FOSTER PARENT HANDBOOK

COUNTY OF SAN DIEGO

FOSTER PARENT HANDBOOK (March 2012)
County of San Diego HHSA Child Welfare Services &
Grossmont College Foster, Adoptive & Kinship Care Education

Dear Foster Parent,

As a licensed foster parent you will be providing a valuable service to foster children and their families. You will experience joy and sorrow; understanding and frustration; love and tolerance. The rewards of foster parenting can be great, and its joys will remain with you forever.

Before the first placement of a foster child, you should read the section on "Welcoming a Child into Your Home". Your pre-service classes will also prepare you for what you can expect in foster care and what it is like for the child.

This Handbook is intended to provide you with general information on procedures and guidelines pertaining to foster care in San Diego County. Specific regulations can be found in the booklet entitled Manual of Policies and Procedures for Foster Family Homes, issued by the California Department of Social Services, which will be provided to you at Pre-Service PRIDE class or by your licensing worker. This booklet is referred to as "Title 22 rules and regulations" in this Handbook. You can also go to www.ccld.ca.gov to view it online and check for updates.

Because of the size of this Handbook, the foster child will usually be referred to by the pronoun "he" rather than the more lengthy "he or she." The term "foster child" also applies to both foster and pre-adoptive children.

No doubt you will have many questions that have not been addressed. Your licensing worker and your foster child's social worker are available to answer your questions, work with your specific problems, and clarify Agency policy. Always feel free to call a duty worker or supervisor if your social worker is not available.

As County policies and procedures change periodically, this Handbook will be updated. These updates will be made available to you through your licensing evaluator and other trainings.

This Handbook is dedicated to the thousands of foster families who have made a difference in the lives of children and their families. The investment of time, tireless support, and optimism, which characterizes their contribution, cannot be conveyed in mere words. However, the children and families whose lives have been enriched by having known them bear witness to the success of their efforts and their vision for a better world.

Thank you for your commitment to the child or children who will be in your care.

The Gonzalez family applied to become foster parents three years ago when their daughter was five. They knew they wanted more children and infertility issues arose after their daughter was born. They decided to be foster parents with the idea of being what the child who comes to their home needs them to be; that means helping the child to reunify with the birth parents or stay on in their family and be adopted. They fully embraced the concept of "concurrent planning."

The first infant who came to them due to drug exposure and neglect was successfully reunified after the mother met all of the requirements of the court. They got to know the birth mother and felt she truly loved her child and had changed after her drug treatment. The second infant who came to live with them was Juan. He had many problems as an infant and his mother and father just never took an interest in changing their drug habits. The Gonzalez family is now in the process of adopting Juan and they feel certain that after he is a little older, they will continue to be foster parents to other children. They feel their family is complete now and want to help other birth parents and their children in their reunification efforts. However, they are not closing the door to adding one more to the family through adoption if that situation arises again. They are truly an example of the agency motto, ***"Nurture a child…for a little while or a lifetime."***

The sample foster family stories and pictures shared in this handbook are not actual families. The stories are compilations of typical families doing foster care.

TABLE OF CONTENTS

Chapter 3: THE FOSTER CHILD & HIS/HER FAMILY

Chapter 4: FOSTER PARENT RIGHTS

Chapter 5: PLACEMENT PROCEDURES

Chapter 6: HEALTH

Chapter 7: FINANCIAL REIMBURSEMENTS

Chapter 8: CHILD ABUSE AND COURT

Chapter 9: RESOURCES

The Johnson family came to foster care with the intent of helping children and their parents reunify or being there for the child or children for the long haul if it did not work out. The first three placements they had all reunified with either the birth parent or in one case the grandmother of the children. They have kept in touch with two of the three reunified families. Their fourth placement of a sibling group ended up with the parents not meeting the goals of their case plan and no suitable relatives being available to take care of the children. The Johnsons knew the children needed a permanent home and they were committed to provide that. Mrs. Johnson's parents live nearby and have been babysitters after school. The children both have therapists to help them cope with the attachment losses and other behavior issues that have followed their early chaotic years. With a supportive, stable foster home headed toward adoption, they are very likely to respond well to the therapy and the special education services in the school system.

The sample foster family stories and pictures shared in this handbook are not actual families. The stories are compilations of typical families doing foster care.

FREQUENTLY ASKED QUESTIONS

1. How will I pay for the child's daily needs?

You will receive a reimbursement rate from the County for the care of each child based upon their ages and needs.
For more information, see Chapter 7: Financial Reimbursements

2. How will I pay for the child's medical needs?

Each child will have access to medical care either through the parent's medical insurance or Medi-Cal. Your social worker will be able to tell you which program applies to each child and help you get the necessary paperwork.
For more information, see Chapter 6: Health and Chapter 7: Financial Reimbursements

3. How will becoming a Foster Parent affect me and my family?

For more information, see Chapter 1: Foster Home Licensing & Becoming "Placement Ready"

4. What things do I have to do to be able to have a child placed with me?

You must apply for a Foster Home License and meet all of those requirements such as fingerprint clearances, First Aid/CPR certification, medical form, and home inspection. This will all be spelled out for you at the Foster Adoptive Resource Family Orientation. To become "placement ready," you will need to complete the 27-hour pre-service training called PRIDE, have a foster family license and an approved adoption home study.
For more information, see Chapter 1: Foster Home Licensing & Becoming "Placement Ready"

5. What responsibilities will I have?

Some responsibilities of Foster Parents are to:

- Provide basic care for the child
- Attend to the child's health needs
- Work with the child's family toward reunification
- Provide supervision
- Discipline appropriately.

For additional responsibilities, see Chapter 2: Foster Parent Responsibilities

6. What legal rights do I have as a Foster Parent?

Some of the Rights of Foster Parents are:

- To accept or refuse the placement of a child
- To be reimbursed for the child's care in accordance with the child's eligibility for the different reimbursement programs
- To have knowledge of those things concerning the foster child that will have a direct bearing on your daily living patterns as well as any potential dangers from a child or his birth family
- To have visitations between child and family that are reasonable and fair.

For additional rights, see Chapter 4: Foster Parent Rights

7. How do I handle it if the parent wants to talk to or see the child or the child wants to talk to or see the parent?

Your social worker will explain what the agency and, in many cases, the court has decided the contact between the parent and child should be. The "case plan" will outline how often and in what ways the parent and child should have contact.

8. What is a case plan?

The case plan is what the social worker creates and the court orders that spells out what the parent has to do to get full custody of the child again. The most common plan in foster care is reunification of the child and parent(s). However, "concurrent planning" will also be in place for each child.

9. What is "concurrent planning?"

Concurrent planning is when there is a back-up or side-by-side plan to provide a child with a permanent home. If the first plan (usually reunification) does not work out, then the back-up or side-by-side plan might be for the child to remain in your home and complete a formal adoption.

10. What is reunification? How do you know when it is the right thing?

Reunification is usually the primary goal unless there are significant reasons indicating that would not be safe for the child. Reunification is when the case plan is to have the child return to the parent after certain services (such as drug rehabilitation and parenting classes) and other activities (such as visitation) have succeeded. Reunification is likely to happen after the parent successfully completes the goals in the court-ordered case plan. Common reasons that

reunification does not happen are that the parents fail to meet the goals of the Case Plan, the parent's whereabouts is unknown, a parent is incarcerated for more than 12 months or gets arrested for new criminal charges during the 6-month reunification time period that result in being incarcerated for more than 6 months

11. What happens if reunification with the parents does not work out?

The goal is to have the child in a permanent home as soon as possible. If reunification does not work out, that permanent home might be yours. Foster Parents may be approved to adopt the child if the parents' rights are terminated by the court.

12. Which social workers or other professionals may I need to work with?

- You will be assigned a Foster Home Licensing intake worker who will work with you during the licensure process. Once your license is granted, you will be assigned an ongoing granted worker who will visit your home periodically to ensure compliance with foster home regulations.
- An Adoption applicant social worker will be assigned to you to complete the adoption home study approval process in order for you to be placement ready.
- The child's social worker is a different person who will work with the child, you and the child's parents.
- Each of the social workers above has a supervisor.
- A Human Services Specialist (HHS) handles Medi-Cal card and Foster Care Reimbursement payments.
- A Human Services Specialist (HHS) at your local HHSA office handles CalWORKs payments.
- The child's attorney or the attorney's investigator will likely contact you.
- The Juvenile Court Judge will conduct hearings.
- The Foster Care Public Health Nurse might contact you about the child's Health and Education Passport.
- The child might have a CASA (Court Appointed Special Advocate) through Voices for Children.
- The child might have a Mentor.
- You, as a foster parent, may have a Foster Parent Mentor.
- If the child is in need of an adoptive home, an Adoption social worker will be assigned to the child

13. What is my role in the juvenile court process?

As the child's Foster Parent, you have a role in the juvenile court process. You can attend hearings, you can communicate your opinions both through the information you share with the social worker and, if you wish, through direct communication with the court in writing. You can also apply for "De Facto Parent" status in court hearings.
For more information, see Chapter 8: Child Abuse and Court

14. What behaviors am I likely to see in the child?

Children who have experienced abuse, neglect and/or multiple moves and caregivers often experience behavioral problems. Some of them can be obvious like crying and asking for the parent. Others might just look like "bad" behaviors. Often the roots of the anger, tantrums, yelling, lying or stealing are due to the trauma and the grief and loss process the child is experiencing. Classes in these special issues often help Foster Parents learn how to build attachments and help children with these behaviors.
For more information, see Chapter 3: The Foster Child and His/Her Family; for available classes, call 800-200-1222.

15. How do I handle issues like school and childcare?

For preschool children, you can apply to either Headstart or State Funded Preschools for free education and childcare. The child's income qualifies the child for these and other childcare programs for low-income family status regardless of <u>your</u> income. The child is considered a family of one. The YMCA Childcare Resource Services (CRS) can refer you to programs near you. (1-800-481-2151 or 619-521-3070; http://www.crs.ymca.org/). For school-age children, you have the right to enroll the child in school the first school day the child is in your home even if you do not have all of their paperwork and records yet. There are many things you can do to improve a child's school experience such as getting to know the teacher, supporting homework, attending activities, and communicating with the child about school, just as you would your own children. For more information, see Chapter 2: Foster Parent Responsibilities.

16. I have to report child abuse, but how will I know what to report?

If you notice any signs of physical abuse, physical neglect or sexual abuse particularly after the child has visited with a parent, or the child tells you of any past or current abuse, you must tell your social worker about that immediately. You can leave a message for the social worker, or you can call the Child Abuse Hotline at 858-560-2191.
For more information, see Chapter 8: Child Abuse and Court

17. What community resources are there beyond my social worker and HHSA?

Your social worker can put you in touch with many resources. Be sure to ask him or her about things you need.

There are also many other resources in the community to help families with children. You may seek assistance from any of those as the child's caregiver. There may be some eligibility requirements your foster child would meet that your family as a whole might not meet since the child is considered a "family of one with no income" for many low-income programs. For example, the child might qualify for WIC (Women, Infant, Children) funding for nutritious food vouchers.

A good way to become acquainted with the wide variety of services in the community is to either call 2-1-1 or go to their website www.211sandiego.org. There are also special resources created that focus on children in Foster Homes in the Dependency System.

Some support specifically for foster/adoptive parents include:

Grossmont College Foster, Adoptive and Kinship Care Education Program (800-200-1222 OR www.fakce.org) holds many classes for Foster Parents. A pink flyer with details will be sent to your home every two months.

Foster Parent Mentor Program, call 800-200-1222 for a referral.

Foster Parent Associations (See page 187 for a list with contact information.)

Adoption Support Services Program, San Diego Youth Services
(619-221-8600, ext. 240 or www.sdyouthservices.org
(Services for you if you were to adopt your foster child.)

For more information on resources, see Chapter 9: Resources.

As a registered nurse, Mrs. Sampson is very familiar with medically fragile children. She and her husband decided to become foster parents for children with serious medical issues to help provide both a loving home and medical supervision for infants in the system. Suzanne, a child in their home who is now four years of age, was born with some serious effects due to her mother's drug abuse and lack of prenatal care. She needed three operations by the time she was three years old which meant the Sampsons spent a lot of their time with her at the hospital. She seems strong now, but she may need further surgery in the future. Early on in her life, her birth mother made attempts to care for Suzanne, but the level of care she needed was just too overwhelming and the mother neglected Suzanne both physically and medically. The mother fell back into her drug patterns and eventually was nowhere to be found. The Sampsons have kept in touch with Suzanne's paternal grandmother who lives in a nearby city. However, she is older with health problems of her own and cannot care for Suzanne, but the Sampsons know how important lifelong connections with birth family can be to children. It looks like Suzanne will be freed for adoption and the Sampsons have already been approved as an adoptive home and plan to adopt Suzanne.

The sample foster family stories and pictures shared in this handbook are not actual families. The stories are compilations of typical families doing foster care.

CHAPTER 1

FOSTER HOME LICENSING & BECOMING "PLACEMENT READY"

FOSTER HOME LICENSING

The County of San Diego under contract with California Department of Social Services (CDSS) provides licensing services and enforces applicable state laws and regulations, through the Foster Home Licensing Section of the Health and Human Services Agency. Your license and the provision of foster care are subject to both State and County rules.

- A person must fill out an application to become a foster parent in San Diego County.
- One has 120 days from the time a Foster Home License Application is submitted to complete licensing requirements such as finger printing, TB Test, First Aid/CPR certification and health questionnaire completion, etc.
- Being licensed is not a guarantee of placement of a foster child.
- To become "placement ready," a foster parent must complete the required Pre-Service classes and have an approved adoption home study.The license will remain valid as long as the foster parent complies with all state and county requirements.

Your Foster Family License is evidence that you and your home have met requirements for care of foster children who are not related to you. The license specifies:

- The number of foster children you may have placed in your home at any time.
- The age range and sex of the child(ren).
- The date the license becomes effective.

You and your licensing evaluator will discuss the type of license best suited for you and your family. The license specifications (number, ages, and sex of children) will be decided at the time of the home study. Annually, your licensing evaluator is required to review your home for compliance with foster home licensing regulations. Your evaluator will contact you to schedule the annual visit. As a foster parent, you are an independent contractor. You are not an employee of the County of San Diego and the monthly foster care reimbursement received by you is not reportable to the IRS. The agency placement agreement you sign when a child is placed with you defines the terms of the contract.

GENERAL LICENSEE (FOSTER PARENT) RESPONSIBILITIES

You are expected to:

1. Promptly report any suspected abuse of any child within the scope of your capacity as a foster parent, per Penal Code Section 11166. (Child Abuse Hotline telephone number (858) 560-2191 or toll free (800) 344-6000)
2. Comply with the terms of your license and all Title 22 State regulations.

