change of locations or conditions will necessitate an assessment of my approval. I, therefore, agree to immediately notify the assigned OCS worker of any changes which will affect the living arrangements of children placed in my home.

I agree to:

- Fully participate in the home study for recertification and shall provide all required or requested information needed by the agency to verify that I continue to meet the minimum certification requirements;

- Allow OCS staff access to any member of my household and into all rooms within my home during the recertification home study, and at other times when it is necessary in the process of working with a child in the custody of OCS;
- Be responsible for providing or arranging transportation for the child(ren) to and from all medical or dental appointments, counseling sessions, recreational activities, school functions, and family visitations, as agreed to in the case plan;
- Receive payment for the care of the child(ren) only through the agency, or with the approval of the agency;
- Notify and request exception by the agency prior to allowing any person to establish residence in my home;
- Not apply to any other agency for foster home certification as long as I am certified through the OCS or through another certifying agency;
- Not accept a child(ren) for adoption from another agency prior to the finalization of the adoption of an OCS child(ren);
- Not to foster or adopt a child placed by another agency without written permission from OCS; and
- Not to use my home as lodging for roomers, day care or other such business to be conducted in my home.

### **TRAINING AND DEVELOPMENT**

I agree:

- As an applicant, to complete the pre-service training approved by the agency as one of the requirements for certification; and
- As a foster parent with or without a foster child(ren) in my home or an adoptive parent with a child placed in my home in an adoption that has not yet been finalized, to complete a minimum of 15 hours of agency approved in-service training annually. I understand that in two parent households the hours may be shared by the parents but that each adult must receive at least five hours and the total number of hours received must be 15. If I am designated by OCS as a child specific home, I agree to participate in annual training requirements specified in the child's OCS case plan.

### **PLANNING WITH THE AGENCY**

I agree, for each child placed in my home, to:

- Participate and cooperate in the preparation, pre-placement and visiting plans;
- Work with the agency as a member of the treatment team responsible for planning, providing, monitoring and evaluating the total care and services provided;
- Work with the child(ren)'s OCS worker(s) to develop and carry out the OCS case plan and participate in the Family Team Conference;
- Treat any personal information about a child or the child's family in a confidential manner; and not to share any personal information with relatives, news reporters, television (media) or any other organization or person that is not an affiliate of OCS.
- Advise the agency of my family's (inclusive of any foster child in my home) emergency (evacuation) plan during a catastrophic and/or crisis situation; and

- Assure that my family, inclusive of foster children placed in my home, will evacuate when Parish officials have declared a mandatory evacuation; as well as, assure the continued safety of the children in my care.
- Notify the agency as soon as possible after the occurrence of any of the following:
  - a. A serious injury or illness involving medical treatment of the child;
  - b. The death of the child;
  - c. Unauthorized absence of the child from my home (i.e. a child has run away, been kidnapped, is lost or otherwise missing and at risk of harm); or
  - d. Removal of the child from my home by any person or agency other than OCS, or the attempt of such removal.
- Notify the agency as soon as possible but no later than 12 hours after the occurrence of any of the following:
  - a. Fire or other emergency requiring evacuation of the home;
  - b. Serious altercation involving the child;
  - c. Involvement of the child with the authorities (i.e. school, legal, etc.);
  - d. Other unusual circumstance involving the child or my family that affects the child or my role as a foster or adoptive parent.
- Obtain permission from the child's OCS worker and/or the court of jurisdiction prior to out of state travel with the child for a period of twenty-four hours or more;
- Notify the agency, in advance when possible, of changes in my family experiences, which affect the life and circumstances of the family. (For example, serious changes in health, change of address or phone, financial condition, marriage, divorce, separation, death, legal problems, etc.);
- Sign the child specific placement agreement with the agency;
- Communicate effectively with other members of the foster care team and community resource staff (or providers) in order to meet the child's educational, medical, and mental health needs. I also agree to interpret the foster parent roles positively to my extended family and community;
- Not allow the child to live with another person, except when so authorized in writing by the agency; and
- Give the child an appropriate chance to adjust to my home before requesting his removal. In the event the child's removal is requested, I agree to give the agency ten days or as long as practical to allow the agency to make a planned move for the child.

### **WORKING WITH THE CHILD'S FAMILY**

I agree to:

- Show respect for the child's own family and to work with the child's family members as written in the child's OCS case plan;
- Participate in planning visits for the child and his/her parents and family members as indicated in the child's OCS case plan. Should contacts occur other than those written in the child's OCS case plan, I will inform the foster care worker within seven days; and
- Allow the child and his family members to communicate by mail and by telephone as written in the child's OCS case plan and the Child Specific Placement Agreement.

## **MAINTAINING CHILDREN'S RECORDS**

I agree to maintain a written and pictorial record (a Life Book) on each child placed in my home in accordance with the directions given to me by the agency.

I understand the Life Book is the property of the child and will follow the child when the child leaves my home.

## **DAILY LIVING WITH THE CHILD**

I agree to:

- Provide reasonable structure and daily activities designed to promote the individual, social, intellectual, spiritual and emotional development of the child placed in my home;
- Encourage the child to develop skills and to perform tasks which will help the child become independent and learn to care for himself/herself;
- Cooperate with the agency to help the child maintain an awareness of his past, a record of the present, and a plan for the future;
- Use only an approved child care plan. A babysitter must be at least 15 years of age. If the child is left overnight, the babysitter must be at least 21 years old. Any babysitting arrangements longer than 24 hours in duration must have the approval of the OCS worker. No child in foster care shall be left overnight without adult supervision;
- Ask a child placed in my home to do only work (tasks/chores) that are reasonable for his/her age and ability and are equal to those expected of my own children;
- Make every effort to teach good habits of money management, budgeting and shopping, as appropriate to the child's age and abilities; as well as teach good habits of personal hygiene and grooming appropriate to the child's sex, age and culture, through careful daily monitoring; and
- Give to the child on a weekly, biweekly or monthly basis the child's allowance, which is included in monthly foster care board rate, provided to me by the agency. These funds will be given to the child to use at his own discretion as written in the child's individual treatment plan and his developmental level.

