The Foster Caregiver Handbook

for

Foster and Adoptive Families of Louisiana

Department of Children and Family Services
Baton Rouge, Louisiana

October 22, 2025
Replacing April 2009

To access this handbook on the internet, go to https://dcfs.louisiana.gov/page/foster-parenting.
Under the *Foster Parenting, Additional Information and Supportive Services* heading, click of the words, "*Foster Caregiver Handbook".*

TABLE OF CONTENTS

TITLE **PAGE NUMBER**

CHAPTER 1 – INTRODUCTION TO FOSTER CARE

A. OVERVIEW

This handbook was developed for foster caregivers, including relative/kin caregivers, as a resource tool to provide information and resources regarding the Louisiana Department of Children and Family Services (DCFS) Foster Care Program. As changes in policy, and procedures, occur, your caseworker should advise you. It is also recommended that you periodically check DCFS policy, which is online, to keep abreast of any changes taking place.

The Department of Children and Family Services, more commonly referred to as DCFS, works to keep children safe, help individuals and families become self-sufficient, and provide safe refuge during disasters.

The following programs are administered through DCFS:

- Child Welfare (CW)
- Child Support Enforcement (CSE)
- Emergency Preparedness (EP)

As a foster caregiver, you will be working closely with **DCFS's Child Welfare team**. The Department of Children and Family Services, Child Welfare Division, is divided into 9 DCFS regional offices, under which fall local parish offices. The regions are as follows:

- Region 1 ~ Orleans
  - Parishes include ~ East Jefferson, Orleans, Plaquemines, and St. Bernard West Jefferson
- Region 2 ~ Baton Rouge
  - Parishes include ~ East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge and West Feliciana
- Region 3 ~ Covington
  - Parishes include ~ Livingston, St. Helena, St. Tammany, Tangipahoa and Washington
- Region 4 ~ Thibodaux
  - Parishes include ~ Ascension, Assumption, Lafourche, St. Charles, St. James, St. John the Baptist and Terrebonne
- Region 5 ~ Lafayette
  - Parishes include ~ Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, and Vermillion
- Region 6 ~ Lake Charles
  - Parishes include ~ Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis
- Region 7 ~ Alexandria
  - Parishes include ~ Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn

- Region 8 ~ Shreveport
  - Parishes include ~ Bienville, Bossier, Caddo, Claiborne, DeSoto, Jackson, Natchitoches, Red River, Sabine, and Webster
- Region 9 ~ Monroe
  - Parishes include ~ Caldwell, East Carroll, Franklin, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll

Every caregiver will be working with staff from their local parish office and/or regional office. The "State Office" of DCFS, which is Administrative Services, and includes the Executive Management Team, is located in Baton Rouge.

B. WHAT IS FOSTER CARE

Foster care is a protective service DCFS provides to children and their parents who must live apart because of child abuse, neglect or special family circumstances. Foster care services are intended to be **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, supportive environment.
- Assist the child's parents in resuming responsibility and custody OR to attain an alternative permanent placement for the child as soon as possible.

The foster caregiver's role is critical to the health, safety, and security of the child. **In addition, foster caregivers provide important support and encouragement to the child's parents and may mentor them, when appropriate**. This support may include phone calls, emails, texts, and face-to-face meetings during visitation. It may also consist of inclusion in appointments related to the child's well-being, school activities, or social events (such as birthdays). This aspect of foster caregiving is essential to Louisiana's ***"Quality Parenting Initiative"*** (QPI) foster care and supports children returning to their family as soon as safely possible.

C. LEGAL GUIDELINES AND INFORMATION

Laws Governing the 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 Children and Family 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 Statue 46:51 (8)**

Louisiana law also provides that "the Department of Children and Family 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 Statue 36:477C**

The policies and procedures of the Department of Children and Family 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 ENTERS FOSTER CARE AND COURT PROCEDURES

- **Instanter Order**
  The Instanter Order is an **emergency court order** given by the court to secure the protection of a child who is at risk of harm as a result of child abuse and/or neglect. It may provide temporary custody of the child pending a Continued Custody Hearing or issue a safety plan to protect the child.

- **Custody Order**
  The Custody Order is the court order (given by the court of jurisdiction) that **continues custody of the child** with DCFS following an Instanter Order. The custody order is temporary and can be changed at the discretion of the court. A Continued Custody hearing is held within three days of the child entering foster care with the issuance of the Instanter Order. If a custody order is granted at this hearing, it has been determined by the court that the child cannot be safe in the home and that preventative services have proven unsuccessful.

- **Adjudication Hearing**
  The Adjudication Hearing is the court hearing where the **judge determines that** the allegations are true and that the child needs protective care.

- **Dispositional Hearing**
  The Dispositional hearing is the court hearing where the **judge confirms what therapy, supervision, rehabilitative services or supports** the family needs as part of their case plan to work towards reunification.

- **Review Hearings**
  Review hearings are **regularly scheduled court hearings** where a judge reviews the progress of the parents' case plan and the child's placement.

- **Voluntary Agreement**
  An agreement between the biological or adoptive parent (per the parent's request) and the agency to provide foster care services for the child, for a specified period, due to the parent's inability to provide parental care. This agreement is temporary and rarely used.

- **Acts of Surrender**
  A voluntary, legal act by the legal and/or biological, or adoptive, parent(s) that terminates their parental responsibilities and rights to the child.

E. LEGAL REQUIREMENTS FOR CONFIDENTIALITY

Confidentiality means holding information, spoken or written, in strict privacy and restricting who may know this information**.**

Louisiana law, Revised Statute 46:56, provides that **"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 may include fines and possible imprisonment, depending on the severity of the violation.

As foster caregivers, you are provided personal and confidential information regarding the child placed in your home, as well as, certain personal information regarding the biological parent(s) to assist you in caring for the child. **Any, and all, personal information about the child, the child's family and 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 their family's privacy. This information should only be shared with the child's treating physicians, therapists, Court Appointed Special Advocate (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 caregivers are not allowed to permit any newspaper, magazine, and/or other print or television media to take photographs that identify children, in foster care, without the permission of DCFS.

Foster caregivers may post/share pictures of the child, placed in their home, via any social media platform such as Facebook, Instagram, TikTok, email, text, FaceTime, etc. as long as the child's full name is not identified, the child is not identified as a child in foster care, and no case specific information about the child, or the child's family, is shared.

The child may share or disclose information with you that is unknown to DCFS. As a foster caregiver, you **must** share this information with the child's DCFS caseworker, as it may assist the Agency in providing appropriate services to the child. For older children, it is important for the foster caregiver to encourage the youth to share their information

directly with the caseworker or to let them know that the foster caregiver must share the information with the caseworker.

We hope this handbook will be beneficial as you navigate this new, amazing, and difficult journey! We also hope it will contribute to quality care being provided for children served in the foster program. We encourage you to reference the handbook as a guide to help you navigate new situations with the child in your care.

Welcome to the DCFS family!

CHAPTER 2 – PLACEMENT OF A FOSTER CHILD IN YOUR HOME

A. SELECTING A PLACEMENT

It is the policy of the Department of Children and Family Services (DCFS) and in accordance with Public Law 96-272 to place children or youth, in care, in the least restrictive, most appropriate setting available and in close proximity to the parents' home, consistent with the best interests and special needs of the child. ACT 350, of the 2021 Louisiana Regular Legislative session, requires diligent and concerted efforts to search and identify all adult relatives/kin, and/or significant individuals immediately when a child enters foster care. Diligent searches should be completed no later than 30 days, which shall include interviews with the child's parents, identified relatives and significant persons.

Placement in a Relative/Kin Setting

When a child requires placement outside of the family home, the first step is to identify potential relatives, or friends, with whom the child may live. DCFS shall first consider placement with a non-offending parent, adult sibling, and/or relative/kin caregiver. An adult relative/kin is connected to a child, or family, through bonds of affection, concern, obligation, and/or responsibility. An extensive search for relatives and friends begins once it becomes known that a child will need to leave their family's home. When a relative/kin caregiver, that can offer a safe, stable home, cannot immediately be located, the search will continue for a certified foster home. However, once a qualified relative/kin caregiver is located, the child should then be moved, to that home, provided all Agency requirements are met.

When multiple relative/kin caregivers are available and equally capable of providing the child permanency, the relative/kin caregiver, with the closest relationship to the child, should be selected and the caregiver should be immediately referred to Home Development for certification.

Consideration of permanency for the child should be paramount after consideration of safety, health, and well-being in the decision to place a child in a relative/kin caregiver's home. The placing caseworker's thorough assessment of the family and home, for appropriateness and capacity for certification, will lessen the need to remove a child from a family, which cannot be certified at a later date.

Children in foster care and relative/kin caregivers shall be prepared for placement in accordance with good practice in maintaining stability and attachments. Staff will discuss all known information regarding the child's behavior, health, and education with potential relative/kin caregivers. The length of placement and reasons for the child's removal should also be discussed, with emphasis placed on the confidential nature of the information.

Prior to the child's placement in the home, relative/kin caregivers shall be notified of the Agency's requirement of certification. Certification allows for increased potential for permanency for the child. The Agency shall assist relative/kin caregivers with purchasing items required for certification, when applicable. Community resources should also be utilized, when available, to assist with items required for certification. In the event the relative/kin caregiver cannot be certified, the child may be placed with another certifiable relative/kin caretaker willing to provide permanency.

All relative/kin caregivers must submit to criminal background checks, an Agency Clearance and home safety inspections. While many relatives/kin go through the assessment process to become certified, some are unable to complete the entire certification process due to various reasons.

Foster Home Setting

When a relative/kin caregiver is not readily available, the child, in foster care, is then placed in the least restrictive (most family-like), most appropriate setting available and in close proximity to their parents' home. When possible, children, in foster care, 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 family.

The best interest and special needs of the child are always considered when selecting a placement. When selecting a home for a child, there are multiple factors to consider, such as the child's age, stage of development, any special needs or problems the child may have, and health and schooling needs. The Agency also considers whether he has siblings who should, or should not, be placed with him in the same home. These factors are used to search for available, certified foster homes who are capable of meeting those specified needs. The final step is to determine which of the currently available foster homes is most appropriate for the child. Agency staff will then contact potential caregivers to discuss using their home for placement of the child in foster care.

B. MEETING YOUR NEW FOSTER CHILDREN

Children, who enter foster care have a feeling of loss due to separation from birth parents, caretakers, relatives, friends, school, culture, 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. He is experiencing trauma due to his removal from one family and placement with another.

There are a number of actions you can take to help ease the child's placement in your home and to establish a framework for caring and helping the child. Meeting with the 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 the child's place. Making a child's first few days in foster care as comfortable as possible in your home may mean an easier adjustment to foster care and your family's ways. The child's previous lifestyle may have been very different. Depending on the child's age and developmental level, foster caregivers will need to approach the child's introduction to the foster home with care and sensitivity. Here are some things to keep in mind:

Infants: (Birth to 18 months)

What Infants may experience:
While many people may believe that newborns, or infants, are not impacted by separation from their families and placement into foster care, the reality is that they are! Given their young age, infants lack language skills (except crying) to express themselves and do not understand what is happening to them. New experiences and environments frighten them. Since they are dependent on adults to meet their needs and their primary attachment figure is absent, infants can be anxious, distressed, and not easily comforted. Infants have not formed coping skills and it is likely they will be stressed. It may be difficult for infants to attach to a new caregiver.

What you can do to help:

- Make your home environment and schedule as consistent as possible. Talk with the infant's birth parents, and caseworker, to get important information. Using the same diapers, formula, and bath products can help the infant feel some familiarity in a new home. Maintaining the infants eating and sleeping routine is also critical. Over time, altering the routine can occur in incremental steps.

- Have patience! Remember that the infant is being bombarded with new smells, sounds, sights, feelings, faces, etc. There may be excessive crying, and you may become frustrated. If there are two foster caregivers, tag teaming may help you to maintain your calm. As a single parent, having a strong support system is essential. Calling a relative, family friend or another foster caregiver will be helpful.

- Regular and frequent visitation with the infant's parents is essential. Since infants under age one have not developed "object permanence", which is the ability to maintain a "picture" in their memory, the infant will quickly forget their primary attachment. As the goal of foster care is to return the infant to their parents as soon as safely possible, it is imperative that face-to-face visitation is frequent and includes the opportunity for parents to perform caregiving tasks such as feeding, diaper changing, etc. The DCFS caseworker will assist with the development of a visitation schedule for the child and the birth parents.

- Stay in contact with the infant's birth parents between visits. Infants change rapidly! Keeping the birth parents up to date on pediatrician's visits, sending pictures daily and sending emails with developmental progress will assist the birth parents in becoming knowledgeable about their infant and build a strong attachment. The DCFS caseworker will assist you in developing a plan for your ongoing contact with the birth parent and is a great support resource.

- If possible, pre-placement visitation between you and the infant is valuable. For example, if the infant is in the hospital, arrange a time to visit and interact with the infant.

Preschool Children: (2-5 years)

What Preschool Children may experience:
The child probably does not understand, or have an accurate perception of, why he has been separated from his parents and is now living with another family. He may believe he has done something, "bad" and is being punished. The child may have anxiety and feel negatively about himself. Because this is an unknown situation for the child, he may not realize that you will provide meals, have toys or Band-Aids. This will create anxiety and stress for the child. In addition, the child will "wait" for his parents to come back to pick him up. He may grow distressed when that does not occur, and feel abandoned and hopeless.

What you can do to help:
- Offer physical comfort to the child (if appropriate), talk little and accept the feelings that the child may have. Do not rush the child into play or another activity.

- Give the child a tour of your home immediately. Show them where they will sleep, the bathroom, where you keep food, drinks, etc. The child needs to learn that your home has all the essentials he will need. Also, let him see where their seat is at the dinner table, where his toothbrush will go and where you will put his clothes. Some toys or clothing may be tattered or dirty—do not throw them out! It is a connection for the child to their home.

- Have, and point out, nightlights in the child's room and bathroom, and where you will sleep. Point out the child's play space, toys, stuffed animals, etc.

- The child, in foster care, needs the security of a regularly scheduled day. Regular playtime, naptime and mealtime for young children are important to give them a sense of predictability and security. Birth parents can provide you with valuable information to guide you in knowing how to make the child comfortable.

- Allow the child to make small decisions or choices such as "Do you want peanut butter and jelly or grilled cheese for lunch?" One or two small choices a day gives the child the sense that he still has some control over his life.

- Use children's books, or stories, to help the child understand his experience. There are many books available, on-line or at the library, on a variety of foster care topics that may help.

- Obtain pictures of the birth parents to put in the child's room. A phone call or FaceTime with the birth family can go a long way to relieve the child's anxiety and fears.

School-aged Children (Ages 6-9)

What School-aged Children may experience:
School-aged children have developed some logical, concrete thinking abilities, yet the separation and placement into foster care may still not make sense to the child. Given the child's sense of right and wrong, it may not feel "fair" to the child that he had to leave home due to his parents' behavior. The child is strongly attached to his family and gains a great deal of his identity and self-esteem from them. Negative comments about the child's family will result in poor self-esteem and defensiveness.

The school-aged child can build attachments with new caregivers and come to depend on them. However, the loss of their friends and loved ones may be very difficult. In a new school, he may feel self-conscious about being a child, in foster care, and have a hard time making new friends. Structure, rules, and routine are important to the school-aged child. It creates a sense of security and stability. He may have difficulty adjusting to the new rules and schedule of the foster home, which can make the child feel out of place and uncomfortable.

What you can do to help:

- The school-aged child can communicate and should have a good listener—the foster caregiver! Give him the opportunity to share how he feels and cry if he wants to. It is important that you assure the child that his feelings are normal considering the situation. "I bet lots of kids who have to go to a foster home feel like that" can help the child feel like he is not the only one who is experiencing this upheaval and feelings. Letting the child know that you can tell how hard it is for him to be away from his family is important. Validate that he misses his family and give him permission, and a safe space, to express feelings.

- Ask the child to share information about their family. What holidays do they celebrate? Favorite foods? Activities they enjoy? Incorporate these ideas, when

appropriate. This will help the child feel included and valued in the new environment.

- Share information with the child about yourself, your family, activities, schedule, and house rules/expectations. If the child is confused about a house rule, explain why it exists. For example, "We always make sure the doors are closed to the house because we don't want the dog to get out and get hurt."

- Ask the child about his likes and dislikes. What are his favorite foods, activities, games, and interests? This will help him feel that you care about him and want to get to know him better.

- Reassure the child that the move is not his fault! Sometimes kids have to stay with another family while their parents get some help.

- If the child is racially, or culturally, different from your family, openly discuss those differences and reassure the child he will be accepted. Be sure to make this an ongoing discussion and ask him about his background too. Discuss the differences with the child's birth parents who can provide you with information about their cultural, and/or racial, practices you can integrate into your home.

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

Pre-Adolescent Children (10-12 years) and Early-Middle Teen-Aged Youth in Foster Care (13-17)

What a Pre-Adolescent Child, in foster care, may experience:
Since the pre-adolescent child, in foster care, has increased thinking ability, including abstract thinking, he can understand that the placement is not his fault. Likewise, he is able to recognize that no one person was at fault for the situation.

This aged child, in foster care, is accustomed to autonomy and making some decisions for himself. He is able to occupy and entertain himself, as well. He may prefer to keep to himself as he sorts out how he feels and how he plans to cope. Likewise, the child may be angry, upset and traumatized and can displace those feelings via behaviors towards the caregivers. This is not intended directly for the foster caregiver, but is a result of triggers to his current and past traumas.

Loyalty is a primary concern for the pre-adolescent. He is aligned with his family, friends and school. Challenging that loyalty and pressuring the child, in foster care, to choose between his family and the caregiver will result in a great deal of tension, anger, and hurt.

If you are of a different culture, or race, than the child, he may feel that he "sticks out" in the family, community, at school, and with peers. It is critical that this is openly and frequently discussed, providing the child with reassurance and strategies for dealing with uncomfortable situations. Regular conversation can uncover bullying that can trigger past trauma leading to difficulties, both emotionally and behaviorally, for the child in foster care.

What an Early/Middle Teen-Aged Youth, in foster care, may experience:
Early/Middle teens still have loyalty to their families. Even if he is currently in conflict with his parents, he is likely not to want to be presented with a "new family", but rather as "a safe home to live, while family issues are resolved". As growing adolescents, they may not be thrilled with "another set of parents" telling him what to do! These youth will need open conversations about the reasons for their placement, what will happen next and in the future.

Do not be surprised if there are control battles! This is a normal part of adolescence as they struggle to find their place in the world and make their own decisions. Emotionally, teens may try to hide their fears, anxieties and distress about the removal and placement. Some may deny they have any feelings about the move and display an "I don't care" attitude. He does care and the move will likely trigger past trauma.

What you can do to help:

- Provide the teen with opportunities to talk if he is open to it. Sharing information you have learned about the placement, from the assigned foster care caseworker, demonstrates your willingness to talk and listen. Being honest, and transparent, will go a long way to building a positive, trusting relationship with the teen.

- Show interest in the teen, in foster care's, family, extended family and friends. This may uncover important connections of the teen that can provide support, encouragement, visitation opportunities or perhaps an alternative permanent family should he be unable to return home.

- Peers are critically important to the early/middle teen. He will miss friends and may have a friend that he desires to spend time with. Phone calls, texts, emails and visits will be essential in maintaining these relationships.

- The middle-aged teen often manages his own life…making day-to-day decisions about food, dress, grooming, planning their future, etc. Some may have jobs or are involved in sports or community activities. When appropriate, allow the teen to make as many decisions as possible. Make time to have discussions regarding his

plans for activities; helping to schedule and offering suggestions can lessen conflicts in the home.

- If the teen is culturally, or racially, different from you, make every effort to support the teen and to maintain his cultural, ethnic and racial identity. Be alert for the potential for bullying and discrimination in your community and school. You will have to go to bat for the teen, in foster care, if this occurring!

C. CHILD'S NAME

When a child, in foster care, is initially placed in your home, the following question may be on your mind: What name should the child, in foster care use? For legal purposes, and most importantly for his identity, it is necessary that the child be recognized by his given name. He should not assume the last name of the caregivers, nor should the caregivers change, or give, the child a new first name.

Sometimes children in foster care have a need to belong and to not feel different; therefore, they ask about calling themselves by your last 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 caseworker should be told of the child's desire to assume the foster caregiver'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 child, in foster care, enters your home, he should be provided with some basic information regarding the family's house rules. Be sure NOT to overwhelm him with a long list of DO's and DONT's. Those items can be learned on a day-to-day basis. Remember to give the child some grace as this is a new home, and he is unfamiliar with the established rules and will need some time to learn them.

The following **basic rules** are important and should be discussed with each child, in foster care, early on in the placement:

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 and safe. Do not assume the child knows basic personal or general safety rules; review

and explain safety rules, such as locking the doors, not getting in a car with strangers, playing in the “safe zone” around your house, etc.

Privacy: Everyone has a right to privacy. Everyone in the home should knock when a door is closed and wait to be invited in. This includes all bedrooms, bathrooms and other private areas of the home. Children, in foster care, should have privacy when bathing, dressing, and using the bathroom unless he is too young, or injured, and cannot do these things on his own.

Clothing: Unless in the privacy of your bedroom or the bathroom, no one in the family should be in the nude or in their underwear when around others.

Touching: No one touches another person without that person’s 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 extremely limited or eliminated.

Bedrooms: Children in foster care and over the age of six, of the opposite sex, are not to share a bedroom. There are exceptions that can be provided to children placed with relative/kin caregivers. Sexually abused children, of any age, should not be allowed to get in bed with foster caregivers, other adults or other children. It may be over stimulating to them, and they may interpret cuddling as sexual advances. All children, in foster care, must have their own bed.

What to Call You?: Discuss with the child, in foster care, and help him decide what he would like to call you. Requiring him to call you mom and dad may be stressful due to his emotional attachment to his parents. Some foster caregivers have been referred to as “aunt and uncle”; “grandma and grandpa”, or by their first names.

Remember, behaviors and actions expected of a child are best learned when you 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.). Be sure to remind the child that the house rules apply to EVERYONE living in the home.

- 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 do not yell or use foul language.

There are usually understood and/or unspoken rules of the family; however, these rules need to be discussed, individually, with the child, in foster care. 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 every day?
- Is everyone expected to eat dinner together?
- When can he go outside and what distance from the home he is permitted to go?
- Who washes his clothes?
- Are clean bath towels and washcloths used every day?
- Where does he put dirty clothes?
- 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 child, in foster care?
- When can he use the computer, tablet, or cell phone; and/or play video games?

Your family may have some additional “understood rules” which need to be shared when a new child, in foster care, 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 child in foster care to determine if they are different from what he is accustomed to. In situations where the child repeatedly breaks certain rules, these rules can be put in writing as a contract. The contract should be age appropriate and signed by the child, in foster care, and the caregiver. The child’s signature, on the bottom of the contract, acknowledges that the rules have been discussed, and he understands the rules, will follow the rules, and will help other children, in the home, to follow these rules.

The suggested rules are:

- 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 caregivers 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
- I understand that everyone sleeps in his or her own bed.
- I understand that children do not sleep in the same bedroom with the caregivers.
- 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, etc.
- 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 caseworker and caregiver.
- 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 caregiver and my caseworker. Other people I can tell 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 caseworker and foster caregiver.
- I understand that any plans for me to baby sit in or outside the home must be discussed with and approved by my caseworker.
- 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.

CHAPTER 3 – LIVING WITH A CHILD IN FOSTER CARE

A. CHARACTERISTICS OF TRAUMA

Having to abruptly move from your home into a new home is NOT normal; however, this is what children, in foster care, are faced with when entering custody. Even if the child is placed with a relative/kin caregiver, living with family, or friends, is VERY different than visiting.

For foster caregivers, living with and supporting children in foster care has its own unique challenges. Remember it is important to allow time for adjustment for you, your family and especially the child, in foster care. It is normal for you to feel guilty, disappointed, or to take it personally if you and a child, in foster care, are not getting along well at the beginning of the placement.

Children, in foster care, have experienced some sort of negative situation, such as abandonment, abuse, or rejection. As a result, their behaviors may seem extreme; and they may be developmentally delayed, withdrawn, shy, boisterous, rowdy, or overly sensitive and destructive.

A child, in foster care, will have feelings that differ from other children. These may include feelings of not belonging in your home, having a different name from yours, having two sets of parents, and feeling torn between their family and yours. The child, in foster care, also differs, from other children, in that they only see their parents by special appointment and are assigned a caseworker. All of these issues will impact the behavior, and time it takes for children in foster care to adjust to being in your home.

Many children, in foster care, have lived in a chaotic environment. Because of this, they learned to behave according to the way they were treated. If they heard only yelling, then they would yell. If people in their family fought, then they assume that by reacting in an aggressive manner, they will get what they want. A child, in foster care, mimics and copies the behaviors of the adults in their life.

The separation from family and placement in a foster home can be very traumatic. No one can predict how the child, in foster care, will react to the traumatic events that necessitated custody. He may be especially compliant, at the beginning of the placement, which is often called the “honeymoon” period. Another type of reaction is the “trying out” period. During this period, the child, in foster care, 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 these negative behaviors. The child may want to see if you really will like, and accept, them. They may also feel that if they behave so badly you cannot stand them, they will be sent back home. The child needs warm concern, honest discussion of his actions, and to know you care and are committed.

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 DCFS 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.

What is Trauma?

Trauma is a life threatening, or extremely frightening, experience for the child, in foster care, or someone they care about, that overwhelms their ability to cope. Many children, in foster care, have experienced trauma within the context of relationships, such as, physical abuse, emotional abuse, sexual assault, or neglect; therefore, it makes sense, that healing must also occur within the context of a child's relationship to their family, peer group, school, community, and culture. Trauma may also include, but is not limited to, burns, dog bites, natural disasters, motor vehicle collisions, medical procedures, and witnessing domestic violence.

Almost without exception, every child, in the foster care system, has experienced at least one traumatic event. When working with children who have experienced trauma, our emphasis must be on helping them form meaningful, positive, connections with others. For children who have experienced trauma, everything stands, or falls, on the quality of their relationships. Foster, adoptive and kinship caregivers have an important role to play in this process.

Trauma can occur in several ways.

- **Acute trauma**—time limited events, that have a start and a stop, i.e. dog bites, car accidents, and natural disasters.
- **Chronic trauma**—ongoing, repeated trauma, i.e. physical, sexual or emotional abuse; domestic violence; neglect. For teen-aged youth, this could mean years of trauma even before placement in foster care.
- **Complex trauma**—complex trauma is chronic trauma that occurs beginning under the age of five and at the hands of the very people who are supposed to care for and protect the child. For very young children, trauma can disrupt healthy brain development and makes it much more difficult for them to attach

and bond with caregivers in a healthy way. They often develop an ambivalent form of attachment wherein they desperately want to connect and trust but are extremely fearful of what may happen if they do.

When children experience a traumatic experience, it is incredibly stressful and overwhelms their capacity to cope effectively. Trauma forces children to develop coping strategies that make sense in the crisis but are not suitable for everyday life.

These could include:

1. Attention to and awareness of self and the environment
2. Feelings of fear, rage, panic, or terror: feelings that generate action
3. Physical responses: increase in heart rate, respiration, muscle tension

During times of threat, or danger, children often try all of these things and more; but because of the level of danger or fear, the lack of effective support in their environment, and the child's developmental level, none of these strategies work and they quickly enter a "survival in the moment state". The "survival in the moment state" impacts an individual's mental, emotional, and physical well-being.

B. CONCERNS OF CHILDREN IN FOSTER CARE

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

- Lack of trust between children and caregivers.
- Lack of communication between children and caregivers.
- Sharing a child's personal information and revealing they are in foster care.
- Abuse in the foster home.
- Children, of all ages, do not always get their allowance from caregivers.
- No privacy in the foster home.
- Foster caregivers treat children, in foster care, differently from their own children.
- Foster caregivers criticize children, in foster care, and make them feel it is their fault they are in foster care.
- Foster caregivers do not allow children, in foster care, to use household items.
- Foster caregivers lack respect for children, in foster care.
- Foster caregivers have the attitude that most, or all, children, in foster care, are unstable, unruly or a problem to society.

- Foster caregivers do not use the board received for the children, in foster care, towards their care.
- Children, in foster care, are not allowed choices in the food they eat, the clothes they wear, their worship, the way they style their hair, etc.

C. CHALLENGES FOR ALL CHILDREN IN FOSTER CARE

When raising any child, challenges may arise which all parents must address and manage. In addition to the challenges that exist in any parent-child relationship, there are some specific challenges that are unique when caring for children and/or youth in foster care. Foster caregivers gain valuable skills through pre-service training, mentorship, and supportive resources to help them provide guidance to children and youth, in their care, through their healing journey.