> **Read, understand and comply with Title 22**
>
> **(If you have questions consult with your licensing worker to obtain updated copies of the regulations or go to www.ccld.ca.gov).**

3. Promptly notify your licensing evaluator (keep the telephone number handy) prior to or as soon as possible for any of the following occurrences:
   - You decide to move. If you move, your new home must be re-evaluated immediately.
   - You decide to remodel your home.
   - You decide to install a pool, hot tub, or other body of water.
   - You change your telephone number.
   - You change your marital status.
   - Someone moves into or out of your home.
   - Serious illness/death of any household member.
   - Substantial change in family income.
   - Any situation that will require you to be gone from your home for 48 hours or more.
   - Any other substantial changes in your living arrangement.
4. Complete all required training, including First Aid and CPR training.
5. Promptly provide documents and other license information as required by your licensing evaluator.
6. Cooperate with your licensing evaluator or complaint investigator regarding visits to your home for the purpose of completing licensing functions or complaint investigations.
7. Contact your licensing evaluator when you have license-related questions or problems.
8. Obtain a fingerprint clearance and TB test for any person age 18 and older moving into your home before they move in, including your adult children. You must fingerprint and TB test any children when they turn 18 if they will be continuing to live in your home.

NOTE: The State regulation for fingerprinting carries with it an immediate civil penalty, or fine, if this requirement is not met. All California counties are mandated by the State to assess and collect the civil penalties. The State Civil Penalty

schedule is as follows: "$100 (per day) immediate Civil Penalty per person for allowing any person (who is subject to a background check) to work, reside, or volunteer without a criminal record clearance or exemption. Maximum of 5 days for the first violation. Maximum of 30 days for subsequent violations."

Note: Children in your home who turn 18 or those adults away on military duty who then return to your home have thirty days to submit fingerprints. However, foster children in your home who turn 18 do not have to be fingerprinted as long as they are still dependents of the court. Contact your licensing worker if you have questions. All other individuals subject to the fingerprinting requirement must be cleared before moving into your home or providing routine supervision/childcare to foster children.

LICENSING EVALUATOR RESPONSIBILITIES

Your licensing evaluator will:

1. Assist you in understanding, and complying with Title 22 Manual of Policies and Procedures (MPP) (you receive a current copy of these regulations at the PRIDE Pre-Service classes). Check with your licensing worker for changes.
2. Explain regulations and the licensing process.
3. Visit your home and insure that it meets licensing standards as specified by policy and regulations before a license is issued.
4. Assist you to remain in compliance with licensing laws and regulations. The licensing evaluator will evaluate your home periodically (housekeeping standards, physical condition, etc.).
5. Assist in developing a plan for achieving compliance with Title 22 MPP, if needed.
6. Provide you with consultation and assistance, as needed.
7. Process changes in licensing terms, when appropriate. The final decision in a change of licensing terms rests with licensing staff.
8. Assist complaint investigator in the event of a complaint.

REMEMBER, IT IS ULTIMATELY YOUR RESPONSIBILITY TO STAY WITHIN THE TERMS OF YOUR LICENSE.

CHANGES IN TERMS OF YOUR LICENSE

If, after being licensed, you wish to change the terms of your license (number, sex, or age range of children) you must call your licensing evaluator and discuss the desired change.

Your licensing evaluator, after discussion with you and your family, determines what changes are appropriate.

MOVING, REMODELING, OR CHANGING PHONE NUMBERS

Prior notification is required to your licensing evaluator and the social worker of each child in your home if you decide to move to a new residence or to remodel your home. The move or remodeling may change the terms of your license. Similarly, you must discuss with your licensing evaluator any plans to install a pool, hot tub, or any other body of water.

If you decide to change your telephone number, immediately notify your licensing evaluator and the social worker for each foster child.

TRAINING REQUIREMENTS

Licensed foster parents including prospective adoptive parents must participate in training as follows:

- Before a child is placed in your home you must attend a PRIDE Training class. (nine 3-hour sessions for a total of 27 hours of pre-service training).
- You must attend a minimum of eight hours of foster parent in-service training per year. No children can be placed in your home if the annual training requirement is not met. **Your ongoing training year begins the date your license is issued.**
- In addition, it is strongly encouraged that you attend at least eight hours of support group meetings each year. It will be a benefit to your foster parenting experience. You can attend your eight hours of training in a support group.
- Even if you are only wanting to foster, San Diego County Adoptions requires additional workshops (two adoption classes) to approve the Adoption Home Study which is required to be placement ready.

If your annual training requirement is met via classes through the Grossmont College Foster, Adoptive & Kinship Care Education Program (GC FAKCE), you should keep your original certificates and provide copies to the Placement Coordinator and Licensing Worker as needed. If you misplace your certificate, you may verify your attendance with a transcript of the classes provided by the program by calling GC FAKCE at 1-800-200-1222.

You can also meet your annual training requirements through other sources (consult your licensing worker **prior to attending** to be sure it will meet the requirement). If you do attend training from a source other than GC FAKCE, there will be no record on your transcript from GC FAKCE.

NOTE: Support group leaders and trainers submit attendance reports. However, to ensure accuracy of your training record, be sure to maintain your own records and keep your original certificates on file.

If you do not complete your annual training or do not send your copies of training certificates to the Placement Coordinator, your home will be put on "hold" for any new placements. The "hold" will be lifted when the training requirement is met.

The Grossmont College Foster, Adoptive and Kinship Care Education (GC FAKCE) Program provides a wide range of excellent classes and workshops. The training schedules will be mailed to you after your license is granted. All GC FACKE classes meet the topic areas. (If seeking approval for outside classes, you can see examples of acceptable class topics in the Title 22 Manual of Policies and Procedures, Section 89405 (5) (b)).

Ongoing training and education for personal and professional development is supported by HHSA and the Foster Parent Associations.

FIRST AID AND CPR TRAINING

First Aid and CPR training are licensing requirements and do not qualify as part of the eight hours of annual training required.

All adults named on your license must have valid certificates for both First Aid **and** CPR training. Check with your licensing worker to be sure the class you attend meets the licensing regulations. Also, anyone providing care in your home for foster children on a regular basis must meet this same requirement.

When selecting a CPR class, you must select a class that covers adult, child and infant CPR to ensure you will be able to take all ages of children into your home. All of the Grossmont FAKCE First Aid and CPR classes meet this requirement.

Your licensing evaluator will ask to view the CPR and First Aid certificates each year. **The certificate must be renewed before it expires.**

Other education and experience, such as that held by medical professionals, will be evaluated on an individual basis to determine if First Aid and CPR training is needed.

REVOCATIONS OF LICENSES/DENIALS OF APPLICATIONS AND PLACEMENT HOLDS

Sometimes it is necessary to deny the initial application for a Foster Family Home License. The following is a list of some common conditions that may necessitate the denial of the application (see Title 22 Manual of Policies and Procedures (MPP), Section 89240):

- Failure to meet regulations for securing fire, health, and safety clearances.
- A history of criminal conviction with insufficient evidence of rehabilitation or non-exemptible criminal history. (See Title 22 MPP Section 89219).
- The proposed home does not meet other regulations.
- The applicant fails to complete the application process.

You or the Placement Coordinator may arrange for a temporary "hold" on your home. Some reasons for a "hold" include:

- You request a break, or "breather", before accepting a new placement.
- You will be absent or on extended vacation, and cannot accept placements.
- If a licensing regulation deficiency exists, your Licensing Social Worker will notify you and the Placement Coordinator who will place your home on hold until the deficiency is remedied.
- You have not completed training requirements.
- HHSA has received a complaint, which must be investigated and cleared before further placements can be made.

If your licensing evaluator concludes that you are in violation of a regulation, a "deficiency" will be cited. You will be asked to propose a plan to correct the problem. Your licensing evaluator will discuss the deficiency, your plan for correction, and time limits. Your evaluator will also follow-up to assure that your plan for correction has been successfully completed.

The California Department of Social Services may suspend or revoke any license on any of the grounds specified in California Health and Safety Code Section 1550.

RIGHT TO APPEAL

If you disagree with a licensing evaluator's recommendation to deny or revoke your license, you are encouraged to call the supervisor to discuss the problem.

If an understanding cannot be reached with the supervisor or the licensing manager, you have a right to appeal the decision to Community Care Licensing. Information on how to file an appeal will be included in the Notice of Denial that will be sent to you. You may request additional support and information from your Foster Parent Association.

The request for an appeal to the State must be made, in writing, within 15 days after HHSA sends you the notice of denial.

COMPLAINTS AGAINST FOSTER HOMES

Introduction

A complaint is an allegation that a licensing regulation or law is being violated. The source of the information may be a child, parent, relative, neighbor, teacher, doctor, therapist, social worker, or other person. The law requires an investigation of all complaints. However, the complaint is only an allegation, not an accusation of wrongdoing. You have a right to an impartial investigation of the complaint and to be treated with dignity and

respect. If you feel like you have not been treated with dignity or respect, you may contact the HHSA Ombudsman office (619-338-2098).

The investigation of a licensing complaint can be a difficult process for everyone involved. However, in many cases, the allegations can be resolved and no further action taken. Understanding the elements of a licensing investigation will help you assist HHSA in clearing up the allegations quickly. We encourage you to ask questions and freely communicate with HHSA staff during the investigation. Your help in assuring the safety and well-being of children is valuable. Your home may be placed on "hold" for placements until the complaint is resolved.

The following information will help you understand the processes involved in complaint investigations.

Procedures

Depending on the nature of the complaint, a HHSA Foster Home Licensing Complaint Investigator will:

1. Come to your home (this home visit is generally unannounced) per Title 22.
2. Tell you about the complaint verbally and in writing.
3. Talk to the foster children. The investigator may see the children at school or some other location before you know about the complaint.
4. Ask you about the complaint and listen to your side of the story.
5. Speak with the child's social worker about the complaint. When the protection of children is an issue, the police, Juvenile Court, Emergency Response social worker or the child's social worker may investigate or remove foster children from your home at any time. This can happen during the investigation and without advanced notice.
6. Talk with others who may know about the child and/or the situation. This may include school personnel, doctors, police, and other foster children in the home.
7. Provide support during the investigation.
8. Monitor any plan of correction after the investigation is completed.

In addition, depending on the circumstances, the Placement Coordinator's Office may place a "hold" on your home, and you will not receive any new placements pending the outcome of the investigation.

Foster Parent Information and Assistance

You may ask questions or talk with the investigator, supervisor, or manager.
When you receive a notice about the complaint, you can get support or help from a Foster Parent Association (FPA) representative, mentor, or elsewhere. You can also ask to have a FPA representative or mentor present at the time of interview during a complaint investigation. CALL 1-800-200-1222 TO REQUEST A FOSTER PARENT MENTOR.

You may ask the investigator to contact witnesses of your choice.

If the complaint involves abuse or neglect, other Agency personnel may come to your home to investigate the abuse allegations; such as a Child Welfare Services social worker or law enforcement.

You will be expected to:

a. Cooperate with the complaint investigation.
b. Allow the worker to see your home, the child's clothes, toys, etc.

Investigation Results

The complaint may be found to be:

- Substantiated (true, likely to have happened).
- Unfounded (false; could not have happened).
- Inconclusive (could not prove true or false).

The investigator may recommend:

- Taking no action.
- Making a voluntary plan with you to correct the problem.
- Changing the terms of your license.
- Referring your home to the Placement Coordinator's Office for review and possible referral to the Placement Quality Review (PQR) Board.
- Referring your home to the State for administrative review; this could include a recommendation for revocation of the license.

You will receive a written notice of the results and recommendations.

PLACEMENT QUALITY REVIEW (PQR) BOARD

A task force developed the policies and procedures for the PQR Board in 1984. The Board meets monthly and consists of five voting members and one social worker liaison, the voting members are:

- 2 foster parents (approved by the Foster Parent Associations)
- 1 social work supervisor
- 1 HHSA administrator
- 1 CWS Staff Psychologist

The PQR Board reviews complaints and concerns about foster homes that do not meet the Agency's expectations of quality of care by foster parents. (See Chapter 2 - Foster Parent Responsibilities.) The complaint does not need to involve a violation of a specific law or regulation. The review may result in censure (that is, children will not be placed in your home) and/or other recommendations by a vote of the PQR Board members.

Referrals to the PQR Board may be made by professional staff of a public or private agency, Foster Home Licensing, foster parents, or other responsible persons using the form Referral to the Placement Quality Review Board (10-2). Foster parents may obtain this form from the child's social worker or the Placement Coordinator's Office. A referral may be based on one serious incident or a history of chronic problems/complaints.

If a PQR Board referral is received about your home:

- Your home will be put on "hold" for any new placements; and
- You will be notified, in writing, about the referral.

The Board will review all written and verbal information. If decided by the Board, you will be sent a letter. You will be invited to attend the next PQR Board meeting or to respond to the censure issues in writing.

At the next meeting, the Board will interview you and/or review any written material you have submitted.

You do not have the right to send a representative in lieu of a personal appearance. However, you may bring a representative for consultation. TheMentor is allowed to make a statement on your behalf)

The Board will render a decision to censure or not to censure your home. You will be notified in writing of the Board's decision.

Censure by PQR Board

If the majority of the PQR Board decides to censure your home, one or more of the following actions may be taken:

1. Your home may be placed on a "hold" status for up to one year. During that time, you will receive no new placements.
2. A permanent "censure" may be placed on your home only if the State refused to revoke your license. The Board may recommend to the Placement Coordinator's Office that your home may only be used for certain numbers, ages or sex of children.
3. A referral may be made to your Complaint Investigator for further investigation and recommendation.
4. The Board may require you to attend training, restrict activities, etc.

5. Social workers who have children placed in your home will be notified if your home is censured. *The social worker's manager will determine if the children should be removed.*
6. Decisions of the Placement Quality Review Board are final.

Reinstatement of Placement Privileges

At the end of the censure period, you may write to the PQR Board to request reinstatement of placement privileges. Send the letter to:

PQR BOARD

Placement Coordinator's Office
Foster Home Licensing
6950 Levant Street
San Diego, CA 92111

The Board will usually require you to demonstrate an understanding and awareness of the problems that caused the censure. You may be asked to outline actions you have taken to prevent reoccurrences of the same problem(s).

You may request to appear before the PQR Board regarding reinstatement. Sometimes the Board may request you to attend a meeting.

James and his partner, John, became foster parents to help children and families during difficult times. James felt his experience as a teacher would help him relate to school-age children who need a home while their parents work to improve their parenting practices. John is a nurse and learned about foster care while working in the neonatal unit. They have cared for three children over a five-year span and focus on helping the parents in their efforts to improve their relationship with their children as they meet the requirements of the court to get their child back. There are so many children and James and John can only reach a few, but they are reminded of the story about the starfish they heard at the foster parent banquet where they received their 5- year award:

A man came across a little boy picking up a starfish from the hundreds stranded by the receding tide and tossing it back into the ocean. The man said to the boy, "Don't you realize that what you do won't make a difference because there are so many?"

The boy answered as he tossed another starfish back into the ocean,

"It made a difference to that one."



The sample foster family stories and pictures shared in this handbook are not actual families. The stories are compilations of typical families doing foster care.