## **FOOD AND NUTRITION**

I agree to provide:

- At least three nutritionally balanced meals and two snacks daily;
- For special dietary needs of the child placed in my home as directed by a licensed physician or as written in the child's OCS case plan; and
- Food that meets the diet requirements of the child's religion, if applicable.

## **CLOTHING AND PERSONAL BELONGINGS**

I agree to:

- Spend the money in the clothing allowance on clothes for each foster child. The clothing allowance is included in the foster care monthly board rate;
- Provide each child in my home with his own clean, well fitting, attractive, seasonal clothing appropriate to the age, sex and individual needs of the child. The clothing is to



- be like the clothes of other household members and meet the community standards. Should the monthly allowance not be spent for that month, the funds shall be saved to meet the child's needs for seasonal clothing (winter coats, winter clothing, summer clothing, etc.);
- Include the child in the choosing of his/her own clothing whenever possible;
- Allow the child to bring, possess and acquire personal belongings subject only to reasonable household rules; and
- Provide each child with clean towels, washcloths, his/her own toothbrush, his/her own comb and brush, and other toiletry items as needed for the child's age and sex.

I understand that:

- A child's clothing shall be his own, not shared with others; and
- A child's clothing and personal belongings shall go with the child at the time he leaves my home; and
- Only shoes in good repair or condition shall be provided for the child.

### **DISCIPLINE AND CONTROL**

I agree to:

- Train and discipline each child placed in my home with methods that stress praise and encouragement for good behaviors rather than punishment for bad behaviors; these methods build the child's positive self-esteem and self-concept;
- Set well defined rules which have expectations and limits of behavior appropriate to the child's age and level of understanding and to discuss the rules with the child;
- Not to subject the child to verbal abuse or derogatory remarks about himself and family members; and
- Not threaten the child with having him removed from my home.

### **PUNISHMENT**

I agree to:

- Not use the following punishments or permit their use by others with the child:
  - a. Cruel, severe or humiliating action;
  - b. Corporal punishment (i.e. physical punishment inflicted in any manner upon the body);
  - c. Mechanical restraints;
  - d. Denial of food, shelter, clothing, implementation of the case plan or other basic services;
  - e. Denial of visits, telephone or mail contacts with family members, as written in the case plan;
  - f. Assignments of extremely physically strenuous exercise or work;
  - g. Isolation in a locked room or in any closet or other enclosed space; or
  - h. Isolation in an unlocked room for more than an hour.
- Not punish a child for bed wetting or other action currently beyond the child's control;
- Not delegate or permit punishment of a child by any other person; and
- Not withhold the child's allowance for any reason without authorization from the child's OCS worker.

If separation from others is used as a behavior control measure, I agree to provide it in an unlocked, lighted, well ventilated room of at least 50 square feet and within hearing distance of an adult. The time limit shall be the child's age minus one minute for any child under twelve years of age and 60 minutes or less for any child twelve and over. For example, a five year old would be restricted for four minutes.

## **HEALTH CARE**

I agree to:

- Immediately report to the child's worker or the responsible supervisor serious changes in the health of the child;
- Report to the child's worker or the responsible supervisor medical or dental care needed by the child;
- Cooperate with the agency in the medical and dental care planning for the child, as written in the OCS case plan;
- Make and keep medical and dental appointments, for the child, as needed or required by the agency;
- Be responsible for keeping immunizations current for the child; and
- Obtain OCS approval prior to obtaining medical services not covered by Medicaid unless a medical emergency requires immediate action and an OCS worker cannot be reached. If the medical emergency requires an authorized signature, the foster parent is authorized to sign only if the OCS worker or biological parent cannot be located or cannot get to the medical facility quickly enough. The foster parent shall sign the authorization for treatment indicating that OCS is the legally responsible party.

For children age 10 and above, foster parents shall provide sex education including prevention of sexually transmitted diseases and birth control information or shall arrange provision of same from qualified teachers, counselors or family planning services in accordance with the child's OCS case plan and level of understanding.

## **MEDICATION**

I agree to:

- Only give prescription medication to the child with a doctor's prescription or authorization;
- Be responsible for making available medications ordered for the child, for storing those medications and medical supplies out of reach of the child, and for dispensing the medications in accordance with the prescription directions;
- Not change the dosage of the medication without doctor's orders;
- Notify the child's worker or responsible supervisor within one working day when psychotropic medications (medications to control behavior) are prescribed for the child;
- Exercise good judgment in providing non-prescription medications only when the child actually needs them and shall use non-prescription medications only in accordance with the directions on the label of medicine;

- Report to the child's worker or responsible supervisor frequent use of non-prescription medication;
- Make every effort to learn and to look for potential negative side effects of both prescription and non-prescription drugs and to immediately report negative side-effects to a physician and to the child's worker as soon as possible; and
- Maintain the child's medical history and immunization record and to provide the information to the foster care worker.

When requested to do so by the child's worker, I agree to:

- Keep a medication log for the child detailing all medications given, the date, time, name of the child and signature of the person administering the medication; and
- Keep a seizure log including the time of the seizure, description of the seizure and what may have caused or happened before the seizure.

### **RELIGIOUS AND ETHNIC HERITAGE**

I agree to:

- Recognize, encourage and support the religious beliefs, ethnic heritage and language of the child and his/her family, as written in the child's OCS case plan;
- Allow the child freedom to express his/her feelings about his/her family, past, current status and future;
- Arrange transportation to religious services or ethnic events for a child whose beliefs and practices are different from my own, as written in the child's OCS case plan; and
- Not force or pressure the child to participate in religious activities or ethnic events against his/her will or different than his own religion and ethnicity.