Challenge 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 family and placement in a foster home can be traumatizing. Children, in foster care, often feel alone and without resources to help or protect them.

What can you do?

Treat the child with kindness and be patient and understanding. 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 DCFS caseworker anytime.

Challenge 2 - “I don’t know who to trust.”

Many children, in foster care, will experience conflict in one of the most basic areas of human experience, TRUST. “I don’t know who to trust.” “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 in foster care. It is important to keep private information about the child and their 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. Remind the child that you are there to care for them and that they can count on you. Keep rules clear and simple and enforce them, 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.

Challenge 3 - “I am grieving.”

Being separated from birthparents, caregivers, siblings, family, school and friends can be overwhelming for the child in foster care. 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 them 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 their room. Follow visitation as set in the case plan. Do not make negative remarks about the child’s family. For additional information, refer to the section on separation and grieving process in this handbook.

Challenge 4 - “I feel that I am no good. I must be worthless.”

Having been removed from their parents/caregivers, children, in foster care, 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 attempt to reach out to them.

What can you do?

Discuss with the 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 children, in foster care, have positive qualities. Look for positive ways to praise the child, and 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 for them. Most of all, be sure to spend time with the child and participate in activities with them.

Challenge 5 - “I don’t fit in anywhere!”

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

Challenge 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 child, in foster care, 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 child, in foster care, 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 that 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 caseworker about books you can read and ask them for suggestions. If they are receiving therapy, talk with the assigned therapist about techniques and suggestions that may help. For additional information, review the discipline section of this handbook.

Challenge 7 - “I have sexual feelings.

Feelings of a sexual nature occur in various forms and actions at all ages. Sexual curiosity is a part of normal child development. Children in foster care who may have been exposed to sexual behavior at an early age are at risk of increased awareness and interest in sexual behaviors. As the child may not feel this is something he can discuss with you, he may act on these feelings and will need guidance.

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 an 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 that he can ask questions or share feelings and will not be punished or have his questions ignored.

Challenge 8 - "I am jealous of your children, grandchildren, or other people in your life."

The child, in foster care, will often feel like a stranger in your home and may resent the attention you give 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 in foster care 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 child from family gatherings, vacations, weddings or other family activities if other children, in the family, are attending.

D. ACCEPTING THE CHILD

A child in foster care often feels the breakup of their home was punishment for their "badness." In your home, he may be compelled to repeat behaviors they feel were responsible for their move in order to see if the same thing will happen. This can result in an outburst of behavior problems in the foster placement. It will be beneficial for you to remember not to take it personally and to view unacceptable behavior as unhappiness on his part.

The child, in foster care, 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 changing because these habits may be associated with his parents' way of doing things, and they feel that giving them up could mean cutting off memories of his parents. You may have to consider compromises in your household 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, focusing on 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 trying to understand parenting the hurt child:

- Parenting hurt children requires loving patience and clear expectations for improvement.
- 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.
- Caregivers should expect difficult times, as well as a reduction of them.
- Expectations are more effective and powerful than dozens of rules.
- Hurt children improve 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. Adults experience grief when someone close to them dies, if they divorce, move, lose a job, or lose a pet. Children in foster care go through the grieving process when separated from their birth parents, caregivers, siblings, pets, friends, teachers, and community. When they move from one foster home to another, they may also grieve. It is important to remember that separation and placement changes are additional traumas for the child.

Since separation is a part of the foster care experience, an understanding of the grieving process is essential for foster caregivers. Through this understanding, the professional foster caregiver can help children in foster care express and adjust to feelings caused by separation. Caregivers will also be able to recognize how separation feelings affect the behavior of the parents of children in foster care. An awareness of the grieving process will also help caregivers prepare themselves and their family for eventual separation from the child.

As a foster caregiver, understanding the impact of separation is of the 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 a foster care placement. When a child is removed from their home, it has been decided that the separation would be less damaging than leaving the child in their own home; however, the traumatic experience of separation occurs. It then becomes the mutual responsibility of the caregivers and caseworkers to prevent the separation from becoming more harmful than if a child had remained in the previous environment.

Crucial to the success of the placement are the attitudes of the foster caregivers towards the effects of separation on the child, in foster care, their own family, and the birthparents. One concern is the caregiver's responses toward behaviors expressed by children in foster care and by birth parents. Another issue of concern is the caregiver'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 child, in foster care, 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 child in foster care. Without completing the process, the person cannot really become accepting of, or adjusted to, the loss, and may never be able to deal with their feelings about what has happened. Such unresolved issues may affect the person's overall functioning and may appear in their daily behavior. The child's grieving process may remind caregivers and caseworkers of their own personal experiences. As a professional team, caregivers and caseworkers must be careful to prevent their own feelings, attitudes, and needs from influencing or interfering with the grieving process for the child and instead should assist them through the process.

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

The length of time a child takes to move through these stages will vary. It may take a child, in foster care, 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: birthparents may be difficult to work with during this period and the behavior of the child can be, the most difficult.

1. DENIAL AND SHOCK

Denial and shock can be intertwined in the stages of grief, and people typically move between the two quickly. Denial is often the first reaction to overwhelming news and can be characterized by shock and disbelief. Denial is a temporary response that helps people deal with the initial shock, and block out the pain, allowing them to process the news slowly and adjust to their new reality. 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, may appear to be numb, or may even appear to be happy. The child may be very compliant; seem disconnected; or deny that separation happened. Here are various ways shock/denial are evident:

- Infants: may seem “frozen” or may cry uncontrollably.
- Preschoolers: may deny the separation, “my mommy’s coming back to get me soon”, plays with toys and other children, may appear distressed or robot-like
- School-Aged: may have no emotional reaction to the move, seem to “go through the motions” of play and activities, compliant, denies the separation, “I’m not staying for dinner—I’ll be going home”.
- Teens: may isolate, stunned, indifferent, denies separation, “I can’t believe this is happening!” initially may make a good adjustment.

Note: Every child is different and consequently, may react in varying ways to separation.

If the grieving process is not understood, then these behaviors will not be recognized as inappropriate. The foster family may mistakenly think the child is happy to be coming into custody. This sets up the foster family for disappointment when the “honeymoon” is over. The honeymoon period is a common occurrence in foster care. The child’s caseworker may have prepared the caregivers for the negative behaviors the child had been exhibiting. Yet, after days, or even weeks in the foster home, the child is quiet, conforming and docile.

The caregivers may report that the child isn’t doing the negative things that 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 caregivers 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 caseworker to begin to be reassured that someone from his previous life knows what is happening. The caregivers should keep the DCFS caseworker informed of the child’s

behavior during this stage. If this stage of shock/denial persists for more than several weeks, it may indicate an emotional disturbance that warrants medical consultation. You may note progress when moving to the next stage when the child begins to display more emotion and response to what has happened.

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 birthparent, the caretaker, the caseworker, himself, or the world! The child may be oppositional and hypersensitive and act out his feelings through outbursts, tantrums, verbal and/or physical aggression. The age of the child will determine the way anger is acted out.

- Infants: may cry uncontrollably and are unable to be soothed; may refuse to eat, and sleeping may be disrupted.
- Preschoolers: may have tantrums, withdraw, pout, break toys/destructive, hit or bite other children, refuse to cooperate, make comparisons to their old home, blame self for the separation, feel guilty.
- School-aged: may begin lying, stealing, having tantrums, fighting with other children, bullying younger children, sulking, breaking toys or damaging furniture, oppositional, difficult to satisfy, may have fantasies about situations as a coping mechanism, and may or may not share these fantasies with the foster caregivers.
- Teens (already in a normal developmental stage of rebellion): may exhibit destructive and aggressive behaviors, refuse to obey adults, verbally aggressive, taunt younger children, crabby, grouchy, lie, steal, use substances, may make an active attempt to contact their parents or a relative by phone calls and/or running away.

A common attempt to reclaim the lost person is for the child, in foster care, to tell stories about his family that are exaggerations, distortions, or false. This situation will require the special attention of the caregiver and the caseworker. As a team, they need to determine what is true and false, and how to be supportive of the child so that everyone can tell the difference between reality and fantasy. Correcting a child's account or story about his family can result in increased anger by the child. You and the caseworker should jointly decide on how and when it's necessary to address incorrect information. The child, in foster care, may be angry at his birthparents 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. Children in foster care often blame themselves for causing the removal and subsequent 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 caregivers. Those who do not understand what the child is going through may feel that the child is unfairly taking out anger on them, despite their great efforts to help. DO NOT TAKE THIS PERSONALLY! 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 caregiver who realizes the child may be angry with their parents for giving them up. The caregiver needs 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 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 caseworker.

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.

This is the stage of grief when children try to get back what was lost as a result of the separation and placement, such as parents, family, home, friends, etc. The child hopes to regain control in an attempt to ensure the loss is not final. In this stage, the child may think or talk about what could have been done to prevent separation from his family members. Depending on what the child believes is the cause of the separation, he will try to "undo" or "fix it". Here are some of the behaviors that could be present:

- Infant: will do what normally gets the attention of his parents; cry, fuss, whine
- Preschool: may believe that his misbehavior caused the separation and placement. May try to be "good as gold" and continually ask for the foster caregivers' approval. During this stage, it is important to help the child understand that placement in foster care was not his fault
- School-aged: may believe that had he not been bad or upset his parents, they would still be a family. May also try to make deals with themselves, such as the

promise to do better so they can be returned home. He may bargain with the caregiver, "If I eat all my vegetables, can I go home?" or he may believe that if they misbehave, the caregiver will give up and they would then be able to return home

- Teen: will bargain with anyone…caseworker, foster caregiver, birthparents, who he believes has the power to change the situation. May include a bargain such as, "If you let me go home, I'll go to school every day." May run away, threaten self-harm or threaten to make allegations

Children in the "Bargaining" stage may be seen as "doing better" if they are trying to behave as the caregiver desires or may be seen as a manipulator as they bargain.

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 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 life when the world was not such a painful place in which to live.

- Infant: lack of interest/engagement, change in sleeping and/or eating patterns; and crying, irritability
- Preschool: may appear out of sorts, withdrawn, clingy, cry with no provocation, easily frightened and overwhelmed, short attention span, toileting regression, whimpering, refusal to eat, and change in sleep patterns
- School-aged: may appear easily frustrated, social/emotional withdrawal, anxious, distracted, lost, inability to concentrate, school issues, regression such as thumb-sucking and bedwetting, and upset stomach
- Teen: may experience isolation and withdrawal, not interested in teen activities, not completing school assignments, excessive sleeping, refusal to eat, use of substances to self-medicate, and crying

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 family and how much they are missed, are appropriate. The child, in foster care, should also be warmly supported, helped to express hurt feelings and have his worries resolved. Dolls and pictures are good methods of helping the younger child act out feelings through play, since verbal ability is limited.

5. ACCEPTANCE/UNDERSTANDING

This stage (step) completes the grieving process. Since no one likes to be in emotional pain, the child begins to emerge from the process of grieving. 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.

- Infants: begins to follow normal developmental process, eating and sleeping starts to follow healthy patterns
- Preschooler: enjoys playing, making friends, happier, distress decreases, moving forward in developmental tasks
- School-Aged: begins to focus on school and age-appropriate activities, less anxiety, engages in family activities, and makes friends
- Teen: exhibits goal-directed behavior, focus on future, friendships, connects with foster family, love relationships and dating, engages in family activities, realistic view of placement

IMPORTANT NOTE: A child's developmental level, culture and experiences will impact their understanding of, and reactions to, being separated from their birth family, siblings and extended family. The above are examples of potential behaviors; however, this is not an exhaustive list.

For more information on loss and grief, please check out these web pages:
https://psychcentral.com/lib/children-and-grief#griefs-effect-on-kids
https://www.apa.org/topics/grief/nurturing-children-grief
https://www.psychologytoday.com/us/blog/parenting-matters/202408/how-grief-and-mourning-affect-children

F. IMPACT ON THE BIRTH PARENTS/CAREGIVERS

Although the needs of the foster child are the primary focus of the foster parents, the needs and feelings of the birth parents should not be forgotten. Fostering today means caring, not only for the child in foster care, but the whole birth family. It is critical for foster caregivers to have empathy for the child's parents and insight into their feelings and perceptions. Removal and placement of their child is a drastic action, confirming the parents' feelings of guilt and anger which they experienced as a result of the family breakdown. Foster caregivers must devote extra effort in their contact with the child's

birth parents in order to promote a positive relationship. It is an error to want to eliminate contact between the child and his birth family and is NOT acceptable.

As the primary goal of foster care is family reunification, this goal can be fulfilled only if the birth parents are involved in the child's daily life, activities, therapies, education, and the development of a plan for the child and their family. The birth parent's feelings of guilt, or failure, may cause them to be defensive and hostile towards the foster family and DCFS staff. 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 birth parent and his child cannot be helped through the grieving process together. The caseworker looks for ways to enable the birthparents to improve their level of functioning. The caregivers provide a secure and accepting environment for the child. Together they deal with the denying, protesting and despairing behavior of the birth parents and their child, which is part of separation.

One must remember that the birth parents, too, are experiencing the trauma of separation and trying to deal with the resulting pain. Following placement, birth parents may feel some sense of relief. Being relieved of responsibility for the child's day-to-day care is often necessary for the birth 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 birth parents must also work their way through each of the difficult stages of the grieving process, as well as, resolve the problems that resulted in Agency involvement.

Here are some examples of emotions and behaviors birth parents may experience while going through the stages of grief. These will help caregivers understand the birth parents' perspective:

- Shock/Denial: may state, "This can't be happening", "They can't take my child!"; may act as if nothing has changed, may deny the circumstances that brought the child into placement, unresponsive, frozen emotionally
- Anger: emotional outbursts, verbally abusive, aggressive, physically threatening; attempt or threaten to kidnap child
- Bargaining: may be calming and polite, make efforts to complete the case plan and engage the foster caregiver or may threaten a lawsuit
- Despair/Depression: withdrawn, may self-harm, fails to show for visitation, discontinues communication with agency, child, foster caregiver; lack of involvement in case plan activities, substance use to self-medicate
- Acceptance/Understanding: re-engages in case plan activities, comes to visitation, renewed interest in child, builds positive relationship with foster caregiver, "owns" issues that brought child into foster care, motivated

IMPORTANT NOTE: A birth parent's developmental level, culture, emotional state and personal experiences will impact their understanding of, and reactions to, being separated from their child. The above are examples of potential behaviors that could be exhibited, but it is not an exhaustive list.

With acceptance of their child's foster care placement, the birth parents will have more energy for working on realistic plans for their future and the child's future. The birth family needs to begin with a clear understanding of the reasons for custody. If the goal is for the child to be returned to the birth 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 birth parents can improve themselves, and their situation, and be expected to take care of their child again.

Foster caregivers and caseworkers should be careful not to expect the impossible of birth parents. Unfortunately, some birth 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 birth 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.

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 blood borne pathogens.

Facts About Communicable Diseases

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

- Good hygiene
- Frequent, careful hand washing
- Wearing clean clothing
- 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 blood borne 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 the 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.

G. PARENTING THE SEXUALLY ABUSED CHILD

Sexual abuse is a topic that makes people uncomfortable. Yet, many people are not well informed about what sexual abuse is and how often it occurs. Many children, in foster care, have been sexually abused. While DCFS always strives to provide foster caregivers with all information at the time of placement, we may not know the child has been sexually abused. The child may have come to the attention of DCFS due to abuse, neglect or abandonment. Therefore, it is important for ALL foster caregivers to have information about sexually abused children, so they are prepared to provide trauma-informed care and a safe home. Children, in foster care, who have been sexually abused, will have special needs. Understanding what sexual abuse is and how it impacts our children is imperative to their healing journey.

Sexual abuse is defined, by the National Child Traumatic Stress Network, as: “Any interaction between a child and an adult (or another child) in which child is used for the

sexual stimulation of the perpetrator or an observer. Sexual abuse can include both touching and non-touching behaviors. Non-touching behaviors can include voyeurism (trying to look at a child's naked body), exhibitionism, or exposing the child to pornography. Children of all ages, races, ethnicities and economic backgrounds may experience sexual abuse. Child sexual abuse affects both girls and boys in all kinds of neighborhoods and communities."

Behaviors can range from fondling outside or underneath the clothing; sexual kissing; masturbation; manipulation of the genitals with the fingers; vaginal, oral or anal intercourse performed on the child; or forcing the child to perform the act on the adult or another minor. Sexual abuse may occur within the child's family, which is called incest, by a relative, family friend, or neighbor; or it may be committed by people not previously known to the child. The vast majority of sexual abuse IS committed by someone the child knows, loves and trusts. Ironically, children are taught to be cautious of strangers, but 90% of child sexual abuse victims know the perpetrator in some way and approximately 60% are abused by a family member. (These statistics were obtained from the following resource: https://www.d21.org/wp-content/uploads/2017/01/statistics_2_Prepetrators.pdf)
The following statistic was obtained from https://www.cdc.gov/child-abuse-neglect/about/about-child-sexual-abuse.html. At least one in four girls and one in twenty boys, in the United States, experience child sexual abuse.

Foster caregivers may be the first individuals to recognize that the child has been sexually victimized. Therefore, if you suspect a child, in foster care, is a victim of sexual abuse, immediately contact the Foster Care Caseworker or your Home Development Caseworker. Do not interview, question or record the child! The handling of sexual abuse allegations requires special techniques and strategies to prevent further trauma to the child.

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, in foster care, 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. Others 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 caregivers 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 even lead to abuse in the foster home. Caregivers are not “super humans” and in many cases, their own “triggers” are pushed, and they instantly respond. For example, finding your child, in foster care, engaged in masturbating or playing sexually with another minor 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 caregivers, explore your own feelings regarding sexual activities and sexual abuse.

A sexually abused child may act in a seductive manner. Some caregivers, or foster siblings, may have a sexual reaction to the child in foster care. For example, a child, in foster care, giving a “good night” kiss to a caregiver may have delivered the kiss on the mouth in a passionate way. This may have stirred sexual feelings in the caregiver. Even if the caregiver 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 stirring of sexual feelings can also occur with caregivers’ own adolescents and/or adult children. While this does not occur in all situations, it is in your best interest, as well as, the best interest of the child, that you not allow adolescent, or adult, males to baby sit or care for children in foster care.

Sexually abused children sometimes make false sexual abuse allegations against their foster family. If it is a false allegation, the reason 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.
- 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 receive about the child, the better you are able to help. Don't be afraid to ask the caseworker questions about the child in foster care. This child may 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.

H. ALLEGATIONS OF ABUSE AND/OR NEGLECT

Foster caregivers are considered team members who, because of their role as primary caregivers for abused or neglected children, in foster care, 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 an 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.

Allegations of abuse and/or neglect can be made by schools, childcare centers, medical or mental health professionals, birth parents or the child. DCFS is required to review each allegation and follow these steps:

1. A standard procedure is followed when an allegation of suspected abuse or neglect in a foster home is received.
2. Reports alleging child abuse and neglect in foster homes are referred to the Child Protection Investigation (CPI) Unit.
3. Experienced professionals will screen the report and a determination will be made as to whether the report will be assigned for an Alternative Response (AR) Assessment of CPS Investigation. Information will be gathered from your Home Development Caseworker and the child's Foster Care Caseworker.
4. 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 caregiver.

5. After interviewing the child, the investigator will contact the caregivers 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 staff. The investigation may include interviews with all household members including the foster caregiver's birth or adopted children; other children in foster care; and extended family members. In addition, a medical exam, interviews with a mental health counselor, school personnel and others may be required.
6. The Louisiana Children's Code allows for recording of the interviews. You may refuse to be recorded; however, your refusal will be documented in the investigation.
7. The decision to remove or allow children, in foster care, to remain in the home is based on a determination of the child's safety and information received during the investigative process. Foster Care and/or Home Development may develop a Corrective Action Plan to address any safety concerns or he may be removed and placed in another home.
8. Foster caregivers will be notified of the results following the completed investigation. The findings of the investigation may be:
    - Substantiated: The investigation has determined that abuse and/or neglect has occurred.
    - Unsubstantiated: The investigation has determined that abuse and/or neglect has been ruled out and have not occurred.
    - Inconclusive: The absence of sufficient evidence to determine any of the allegations as substantiated, nor rule out abuse/neglect with an unsubstantiated finding.
    - Child Care Deficiencies: Does not meet the definition of a substantiated or an inconclusive finding for abuse or neglect; however, there are violations of Agency policy and/or licensing standards of care for children in foster care.

For support during this difficult time, please contact your region's DCFS Foster Caregiver Recruitment and Support Consultant (Recruiter) or a Foster Caregiver Mentor. Contact information for the Recruiters and Mentors are on our website at https://dcfs.louisiana.gov/page/foster-caregiver-resources.

Here are some additional, helpful websites:
https://fosteringperspectives.org/fpv17n1/CPS.htm
https://marshalldefense.com/blog/what-every-foster-parent-should-know-about-cps-investigations/
https://www.fosterfocusmag.com/articles/how-foster-parents-can-protect-themselves

Allegations Related to Foster Caregiver's Birth Child

In some cases, a report of child abuse, or neglect, will be received which only includes allegations involving the foster caregiver's own child. When allegations regarding a biological, adopted or custodial child, of the caregiver occur, an investigation will be conducted by a CPS worker who will determine if any child, in the home, is at risk of abuse and/or neglect. Generally, the investigation will follow the same procedures noted above for allegations involving children in foster care.

Concurrent Investigations

While allegations of abuse and/or neglect can be made about a child, in foster care, who resides in the home; allegations of abuse and/or neglect can also be made, simultaneously, about a foster caregiver's biological, step, adopted or custodial children. In this situation, two investigations are completed concurrently by the same CPS worker. Each investigation will be completed with separate conclusions and actions.

Child Care Deficiencies

The Home Development Caseworker or the assigned Foster Care Caseworker investigates childcare 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 and youth. Some examples of childcare deficiencies include the use of corporal punishment, denial of basic rights, concerns regarding the home, improper storage of medications and inappropriate restraint. It is critical that caregivers stay up to date on policy and procedures to avoid deficiencies. If a problem is found, the home may be closed or the Agency may develop a Corrective Action Plan (CAP). Successful completion of the CAP is required in order for you to continue to care for children in foster care.

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, in foster care, you must remember that these procedures are in place to protect them from any possible maltreatment.

I. RUNAWAY, MISSING OR KIDNAPPED CHILDREN

Foster Caregivers are expected to know the location of the child, in foster care, at all times and provide excellent supervision. However, there may be situations when a child's whereabouts are unknown.

There are times that a child may leave your home, or school, without permission or unknown to you. This may be a result of a disagreement with the caregiver, a desire to

see his family or friends, or simply being overwhelmed with the current situation. The younger the child is, the less likely it is they will run away. Older children may be gone a few minutes, hours or even days. Often the child will run away to familiar territory, like his neighborhood to see friends or, perhaps, family.

Of course, there are risks to the child when he runs away. They may be injured or hurt, lack food and shelter, or experience substance use, sexually transmitted diseases, sexual exploitation, physical victimization and/or human trafficking.

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 Caseworker immediately. You and the caseworker 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 he was wearing at the time of the disappearance and individuals he 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 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.

Foster caregivers should not take running away personally. Instead, plan for the child's return and how you will integrate him back into the family. Here are some tips:

- Take some time to process and "reset" - Often foster caregivers' first reaction when a child returns from runaway is to confront and discipline the child. This can wait. What the child and foster caregiver need to do is "reset". Allow the child to come back and settle in to a calm home. Give the child some space before you have a discussion.
- Listen - Provide the child with an opportunity to express his feelings and what precipitated his runaway.
- Be concerned - Ask the child why he left and avoid being defensive. The important goal here is to see things from the child's perspective.
- Share your concern - Let the child know how concerned you were when he disappeared and your fears for his safety.
- Get some help for both of you - Talk with the child's Foster Care Caseworker about arranging some counseling for all of you to prevent future runaways.

Here's some helpful information on runaways:
https://fosteringperspectives.org/fpv18n2/runaways.htm
https://evolvetreatment.com/blog/my-teen-runs-away-but-always-comes-back-should-i-be-worried/

J. CHILDCARE AND EARLY LEARNING CENTER SERVICES

If day care is necessary for the child placed in your home, you should discuss the need with the child's DCFS 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 Agency of Children and Family 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.

Foster caregivers are often working families, too; therefore, childcare is an important service for them and children in foster care. There are a number of childcare options available for caregivers that work, or attend school at least part-time, especially for children with special needs.

Children, in foster care, needing childcare to help improve developmental, emotional and behavioral difficulties shall be referred to resources such as non-categorical preschool, pre-kindergarten, LA-4 and Head Start Programs. DCFS does not pay for childcare services for children for developmental or socialization purposes only.

Children, three to five years of age, who are not meeting their developmental milestones should be referred to the local school Child Search Coordinator to assess if the child meets eligibility for services in accordance with the Individual with Disabilities Education Act. Children, ages three and older, with developmental concerns are to be referred to the Office for Citizens with Developmental Disabilities (OCDD). Caregivers should discuss the child's needs with their caseworker who will assist with applications and referrals to these special programs.

DCFS Childcare and Early Learning Center Service Eligibility

When children, in foster care, are not receiving childcare services through an early intervention, preschool, pre-kindergarten, LA-4 or Head Start program and services are needed, due to their caregiver's employment or training program, DCFS full or part-time childcare services may be provided with the approval of the Supervisor and Child Welfare Manager, when all of the following criteria are met:

1. It has been documented, in the child's case plan, that childcare services are necessary to meet specified needs of the child.
2. It is in the child's best interest to receive childcare services in order to maintain their current placement. (There may be children whose best interests would be served by moving to another placement where the child would not have to attend a childcare center),
3. The foster child is under age 13.

4. Early Learning Services are available in a Type III or Military Center licensed by the Louisiana Department of Education (LDOE). If either of these cannot be located, you may request that a child receive services through a home-based childcare provider (Type R or Type U) in your area.

Payment of Day Care Services for Foster Children

Payment for Early Learning Center services are authorized for up to six (6) months once the caregiver and child meet the eligibility criteria. The caseworker shall verify, before each additional service authorization, to make certain the need for childcare still exists and eligibility criteria is met. DCFS can reimburse foster caregivers for registration and other childcare services with prior approval from the caseworker. The Early Learning Center may provide transportation through the childcare daily rate; however, no separate payments for transportation to a childcare center can be made to the childcare center or to the caregiver, even if the childcare center does not include transportation in the daily rate.

K. RELIGIOUS ACTIVITIES

Birth parents have a right to choose their child's religious affiliation and their wishes should be respected. If birth parents state a religious preference for their child, DCFS will make every effort to place the child in a foster home of the same religion. However, this is not always possible; therefore, caregivers may care for a child whose religious beliefs and practices are very different then their own, including children who practice no religion. It is important that caregivers recognize, encourage, and support the religious beliefs, of a child and his family; and allow a child the freedom to express his feelings about his religion, family, past, current status, and future.

Because children may attend the religious services of their choosing, or as requested by their parents, it is the shared responsibility of the caregiver and the caseworker to locate a resource that allows the child to attend a house of worship of his religion. It is the role of the caregiver to provide transportation to religious activities and assure appropriate supervision. Caregivers shall also provide support and any necessary items, for the child, to be able to practice their religion in the foster home.

If you attend religious services, it may be all right for the child to attend church with you, if the parents approve. However, the child may not be baptized, confirmed, become a member of a faith organization or engage in any religious ritual without the prior consent of his parents. At no time should foster caregivers coerce the child to accept their religious beliefs, rituals, or religious holiday observances. The child shall not be punished, or disciplined, for not participating, or accepting, the caregivers' religious practices or for practicing his own religion.

According to DCFS' Foster Child's Bill of Rights, youth, are entitled to, the right to refuse involvement in religious-based activities; and have a right to continue the youth's cultural, religious, and ethnic traditions and belief systems.

There are various situations that may challenge a foster caregivers' own religious values and beliefs. For example:

- The birth parents of the child are not married.
- The birth parents of the child use drugs/alcohol.
- The child uses drugs or alcohol; or engages in premarital sex.
- The birth parents; the child; the Foster Care Caseworker; the Home Development Caseworker or a service provider is gay, lesbian, bisexual or transgender.
- The birth parent opposes medical procedures, vaccines, etc. based on religious beliefs.

Caregivers should discuss any questions or concerns they may have, regarding any of these potential situations, with their assigned Home Development or the Foster Care Caseworker.

L. MANAGING PHONE, CORRESPONDENCE AND SOCIAL MEDIA USAGE

The foster child may make long distance telephone calls on the foster caregiver'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. Foster caregivers may request reimbursement for long distance calls with approval from the Foster Care Caseworker.