CHAPTER 2
FOSTER PARENT RESPONSIBILITIES

You provide an important and necessary service to the community as well as to the children placed in your home. There can be a great deal of satisfaction in helping a child through a period when he must live away from home, but foster parenting also entails a lot of hard work. At times, it may be demanding, time consuming, and stressful.

You are responsible for looking after the health and well-being of children placed in your care. This includes such things as obtaining appropriate medical and dental care, providing nourishing, well-balanced meals, enrolling the child in school, taking an active interest in his schoolwork and social activities, and providing adequate clothing and other essentials. These responsibilities are similar to those of all parents. With a foster child, however, there are two additional responsibilities. One is to freely share information about the child with the child's social worker, and the other is to cooperate fully with the case plan established for the child and his family.

You are an important and unique member of the professional team serving children and their families. The goal of the Health and Human Services Agency (HHSA) and foster parents is to protect children **and** to preserve families. Since most foster children will reunify with their families, you are expected to help develop or maintain the parent-child relationship.

The responsibilities and expectations listed in this chapter are in addition to any legal or otherwise mandated requirements of foster parents. Be sure to read the Licensing Regulations in Title 22 Manual of Policies and Procedures (MPP).

The County of San Diego will not place or maintain children in homes that are not able to follow these expectations. It is important to read and understand what HHSA expects of you. Failure to meet these expectations may mean that you could be referred to the Placement Quality Review Board and possibly not receive any new placements.

You are expected to:

SHARE INFORMATION WITH THE SOCIAL WORKER

You will get to know your foster child better and in different ways than the child's social worker will. Your input and observations will help the worker make important decisions about the child's future. Always keep the worker informed about the child's health, school progress, contacts with parents or relatives, and behavioral/emotional problems. Information about the child's successes, as well as difficulties, should be shared on a regular basis. When a problem develops, discuss it with the worker. You are not admitting failure by bringing problems to the worker's attention, but rather showing positive concern for the child by seeking assistance.

MAINTAIN CONFIDENTIALITY

(Title 22 rules and regulations, Section 89370; Health Insurance Portability and Accountability Act (HIPAA) of 1996)

- You have a legal obligation to keep information about your foster child confidential.
- The social worker shares information with you to help you understand the child and to explain why he must live away from his own parents for a period of time. This information is confidential and may not be discussed with others.
- The child's social worker is available to share pertinent information with doctors, teachers, and other professionals as needed.
- Contact the social worker if you have any questions about what is confidential and with whom you may share information.
- If you receive unauthorized visitors or telephone calls asking for specific information about a foster child or requesting to contact a child, do not give any information. Report the incident as soon as possible to the social worker.

WHAT TO DO IF CONTACTED BY THE NEWS MEDIA

- **If a representative of the news media (television, radio, newspaper or internet) contacts you about your role as a foster parent, you may not disclose any information about your foster children or their families. Furthermore, you may not permit any pictures to be taken that would enable someone to identify the children. Media representatives are usually very cooperative when this matter of confidentiality is clarified.**
- **If the media contacts you regarding a specific child, do not disclose if the child is placed in your home. Immediately call the child's social worker and report the incident. If the worker is not available, ask to speak to the supervisor or manager.**
- **If you become aware your foster child has been photographed by the media, immediately contact the child's social worker and your licensing worker. (This, however, does not apply to routine activities such as school photos.)**

WORK WITH THE CHILD'S FAMILY TOWARD REUNIFICATION

Most children who are placed in foster care will eventually reunify with their families. The social worker will share information with you about the reunification plan and your role in helping to achieve this goal.

You are expected to:

- Help maintain or support the development of the child-parent attachment.
- Model and discuss appropriate parenting techniques with the child's parents.
- Inform the parent about the child's growth and development, school progress, medical condition, likes and dislikes, etc.
- Cooperate with the visitation plan for the child and his family.
- Support the parent's efforts to be a parent, even if you do not agree with the parent's lifestyle or goals for the child.
- Prepare the child to return home.
- **Never criticize or speak negatively about the child's family in front of the child.**

SUGGESTIONS:

There are many ways that you can help to build the parent-child relationship. For example, you could:

- **Include the child's parent in school conferences.**
- **Invite the parent to accompany you and the child when shopping for clothes or going to the doctor.**
- **Allow the parent to feed the baby when visiting.**
- **Take pictures of the child with his parents, siblings, or other relatives. Keep the pictures with the child's records and give copies to the child and his family members.**

When your foster child will be visiting his parents unsupervised, ask the parents if you should pack anything for the child. Some parents may have very limited financial resources and may be too proud to ask you for anything. Be sensitive to the parent's situation and discuss any concerns with the family's social worker. You may have to send some of the child's diapers, formula, clothes, toys, snacks, etc.

VISITATION POLICY

At the time of placement, and after each Court hearing, the social worker will discuss the visitation plan with you. The worker may complete a Visitation Plan with each parent and give you a copy. You are expected to:

- **Work with the social worker to arrange a visitation schedule for parents, siblings, and designated relatives.**
- **Be flexible in scheduling visitation.**
- **Make the child available for scheduled visits.**
- **Show the child that you support the visitation plan and accept his family.**
- **Reschedule any visits that YOU have to cancel due to conflicts, illness, etc. You may, but are not required, toreschedule visits when the parent cancels.**
- **Transport the child to the visitation location when necessary.**
- **Check with the child's social worker as there may be reimbursement for mileage for visits (including sibling visits).**
- **You may cancel the visit if the parent is more than 15 minutes late. (However, for the first couple of visits, be flexible to allow parents time to adjust to transportation issues.)**
- **Inform social workers about how visitation is progressing and any problems with the visitation plan.**
- **Call the social worker, supervisor, or Child Abuse Hotline if a child is not returned within two hours following the end of the scheduled visit.**
- **Record all visits on the Parent-Child Contact Log (form 04-39).**

Remember: You may terminate a visit if a visitor becomes abusive or unruly. If the visitor refuses to leave, call the police, and make sure you notify the social worker of the incident.

If anyone, including the child's parents, tries to take the child from your care without the social worker's permission, you should refuse to let the child go. However, do not get into a physical confrontation that may endanger the child or you. If you need assistance, call the local police. Safety is the first consideration for you as well as the child.

Complete a Parent-Child Contact Log and Caregiver Information Form (JV290)

A. The Parent-Child Contact Log (form 04-39) assists social workers in presenting to the Court a documented history of contacts. Information on the form is particularly critical

when the Court is deciding whether to halt reunification efforts and proceed with permanent plan recommendations. This log will be given to you when the child is placed in your home. Remember to:

1. Keep a log for **each** child in your home.
2. Record each contact (visit, phone call, and letter) that your foster child has with parents or relatives and include your observations about the visit.

> **SUGGESTION:**
>
> **You may want to ask parents to initial each visit on the contact log. This may eliminate future disagreements about whether or not a visit took place.**

3. Complete the **Foster Parent Report and Recommendation** side of the form, giving your comments about the child and the parent.
4. Mail the Log to the child's social worker five weeks before the Court hearing and/or when the child leaves your home.
5. Call the social worker for additional forms.

B. The Juvenile Court realizes you have spent many days and months caring for the child, you have had the opportunity to get to know him very well. Your comments and opinions are very important to share with the Juvenile Court. The Caregiver Information Form (JV 290- http://www.courts.ca.gov/documents/jv290.pdf) is to be used to provide information to the Juvenile Court about the child's placement. You may have important information that will assist the Juvenile Court in making decisions about the foster child.

1. This form is given to you by the social worker at the time of placement.
2. Complete and forward the Caregiver Information Form to the social worker with the contact log.
3. Call the social worker or the Placement Coordinator's Office (858-616-5861) for additional copies of the forms.

PROVIDE FOR THE CHILD'S NEEDS AND CULTURAL BACKGROUND

Foster parents are expected to:

- Provide culturally-appropriate care in a manner that meets the cultural, ethnic, religious, and diverse needs of foster children.
- Be proactive in obtaining community resources to meet the needs of the child.

Physical Needs

Food **(**See Title 22 rules and regulations, Section #89376)

Foster children need a well-balanced diet with three nutritional meals a day, as well as snacks.

The quantity and quality of food available to household members shall be equally available to all children in the home.

Whenever children in placement eat at the home, they will have their meals with family members in a family setting. Foster children shall be invited to participate in all household meals. Mealtime is a good opportunity for children to observe and learn appropriate social behavior. If your foster child needs a special diet that is cleared by a medical assessment, you must provide the required food. (Refer to Chapter 7 for additional information on special care rates.)

For infants under seven months: An infant who is unable to hold a bottle shall be held during bottle feeding. At no time shall a bottle be propped up for an infant. A bottle given to an infant able to hold his or her own bottle shall be unbreakable.

The foster parent may encourage a foster child or youth, as age and developmentally appropriate, to learn meal preparation, but shall not require them to prepare meals.

You are expected to offer your foster child some of his favorite foods (food that he received in his own home) and special foods. (Refer to the Ethno/Cultural Guide in Chapter 5.)

Shelter

You must provide your foster child with a safe, clean and pleasant home with a comfortable place to sleep and adequate storage for his clothes and personal possessions. He also needs a place to play, a place to entertain friends, and a quiet place to call his own.

Living space designated for foster children shall be at the same level of comfort, cleanliness, and repair as that provided for the rest of the family.

Hygiene

Teach your foster child to follow basic hygiene practices. Basic hygiene includes clean hair, teeth, and body. A portion of the foster care reimbursement is intended to be used for the child's personal needs (deodorant, shampoo, sanitary napkins, etc.). See the Ethno/Cultural Guide in Chapter 5.

Clothing/Appearance

When your foster child is adequately clothed, he will feel better about himself and less sensitive about being "different." This may be especially true for adolescents who are highly sensitive about their appearance. Therefore you should:

- Assure that the child has sufficient and suitable clothes according to his size, age, sex, and peer group. Clothes must be mended, washed, and ironed as needed.
- Jointly conduct inventory clothing with the social worker when the child arrives at and departs from your home. You can be cited if you do not provide adequate clothing for your foster child.
- Keep receipts for all clothing purchased.
- Send all of the child's clothing and other belongings with him if he leaves your home.

The basic foster care rate includes a monthly clothing allotment for your foster child. An initial clothing allowance may be issued if the child has an unmet clothing need when first placed in out-of-home care; this allowance is not issued automatically and may be given only one time. The initial clothing allowance must be requested within the first six months of placement. A change of placement or replacement clothing allowance may be given only in exceptional circumstances. An annual clothing allowance of $100 is issued yearly in August.

NOTE: You may keep clothing that the child outgrows during the placement if you have provided suitable replacements.

- Hair must be kept clean, conditioned, and groomed at all times. Haircuts, perms, dyes, relaxers, touch-ups, press, curls, etc. are to be given **only** after discussion with the child's social worker or parent.
- Help the child care for his skin and hair if special techniques are needed.
- African-American children may prefer specifically formulated black hair care products to promote healthy hair and scalp. Hairdressing products must be applied to hair and scalp as needed; otherwise hair may become brittle and break. The scalp may become dry, itchy, and produce dandruff. Children may prefer African-American barbers and hairdressers who understand these unique hair and scalp treatment needs. When the social worker or parent grants permission for haircuts, etc., you are encouraged to use requested beauticians and barbers.

Stable Family Atmosphere

Foster children have experienced disruption and chaos in their own homes and need to have a warm, secure, stable foster home. A foster home that has marital instability, alcohol or drug abuse, or other serious family problems may be extremely disturbing to the foster child. If a serious problem occurs in your home, you must contact your licensing

evaluator or the foster child's social worker. You and the social worker will need to decide what is best for the child. It may be necessary to remove the child, or for you to stop accepting new foster children until the situation improves.

Remember to document and inform your licensing evaluator of any significant problems or changes in family circumstances (see General Licensee Requirements in Chapter 1)

- **Emotional Needs**

Many foster children have experienced emotional deprivation and have a poor self-image. Most feel fear and anxiety over being separated from their families. Your foster child needs to experience unconditional love. He will begin to feel better about himself as you offer frequent hugs and praise, and tuck him in at bedtime. He needs to know that he is an important member of your family and that you treat him the same as you treat your own children.

EXTRACURRICULAR, ENRICHMENT, AND SOCIAL ACTIVITIES FOR FOSTER CHILDREN

Every child adjudged a dependent child of the juvenile court shall be entitled to participate in age-appropriate extracurricular, enrichment, and social activities. No state or local regulation or policy may prevent or create barriers to participation in those activities.

In 2003, Assembly Bill 408 enacted provisions of Welfare & Institutions Code Section 362.05 which provides that foster children are entitled to participate in age-appropriate, extracurricular, enrichment and social activities. These provisions are as follows:

- Every child adjudged a dependent of the juvenile court shall be entitled to participate in age-appropriate extracurricular, enrichment, and social activities.
- Caregivers use a prudent parent standard in determining whether to give permission for a child residing in foster care to participate in extracurricular, enrichment, and social activities.
- Caregivers take reasonable steps to determine the appropriateness of the activity in consideration of the child's age, maturity, and developmental level. Any state or local regulation or policy that prevents or creates barriers to participation in those activities is prohibited.
- Each state and local entity is required to ensure that private agencies providing foster care services to dependent children have policies consistent with this law and that those agencies promote and protect the ability of dependent children to participate in age-appropriate extracurricular, enrichment, and social activities.

A reasonable and prudent parent standard is defined as the standard characterized by careful and sensible parental decisions that maintain the child's health, safety, and best interests.

Every day parents make important decisions about their children's activities. Foster parents are faced with making the same decisions for a foster child in their care. However, when a foster parent makes decisions, the foster parent also must consider applicable licensing laws and regulations to ensure the health and safety of a child in his care. The intent of the prudent parent standard is to make every effort to normalize the lives of foster children. Typical childhood activities in which foster children have been denied participation in the past have included school-sponsored field trips or sports, sleep-overs with friends, scouting and 4-H. Participation in these types of activities is important to the child's well-being, not only emotionally, but in developing valuable life-coping skills.

In applying the reasonable and prudent-parent standard, you are required to take "reasonable steps" to determine the appropriateness of the activity in consideration of the child's age, maturity, and developmental level. It is recognized that there are many different approaches to determine whether an activity is appropriate for a child in care. Although not all-inclusive, the following examples are "reasonable" steps that you may take in making this determination:

- Have adequate information about the child so informed decisions can be made. For example, you can make an effort to be aware of anything in the foster child's history, or any orders issued by the court that may suggest that a particular activity would not be appropriate for the child. Consult with the child's social worker.
- Take into account the type of activity and consider the child's mental and physical health and behavioral propensities.
- Consider where the activity will be held, with whom the child will be going, and when the child will return.
- Ask the question: "Is this an age-appropriate extracurricular, enrichment or social activity for the foster child?"
- Take into account any reasonably foreseeable risk of an activity and what safety factors and direct supervision may be involved in the activity in order to prevent potential harm to the child (i.e., hunting, paint ball, archery or similar activities that may pose a higher risk).