### **EDUCATION, TRAINING, EMPLOYMENT AND RECREATION**

I agree to:

- Enroll each school age child, during the school year, in school within two days of placement and to notify the child's worker if there are records or information on the child needed by the school;
- Cooperate with the agency and take part in the selection and arrangements for educational programs appropriate for the child's age, abilities and in accordance with the OCS case plan;
- Participate in the educational planning for each child, including the Individual Educational Plan (IEP) meetings, act as the surrogate parent when applicable and work with the school regarding adjustment, grades, attendance and educational needs;
- Plan with the school personnel when there are problems with the child in school and to report to the agency any serious situation which may require agency involvement;
- Assist the child who is enrolled in a training program, sheltered employment program or employment in the community in meeting his/her commitments and responsibilities as written in the OCS case plan;
- Provide opportunities for socialization and developmental activities which are appropriate to the age and abilities of the child;

- Provide opportunities for the child to experience age appropriate social activities, appropriate physical exercise and intellectual, spiritual and emotional growth; and
- Encourage children age 16 and over who want to work to seek employment, if it does not interfere with the child's academic performance. The earned monies will be the property of the foster child. Foster parent shall encourage child to place 20% of the net take home pay, minus employment expenses such as the cost of uniforms, into a separate savings account to which the child does not have access without a co-signature. The foster parent shall remind the child to report earnings to the foster care worker on a quarterly basis.

### **STANDARD PROVISIONS**

This agreement is subject to and conditioned upon the availability and appropriation of Federal and/or State funds.

Payments for days of service will be made to the foster parent in the month following the service delivery.

OCS reserves the right to recoup amount of overpayment made to the foster parent in error or as a result of inappropriate billing by the foster parent either for services not rendered or rendered to an ineligible child. In accordance with agency procedures, overpayments will be recouped within 60 days in the entire amount to overpaid unless the foster parent contacts OCS and makes arrangements for the repayment to be paid in installments not to exceed twelve months.

Foster parents may receive separate reimbursement over and above the rate for child specific expenses defined in the Foster Care Policy manual with appropriate OCS approval. These reimbursable expenses include qualifying activities, educational and incidentals. Proper receipts must be presented upon billing. The foster parent requests reimbursement by submitting an OCS Form 435, Foster Parent's Supplementary Expenditure Affidavit, each month. Receipts must show the items purchased, date, amount and should be signed by the seller or otherwise have the name of the vendor printed on the receipt. Separate receipts are needed for each child. The OCS worker reviews the OCS Form 435 and receipts. Receipts submitted three months past the date of purchase will not be honored.

Foster parents, as mandated reporters, shall report any instances of suspected abuse and/or neglect immediately to the local OCS Child Protection Unit, in accordance with Article 609 of the Louisiana Children's Code, and to the OCS foster care worker. Foster parents shall cooperate in any ensuing child protection investigation.

### **INDEMNIFICATION CLAUSE**

The State agrees to defend and indemnify a foster parent(s) against any claim, demand, suit, complaint, or petition seeking damages filed in any court over alleged negligence or other act by the foster parent(s), including any demand under any federal statute, when the act that forms the basis of the cause of action took place while the individual was engaged in the performance of the duties of a foster parent pursuant to an agreement with the Department of Social Services and

the Department of Social Services has determined, after an investigation, that the foster parent(s) is free from criminal conduct and that the act that forms the basis of the cause of action was not done intentionally or with gross negligence.

This defense and indemnification clause does not apply to personal injury or property damage to the foster parent or any household member of the foster parent's home, nor to the home itself.

The foster parent agrees to cooperate fully with the State of Louisiana and Department of Social Services in regard to any claim or potential claim. The foster parent(s) also agrees to notify the Department of Social Services immediately upon the receipt or knowledge of any demand, suit or claim of any person. The foster parent(s) agrees not to make any statements concerning the facts surrounding the incident without the consent of the Department of Social Services.

The foster parent(s) agrees not to make any settlement agreement, payment, or arrangement of any kind concerning any claim or damage without written permission of the State of Louisiana, Department of Social Services. The indemnification provisions of this agreement do not apply to any settlement agreement, payment, or arrangement of any kind concerning any claim or damage and made without the written permission of the State of Louisiana, Department of Social Services.

The agreement to defend and indemnify the foster parent shall not in any way impair, limit, or modify the rights and obligations of any insurer under any policy of insurance, or impair the right of the foster parent(s) to obtain private counsel on his own behalf at his own expense.

The Department of Social Services shall be additionally obligated to indemnify a foster parent(s) for attorney fees and all costs so incurred if the Department of Social Services previously determined not to assume the defense of a foster parent(s), and a court later finds the foster parent(s) was engaged in the performance of the duties of a foster parent and that the foster parent was free from criminal conduct or that the act that forms the basis of the cause of action was not done intentionally or with gross negligence. To be entitled to payment, any such demand must contain therein a certified copy of the final judgment reflecting the exoneration of the foster parent and an itemized accounting of the attorney fees and costs due. The attorney fees shall be payable at a rate no greater than one and one-fourth times the maximum rate authorized and paid by the Office of Risk Management for counsel to defend the state in damage claims.

## **RESPONSIBILITIES OF THE AGENCY**

OCS is responsible for:

- Developing the OCS case plan and visitation plan for each child with input from the child, if age appropriate, the biological parents, foster parents and significant other persons or organizations involved in serving the child and his family; and
- Payment of previously approved medical services, which are not required in an emergency, that are not covered by Medicaid for the children in placement. Foster parents are to list OCS as the legal and financial responsible party for medical services.

OCS shall:

- Provide foster parents information from agency records concerning the child and the child's parents which is necessary for the foster parents to carry out their responsibilities to the agency and to provide for the care and development of the child; and
- Reimburse for authorized expenses in a timely and equitable manner.

OCS will:

- Encourage the participation of the foster parent in the program of services to the child. In all instances possible, the foster parent will be encouraged to participate in the development and implementation of the treatment plan for the child;
- Ensure that the foster parent is notified timely of Family Team Conferences and court hearings;
- Observe confidentiality regarding information contained in the foster parent case record;
- Notify the foster parent of the results of evaluations and monitoring of the program of services; and
- Provide or identify in-service training opportunities and support services to increase foster parent skills and abilities to be successful.