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 caregivers except at the child's request. They should not be pressured into letting foster caregivers read their mail. If problems arise with mail, which is disturbing to the child, then foster caregivers 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.

Children and youth need to continue to stay in contact with parents, relatives, siblings and friends while in foster care. It is critical for them to maintain, and sustain, important

relationships and attachments beyond those in their foster home. In addition, part of normalcy, for a child, is communicating, and socializing, with peers.

Today, there are a multitude of methods to utilize based on the age of the child. There are web-based tools that can facilitate communication, socialization, information sharing, social networking, entertainment and social media. These tools include blogs, email, videos and photo sharing sites, social networking, etc. DCFS encourages the use of these technologies to enhance communication, information exchange, and streamline processes; however, the use of these technologies must be consistent with applicable laws, standards, and policies. They should also be appropriate to the child's age/developmental level and ensure the safety and security of the child.

Here are some guidelines, for caregivers, to follow regarding a child, in foster care's, communication methods.

- **US Mail:** Children may send, and receive, uncensored mail to/from the foster home. Foster caregivers can assist young children with drawing pictures, coloring or creating greeting cards to send to their family. Mail is the private property of the child and should not be opened, or read, by the caregivers except at the child's request. They should not be pressured into letting caregivers read their mail. If problems should arise with mail, caregivers should seek assistance from the assigned caseworker.

- **Cellphones:** Youth, in foster care (age appropriate), may possess cellphones. Many teen-aged youth enter foster care with their own cellphone and may use their weekly allowance to pay for the phone plan. An alternative is to have the child's birthparent continue to pay for the service. Teen-aged youth may also obtain afterschool employment and earn money to pay for their cellphone. Caregivers may elect to pay for a youth's cellphone and/or plan and should create guidelines regarding cellphone usage. For example, no phones in bedroom after bedtime; plug your phone in overnight in the caregivers' bedroom; or no phones at the dinner table. Caregivers are encouraged to remain fair and to have the same rules in place for children, in foster care, and their own children who may have a cellphone.

- **Social Media:** Studies have shown children, in foster care, that utilize social media are able to maintain permanent connections with siblings, parents, previous caregivers, foster siblings and friends from previous placements. Children, in foster care, are able to utilize social media to tell their story and feel connected to peers. At no time should children, in foster care, be made to feel he has to disclose being in the child welfare system. However, it is also the child's right to reveal his own personal information as he deems appropriate. It is the

responsibility of the caseworkers, caregivers and parents to provide the child guidance in wise disclosure and the potential consequences of personal sharing.

Caregivers must use a reasonable prudent parent standard to determine if the child is mature enough, and old enough, to participate in social media. Discussion between the caseworker and the caregiver should occur to determine if there are safety concerns and whether there have been past issues with social media use. Prior to allowing the use of social media, the caregiver should set strict privacy settings on computers and electronic devices and set house rules, which should be based on the child's age, maturity and developmental level. With the caregiver's permission, the child should be provided with information on how to responsibly use social media, including posting comments/pictures, sharing personal and geographical information and the dangers associated with social media. Be sure to discuss the safe use of social media with the child and acknowledge its importance to them in order to fit in with peers and have some sort of normalcy. Social media use is a privilege and not a right of the child. DCFS will not be financially responsible for enrollment, transactions or any fraudulent incidents that may occur while the child is utilizing social media.

- **Posting Content/Pictures:** Children, in foster care, need guidance and support on how to use social media in such a way that preserves their health and safety. Information provided, while using social media, should be appropriate in content and nature. Children should be instructed to not post inappropriate pictures of themselves or others; and need to understand that pictures and information, on the internet, are not private. The child is responsible for his actions while online and need to realize that some social media activity could lead to criminal charges, if conducted inappropriately.

- **Safe Use of Social Media by Children in Foster Care:** Caregivers should be aware of when, and how, children are using social media. Supervision and monitoring is critical! Caregivers should be aware that there are risks for unsafe, online situations as children, in foster care, may be particularly vulnerable to inappropriate contact, cyberbullying, child predators and human trafficking. In addition, social media use may aid in communication with adults, or family members, who are not safe for private communication.
  - Teach children, in foster care, to keep personal information private. Advise the child not to post a full name, address, school name, phone number, photo or other identifying information for viewing by the public.
  - Keep computers in a common family space and keep track of mobile device use. Know what type of social media the child uses and consider asking for passwords and permission to view their social media sites.
  - Discuss cyberbullying. Warn the child not to send, forward, or respond to mean or embarrassing messages or pictures. Help the child document, block, and report cyberbullying, if needed.

- Discuss human trafficking. Ensure the child is aware that it is unlawful for any person to knowingly recruit, harbor, transport, provide, solicit, receive, isolate, entice, obtain, or maintain the use of another person through fraud, force, coercion to provide service, sexual acts, or labor. Help the child identify the warning signs and who to contact, when needed.

For more information regarding safety in social media:
https://www.childwelfare.gov/pubPDFs/smtips_parent.pdf
https://www.fosterfocusmag.com/articles/dangers-social-media

Foster Caregivers Use of Social Media

Foster caregivers are responsible for ensuring they protect the child's privacy, confidentiality, and safety. As caregivers, any and all personal information about the child, their family and their situation (reason for entering foster care), should be treated in a confidential manner to ensure the child's privacy. Caregivers use social media for learning opportunities and to share information and support with other foster caregivers; however, there are precautions that should be kept in mind when caring for children in foster care. These guidelines are meant to be a starting point on the proper use of social media and will need to be modified, and adapted, in future years, as technology advances and as best practices emerge.

1. **Posting Content/Pictures** - It is important for caregivers to be aware of safety risks associated with the birth/legal family before posting pictures online. Caregivers should consider how messages may be interpreted by others, including the child, in foster care, his family members and the Agency. Caregivers can post family pictures, on social networking sites that include the child, in foster care, provided the following conditions are met:
    - There are no safety issues related to the child as specified by the Agency; caregivers should be knowledgeable if there are safety precautions in place, such as whether or not the child's family can know where the child is placed.
    - The child, in foster care, is not identified by full name.
    - The child, in foster care, is not identified as being in foster care.
    - There is no discussion, on the social networking site, about case specific information regarding the child and/or his family.

2. **Posting Content/Blogging** - Caregivers should realize that any information they post on social media may be disseminated to anyone and what they say may be taken out of context or remain publicly available online. When posting online, caregivers should remember not to discuss the child or any information regarding him, when he can be identified as a child, in foster care, through that content. If a caregiver chooses to identify as a DCFS foster caregiver, they need to remember

that posting content should always be professional and they should take caution not to post information, which is ambiguous or could be taken out of context.

3. **Friend List/Friend Requests** - Foster caregivers are to ensure the safety and well-being of all children, in foster care, while in their home. Caregivers should not discuss case specific information through social media, text messages or email with anyone including caseworkers, family members, community partners and other foster caregivers. The reasoning for this is based on the fact that the information is not secure when shared through those methods and could be accessible to people who have no reason to access the information. Non-relative foster caregivers should use caution with "friending" the parents, or relatives, of a child who is placed in their home. Caregivers are discouraged from interacting with current clients or past clients on social media in a way that may reveal the status of the individual as a child welfare client.

M. NORMALCY FOR CHILDREN AND TEENS IN FOSTER CARE

Historically, the rules and guidelines of foster care made it difficult for children, in foster care, to live a typical life based on their age. As a result, the restrictions caused the child to feel different from their peers; inhibited their normal growth and development; limited critical social interactions and peer relationships; as well as, curtailed recreation and involvement in community activities.

What is Normalcy?

Normalcy can be defined as the ability to easily participate in age-appropriate social, scholastic and enrichment activities. Normalcy has also been defined as the ability to engage in typical, healthy and developmentally appropriate activities that promote well-being.
Normalcy, from the child, in foster care's, perspective, also means being treated like a full family member in the foster home; allowing the child to try new things and make mistakes that any child would make; and seeing the child as a "person", not a label, "foster child."

Some examples of normalcy, based on age, may be:

- Infants and Toddlers: Participate in playgroups, "Mommy and Me" classes, story time at the library, trips to the zoo or parks, etc.
- Preschoolers: Many of the above listed activities and play dates, holiday/birthday celebrations with birth family and friends, arts/crafts and toys that are age appropriate, swim classes, T-ball, soccer, dance, cultural/ethnic/racial activities, going on vacation with foster caregiver, etc.

- School-aged children: Many of the above listed activities, as well as, community-based and school-based activities, such as sports, music, art, clubs, and scouting. Also, religious practices, camping, fishing, sleepovers, pajama parties, technology, choir, band, cultural/ethnic/racial activities, going to Disney World, etc.
- Teens: The above listed activities, as well as, dating, social media, cellphones, movies, "hanging with friends", cooking, baking, making music, jobs, school dances, spending money, out of state school trips, concerts, driver's license, being active and engaged in future planning, etc.

These examples are based on the child's developmental level, interests, abilities, etc. Normalcy also includes the responsibility of the foster caregivers to access, encourage and support the child in pursuing their interests, hobbies, goals and dreams. This includes:

- Actively exploring with the child what his interests are and locating opportunities, in the community, for the child to participate in.
- Exposing the child to a variety of typical experiences, and activities, related to his age and developmental level.
- Assisting the child with accessing, "signing up", paying for the costs of the activity, purchasing needed uniforms, equipment, etc.
- Transportation to and from activities.
- Participating with the child, as appropriate (coach, cheerleader, chaperone, fan, etc.).

Paying for Activities:

Caring for children, in foster care, who participate in sports, music, community, and school activities costs money. There are limited funds available with specific guidelines outlined in Foster Care policy. Many reimbursements are available for school related activities such as club dues, school pictures, yearbooks, prom, school team wear for sports, graduation, senior class expenses, school supplies, band instruments, school uniforms, backpacks, school day trips, etc. There are limits on spending, so be sure to check with your assigned Home Development or Foster Care caseworkers for additional information.
For activities that are not covered, by DCFS, due to monetary spending limits, here are some ideas for possibly attaining assistance:

- Ask for a scholarship or reduced fees for your child in foster care.
- Ask if the child's extended family would pay all, or part of, the fees.
- Inquire if your church, or another community entity, would cover the child's costs.

- Engage your extended family to see if anyone is interested in sponsoring the child.

Decision-making with Regard to Normalcy:

Some caregivers may be concerned about deciding if an activity is appropriate, and safe, for the child. This is important because the child may have experienced a past trauma that could be triggered by participating in a particular activity. For example, if the child had a past near drowning accident, taking them water-skiing may elicit a trauma reaction. Consulting with the child, and their caseworker, is a good place to start!

Another worry that caregivers often have is "What happens if the child is injured or hurt?" "What if I take him on a hike and he falls and breaks an arm?" These concerns are addressed in the Prudent Parent Standards. These "standards" provide useful guidelines to reduce hurdles that, in the past, resulted in lengthy approval processes, burdensome red tape, and archaic rules/policies that prevented children, in foster care, from common activities and frustrated caregivers. For example, in the past, if a youth wanted to spend the night at a friend's house, a background check, of the home, would have been required. This is humiliating, and embarrassing, to the child and probably caused him to miss out on many ordinary activities and important relationships.

Prudent Parent Standards

The purpose of the Prudent Parent Standards are to allow foster caregivers to have discretion and decision-making regarding children, in foster care, for whom they are responsible, which will allow the child to engage in typical childhood and teen activities to create a more "regular" life for them given their unusual situation.

The Prudent Parent Standards also:

- Advises foster caregivers that DCFS realizes they face daily decisions, regarding child's care, which requires them to make judgments.
- Recognizes that foster caregivers, with the help of reasonable guidelines, will make decisions carefully, weighing the benefits and potential risks, in order to come to a sensible decision that is in the best interest of the child.
- Assists foster caregivers in determining whether to allow a child to participate in age, or developmentally-appropriate, activities and have items that are generally accepted as suitable for children of the same chronological age or level of maturity based upon cognitive, emotional, physical, and behavioral capacities.
- Helps foster caregivers weigh the potential benefits vs. risks to the child participating in the activity that would give the child a normalized experience.

How does DCFS Prudent Parenting Standards help and support Foster Caregivers?

- Provides moral support to caregivers in decision-making regarding the activities in which the caregiver is permitting/encouraging the child's involvement.

- Provides more information, and support, to the caregiver in determining what is age and developmentally-appropriate for the child.
- Provides support to caregivers to partner with the child's parents to include them and creates a way that allows for normalcy for the child while respecting the child's residual parental rights.

Your Home Development Caseworker will review Prudent Parenting Standards with you each year at the re-certification home visit.

Additional Information on Normalcy and Prudent Parenting:
http://www.aecf.org/m/resourcedoc/aecf-whatyoungpeopleneedtothrive-2015.pdf
https://capacity.childwelfare.gov/states/focus-areas/foster-care-permanency/perspectives-normalcy/
https://www.pacwrc.pitt.edu/PrudentParenting/JLC-NormalcyGuide-2015FINAL.pdf

N. INFORMATION TO BE SHARED WITH THE CHILD'S CASEWORKER

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 that 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?
- 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 children 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.

Regular communication between the foster caregiver and the Foster Care Caseworker is essential to the safety, well-being and permanency of the child in foster care. It is critical that the caregiver be informed of case plan progress, and is made aware of upcoming meetings, court hearings and staffings. Likewise, caregivers need to ensure that the caseworker is up to date on the child's activities, education, health, mental health and overall progress.

Sometimes, caregivers may not want to share information about the child's negative behaviors because they are afraid the caseworker may think they are not doing a good job or that the child may face harsh punishment from the caseworker. It is important for caregivers to remember that problems with the child are bound to happen and are expected by the Agency. Talking with the caseworker about the behaviors that are causing issues in your home, gives the caseworker, and you, an opportunity to discuss possible ways of handling these behaviors. Working together, as a team, makes it easier to deal with concerns and helps the child better adjust to the foster home. It is also important to discuss any concerns with the birth parents who may be able to help you problem-solve and support your efforts.

Caregivers should set up a system to capture important information, notes, school documents, appointments, medical information, forms to be signed, etc. Some caregivers use a three-ring binder or an accordion file, while others find it helpful to keep a journal about important issues that come up with the child. This will allow you to refer to your notes, when you meet with the caseworker, so you will not have to worry about forgetting important information, which may have occurred several days, or weeks, earlier. This is especially helpful if you have more than one child placed in your home. This can also help you track the progress you and the child are making.

There are several methods for sharing information with the caseworker:

- **Phone calls:** You are always able to call the caseworker; however, please recognize that the caseworker may be with other caregivers, client families, in court, at training, etc. so their availability may be limited. When leaving a message, be sure to state your name, the child's name, describe the need for the call and, leave your phone number. The caseworker should provide a daytime number, after-hours number, and an email address, as well as, their supervisor's contact information. This information is also listed on the 98-A, which is provided to the caregiver at the time a child is placed in their home.
- **E-mail:** Feel free to email the caseworker information, questions or concerns. This method is often easier for the caseworker and provides you with documentation of the communication. You can also use your smart phone to photograph documents and send them to the caseworker. You should discuss confidentiality issues and/or concerns with the caseworker.
- **Home Visits:** The assigned caseworker must visit the child, in your home, at least once a month. Take advantage of this time to talk with the caseworker about the child's successes, achievements, progress, needs, visitation, etc. The caseworker will also talk with the child, alone, to assess their emotional and social well-being. Home Visit Tip: In advance, make a list of questions you want to ask, documents you wish to share and information you want to provide so you are well prepared for the home visit.

Often times, caregivers are unsure about what information they should be sharing with the caseworker. The following are some examples:

- Infants:
  - Eating and sleeping habits, routines and schedule.
  - Update on pediatrician's appointments, immunizations, height/weight, health concerns, illnesses, allergies.
  - Progress on developmental milestones such as rolling over, sitting up, etc.
  - Visitation and contact with birthparents, siblings, extended family.
  - Infant's general disposition—happy, curious, fussy, etc.

- Preschool:
  - Eating and sleeping habits; likes and dislikes, things he talks about.
  - Child's personality - is he friendly or withdrawn; how he acts towards family members.
  - Child's abilities - does he seem to know how to do things like other children his age? Can he dress, feed and bathe themselves, brush his teeth.
  - Does the child know how to use a knife, fork and spoon when eating?
  - Does the child talk about his parents, sisters, brothers, friends or relatives? If so, what does he say?
  - Does the child seem to know the reason he is in foster care? Has the child asked when he is going to visit his parents or when they'll be able to go back home?
  - Does the child behave differently before or after he goes for a visit with his parents? If so, what behaviors are exhibited?
  - Do you talk to the child before and after the visit? If so, what kinds of things do you say and talk about? If you do not say much, or anything at all, before and/or after the visit, is there a reason?
  - What kinds of things have happened that 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 similar situations that may come up in the future.
  - How would you describe the child's health? Has he had recent pediatrician's appointments? For what reason? What were the recommendations? Discuss recent illnesses, medications, allergies, conditions and how you must care for the child.
  - Is the child in daycare or preschool? Have there been any concerns? How does the child feel about going to daycare or pre-school?
  - What is the child's progress on developmental goals such as potty-training, language, motor skills, play?
  - 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 caseworker understand the nature of the problem.
    - How do the members of your immediate family, relatives, friends and neighbors feel about you having the child 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.
    - What additional services is the child receiving? Progress?

- School-Aged:
    - Does the child talk about his parents, sisters, brothers, friends or relatives? If so, what does he say? Does the child communicate via email, text, Facetime?
    - Does the child behave differently before or after he goes for a visit with his parents? If so, how does he act?
    - Child's personality – is he friendly or withdrawn; how he acts toward family members, at school and in the neighborhood.
    - 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 they'll be able to go back home?
    - Do you talk to the child before and after the visit? If so, what kinds of things do you say? 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 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 similar situations that may come up in the future.
    - How would you describe the child's health? Discuss recent medical appointments, illnesses, medications, allergies, conditions and how you must care for the child.
    - School information regarding the child, such as attendance, attitude towards school, homework completion, conduct, detentions, suspensions, report cards, IEP, progress reports, LEAP scores, etc.
    - Does the child participate in mental health services? How often are appointments? What is the child's attitude towards the mental health services? Is the child on psychotropic medications? Compliance with taking medication? Have you noticed any side effects?
    - 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/upset is good information because it can help you and the caseworker 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 have been affected and how you are handling it.
    - What additional services is the child receiving? Progress?

- Teen-Aged Youth:
    - Does the teen behave differently before or after he visits with his parents? If so, what behaviors are exhibited? Is he resistant to visitation?
    - Do you talk to teens before and after the visit? If so, what kinds of things do you say? If you don't say much or anything at all, before and after the visit, is there a reason?
    - Does the teen communicate with family and friends via email, text, Facetime?
    - 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 similar situations that may arise in the future.
    - How would you describe the teen's health? Discuss recent medical appointments, illnesses, medications, allergies, conditions, etc.
    - Is the teen sexually active? Using birth control? Do you have conversations with the teen about being sexually responsible?
    - Does the teen smoke? Use drugs? Use alcohol? How do you handle it?
    - Does the teen participate in mental health services? If yes, how often are appointments? What is his attitude towards the mental health services? Is he on psychotropic medications? Compliance? Any side effects?
    - Provide school information regarding the teen such as attendance, attitude towards school, homework completion, conduct, detentions, suspensions, report cards, IEP, progress reports, LEAP scores, etc.
    - If you are worried about how the teen 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 teen got angry, or upset, is good information because it can help you and the caseworker understand the nature of the problem.
    - How do the members of your immediate family, relatives, friends and neighbors feel about you having a teen in your care? Talk about their good and bad feelings.

- Has the teen's presence in your home affected any of the relationships among family members? If yes, talk about what relationships that have been affected and how you are handling it.
- What additional services is the teen receiving? Progress?

The above information is also important to share with the child's birth parents to keep them updated on progress and concerns. Be sure to take advantage of visitation and phone calls to share information. Birth parents will have information that is helpful to you as the foster caregiver. You may consider meeting up with the birth parent(s), of any child, placed in your home, for a casual cup of coffee and to exchange information.

Required Notification to DCFS:
It is critical that foster caregivers keep DCFS informed of significant changes to their home composition, personal situation and/or any critical events that may impact a child, in foster care, who is placed in the home. Here are some examples of pertinent information that should be shared with DCFS staff:

- Provide advance notice, whenever possible, or promptly report to DCFS any changes that affect the life, circumstances, or living arrangements of the foster or adoptive family.
- Notify DCFS and state or local law enforcement within one hour of discovery of the child's death or of learning of the location of the child's body.
- Notify DCFS and state or local law enforcement that a child or teen is missing within two hours of the expiration of the following time periods: if the child is 13 or under, the location of the child is unknown and there has been no contact nor verification.
- Notify DCFS, as soon as possible, after the occurrence of any of the following:
  - A serious injury or illness involving medical treatment of the child.
  - Removal of the child from the home by any person or Agency other than DCFS or attempts at such removal.
- Notify DCFS caseworker, or supervisor, as soon as possible, but no later than 12 hours after the occurrence of the following circumstances:
  - Any fire or other emergency requiring evacuation of the home.
  - Any serious altercation involving the child.
  - Any involvement of the child with authorities (i.e. school, legal, etc.).
  - The accidental, or intentional, ingestion by the child of an excess of a prescription or non-prescription medication.
  - Any other unusual circumstances involving the child or the foster/adoptive family.

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 DCFS worker when a child is placed in the home. Emergencies will happen! Some are small, others big. When emergencies do occur, DCFS wants to ensure that every foster caregiver, their families and the foster children in their care, are safe and healthy.

Emergency Preparedness - Evacuation of Foster Homes

Foster caregivers shall develop, in advance, an emergency plan for their family, including any children, placed in their home, in the event of an evacuation. The plan should be shared with the DCFS caseworker when a child is first placed in the home. The Agency expects every caregiver to evacuate their family (inclusive of any child placed in the home) when Parish officials declare a mandatory evacuation and assure the continued safety of the children, in foster care, who are in their care.

Here are some tips for your preparation:

1. Identify various places, such as a relative's home, a motel, or a shelter, the family can evacuate to during hurricanes, storms, etc., including places outside of your parish.
2. Develop a special evacuation plan for children with special medical care needs.
3. Ask an out-of-state relative or friend to serve as the "family contact". Make sure everyone knows the name, address, and phone number of this "family contact" person.
4. Should family members become separated, be sure to have a plan for getting back together.
5. Develop an emergency communication plan for family members.
6. Inform the assigned Foster Care Caseworker and the assigned Home Development Caseworker of primary and secondary evacuation locations (relative and/or friend, etc.) with addresses and telephone numbers.
7. Be sure to have reliable transportation that allows you to evacuate on short notice.
8. Develop a plan to shelter pets in case you are unable to evacuate them with you. Local animal shelters should offer guidance regarding your pets, if you are forced to evacuate and cannot take them with you.

In advance, be sure to gather, and keep together important, personal documents you need to take during an evacuation, for ALL household members. For each child or youth, in foster care, secure the following documents:

- Health insurance or medical card
- Copies of immunization records
- Birth certificate
- Social security card
- School records, including copy of the IEP
- DCFS Form 98-A, Child Placement Agreement
- Most recent case plan
- Current court orders
- Any other pertinent information on the child

You should assemble emergency supplies such as a three-day supply of water; canned food; a battery powered radio/television; a manual can opener; a first aid kit; a spare set of car keys; cash and credit cards; automobile chargers for cell phones; blankets; pillows; toiletries; batteries; and flashlights.

You should also plan to bring necessary medical equipment, along with a week, or more, supply of each family members' medications, including any child or youth, who is in foster care, when evacuating.

Be sure to obtain, and take with you, a list of e-mail addresses and telephone numbers, for the following individuals, so that you are able to remain in contact with them:

1. The birthparents and/or other family members, of the child, in foster care
2. The Foster Care Caseworker and Supervisor
3. The Home Development Caseworker and Supervisor

When a mandatory evacuation is issued for the area in which a foster/adoptive caregiver resides, the caregivers are expected to follow the Office of Emergency Preparedness or Law Enforcement instructions and evacuate to safety. When applicable, local television and radio stations should be monitored for evacuation plans and general information.

If you are unable to reach the assigned Foster Care Caseworker or Home Development Caseworker in the event of an emergency, caregivers should contact the Foster Caregiver Support Line at 1-833-788-1351 to report the current location of the foster/adoptive family and children/teens placed in their home that have evacuated with them.

Obtain, and keep on file, the telephone number of the local Red Cross to learn of the emergency management plan within your area. The web site is www.redcross.org.

Be sure that when/if your evacuation plan changes, that you provide updates to DCFS staff.

The following websites also have emergency management information:

http://dcfs.la/foster-ep
http://www.getagameplan.org/
http://www.emergency.louisiana.gov/

P. ADOPTION OF A CHILD IN FOSTER CARE

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

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

- The home is a certified home
- The home has no Substantiate dated incidences 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 six months
- The caregiver wishes to adopt the child, the child is of appropriate age and desires to be adopted
- The caregiver is single, legally married or divorced, not just legally separated

Foster caregivers planning to adopt a child or youth, in foster care, should be prepared for the kinds of grieving behaviors they can expect from the child during the adoption process. Even when the caregiver 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 CHILD, IN FOSTER CARE, LEAVES

Because foster care is temporary, children and youth will eventually move. A child, in foster care, may return to his birth parent(s)' home; go to a relative; be adopted by

another caregiver; and/or leave for the military, college or to live on their own. In addition, there may be times when the placement in your home disrupts, causing an abrupt move.

Moves experienced by children, in foster care, can evoke physical, social and emotional changes that affect the children and all those involved. When a child leaves the home, all individuals involved need to be included in the planning. Foster caregivers are responsible for helping the child, in foster care, prepare physically and emotionally for his move. This includes being involved in any meetings to plan the move, meeting and coordinating the move with the next family, sharing information and working with the caseworker to ensure a smooth transition. When a child leaves the foster home, **all** of his personal belongings (such as gifts received, 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 his belongings.

When a foster caregiver is able to emotionally prepare, encourage and support the child, the transition will go a lot smoother for everyone involved. Here are some suggestions:

- Utilize your positive, trusting relationship with the child to engage in conversation.
- Deal with the child's separation upfront—don't pretend it's not happening.
- Talk openly and positively about the transition and the "permanency" family.
- Meet permanency parents prior to their 1st contact with the child.
- Host first visit in your home — be sure to include "alone time" between the permanency parents and child.
- Use Facetime, Zoom, pictures, etc. to help child get to know the new family.
- Be supportive of the permanency parent.
- Encourage the child to be open to the permanency family.
- Plan a rite of passage for the child, like a special dinner or outing.
- Write a letter to the child about the memories you will have of him.
- Honestly address the child's questions and concerns.
- Participate in moving day in a supportive way—don't rush it!
- Maintain the relationship, when possible, but revise the relationship—you are no longer the primary parent.

For more information about transitioning children and youth from your home:

https://foster2forever.com/2014/06/foster-child-returning-home.html
https://www.wikihow.com/Support-Young-Adults-Leaving-Foster-Care
https://adoption.com/smooth-transition-from-foster-care-into-adoptive-home

CHAPTER 4 – DISCIPLINE AND TBRI®

A. ATTACHMENT AND RELATIONSHIPS

The relationship between a child and their primary caregiver is critical to their ability to develop trust and connection, or attachment, with others. Attachment refers to the emotional bond between individuals, often shaped by early interactions with parents/caregivers. This bond/relationship influences how people connect with others throughout their lives and is the foundation for future relationships. When a child experiences harm in this relationship, through abuse and/or neglect, he needs to experience a healthy attachment, in a loving relationship, with a compassionate caregiver, in order to begin the healing process.

One of the requirements for becoming a certified caregiver for DCFS is attending and participating in the Equipped to Care Pre-service training. Part of that curriculum involves Trust-Based Relational Intervention® or (TBRI®), which is "an attachment based trauma-informed intervention that is designed to meet the complex needs of vulnerable children." TBRI® was co-founded by Dr. Karyn Purvis (1949–2016) who was the Rees-Jones Director and co-founder of the Karyn Purvis Institute of Child Development at Texas Christian University in Fort Worth. She coined the term "children from hard places" to describe the children she loved and served those who have suffered trauma, abuse, neglect or other adverse conditions early in life. Her research-based philosophy, for healing harmed children, centers on **earning trust** and **building deep emotional connections** to anchor and empower them.