The prudent parent standard applies to participation in age-appropriate extracurricular, enrichment, and social activities. Any person having contact with a foster child for purposes other than those associated with a foster child's participation in age-appropriate, extracurricular, enrichment and social activities must comply with existing criminal background check requirements unless they are providing occasional short-term care (less than 24 hours).

VACATIONS

Vacations and travel with your foster children are particularly enriching experiences for all members of the family. However, the child's social worker needs to know where the child is at all times, and any travel plans must be discussed in advance with the child's social worker.

- **The social worker may authorize trips up to 72 hours long to Orange, Los Angeles, Riverside, San Bernardino, Imperial, Ventura or Santa Barbara Counties.**
- **DO NOT TAKE UNDOCUMENTED CHILDREN OUT OF THE UNITED STATES.**
- **A Court order may be required for travel to areas other than those listed above and for all travel over 72 hours. When planning such a trip, give the social worker at least two weeks' notice to obtain permission from the parent and the Court.**
- **If you plan to be on vacation for more than 32 days or to leave the country, a special Court hearing is required. In these situations, try to notify the social worker four weeks in advance of the trip.**
- **Remember to take the signed "Agency-Placement Agreement" (SOC 156), the Authorization for Medical Care and the child's Medi-Cal card with you when traveling with a foster child. In addition, carry a copy of the court order authorizing travel and, when traveling outside of the United States, carry a copy of the child's birth certificate and passport.**

NOTE: YOU WILL NEED TO INFORM YOUR LICENSING EVALUATOR PRIOR TO ANY VACATION.

Spiritual Needs

Participation in religious activities or church attendance must be the decision of the foster child and/or his parents. Every effort must be made to ensure that a child who has a religious preference is able to attend the religious service of his choice. You may not attempt to influence the religious affiliation of the child, and religious service attendance must be on a voluntary basis.

The child may be included in your family's religious activities only with permission from the child and/or his parents.

Creative Needs

Children love to draw, make things, play "pretend", sing and dance. Your foster child needs your encouragement and approval when he makes an effort to be creative.

Educational Needs

Your school-age foster child will require assistance and encouragement during the school year. Your help may be required in areas such as:

- homework and special projects
- attendance at school conferences, meetings, etc.
- working with teachers
- advocating for your foster child as appropriate

COORDINATE WITH THE SCHOOL

You are expected to:

Enroll the child in school immediately after he has been placed in your home. You have the authority to enroll the student in school and sign forms where signature of parent/guardian is requested. Contact the child's social worker for assistance. The following information is helpful in understanding the educational rights of foster youth as outlined in AB 490:

California Foster Youth Education Task Force Education Rights	California Foster Youth Education Task Force Education Rights
Under CA law (AB 490), foster youth have the right to: - SCHOOL STABILITY: remain in their original school when they enter foster care or move (if in their best interests); - IMMEDIATE ENROLLMENT: be *immediately* enrolled in a new school (even without health/ education records); - PARTIAL CREDIT: receive partial or full credit for work completed at other schools (all students have this right); - FAIRNESS: not be punished for court-related absences. *for more information, see* www.abanet.org/child/rclji/ eduCAtion/ab490.html *or CA Ed. Code §§ 48850-48853.5; 49076(11)*	Under CA law, schools must: - IMMEDIATELY ENROLL foster youth (even without uniforms, health/education records); - TRANSFER RECORDS to a child's new school within 2 business days; - ALLOW county placing agencies to access students' records. Local education agencies must: - DESIGNATE an AB 490 educational liaison for every district and county office of education to help foster youth directly. *For more information, please contact your local foster youth education liaison. You can find your local liaison's contact info at:* www.cde.CA.gov/42687 *or contact* - National Center for Youth Law: 510.835.8098 - Youth Law Center: 415.543.3379 *Produced with the support of Casey Family Programs.*

- If the child will be remaining in the same school he was attending previously, update the Emergency Contact card at the child's school with your contact information. (You may be asked to transport the child to the school he or she was attending.)
- Promote and encourage school attendance.
- Ensure the child has appropriate school supplies to attend school, such as uniform, etc.
- Attend conferences with school staff, including IEP meetings, as needed.
- Share pertinent and necessary information about a child with school staff in order to obtain necessary education services. Information such as medication needed at school, level of supervision or problem behaviors to be addressed/monitored at school are appropriate. Details about a child's family history, abuse, neglect or court case is confidential and not appropriate to be shared.
- Arrange for counseling or tutoring through the school, when necessary.
- Review homework assignments and report cards.
- Advocate for the child with the school (seek resources, special classes, if needed).
- Check out all school activities and field trips that the child will be attending. Make sure that these activities are properly supervised. You may sign permission slips since you are acting in lieu of the child's parents. Call the social worker if you have questions about permission slips.
- Inform the social worker about school achievements or problems.
- When possible, discuss the child's school progress with the child's parents and invite them to attend school conferences, plays, sporting events, etc.
- If the child will not return to their current school, enroll them in to a school in your district.
- If the Child is leaving your home, notify the school that the child will be moving and request a "transfer and release" form be completed by the school. Forward it to the social worker.

Educational Decision Making

The law now requires the Court to appoint a "responsible adult" to assume a foster child's educational rights when the parent is not available or appropriate. Social workers may request caregivers (or a relative, Court Appointed Special Advocate [CASA], mentor, etc.) to assume the education-decision-making rights for a child. If a caregiver agrees and is appointed to assume educational rights for a child in their care, the caregiver will be able to advocate for a child's special educational needs and all other issues related to a free and appropriate education for the child.

When the child's case is in a permanent plan status, by law, caregivers hold the child's education-decision-making rights. Social workers complete and submit to Court, the JV 535 form, which identifies who holds educational rights. It is forwarded to the school.

Educational Rights of Foster Youth

Educational placement must be based on the "best interest of the child" not where the foster child resides.

Foster youth have the following educational rights:

- To be assured access to the same opportunities to meet academic achievement standards to which all students are held, maintain stable school placements, be placed in the least restrictive educational placement and have access to the same academic resources, services and extracurricular and enrichment activities as all other children.
- The ability to remain in school of origin until the end of the school year, despite a change in placement, and while any educational placement dispute is being settled.
- The Local Educational Agency (LEA) must deliver the pupil's education information and records to the next educational placement within 2 days of receiving a transfer request from a county placing agency.
- Quick enrollment of the foster child despite missing/incomplete school records, immunizations or not having a school uniform.
- Certain local education agencies must have a foster care education liaison that ensures proper educational placement of the child, quick enrollment, proper transfer of records, credits and grades.
- The Local Education Agency must ensure foster children do not lose credits or receive lowered grades due to absences resulting from change of placement or attending Court hearings or Court related events.
- School districts must calculate and accept credit for full or partial coursework satisfactorily completed by the student and earned while attending a public school, juvenile court school or nonpublic, nonsectarian school.

As required by both the Federal McKinney-Vento Act and California state law (AB 490 statutes of 2003), each school district has appointed a liaison to assist with problem solving. Social workers and caregivers may contact the district liaison when problems arise in developing an educational services plan with the school. You can request contact information for the liaison in your school district by asking the child's social worker to look up the contact information in the Education section of the CWS online Resources Guide, or via the web site http://www.sdcoe.net/student/pupil/nclb.asp.

Requesting an Initial Assessment:

Write a letter to the school asking for an assessment in all suspected areas of disability, explaining your observations and concerns about the child. The school district has 15 days to respond with an assessment plan once they receive your letter. The education rights holder has 15 days to approve and sign or respond to this proposed plan. The district then has 60 days from receipt of the signed plan to complete the assessment, develop an IEP, and to hold the first meeting.

School Discipline

Expulsion of a student should be the school's last resort after all other efforts have been exhausted, with some exceptions. All students who are recommended for expulsion have rights; special education students have additional rights. Special Education students can be disciplined in the same way as other students unless there is a "change in placement". A change of placement occurs when the student is suspended for more than ten consecutive days or for more than ten days cumulatively during the school year.

If a change in placement has occurred, the student has a right to a Manifestation Hearing. In this IEP meeting, the child's team determines if the event causing the suspension is either a manifestation of the child's disability or the school's failure to implement the IEP. 20 U.S.C. §1415(k)(l)(C).

Other tools available for Special Education students with behavioral problems include a:

- Behavior Support Plan (BSP)
  If this fails, then a
- Functional Analysis Assessment (FAA), and
- Behavior Intervention Plan (BIP).

Obtaining Special Education Services

When caregivers hold the child's education decision-making rights, they have the following rights:

- To request student records. 20 U.S.C.§1415(b)(1), 34 C.F.R. § 300.50(300.501(a), CA Educ. 49069,
- To request an individualized educational assessment. Make sure to explain why you are making the request, what your concerns are and observations. CA Educ. §§ 56029, 56302, and 56321(a); 5 C.C.R.§3021,
- To request an individualized Educational Program (IEP) meeting for a child already receiving services. This must be done in writing and should be made to either the school's principal or Special Education Director. The school must hold the meeting within 30 calendar days of receipt of your written request. CA Educ. §56343.5,
- To request a due process hearing when the school refuses to give you what you believe the child is entitled to under the law. 20 U.S.C. §300.502. CA Educ. 56329(b), and the law. 20 U.S.C. §1415.

NOTE: Always make requests in writing and keep a copy for your records.

What Qualifies a Child for Special Education Services?

A child qualifies for Special education if his or her education is negatively impacted by a number of disabling conditions. The Individuals with Disabilities Education Act of 2004 (IDEA) is federal law that protects students with disabilities. 20 U.S.C. §1400 et seq. The categories of disabling conditions are:

- Autism
- Communication disorders (speech and language impairments)
- Emotional disturbance
- Developmental
- Mental retardation
- Orthopedic impairment
- Other health impairment including ADD and ADHD
- Visual delays
- Hearing impairment/deafness impairment/blindness
- Traumatic brain injury.

If your child qualifies for Special Education, he or she is entitled to receive a Free and Appropriate Public Education (FAPE) with related services at no cost to the family.

Obtaining additional related services for those already receiving Special Education

A child receiving special education is eligible for related services as necessary to benefit from the special education program. Related services include but are not limited to:

- Audiology
- Behavior modifications counseling
- Medical services
- Orientation and mobility services
- Parent counseling/training
- Occupational therapy
- Physical therapy
- Psychological services
- Recreation
- School health services
- Speech-language pathology
- Social work services
- Transportation.

Non-Special Education Students

Students recommended for expulsion have certain rights:

- A fair hearing within 30 days of recommendation to expel. CA Educ §48918(a); with written notice ten days before the hearing. CA Educ §48918(b).Fair Hearing
- Fair Hearing - the right to call and question witnesses, inspect and present evidence, and to bring an attorney or other advocate. CA Educ §48918(b)5.
- The right to appeal an expulsion within 30 days of a decision to expel. CA Educ §48919.
- The student is still entitled to an education program while expelled. CA Educ §48916.1.

- Expulsion is discretionary, unless the student committed a "zero tolerance" offense. CA Educ §48915.

How the San Diego Volunteer Lawyer Program (SDVLP) can help:

- Review of IEP and education documents
- Assistance with assessment process
- Representation at IEP meetings
- Representation at school hearings, Due process hearings, and related mediations
- School enrollment issues
- School discipline matters

SDVLP REFERRAL PROCESS

Call the SDVLP with basic information about the child. Because they are a law office, SDVLP will need to do a conflict check. If there are no conflicts, you should ask the social worker to obtain a court order appointing SDVLP as the child's attorney for education matters. SDVLP attempts to place all cases with their volunteer attorneys. SDVLP representation will begin after the court order is received.

San Diego Volunteer Lawyer Program
Education Law Project
625 Broadway, Suite 925
San Diego, CA 92101 - 619-235-5656 ext. 123

When a child already has an IEP

Points to remember:

- IEP meetings are held at school, but you can attend by telephone or video conference if you cannot attend in person.
- Put everything in writing at the meeting. It is a legal contract.
- Indicate any disagreements on the IEP.
- For agreed-upon services, put the details such as frequency and duration, in writing.
- Call San Diego Volunteer Lawyer Program (SDVLP) to file for Due Process under 20 U.S.C. §1415.
- Who will attend the IEP meeting:
  - the education-rights holder
  - one general education teacher
  - one special education teacher
  - one school district representative
  - individuals who conducted assessments
  - the birth parent/s
  - individuals invited by the education rights holder
  - the student when appropriate
  - the foster parent

ATTEND TO THE CHILD'S HEALTH NEEDS

You must:

- Arrange for the child to have a comprehensive well-child checkup within 30 days of initial placement unless the child has come directly from Polinsky Children's Center or the North County Assessment Center. Consult the Foster Care Public Health Nurse regarding the date of the last examination if this is a change of placement. Thereafter, children should have medical assessments done according to the Child Health and Disability Prevention (CHDP) Program Periodicity Schedule. (Refer to Health Chapter 6). Annual comprehensive well-child exams are recommended and considered best practice.
- Arrange for the child to have a dental check-up within 30 days of initial placement (check-ups are recommended at age 1 and required yearly beginning at age three). Consult the social worker regarding the last examination date if this is a change of placement.
- Receive a Health and Education Passport (HEP) or summary from the social worker, HEP Clerk, or Foster Care Public Health Nurse at every change of placement. If you do not receive a HEP or summary, follow up with the social worker.
- Ensure the Health and Education Passport (HEP) is taken to every medical, dental, therapist and specialty appointment. Work in conjunction with the Foster Care Public Health Nurse to ensure the most current information is entered into the HEP. (Please return all health visit forms to HEP Staff in the envelope provided. Also please return all phone calls in a timely manner.)
- If your child needs a therapist, contact the child's social worker who will give you referrals for authorized therapists.
- Promptly seek attention for health problems.
- Inform the child's social worker about any health problems.

The social worker will see that you receive a Medi-Cal card or a client index number and issue date. If the child is not eligible for Medi-Cal, ask the social worker for alternative payment procedures.

Foster Parents are not expected to pay for medical/dental treatment for foster children.

If asked to pay for any medical/dental services or treatments, contact the social worker prior to making payment.

Refer to Chapter 6 for more information about health care and resources.

The child's parent must be informed about the child's medical condition, immunizations, and/or treatment for the child. You can help by inviting the parent to accompany you or to meet you and the child at the doctor's office or clinic.

COOPERATE WITH THE CHILD'S THERAPIST

When a child is participating in therapy, you are expected to:

- Participate in the child's therapy plan and communicate concerns about the child's behavior to the therapist and social worker.
- Ask the therapist if you need clarification about goals, objectives, and timeframes for therapy.
- Discuss the child's progress with his social worker.
- Provide transportation.

Call the social worker if you have concerns about the therapist or do not see any progress.