OCS may assist with special transportation needs of the foster child.

OCS will pay the foster parent a regular daily board rate according to the following amounts:

For a child up to age two years:

\$313.77 – room and board

61.50 – diapers and formula

61.50 – clothing

9.72 – child's monthly allowance

15.37 – personal items

5.54 – gift allowance

---

\$467.40 = average monthly payment (\$15.58 per day)

For a child age two through five years:

\$314.76 – room and board

61.50 – clothing

9.93 – child's monthly allowance

15.38 – personal items

5.53 – gift allowance

---

\$407.10 = average monthly payment (\$13.57 per day)

For a child six years through age twelve years:

\$324.76 – room and board  
73.80 – clothing  
29.62 – child’s monthly allowance  
15.37 – personal items  
5.54 – gift allowance

---

\$448.80 = average monthly payment (\$14.96 per day)

For a child age thirteen years of age or older:

\$351.31 – room and board  
80.38 – clothing  
46.70 – child’s monthly allowance  
16.33 – personal items  
6.28 – gift allowance

---

\$501.00 = average monthly payment (\$16.70 per day)

Foster parents may care for children of foster children. If the infant of a foster child is in foster care custody, the regular foster care board rate shall be paid. The rate for non-OCS custody children of foster children/mothers will be \$264.00 per month. For non-IV-E certified mothers, this rate is reduced by the amount of the Family Independence Temporary Assistance Program (FITAP, formerly AFDC) payment. The special board compensation is for the foster parent’s use for the care of the foster child/mother and her child, and should not be given directly to the foster child/mother. As long as the infant/child remains in the mother’s custody, the monthly payment shall remain \$264.00 (including FITAP payment amounts as described above). Pre-placement planning with the OCS worker and foster child/mother should address services that may be required for the non-custody infant and how the foster parent(s) will specifically assist the foster child/mother in meeting those needs.

When in the opinion of the agency, a family foster home fails to meet agency requirements to the extent it poses a threat to the safety and welfare of the child in the home, the agency shall promptly remove any child in placement pending further action. Otherwise, a planned move shall be made for the child. OCS will give the foster parent at least seven days notice before removing the child from the home unless this is impractical.

## SIGNATURES OF AGREEMENT

I certify by my signature below that my Home Development/Provider Worker and I have discussed the preceding agency minimum requirements concerning the professional and child care responsibilities expected of a foster or adoptive parent and the agency, and if applicable, the responsibilities and requirements expected in the attached Supplement \_\_\_\_\_. I acknowledge that I have received a copy of the Foster Parent Bill of Rights and Foster Parent Handbook. I also agree to fulfill the expectations as a prepared and certified foster parent. I understand that failure to fulfill these responsibilities can result in corrective action and possible de-certification of my home. I understand a child specific placement agreement will be provided when a child is placed in my home.

\_\_\_\_\_

Foster or Adoptive Mother

\_\_\_\_\_

Date

\_\_\_\_\_

Foster or Adoptive Father

\_\_\_\_\_

Date

\_\_\_\_\_

Home Development Worker

\_\_\_\_\_

Date

\_\_\_\_\_

Provider Representative

\_\_\_\_\_

Date



Annual Signing Sheet for Foster/Adoptive Parent Recertification for OCS Form 427  
(And if Applicable, Supplemental Sheet)

Recertification Date Period: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

I certify by my signature below that my Home Development/Provider worker and I have discussed the OCS Form 427 with Agency minimum requirements concerning the professional and child care responsibilities expected of a foster or adoptive parent and the agency, and if applicable, the responsibilities and requirements expected in the attached Supplement \_\_\_\_\_. I agree to fulfill the expectations as a prepared and certified foster parent. I understand that failure to fulfill these responsibilities can result in corrective action and possible de-certification of my home. I understand a child specific placement agreement will be provided when a child is placed in my home.

_____ Foster or Adoptive Mother	_____ Date
_____ Foster or Adoptive Father	_____ Date
_____ Home Development Worker	_____ Date
_____ Provider Representative	_____ Date

Recertification Date Period: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

I certify by my signature below that my Home Development/Provider worker and I have discussed the OCS Form 427 with Agency minimum requirements concerning the professional and child care responsibilities expected of a foster or adoptive parent and the agency, and if applicable, the responsibilities and requirements expected in the attached Supplement \_\_\_\_\_. I agree to fulfill the expectations as a prepared and certified foster parent. I understand that failure to fulfill these responsibilities can result in corrective action and possible de-certification of my home. I understand a child specific placement agreement will be provided when a child is placed in my home.

_____ Foster or Adoptive Mother	_____ Date
_____ Foster or Adoptive Father	_____ Date
_____ Home Development Worker	_____ Date
_____ Provider Representative	_____ Date

**CAREGIVER'S SUPPLEMENTARY EXPENDITURE AFFIDAVIT**

<b>Name of Caregiver:</b>	<b>Name of Child:</b>	<b>DATE:</b>
<b>Caregiver TIPS Number:</b>	<b>Child TIPS Number:</b>	<b>From:</b>
		<b>To:</b>

**Transportation (Include Only Travel Approved by OCS)**

Date	Destination and Purpose of Travel	Odometer Reading		Miles Travel or Fare*	Amount
		Departure	Arrival		
<b>TOTAL</b>				_____ x _____	

**If approved travel is by bus, train, plane, taxi, etc., enter the amount of fare.**

Educational Expenses*	Medical*	Clothing*	Other Incidental Needs*
<b>TOTAL COSTS</b>			

<b>Retainer Home Visitation -</b>				
<b>Date(s) of Visit(s):</b>				

\*Receipts must be attached for each expenditure with child's name, store name, clerk's name or number and amount. The receipts are to be itemized.