TBRI® is an attachment-based, trauma-informed intervention designed to help children and youth, who have experienced trauma, by teaching them new, positive behaviors to replace maladaptive ones. TBRI® uses:

- Connecting Principles ~ Focus is on building trust and strengthening relationships between the caregiver and the child. The goal is to create connections that disarm fear, gain trust and enhance learning. Connecting is crucial for establishing a secure attachment, which forms the foundation for healing and growth.

- Empowering Principles ~ Addresses the child's physical and emotional needs, ensuring they feel safe and supported in their environment. This principle recognizes that meeting the child's basic needs is essential for their overall well-being and ability to regulate emotions.

- Correcting Principles ~ Helps children learn appropriate behavioral responses and self-regulation through compassionate and consistent guidance. This principle emphasizes the importance of teaching, and reinforcing, positive behaviors in a supportive manner. The goal is to shape beliefs and behaviors effectively, so children feel safe, protected and empowered.

While the TBRI® intervention is based on years of attachment, sensory processing, and neuroscience research, the HEARTBEAT of TBRI® is ***CONNECTION***.

Throughout the section on discipline, we will reference various TBRI terminology and techniques. The information provided was gathered from multiple websites, including, but not limited to:

https://child.tcu.edu
https://empoweredtoconnect.org/karyn-purvis/
https://www.attachmenttraumanetwork.org/trust-based-relational-interventions-tbri/
https://www.brendacrary.com/tbri-tips/tbri-tip-25-ideal-response
https://showhope.org/stories/tbri-correcting-principles-understanding-the-ideal-response

As a foster caregiver, your primary role is to develop a trusting relationship with the child in your home, so they can learn to feel safe and connected. Foster caregivers need to be able to provide structure, set boundaries, and create predictability for children in foster care. 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 will need help to develop these inner controls; therefore, through your responses, interactions, and your relationship with the child, they will learn how to communicate their needs, how to interact with others around them, and how they should expect to be treated by others. Children tend to learn best when they feel respected, understood, trusted, safe and loved. They also need clear information and the patience of a loving caregiver to help them gradually understand, learn, and succeed.

Every day, people are confronted with various situations. How we choose to react to each is based on the choices available to the situation and our past experiences. Sometimes, parenting can trigger memories from our own childhood. When a child displays negative behaviors, it can stir up some intense emotions and make us feel belittled, insulted, and/or ashamed. The issue is that once you are riled up by your own emotions, you will not be able to calmly, and rationally, deal with the foster child's behavior and emotions. Remember, discipline is about teaching, not punishment.

Too often, when caregivers feel triggered by the child, in foster care, the discipline becomes more about dealing with their own feelings rather than using it as a "teaching moment". It is important for caregivers to be aware of their own emotional baggage and what they are bringing to the table, so that they can be more effective at becoming **attuned** to the emotions of the child.

Some steps to help you make it a useful teaching moment:

- **Remain calm** or **regulate yourself**. Self-regulation is calming yourself by yourself. It is a technique we learn, as infants and young children, as part of the attachment

cycle with a caring, nurturing parent/caregiver. Try taking some deep breaths, count to 10.

- **Think about the outcome.** What is the lesson you want the child to learn? Discipline will not be effective if the focus is on you releasing your frustration onto the child. If your reaction is to scream and become angry, do you think that will help get them to settle down and be rational? Think about what you really want to achieve in the moment…the "take away". More than likely, you want the child to feel seen and cared about, but to also have a sense of "right from wrong" and to take responsibility. You want them to feel secure in your relationship, but to realize that life is not always fair and they will not always get what they want. When you think about what your goal is, you can take more conscious, effective steps to get there.

- **Connect on an emotional level.** This could mean making physical contact with the child, like putting an arm around them or a hand on their shoulder; kneeling down to their level and making eye contact; and/or helping them to calm down, by saying something like, "It seems like this is making you feel really sad." Once they begin to regulate, it will be easier to find a solution to the situation.

Foster caregivers and birth parents are faced with the important task of helping children make good choices. We must assist children to develop a positive self-concept, which will help them to begin to feel lovable, capable, worthwhile and responsible. When foster caregivers use methods of discipline that stress praise and encouragement for good behaviors, rather than punishment for bad behaviors, they are helping build the child's self-esteem and self-concept. Establishing trust, appropriately meeting their physical and emotional needs, and utilizing positive and consistent caregiving, and discipline, also helps.

Discipline needs to be done in a planned manner and not in reaction to something that has happened. By reducing the intensity of your reaction, the focus will remain on what the child has done or not done, instead of on the way you reacted. A caregiver who overreacts to a situation can look scary. Not to mention, when children are yelled at, they have a tendency to forget the lesson their caregiver was trying to make; but they will remember the FEAR they felt in that moment. Before approaching the child, to deal with the situation, take a few deep breaths to self-regulate. You need to be able to identify the behavior, 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 behavior, assessing the situation and deciding on the best action**, the effectiveness of your discipline will increase while also allowing you and the child to maintain a **positive connection**. 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, a learning disability, crying, etc. should not be the focus of discipline or punishment.

Discipline and punishment methods should be discussed with the assigned caseworker. You should not hesitate to call the caseworker if you are in doubt as to how to manage an unwanted behavior.

Another source, referenced in this section, is:
https://www.psychologytoday.com/us/blog/compassion-matters/201411/six-rules-to-live-by-when-you-discipline-your-child

B. INAPPROPRIATE METHODS OF DISCIPLINE

A question frequently asked by foster caregivers is, "What methods of discipline are acceptable to use with children who are in foster care?" As a foster caregiver, you should always adhere to the following:

It is never acceptable to:

- Slap, strike, pinch, shove, or hit a child.
- Spank a child, under any circumstance.
- Hit a child with a fist or an object, such as a belt, paddle, ruler, wooden spoon, hairbrush, shoe, etc.
- Shake or yank a child.
- Pop the hand, buttock, and legs of a child.
- Use a chemical, drug, physical or mechanical restraint on a child.

In addition, the following is a list of **prohibited** practices, for foster caregivers that are **NOT** to be used with children who are in DCFS custody. This list is **not all-inclusive**.

- Cruel, humiliating, severe, degrading and unusual punishment, such as having the child kneel or march.
- Verbal abuse, ridicule, humiliation, shaming, sarcasm or derogatory remarks about the child, his family members, race, or gender.
- Threats of removal from your home.
- Denial of shelter, clothing, or bedding.
- Withholding meals, except under a physician's order.
- Use of harsh physical labor.
- Permitting a child to punish another child.
- Allowing the sexual abuse of a child.
- Denial of correspondence, telephone calls or planned visits with the family or child's worker.

- Requiring or denying the child's participation in religious activities.
- Denial or deprivation of sleep except under a physician's order.
- Denial of access to bathroom facilities.
- Use of physical discomfort except as required for medical, dental, or first aid procedures necessary to preserve the child's life or health.
- Requiring a child to remain silent for a long period of time.
- Withholding of family visitation or communication with family.
- Withholding of emotional support.
- Denial of school services.
- Denial of therapeutic services.
- Use of painful stimulus to control direct behavior.
- Use of hyperextension of any body part beyond normal limits.
- Use of joint or skin torsion.
- Use of straddling, pressure, or weight on any part of the body.
- Use of maneuvers that obstruct or restrict the circulation of blood or obstruct an airway.
- Isolation in a locked room or in any closet or other enclosed space.
- Isolation in an unlocked room for more than an hour.
- Use of choking.
- Use of a head hold where the head is used as a lever to control the movement of other body parts.
- Use of punishment for actions over which the child has no control, such as enuresis, encopresis, or incidents that occur in the course of toilet training activities.
- Threatening child with a prohibited action even though there is/was no intent to follow through with the threat,
- Use of excessive yelling.
- Use of exercise as a form of discipline.
- Exposing a child to extreme temperatures.
- Placing an object in a child's mouth as a form of discipline.
- Use of abusive or profane language.
- Covering the mouth, nose, eyes, or any part of the face.
- Placing a child or youth into uncomfortable positions.
- Use of other impingements on the basic rights of children for care, protection, safety, and security.
- Use of organized social ostracism, such as codes of silence.
- Punishing a group of children for actions committed by one or a selected few.
- Delegate or permit punishment of a child by any other person.
- Withholding the child's allowance, for any reason, without authorization from the assigned caseworker.

When you are faced with having to discipline a child, it is important to remain calm and rational, in the "heat of the moment". Be sure that all other children are out of harm's way. You are the adult who needs to set a good example! If you are in doubt about a specific method, remember to always use common sense and ask yourself, ***"Would DCFS be okay with me doing this?"*** Any questions or concerns, you may have regarding discipline and punishment methods, should be discussed with DCFS staff.

Now that you have read this entire list of what is unacceptable, you are probably thinking, what IS acceptable? Throughout the remainder of this section, we will share tips and methods on positive discipline techniques, many pulled from TBRI®, that will help start you on a journey to a positive, healthy relationship with the child in foster care.

C. TBRI®: The IDEAL Response©

When children, who have experienced trauma, do not feel safe, they often act out with behaviors that appear willful, baffling, and even infuriating to caregivers. How we respond to them, when those behaviors are front and center, is crucial. The TBRI® Model Approach discusses the IDEAL Response©, which assists caregivers with teaching children about learning how to interact appropriately with others. It is a helpful approach on how to respond to the behavior, while allowing the child to still feel safe and connected; and to learn how to do the behavior correctly for the next time.

The IDEAL Response© stands for:

Immediate: Respond immediately to the situation so that the behavior, whether bad or good, is acknowledged and addressed. The immediacy is so important because it facilitates better learning for children, especially those with cognitive impairment. In addition, if you praise your child's positive behavior as soon as it happens, the child will be more likely to repeat this behavior.

Direct: Engage directly; get down to their level by squatting or bending over and making eye contact. When possible, use gentle touch, like holding their hand or touching their arm. You could also try to match the behavior. An example of this would be sitting in front of them, on the floor, with your legs crossed, if they are sitting on the floor, with their legs crossed. The idea is that you do not want to have an imposing stance to invite any fear in the child, causing them to fight, flee or freeze, instead, you want to work towards resolution together.

Efficient: Remember to respond to the LEVEL of the behavior. You do not want to lecture. Use short phrases and attempt to redirect the behavior. If it is something small, respond in a playful way to get back on track. If it is a bigger behavior, give the child voice by giving them a choice, or a compromise, for the situation, which is causing them to have behaviors. For instance, a young child is crying because she wants to be carried inside

and it is not appropriate for her to be carried at the time. Caregivers may give the child two choices - offer that she can walk by your side or hold your hand and walk by your side (notice being picked up was not one of the choices). This allows the child some control and the chance to problem solve, while still correcting the behavior. When the behavior is more escalated, the child will first need help regulating and that should be your primary focus. Once they are calm, you can go back to a more structured, or playful, interaction and apply the next steps.

Action-Based: Children, in foster care, are often functioning from the base of their brain when they are misbehaving and in survival mode. They often are not being willfully disobedient, but rather their first instinct is to fight, flee or freeze. One way to have them learn a new way to behave is to offer them a "re-do". A "re-do" allows them to practice what you want them to do, so they can remember it better and can feel a sense of accomplishment, during the behavior, rather than defeated and threatened. A "re-do" is not a punishment, but rather, a way for the child to learn new skills on how to get their needs met. For instance, for the crying child who wants to be picked up, you may say, "why don't we try that again with respect?" Then you would go to the location where the child started crying and have the child ask to be picked up in a respectful manner, then you could pick the child up and they learned to ask for what they needed instead of melting down. One goal of TBRI® is for the caregiver to help give the child a voice so that they can learn to ask for what they need.

Leveled at Behavior: It is vital for children, in foster care, that the correction they receive from caregivers is leveled at, or directed to, the behavior. The corrections must be about the child's behavior, and not their worth. For a foster caregiver, it can be difficult to think about the behaviors as separate and apart from the child. It's important to keep in mind that the child is behaving as they know how based on past trauma and it's the job of the caregiver to provide them with new tools and teach them new behaviors to be able to implement while reassuring them they are precious and loved. Make it clear to your child that you are his advocate, **not** adversary. Stay focused on what the behavior is that is not acceptable and not that he is a bad child. Usually children, from hard places, already have enough shame and this will not encourage better behavior or learning.

It is important to remember that the heart of TBRI® parenting is connecting with the child, and the IDEAL Response allows caregivers to correct the behavior while building trusting relationships with the child.

Site references include https://casaspeaks4kids.com/tbri-the-ideal-response

D. CORRECTING PRINCIPLES TO CORRECT THE BEHAVIOR

Be aware that negative behavior, on the part of a child, can serve as a means for getting the attention of their caregiver when they are unable to verbalize a need they have. One

way to help the child learn to communicate their needs and wants, in a more appropriate manner, is by "scripting new behavior". Dr. Purvis, and her team, as part of her Trust-Based Relational Intervention model, created this concept.

Utilizing Behavioral Scripts involves multiple steps, which include:

- Identifying the specific negative behavior that needs to be changed;
- Demonstrating the new, positive behavior to be used instead;
- Allowing the child/teen to practice the new behavior in a safe, supportive space; and
- Using praise and encouragement when the child successfully uses the new behavior.

These scripts can help provide a guide for interacting with your child, especially during difficult times. Using them regularly can help to simplify and enhance parenting a child from a hard place.

Below are some acceptable techniques for helping you to positively connect with the child in foster care, in an effort to change their negative 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. 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.

Sharing Power with Choice and Compromises
Choices and compromises are a powerful way of giving children voice. These behavior management techniques are powerful tools, but they require practice. To be effective get into the habit of giving choices during good and calm times, so the habit can help you in the hard times. By giving choice and compromises we take away inappropriate ways of being in control, including aggression and manipulation. We also teach children to negotiate their needs in an appropriate manner. There will be instances when you are unable to give a compromise or a choice, but always try to give them when you can.

The Re-do: Try That Again
Re-dos are a behavioral modification technique that involves addressing an unwanted behavior immediately by identifying the behavior and allowing the child a chance to "re-do" their actions in a more appropriate, acceptable manner. Re-dos promote active learning and give children an opportunity to experience success. Re-dos are not

punishments, but instructions. As with other behavioral modification tools, you should practice Re-do's during good times, so they are habits you can rely on during hard times.

Focus on the Behaviors, Not the Child
Remember, the child's behavior is not who they are - their behavior is a product of their history, and if a negative behavior needs to change, we need to focus on the behavior, and never forget to respect and cherish the child. Let us never tell a child they are "bad", "stupid" or "damaged," for this will only strengthen the way they already feel about themselves. Instead, let us say things like "Can you try that again, with respect this time?"; "That didn't work out so well, can you think of a better way to do it?" or "How about a compromise?"

E. TIME IN VS. TIME OUT

The focus of effective discipline is to connect with the child for the opportunity to redirect an unwanted behavior. Caregivers can achieve this by using time-ins instead of time outs. Time outs are distancing strategies, as they weaken the connection between the caregiver and the child. They call for removing the child from the negative situation, which could result in him feeling isolated or abandoned.

Time-ins are considered connecting strategies, as they help to strengthen the connection between the caregiver and the child. Dr. Purvis refers to time in's as an important strategy that helps to promote healthy development and secure connection, while at the same time dealing effectively with misbehavior. A time in teaches a child, "come to me, I will help you, we will work on this together"…it is a vast difference from sending your child away.

Time-ins allow the caregiver to empathize with the upset/emotional child in an attempt to make them feel seen, and heard, until they are able to calm down or self-regulate. It allows the child an opportunity to think about his behavior, as well as, to connect with the caregiver for positive redirects, support and re-enforcement. The place chosen for time-in should be away from interesting or rewarding activities such as TV, but should be near the caregiver so the child does not feel alone.

Time-in is not a personal attack on the child. It is simply a calm and non-violent opportunity to redirect the child's misbehavior and strengthen the bond between the child and caregiver. Time-in's work because the procedure is easy for both the caregiver and the child to learn and the caregiver is able to model being calm and non-violent. Time-in serves as a clear signal to the child that the behavior in question will not be tolerated and emphasizes that, despite the behavior, he is still loved.

CHAPTER 5 – HEALTH AND MENTAL HEALTH CARE

A. TREATMENT RESPONSIBILITY

The Department of Children and Family Services (DCFS) has the overall responsibility for the physical, medical, dental, and emotional care of children in foster care. The Agency is ultimately responsible for making provisions for preventive and medical care and/or treatment for any condition that is dangerous to the child's physical or mental health.

Because the caregivers 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 them. Foster caregivers are responsible for ensuring 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 assigned caseworker. Foster caregivers should discuss with or notify the foster care caseworker 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 solely with positive daily childcare activities and may require medical treatment.

During pre-placement, and at the time of placement, the child's foster care caseworker 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. CHOOSING A PROVIDER

It is the policy of the Department of Children and Family Services (DCFS) to ensure all children in foster care receive all medically necessary and recommended medical and dental care. Foster caregivers will be provided with a medical card or Medicaid number for children who are placed in their care. In many cases, we continue to seek medical and mental health services from the child's existing providers.

Responsibility for securing routine medical care is achieved in partnership with the caregivers and the caseworker. Medical choice is limited to licensed physicians and facilities approved to participate in the Medicaid Program, for covered services, and the child's Managed Care Organization (MCO).

Medical and dental care needed for children in foster care is paid for through Medicaid or through the birth parents' private insurance. Any services not covered by the birth parents' private insurance or Medicaid card are to be discussed with the child's assigned caseworker prior to obtaining the service. Foster caregivers may be reimbursed for certain

prescription drugs and medical emergencies when the child's medical card does not cover these expenses, with approval by the foster care caseworker.

The child's foster care caseworker will assist the caregiver with the following:

- Coordinating medical care plans with the caregiver or facility.
- Making direct referrals and helping the caregiver with follow-up appointments for referred services.
- Keeping old medical records and current medical information updated in the child's online case record.

When children enter foster care with significant medical histories or conditions that could impact their future health, development, and educational needs (such as premature infants, substance-exposed newborns, children with disabilities, etc.), their medical information must be maintained throughout the case. This information must be accessible to ensure a complete medical history during their time in foster care and be transferred to the child or their permanent caregiver when they leave foster care.

Once a child is placed in an adoptive home, the adoptive caregivers should be encouraged to include the child on any private medical insurance they may have. The adopted child is eligible for Medicaid if an adoption subsidy is available.

D. MEDICAL CARE/FORMS/RECORD

A child entering foster care must have a medical exam completed within seven calendar days, if possible, but no later than 30 calendar days after entering care. The DCFS caseworker will discuss the need for you to schedule an appointment with a Medicaid physician or clinic. Then, the ongoing medical wellness examination schedule should be followed.

- A child under one year old should see a doctor by 1 month; then, the child should be seen again at 2 months, 4 months, 6 months, 9 months, and 12 months, or as often as recommended by the doctor.
- From age one or two, the child should continue to be seen as often as his condition requires, but at the very least, he should have check-ups at 15 months, 18 months, and 2 years (including visits for required immunizations as outlined in Appendix G), and as recommended by the child's pediatrician.
- Children over the age of two must have a full physical exam every year.
- Since immunizations are available free of charge at local health units and covered by Medicaid, DCFS will not reimburse immunizations given by providers who do not participate.

- Every effort should be made to maintain an established medical relationship between a child and their original physician (or physician of origin), provided the physician participates in the child's Medicaid plan.

Annual medical examinations must be recorded in the child's case record. The foster care caseworker will provide CW Form 98-F for the physician or Medicaid provider to complete. This physical form will be used to document visits to Medicaid clinics. The child's caseworker must receive the completed form. A copy of the child's physical examination from the electronic medical record may be attached to the 98-F form instead of filling out the handwritten form.

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

Ongoing Medical Appointments/Screenings

Additional medical screenings may occur when they are:

- Medically necessary.
- Required prior to participation in an educational or sports program.
- Required within three business days of a child returning from runaway, missing, or kidnapped.
- There is suspicion of physical abuse, illness, or other conditions such as HIV exposure or pregnancy, and medical screening or testing is required to confirm.

Specialized medical screenings for children, who are under the care of a medical specialist due to their unique health needs, as well as follow-up examinations and screenings, should be based on the recommendations of the child's treating specialist. Examples of this may include, but are not limited to:

- Oncologist for a child with Cancer
- Cardiologist for a child with heart issues

E. EYE AND DENTAL SERVICES

The foster caregiver is responsible for scheduling the child's routine annual eye or dental exam. These services must be obtained from a Medicaid provider.

Dental Care and Orthodontic Services

1. All foster children must have an initial dental exam within 60 days of entering care and every six months afterward (unless the child is under one year old and has no teeth).

2. Infants should have their first dental exam when their first tooth erupts or at age one, whichever comes first; and then every six months after that.

3. These exams might be more frequent if indicated by risk, special needs, or susceptibility to oral disease, when ordered by a dentist and based on medical coverage.

4. Dental exams must be performed by a licensed dentist and must include a documented description of the child's oral health along with recommendations for ongoing dental care.

5. Dental health care must be included in the child's health plan. The caseworker or caregiver should verify with the child's health plan that the dentist is appropriate before scheduling the appointment.

6. Specialized dental screenings may occur when oral health concerns arise.

7. Orthodontia services must be authorized for payment by the child's medical coverage. The Agency only initiates orthodontia services that are medically necessary and covered by the child's medical coverage. If a child enters foster care and the biological parents have already started orthodontia treatment, the Agency should inform the parents that continued treatment will be their responsibility. If the parents refuse to continue supporting the treatment, DCFS shall immediately communicate with the court to request that the court order the parents to continue payment until the treatment initiated by the parents is completed. If the court declines to order the parents to fulfill this responsibility, the Agency will cover ongoing costs to complete the treatment.

F. EMERGENCY TREATMENT

The physician determines whether the child needs to be hospitalized. Authorization for the child's treatment is given by the foster care caseworker on a form provided by the hospital. Except in emergencies, the caseworker must give this authorization in advance. For procedures involving surgery, general anesthesia, or unusual treatment, consent from a biological parent or the court may be required. The caseworker must be involved in the authorization process. The caregiver should notify the child's caseworker as soon as possible when the child is hospitalized.

A child may also come into contact with a poisonous substance. If the child(ren) eat, inhale, or contact any substance that could harm the body, the caregiver should immediately call the Louisiana Drug and Poison Information Center (1-800-222-1222) and seek appropriate medical care. Contact must also be made with the caseworker.

G. MEDICAL SUPPLIES AND MEDICATIONS

Routine medical supplies, such as Band-Aids, Tylenol, and similar items, are not reimbursable to the foster caregiver.

The following criteria should be followed when providing children with medication:

- Only give prescription medication to the child if prescribed by a physician for that child.
- Do not change the dosage of the medication without a doctor's orders.
- Notify the child's caseworker or supervisor within one working day when psychotropic medications (medications to control behavior) are prescribed for the child.
- Exercise sound 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 the medicine.
- Make every effort to learn about and monitor potential adverse side effects of both prescription and non-prescription drugs, and report any adverse effects to a physician and the caseworker immediately.
- Be responsible for providing the medications ordered for the child and for storing those medications and medical supplies out of reach of the child(ren).
- Keep a medication log for the child detailing all medications given.
- Call 911 Emergency Services immediately when emergency care is needed.

H. MENTAL HEALTH SERVICES

Treatment is available to address emotional or psychiatric issues in children in foster care when necessary. Referrals for treatment from the caseworker and supervisor are based on their evaluation of the child's needs or those identified by the MCO through a health needs assessment. Although the child may be the primary client, it is expected that most of the therapeutic interactions will be with the foster family. The focus of treatment will typically be on helping the child and their caregiver better manage behavior both at home and at school.

Active caregiver involvement facilitates more rapid treatment progress. With caregiver support, therapists can identify issues faster, reinforce strategies at home, and adjust the approach sooner if therapy is not effective.

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 to make notes about what has happened in between sessions and 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 caregiver involvement in the child's therapy benefits both the caregiver and the child. The support will aid the entire family. Therapeutic information and actions should be discussed with the child's caseworker.

Waiver services for developmental disabilities and Early Steps referrals may be available for the child placed in your home. As a caregiver, you should direct all questions about services offered by providers to the child's assigned caseworker. Never refuse services without first talking to the child's caseworker. Always discuss any problems you face in arranging or participating in developmental services with the caseworker.

I. OTHER IMPORTANT HEALTH INFORMATION

Changes to the Health Plan:

After initial enrollment in a health plan, the child must remain with the initial plan selected until the annual Medicaid recertification date. This date will also serve as the child's open enrollment to choose another health plan annually. The health plan should only be changed if found necessary to meet the child's healthcare needs.

Services without Referral:

Some services, like Early Steps, dental, and pharmacy services, do not require a referral. The child's chosen health plan may or may not have specific providers for certain specialized services that don't need a referral. For these services, the child can go to any provider that accepts Medicaid. The Health Plan should be contacted for details about which services need approval and which are available from the health plan provider. Medicaid recipients will be enrolled in a health plan, receive a card through the assigned plan, and will keep their Medicaid card for services that don't require a referral.

Policy Exceptions:

If linking a child with a health plan is not in the best interest of a particular child, the caregiver may request a change in the health plan with prior approval from the Child Welfare Manager responsible for overseeing the child's case, following the procedures below. Situations that warrant approval for opting out include:

- When a child needs multiple physicians who are not all covered by the same health plan or when a child frequently sees a doctor who does not participate in the child's health plan.
- Youth aging out of foster care will not have the option to opt out of a health plan once they turn 18 if they want to continue receiving medical services through Medicaid until age 26.

Procedures for Exceptions:

The child's caseworker and caregiver must discuss why it might not be in the child's best interest to enroll in a health plan. If it is decided that the child should opt out, the caregiver must contact the child's physician(s) and confirm that the physician will accept Legacy Medicaid. The caseworker must discuss the reasons for opting out and the physician's willingness to accept Legacy Medicaid with the supervisor and record the discussion in the child's case file. If both the caseworker and supervisor agree that opting out is in the child's best interest, the Child Welfare Manager responsible for the case will review the documentation and make the final decision. The Child Welfare Manager must record that decision in the child's case file. Then, the Child Welfare Manager will inform the foster care supervisor and caseworker of the final decision so the caregiver can proceed, if necessary, with enrollment.

CHAPTER 6 – SCHOOL INFORMATION AND GUIDANCE

A. LAWS TO HELP A CHILD IN SCHOOL

The Foster Care (FC) caseworker, in collaboration with the local school system, birth parents, the child, and the foster caregivers, ensure each child in foster care has the opportunity to receive a full time education, participate in community based public educational programs, and ensure the child has a stable educational setting.

In accordance with ACT 248 of the 2015, Louisiana Legislative Session, the caseworker, in collaboration with the caregivers, shall ensure all children in foster care are appropriately attired according to the dress code and uniform standards of the school they attend while on the bus, on school grounds, or participating in school activities. All parties are to remain in ongoing communication regarding the child's educational progress and challenges, to ensure the child is provided with appropriate supports and services.

When locating placement, the DCFS shall consider the appropriateness of the current educational setting and the proximity of the foster home to the school in which the child is enrolled at the time of entering foster care. Children in the custody of the Agency are eligible to attend a school in the district, or parish, of the foster care placement, when it is in his best interest (In this situation, there must be documentation to show why it is NOT in the child's best interest to remain in the school of origin at foster care entry).

Children in the custody of DCFS, shall be given preference as indicated in LA R.S. 17:3991(C)(1)(c)(iii) for enrollment to attend a charter school established pursuant to LA R.S. 17:3983, when in the child's best interest.

Children in custody of DCFS, placed in a home with other children who are attending a nonpublic or parochial school, may be allowed to attend the same school if the DCFS determines it is in the best interest of the child; however, the Agency shall not provide payment for expenses associated with such an education.

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.

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, skipping school, 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 in foster care 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 to your child's school counselor or teacher. Remember, the law entitles your child in foster care 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 caseworker.
- A formal evaluation is required to get an accurate diagnosis of all hidden disabilities of your child in foster care. This can be arranged through their school. This evaluation is called a 504 Evaluation and upon completion, it is effective for three years.
- If you think your child in foster care, needs accommodations in his classroom or the accommodations he has now are inadequate or insufficient, you can also contact your regional Special Education Coordinator for special assistance.

Some examples of accommodations are:

- Provide a voice recorder so the student can tape lessons, assignments and/or homework.
- Record teacher lessons.
- Provide peer tutoring and/or peer note taker.
- Repeat directions to the student after they have been given to the class; have the student repeat and explain directions to the teacher, or simplify complex directions by first breaking them down into parts.
- Reducing the reading level of the assignments.
- Not grading handwriting.
- Teach the child to use a computer as most schools use computers and computer assignments.
- Require the child only do a certain number of problems; for example: the child understands the concepts, but takes excessive time to complete them;
- Provide a calculator for all schoolwork 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 students to give test answers on using a voice recorder.
- Allowing extra time for exams.
- Allow certain classes to be waived and alternatives placed.