PROVIDE A SAFE HOME FOR CHILDREN

You have a major responsibility to protect the health, safety, and well-being of all children placed in your care. This responsibility includes the prevention of abuse and neglect in your home. Child abuse committed by, or allowed to occur by, a foster parent will be pursued in an appropriate legal manner, which could include criminal charges and/or revocation of your license. **Corporal punishment (any type of physical discipline including spanking) of a child in foster care is considered child abuse and is never allowed**. See "Discipline" later in this chapter; also see Chapter 8 for information on child abuse.

Safe Sleeping for Infants

Making sure a baby is safe while sleeping can reduce the chances of injury, suffocation or Sudden Infant Death Syndrome. Parents and caregivers should be aware of the following issues, when laying a child down to sleep.

- Babies are safest when they sleep alone in their own bed.
- Place the baby on a firm, flat surface to sleep.
- Remove all soft things such as loose bedding, pillows, and stuffed toys from the sleep area.
- Never place or sleep with a baby on a sofa, waterbed, soft chair, pillow or bean bag.

ANIMALS in a foster home that have the potential of causing injury to children will be assessed by the licensing evaluator.

It is a County requirement that all dogs be licensed.

ESTABLISH LIMITS AND EXPECTATIONS

You need to establish limits that are clear and age-appropriate. Your foster children and your birth children should receive equal treatment. Household rules and chores need to be age and developmentally appropriate, and fairly distributed among family members.

> **Remember to take into consideration the physical, emotional and educational development of the child and adjust expectations accordingly. The child's life experience may require a continuous adjustment of expectations.**

Discipline means, "to teach." When working with children, the goal is to teach them to control their own behavior in a socially acceptable manner. Discipline should reinforce positive behavior and teach acceptable ways to handle feelings. The Agency recommends that discipline be uniform for all children in the home. You may not, however, discipline foster children with corporal punishment. You should establish rules and consequences that will reinforce positive behavior. Positive discipline, combined with warmth and caring, should be used in educating the child to conform to the standards of the foster home and society. Whatever discipline that is used may not violate the foster child's personal rights (see Rights of Foster Children).

The following guidelines may help you in setting up a positive program of discipline:

- **Set up realistic rules and expectations.**

These rules and expectations must be communicated *clearly* to the child. The child must also know the consequences of breaking the rules.

- **Do not set up a "no-centered" household.**

Far more effective than saying "no," are rewards and praise that you give the child. If you have too many rules, you put yourself constantly in the position of saying "no." If you are saying "no" more than you are saying "yes," then perhaps your expectations are too high and too many.

- **Be consistent.**

Consistently emphasizing the positive rather than the negative is a major factor in effective discipline. When you have a rule that is reasonable and within the child's ability to comply, be consistent with your enforcement.

Discipline Appropriately

- **Be a role model for your foster child.**

A key to effective discipline is the model you set for the foster child.

- **Do not use threat of removal from your foster home or threat of taking away visits as punishment.**

- **Do not use corporal punishment.**

California law prohibits the use of any form of corporal punishment for children in foster care, and you could lose your license if you use corporal punishment (See Title 22 Manual of Policies and Procedures, Section 89372.1).

Corporal punishment includes, but is not limited to, spanking, hitting, swatting, slapping, pinching, shaking, pulling ears, pulling hair, pushing, biting, washing a child's mouth out with soap, denying food, or denying any of the bodily functions such as bathroom use or sleeping, etc.

No form of restraining, such as devices to confine a person to bed, chair or any object, or to deprive a child of the use of arms, hands or feet as a means of controlling behavior, may be used. No child shall be locked in any room at any time.

NOTE: The proper use of high chair restraints, car seats, and seat belts is acceptable, and you are expected to use them as appropriate and as required by law.

For more information on positive discipline techniques, contact the Foster Adoptive and Kinship Care Education Program listed in the Important Telephone numbers list.

IMPORTANT

The use of corporal punishment will jeopardize your foster home license, even if a social worker, a psychiatrist, school teacher, or birth parent tells you that it is all right to use corporal punishment on your foster child. The law states that a foster parent cannot use corporal punishment regardless of who gives permission. If a report of child abuse is made regarding a foster parent, this accusation will be investigated by the appropriate agencies and could lead to prosecution. These accusations may be reported to the Department of Justice, which will place your name on the Child Abuse Central Index permanently.

PROVIDE SUPERVISION (USE OF BABYSITTERS OR HELPERS)

You are expected to provide supervision to your foster children. You also are encouraged to maintain a healthy social life and to participate in community projects.

Babysitters may be classified as either occasional and short-term or regular and on-going. The rules for babysitters depend on how they are used.

Occasional Short-Term Babysitters

Foster parents may arrange for occasional, short-term care of foster children for periods not to exceed 24 hours using a reasonable and prudent parent standard.

Effective January 1, 2006, provisions contained in Section 362.04 of the Welfare and Institutions Code (W&IC)—commonly called the "Prudent Parent Law" provides that a caregiver can use a short-term babysitter (meaning no more than 24 hours) when a caregiver needs to attend various activities including, but not limited to:

- A medical or other health care appointment
- Grocery or other shopping
- Personal grooming appointment
- A special event for the foster parent
- Foster parent training classes
- School-related meeting (parent-teacher conferences)
- Business meetings
- Adult social gatherings
- An evening out
- Unforeseen changes in work hours beyond your control (e.g., unexpected overtime)

Other activities considered occasional will occur on a regular basis but are time-limited. For example, a foster parent may participate in a bowling league or some other athletic activity that meets once a week for a couple of hours over several weeks.

There are other instances that are not considered occasional, such as:

- Regular after school care when you work, or
- Regular babysitting because you are enrolled in college courses that meet several days per week for an unlimited time duration (months or years).

The law exempts a babysitter who is used for short-term, occasional care from having to have a health screening, cardio pulmonary resuscitation (CPR) certification or training. Current law exempts short-term babysitters from having to undergo a criminal record background check.

The law requires the caregiver to use a specific standard for determining and selecting appropriate babysitters for occasional short-term use. Foster parents must use a reasonable and prudent parent standard. "Reasonable and prudent parent standard" means the standard characterized by careful and sensible parental decisions that maintain the child's health, safety, and best interest.

Making careful and sensible parental decisions regarding the use of an occasional, short-term babysitter that maintains the child's health, safety and best interest can be difficult. Caregivers should think about these additional considerations:

- The child's age, maturity, mental and physical health, developmental level, behavioral propensities and aptitude of the child and the ability of the babysitter to give the necessary, appropriate care.
- Weigh the foreseeable risks in leaving the child with a babysitter.
- If unsure about the appropriateness of leaving the child with a babysitter, discuss your concerns with the child's social worker.

The law requires that the caregivers must make an effort to give the babysitter the following information before leaving the child with a babysitter for short-term care:

- Information about the child's emotional, behavioral, medical or physical conditions, if any, necessary to provide care for the child during the time the foster child is being supervised by the babysitter.
- Any medication that should be administered to the foster child during the time the foster child is being supervised by the babysitter.
- Emergency contact information that is valid during the time the foster child is being supervised by the babysitter.

The Health and Human Services Agency and the Foster Parent Associations strongly encourage the use of babysitters who have completed First Aid/CPR, have completed a TB test, and have been fingerprinted.

- **The babysitter should be an adult at least 18 years of age.**
- **The babysitter must be in good health and able to meet the needs of the child. All providers who care for children on a regular basis in or out of your home must be fingerprinted and have a TB test. Care in the foster home requires First Aid training and CPR certification (Exception: play dates, social activities, car pools, etc.).**
- **The babysitter must be provided with all necessary information about the child to meet the child's needs.**

Child Care - The following regulations apply to substitute childcare providers who do not meet the criteria for short-term babysitters. The childcare provider must:

- be selected using the prudent parent standard
- be an adult at least 18 years of age
- be in good health and able to meet the needs of the child, pass a fingerprint clearance
- pass a TB test. If positive, have a chest x-ray to rule out active TB
- have a health screening completed by a medical professional
- have First Aid training
- CPR certification.

When the child will be out of your home for more than 24 hours, you must obtain prior permission from the child's social worker

If you are going to be out of the home for more than 24 hours, you must notify the child's social worker and your licensing evaluator in advance.

FOSTER CHILDREN WHO BABYSIT

Before permitting a foster child to babysit, you must consult with the child's social worker.

Helpers - The Agency may require you to provide additional household help, if necessary, to meet the child's needs. Your helper must:

- Pass a TB test. If positive, have a chest x-ray to rule out active TB.
- Have a health screening completed by a medical professional.
- Pass a fingerprint clearance.
- Not have a criminal record or a history of child abuse. You may consult with your licensing evaluator regarding criminal history or child abuse clearances.
- Have First Aid training and CPR certification.

ATTEND COURT HEARINGS AS REQUIRED

Foster parents will receive notice in the mail about every hearing. You are encouraged to attend whenever you can. Also, you may be asked to appear with your foster child in Juvenile Court. Your input is a very important part of these Court review hearings. (See Chapter 8 for more information on your input in the court process.)

If the Court is considering terminating parental rights, you may be asked to testify about the condition of the child at the time of placement, frequency and quality of contacts between the child and parent(s), and the reactions of the child to these contacts.

PROVIDE TRANSPORTATION

It is your responsibility to provide transportation for your foster child. This includes but is not limited to transportation to medical and dental appointments, therapy, Court reviews, parental visits, and social functions. Since the basic foster care rate includes an amount for transportation, it is not acceptable to consistently ask HHSA for assistance with transportation.

- HHSA expects you to be able to take the child a "reasonable distance" to visit the parents. A "reasonable distance" is considered to be within 15 miles of your home to the place where the visit will occur. When a round-trip visit is more than 30 miles, two trips per month is the normal expectation. However, you and the child's social worker will need to develop a creative visitation plan to allow the number of visits ordered by the Court. When no other solution is available, you may be expected to make more than two trips per month.

- Discuss transportation issues with the social worker prior to accepting a child into placement. If you are unable to provide transportation, HHSA has the right not to place a child in your home.
- If a child requires **frequent** visits to doctors or therapists, you may be eligible for a transportation supplement if a child meets the criteria for a Special Care Rate. (See Chapter 7, Direct Cost, for more details).

IMPORTANT REMINDER:

When riding in a vehicle, all children must be secured in a car seat or seat belt in accordance with California state law. State Law requires that all children under six years of age, or under 60 lbs., shall be correctly secured in an approved infant/child car seat while riding in a vehicle.

PROVIDE AN ALLOWANCE TO THE CHILD

It is not a requirement to provide an allowance to a foster child, but it is strongly encouraged. A portion of the foster care reimbursement may be used as an allowance for the child. The amount of the allowance should be appropriately based on the child's age. See Chapter 7 for guidelines.

The issue of responsibility with money is important in child-rearing. Many parents have found that an allowance is a good tool for giving a child experience in handling money and in developing a sense of independence.

TEACH INDEPENDENT LIVING SKILLS

Preparation for adulthood is important at all ages. There are examples of activities you can use throughout the years in a free booklet that you can download from www.caseylifeskills.org. It is titled: "Ready, Set, Fly: A Parent's Guide to Teaching Life Skills."

You are expected to teach Independent Living Skills to your teenage foster children. You can help them learn the skills needed to become independent adults. For example, you can teach them to:

- Prepare and live on a budget.
- Purchase their own clothes and personal needs.
- Wash and mend their own clothes.
- Establish a bank account.
- Plan and prepare meals.
- Organize and clean their own space.

- Use public transportation.
- Learn how to make a major purchase (apartment, car, etc.), if appropriate and approved by the child's social worker.

Most important are your words of encouragement and gentle reminders.

Contact the social worker for information on the child's Transitional Independent Living Plan and when there are concerns about the teen's ability to live independently.

Some youth can emancipate out of the system early. Please contact the youth's social worker if the youth expresses these desires.

WORKING WITH THE INDEPENDENT LIVING SKILLS (ILS) UNIT

Teenagers between the ages of 16-19 in long-term foster care have a unique opportunity to receive focused services to assist toward their independence. The Independent Living Skills (ILS) Unit of HHSA Child Welfare Services provides a variety of services including: workshops, groups, financial incentives, referrals, and job counseling to those who are ready to begin planning for their future. It is essential for the ILS teen to keep appointments for workshops, interviews, and other planned activities.

The youth's social worker will initiate a referral to the ILS unit when the youth reaches the age of 15 years and 6 months.

You play a critical part in the planning and maturing process for these young adults. Your commitment to their eventual emancipation, and your cooperation with the implementation of the ILS plan, will go a long way toward building their self-esteem and independence.

NOTE: Since ILS teenagers are expected to save the money they earn, you are encouraged to continue providing an allowance.

MAKE A REASONABLE EFFORT TO MAINTAIN THE PLACEMENT

When a child is placed in your home, you are expected to make all reasonable efforts to maintain the placement. When problems arise, notify the social worker immediately. Together, you may be able to correct the problem. It is not acceptable to request a child's removal without making reasonable efforts to resolve the problem. If all efforts to stabilize the placement have been exhausted or unsuccessful, a 7-day notice requesting the removal of the child is required (see Placement Procedures).

Refer to Chapter 5 for procedures on requesting the removal of a child.

ASSIST WITH PLACEMENT TERMINATION

You are expected to:

- Coordinate with the social worker to enable the child to return home or move to a new foster home with minimal distress.
- Be sensitive to the child's needs.
- Retain copies of the child's placement documents for a minimum of three years after the child leaves and then shred.
- Be available to provide information on the child to the new foster parent or birth parent.
- Complete an inventory of the child's clothing and personal belongings. Keep a copy of the inventory and give a copy to the social worker for the case file. The foster child's belongings, personal records (see Foster Child's Records in Chapter 5), Health and Education Passport and Medi-Cal card must be given to the child's social worker upon the child's transition to another placement.
- You also have the option of completing the Child Transition Information form (04-325) and giving it to the child's social worker when the child leaves the placement for another out-of-home placement. This form allows you to share information and observations about the child such as:
    - Health
    - School progress
    - Contacts with parents or relatives
    - Behavioral problems
    - Strengths and areas of difficulty
    - Personality

    This information can be very helpful when the child is moving to a new foster home.

- If the child will not be staying in their current school, dis-enroll the child from that school.

COOPERATE WITH HHSA SOCIAL WORKER

It is your responsibility to:

- Work in a team approach with the social worker and the child's family to meet the needs of the child. Keep the social worker informed of the child's routine progress and of any information regarding the child's family which the social worker may not be aware of.
- Cooperate with the social worker. Request a copy of the Placement Needs and Services Plan (04-258) including the Case Plan Individual Client Responsibilities Report.