**Receipts over 90 days will not be paid or reimbursed.**

\*\*Purchases of clothing and other incidental needs for which you are requesting reimbursement require prior approval from the Office of Community Services.

I certify that these expenses were made by the above-named, that the child has received the benefits from them and that the prices of purchases are no higher than prices for the same quality of goods and services at other places where I could reasonably trade.	<b>Caregiver Signature</b>	<b>Date</b>

**CHILD-SPECIFIC IN-SERVICE TRAINING CREDIT  
CONSULTATION PROVIDED TO FOSTER PARENT(S)**

<b>Foster Parent Name:</b>	<b>Social Security #:</b>
<b>Foster Parent Name:</b>	<b>Social Security #:</b>
<b>Address:</b>	
<b>Identifying Information On Child For Whom Consultation Was Scheduled:</b>	
<b>Name:</b>	<b>TIPS #:</b>
<b>Total Consultation Time to be Credited:</b>	
<b>Hours</b>	<b>Minutes</b>
<b>Inclusive Dates with Time to be Credited for Each Day:</b>	
1. <b>Date:</b> _____	<b>Total Time:</b> _____ <b>Hours</b> _____ <b>Minutes</b>
2. <b>Date:</b> _____	<b>Total Time:</b> _____ <b>Hours</b> _____ <b>Minutes</b>
3. <b>Date:</b> _____	<b>Total Time:</b> _____ <b>Hours</b> _____ <b>Minutes</b>
4. <b>Date:</b> _____	<b>Total Time:</b> _____ <b>Hours</b> _____ <b>Minutes</b>
<b>Check Type of Professional Consultation Provided to Foster Parent:</b>	
<input type="checkbox"/> <b>Behavior Management/Discipline</b>	<input type="checkbox"/> <b>Separation and Attachment</b>
<input type="checkbox"/> <b>Post-Traumatic/Victimization Issues</b>	<input type="checkbox"/> <b>Educational</b>
<input type="checkbox"/> <b>Other: (Please specify) _____</b>	
<b>Provider Name:</b>	
<b>Agency and/or Credentials:</b>	
<b>Address:</b>	
<b>Telephone #:</b>	
<b>Provider Signature:</b>	<b>Date:</b>

**RETURN TO: OFFICE OF COMMUNITY SERVICES  
HOME DEVELOPMENT UNIT OR REGIONAL TRAINING COORDINATOR**

**ADDRESS:**

**APPROVED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FOSTER and/or ADOPTIVE HOME EVALUATION  
for  
ENVIRONMENTAL, HEALTH, AND FIRE SAFETY**

Foster/Adoptive Home: \_\_\_\_\_ Date: \_\_\_\_\_  
Geographical Address: \_\_\_\_\_

STANDARDS	YES	NO	COMMENTS & REQUIRED PLANS
<b>I. EXTERIOR HOME ELEMENTS</b>			
<b>A.</b> Home/area is in reasonably safe condition, in good repair and free from objects, materials, and conditions which may be of danger to children placed in the home .			
<b>B.</b> Home is comparable in appearance and maintenance to other family homes in the community.			
<b>C.</b> The home has a safe outdoor play area either on the property or within a reasonable distance from the property which children may use.			
<b>D.</b> Play equipment on the property is in a safe condition, is well constructed, and is suitable for children.			
<b>E.</b> Swimming and wading pools are locked and inaccessible to children except when the children are closely supervised.			
<b>F.</b> There is a required plan to protect the children when a pond, creek, or other area of water runs through or near the property. Briefly state plan.			
<b>II. INTERIOR HOME ELEMENTS</b>			
<b>A.</b> The kitchen contains a working and sanitary stove, oven, refrigerator, and sink.			
<b>B.</b> There are a sufficient number of dishes for each household member to have his own dish at mealtime.			
<b>C.</b> There is an indoor dining area, for eating, and is furnished so that members of the household can eat together.			
<b>D.</b> The house has a living or family area which is comfortably furnished with seating space for family members. This area is not a bedroom and is accessible to family members.			
<b>E.</b> The family permits no more than three (3) children to share a bedroom.			

**FOSTER and/or ADOPTIVE HOME EVALUATION  
for  
ENVIRONMENTAL, HEALTH, AND FIRE SAFETY**

STANDARDS	YES	NO	COMMENTS & REQUIRED PLANS
<b>F.</b> Each bedroom which is to be occupied by a foster child has at least 75 square feet for one child with an additional 55 square feet for each additional child. Provide information for each bedroom numbered 1 through 6.		#1 #2 #3 #4 #5 #6	Dimensions    # Children    Bed Type    Name
<b>G.</b> Each child has his own bed and each infant has his own crib. Each bed is no shorter than the child's height and no less than 30 inches wide.			
<b>H.</b> Each bed has a clean, comfortable, non-toxic mattress with a waterproof cover.			
<b>I.</b> The parent(s) do not permit children over the age of six (6) years to share a bedroom with a child of the opposite sex.			
<b>J.</b> The parent(s) do not permit children, other than infants under six (6) months of age, to share a bedroom with an adult. The only exception is when the child needs close supervision due to illness or with the approval of the FC/Adopt Worker/Sup.			
<b>K.</b> Each bedroom has a window to provide sufficient natural light and ventilation.			
<b>L</b> Each bedroom has attached working doors.			
<b>M.</b> A minimum of one (1) set of bed linens, blankets and a pillow has been provided for each child.			
<b>N.</b> Each child has been provided a chest, dresser, or other adequate storage space in the child's bedroom for clothing and personal belongings. There is a designated space for hanging up the child's clothes in or near the child's bedroom.			
<b>O.</b> The child is allowed to decorate, to some degree, his or her bedroom which allows for the expression of personal tastes.			
<b>P.</b> The home has, in good condition, a minimum of one (1) flush toilet, one (1) wash basin with running water, and one (1) bath or shower with hot and cold water.			