- 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.

Children in the custody of the DCFS who are placed in a home with other children who are already participating in an approved home study program pursuant to LA R.S. 17:236.1, may be approved to attend an approved home study program if the DCFS finds it is in the best interest of the child, as long as, they are in the program:

1. Approved by the Louisiana Department of Education.
2. The program offers a sustained curriculum of quality at least equal to that offered by public schools at the same grade level, pursuant to LA R.S. 17:236.1(C)(1).
3. The Louisiana Department of Education (LDOE) provides the DCFS, upon request, verification that the home study program in which a foster child is participating is approved pursuant to LA R.S. 17:236.

The foster caregiver must provide the DCFS appropriate documentation, including but not limited to copies of standardized tests, to substantiate the child is progressing on grade level and at a rate equal to one grade level for each year in the program.

HOME SCHOOLING

Home schooling for children in foster care should not routinely be allowed. In addition to the circumstances allowed in LA R.S. 17:238, the decision for the child to participate in a home schooling program should include discussion of:

- Why it is not in the child's best interest to attend the same school he was attending upon foster care entry.
- The child's interest in home schooling.
- Consultation with, and approval of, birth parents retaining parental rights to the child.
- The child's unique educational needs and availability of specialized services within the public school system to meet those needs.
- The demonstrated progress of other children being provided a home school program by the foster caregivers.

- The qualifications of the foster caregivers to provide a home school program.
- Any commitment of the foster caregivers to adopt the child.
- The potential of the home school program to facilitate family cohesion with a potential adoptive family

The Agency will not be responsible for costs associated with providing a home school education, such as textbooks and instructional materials. The child will only be eligible for the same school supply expenses allowed for a child in a public school setting.

Guidelines and instructions regarding approved home study programs by the Louisiana Department of Education can be found at: louisianabelieves.com/schools or by calling 1-877-453-2721.

For more information on Special Education Laws:

https://www.understandingspecialeducation.com/IEP-law.html

https://sites.ed.gov/idea/

https://prepparents.org/resources/for-parents/special-education-parent-guides/louisiana-special-education-parent-guide/

https://www.louisianabelieves.com/docs/default-source/academics/louisiana's-educational-rights-of-children-with-disabilities.pdf?sfvrsn=12

B. GUIDELINES TO ASSIST FOSTER CAREGIVERS WITH CHILD'S EDUCATION

- ✓ Most school information for the child is either mailed or emailed. As a foster caregiver, you are responsible for sharing this information, for example, a report card, with the foster care caseworker and the birth parent. This is a great opportunity for the foster caregiver to work with the parent for the benefit of the child. You should be sure to make a copy and share with the birth parent at visitation.

- ✓ Assess the child's clothing needs prior to when the child begins school and assure they are dressed in keeping with school standards and peer group. School uniforms are reimbursable. Keep original receipts for reimbursement.

- ✓ When possible, you should take the child to school prior to the first day to meet their teacher(s), pick up their class schedule, and to tour the school. Be sure the child is made aware of extracurricular activities they may engage in. Fees for extracurricular activities, and clothing needed for the activities, are reimbursable. Be sure to keep original receipts for reimbursement.

- ✓ Attend PTA meetings, teacher meetings and other activities related to the child's educational needs. Be sure to invite the child's birth parents to any parent/teacher conference.

- ✓ 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 before completion of the 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, distraction-free, well-lit place for the child to complete homework.

- ✓ 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 rides the bus, or is picked up on time when the school day ends.

- ✓ Provide an after care plan if foster caregiver(s) work. Who will care for the child before and after school hours? Provide this information to the foster care caseworker.

- ✓ You can give permission for ordinary events such as field trips or other school activities. The foster care caseworker must give approval for extended trips and expenses beyond the allowable amounts.

Bullying

Unfortunately, bullying happens too often in school. Children and youth in foster care are particularly susceptible as they will be the "new" kid in school and others may learn of their "foster care" status. Along with being labeled as a "foster child", he may be racially or culturally different, have learning challenges, or have special needs.

Harassment can range from name-calling, meanness, and exclusion to physical assault. While other students are often the source of bullying; teachers, school staff, and administrators can also bully through criticism, pointing out publicly the youth's educational shortcomings, "outing" the child as being in foster care, or using unfair, harsh discipline.

Cyberbullying is on the rise! This bullying and harassment occurs on Facebook, Instagram, Snapchat, Tik Tok, and other online venues and social media platforms. It includes shaming, spreading rumors, making threats, and taunting. Unfortunately, cyberbullying is relentless and can go on 24 hours a day, 7 days a week. In addition, the messages can spread like wildfire through the school and result in increased bullying during school hours.

The impact of bullying on the child in foster care is far-reaching. First, it can trigger past trauma of physical abuse, emotional abuse, isolation, and/or rejection. Bullying confirms for the child or youth their belief that they are worthless, unlovable, and unable to be successful.

Here are some signs that bullying may be happening. Be on alert for injuries, torn clothing, or bruises. In addition, the child may have damaged or missing books, notebooks, school supplies, etc. Notice behaviors such as refusing to go to school, acting sick so he can remain at home, poor grades, suicidal thoughts, running away or coming home from school excessively hungry. The youth could also suffer from physical symptoms such as sleep disturbances, stomachaches, and/or headaches.

Here are a few tips on what foster caregivers can do when they become aware of bullying:

- **Contact the school.** Talk to the principal, teachers, counselors, and coaches to make them aware of the situation. Review the school's policy regarding bullying.
- **Open Communication.** Discuss the school day over dinner. What did he enjoy? What went better than expected? How did the bus ride go? Lunch? Do you know what bullying is? Can you give me an example?
- **Create Safety.** Foster caregivers can start by providing a safe and secure home for the child. Other safety measures can include driving the child to school to avoid riding the bus, or identifying a "safe" person at school, such as a teacher or counselor, that can provide respite, from the bullying, and provide support to the student.
- **Assist Child in Developing a Safety Plan.** Here are some helpful components:
    - Identify a "safe" adult you can go to when unsafe.
    - Encourage youth to walk away and disengage.
    - Tell bully firmly to stop, if you feel comfortable doing so.
    - Avoid unsafe places.
    - Make friends with supportive peers.
- **Practice Cyber Safety at Home**
    - Set up parental controls on the computer.
    - Discuss usage guidelines with child.
    - Have child put electronics in parents' bedroom at bedtime. (They can charge there, too!).

- Keep a log of child's passwords.
- Make rules about where electronics can and cannot be used.
- Develop an "Electronics Agreement" that you and the youth can sign.

Bullying is serious. Make the child's caseworker and therapist aware of what is happening so that they may provide additional support and safety. Also, if the bullying rises to the level of physical injury, sexual victimization, and/or threats of violence, contact the police.

FOR MORE INFORMATION ON BULLYING:

https://www.fosterfocusmag.com/articles/bullying-hidden-harrassment-foster-children

https://www.seattleymca.org/blog/ways-identify-and-address-bullying-foster-children

https://childrenfirstffa.com/how-address-bullying-problem-many-foster-children-face/

http://www.ifapa.org/pdf_docs/DiannaSNewsOct2014.pdf

C. SCHOOL RESPONSIBILITIES OF THE FOSTER CARE CASEWORKER AND FOSTER CAREGIVER

The foster care caseworker will be available to assist the foster caregiver with enrolling a child in a new school. All necessary records, such as transfer records, immunization records, birth certificates, etc. will be obtained and provided by the child's caseworker.

Foster caregivers 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 caseworker. Always share any information or school problems with the foster care caseworker.

In some cases, the foster child may need to remain in his same school. As a foster parent, caregiver, 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 children in foster care 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 their academic progress is threatened. Efforts of the child, the caregiver, the teacher and the free tutoring resources available in the family/community must be used to help the child avoid academic failure.

Foster caregivers should discuss with the child's caseworker, the amount of time the caregiver is required to spend assisting a child in schoolwork when behind in school.

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. In addition, Driver's Education is considered a summer school course.

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

College
Limited payments for college education are available to children in foster care and young adults 18 years or older who, have exited foster care and have shown the potential and motivation to pursue higher learning. Special approval is required and the youth is 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, be sure to contact the child's caseworker 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 backpacks, calculators, specialized art supplies, and home economics supplies may 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.

- ✓ 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.

- ✓ 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 caregiver 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 caseworker and caregiver 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 twice each school year.) A picture is to be provided to the child's caseworker and the child's birth 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 caregivers to enable the child in foster care 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 caseworker and caregiver must assess carefully whether the child has a genuine interest in music. If, after an instrument is purchased, for a child, and 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 caseworker or caregiver 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.
- The instruments that can be purchased 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 allowable 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 caregiver's homeowner's insurance policy. The cost of the insurance is included in the total maximum purchase price. The caregiver 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.

CHAPTER 7 – ADOLESCENTS

A. FOSTER PARENTING THE ADOLESCENT

In recent years, in Louisiana, youths, ages 13 to17, usually comprise over 21% of youth in foster care, but typically, only 1% of certified foster caregivers are willing to accept youths into their homes. Although many foster caregivers indicate, at the time of initial certification, that they would accept placement of youths, along with other age groups, they have often declined youth placements when called. What causes this reluctance? It could be:

- Complex Needs ~ Youths often face significant emotional and behavioral challenges due to their experiences. These complexities can be intimidating to potential caregivers.
- Longer History in the System ~ Youths may have been in custody for a longer duration, accumulating records and histories that can be overwhelming for prospective caregivers.
- Fear of Trauma ~ Some people fear that youths may carry trauma from their past, making it harder to connect with them and provide them with effective care.
- Preference for Younger Children ~ Most foster caregivers prefer to care for younger children or babies, leading to fewer available homes for youths. They feel that by fostering a child from a younger age, it will allow them to have a stronger bond or they may think that a younger child will not have the complex needs of an older child; however, this is not always the case, as many infants who are adopted through foster care, grow to have their own challenges.
- Lack of Support and Resources ~ Youths require specialized support, including life skills training, education, and emotional guidance. Some potential caregivers may feel ill equipped to provide this level of care.

Despite these challenges, supporting youths is crucial. Becoming a caregiver and providing some stability, for a youth, can significantly influence their lives.

The path between 12 and 18 years can be a difficult one for any parent and child. This is a time when the youth desires to become independent, but remains dependent on his caregivers. He will challenge 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 youths are increased when in foster care. This is an age when a youth is dealing with massive hormonal changes, peer pressure and struggling with their identity. The youth, may not know who he is or where he is going and does not like to be different from his friends; however, being in foster care may sometimes make him feel different and ashamed.

For the youth in foster care who becomes rebellious, some of this rebellion may have been building up over the years. Behavior cannot easily be changed by a change in

environment. He will likely continue the actions that were problems before entering foster care.

Foster caregivers require special talents when caring for youths. They need to accept the youth as he is, in a non-critical atmosphere. They must remember that he has a right to make mistakes and to be angry. Their purpose is to help the youth set reasonable goals, resolve his feelings about his biological parents and develop self-confidence and a good self-image. Keep in mind that sometimes, all that can be done is to house, feed and clothe 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 reasonable limits. Youth may resent controls, but respect your consistency. You may seek help from other foster caregivers or the caseworker. Caring for youth can be a rewarding area of foster care. Do not disengage or ignore adolescents as they still need your care and attention.

Foster caregivers 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. Because foster caregivers have the most knowledge and contact with the adolescent they are expected to guide them and teach them skills for living on their own. Foster caregivers will become the teachers 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 caregivers are an integral part of the team that prepares adolescents for independent living.

B. DRIVING

Approval should only be given for a youth who is 16 years of age or older, is participating in independent living services, is mature enough to handle the responsibility of driving, and is doing well in their educational program to obtain a driver's license or permit. Approval to apply for a Class "E" temporary instructional permit does not equate to permission to drive. The Agency cannot provide permission for a youth to drive, as the Agency cannot provide the youth with insurance coverage, an automobile to drive, nor accept responsibility for any damage or harm caused to the youth while driving. Only the

foster caregiver, of the youth providing the youth access to an automobile for driving and the appropriate liability insurance coverage, may provide the youth permission to actually drive in accordance with state laws.

If the Child Welfare Manager gives approval for the Class “E” temporary instructional permit, the caseworker requests the youth's legal parents sign the application, giving permission for the youth to receive his Class “E” temporary instructional permit. If the parents refuse to sign, or are not available, the caseworker may sign his name with the notation that he is signing for the Department of Children and Family Services, thereby giving permission for the youth to obtain the Class “E” temporary instructional permit.

If the youth is allowed to drive by the caregivers, they must ensure the youth has the appropriate driver’s license to legally drive in the state, and they must assume the responsibility of providing insurance coverage for the youth. The Agency requires caregivers to obtain $300,000 worth of liability insurance for a youth they allow to drive their car. The Agency will not reimburse caregivers for the cost of automobile insurance for a youth; however, the youth should be encouraged to help pay the cost of insurance through part-time employment.

Prior to caregivers making the decision to allow a youth to drive their automobile, the caseworker should inform them they can be held liable, for any harm or damage caused by the youth, as well as, that the Agency will not be responsible, for any damages or harm incurred by the youth, as the Agency is not party to this decision made by the foster caregiver. In the situation where a biological parent signs for the youth to get the driver’s license, and purchases a car for the youth, that biological parent is expected to purchase liability insurance in the amount of $300,000 prior to the youth being allowed to drive. It is the responsibility of the caseworker to verify every six months that the required insurance is still in effect.

A driver education course, driver-training program, or pre-licensing training course should only be provided through the school system, if possible. If the foster youth’s local school system does not provide a driver education course, then the caseworker must acquire cost estimates for the driver education course from three private providers. The caseworker’s supervisor is able to approve payment for the most cost-efficient course that meets the needs of the youth. Payment is authorized using the TIPS code 700-700. The private course should not be scheduled at a time, which interferes with the youth’s regular educational program or family visitation. If a youth fails a driver’s education course, driver-training program, or pre-licensing training course, the Agency will not fund a second course for that youth. Foster youth aged 15 and older can participate in the driver’s education course.

Upon successful completion of a driver education course, driver-training program or pre-licensing training course and the knowledge test, the youth is able to apply for an age-

appropriate learner's license with the Department of Motor Vehicles. A copy of the Learner's Permit, Intermediate License, and Full License should be placed in the youth's record.

Please note that Louisiana R.S. 32:402.1(E) requires a youth to apply and obtain a Class "E" temporary instructional permit or TIP card, prior to enrolling in any driver education course, driver training program, or pre-licensing training course. A youth holding a Class "E" temporary instructional permit is only permitted to operate a motor vehicle on the public highways and streets of the state when accompanied by a driver education instructor or during the administration of the skills test. Youth enrolled in the National Guard Youth Challenge Program are not required to obtain a Class "E" temporary instructional permit prior to enrolling in a driver education course, driver-training program or pre-licensing course. There is no fee associated with applying for and obtaining a Class "E" temporary instructional permit if issued while the youth is in foster care.

C. EMPLOYMENT

Most youth, 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 youth with an opportunity to develop valuable independent living skills. Allowing the youth to accept employment is a decision that should be made jointly with the youth's caseworker. There are many facets, to this decision, that should be considered. For example, will working interfere with the youth's school schedule and the preparation of homework? Will the working hours allow the youth adequate rest?

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

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

If a youth, placed in foster care, babysits with other children in the foster home, he should receive payment from the foster caregiver, including those times when the caregiver receives reimbursement from DCFS for approved babysitting expenses.

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

It is also very important for the foster caregiver to keep the foster care caseworker informed of how much a youth, in foster care, earns since this must be tracked by the Agency to determine if the youth remains eligible for federal benefits, if applicable.

D. DATING

It is the foster caregiver's responsibility to decide at what age and with whom a foster youth should date. The youth's level of maturity should be a determining factor. You need to discuss your decision with the foster care caseworker.

E. EDUCATIONAL/VOCATIONAL NEEDS

Youth in foster care must establish goals aimed at assuming and maintaining self-support as young adults when there is a reasonable expectation of this. The youth's caseworker and the foster caregivers should discuss the available alternatives with the adolescent and help him set realistic goals.

Youth with little interest or motivation to complete high school or obtain a GED, should be helped toward participation in vocational training. This includes apprenticeship programs, vocational or trade schools, armed services, Youth Challenge and Job Corps. The Agency helps youth achieve self-support by arranging for his care and support while securing job training and transitioning to adulthood.

When a youth has shown the motivation and the capability of achieving academically, the Agency may provide financial assistance for the youth to attend a state university or college until he reaches age 18, as well as, assisting in identifying resources for continued support to adulthood. If the youth is dually enrolled in a GED or high school program and attending either a vocational or college program, he may be eligible for Education Training Vouchers (ETV) from DCFS.

F. PLANNING FOR INDEPENDENT LIVING

The youth, in foster care, the foster caregivers and the foster care caseworker, along with the Independent Living (IL) provider, shall begin planning for the youth's transition to adulthood as soon as the youth reaches adolescence. The Youth In Transition Plan (YTP) starts when the youth reaches age 15 and is updated every six months thereafter. The YTP, which is developed with the youth, shall include planning for the successful transition from foster care to independence.

When a youth 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 youth formally in foster care (and other children) at age 18 are not fully prepared to live independently. The DCFS Extended Foster Care (EFC) Program is available to youth, who have formally been in foster care, and who need additional support.

On June 1, 2018, Louisiana passed a law, Act 649, to extend foster care services to youth over the age of 18 who remain in high school or an equivalency program, until completion of the program, or turning age 21, whichever occurs first. On June 19, 2019, SB 109 was signed and made effective, becoming Act 400, which expanded the eligibility criteria for EFC. Below is the current eligibility criteria:

- Adjudicated as a Child in Need of Care (CINC)
- Aged out of foster care on 18th birthday
- Currently 18-21 years old
- Meets one of the following:
  - Enrolled in a secondary educational program or program leading to equivalent credential.
  - Enrolled in an institution that provides postsecondary or vocational education.
  - Participating in a program or activity designed to promote employment or remove barriers to employment.
  - Employed at least eighty hours per month.
  - Incapable of above educational or employment activities due to a medical condition.

Young adults who entered into an adoption or guardianship subsidy after the age of 16, are also eligible for an extended subsidy through the EFC program if they meet the criteria above (with the exception of aging out at 18).

Any young adult that meets the eligibility criteria listed above may choose to participate in EFC. If a youth elects to participate in the EFC program, the DCFS caseworker shall complete an EFC referral form and send it to the EFC supervisor in the region where the youth resides. The DCFS caseworker will remain responsible for the continuation of case management, until the EFC case has been assigned to an EFC caseworker. If a young adult, ages 18 to 21, contacts DCFS to request entry or re-entry into the EFC program, the DCFS staff member contacted shall complete an EFC referral form and send it to the EFC supervisor for the region in which the young adult resides.

G. PLANNING FOR HIGH SCHOOL GRADUATION

There are specific school expenses related to high school graduation. Foster caregivers and the caseworker should work together with the youth to make the best choices as to how to use the allotted funds. Refer to the Foster Parent Handbook, Chapter 6, Section

E, School Supplies, to determine items, directly related to graduation, that are paid by the agency. There is no money for graduation expenses for youth over 18; community resources and the resources of IL providers should be explored for these youth.

H. PLANNING FOR COLLEGE/VOCATIONAL TRAINING

A 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 approval process for a youth in foster care to attend college or vocational training is as follows:

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

For additional information related to fostering youths:
https://www.kvc.org/blog/what-its-really-like-to-foster-teens-and-why-you-should-do-it/
https://yourteenmag.com/health/teenager-mental-health/tough-road-for-teenagers-in-foster-care
https://theforgotteninitiative.org/4-myths-about-youths-in-foster-care/

CHAPTER 8 – LIFE BOOKS

A. REASONS A CHILD NEEDS A LIFEBOOK

Children in foster care have many experiences, acquaintances and relationships; however, they often do not have clear memories of their past. Each time they leave a family, whether it is birth, foster or adoptive, they have memories of the people, events and feelings associated with those periods of their lives. It is extremely important for foster caregivers and foster care caseworkers to guide children, in foster care, so that they are able to retain their past and 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, 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.

In the book, *Telling the Truth to Your Adopted and Foster Child: Making Sense of the Past"*, by Greenwood Publishing Group, 2000, authors, Betsy Keefer and Jayne Schooler, share seven important reasons a child could benefit from 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 the child's family.
3. It gives reasons for placement – provide accurate and honest information about why the child is in foster care; provide accurate information about the child's 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 the child's 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 caregivers 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 caregiver is helping the child complete the Life Book, then the foster caregiver should maintain the Life Book in a secure place or in the case of an older child, help the child locate a place for safekeeping. The caregiver and child are to bring the Life Book to the Family Team

Meeting (FTM) so that the updated information can be copied, so information can be replaced if the Life Book is lost, stolen or destroyed.

Information to be Compiled by Foster Caregivers	
✓ Visits with birth relatives ✓ Developmental milestones ✓ Common childhood diseases ✓ Immunizations ✓ Information about injuries, illnesses, or hospitalizations ✓ Ways the child showed affection ✓ What child did when he was happy or excited ✓ What things child was afraid of ✓ Favorite friends, activities and toys ✓ Birthday and religious celebrations ✓ Pictures of each foster family, their home and their pets	✓ Trips taken with the foster caregivers ✓ Members of the foster caregivers' extended family who were important to the child ✓ Cute things the child did ✓ Nicknames ✓ Family pets ✓ Names of teachers and schools attended (pictures, if possible) ✓ Report cards ✓ Special sporting activities the child may have been involved with ✓ Special activities, such as scouting, clubs, or camping experiences ✓ Church and Sunday school experiences

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

Additional information, such as the following, can also be included in a child's Life Book: foster care caseworker's name, school pictures, achievement awards, school events, letters, birthday cards, drawings by the child, etc. The child's caseworker 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, in which the child is the leading character and the book is available for the child to look at whenever the child requests.

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 caseworker and foster caregiver in adding to the Life Book.

Foster caregivers 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.

USING ELECTONIC METHODS TO DEVELOP THE LIFEBOOK

With computers, scanners and smart phones, the creation of a Life Book is easier than ever! Photos can be easily taken with a smart phone and downloaded, printed and placed in the Life Book. Pages for the Life Book can be created using scrapbook materials found at retail stores or designed using colored paper or clipart found on the internet. By using the internet and Google Earth, pictures of past homes, schools and places of interest, and memories, can be added to the Life Book. Be creative and get the youth involved!

The Life Book can be scanned and kept on a USB flash drive for security. The USB flash drive and the hard copy of the Lifebook are to accompany the child when he moves from the foster home. When a child is adopted, a new chapter, in the Life Book, begins.

LIFEBOOK REIMBURSEMENT

Expenditures for a Life Book should not exceed a total of $100.00 per state fiscal year, including the maximum of $30.00 per year, which may be spent on purchased photographs, school pictures, and processing.

For more information and ideas about Life Books:

https://fosteringperspectives.org/fpv17n2/lifebooks.htmlx
https://professionals.adoptuskids.org/life-books-101-tips-from-an-adoption-worker/

CHAPTER 9 – RESPONSIBILITIES AS TEAM MEMBERS

A. WORKING TOGETHER: THE PARTNERSHIP BETWEEN THE FOSTER CAREGIVERS, DCFS, AND THE BIRTH PARENTS

Foster care is a team effort involving the Agency, child, foster caregivers, and birth 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 for all.

When you have questions or concerns, you should talk to the child's caseworker. 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, and the birth parents, 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 CAREGIVERS

Fostering is an opportunity for you to make a difference in a child's life during a time of crisis. Regardless of the experiences foster caregivers have had with their own children, they often find fostering very different. Fostering may involve caring for 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 caregivers also have a special relationship and responsibility that other parents do not have. They have **legal** obligations to the Agency, birth parents, and the children in their care.

Foster caregivers, 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 birth parents in learning to better care for their child and maintaining/completing requirements necessary for certification and/or re-certification. The responsibilities of caring for the child include, but are not limited to, the following:

Promoting Child Development

Foster caregivers are responsible for the following (this list is not all-inclusive):

- Assisting the child in developing skills and performing tasks, which will promote independence and the ability to care for themselves.

- Promoting the child's relationship with the birth parents when safe and appropriate.
- Preparing the child physically, and emotionally, for return to his family or to another permanent placement as determined by DCFS.
- Not comparing the foster child's development to other children; rather looking at each person individually as each child has different needs.
- Communicating with the child by showing affection and concern.
- Willingness to promote healthy caregiver-child adjustment and bonding.
- Encouraging the child to consider other peoples' feelings.
- Providing structure and daily activities designed to promote the child's individual, social, intellectual, spiritual, and emotional development.
- Encouraging the child to assume age appropriate household responsibilities on par with those expected of the caregiver's own children.
- Utilizing fair, age-appropriate, non-corporal discipline.
- Recognizing and encouraging acceptable behavior; redirecting when behavior is unacceptable.
- Teaching by example and using fair and consistent rules with logical consequences.
- Utilizing methods of discipline that are relevant to the behavior.
- Supervising with understanding, firmness, and discipline.
- Providing clear directions and guidance consistent with the child's level of understanding;
- Encouraging child to control his own behaviors, to cooperate with others and to solve problems by talking things through.
- Seeking medical, dental, or mental health care for the child, as needed.

Practicing Confidentiality

Here are some tips to follow:

- 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 is able to return to live with family.
- Do not introduce the child as your foster child. He may be sensitive to their status and does not wish to be constantly identified as a child in foster care.
- 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 others about their self when, or if, asked. Prepare ahead of time for situations in which the child may be required to talk about himself or 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 caregiver", rather than "he is a foster child".
- Treat any personal information about the child, or the child's family, in a confidential manner and do not share personal information with relatives,

neighbors, friends, news reporters, television (media), social networks or any other organization or person that is not an affiliate of DCFS.

Participating in Court Hearings

Foster caregivers have the legal right to attend court hearings and to be heard, regarding the child in their home, in accordance with Louisiana Children's Code Regulations. Foster caregivers are most knowledgeable of the child's day-to-day functioning, behaviors, etc., and are encouraged to provide updates, to the court regarding the child's progress and well-being.

Foster caregivers shall be notified, and invited, to court hearings and will be provided with a "Foster Caregiver Progress" form, by the caseworker. The purpose of this form is for the caregiver to provide valuable, current and relevant information about the child's progress and well-being that will help the court make informed decisions regarding the child's best interests. Some topics to keep in mind include the visitation schedule, school and extracurricular activities, health, mental health, etc. Take advantage of this opportunity to share your insights and learn about future plans for the child and their family.

Adhering to CW Form 427 (Regular Caregivers) and CW 427RK (Relative/Kin Caregivers)

This agreement between the Agency and the foster caregivers specifies the responsibilities and requirements of both regular and relative/kin foster caregivers. It is reviewed and signed at the time of the initial certification and thereafter, at re-certifications. Some key points of the CW Form 427 include:

- Agreeing to fully participate in the home study for the certification and/or recertification process and provide all requested information needed by the Agency to verify that I continue to meet minimum certification requirements.
- Allowing DCFS staff access to any member of my household and into all rooms within my home during the initial certification and at recertification home visits, and at other times when it is necessary in the process of working with a child in the custody of DCFS.
- Being responsible for providing or arranging transportation for the child to and from all medical or dental appointments, counseling sessions, recreational activities, school functions, and family visitations, as agreed to in the case plan.
- Receiving payment for the care of the child only through the Agency, or with the approval of the Agency.
- Notifying and requesting exceptions by the Agency prior to allowing any person to establish residence in my home.

- Not applying to any other agency for foster home certification as long as you are certified through DCFS or through another certifying agency.
- Not accepting a child, for adoption from another agency, prior to the finalization of the adoption of a DCFS child.
- Not to foster or adopt a child, placed by another agency, without written permission from DCFS.
- Not to use your home as lodging for roomers, a child care center, or other such business. .
- As an applicant, to complete the pre-service training approved by the Agency as one of the requirements for certification.
- For **REGULAR** Certified Foster Caregivers, as a caregiver with or without a foster child in your home or an adoptive parent with a child placed in your home in an adoption that has not been finalized, to complete the required in-service training hours annually. Please note that in a household, with two caregivers, the hours may be shared, but each caregiver must receive at least five hours.
- For **RELATIVE/KIN** Certified Foster Caregivers, as a caregiver with or without a foster child in my home or an adoptive parent with a child placed in my home in an adoption that has not been finalized, to participate in a 3 hour in person "Navigating the Journey" training.
- Advise the Agency of your family's emergency evacuation plan during a catastrophic and/or crisis situation.
- Assure that your family will evacuate when Parish officials have declared a mandatory evacuation; as well as, assure the continued safety of the children in my care.
- Give the child an appropriate chance to adjust to my home before requesting his removal. In the event the child's removal is requested, you agree to give the agency ten (10) days or as long as practical to allow the agency to make a planned move for the child.