- Cooperate with the plan for the child and his family. The plan has generally been agreed to or ordered by the Court and must be followed. Discuss any concerns or questions about the plan with the social worker. Any disagreements should be elevated to the social worker's supervisor.
- Discuss with the social worker plans to allow the child to participate in activities outside the foster home (for example, camping trips).
- Contact the social worker if you plan to take the child out of San Diego County.
- Call the social worker if the child has any problems with the police or is suspended or expelled from school.
- Inform the social worker about any emotional or physical problems or injuries that the child may be experiencing.
- Cooperate during any home visits held by HHSA staff including providing an opportunity for private discussion between the foster child and the social worker. Social workers will schedule visits and also have the authority to visit your home unannounced. Licensing evaluators will make appointments (unless they are responding to a complaint).
- Give at least seven days written notice if you want a foster child moved from your home.
- Inform the social worker immediately if the foster child runs away from your home.

REPORTING RESPONSIBILITIES (Title 22 rules and regulations, Section 89361)

Within One Hour

Report the following circumstances or events within one hour to your foster child's social worker, the social worker's supervisor, or the Child Abuse Hotline, **and** your licensing worker:

1. Death of any child in your household from any cause.
2. Suicide attempt by your foster child or any household member.
3. Injury to your foster child which requires hospitalization or medical care.
4. Unusual incidents that threaten the physical/emotional health or safety of any child in your home. Examples include, but are not limited to:
    - Kidnapping
    - Death of a household member
    - Catastrophes
    - Fire or explosions in/on or near the premises
    - Poisonings
    - Outbreaks of epidemics.

5. Foster child runs away from home.
6. Foster child taken into custody by the police.
7. Suspected child abuse of any child in your home.

   Promptly report any suspected abuse of any child within the scope of your professional capacity, per Penal Code Section 11166. (Child Abuse Hotline telephone number (858) 560-2191 or toll free (800) 344-6000)
8. Known or suspected pregnancy of your foster child.
9. Known or suspected drug/alcohol use by your foster child.
10. Foster child is more than two hours late returning from a visit with his parent/family.

(If you reach the social worker's voice mail, leave a message and call a supervisor, duty worker, or the Child Abuse Hotline. You must speak directly to an authorized Agency representative.)

Within 24 Hours

If your foster child is:

- Seriously ill
- Coming home late from activities
- Stopped by the police
- Out of the foster home without permission
- Suspended or expelled from school

FOSTER PARENTS' RIGHT TO GIVE CONSENT

Except as listed below, you have the same consent authority as any parent:

1. You do not have a legal authority to give consent for your foster child to:
   - Marry
   - Enter the armed forces
   - Leave the County of San Diego
   - Obtain a driver's license or driving permit.
2. The Consent for Treatment (Form 04-24) entitles you to obtain ordinary (routine) medical or dental care for the child. This authorization is limited to:
   - Physical examinations
   - Immunizations
   - X-rays
   - Emergency medical care.

3. You do not have the authority to:
    - Sign hospital admission papers
    - Consent for HIV testing. See Chapter 6 for more information on HIV testing
    - Consent to any non-routine procedures. These include but are not limited to spinal taps, blood transfusions, administration of psychotropic medications, the administration of a general anesthetic (includes dental work), etc.
4. Your ability to provide consent may be further limited by the Court. In addition, the parent of a child placed voluntarily with you may further modify or prohibit your consent authority.

CALL THE CHILD'S SOCIAL WORKER IF YOU ARE UNSURE WHETHER YOU ARE ALLOWED TO GIVE PERMISSION TO TREAT.

If the social worker is not available, ask to speak to a supervisor or duty worker. During evenings or weekends, call the Child Abuse Hotline. In an emergency situation, or if you forget your Consent for Treatment, the Child Abuse Hotline screener or Juvenile Court (during business hours) may grant permission to treat.

Reduced Fee California Identification Card

You may obtain a California Identification Card (ID) for your foster child at a reduced fee of $7.00. To obtain this ID for your foster child, contact the social worker and ask the social worker to fill out and give you the form "Verification for Reduced Fee Identification Card" (DL 937). The social worker must complete this form correctly or the DMV will not accept it. You should make sure that the form is completed correctly before you take it to the Department of Motor Vehicles to obtain the ID card.

The social worker must complete:

- social worker's name
- agency name and address
- date form was completed
- signature of social worker
- name of the child printed exactly as it appears on the child's birth certificate and/or other legal document.

The foster parent must present this form to an official at a DMV office along with verification of the child's identification, and the required fee, within 60 days of the date the social worker signed the form.

If you have questions regarding payment of this fee, please contact the child's social worker.

The Martins have been foster parents since their two girls were toddlers. Mrs. Martin was staying home from work for a period of time and responded to a story in the newspaper about the need for foster parents who would foster teens. They got their approval and the first placement was Marsha who was 12 years old at the time and needed foster care since her mother was in prison for a 10-year sentence involving drugs and stealing. There were no family members without extensive criminal records available to take Marsha, so the Martins became her foster parents. They took her to visit her mother in prison when she was incarcerated locally, but then she was transferred out of state. In time, Marsha was freed for adoption and the Martins adopted her when she was 14 years old. Now she is 17 and actively involved in school, sports, and the Independent Living Skills classes and activities. Her grades are high and she is planning to attend college. Mrs. Martin says she knows more about special programs and supports for foster youth to go to college now than she ever thought possible. It is less a question of whether Marsha will attend college, but which one. She still writes to her birth mother and visited her once on a family vacation.

The sample foster family stories and pictures shared in this handbook are not actual families. The stories are compilations of typical families doing foster care.

Chapter 3
THE FOSTER CHILD AND HIS/HER FAMILY

THE FOSTER CHILD

Like any child, a foster child needs love and security. All foster children are affected by the separation from their families. Sometimes this separation shows in their behavior. Sometimes children refuse to eat, or have difficulty making friends. Sometimes they lie because they are afraid, or they have to brag to cover up their own bewilderment. Some of them cry for no apparent reason. Others are so meek they hardly seem real, or they bully every child in the neighborhood. These are just some of the ways that children "tell" us how painful separation is. Sometimes more severe symptoms indicate even deeper disturbances; they steal, they run away, they wet the bed, etc.

Many of these are symptoms of emotional problems. With the child who is emotionally disturbed, the foster parents' approach should always be the same – patience and understanding. By showing a child on a daily basis that you want him as part of your family, you will help him to get over his fear and mistrust. Your foster child may have had sporadic discipline in the past and it may take many weeks or months of patient, firm, and repetitive behavior to help him know that you will be consistent.

If the foster child has been neglected or badly treated, he may have an especially hard time adjusting to your home. The child may have never learned to trust anyone. He may never have learned to live within the usual routine of family life, like sitting down to meals together at regular times. Such a child will need extra amount of understanding and patience.

Sometimes a child will have great problems feeling close to you for fear of hurting his own family. Frequently, for the first few weeks after a child goes into a new foster home, both the child and foster parents encounter little difficulty. After this "honeymoon period" behavior problems appear, causing you to wonder if you have "done something wrong" or you may feel that the child has changed completely. When this happens, you should feel free to contact the child's social worker and discuss the situation.

Often the scars will heal and the behavior will settle down into a familiar routine. The change will be slow, but with gentleness, patience, and hard work it will come. A child who has known cruelty and deprivation will often act out of fear and distrust. As he learns there are people who are kind and caring, his feelings about himself and the world will change. Knowing that you understand what he is going through is vital to his well-being. It is imperative that you, the social worker, and the child's parents work together for the good of the child.

THE MEANING OF SEPARATION TO THE CHILD AND HIS OR HER PARENTS

Most children in foster care have a family of their own. It may include one or both parents, stepparents, grandparents, or other relatives. The child may also have brothers and sisters in his parents' home or in other foster homes. All of these family members play an important role in your foster child's life. Even while separated or far away, parents can exert an enormous amount of influence on the emotional life of their child.

A child in placement misses his parents deeply. No matter how troubled or difficult the parents may be, to the child they may be his entire security. They are all he has ever known. They are his roots to the past, his support and his foundation. When he is separated from them, he feels that he has lost a part of himself.

Finally, the child never really understands why his parents left him. No matter what the realistic reason for the placement, the child may develop a series of irrational explanations that he buries deeply in his mind. These unconscious feelings about his separation from his parents might include thoughts such as: He was placed because he was bad and the placement is his punishment; his parents have rejected and abandoned him and he will never see them again; his parents have died, etc. The child's unconscious explanations of his separation from his parents are often exaggerated and illogical.

For these reasons, there are many advantages to the child for continuing contact with his parents. Foster care is usually temporary and the goal is to reunite the child with his family. It is much easier to attain this goal when the child has been able to maintain some form of an ongoing relationship with his birth family.

RIGHTS OF FOSTER CHILDREN

Each child has personal rights, which include but are not limited to the following:

1. To live in a safe, healthy, and comfortable home where he or she is treated with respect.
2. To be free from physical, sexual, emotional, or other abuse, or corporal punishment.
3. To receive adequate and healthy food, adequate clothing, and, for youth in group homes, an allowance.
4. To receive medical, dental, vision, and mental health services.
5. To be free of the administration of medication or chemical substances, unless authorized by a physician.
6. To contact family members (unless prohibited by court order), social workers, attorneys, foster youth advocates and supporters, Court Appointed Special Advocates (CASA), and probation officers.
7. To visit and contact brothers and sisters, unless prohibited by court order.
8. To contact the Community Care Licensing Division of the State Department of Social Services or the State Foster Care Ombudsman regarding violations of rights, to speak

to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.

9. To make and receive confidential telephone calls and send and receive unopened mail, unless prohibited by court order (also see Telephone Access Rights of Foster Children in this chapter).
10. To attend religious services and activities of his or her choice.
11. To maintain an emancipation bank account and manage personal income, consistent with the child's age and developmental level, unless prohibited by the case plan.
12. To not be locked in any room, building, or facility premises, unless placed in a community treatment facility.
13. To attend school and participate in extracurricular, cultural, and personal enrichment activities, consistent with the child's age and developmental level with minimal disruptions to school attendance and educational stability.
14. To work and develop job skills at an age-appropriate level that is consistent with state law.
15. To have social contacts with people outside of the foster care system, such as teachers, church members, mentors, and friends.
16. To attend Independent Living Skills Program classes and activities if he or she meets age requirements.
17. To attend court hearings and speak to the judge.
18. To have storage space for private use.
19. To be involved in the development of his or her own case plan and plan for permanent placement.
20. To review his or her own case plan, if he or she is over 12 years of age, and to receive information about his or her out-of-home placement and case plan, including being told of changes to the plan.
21. To be free from unreasonable searches of personal belongings.
22. To confidentiality of all Juvenile Court records consistent with existing law. This shall not be interpreted to require a foster care provider to take any action that would impair the health and safety of children in out-of-home placement.
23. To have fair and equal access to all available services, placement, care, treatment, and benefits and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
24. Additional rights are listed in W&I Code 16001.9.

TELEPHONE ACCESS RIGHTS OF FOSTER CHILDREN

Accessibility

Telephone access and usage cannot be prohibited. In addition, telephone access and usage should not be a privilege that a child must earn. The foster child may not be prohibited from calling the following people:

- placement agency staff
- family members not excluded by court order
- social workers
- attorneys
- Court Appointed Special Advocates (CASA)
- probation officers
- the Community Care Licensing Division of the California Department of Social Services, or
- the State Foster Care Ombudsman

Limitations on telephone calls to other individuals and agencies may be based on reasonable disciplinary measures, house rules, consideration of the rights of others, case service plan requirements, documented unpaid reimbursement for long distance telephone calls, or court order prohibitions. Foster parents can limit the number of calls and the amount of time of each call for the foster children in their home in order to ensure that all of their foster children have equal access and time on the telephone.

Confidentiality

Foster children have the right to make and receive confidential telephone calls from individuals of significance to them, unless otherwise prohibited by court order. To ensure the confidentiality of telephone calls, you should provide a private area away from others that will afford privacy.

Call Lists

Since restrictions against making and receiving telephone calls from specific individuals must be based on court orders, it would be reasonable for you to require a "do not call" list for youth as opposed to an "approved call list." While restrictions may be imposed on calls to and from specific individuals, these restrictions cannot be imposed unless the court or social worker has provided this information to you in writing.

Reimbursement for Telephone Calls

Foster children should not be required to pay for local telephone calls. However, you may require reimbursement from the child or his/her social worker for the cost of long-distance calls. For calls other than those to individuals and agencies to which telephone access may not be restricted, long-distance calls may be prohibited upon documentation that

requested reimbursement for previous long-distance calls has not been received. It is suggested that you utilize calling plans that provide unlimited telephone calls at a minimal cost to mitigate the financial burden on the youth.

RIGHTS & RESPONSIBILITIES OF THE FOSTER CHILD'S BIRTH PARENTS

Foster Child's Birth Parents' Rights

1. To have their cultural, religious, ethnic, and racial heritage respected.
2. To be respected as individuals who have all the rights guaranteed to them as do citizens of this country.
3. To maintain custody of their child unless it has been demonstrated that this would jeopardize the child's health and welfare.
4. To be provided with opportunities to demonstrate their capacity to provide a suitable home for their child, and to regain custody of their child as quickly as possible, when regaining custody is consistent with the health and welfare needs of the child.
5. To participate in planning for their child, to receive a copy of the case plan, and to receive proper and adequate notice of any legal proceeding concerning the child.
6. To receive a description of their rights and responsibilities and the Agency's rights and responsibilities and to receive information about any resource they may have to contest actions taken by HHSA.
7. To receive services, in accordance with the service plan, to assist them in overcoming the conditions which led to removal of their child, and if return of their child to their custody is not feasible, to help them adjust to an alternative permanent plan for their child.
8. To have knowledge of their child's whereabouts (see Chapter 5 regarding confidential placements), and to visit and to communicate with their child within reasonable guidelines as set by the service plan and by the Court.
9. To receive a written description of the expectations they must meet in order to have their child returned home and of the services the social worker will provide to help them meet those expectations.
10. To have information about them kept confidential.
11. To get reports on their child's health and development, progress in school, and behavior.
12. To have the Agency listen to their complaints.
13. To consult with a lawyer at any time, and to be represented by a lawyer in any court action concerning their child or affecting their parental rights.

Foster Child's Birth Parents' Responsibilities

1. To cooperate with the social worker in setting up the plan for what they must do while their child is in foster care.
2. To work toward resolving the problems which caused the child to be removed from their home.
3. To visit their child regularly, at a time and place agreed upon with the social worker and the foster parent. If not able to visit, the parents should discuss their reasons with the social worker.
4. To talk about their child's care and progress with the social worker and foster parent.
5. To tell the social worker about major changes in their lives, such as change of address, telephone number, job, income, or marriage.
6. To keep appointments with the social worker and foster parent or to give adequate notice of cancellation.

FOSTER PARENT'S RELATIONSHIP WITH THE CHILD'S FAMILY

When a child is placed in your home, he brings the ties to his own family with him. Though he is now becoming part of your family, he is still a part of his own family and has a loyalty to them. This needs to be recognized and accepted so the child does not feel pressed to make a choice between you and his parents. Most children see themselves as extensions of their parents. If you show disapproval of the parents, the child may feel that he too is not approved. You can help your foster child by allowing him to "bring his family with him" in the form of photographs and mementos and treasures from home.