**FOSTER and/or ADOPTIVE HOME EVALUATION  
for  
ENVIRONMENTAL, HEALTH, AND FIRE SAFETY**

<p><b>Q.</b> Each bathroom is equipped with toilet paper, towels, soap, and other items necessary and required for personal hygiene and grooming.</p>			
<b>III. SANITATION AND HEALTH</b>			
<p><b>A.</b> The home is kept clean and free of hazards to the health, safety, and physical well being of the family.</p>			
<p><b>B.</b> The parent(s) state, &amp; visual inspection shows, they have appropriate connection to a sewerage system or septic tank..</p>			
<p><b>C.</b> The home has a continuous supply of clean drinking water from a city water system, <b>or</b> the local health authority tested and approved the private water supply.</p>			
<p><b>D.</b> The parent(s) serve Grade A Pasteurized milk to the children.</p>			
<p>Plumbing in the home is in working order.</p>			
<p><b>F.</b> The parent(s) state the home has an adequate supply of hot water for bathing and dishwashing. Hot water accessible to children is not to exceed 120 Fahrenheit at the faucet.</p>			
<b>IV. GENERAL SAFETY</b>			
<p><b>A.</b> The home is well-heated and well-ventilated.</p>			
<p><b>B.</b> Windows and doors used for outside ventilation have screens.</p>			
<p><b>C.</b> There is a functioning telephone in the home.</p>			
<p><b>D.</b> a. The parent(s) have ensured the safe storage of drugs, poisons, and/or other harmful materials. b. There is a plan for the storage of these materials.</p>			
<p><b>E.</b> Depending on the type, the parent(s) keep alcoholic beverages in a place not accessible to children or in the back of the refrigerator.</p>			
<p><b>F.</b> Measures are taken to keep the home and premises free of rodents and insects.</p>			
<p><b>G.</b> a. The parent(s) restrict children's access to potentially dangerous animals. b. There is a plan for restricting the child's access to these animals.</p>			

**FOSTER and/or ADOPTIVE HOME EVALUATION  
for  
ENVIRONMENTAL, HEALTH, AND FIRE SAFETY**

<p><b>II.</b> All pets are current on the required immunizations. (If more pets, ____ (T) here and list on back of form.)</p>			<p>Name: _____ Name: _____ Name: _____ Name: _____</p>	<p>Date of Shot: _____ Date of Shot: _____ Date of Shot: _____ Date of Shot: _____</p>
<p><b>I.</b> Exotic animals have the required permits.</p>			<p>Name: _____ Type of Animal: _____</p>	<p>Permit Date: _____</p>
<p><b>J.</b> Pets at home have not been involved in any incidents of biting individuals.</p>				
<p><b>K.</b> Firearms are unloaded and stored separately from ammunition in locked places/cabinets which make them inaccessible to children.</p>				
<p><b>L.</b> The parent(s) have household first aid supplies for treating minor cuts, burns, and other minor injuries.</p>				
<p><b>V. FIRE SAFETY</b></p>				
<p><b>A.</b> The home is free from apparent fire hazards, such as faulty electric cords and appliances.</p>				
<p><b>B.</b> The home is equipped with operating smoke alarms within ten (10) feet of each bedroom.</p>				
<p><b>C.</b> An operating portable chemical fire extinguisher is located in the cooking area of the home.</p>				
<p><b>D.</b> a. The parent(s) have an established emergency evacuation plan b. A copy of the floor plan of the home is provided with arrows noting the evacuation route which is attached to the HDU-5.</p>				
<p><b>E.</b> If home has an upper floor(s), there is a safe accessible means of escape from the floor(s) *and it is documented in the home and it is documented in the home study and on the evacuation plan.</p>				
<p><b>F.</b> The parent(s) states they practice using the evacuation plan at least quarterly with the children to assure the children understand the procedures.</p>				
<p><b>G</b> The parent (s) state all combustible items are stored away from sources of heat.</p>				
<p><b>H .</b> The parent(s) states all home heating units and other hot surfaces are shielded against accidental contact.</p>				

**FOSTER and/or ADOPTIVE HOME EVALUATION  
for  
ENVIRONMENTAL, HEALTH, AND FIRE SAFETY**

<b>I.</b> Electric space heaters are to be positioned away from combustible objects and supervised re: children.			
<b>J.</b> The parent(s) states solid fuel (not electric) heating stoves, systems, and fireplaces are in safe condition with proper installation, maintenance, and operation.			
<b>K.</b> The home with fuel heated stoves, heating systems, fireplaces, etc. has a carbon monoxide detector.			
<b>L.</b> Homes including mobile homes have two (2) doors which provide unrestricted exits in case of fires or an apartment has two (2) unrestricted exits and one (1) may be a window.			
<b>VI. Transportation Safety</b>			
<b>A.</b> The parent(s) provide a safe means of transportation adequate to meet the needs of the family. The vehicle has enough seat belts & seating space, within the legal requirements, for everyone who will travel in the vehicle.			
<b>B.</b> The parent(s)/primary person transporting the children are properly licensed to operate a vehicle according to state law.			Name: _____ Expiration Date: _____ Name: _____ Expiration Date: _____ Name: _____ Expiration Date: _____ Name: _____ Expiration Date: _____
<b>C.</b> The parent(s) certify that any vehicle which transports a foster child carries automotive insurance as required by Louisiana law.  # of Autos Owned: Type: 1 _____ 2 _____ 3 _____			Car 1 Name of Insurance Co: _____ Policy #: _____ Effect Date: _____ Expire Date: _____ Inspec. Stick Expire Date: _____ Lic.Tag Expire Date: _____  Car 2 Name of Insurance Co: _____ Policy #: _____ Effect Date: _____ Expire Date: _____ Inspec. Stick Expire Date: _____ Lic.Tag Expire Date: _____  Car 3 Name of Insurance Co: _____ Policy #: _____ Effect Date: _____ Expire Date: _____ Inspec. Stick Expire Date: _____ Lic.Tag Expire Date: _____
<b>D.</b> Seat belts, child restraints, and car seats are used as required by Louisiana law and as appropriate for the child's age.			