Re-certification

Home Development staff (HD) ensure that foster/adoptive families are meeting the needs of children by providing support and recertification visits. Certified foster/adoptive homes remain approved until the home is closed or decertified. Timely re-certification studies are vital since they represent the mechanism by which the Agency assures that the conditions, under which children, in DCFS custody live, are safe and well functioning. Additionally, foster/adoptive home records are included in federal and licensing audits, which determine whether homes can continue to be funded. If needed, a corrective action plan can be initiated to address the changes needed and to monitor progress. If a foster/adoptive family is unable to make the needed changes, it is appropriate to close the home.

The purposes of the re-certification study are:

- Support the foster/adoptive caregivers and increase their satisfaction in the job by expressing appropriate agency appreciation of their work and helping them assess and identify their strengths and training needs.
- Determine whether the home, surroundings, and occupants continue to meet the certification requirements.
- Clarify and/or correct any problems that the foster/adoptive caregivers have experienced in the use of their home or that the Agency has had in using the home.
- Determine how the home can best be used in the future to provide a placement resource for the types of children that are in State's custody.
- Re-contract, with specialized family foster homes, if the Agency wishes to continue the specialized use of the home.
- Help a certified foster/adoptive family withdraw from the program or change to a more appropriate program when their home has not been used, for placement, within a two-year period, and they do not wish to serve the children whom the Agency must serve.
- Determine whether a family should be decertified in cases of substantiated abuse/neglect, substantiated childcare deficiencies, and/or failed corrective action plans.

Being An Active Team Member

Agency staff engage families, children, youth, and their natural support system in planning for case goals to reduce safety threats to the child by enhancing caregiver protective capacities, while demonstrating genuine respect for the family. Teaming with families occurs from the first day of custody until the day the case is closed. The teaming process enables caseworkers, and other team members, to successfully engage children, youth, parents and caregivers in the assessment and case planning process. Engagement of the family and child is the most fundamental element of this process and is **critical** to supporting change and achieving case plan goals. Teaming is the partnering of the caseworker, the child, the foster caregivers and the birth parents with the hope of understanding their situation, recognizing strengths, identifying challenges, making decisions, setting goals, and achieving desired outcomes.

Here are some of the responsibilities expected of an "Active" Foster/Adoptive Caregiver:

- Agree to work in partnership, with the Agency and caseworker, as a member of the treatment team, to help develop and carry out the case plan, visitation plan and other services needed for the child and follow through with the actions of the plan.
- Provide the caseworker with information regarding the child.
- Prepare for, and take part in, all Family Team Meetings pertaining to the child.

- Show respect for the child's birth family and work with them as outlined in the case plan.
- Maintain regular communication with the child's parents to keep them abreast of progress and development and include them, when possible, in the child's daily life, activities, health care, education, school events, appointments, and holiday celebrations.
- Support and encourage the relationship between the child and the birth parent(s) via visits, phone calls, emails, FaceTime, etc.
- Provide quality parenting for children in care, which includes:
    - Having an awareness of the physical and emotional impact of trauma on a child.
    - Having respect for child's individuality and fully integrating them into your family.
    - Providing appropriate supervision and discipline in accordance with DCFS policy.
    - Recognizing and encouraging the child's talents, gifts and strengths.
    - Providing opportunities for the child to develop interests and skills through normal, developmentally appropriate activities.
    - Participating fully in the child's medical, dental, and psychological care, including consulting with providers to ensure the needs of the child are met.
    - Actively supporting educational success of the child by participating in school activities, meetings, etc., and encouraging the child's participation in extracurricular activities.
    - Developing a "co-parenting" partnership, to the extent possible, with the child's birth family, that allows you to work together to find solutions and problem-solve issues, behaviors and challenges.
- Agree to cooperate with the Agency when it is necessary to remove a child from the foster home for any reason.
- Report to the Agency all changes in household circumstances affecting the child or the foster care placement.
- Be able, and willing, to communicate with the child in their own language as required by Public Law 115-123.
- Willingness and ability to communicate with the Agency, health care and other service providers on behalf of the child in accordance with Public Law 115-123.
- Obtain the consent of the caseworker prior to authorizing any special medical care or treatment for the child.

Transportation

Be responsible for providing or arranging transportation to, and from, all medical or dental appointments, counseling sessions, recreational activities, school functions, and family visitations, etc., as agreed to in the case plan, as well as, actively participating in these various activities.

C. ROLE AND RESPONSIBILITIES OF FOSTER CARE CASEWORKERS

The foster care caseworker represents DCFS and has the responsibility for leading the team members in planning and caring for the child in your care. The caseworker serves as your contact person and will be the individual responsible for managing the child's case. Any questions or concerns should be directed to the caseworker. If you cannot reach the caseworker, you should contact their Supervisor or the Child Welfare Manager.

The following include the caseworker's responsibilities in planning and caring for the child in care:

Availability

The caseworker is available to assist you and to monitor the child's placement in your home. The caseworker should provide caregivers their desk phone, work cell and e-mail address, as well as, their supervisor's desk phone, work cell and e-mail address.

Case Plan

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

Day-to-Day Care

The caseworker should select an appropriate placement that best meets the child's needs; oversees the day-to-day care of the child while in the foster home; informs the foster caregiver of current Agency procedures that impact the daily care of the child; obtain services; and continuously ascertain whether or not the child's physical and emotional needs are adequately being met.

Legal Relationship

The foster care caseworker 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 Meetings of the child's case and plan; manages the service delivery of the case plan with the child and/or family; and gives notice to the child's foster/adoptive caregivers of their rights to appear at each case and permanency review hearing.

DCFS CW Form 98-A

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

Visitation

The caseworker arranges and monitors parent/child visitation as set forth in the case plan. Every month, the caseworker should visit with the child, foster caregivers, and birth parents, in the home, unless otherwise indicated. The caseworker should also support relatives and siblings' rights to reasonable visitation unless restricted, or, denied by the court.

D. RESPONSIBILITIES OF BIRTH PARENTS

Involvement of the birth parents will vary from case to case, but the importance of the birth 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 birth parents' fears about the child's placement will in turn allow the birth parents to be more supportive of their child's placement and of the foster caregiver.

The birth parents' responsibilities are as followed:

Case Plan

Participate in the development of a case plan for the child and their family and cooperate with working towards the goals of the plan. It is the birth parents' responsibility to fully engage in services, and visitation, as outlined in the case plan.

Communication

Keep the Agency informed of their current family situation. They are expected to attend necessary appointments, respond to calls and maintain communication with the child and DCFS staff.

Emotional Support

Provide emotional support for the child through regular visitation and contact by phone and email. It is important for caregivers to include the birth parents in activities, school events, appointments and holidays, as it provides the parents additional opportunities to interact with, and emotionally support, their child.

Financial Responsibility

Assume financial support of their child, wherever possible. This may include providing clothing, personal items, toys, electronics or the costs of various activities.

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 towards achieving alternative permanency planning for the child.

Visitation and Regular, Consistent Contact

Maintain regular visitation with the child as addressed in the case plan and approved by the court. In addition, the birth parent should take advantage of phone calls, texts, emails and other forms of contact to repair, build, maintain and sustain the parent-child relationship.

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 caregivers are always a part of the permanency planning effort.

The first option of a permanent plan is to restore the child's family so that he is able to return home. This is known as Reunification, which is described as "return(ing) the child to the legal custody of the parents within a specified time period consistent with the child's age and need for a safe and permanent home." Not all children are able to return home; therefore, an alternate permanent plan must be developed. Alternative plans may include the following:

- ADOPTION - Most appropriate when the birth parent's/caregivers, to which a child was removed, does not successfully complete action steps outlined in their case plan within 12 months of the child entering foster care.

- GUARDIANSHIP - Placement with a Legal Guardian. Legal Guardianship is defined as the duty and authority to make important decisions in matters having a permanent effect on the life and development of the child and the responsibility for the child's general welfare until he reaches the age of majority, subject to any residual rights possessed by the child's parents.
- ALTERNATIVE PERMANENT LIVING ARRANGEMENT (APLA) - An alternative permanent living arrangement is the last option as a permanency goal for a youth. This option does not provide the youth as much stability as reunification, adoption or guardianship/custody transfer. It also lacks the stability of an ongoing support network for the youth during their transition into adulthood.

F. CONCURRENT PLANNING

Concurrent planning is the process of making reasonable efforts with a family to achieve more than one permanency goal for a child simultaneously. The concurrent planning process can be an effective means of securing more timely permanency for a child and reducing the time spent in state custody. When concurrent planning is appropriate, both case goals are given equal effort by the Agency.

Efforts are always made to place children with families who are willing to 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 foster/adoptive families who are dually certified to foster and adopt. Caregivers, with whom the child is living will be considered an adoption resource if they 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 DCFS staff and other team members. The purpose of the case plan is to assist the caseworker, supervisor, child, parents, foster caregivers and the court to work purposefully and in a timely manner 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 caregivers are in an excellent position to evaluate the child's current needs and to contribute this pertinent information during the case planning process. The case plan is developed with DCFS staff, the parents, the foster child and the foster caregivers and is discussed at the Family Team Meeting (FTM).

H. FAMILY TEAM MEETINGS (FTM)

Family Team Meetings (FTM) offer the opportunity for formally identifying any barriers to the child returning home or otherwise achieving a permanent plan and for finalizing a case plan for the family and child to overcome these barriers. At each FTM, 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 caregivers are encouraged to discuss with the foster care caseworker, the child's case plan and the services they are to provide per the case plan. Foster caregivers are to encourage participation of the child and birth parents, as appropriate, in the FTM case planning process.

An FTM is held within 30 days of a child entering Agency custody and every six months thereafter until permanency is achieved. The initial 30-day FTM allows the family an opportunity to tell their story regarding how the child came into Agency custody and the current status of the case; and allows the case planning team, to determine whether or not continued foster care placement is required.

The purpose of the ongoing Family Team Meeting is to:

- State the purpose and permanency plan goal of foster care.
- State the Conditions for Return.
- Evaluate the appropriateness and safety of the child's current placement.
- Review relative resources and evaluate/reevaluate, their interest in, and suitability for, the possible placement of the child.
- Establish a relationship between the parents and the Agency based on honest and open communication.
- Reinforce, with the parents, that foster care is designed to be a temporary, short-term service. It should further be explained, that they have a responsibility to make plans that will provide their child with a safe, permanent home and they need to work actively towards the removal of barriers to achieve the permanent plan in a timely manner. Parents shall be informed that federal law mandates termination of parental rights to be filed, unless there is a compelling reason not to do so, when a child has been in foster care custody for 17 months, or 15 months from the date of the disposition, if the disposition is held in less than 60 days from the date of removal.
- Develop a case plan with parents and the child that is appropriate to the permanency plan goal and clearly addresses the behaviors that need to change in order to improve the family's functioning regarding the reason the child entered foster care so the child may be able to safely return home or achieve the permanency goal.

- Assess the child's relationship with his parents, grandparents, siblings and other relatives with whom the child has an established, and significant, relationship and with whom continuing contact with the child, while in foster care, would be appropriate and in the child's best interest.
- Develop and/or review visitation/continuing contact contract(s) and connections for permanency, including frequency and method of visits/contact.
- Inform all parties of reasonable expectations and responsibilities.
- Explain to the parents the role of the District Attorney, the Court and the Agency.
- To advise the parents of any additional documentation needed regarding earnings to compute parental contributions.
- Document health and education records as part of the case plan.
- Identify permanent connections for children among relatives and family friends/connections.
- Plan for independent living skill development for all youth ages 14 and older.

Mandatory notice, for Family Case Planning Meetings, should be sent to the following individuals:

- Parents
- Attorney for the parents
- Child (if age and ability appropriate)
- Attorney for the child
- Foster Care caseworker(s) for all children, and parents, in the family
- Foster Care supervisor (supervisor of SP caseworker or designated lead caseworker)
- OJJ caseworkers or probation officers assigned to any child in the family
- Foster Caregivers or Facility Staff (if child placed in residential facility

Other Individuals who may attend the Family Case Planning Meeting include:

- Relatives or friends of the family, if invited by the parents
- Child Welfare Manager
- Other Agency supervisors
- Significant people who have knowledge about the family and who are involved in the case plan
- Other service providers for the family or child
- BGC Attorney/contract attorney or District Attorney representing the Agency

I. COURT HEARINGS

The Louisiana Children's Code provides for Judicial Review of all children adjudicated in "need of care" and placed in Agency custody.

Case Review Hearings are held at **six-month intervals** from the time a child is placed in Agency custody. The purpose of the **Case Review Hearing** is to allow the Judge to review the case plan including:

- The continuing necessity for, and the appropriateness of, placement.
- Extent of compliance with the previous case plan.
- Extent and progress made toward alleviating or mitigating the causes necessitating placement in foster care.
- The likely date the child's permanent plan will be achieved.

Permanency Hearings are **within 12 months** of a child being placed in Agency custody and at a minimum of annually thereafter. The purpose of a **Permanency Hearing,** in accordance with Ch. C. 702 C 1-5, is to determine a permanent plan for the child within the following priorities of placement:

- Return the child to the legal custody of his parents within a specified time consistent with child's age and need for a safe and permanent home.
- Adoption
- Placement with a legal guardian.
- Placement in the legal custody of a relative who is willing, and able, to offer a safe, wholesome and stable home for the child.
- Placement in the least restrictive, most family-like alternative permanent living arrangement.

Foster caregivers have the right and are encouraged to attend and provide information at the child's case and permanency review hearings. The child's caseworker is responsible for notifying you of the day, place and time of the hearing.

J. VISITS BETWEEN CHILD, BIRTH PARENTS, AND OTHER FAMILY MEMBERS

For the well-being of most children, visits with their birth families are essential, especially when reunification is the permanency goal. Parental visitation can be denied only at the discretion of the court. The purpose of parent/sibling visits are to:

- Maintain relationships regardless of the permanency goal.
- Provide opportunity for the parent to demonstrate willingness/ability to care for the child on an ongoing basis and/or help the child realize the parent cannot provide ongoing care.
- Prepare the parent and child for reunification or for separation to achieve the alternative permanency goal.

- Focus on the foster caregiver role as that of a temporary substitute parent/caregiver until the permanency plan goal of reunification is changed or the alternative permanency goal is attained.

The plan for visitation is created and a schedule is established in the Family Team Meetings (FTM). It is the responsibility of the caseworker, the caregiver, and the birth 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 caregivers are extremely important in helping children maintain contact with their families. However, all visitation and changes in visitation are arranged through the child's caseworker.

Visits should be held in the most appropriate location. Visitation between the child and birth parents begins supervised, may occur in a controlled location, such as the DCFS office, by the caseworker and/or their supervisor. Public locations, with limited privacy, such as restaurants, should only be used as a last resort. If a parent is incarcerated, visitation shall be held within the guidelines of the facility. Foster caregivers are responsible for transporting the child to and from visits. Caregivers should collaborate with birth parents to maintain reunification efforts. All details related to a child's visitation with birth family shall be documented in the family's case record.

As the case progresses toward reunification, location and supervision of visits between child and birth parents may vary. Visits may occur in the home of the parents or a birth family member. If comfortable, visits could occur in the foster caregiver's home. Please remember, foster children should not be allowed to leave the foster home with their birth family without prior notification to and approval by the Agency. While it is a very rare occurrence, foster caregivers should not use force against a birth parent to prevent unauthorized removal, as doing so might be dangerous to the child and/or the foster caregiver. If forcible unauthorized removal occurs, the caregiver should immediately call the police and the child's caseworker.

Children in foster care may become anxious prior to visits with their birth parents or be upset and unhappy after the visit. Despite these problems, you must be aware of how important the birth parents are to the child. Most children in care miss their birth parents. Through visits, they are able to maintain ties with their family. The more the child visits their birth 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 caseworker.

The child's feelings of being separated from his birth 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 birth family and being separated from them. This allows him to continue emotional growth and development.

Children can maintain a feeling of contact with their family by taking a picture of them with their parents during a visit and being allowed to display the picture in the foster home. Also helping children to send Valentine cards, Christmas cards and an occasional letter will give them a feeling of contact with their family. It is important to report all contacts to the child's caseworker.

Even if birth 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. *For more information about supporting Parent/Child Visitation:*

https://www.healthychildren.org/English/family-life/family-dynamics/adoption-and-foster-care/Pages/Tips-for-Helping-Children-and-Teens-Before-and-After-Visitation.aspx

https://fosteringperspectives.org/fpv15n1/understanding.htm

http://cascw.umn.edu/wp-content/uploads/2014/07/SampleFosterParentGuide.pdf

K. VISITS BETWEEN FOSTER CARE CASEWORKER, CHILD, AND CAREGIVER

Visits between the caseworker and the child, as well as visits between the caseworker and the foster caregivers are necessary. Visits are defined as any face-to-face contact and are to be held, in the home, on a monthly basis.

The caseworker will arrange a date and time for the visit that is convenient for the caregivers. The visit is a good opportunity for updates on the case plan, changes in the visitation plan, developing connections with extended family and obtaining any other important information. The caseworker is also visiting to lend support to the caregiver by discussing needed services and resources, answering questions and problem solving. The child should speak with the caseworker, privately, about their activities, schooling, questions and concerns. The caseworker may ask to see the child's room and outdoor play area or may go for a walk, with the child, to give them a private space to talk. The caregiver and the child will also have the chance to talk together with the caseworker. This is a good time to discuss the child's recreational and social activities, visits with siblings and extended family, behavioral challenges and successes.

Foster caregivers SHOULD prepare for the caseworker's visit! This is YOUR opportunity to have the caseworker's undivided attention. Here are some suggestions to help you prepare:

- Keep a notebook where you can jot down notes regarding outcomes of appointments, visitation observations, school progress, medications, child's achievements and/or challenges, etc.
- Make a list of questions you'd like to ask the caseworker since your last visit.

- Gather documents, school papers, report cards, permission slips that you need to show the caseworker and/or have signed. Keep a file folder or large envelope handy.

You'll be glad you planned ahead and prepared so you won't forget anything during the home visit! Here's some additional tips for working with your child's caseworker:

https://adoption.com/how-to-work-with-your-foster-childs-social-worker

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. This could be a mentorship program or Big Brothers/Big Sisters. A visiting resource is a person who has a personal connection to a foster child through kinship or personal contacts in routine daily life. This could be a teacher, coach, friend's parent or neighbor. These interactions can be very positive experiences for the children. However, there are requirements, which individuals must meet prior to visiting with a child, in care, without the caregivers' 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 foster care caseworker any programs or persons meeting the above stated description.

M. COURT APPOINTED SPECIAL ADVOCATE (CASA)

A Court Appointed Special Advocate (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. NOT all children, who are in care, have a CASA volunteer assigned to their case. The volunteer is to get to know the child by learning their interests, activities and daily life. The CASA will then let the Judge, and others in the system know, the child's perspective and needs. CASA volunteers may talks with the child, birth parents, family members, foster caregivers and others who are knowledgeable about the child. Learn more about the role of the CASA at:

https://nationalcasagal.org/
https://louisianacasa.org/

CHAPTER 10 – PROCESSES PERTINENT TO FOSTER CAREGIVERS

A. MINIMUM STANDARDS FOR FOSTER AND ADOPTIVE FAMILY HOMES

The Department of Children and Family Services (DCFS) Licensing Section and Louisiana laws set forth mandated requirements for foster and adoptive homes. This is to ensure that DCFS homes best meet the health, safety and well-being of children placed in foster care.

DCFS Child Welfare is responsible for training and certifying the Agency's families in accordance with §7301 et seq. of Title 67 of the Louisiana Administrative Code. Each foster caregiver is provided with the DCFS Licensing Website and pertinent links that will offer additional guidance at the time of certification.

The Agency also has additional policy requirements, which must be met for certification. These can be found in the Foster Parent Agreement (CW Form 427 or CW 427-RK). Licensing standards and Agency policies are discussed with you during pre-service training and the home study assessment process. They will also be discussed during the re-certification process.

B. RE-CERTIFICATION

All regular, or non-relative, certified homes undergo the re-certification process after the first six months and, annually thereafter, for as long as the home is certified. All relative/kin certified homes will undergo the re-certification process 12 months after initial certification, and annually thereafter, for as long as the home is certified.

The purpose of the re-certification process is to:

- Support the caregivers and increase their satisfaction in the position by expressing Agency appreciation of their work and helping them assess and identify their strengths and training needs.
- Determine whether the home, surroundings, and occupants continue to meet certification requirements.
- Clarify and/or correct any problems that the caregivers have experienced in the use of their home or that the Agency has had in using the home.
- Determine how the home can best be used in the future to provide a placement resource for the types of children that are in State's custody.
- Re-contract with specialized family foster homes if the Agency wishes to continue the specialized use of the home.
- Help a certified family withdraw from the program or change to a more appropriate program when their home has not been used by the Agency within a two-year period, and they do not wish to serve the children whom the Agency must serve.
- Determine whether a family should be decertified in cases of valid abuse/neglect, valid childcare deficiencies, and/or failed corrective action plans.

Each foster caregiver is expected to cooperate with the Home Development Unit to complete the re-certification process by the annual due 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 the 6-month or annual re-certification for a REGULAR, non-relative, foster caregiver, the Home Development Unit will need the following:

- Pet immunization records
- Current car insurance and license tag verification
- Documentation of 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
- Income verification

At the time of the annual re-certification for a RELATIVE/KIN foster caregiver, the Home Development Unit will need the following:

- Current car insurance and license tag verification
- Available child care plan and support system
- Compliance with necessary information to complete the re-certification process

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

C. IN-SERVICE TRAINING

Foster/adoptive caregivers are required to complete ongoing in-service training, annually after certification, to further develop and enhance specialized skills needed to parent children placed in foster care. In-service training is a type of training that is concurrent to official training received and is intended **to improve qualifications and skills**. Foster/adoptive caregiver applicants are to be informed of the in-service training requirement during the certification process; at various times during the fiscal year; and again, at annual re-certification home visits. In-service training is also necessary for the home to continue to meet licensing requirements to retain certification. A home must be certified, and considered in compliance with all requirements, in order for the Agency to continue receiving IV-E funds for qualified children placed in the home. Licensing and certification standards set forth the following requirements.

- Regular foster/adoptive caregivers shall complete in-service training each fiscal year (July 1 to June 30). In households with two caregivers, the hours may be shared between them; however, each foster/adoptive caregiver must receive a minimum of 5 hours of the total hours.

- Within 6 months of certification, all relative/kin foster/adoptive homes are to attend a 3-hour, in-person "Navigating the Journey" training, which is offered, quarterly, in each region.

- All Alternate Family Care (AFC), Diagnostic and Assessment (D&A) and specialized foster caregiver(s) shall complete a minimum of 20 hours of approved in-service training per fiscal year (July 1 to June 30). In households with two caregivers, the 20 hours cannot be shared; each caregiver must receive a minimum of 20 hours.

- AFC, D&A and Specialized foster/adoptive caregiver(s) shall maintain official certification in CPR and first aid.

Foster/Adoptive caregivers are not required to complete in-service training hours during the same fiscal year in which they received pre-service training, unless it is part of a corrective action plan (CAP).

Approved In-Service Training

There are varieties of ways for foster/adoptive caregivers to obtain the required in-service training. Below is a list of the most commonly used options; however, this list is not exhaustive.

- **Home Visit Interaction Between the Caregiver and the Caseworker:**
  This is one of the most frequently used options, for obtaining in-service hours. **Up to six (6)**, of the required annual hours, may be provided to the foster/adoptive caregiver, as recognition for the training/instruction periods held between the caregiver and the foster care or adoption caseworker. Six is the maximum allowable amount that can be received from DCFS Staff. Applicable topics for discussion are:

    - Behavior Management Techniques
    - Child Development
    - Managing Sexually Explicit Behaviors
    - Sexual Orientation and Gender Identity Expression
    - Cultural Competency
    - Attachment Issues
    - Managing Child-Parent Visitation

- **Louisiana Child Welfare Training Academy (LCWTA):** https://moodle.lcwta.org. The Agency has a working partnership with LCWTA. LCWTA offers a website featuring an online learning platform, known as Moodle. This platform provides the six (6) mandatory courses that must be completed by each caregiver prior to certification, and at various times thereafter, as well as, other courses and virtual events regarding relevant topics for caregivers. These trainings are free.

  Once potential foster/adoptive caregivers register for A Journey Home (AJH) pre-service training, each will receive an email, from LCWTA, with a username, temporary password, and instructions on how to access their account. This account is a requirement for certification and will be utilized throughout their partnership with the Agency.

- **Other On-Line Trainings:**
  There is no limit to the amount of hours that can be acquired on-line. In addition to LCWTA (mentioned above), here are some other websites that may be utilized. This is not an exhaustive list; however, any online trainings, that are completed, should address relevant topics pertinent to parenting, fostering, trauma, abuse, TBRI, etc.

  - https://fosterparents.com
  - https://www.fosterclub.com
  - https://www.fosterparentcollege.com
  - https://www.fosterparenttraining.com
  - https://www.prosolutionstraining.com/index.cfm
  - https://nfpati.org

- **Licensed Clinical Social Worker, Professional Counselor, Psychologist, or Psychiatrist:**
  Hours may be provided when foster/adoptive caregivers participate in a consultation for purposes of implementing an individualized behavior management program on behalf of a child placed in their home. The hours provided should represent the actual time the foster/adoptive caregiver participated in the session, not necessarily the entire length of the session. These hours are to be documented on the **Child-Specific In-Service Training Credit** form and filed in the foster/adoptive caregiver's HD record.

- **Medical Provider:**
  Hours may be provided when foster/adoptive caregivers receive formal training, from a medical provider, that is required for the foster/adoptive caregiver to meet the physical needs of a child placed in their home. These hours are to be

documented on the **Child-Specific In-Service Training Credit** form and filed in the foster/adoptive caregiver's HD record.

- **Pre-Approved Training by the State Office Home Development Manager/Designee:**
  There are times when one of the Agency's community partners, a local church or a non-profit, wish to provide/host trainings and support groups to benefit our foster/adoptive caregivers. In these instances, the State Office Home Development (HD) Manager, or designee, has the authority to approve a training. The training must be relevant to the foster/adoptive caregiver's role and job, and be delivered by a qualified provider. An example of a qualified provider is someone with a master's degree in the field of social work, psychology, or behavioral sciences; a medical professional; or someone, such as a foster or adoptive caregiver, with specialized expertise in the subject matter that is being trained. An example would be someone who is a certified TBRI Practitioner.

- **Independent Living Training:**
  When foster/adoptive caregivers participate in independent living training, with a teen in care, in-service hours may be submitted for the time the foster/adoptive caregiver actively participated. These hours are to be documented on the **Child-Specific In-Service Training Credit** form and filed in the foster/adoptive caregiver's HD record.

- **Educational Narratives:**
  Foster/Adoptive caregivers may opt to read a book or article that pertains to relative topics regarding the care of children. To receive credit for this book or article, the caregiver must complete an educational narrative or "book report" regarding the subject. The caregiver must write three to four paragraphs explaining what they learned. If it took 1.5 hours to read the book or information, the caregiver will be able to obtain 1.5 hours toward their annual certification. The maximum allowable hours, that may be obtained this way is three hours per individual. Hours are to be document and filed in the foster/adoptive caregivers HD record.

When a foster/adoptive caregiver completes any type of in-service training, he is responsible for submitting proof of completion to the Regional Home Development Unit in order to receive in-service training credit and have the hours recorded on their cumulative training record.

Documentation of Foster/Adoptive Caregiver In-Service Training

Each region is responsible for establishing a procedure for tracking pre-service and in-service training for certified caregivers. Documentation should consist of a copy of a sign-in sheet, a certificate of completion, and/or copies of applicable Agency forms for

consultations and/or narratives. Documentation must include the participants' name, the title of the training, the date of completion, and the total number of hours acquired.

Caregivers are required to complete six mandatory courses prior to certification.

a) Car Seat Safety
b) CPR Refresher
c) Mandatory Reporting
d) Medication Management
e) Safe Sleep

After certification, the following training schedule applies:

- Even Fiscal Years: CPR Refresher and Safe Sleep
- Odd Fiscal Years: Mandatory Reporter and Medication Management

Please note that the CPR Refresher course, offered through LCWTA, is only for educational purposes, and DOES NOT certify an individual in CPR. As previously stated, AFC, D&A and Specialized foster caregivers MUST maintain full certification in CPR and first aid by completing an official CPR course. Caregiver compliance in this area is a required element for continued certification.