Your support and encouragement of the contacts with his own family are necessary to help your foster child feel more comfortable about his situation.

One of the most difficult aspects of foster parenting is understanding the problems of the parents and the reasons leading to the removal of their children. Trying to understand without condemning the birth parents is extremely important because the foster child can sense your feelings, especially if they are negative.

Family visitation is important for the foster child since it allows the foster child to maintain his attachment with his family. In most cases, it is the social worker's obligation to reunite the family for a visit as soon as conditions permit.

When parents come to visit the child, they may act defensive, angry, and emotional. Often these feelings stem from the parents' own feelings of inadequacy and their discomfort at having to visit their child in someone else's home.

Many parents whose children are in foster homes are trying to stabilize their own lives and make plans for themselves. They may have a different lifestyle and values than you are accustomed too. It is vitally important to the child that you support and help the family reunite. The child will need a lot of support from you; he needs to know you support the

reunification. This supportive attitude can also relieve the pressure of choosing between two sets of parents.

When a child is a dependent of the Court, his parents need permission from the Court to take him out of your home for a visit. Your child's social worker will discuss the court ordered visitation plan and work out a schedule with you. However, workers cannot control every situation. If parents appear without prior arrangement and their behavior is inappropriate, you may refuse them a visit with the child.

At the time of an approved visit, attempt to make the parents feel welcome, but do not become involved in discussing their personal problems or trying to answer questions about what will happen in the future. When parents want to talk about problems or plans, you should listen but encourage them to talk with the social worker.

The Agency makes a strong effort to place siblings together in the same foster home. Sometimes this is not possible; however, they must have the opportunity to visit each other. All of the foster parents and the children's social worker will need to work out a sibling visitation schedule. See Chapter 8 Child Abuse and the Court for other sibling information.

Suzanne is a single foster mother who is now caring for a young girl, Lacey, who came to her at age 10 with long history of multiple placements as she had bounced among several relative and foster placements between ages 5 and 10. She was having significant problems in school in both the behavior and the learning realms. Suzanne encountered difficulty getting special needs services for Lacey and requested a Foster Parent Mentor to assist her in that effort. The Mentor went with her to IEP meetings and helped research the options for Lacey's best and least restrictive educational setting. The Mentor was a foster parent who had much experience with the school system because she had fostered children who struggled in school due to their chaotic history. Working with a therapist Suzanne is learning to cope with the effects of her Post Traumatic Stress Disorder and Learning Disabilities. The social worker is helping to access resources. Suzanne is committed to be what Lacey needs her to be whether that is to assist Lacey to reunify with family or stay with her in an adoptive placement. Whichever it is, Suzanne hopes that both Lacey and her extended family will be part of her life forever.

The sample foster family stories and pictures shared in this handbook are not actual families. The stories are compilations of typical families doing foster care.

Chapter 4
FOSTER PARENT RIGHTS

RIGHTS OF FOSTER PARENTS

You have the following rights:

1. To accept or refuse the placement of a child.
2. To be reimbursed the basic care rate in a timely manner for a foster child.
3. To have a clear understanding of your role (as a foster parent) and of the Agency's role.
4. To continue your own family patterns, routines, and values so long as these do not infringe on a foster child's rights.
5. To have knowledge of those things concerning the foster child that will have a direct bearing on your daily living patterns, as well as any potential dangers from a foster child or his birth family.
6. To have visitations between child and family which are reasonable and fair.
7. To have knowledge of the appropriate appeal process in case of disagreement with the Agency.
8. To be involved with the social worker in the ongoing planning for the foster child, especially in those areas which will affect your foster home.
9. To have the support of the social worker and to be accorded dignity in all relationships with the Agency.
10. To have the opportunity to grow professionally by participating in training courses sponsored by the Agency.
11. To make decisions around the daily living situations of your foster child, such as permission to attend recreational activities, staying home from school with a sore throat, etc.
12. To receive help from the social worker in locating and using appropriate resources to meet the child's needs.
13. To be considered as a possible permanent placement for a child in the event the child is to be placed out of his own home permanently and relatives are not available.

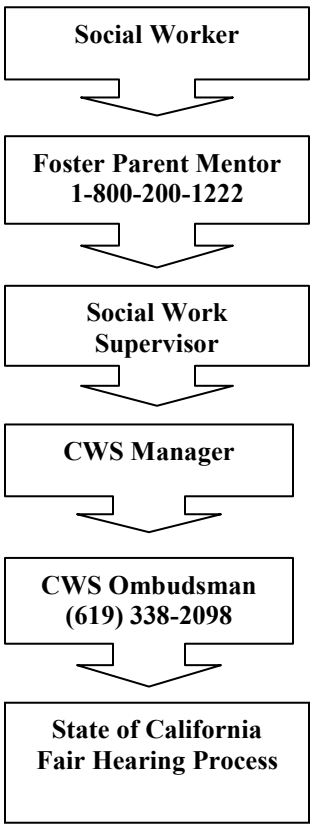
COMPLAINTS AGAINST HHSA OR SOCIAL WORKERS

You may occasionally have complaints or disagreements with your licensing evaluator, the child's social worker, or the human services specialist. To ensure that problems are resolved as quickly as possible, it is the Agency's policy that complaints be resolved at the lowest possible level within the Agency.

1. Begin by calling the worker to discuss the problem. An earnest effort to let the worker know your feelings may be enough to resolve the matter.
2. You may call 1-800-200-1222 to have a Foster Parent Mentor assigned to you to offer support and guidance.
3. If you are unable to reach a satisfactory solution with the worker, call the worker's supervisor.
4. If the matter has still not been resolved, call the section manager.

If you are not able to resolve the problem by speaking with the above individuals, you may also call the Office of the Ombudsman for Child Welfare Services. The State of California Fair Hearing Process is available to you if the other avenues do not resolve the issue.

Please do not call the Child Abuse Hotline, as they have no authority to resolve complaints regarding assignments or workers.



COMPLAINTS AGAINST FOSTER PARENTS

Refer to Chapter 1 for complaints against foster parents.
If you suspect that another foster parent may not be providing adequate care for a foster child, call the Kids Line (877-792-5437). If you suspect that a foster child is being abused or neglected, call the Child Abuse Hotline.

GRIEVANCE REVIEW HEARINGS

You have a legal right to a formal grievance review hearing if you are dissatisfied with actions of the Agency related to the placement, care, or removal of a child. However, before requesting a formal grievance review hearing, you are urged to follow the complaint procedures listed above. Most issues can be resolved informally thus avoiding the lengthy, more formalized hearing process.

Exclusions

A grievance review hearing will not be held when the issue involves any of the following:

Removal of a child when:

- The child is in imminent danger.
- The court, on its own initiative, has ordered the child's removal.
- Adverse licensing/certification actions have occurred which prohibit a foster parent from continuing to provide services.
- The parent removes or requests removal of a child placed voluntarily.
- The removal of the child, or modification of services, is the result of an administrative review panel decision.
- The child is being placed directly into an adoptive home.
- The complaint regards only the validity of a law, or of a statewide regulation.
- The complaint is about the payment or issuance of aid or medical assistance for which a fair hearing is available.
- The complaint regards only the placement decision.

Grievance Procedures

1. To request a grievance review hearing, call the Placement Coordinator for a copy of Form 10-62. Complete the form and send it to:

   Director, Child Welfare Services
   8965 Balboa Avenue
   San Diego, CA 92123

2. The request must be filed within ten days after you were notified of the intended action. If the issue involves removal of a child, Form 10-62 must be received at least two calendar days before the intended date of removal. It is recommended that you call the social worker's supervisor or manager to advise them that you are filing a grievance.

   Unless the child is considered to be in imminent danger, he will remain with you until the grievance review decision is reached.

3. The Director will appoint an impartial hearing officer who will schedule a hearing within 10 days. The officer **cannot** be in the chain of command of any person involved in the complaint and must be knowledgeable of the field and capable of objectively reviewing the complaint.
4. All parties will be notified of the time and location of the hearing at least five days in advance.
5. The hearing officer alone will conduct the hearing.
   - Hearings are to be conducted in a non-adversarial atmosphere.
   - All parties and representatives will be permitted to examine all documents and physical evidence at the hearing.
   - The parties, their representatives, and witnesses while testifying, will be the only authorized persons present during the review, unless all parties and the hearing officer consent to the presence of other persons.
   - All testimony will be given under oath or affirmation.
   - The hearing officer may continue the hearing for up to 10 days, if additional evidence or witnesses are necessary to determine the outcome of the issue.
6. Within five days after the hearing, the hearing officer will prepare a written report for the Director.
7. The Director will issue the final decision. This decision will contain a summary statement of facts, issues, findings, and basis for the decision. A copy of the decision will be sent to each party.

DE FACTO PARENT STATUS

A De Facto Parent is a person who has been found by the court to have assumed the role of "parent" on a day-to-day basis by fulfilling the physical and psychological needs of a Dependent child for a substantial period of time. De Facto standing terminates when Dependency is terminated.

Foster parents may apply for de facto parent status.

A De Facto Parent has the following rights:

- will receive notice for hearings
- may be present at court hearings
- may present and submit reports to the court
- may appear as a party in Dispositional and any subsequent hearings
- may be represented by counsel (either retained, or appointed at the discretion of the court)
- may visit the child (if the child is no longer in the de facto parent's home) if the court finds such visitation is in the child's best interests
- may appeal the trial court's decisions

The Local Rules of Court give De Facto Parents preferential consideration for placement over all persons but parents and legal guardians, providing such placement is in the best interests of the child.

NOTE: A non-related de facto parent must be licensed or approved prior to placement.

A De Facto Parent does not have the following rights:

- all of the rights extended to birth parents
- reunification services
- the right to custody
- discovery of confidential information without proper authorization

If you want to apply for de facto status/standing:

- Complete the De Facto Application (available at the business office at Juvenile Court).
- Return the application to the Juvenile Court business office unless the next hearing is within a few days. If the next hearing is within a few days, consider waiting and submitting the application at the hearing. Make copies of the application for all parties.

If De Facto Parent status is granted, you must serve all the parties (social workers, attorneys, etc.) with the order the Judge made.

The Morgans have been foster parents for over 20 years. Mrs. Morgan serves as President of one of the local Foster Parent Associations. She volunteers in their office several days a week while their only foster child, Julia, is in school. They have fostered hundreds of children through the years from babies to teens. They now focus on taking one or two children at a time to help the children reunify with their families. Mrs. Morgan has found that including Julia's parents in her school and neighborhood activities helps them feel more connected as they go through their steps to get Julia back home. Recently, Mrs. Morgan has become a Foster Parent Mentor to assist foster families with any concerns they may have. She has a wide breadth of experience in the foster care system and knows many of the resources and programs that can help foster parents in their complex job.

The sample foster family stories and pictures shared in this handbook are not actual families. The stories are compilations of typical families doing foster care.

Chapter 5
PLACEMENT PROCEDURES

SELECTING A FOSTER HOME

Placements are made by considering each child individually and choosing the foster home that will best meet his needs. Some of the many factors that may determine placement include:

- RACIAL, ETHNIC, LANGUAGE AND CULTURAL background of the child, his family, and the foster family. It is easier for a child to be placed in a home where adjustments and changes of lifestyle are minimized as much as possible. In addition, similar backgrounds help increase a child's self-esteem.
- SIBLINGS. Normally siblings will be placed in the same home or in close proximity to each other, if possible.
- PROXIMITY of the foster home to the child's parent's home. This will facilitate visitation, keep the child in the same school, allow continuity with doctors, therapists, etc.
- SPECIAL NEEDS of the child and the foster parent's ability to meet those needs. For example, a child who has medical problems needs a foster parent with special skills or training. The same is true for children who have behavioral or emotional problems.
- COMPOSITION OF THE FOSTER HOME. Some children may do better in homes that have other children. Others should not be placed with young children.
- EMPLOYMENT STATUS of the foster parents. Infants and young children need lots of love and nurturing, and they learn to trust the person with whom they spend most of their waking hours. Some children will need a stay-at-home parent.

NOTE: When an appropriate relative or individual who has a relationship with the child prior to entering foster care is available and willing to care for the child, the child will usually be placed with that person.

SOCIAL WORKER RESPONSIBILITIES

When placing a child in a foster home, the social worker will:

1. Call the Placement Coordinator's office for a list of appropriate and available foster homes.
2. Call prospective foster parents to discuss the placement. The worker will share information about the child's background, special needs, and any dangerous propensities.
3. Assist the child and his parents to prepare for placement.
4. Arrange a pre-placement visit between the child and foster family if possible.
5. Work with the child's parents and foster parent to develop a visitation schedule.
6. Take the child to the foster home and discuss the following with the foster parent:
    - Child's background (dangerous propensities, medical, behavioral, family and placement history).
    - Placement Needs and Services plan for the child (school, therapy, recreation, religion, Independent Living Skills, etc.) and child's supervision needs.
    - Assess the child's clothing needs.
    - Foster care funding (basic rate reimbursement, special care rates, clothing and transportation allowances).
    - Reunification plan for the parents and the foster parent's role in the plan.
    - Visitation plan for parents, siblings, and relatives.
7. At placement, give the following to the foster parent:
    - Agency – Foster Parent's Agreement (form SOC 156, signed by the social worker and foster parent) or (04-275) Agency/Caregiver Placement Agreement.
    - Copy of the Placement Needs and Services Plan (form 04-258) which contains additional information about the child's background.
    - Statement of Dangerous Propensities (form 04-75) signed by the worker and the foster parent if applicable.
    - Child's placement history and name and phone number of the previous caregiver if applicable.
    - Family and child abuse information, when the abuse occurred and how it may impact the child's behavior.
    - The child's Personal Rights (form 10-5). This form will be given directly to older foster children at the time of placement.

- Consent for Treatment (form 04-24 or 04-24C) and Authorization to Use or Disclose Protected Health Information (form 04-24A or 04-24A-C signed by the child's parent or Juvenile Court.
- Health and Education Passport containing the following information:
    - Child's physical health, mental health, dental and education providers and their addresses and upcoming appointments.
    - Child's school record and grade level performance.
    - Child's record of immunization and allergies.
    - Child's current medications.
    - Child's known medical problems.
    - Child's past health problems and hospitalizations.
    - Child's known mental health condition and medications.
    - Any other relevant mental health, dental, health and education information.
- Clothing inventory (form 04-61).
- Parent/Child Contact Log (form 04-39).
- Caregiver Information Form (JV 290).
- Name and phone number of the child's attorney.
- Child Health and Disability Prevention (CHDP) brochure.
- Brochure regarding the Ombudsman's Office (Pub 339) to be given to the foster parent for younger foster children. For an older foster child, this will be given to the child directly.
- These forms should be provided as soon as available:
    - Medi-Cal card or client index number and issue date until card is issued).
    - Copy of the child's birth certificate or alien registration card, if available.
    - Child's social security card.