**FOSTER and/or ADOPTIVE HOME EVALUATION  
for  
ENVIRONMENTAL, HEALTH, AND FIRE SAFETY**

<p><b>E.</b> A foster child will not be permitted to operate a vehicle without a valid Louisiana license or learner's permit and the written authorization of the agency or a court order.</p>			
<p><b>F.</b> The parent (s) certify that any vehicle which a foster child is permitted to drive carries sufficient automotive liability insurance (min. \$300,000) which covers the child's use of the vehicle.</p>			

**FOSTER and/or ADOPTIVE HOME EVALUATION  
for  
ENVIRONMENTAL, HEALTH, AND FIRE SAFETY**

I, \_\_\_\_\_, certify by my signature below that my Home Development Worker and I have discussed the licensing/agency minimum requirements. I understand I am in compliance with those requirements which were answered with a yes. When a requirement(s) is not met and answered with a no, I agree to make the necessary changes as agreed upon with my Home Development Worker. I understand the necessary changes to correct the unmet requirements are to be stated in the attached corrective action plan.

\_\_\_\_\_  
FOSTER/ADOPTIVE PARENT

\_\_\_\_\_  
FOSTER/ADOPTIVE PARENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

As the assigned Home Development Worker, I acknowledge that I have surveyed the home and discussed the licensing/agency minimum requirements with the above individual(s).

\_\_\_\_\_  
HOME DEVELOPMENT WORKER

\_\_\_\_\_  
DATE

**FOSTER and/or ADOPTIVE HOME EVALUATION  
for  
ENVIRONMENTAL, HEALTH, AND FIRE SAFETY  
CORRECTIVE ACTION PLAN**

I agree to make the necessary corrections by the agreed upon date, as described in the following plan, in order to meet the Agency's minimum requirements for foster/adoptive homes.

ITEM	NOT IN COMPLIANCE	CORRECTIVE ACTION AGREEMENT (Be specific and concise)	DATE TO BE COMPLETED	DATE REVIEWED
1.				
			Date Completed & Worker Initials:	
2.				
			Date Completed & Worker Initials:	
3.				
			Date Completed & Worker Initials:	
4.				
			Date Completed & Worker Initials:	
5.				
			Date Completed & Worker Initials:	

\_\_\_\_\_  
**Foster/Adoptive Mother**                      **Date**

\_\_\_\_\_  
**Foster/Adoptive Father**                      **Date**

\_\_\_\_\_  
**Home Development Worker**                      **Date**

**OFFICE OF COMMUNITY SERVICES  
FOSTER/ADOPTIVE HOME RE-CERTIFICATION FORM 604 II**

**Foster/Adoptive Parent Re-certification Renewal Date:**

Parent Name: \_\_\_\_\_ Parish: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone #:Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Other: \_\_\_\_\_

**A. Current Family Information**

1. Household Composition: Please complete for each person (foster child, family members, etc.) currently living in your home.

FULL NAME	DOB	SEX M/F	Relationship To Foster Parent(s)	School Attending or Employer	Grade

2. Placements: List other foster children who have lived in your home during the past year:

NAME	SEX M/F	Date of Placement/Removal	REASON CHILD WAS REMOVED AND Worker=s Name

B. List your family recreational activities: \_\_\_\_\_

C. Have any family members experienced physical/mental health problems during the past year?  
 Yes  No If yes, please explain \_\_\_\_\_

D. What forms of discipline do you use with the foster child that is placed in your home? \_\_\_\_\_

**OFFICE OF COMMUNITY SERVICES  
FOSTER/ADOPTIVE HOME RE-CERTIFICATION FORM 604 II**

**E. In-Service Training:**

Attached is a print out of all training sessions that have been entered for you beginning July 1. Please verify if the print out is correct and add any additional training you attended below:

Title of Training	Location	Was it helpful?	Number of Hours	Month and Year	Certificate of Training
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Training Hours Not Included On Attached Print Out:</b>					

1. Have you completed all your required training hours from July 1st of last year through June 30th of this year?  
 Yes  No If no, please state your plans for getting the required hours: \_\_\_\_\_  
 \_\_\_\_\_
2. If you did not get your required training hours, please explain. \_\_\_\_\_  
 \_\_\_\_\_
3. Are there any subjects or training you would like to see presented in the training sessions? \_\_\_\_\_  
 \_\_\_\_\_

**F. Employment and Income:**

Household Monthly Income \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_ Monthly Expenses \$ \_\_\_\_\_

**Foster/Adoptive Mother:**

Place of Employment: _____			Telephone # _____
Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Hours (Mon-Sun) _____	
Shift Changes or Other Work Arrangements? Explain: _____			
Will your employer allow you to miss work when the child is sick, to take the child to visits, attend FTC, attend appointments, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain your plan for childcare and involvement in fulfilling parental duties. _____			
Comments: _____			

**OFFICE OF COMMUNITY SERVICES  
FOSTER/ADOPTIVE HOME RE-CERTIFICATION FORM 604 II**

**Foster/Adoptive Father:**

Place of Employment:		Telephone #
Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Hours (Mon-Sun)
Shift Changes or Other Work Arrangements? Explain:		
Will your employer allow you to miss work when the child is sick, to take the child to visits, attend FTC, attend appointments, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain your plan for childcare and involvement in fulfilling parental duties.		
Comments:		

**G. Child Care**

List the people that you can call on to care for your child(ren) when and if the need arises (for example, family, other foster parents, neighbors, other):

NAME	ADDRESS	TELEPHONE #	RELATIONSHIP

Children younger than 12 years placed in foster care must not be left alone in the home at any time. Please explain your plans for childcare below.