The hours obtained, from the completion of the mandatory courses, will count towards the required training hours. A copy of the CPR/first aid card and/or a copy of ALL LCWTA certificates of completion should be placed in the foster/adoptive caregiver's HD case record.

Monitoring In-Service Training Requirements

Beginning with the six-month recertification and each subsequent annual recertification, the HD caseworker shall discuss the annual in-service requirement with the foster/adoptive caregiver. During the re-certification home visit, the HD caseworker should inquire about the number of hours already completed and/or submitted; review the timeframe for obtaining mandatory trainings; assist with a plan for obtaining the remaining mandatory trainings; and remind the caregivers which mandatory courses are due in that current fiscal year.

Throughout the fiscal year, Regional HD staff will be responsible for mailing, emailing and/or texting reminders to certified caregivers to aid in timely completion. DCFS staff will also share information, with caregivers, about trainings sponsored by community partners so that they may participate.

It is the responsibility of the HD caseworker to track the number of hours submitted for each of their assigned foster/adoptive caregivers. As the end of the fiscal year approaches, the HD caseworker should contact those foster/adoptive caregivers, who are not completing their mandatory in-service training, to remind them of the requirement, as well as, encourage and assist them in getting the hours completed.

Consequences of Non-Compliance with In-Service Training

If, at the time of the recertification home visit, a certified caregiver is found to be out of compliance with the in-service training requirement for the current fiscal year, the HD caseworker shall explain the necessity and rationale for in-service training. The HD caseworker shall also review options for obtaining training hours, and assist the caregiver with making a plan for getting them completed. If at any time, specialized families are out of compliance in the area of certification in CPR/first aid, the home will no longer meet the criteria for certification at the specialized level.

When the end of the fiscal year is approaching, the assigned HD caseworker shall develop a mandatory corrective action plan (CAP) with all caregivers who are out of compliance with their number of hours. The CAP shall be in effect for 30 days and include an agreement with the certified caregiver that he will complete the remaining hours and shall specify the required completion date. The HD caseworker shall also place the home in managerial suspend status (MS) in the Agency database, and will notify regional DCFS staff that no new placements shall be made, in the home, until it is brought back into compliance with the in-service training requirement. The HD caseworker shall make, at a minimum, weekly telephone contact with the certified caregiver to encourage compliance and to monitor progress.

If the caregiver(s) has not completed the required in-service training prior to July 1, the HD caseworker can submit an Extension Request within five (5) calendar days. The request allows the home to remain open, temporarily for currently placed children, pending resolution. The family should be encouraged to continue to work on their training hours. Should the request be denied, the home will be closed.

If the caregiver(s) completes the required in-service training while on CAP, between July 1 and July 30, the hours obtained during this period may only be applied to the previous fiscal year with written approval from the State Office HD Manager. The family shall still be required to complete the required hours of in-service training for the current fiscal year.

If the caregiver refuses, or fails to comply with, the CAP and in-service training requirements, the agency shall assess the home and determine its future use. This decision/assessment shall consider:

- The reason for non-compliance.

- The caregiver's ability to meet the needs of the child(ren).
- The caregiver's ability to function effectively as part of the team.

Based on this decision/assessment, the agency may:

a) Close the home and relocate the child(ren), if the family is no longer able to provide adequate care or collaborate with the agency.
b) Request an annual temporary licensing waiver, allowing the home to remain open solely for currently placed children, if removal would pose significant emotional or psychological harm. No additional placement shall be made in the home until the family becomes compliant with the in-service training requirements. If this waiver is denied, the home shall be closed.

Reimbursement for In-Service Training Travel and Babysitting Expenses

Mileage and babysitting expenses incurred by foster and adoptive caregivers for in-service training may be reimbursed by the Agency at the current allowable rates, depending on the availability of funds, in accordance with the following criteria:

- Fees charged to specialized foster caregivers for certification in CPR and first aid are not reimbursed by the Agency.
- Mileage is reimbursed at the current rates for travel.
- State Office approval is required to reimburse caregivers for mileage and/or babysitting to attend in-service training outside the region, unless cross-regional training or the training site (outside the region) is closer to the caregiver.
- Babysitting will be reimbursed for caregivers at the rate of $10.00 per hour for one minor child and up to $15.00 total per hour for multiple minor children.
- Babysitting expenses for caregivers to attend in-service training shall not exceed $200.00, per fiscal year, per home.

Caregivers shall submit CW Form 435 (Caregiver's Supplementary Expenditure Affidavit) to claim reimbursement for mileage and babysitting expenses. A signed receipt from the childcare provider shall be attached for the babysitting expenditures. To be reimbursed, the claim must be submitted within three months of the date of expenditure. Claims submitted after three months will not be reimbursed.

Each region shall designate staff person(s) responsible for approving and processing reimbursement claims for in-service training. Refer to the TIPS Procedural Manual for major/minor codes to use in processing caregiver claims.

D. FOSTER CAREGIVER IDENTIFICATION

When foster home approval and certification is granted, each caregiver will be given CW Form 406, a Foster Parent ID card. The card will be effective for the time period indicated on the card. A new card will be provided following every re-certification.

The purpose of the card is to assist the caregiver when identification is needed to verify their official role as a foster caregiver 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 child who is in foster care. The card is never to be given to or utilized by anyone else.

E. RESPITE AND ALTERNATIVE CHILDCARE PLANS

All caregivers need a break now and then! Respite care is the temporary care of the child, in foster care, in a certified foster home or residential care setting while board payments are continuing to be made to the caregiver. The purpose of respite is to give caregivers temporary relief from the care of the child. As this is planned respite, the foster caregiver(s) must discuss with the Foster Care Caseworker and the Home Development Caseworker the arrangements for respite as far in advance as possible.

Often times, foster caregivers will make arrangements with foster caregivers they know or who are referred to them by their Home Development Caseworker. While this can be helpful in an emergency, please remember that it may be stressful for the child, as they may feel it is another loss, separation or rejection. However, by creating close friendships with other foster caregivers, it may seem to the child, that he is spending time with a family friend, rather than a stranger.

There are many options that can be considered respite for foster caregivers. If you were to reminisce about your own childhood, your parents were able to get a break when you spent the night with a grandparent, had a sleepover at a friend's house, or went to summer camp. There are many options that afford foster caregivers a much-needed break while maintaining a sense of normalcy for the child. Here are some examples:

- Spend time with approved extended family.
- Have visitation with siblings in their foster/relative-kin home.
- Participate in church, school, and community activities.
- Play sports; be in the band or choir, theatre, art programs.
- Participate in Scouts, 4-H, etc.
- Volunteer for community organizations.
- Have an afterschool job.
- Spend time with the foster caregivers' extended family.
- Spend time with friends and classmates.

This is not an exhaustive list. You are certainly able to develop your own options that are safe, as well as, provide some normalcy for the child.

Community, free of charge, licensed respite services may be available to children in foster care in very limited circumstances. In most situations where temporary childcare is needed for a child, in foster care, caregivers should rely on the childcare provider(s) or support system who was designated during the home certification process. In situations where a child, in foster care, or caregiver is hospitalized and the caregiver needs someone to care for the children in the home, purchase of babysitting may be appropriate. Regular foster caregivers can receive seven days of respite per child, per calendar year with caseworker 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. *For more information about respite care, go to these websites:*

https://www.adriel.org/foster-respite-program/
https://www.rainbowkids.com/adoption-stories/understanding-respite-care-2058

F. LIABILITY INSURANCE

The Department of Children and Family Services (DCFS) assumes limited liability for damages caused by a child in foster care who is living in a foster home. The liability insurance does not assure foster caregivers that all their claims will be paid. A claim may be paid to the caregiver in the following situations:

- When it is shown that the placing caseworker knew the child was destructive and failed to share this information with the caregivers.
- When the caregiver has signed a foster caregiver liability agreement, which is included in the CW Form 427 at the time of certification and damages to a third party are not the result of negligence of the foster caregiver or third party.

The DCFS will support caregivers for liability when they become legally liable or obligated to pay because of acts of a ~~foster~~ child in foster care toward a third party when the conditions specified above are met. However, this indemnity does not apply to damage of anyone's home, personal property, automobile, or other vehicles, including the foster caregivers. If a child in foster care is continuously destructive in a foster home, consideration may be given to a special board rate to cover the wear and tear.

It is recommended that caregivers obtain their own liability insurance. Various policies are available and can be found by searching "foster parent liability insurance" on the internet.

G. INSURANCE COVERAGE

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

H. AUTOMOBILE INSURANCE COVERAGE FOR YOUTH IN FOSTER CARE

Louisiana law requires all automobiles to have liability insurance. DCFS cannot be responsible for car insurance for youth in foster care. Although the foster caregivers cannot give permission for the license, if the youth will be driving the foster caregiver's car, they should be in agreement with the plan because the caregiver must assume the responsibility to provide insurance coverage for the youth. The Agency recommends that foster caregivers obtain $300,000 worth of liability insurance for a minor youth driving their car. The Agency will not reimburse foster caregivers 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 caseworker is responsible for assisting the foster caregiver 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 caregiver
- Date of claim
- Claimant's name, address, and telephone number
- Any third party involved in the claim for damages, if applicable
- Name, address, parish, region, and telephone number of the caseworker
- Name of the caseworker's supervisor
- Name of the Child Welfare Manager
- Comments

The foster caregiver liability agreement (CW Form 427 – Agreement Between DCFS and Caregivers) 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 directly to the person or vendor seeking reimbursement for damages/repairs, rather than to the caregiver.

J. ADDRESS AND HOUSEHOLD COMPOSITION CHANGE

It is important for the child in foster care to maintain meaningful contacts with his biological family. Consequently, if the caregivers 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 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 caregivers must inform DCFS CW staff if they plan to move to another parish or out-of-state.

Caregivers 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.

If at any time an adult, 18 years or older, moves into the foster home, the Home Development staff must immediately be informed. Foster caregivers must also notify staff immediately when any member of the household is involved in criminal acts. Staff shall conduct a criminal background check and Louisiana State Central Registry (SCR) record check on the new household member. Additionally, foster caregivers and all household members that are 18 years of age or older, are required to have a subsequent criminal record clearance conducted every three years, and a subsequent Louisiana State Central Registry (SCR) record check annually, following the initial certification.

K. PROBLEM RESOULTION

Misunderstandings, differences of opinion, and dissatisfaction with actions taken, or proposed to be taken, will occur at times between certified and non-certified foster caregivers and Agency staff. This may be related to certification or decertification of caregivers, special board payment decisions, decisions regarding service plans for the child, or decisions regarding appropriate placements. It is essential that differences are resolved, allowing each child in foster care to have the support of foster caregivers and caseworkers working together to enable the child to reach his maximum potential.

If the caretaker disagrees with, or is dissatisfied with, a decision made by the Agency, actions taken, or proposed actions in relation to a child, in foster care, who is placed in

the home, the caregiver should discuss it, as soon as possible, with the caseworker. Resolution of the disagreement through clearer understanding of the concern and the issues involved should be attempted by the caregiver and caseworker. If a situation cannot be resolved at the caseworker level, the disagreement will be reviewed through the Agency chain of command all the way to the Manager. If the issue cannot be resolved at that level, the Regional Administrator (RA) shall make the final decision.

The best interests of children who are, or who may be, placed in the home is the major focus in the Agency's decision to certify or decertify foster caregivers. The RA's decision shall be the final determination. A meeting may be requested to discuss the concern, if face-to-face contact will facilitate communication and resolution of the problem. All final decisions shall be communicated in writing within 30 days. A copy shall be filed in the applicant/caregiver's record or, if the caregiver is noncertified, in the youth, in foster care's, record.

L. FAIR HEARING

A Fair Hearing is the administrative procedure during which a foster caregiver 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 caregivers for the following IV-E allowable expenses: the appropriate board payment, special board, or separate reimbursable amount for the child in foster care. The separate reimbursable expenses are payments for initial and replacement clothing, respite, transportation, day care, hospital sitters, education, in-service training, recreation, and incidentals.

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.

The foster caregiver does not have an appeal right through the Department of Children and Family Services (DCFS) Appeals fair hearing process in regards to home certification or de-certification actions.

The DCFS Appeals Unit 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 caregiver submits a written request for benefits, the child's caseworker 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 caregivers submit a CW Form 435, Caregivers Supplementary Expenditure Affidavit, for reimbursement of expenses, if the amount of reimbursement is denied or reduced, then the caseworker 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 caregiver's choosing in the matter of a Fair Hearing. The request for a Fair Hearing must be made in writing by the foster caregiver or his authorized representative and mailed to the following address:

DCFS Appeals Unit
P. O. Box 2944
Baton Rouge, LA 70821.

N. TIME LIMIT TO REQUEST A FAIR HEARING

A caregiver 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 decision being contested. The Regional Administrator shall also receive a copy of any correspondence from the foster caregiver or his representative.
- Notifying the foster caregiver and the Regional Administrator of the time, date and place or teleconference arrangements for the hearing.
- The notice to the foster caregiver will include a statement that the hearing will be dismissed if the foster caregiver 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 caregiver 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 on his behalf.
- The foster caregiver 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 caregiver.

The hearing is presided over by an Administrative Law Judge who is an impartial DCFS 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 DCFS or designee.

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

- Foster Caregiver Favor – This decision is rendered when the evidence available as a result of the hearing supports the conclusion that the foster caregiver is entitled to his claim with regard to the issue. The Agency representative shall initiate action to implement the appeals directive not later than 10 days following receipt of the directive.
- DCFS 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 caregiver is not entitled to his claim.

When the Fair Hearing decision is adverse to the foster caregiver, 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 caregiver, 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 caregiver 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 caregivers on behalf of a child in foster care, are not reported as taxable income. Specialized foster homes that receive a subsidy each 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.

P. FAMILY ASSISTANCE ELIGIBILITY FACTORS

When applying for services through the Family Independence Temporary Assistance Program (FITAP), adoption subsidy income is not counted as income; and the adopted child(ren) can be included in the assistance unit. When a family is receiving a foster care board rate, this income is not counted as income. NOTE: A child who receives either federal or state foster care payments are not included in the assistance unit.

When applying for services through the Supplemental Nutrition Assistance Program (SNAP), adoption subsidy income is counted as unearned income. Foster care individuals are considered boarders for SNAP purposes and are not eligible to participate in the SNAP independent of the household providing the board. However, these individuals may participate in the program as a member of the household providing the care, at the household's request. If the foster care individual will not be included as a member of the SNAP household, the foster care payments is not counted as income. If the foster care individual is included as a member of the SNAP household, the entire foster care payment is counted as income.

CHAPTER 11 – REIMBURSEMENT, BOARD PAYMENTS, TRAVEL, AND OTHER ACTIVITIES AND EXPENSES

A. EXPENDITURE REIMBURSEMENT PROCESS

Foster caregivers are allowed to purchase items on behalf of a child in foster care, but should be advised to obtain prior approval from the caseworker to ensure the purchase qualifies for reimbursement. The caregiver should request reimbursement by submitting a CW Form 435, Caregiver's Supplementary Expenditure Affidavit, each month. Sales receipts must be attached, verifying the purchase of all items in excess of $1, except transportation in the caregiver's automobile. Receipts must include the items purchased, date of purchase, amount, and should be signed by the seller or have the name of the vendor printed on it. Separate original receipts are needed for each child.

The caseworker will review each CW 435 Form and the attached receipts. Receipts older than three months (90 days), from the date of purchase, will not be reimbursed. If the receipts are in order and the expenditures are within limits, the caseworker shall authorize reimbursement on the TIPS 211, Provider Manual Payment.

B. MEDICAL REIMBURSEMENTS

Please keep in mind that 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 Department of Children and Family Services (DCFS) directly. The DCFS will forward to the medical provider the appropriate payment forms, when services are not covered by Medicaid or the child's private insurance. Foster caregivers can be reimbursed, with approval from the caseworker, if the child requires immediate medical services.

C. BOARD PAYMENTS

Monthly board payments are paid to certified caregivers for the children placed in their homes. Board payments are intended to help meet the daily needs of the child for shelter, food, clothing, allowance, and incidental expenses. Payment for the care of children and youth, in foster care, is made once a month. The board payment is deposited 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 monthly board payments shall not be used by caregivers for expenditures not related to the daily needs of the child. Any funds, which are not, used within the month, such as the clothing allotment, child's allowance, personal items or gift allowance should be held, for the child, to be utilized when needed by them. All unused funds remain the property of the child, and should follow him to the next placement or be provided to him at the time of discharge from foster care. 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.

Clothing Allowance is used as needed for clothing, school uniforms, footwear, and other clothing items as needed. Clothing should be purchased new and in keeping with community standards as appropriate to the age of the child.

Monthly allowance - The purpose of an allowance is to help the child and youth, in foster care, learn to handle money. Allowances are to be paid directly to age appropriate child in foster care. For children that are not age appropriate to receive an allowance, the money should be placed into a savings account or used directly for items for the infant or child. This is to occur each month for all children, ages 0 through 17.

Personal items allowance is to cover personal items such as haircuts, hair styling and braiding, toiletries, and other items for personal use by children and youth in foster care.

Gift allowance is to be used to purchase gifts for the child.

The board rate is separated into four age groups. The following is a breakdown of the average board payment based on the age of the child.

Birth up to Age 2 years	$392.10	Room and Board
($19.47 per day)	$76.87	Diapers and Formula
	$76.87	Clothing
	$12.15	Monthly Allowance
	$19.22	Personal Items
	$6.89	Gift Allowance
	$584.10	Average Monthly Payment
Age 2 through Age 5 years	$393.17	Room and Board
($16.95 per day)	$76.78	Clothing
	$12.41	Monthly Allowance
	$19.22	Personal Items
	$6.92	Gift Allowance
	$508.50	Average Monthly Payment
Age 6 through Age 12 years	$405.39	Room and Board
($18.69 per day)	$92.18	Clothing
	$37.00	Monthly Allowance

	$19.23	Personal Items
	$6.90	Gift Allowance

	$560.70	Average Monthly Payment
Age 13 years or older	$438.88	Room and Board
($20.86 per day)	$100.38	Clothing
	$58.32	Monthly Allowance
	$20.40	Personal Items
	$7.82	Gift Allowance

	$625.80	Average Monthly Payment

The caseworker should discuss a breakdown of the board rate and its allocated purposes with the caregiver at each monthly visit.

D. SPECIAL BOARD PAYMENTS

In addition to receiving the regular board rate, DCFS foster homes, Private Foster Care (PFC) Homes and Specialized Family Foster Homes may receive an additional **Special Board** compensation for child(ren) in foster care. Special board requires assessment of the child's characteristics and behaviors to provide compensation to the foster caregiver based on the special needs of the child as it relates to their observable condition. Special board shall be assessed upon entry into foster care and continually assessed throughout the child's placement. Once qualified, the foster care caseworker will reassess the child's characteristics and behaviors to adjust the special board at least every six months. The re-assessment may determine if it is possible to increase, reduce, or eliminate the special board. The foster care worker shall complete the Special Board Request Form on behalf of the foster caregiver.

Alternate Family Care (AFC) homes may receive a special board under specific circumstances. Treatment Foster Homes Alternate Family Care/Therapeutic Foster Care and Medical Therapeutic Foster Care Programs. Diagnostic and Assessment (D&A) homes do not receive special board payments.

E. ALLOWANCES

The purpose of an allowance is to help the child, in foster care, learn to handle money. The Agency provides an allowance for the child in his monthly board payment. The monthly allowance is to be paid directly to an age appropriate child, or placed in a piggy bank or account, if the child is not paid directly. **This is to occur each month for all children, ages 0 through 17.**

The child should be helped to use his money wisely and to plan ahead for 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 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 caregivers may give a child in foster care extra spending money for special occasions if they wish. You should not ask the 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; you should treat the child in foster care also.

F. GIFT ALLOWANCE

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

Foster caregivers, 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, those gifts become his possessions to take with him when he leaves the foster home; the gift should be moveable and separate 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.

Gifts should be given with no "strings attached".

G. TRANSPORTING CHILDREN

Foster caregivers, whether certified or non-certified, shall comply with all state laws for vehicle safety including current car inspections, liability car insurance and child passenger restraint systems or car seats. Child passenger restraint systems shall be provided, by the Agency, for all children in care when required by age and size to comply with law and safety practices. Any car seat, or other passenger restraint system, purchased by the Agency becomes the property of the child just as any other purchase made on his behalf, e.g., clothing. The only exception, to the passenger restraint system being the child's

personal possession, would be when a child is no longer required by law to use a child passenger restraint system. If the car seat is in good, usable condition, and there is another child in care currently in the same home or another home who needs the passenger restraint system, the foster caregiver or caseworker may give the system to the other child or return the system to the local office for use by the Agency. When a caseworker places a child in a home, they are responsible for explaining the child restraint law requirements at the time of the establishment of the care setting. If a relative/kin caregiver requires a restraint system for a child placed in their home, the caseworker shall purchase the restraint system. The most cost-efficient restraint system should be purchased..

Daily transportation is the responsibility of the caregiver. Transportation for routine travel, such as shopping or daily activities is not reimbursable. The caregiver may be reimbursed for transportation expenses under the following circumstances:

- Required or allowed by DCFS for the welfare of the child for medical and other professional appointments, authorized family visits or Family Team Meetings (FTM) within the state.
- Free transportation to school is not available and the local school board will not reimburse the foster caregiver. (Applicable for public school enrollment only; transportation expenses are not reimbursable for private school, NOR are they allowed when a foster caregiver CHOOSES to transport the child.)

To claim mileage expenses, the odometer reading of the trip must be submitted. Should more than one child be involved in the trip, e.g., sibling to a visit, children to medical appointment, etc., the trip mileage is to be divided between all involved children. An example is two 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. CW Form 435, provided by the agency, is to be completed by the foster caregivers for reimbursement. A separate Form 435 should be completed on each child. Be sure to consult and discuss with the caseworker, allowable expenses and amounts.

H. VACATIONS AND TRAVEL

DCFS wants to ensure travel away from the child's normal care setting occurs in a manner supporting the safety, permanency, and well-being of the child, as well as, providing for normalcy in accordance with his best interests.

General Travel Guidelines

- An adult must accompany a child in care in all travel situations.
- The child's caseworker, supervisor, or other DCFS staff is responsible for accompanying the child in any travel involving changing care settings.

- Placement of the child, by an accompanying caseworker, supervisor or other DCFS staff, must occur in the care setting, not at a train station, airport, etc.
- Official picture identification must be viewed by individual accompanying a child or youth in care, during travel, prior to releasing him to another party.
- DCFS staff must ensure all financial needs of the child are accounted for and appropriate authorization received prior to approving, or executing, the travel episode.
- Staff, traveling out of state, with or without a child or youth, in care, must have DCFS appointing authority approval prior to crossing state lines in performance with job duties.
- Approval must be obtained from DCFS appointing authority prior to taking state property, e.g. state vehicles, across state lines.

Travel of Caregivers Without the Child or Youth in Care

If the family will be traveling for an extended time, without the child, in care, accompanying them, the caregivers are to inform the caseworker of alternate childcare arrangements.

I. SOCIALIZATION, RECREATION, AND DEVELOPMENTAL ACTIVITIES

The maximum socialization, recreation, and developmental funding for children age six (6) through seventeen (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 caseworker and caregiver are to purposefully plan the activity to meet the child's need in a specific area such as building self-confidence, physical coordination, or improving peer interactions.

As reimbursable expenses are limited, activities should be selected through joint discussion with the assigned caseworker, caregiver, and child (if age appropriate). Authorization from the caseworker must 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 his case plan.

No more than $900, per calendar year, may be expended, per child, to support a developmental or socialization need. Allowable activities include summer camps, community organization/church/school sponsored trips, membership in organizations such as Scouts or community sports teams and similar activities; or self-improvement or skill classes in music, art, dance, gymnastics, or other physical development activities, including swimming lessons. Funds may be used, if more appropriate, to purchase items needed to participate in developmental or socialization activities. Summer camp shall be limited to $300 per year and social activities shall be limited to $600 per year.

The following kinds of items/activities are not allowed:

- Items that cannot be physically moved with the child and that are not necessary for organized social or developmental activity;
- TV, VCR, Stereo, Electronic devices (X-Box, etc.);
- Birthday parties, birthday gifts or Christmas gifts;
- Family or group vacation trips including senior trips; and
- Toys, video games, board games, bicycle, etc. (Note: If the youth is a member of an organized group, such as a bicycling club for the purpose of building peer relationships or promoting physical development, and a bicycle is required for participation, then a bicycle would be permissible.)

J. MISCELLANEOUS EXPENDITURES

The assigned caseworker may approve minimal purchases necessary to provide for the safety, permanency, and well-being of the child. The following items may be claimed as incidental expenses.

Long distance telephone calls made on behalf of the foster child in accordance with the child's case 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 caregiver's phone.

A suitcase for each child, entering foster care, up to $125.00.

Initial placement incidental purchases for such items as shampoo, sanitary napkins, deodorant, shaving cream, toothbrush, make-up, etc., up to $40 per year, can be purchased for the child. Contact the caseworker for the allowable amount if you plan to seek reimbursement of these purchases. These expenses are only reimbursed at the child's initial entry into foster care.

CHAPTER 12 – FOSTER CAREGIVER SUPPORT SYSTEMS

A. FOSTER CAREGIVER SUPPORT ORGANIZATIONS

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

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

Foster caregiver associations provide a means for caregivers to encourage and support each other in their foster parenting roles. There are approximately 20 local associations. To locate a Foster Caregiver Association in your region, visit the Foster Care Support Organization Resource page to find a list of organizations available by region: https://form.jotform.com/222934712477158.

B. RESOURCE AND REFERRAL AGENCIES

Child Care Resource and Referral (CCR&R) agencies support child care centers and registered family child care homes by providing research-based coaching, technical assistance, group training, and emergency respite care. In addition, the agencies provide an Early Learning Resource Center that supports families and the early learning community, with connections and resources.

Resource and Referral Centers can assist caregivers with locating day care facilities in their community. A map of Resource and Referral Agencies can be found here: https://www.louisianabelieves.com/docs/default-source/early-childhood/early-childhood-map---child-care-resource.pdf.

C. LOUISIANA FOSTER CAREGIVER MENTOR PROGRAM

The Louisiana Foster Caregiver Mentor Program provides peer support for foster caregivers and families who have adopted through foster care. Mentors are listed by their experience and areas of expertise. Families can choose any mentor, in any region, and contact them for support. Families can choose to contact the same mentor, or select different mentors to meet their support needs. Families can view the mentor list here:

https://form.jotform.com/LFCSO/louisiana-foster-caregiver-mentor-l.

Current or former foster caregivers can apply to become a mentor for other foster/adoptive families.

Mentors must:

- Be recently closed or current Foster Care Caregivers
- Have at least 2 years of Foster Care Caregiver experience
- Have no open investigations or corrective actions
- Be approved by DCFS

Mentors take calls or emails from other caregivers, meet monthly via Zoom, and submit a monthly online survey that is shared with DCFS leadership.

Families who are interested in becoming a mentors can access the mentor application here: https://form.jotform.com/201875515666160.

D. REGIONAL CONNECTIONS

Regional Connections was created to provide an opportunity for foster caregiver applicants to meet DCFS Home Development Staff face-to-face while enrolled in the Equipped to Care pre-service training. Through the implementation of "Regional Connections", DCFS provides prospective caregivers with helpful information regarding the application process, ensuring that families understand the next steps in the certification process after completing the Equipped to Care training.

During this meeting, prospective caregivers will receive:

- The caregiver application packet, with detailed instructions for completion.
- Instructions for scheduling central registry clearances and criminal background checks.
- Information to help them prepare for welcoming a child into their home.
- Information on what to expect in the first few weeks of working with the Agency after a child is placed in their home.

Meetings take place at the local DCFS office within the region.

E. FOSTER CARE COMMUNITY COLLABORATIVE MEETINGS

Foster Care Community Collaborative Meetings provide an opportunity for ongoing discussion about needs and resources within the region. DCFS staff and caregivers attend the meeting and share about needs that could be met from community resources. The meeting is open to community partners, churches, businesses, individuals, and any other local organizations who are either actively involved in foster care support, or who wish to get involved. These meetings provide an opportunity for caregivers to learn about local resources, connect with community partners, and engage in collaborative efforts to meet local foster care needs.

Here are some examples of needs that have been met through Community Collaborative Meetings:

- Sponsorship of extracurricular activities for children and youth in foster care
- Donation of washer/dryer to local DCFS office to wash clothes for children entering foster care
- Christmas party honoring young adults in Extended Foster Care
- Provision of Christmas/holiday gifts for children entering foster care during the holiday season
- Organizations providing meeting space and family visitation space
- Foster Parents' Night Out events
- Donation of furniture, bedding, baby gear, and more for caregivers
- Development of foster care clothing closets in the community

To join the mailing list for your region's Foster Care Community Collaborative Meeting, please visit dcfs.la/bethere and complete the "Support Your Local Foster Care Community" form.

F. FOSTER CAREGIVER ADVISORY BOARD (FCAB)

The Foster Caregiver Advisory Board was created to provide an opportunity for foster caregivers to play an active role in improving Child Welfare practices in their community. Beginning in 2025, each region will have regular Foster Caregiver Advisory Board subcommittee meetings where caregivers are invited to meet with DCFS regional leadership to address ongoing barriers to foster caregiver retention and support within the region. Foster caregivers are invited to attend these meetings to share concerns and be a part of developing solutions. In order to participate in FCAB subcommittee meetings, caregivers should:

- Be currently certified foster caregivers or currently serving as a Foster Caregiver Mentor

Each year, a core leadership team of three foster caregivers will be elected by their peers to serve on the statewide Foster Caregiver Advisory Board. The Board will meet with DCFS statewide leadership, quarterly, to discuss regional work and determine if statewide policy and practice change is needed. In order to qualify to serve as a regional FCAB Board Member, caregivers should:

- Be currently certified as a foster caregiver or currently serving as a Foster Caregiver Mentor
- Regularly attend FCAB Subcommittee meetings in their region of residence

- Be a team player, committed to representing the ideas and suggestions of their region's foster caregivers
- Commit to work as a team with their fellow FCAB members to ensure that at least one FCAB member is present for the quarterly statewide FCAB meeting and able to provide updates from their regional work

G. FOSTER FRIENDLY APP BY UNITE MINISTRIES

Unite Ministries recruits businesses to support foster families by providing discounted services, sponsoring children and youth for extracurricular activities, or sponsoring special events for children and families. The app also offers push notifications to remind families about upcoming events and activities. You can view the offers by downloading the Foster Friendly LA app through your device's application store. You can also find a link to download the app through our Foster Caregiver Resources page by selecting "Support for Foster Caregivers".

Foster Caregiver Resource page: **https://dcfs.louisiana.gov/page/foster-caregiver-resources**

H. MOBILE CRISIS RESPONSE SERVICES

The Louisiana Department of Health's 24/7 Mobile Crisis Response (MCR) Services for children and youth are now available in the Orleans, Lafayette and Lake Charles regions. Consisting of two key components - Mobile Crisis Response and Community Brief Crisis Support - the Medicaid covered service is easy to access with a simple phone call. Mobile Crisis Response provides up to 72 hours of intervention. MCR teams are dispatched to provide immediate, on-the-spot assistance to stabilize a crisis. Community Brief Crisis Support provides up to 15 days of crisis services. The service offers short-term, intensive care that connects children with essential resources and ongoing support for their well-being and recovery. Foster caregivers, along with DCFS staff, service providers, school personnel, CASA workers, etc. can use the service. There are no referral forms or prior authorization required to have an MCR team go to the child within one to two hours of the request, depending on the distance. A self-identified crisis is sufficient to have an MCR team deployed to a child. MCR can be used when a child is entering a foster home for the first time or moving to another placement, as well as, stabilization for a child experiencing agitation or a mental health crisis.

You can access providers directly or via 988. Please note that OBH regions are different from DCFS' regions, so some parishes will be served by a different agency.

APPENDIX A – FOSTER YOUTH BILL OF RIGHTS

- The right to privacy concerning the youth's personal and confidential information.
- The right to attend all court hearings regarding the care to be received.
- The right to be in a stable and supportive setting that is free from neglect and emotional, verbal, physical, and sexual abuse or exploitation, and that is the least restrictive to meet the youth's needs.
- The right to participate in all case plan meetings, to include supportive adults of the youth's choice to be on the planning team, and to be provided a copy of the youth's case plan every six months or whenever changes are made to the plan.
- The right to have the youth's medical and mental health needs met on a regular and timely basis.
- The right to be provided adequate trauma-based counseling and therapeutic services throughout the youth's time in foster care.
- The right to be provided the contact information of the youth's caseworker, attorney, and CASA volunteer, and to attend meetings with them on a regular basis.
- The right to have access to a telephone to talk to or visit with approved friends and relatives, including siblings, at least once a month.
- The right to access materials necessary for school and to further the youth's education, including access to a computer or other electronic devices and to the internet when needed to complete assignments, the right to receive tutoring services, and the right to access information regarding college admissions.
- The right to access information regarding testing accommodations for any learning or developmental disability or special health need.
- The right to be involved in extracurricular activities, including school clubs, dances, field trips, and sports teams, and to be provided with supplies and uniforms required for team participation.
- The right to remain in the youth's school of origin.
- The right to attend a driver's education class.
- The right to obtain employment and transportation to employment within the vicinity of foster care placement.

APPENDIX A – FOSTER YOUTH BILL OF RIGHTS

- The right to refuse involvement in religious-based activities and the right to continue the youth's cultural, religious, and ethnic traditions and belief systems.

- The right to be free from discrimination of any kind on the basis of the youth's race, color, sex, language, religion, political or other opinion, national, ethnic, or social origin, property, disability, birth, or other status.

- The right to attend and have transportation to services, events, and activities provided by the Independent Living Skills Program within the youth's region, the right to receive timely notification of upcoming youth advocacy and engagement services in the youth's region, and the right to be provided with the entire amount of the monthly allowance as outlined in department policy.

- The right to express and voice the youth's needs, concerns, and desires about foster care.

La R.S. 46:286.16

APPENDIX B – NATIONAL FOSTER PARENT ASSOCIATION GUIDING PRINCIPLES AND CODE OF ETHICS

According to the National Foster Parent Association webpage, these new Guiding Principles became effective on August 26, 2021.

These guidelines set expectations and principles of basic values. They guide practice for all families who step forward to do the important work of creating a safe harbor for children who come under the care of the child welfare system.

- Reunification with the children's family is the primary focus.
- Relationships, collaboration, and partnerships are the foundation to positive outcomes for children and their families.
- Provide family foster care by ensuring a safe, nurturing, supportive environment for all children in your home.
- Meet children's wide array of developmental needs.
- Be informed about and follow trauma-informed practices.
- Continue to learn and grow.
- Advocate for the child, their family, yourself, and your family.
- Many aspects of foster care have changed in the past decades. We anticipate that even more will change within the next few years.

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

Guiding Principles

Fostering requires competencies in the following domains:

- **Principle 1:** Providing a safe and secure environment.

- **Principle 2:** Providing a loving, nurturing, stable family care environment.

- **Principle 3:** Modeling healthy family living to help children, youth, and families learn, and practice, skills for safe and supportive relationships.

- **Principle 4:** Providing positive guidance that promotes self-respect while respecting culture, ethnicity, sexual orientation, gender identity and expression, and agency policy.

- **Principle 5:** Promoting and supporting positive relationships among children, youth, and their families to the fullest possible extent.

- **Principle 6:** Meeting physical and mental health care needs.

- **Principle 7:** Promoting educational attainment and success.
- **Principle 8:** Promoting social and emotional development.
- **Principle 9:** Supporting permanency plans.
- **Principle 10:** Growing as a foster parent – skill development and role clarification; participation in training, professional or skill development, and foster parent support organizations and associations.
- **Principle 11:** Arranging activities to meet children's individual recreational, cultural, sexual orientation, gender identity and expression, and spiritual needs, commensurate with agency policy.
- **Principle 12:** Preparing children and youth for self-sufficient and responsible adult lives.
- **Principle 13:** Meeting and maintaining all licensing or approval requirements.
- **Principle 14:** Advocating for resources to meet the unique needs of the children and youth in their care.
- **Principle 15:** Collaborating with other foster parents and the child welfare team, building trust and respecting confidentiality.
- **Principle 16:** Promoting decisions that are in the best interest of children and youth, promoting safety, well-being, and permanence.
- **Principle 17:** Supporting relationships between children and youth and their families.
- **Principle 18:** Working as a team member.

APPENDIX C – REMEMBER TO ASK

The following questions will help you make a decision when a caseworker contacts you regarding the placement of a child/youth in your home. Please be aware that under some circumstances it is not uncommon for the caseworker to have limited information about the child/youth they are contacting you about.

I. General Information Regarding a Child/Youth

1. What is the child/youth's name? Does he/she have a nickname?
2. How old is the child/youth?
3. What is the general personality type of the child/youth?
4. What is the child/youth's gender and race?
5. Are there brothers and sisters? If so, where are they?
6. What is the child/youth's relationship to his/her family?
7. Can the child/youth's feelings about being placed in foster care be determined?
8. Does the child/youth have any special behavior problems?
9. What are the child/youth's hobbies, special interests, and abilities?
10. How does the child/youth relate to other children/youth? Is he/she comfortable being around other children?
11. Can this child/youth relate to the opposite sex parental figure?
12. Does this child/youth relate to the same sex parental figure?
13. Has this child/youth 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/youth have a pet?
17. What is the child/youth's favorite food?

II. Information Regarding Placement

1. Why is this child/youth being placed (physical or sexual abuse or neglect)?
2. Where is the child/youth coming from?
3. What is the expected length of placement?
4. When could we expect the child/youth to arrive?

III. Health of the Child/Youth

1. What is the health condition of the child/youth?
2. Does the child/youth have any physical disabilities?
3. Does the child/youth need therapy of any kind?
4. Is there any special equipment the child/youth needs?
5. When was the child/youth's last physical?
6. Are the child/youth's immunizations current?
7. Does the child/youth require medication or a special diet?

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

IV. Information Regarding School

1. What grade is the child/youth in at present?
2. What school was the child/youth attending?
3. Will the child/youth be required to continue at the same school?
4. Is the child/youth performing socially at that grade level?
5. Does the child/youth have any learning difficulties at school? If so, what are they?
6. If so, does the child/youth have a current Individualized Education Program (IEP)?
7. What is the child/youth's intelligence level?

APPENDIX D – WHEN TO CALL A WORKER

You may contact the child/youth's caseworker when you need to give, or receive, information or need support. The following list provides some examples of times when you should contact the caseworker:

- ✓ Accident or Death or Medical Emergency: Notify the caseworker or supervisor as soon as possible.
- ✓ Runaway or Missing or Kidnapped: Contact the caseworker or supervisor and the police department to report a missing child/youth as soon as possible.
- ✓ Behavior Problems the child/youth 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 caseworker prior to the changes.
- ✓ School Problems: Contact the caseworker when problems are of a serious nature related to academic performance.
- ✓ Plans for a Family Vacation: When traveling with a child out of the state, notify the caseworker at least one month prior to the planned trip to allow time to receive approved and notification the child's parents and attorney of travel.
- ✓ Plans for the family to be away from the foster home for more than 24 hours: Contact the caseworker and advise where and how you can be reached.
- ✓ If the child /youth's biological parent or extended relatives attempts to take the child/youth without prior agency approval: Contact the caseworker immediately.
- ✓ If you have a family emergency that will require your absence from the home for a period of time: Contact the caseworker as soon as possible.

These are a few examples of when to call the caseworker. Keep in mind that the caseworker has other clients and has to be out of the office frequently. However, you may contact the caseworker's supervisor, if you cannot reach the caseworker. If an after-hours emergency occurs, you may contact the caseworker or supervisor at home (their numbers are on CW the Form 98-A) or contact the on-call worker through the Child Protection Hotline at (855) 452-5437.

APPENDIX E – CHILDREN'S DEVELOPMENTAL MILESTONES

Child development describes how children/youth grow and change over time. Experts divide developmental stages into five periods from birth to 18 years old. These five stages are:

- Newborn – 0 through 2 months
- Infant – 3 months through 12 months
- Toddler – 1 year through 3 years
- Preschool – 3 years through 5 years
- School-Age – 6 years through 17 years

At each stage, healthcare providers expect children/youth to meet certain developmental milestones. Developmental milestones are the behaviors that mark stages of typical growth. It is important to remember that all children/youth develop at their own pace; however, most children/youth pass through specific changes at approximately the same time, as they get older.

Experts divide child growth and development into four areas:

- Physical Development ~ refers to strength and physical skills;
- Cognitive Development ~ involves thinking and problem-solving;
- Language Development ~ refers to communication and understanding; and
- Social-Emotional Development ~ affects how children interact with others and process feelings.

During the first year of life, 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 negatively impact emotional development. Identifying, and knowing, the causes of any delays can help provide appropriate supports.

Below are examples of developmental milestones and the ages they typically occur:

NEWBORN – 0 to 2 months:

- 2 Months
  - **Physical:** Holds head up when on tummy; moves both arms and both legs; opens hands briefly;
  - **Cognitive/Language:** Watches you as you move; makes sounds other than crying; reacts to loud sounds; looks at a toy for several seconds;
  - **Social-Emotional:** Calms down when spoken to or picked up; looks at your face; seems happy to see you when you walk up to him/her; smiles when you talk to, or smile at, him/her.

APPENDIX E – CHILDREN'S DEVELOPMENTAL MILESTONES

INFANT – 3 to 12 months:

- 4 Months
  - **Physical:** Holds head steady without support when you are holding him/her; holds a toy when you put in his/her hand; uses arm to swing at toys; brings hands to mouth; pushes up onto elbows/forearms when on tummy;
  - **Cognitive/Language:** Makes sounds look "oooo", "aahh" (cooing); makes sounds back when you talk to him/her; turns head towards the sound of your voice; if hungry, opens mouth when sees breast and/or bottle; looks at his/her hands with interest;
  - **Social-Emotional:** smiles on his/her own to get your attention; chuckles when you try to make him/her laugh; looks at you, moves or makes sounds to get, or keep, your attention.
- 6 Months
  - **Physical:** Rolls from tummy to back; pushes up with straight arms when on tummy; leans on hands to support self when sitting;
  - **Cognitive/Language:** Puts things in mouth to explore them; reaches to grab a toy; closes lips to show he/she doesn't want more food; takes turns making sounds with you; blows "raspberries"; makes squealing noises;
  - **Social-Emotional:** Knows familiar people; likes to look at self in mirror; laughs.
- 9 Months
  - **Physical:** Gets to sitting position by self; moves things from one hand to the other hand; uses fingers to "rake" food towards self; sits without support;
  - **Cognitive/Language:** Looks for objects when dropped out of sight (like spoon or toy); bangs two things together; makes lots of different sounds like "mamamama" and "babababababa";
  - **Social-Emotional:** Is shy, clingy, or fearful around strangers; shows several facial expressions like happy, sad, angry, surprised; looks when you call his/her name; reacts when you leave (looks, reaches for you or cries); smiles or laughs when you play peek-a-boo.
- 12 Months
  - **Physical:** Pulls up to stand; walks holding onto furniture; drinks from a cup without a lid, as you hold it; picks things up between thumb and pointer finger, like small bits of food;
  - **Cognitive/Language:** Puts something in a container, like a block in a cup; looks for things he/she sees you hide, like a toy under a blanket; waves "bye-bye"; calls a parent "mama" or "dada" or another special name; understands "no" (pauses briefly or stops when you say it);
  - **Social-Emotional:** Plays games with you, like "patty-cake".

TODDLER – 1 to 3 years:

- 15 Months
  - **Physical:** Takes a few steps by self; uses fingers to feed self;

- **Cognitive/Language:** Tries to use things the right way, like a phone, cup, or book; stacks at least two small objects, like blocks; tries to say one or two words besides "mama" or "dada", like "ba" for ball or "da" for dog; looks at a familiar object when you name it; follows directions given with both a gesture and words, example, gives you a toy when you hold out your hand and say, "Give me the toy";
- **Social-Emotional:** Copies other children while playing, like taking toys out of a container when another child does; shows you an object he/she likes; claps when excited; hugs stuffed doll or other toy; shows you affection (hugs, cuddles, or kisses you).

- 18 Months
  - **Physical:** Walks without holding on to anyone or anything; scribbles; drinks from a cup without a lid and may spill sometimes; feeds self with fingers; tries to use a spoon; climbs on and off a couch or chair without help;
  - **Cognitive/Language:** Copies you doing chores, like sweeping with a broom; plays with toys in a simple way, like pushing a toy car; tries to say three or more words besides "mama" or "dada"; follows one-step directions without any gestures, like giving you the toy when you say, "Give it to me.".
  - **Social-Emotional:** Moves away from you, but looks to make sure you are close by; points to show you something interesting; puts hands out for you to wash them; looks at a few pages in a book with you; helps you dress him/her by pushing arm through sleeve or lifting up foot.
- 24 Months
  - **Physical:** Kicks a ball; runs; walks (not climbs) up a few stairs with or without help; eats with a spoon;
  - **Cognitive/Language:** Holds something in one hand while using the other hand, for example, holding a container and taking the lid off; tries to use switches, knobs or buttons on a toy; plays with more than one toy at a time, like putting toy food on a toy plate; points to things in a book when you ask, "Where is the bear?"; says at least two words together, like "More milk"; points to at least two body parts when you ask him/her to show you; uses more gestures than just waving and pointing, like blowing a kiss or nodding yes;
  - **Social-Emotional:** Notices when others are hurt or upset, like pausing or looking sad when someone is crying; looks at your face to see how to react in a new situation.
- 30 Months
  - **Physical:** Uses hands to twist things, like turning doorknobs or unscrewing lids; takes some clothes off by self, like loose pants or an open jacket; jumps off ground with both feet; turns book pages, one at a time, when you read to him/her;
  - **Cognitive/Language:** Uses things to pretend, like feeding a block to a doll as if it were food; shows simple problem-solving skills, like standing on a

small stool to reach something; follows two-step instructions like, "Put the toy down and close the door."; knows at least one color, like pointing to a red crayon when you ask, "Which one is red?"; says about 50 words; says two or more words together, with one action word, like "Doggie run"; names things in a book when you point and ask, "What is this?"; says words like "I", "me" or "we";
    - **Social-Emotional:** Plays next to other children and sometimes plays with them; shows you what he/she can do by saying, "Look at me!"; follows simple routines when told, like helping to pick up toys when you say, "It's clean-up time."
- 36 Months
    - **Physical:** Strings items together, like large beads or macaroni; puts on some clothes by self, like loose pants or a jacket; uses a fork;
    - **Cognitive/Language:** Draws a circle, when you show him/her how; avoids touching hot objects, like a stove, when you warn him/her; talks with you in conversation using at least two back-and-forth exchanges; asks "who", "what", "where", or "why" questions, like "Where is mommy/daddy?"; says what action is happening in a picture or book when asked, like "running", "eating", or "playing"; says first name, when asked; talks well enough for others to understand, most of the time;
    - **Social-Emotional:** Calms down within 10 minutes after you leave, like at a childcare drop off; notices other children and joins them to play.

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

PRESCHOOL – 3 to 5 years

- 3 Years
    - **Physical:** Strings items together, like large beads or macaroni; puts on some clothes by self, like loose pants or a jacket; uses a fork;
    - **Cognitive/Language:** Draws a circle, when you show him/her how; avoids touching hot objects, like a stove, when you warn him/her; talks with you in conversation using at least two back-and-forth exchanges; asks "who", "what", "where", or "why" questions, like "Where is mommy/daddy?"; says what action is happening in a picture or book when asked, like "running", "eating", or "playing"; says first name, when asked; talks well enough for others to understand, most of the time;
    - **Social-Emotional:** Calms down within 10 minutes after you leave, like at a childcare drop off; notices other children and joins them to play.

- 4 Years
    - **Physical:** Catches a large ball most of the time; serves food or pours water, with adult supervision; unbuttons some buttons; holds crayon or pencil between fingers and thumb (not a fist)
    - **Cognitive/Language:** Names a few colors of items; tells what comes next in a well-known story; draws a person with three or more body parts; says sentences with four or more words; says some words from a song, story or nursery rhyme; talks about at least one thing that happened during the day, like "I played soccer"; answers simple questions, like "What is a coat for?" or "What is a crayon for?"
    - **Social-Emotional:** Pretends to be something else during play (teacher, superhero, dog); asks to go play with children if none are around, like "Can I play with Joey?"; comforts others who are hurt or sad, like hugging a crying friend; avoids danger, like not jumping from tall heights at the playground; likes to be a "helper"; changes behavior based on where he/she is (place of worship, library, playground).
- 5 Years
    - **Physical:** Buttons some buttons; hops on one foot;
    - **Cognitive/Language:** Counts to 10; names some numbers between 1 and 5 when you point to them; uses words about time, like "yesterday", "tomorrow", "morning", or "night"; pays attention for 5 to 10 minutes during activities, for example, during story time or making arts and crafts (screen time does not count); writes some letters in his/her name; names some letters when you point to them; tells a story he/she heard or made up with at least two events, for example, a cat was stuck in a tree and a firefighter saved it; answers simple questions about a book or story after you read or tell it to him/her; keeps a conversation going with more than three back-and-forth exchanges; uses or recognizes simple rhymes (bat-cat, ball-tall);
    - **Social-Emotional:** Follows rules or takes turns when playing games with other children; sings, dances, or acts for you; does simple chores at home, like matching socks or clearing the table after eating.

During pre-school years, a child attains proficiency in simple self-care within the home and begins to form important relationships with peers and adults in a day care or school 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.

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.

SCHOOL AGE – 6 to 18 years

- 6 Years
  - **Physical:** Constant motion, very active; balance and rhythm are good; ties own shoes; makes simple, recognizable drawings;
  - **Cognitive/Language:** Uses picture dictionary; can explain objects and their use; practices skills in order to become better; prints first and last name; names coins and can state the value of a penny, nickel and a dime; can read age-appropriate books and/or materials; knows daytime and nighttime; can differentiate right and left hands;
  - **Social-Emotional:** Poor ability to regulate feelings; enjoys performing for others; difficulty making decisions; plays simple games; often insists on having own way; may return to thumb sucking, baby talk, etc.; understands time interval differences including seasons.
- 7 Years
  - **Physical:** Enjoys many activities and stays busy; likes to paint and draw; jumps rope; rides a bike; small muscles are well developed; eye-hand coordination is well developed; can copy complex shapes, such as a diamond;
  - **Cognitive/Language:** Speaks fluently; uses slang and clichés; recites days of week and months of year; can discuss own feelings, in retrospect; often seems not to hear when absorbed in own activity; can organize and classify information; learns to tell time; can understand commands with three separate instructions; can repeat three numbers backwards; writing speed increases;
  - **Social-Emotional:** Independent in completion of routines; shows more independence from parents and family; 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; concerned about right and wrong.
- 8 Years
  - **Physical:** Jumps, skips, and chases; draws and paints; dresses and grooms self completely; 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;
  - **Cognitive/Language:** Can count backwards; knows the date; understands concept of space; 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; tries to write neatly;

    - **Social-Emotional:** Starts to form stronger, more complex friendships and peer relationships; 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 (original riddles and jokes); starts to think about the future; understands more about their place in the world; pays more attention to friendships and teamwork; wants to be liked and accepted by friends.
- 9 Years
    - **Physical:** Becomes interested in competitive sports; apt to overdo physical activities; sitting posture often awkward, slouches, head close to work, etc.; works purposefully to improve physical skills; draws and paints;
    - **Cognitive/Language:** Reads more and enjoys reading; enjoys school; wants to operate at optimal level; can describe preferred methods of learning; understands fractions; enjoys keeping a journal and making lists; worries about doing well in school;
    - **Social-Emotional:** Appears emotionally more stable; capable of concentrating for several hours; likes to plan ahead; peer pressure gains importance; enjoys collecting things; makes decisions more easily.
- 10 Years
    - **Physical:** Likes to write, draw, sew and/or paint; girls and boys tend to be even in size and sexual maturity at 10th birthday; increased fidgeting more common in girls than boys; little awareness of fatigue; bathing is strongly refused; loves outdoor exercise/play (baseball, running, soccer);
    - **Cognitive/Language:** Can participate in discussion of social and world problems; writes stories; likes to write letters; reads well; enjoys using the telephone; wishes are mostly for material possessions, health and happiness for self and others and personal improvement; enjoys memorizing; interest span is short, needs frequent shift in activity; interest in movies and television diminishes;
    - **Social-Emotional:** It becomes more emotionally important to have friends, especially of the same sex; experiencing more peer pressure; becoming more aware of their body as puberty approaches; body image and eating issues sometimes start around this age
- 11 – 13 Years
    - **Physical:** (Girls) Pubic hair coming in, pigmented and curly; auxiliary hair begins after pubic hair; height growth spurt; breast development continues; labia enlarged; increase in subcutaneous fat; 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;
    - **Social-Emotional:** 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 continue 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;
    - **Social-Emotional:** 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 – 18 Years
    - **Physical:** (Girls) Full development of breasts and auxiliary hair; decelerated height growth; Uterus develops fully between 18-21 and other physical maturation complete; (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; from 18-21, full development of primary and secondary sex characteristics; muscle and hair development may continue;
    - **Cognitive/Language:** When intelligence is normal, abstract thinking is well established; able to recognize and apply to own current and future situations and to broader issues (e.g., social concerns and academic studies); from 18-21, ability for abstract thinking and for practical problem-solving skills is increasingly tested by the demands associated with emancipation and/or higher education;
    - **Social-Emotional:** 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; from 18-21, 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 conflicts tend to resolve around emancipation issues; attention still on peers and self-identity.

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.

The information included in this Appendix was gathered from multiple sources/websites, including:

- https://www.medicinenet.com/what_are_the_5_stages_of_child_development/article.htm
- https://my.clevelandclinic.org/health/articles/21559-child-development
- https://www.cdc.gov/ncbddd/actearly/milestones/index.html
- https://choc.org/primary-care/ages-stages/6_to_12_years/#:~:text=Children%20between%206%20and%2012%20years%20old%20will
- https://www.virtuallabschool.org/school-age/social-and-emotional-development/lesson-2#:~:text=Social-Emotional%20Development%20Milestones%20of%20School-Age%20Children%206-%20to,Want%20to%20be%20liked%20and%20accepted%20by%20friends

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.

APPENDIX F – IMMUNIZATION SCHEDULE

Recommended Childhood and Adolescent Immunization Schedule
Department of Health and Human Services
Centers for Disease Control and Prevention
United States, 2025

Below is the link to the U.S. Centers for Disease Control and Prevention's official website, which provides the most up-to-date "Child and Adolescent Immunization Schedule", with recommendations for ages zero to 18 years. The purpose of this schedule is to guide health care providers to ensure individuals stay up-to-date on recommended vaccines.

Per Agency, Foster Care, Policy, 6-700, *Medical Evaluation and History*, if the child's immunizations are not current, the Foster Care caseworker is responsible for ensuring the required immunizations are completed. This policy also states, "All medical care, assessment and treatment of children in foster care should involve consultation with, and consent by, the parents of the child as long as the parents retain rights to the child. In situations where parents' rights have been terminated or parents are unavailable or unwilling to support routine medical examinations or screening of the child, or emergency medical treatment, **the department, as legal custodian, may continue with the examination or treatment to ensure the physical well-being of the child.**"

https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent.html

APPENDIX G – FORMS

IMPORTANT FORMS FOR FOSTER/ADOPTIVE CAREGIVERS

- Physical Examination of Foster and Adoptive Parents (CW Form 98-C)
- Agreement Between DCFS and Foster/Adoptive Caregivers (CW Form 427)
- Agreement Between DCFS and Relative/Kin Foster Caregivers (CW Form 427-RK)
- Authorization for Emergency Services (CW Form 98-A)
- Caregiver's Supplementary Expenditure Affidavit (CW Form 435)
- Child Specific In-Service Training Credit Consultation Provided to Foster Parents
- Court Process and Legal Rights Guide for Foster Caregivers (CW Memorandum 21-012)
- DD-1 Direct Deposit Form
- DCFS Emergency Contact Information Form (CW Memorandum 21-014)
- Foster/Adoptive Home Evaluation for Environmental, Health and Fire Safety (CW Form HDU 5)
- Foster Caregiver Court Progress Form (CW Memorandum 21-012)
- Normalcy and Reasonable and Prudent Parent Standard Handout (CW Memorandum 15-008)
- QPI Louisiana Foster & Kinship Caregivers – How Do I QPI Today?
- Workshop/Conference Attendance Form (DCFS TR7)

APPENDIX H – LOUISIANA FOSTER PARENT BILL OF RIGHTS

*The department adopted the term foster **caregiver** replacing the term **"foster parents".** In this document, the term "foster parent" is used to align with the wording outlined in Louisiana revised statute 46:286.13.*

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 Children and Family Services (DCFS) 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 caregiver. 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 caregivers. 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 caregiver.
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.

Acts 2006, No. 439, §1; Acts 2007, No. 122, §1, eff. June 25, 2007.
La. R. S. 46:286.13