1. Who will see the child(ren) off in the morning? e.g., Fix breakfast, get dressed? \_\_\_\_\_  
\_\_\_\_\_

2. Who will be home when the child(ren) arrives from school? \_\_\_\_\_  
\_\_\_\_\_

3. Who will provide care for the child(ren) during school holidays (e.g., Easter, Thanksgiving, Christmas), and/or when you are away from home for several days (e.g., attend personal conference, visit relatives, attend funerals)?  
\_\_\_\_\_  
\_\_\_\_\_

4. Who will care for the child(ren) on weekends when (if) you work? \_\_\_\_\_  
\_\_\_\_\_

5. Who will provide care for the child(ren) during the summer? \_\_\_\_\_  
\_\_\_\_\_

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**H. Parenting the foster child(ren) in your home: (Check all that apply)**

- I do not use physical punishment.
- I maintain contact with my foster children's school and participate in school plan/needs.
- I am careful of the child(ren)'s right to privacy and confidentiality.
- I try to give any foster child(ren) a chance to settle down when they come to my home.
- I help my foster child(ren) work on their "Life Books".
- I help prepare and encourage the child(ren) for visits with their birth parents.
- I maintain medical and school records/information to give to the child's OCS worker.
- I try to be positive about the child(ren)'s family and their future.
- I am supportive of the birth parents.
- I provide opportunities and encouragement for the child(ren) to talk privately with me about their problems.
- I keep information on the child(ren) to give to their birth parents.
- I participate in school conferences and/or I work with school personnel.
- I participate in family focused assessments/evaluation and/or treatment for the child when requested.
- I have difficulty handling my foster child(ren)'s behavior. Please explain \_\_\_\_\_

COMMENTS \_\_\_\_\_

**I. Relationship with the Agency:**

Please check the comments about the agency worker(s) actions in order that we may better assist you:

- | All                      | Some                     | None                     |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. The worker(s) notifies and includes me in conferences regarding planning for the child(ren) in my home. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. The worker(s) returns telephone calls in a timely manner.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. The worker(s) visits my home on a regular basis.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. The worker(s) will assist me when I need help getting services for the child(ren) in my home.           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. The worker(s) is helpful in giving suggestions for dealing with problem behaviors.                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. I feel comfortable talking to my worker(s) about the child(ren) in my home.                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. The worker(s) regularly notifies me of court hearings.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. I am provided the work and home telephone numbers of each worker and their supervisor.                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. The worker(s) provides me with adequate information on the behavior of children placed in my home.      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. I am included and treated as a team member.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Payment forms are handled promptly.  |

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**J. Parental Views:**

1. I am aware that the Office of Community Services needs homes for children of all races and ethnic groups. I have considered the prospect of parenting children of all races and ethnic groups. I feel I can parent children of the following races and ethnicity: (please check all you feel you can parent)

**Race:**  African-American  White  American Indian/Alaskan Native  Asian  
 Native Hawaiian/Other Pacific Islander  Other, Explain: \_\_\_\_\_

**Ethnicity:**  Hispanic or Latino

2. I feel my relationship/experience with the agency is:  Excellent  Satisfactory  Unsatisfactory  
Please explain. \_\_\_\_\_  
\_\_\_\_\_

3. What can the agency do to help you with the foster children in your home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
FOSTER MOTHER SIGNATURE


DATE

\_\_\_\_\_  
FOSTER FATHER SIGNATURE

DATE





	<b>Agency Name</b>	Office of Community Services (OCS)			
	<b>Chapter No./Name</b>	Foster Parent Handbook			
	<b>Part No./Name</b>	Appendix J. Louisiana Foster Parent Bill of Rights			
	<b>Section No./Name</b>	Appendix J. Louisiana Foster Parent Bill of Rights			
	<b>Dates</b>	<b>Issue/Reissued</b>	December 2007	<b>Replacing</b>	November 2006

## APPENDIX I


## REFERENCES

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## APPENDIX J

### LOUISIANA FOSTER PARENT BILL OF RIGHTS

Foster parents are recognized as primary caregivers to abused and neglected children who have been removed from their homes of origin. The State of Louisiana and the Department of Social Services shall implement and promote the support of these rights through the policy and practice of the Department.

Foster Parents are entitled to the following rights:

1. The right to be treated with dignity, respect, trust, and consideration as a primary provider of foster care and a member to the professional team caring for foster children. \*This right includes the right to uniform treatment throughout the state by the Department in the providing of information to foster parents and in ensuring the exercise of the rights granted to foster parents.\*\*
2. The right to receive explanation and clarification as to the expectations and roles of all team members; and to receive evaluation and feedback on their role of foster care giver. \*Information provided to foster parents by the Department shall include written information explaining the rights and duties of foster parents, and a record shall be kept by the Department showing the signatures of the foster parents acknowledging receipt of this information.\*\*
3. The right to receive all information on a child, at placement, and on an ongoing basis, that could impact the care provided the child and/or the health and safety of the child and/or foster family members. Information shall include case plan, health/medical, educational, court/legal decisions, and social history as known to the Department, to better meet the needs of children in their care.
4. The right to receive the necessary training and support to enable them to provide quality services in meeting the needs of children in their care, including reasonable relief and respite, as allowed by agency resources.
5. The right to be informed of available support services, case planning meetings, court hearings and other decision-making meetings in a timely manner in recognition of the importance of their role as foster care givers. \*This includes information concerning participation as foster caregivers in legal and administrative actions as authorized by law.\*\*
6. The right to actively participate in the development of the child's case plan, educational plan, and in other service planning decision-making processes.
7. The right to access agency staff for assistance in dealing with emergencies on a 24 hour basis; to assistance in dealing with family loss and separation when a child leaves their home; and access to available advocacy services to help support the foster parent in their role as care giver.
8. The right to receive information concerning agency policies and procedures related to their role as a foster parent or to the child in their care, and/or information contained in the foster parents' record, as allowed by law.
9. The right for first consideration as a placement for a child previously placed in their home and/or for a child placed in their home who becomes available for adoption, if relative placement is not available.
10. The right to permit a member of the Louisiana Advocacy Support Team to accompany a foster parent into meetings with departmental staff during investigations or grievance procedures.