8. Maintain contact with the child during placement.
    - The child's assigned social worker is required to visit the child and caregiver monthly.
    - Make periodic unannounced visits to the placement home.
    - Visit with the child alone during each contact.
    - Periodically visit with the child away from the foster home (at school, daycare, etc.).

PLACEMENT CHECKLIST FOR FOSTER PARENTS

Your foster child's social worker should give you the following information and/or records on the day of placement if at all possible. Ask the worker about <u>each</u> of these items and make notes.

[ ] A Consent for Treatment (form 04-24).

[ ] A Medi-Cal card for each child (client identification number and issue date until card is received).

[ ] A Copy of child's birth certificate

[ ] A US passport or alien registration card if available

[ ] Any medical and dental history reports, including all immunizations, known allergies, and pertinent psychological information if available. (**NOTE**: The child's Health and Education Passport will be mailed to you soon after placement.)

[ ] A Needs and Services Plan including any instructions for current and future medical and dental care, psychiatric and psychological consultations, evaluations or treatment, child's supervision needs, and any special needs of the child.

[ ] Medications and any written instructions regarding medications or prescriptions.

[ ] The Agency – Foster Parent Agreement (SOC 156) completed by the social worker, signed by you and the social worker. This placement agreement must be **complete** and contain the name and telephone number of the social worker and the worker's supervisor. Be sure to read both sides of the agreement carefully. Retain your copy for your records.

[ ] The SOC 156 must indicate the Foster Care Payment Rate and the effective date of placement. This is also the start date for payment. Be sure the case number is filled in at the top of the form in the space provided.

[ ] Clothing needs and clothing allowance, if necessary. You and the social worker will inventory the child's clothing to see what is actually wearable.

[ ] Religious participation, if applicable.

[ ] Information for school transfer, including name of last school, grade, achievement level, and any special problems.

[ ] Description of any known dangerous propensities of behaviors of the child including sexual aberrations, promiscuity, and seductive behavior; or if the child has been a victim of sexual abuse, is a fire setter or has exhibited violence towards animals or people.

[ ] Any special transportation requirements or plans.

[ ] A clear understanding of the rights of the child's parents and a visitation plan (who, where, when). List any unauthorized visitors.

[ ] Information on what to do and who to call for weekend or evening emergencies.

[ ] JV290 Caregiver Information Form

[ ] Child's Attorney's Name and Phone number

If the above items are not immediately available ask the social worker to help you obtain them as soon as possible.

CONFIDENTIAL PLACEMENT

Welfare and Institutions Code, Section 308, requires the Agency to inform parents, guardians, or responsible relatives about the location of their child. The whereabouts of the child can be withheld from the parents only in specific circumstances. Continued nondisclosure of the child's whereabouts can only occur by court order.

Policy

- If the child is placed in a Foster Family Home, the parent will only be given the foster family's first name and telephone number.
- The address of the licensed foster home will **not** be disclosed to the parent or the parent's attorney unless the Court makes a "good cause" to disclose finding at the Dispositional Hearing, the foster parent authorizes release of the address, or the Court makes a "good cause" finding and orders disclosure because the Dispositional Hearing is delayed.
- If the social worker believes there is a potential danger to the child or to the foster family, the worker may ask the Court to keep the placement confidential.
- Relatives' homes are not automatically confidential. This means the relative's address will be disclosed unless there is a risk to either the child and/or caregivers.
- The child's attorney is to be informed of the child's whereabouts at all times.

VOLUNTARY PLACEMENTS

A "voluntary placement" is the placement of a child in foster care made with the consent of the child's parents or guardians. The consent is given to the Agency to arrange and supervise the placement. Juvenile Court is not involved in this process. The foster parent's authorities are different with a voluntary placement. You should consult with the social worker on your authorities.

Because the parents have voluntarily placed their child in foster care, they may terminate the placement at any time and remove their child from your home. If the parents take the child without the social worker's authorization, call the child's social worker and your foster home licensing worker to let them know the child is no longer with you and the circumstances under which the child was taken.

WELCOMING A FOSTER CHILD INTO YOUR HOME - "SAYING HELLO"

A foster child entering your home for the first time needs to know he is welcome. What you say and do during the first contact with the child will set the tone for your future relationship with the child. You and your family will have time to plan for his arrival after the child's social worker has confirmed the placement with you.

A "Hi," "Hello," "I'm glad you've come – we've been expecting you," or any sincere and spontaneous greeting is what is needed as the child steps through the door. Licensing regulations requires an age and developmentally appropriate orientation of the child's personal rights. (Title 22 Manual of Policies and Procedures) From there on, much of what you say and do will depend on cues you pick up from the child and his social worker. By the child's response or lack of response, you will know how ready he is for an interchange with you. As a parent, you undoubtedly already know quite well about the need to determine a child's readiness before making other approaches. The social worker will be supporting your efforts to get acquainted.

For the very small child, there may be a special treat: a piece of fruit, a cookie, a cup of juice, or a stuffed animal. If your offer is not accepted, you might try again later. He may not want to eat at all. Remember that many children are quite upset upon first being placed in a new home. These feelings need to be recognized, understood, and treated with respect and sensitivity.

The younger child may want to see where he sleeps and naps, and might enjoy a special, cuddly toy you have on hand for just those times. He will want to meet the family pets as well as his new family members, especially any children close to his own age. Introductions to relatives, friends, and neighbors should be deferred for a while so as not to overwhelm the child. Here again, your determination of the foster child's readiness should be your guide.

The older child should be encouraged to participate in a conference with you and the social worker so that both he and the worker understand your household routines and standards, the child's personal rights, rules for seeing friends and dating, family plans and activities, and the household responsibilities which he will be expected to share.

AN ETHNO/CULTURAL GUIDE

Out-of-home placements are traumatic for all children. This can be especially difficult for those children who also have to adjust to ethnic, cultural, racial or language differences. As a child grows and develops, these differences can cause a major identity problem. A foster child also brings along traditions or customs unique to his family. A child should be allowed to maintain these customs while residing in out-of-home care. Be sensitive to the parent's wishes.

You are an integral part of the service delivery team. You share in the Agency's obligation to protect the civil rights of all children. Here are some suggestions to help meet this obligation. This information is merely meant to be used as a guide and is not all-inclusive.

Attire

All children, regardless of ethnicity, should be allowed to dress in culturally distinctive attire if they wish.

Jewelry and makeup should be discussed with the social worker or parent. Clothing should be clean and appropriate to weather conditions. Clothing must also match occasion and function (play, school, or dressy). Children must be provided with their own clothes, sized appropriately and be allowed to keep them upon termination of placement.

Food

All children need nutritious food. Assume no stereotypical preferences. If children request ethnic food or food preparation, such as seasonings, this should be provided to them. By honoring such requests, you help minimize the traumatic effects associated with uprooting a child. Withholding food will **never** be used as a disciplinary action.

Language Usage

Children must be allowed to converse in their native language. It is vitally important that children not lose their language skills while in placement. Bilingualism is an asset and is encouraged.

Religious Values

You must consult with the child's social worker or parent regarding religious affiliation or attendance, dedications, baptisms, and any other religious activities. Religious beliefs, including celebrations, music, holidays, and customs, must be respected and maintained during placement. Many creative plans have been developed by foster parents, social workers, and parents to handle this important consideration.

Skin Care

All infants must be bathed daily and older children must be allowed to bathe daily. Appropriate personal care products should be applied or available after bathing and throughout the day as needed. All skin, regardless of ethnicity, will burn if not protected. Proper sunscreen should be applied when needed and made available throughout the year.

Personal Preferences and Traditional Values

All children have the right to maintain traditional values while in placement. This includes music, holidays, radio and television when appropriate, school and community clubs, and other forms of exposure to their cultural heritage. Any questionable activities should first

be discussed with the social worker or parent. Consistent, positive contact with the extended family, unless forbidden by the worker, is extremely important.

Native Americans need to maintain tribal affiliations and traditions. These children are usually placed through special agencies that find and certify Native American foster families.

YOUR FOSTER CHILD'S RECORDS (Lifebook)

While your foster child is in your home, you will watch him grow and develop. Of all those involved with the child, you will be the one who is most intimately aware of his everyday experiences. These experiences will be an everlasting part of the child. It is important that you keep records of what happens to him – because he will want a link with the past, and because certain records may be very important at a later date.

This information should be kept in a folder or album, which will accompany the child when he leaves your home. Important information includes, but is not limited to:

- Developmental history – especially for very young children. For example, when he crawled, walked, first word, etc.
- Record of immunizations. (See Health and Education Passport in Chapter 6.)
- Record of childhood diseases and any medical problems.
- School records: report cards, school pictures, etc.
- Photographs: pictures of the child at various ages, on special occasions, pictures of birth relatives, etc. Photos are very important and should be taken from the time the child is placed with you.
- Letters and greeting cards, awards, certificates and other mementos.

GIFTS TO FOSTER CHILDREN

Because foster parents are generous people, they frequently like to provide their foster children with extra gifts (bicycles, dolls, sports equipment, etc.). Your generosity, of course, depends on your own circumstances. You are not expected to provide all these extras, but neither are these gifts discouraged. However, when you do give a gift, make sure that the child is able to take it with him when he leaves your home, no matter what the circumstances.

It is important for your foster child to have some toys of his own so that he does not always have to share your own child's toys. This makes for a better relationship for all of the children in the home. Be sure to identify which toys belong to the child and which belong to the household.

DRIVER'S LICENSE POLICY (MINORS)

Foster Youth under 18

In order for a foster child to obtain a driver's license or temporary permit, a parent, legal guardian or foster parent must sign the DMV application.

Agency policy dictates that employees may not sign a foster child's DMV application unless the foster child has automobile insurance with coverage of $15,000 per person and $30,000 per accident.

The person(s) signing a foster child's application for a driver's license can be held liable for any damage or injury arising from that child's operation of a motor vehicle.

Foster children must be added to the foster parent's auto insurance policy if the foster child is going to drive the foster parent's car. The foster parent may, however, choose to specifically exclude the foster child from coverage at age16 if the foster child will not be driving their car.

If the foster child is under age 16, there is no additional cost to the foster parent to add the foster child to their policy. Once the foster child turns 16, the foster parent would be required to add the foster child to their insurance policy at a cost of about $100 to $150 per month if the foster child will be driving their car. It does not matter whether the16 year old is a licensed driver or just learning to drive.

The use of 3-wheel drive recreational vehicles by dependent children is not permitted and the Agency will not assume responsibility for injuries incurred in violation of this policy.

The foster parent liability insurance policy does not include coverage for operation of a motor vehicle by the foster child.

Foster children under 18 may complete driver's education but also must complete a total of 50 hours behind the wheel training, 10 of which must be at night. This training can be provided by a Court Appointment Special Advocate (CASA), mentor, or other volunteer as long as those individuals use their own automobile and their automobile is insured.

Youth 18 years and older

Foster youth 18 and older may sign their own permit application and complete the driver's education and training course. They can then take the driving test if they are ready with just the 6 hours of behind the wheel instruction. They must be insured thereafter to drive any car on a regular basis. If they live in a foster home they must be added to the foster parent's policy in order to drive a car the foster parent owns.

The Independent Living Skills program offers Volvo Keys to Success Scholarships to some foster youth if they qualify. Those who qualify could use the scholarship to help pay for their insurance.

Volvo Keys To Success Scholarships

Volvo has provided funding for the Volvo Keys to Success Scholarship Program for San Diego's foster teens. These scholarships assist foster youth in obtaining Driver's Education and Driver's Training.

Eligibility Requirements

- Must be at least 17 years old
- Must be a dependent of San Diego Juvenile Court
- Must have average citizenship grades
- Must have passing academic grades in school

If the youth is under 18, a parent, foster parent or guardian must sign the permit application and accept financial responsibility for the minor. Accepting financial responsibility would mean putting the youth on the parent's, foster parent's or guardian's car insurance policy. There may be some financial assistance available for car insurance.

Youth who are under 18 will be provided with 30 hours of Driver's Education followed by six hours of Driver's Training. All six hours of Driver's Training will be behind the wheel. To apply for a license, youth who are under 18 must have completed Driver's Education, Driver's Training and they also must complete a total of 50 additional hours of behind the wheel practice, 10 of which must be at night. They can get this extra behind the wheel training from foster parents, CASAs, mentors or other volunteers as long as those individuals use their own automobile and the automobile is insured.

Youth who are 18 and older will be provided with 30 hours of Driver's Education, followed by six hours of Driver's Training. The first five hours of the Driver's Training will be behind the wheel instruction. The last hour will be used at the DMV for the actual driving test. Insurance for the behind the wheel portion will be provided by AAAffordable Driving School. Youth must provide their own insurance thereafter to drive any car on a regular basis.

Upon request, the youth's social worker can give the application packet to the youth and assist the youth with completing the application. Social workers and their supervisors are required to sign the application to approve the youth's participation in the program.

There is a limited number of scholarships available and they will be awarded on a first-come first-served basis provided the youth meets the eligibility requirements.

If you have questions, you may call the Independent Living Skills Program at 866-ILS-INFO (866-457-4636).

RUNAWAYS

When you are reasonably certain that a foster child has actually run away, you must:

- Call the child's social worker, social worker's supervisor, duty worker, or Child Abuse Hotline (if after office hours) within one hour. The expectation is for you to speak to a live person. Document who you spoke to.
- Immediately file a report with the nearest law enforcement agency.
- Notify Foster Home Licensing.

CHILD ABDUCTION

If a parent, or anyone else, takes your foster child without permission, you must immediately:

- Call the police immediately and make a report if the child appears to be or could be in immediate danger.
- Call the social worker, supervisor, duty worker, or Child Abuse Hotline (if after office hours). The expectation is for you to speak to a live person. Document who you spoke to.
- Notify Foster Home Licensing.

Do not place the child, yourself or others in danger by attempting to prevent the abduction.

DEATH OF A CHILD

If a foster child dies for any reason, you must call the social worker within **one hour**. If the worker is not available, call the supervisor, manager, or the Child Abuse Hotline, if after office hours. Also call your licensing evaluator.

The social worker will:

- Call law enforcement to locate the death report if an officer was present after the child's death.
- Notify the child's parents.
- Notify your licensing evaluator of the death and the surrounding circumstances.
- Notify eligibility staff.
- Make an immediate visit to your home.

The social worker will discuss the funeral arrangements with you.

- If the child's parents are unavailable or unable to pay for the funeral, the County will cover the costs.
- If you request a funeral, the County **may** reimburse you up to $5,000 for the expenses. A list of reasonable charges is available from the social worker.

NOTE: Funeral funds are only available to foster parents receiving Foster Care funds for the child. Some children's placement costs (e.g. undocumented children) are paid out of County funds; funeral expenses cannot be reimbursed for these children. The Public Guardian has a program for indigent burial.

HHSA TELEPHONE POLICY

Social workers are expected to return calls within 24 hours, not counting holidays, weekends and days off.

If the worker does not return your call within 24 hours, you may request assistance from a duty worker, or call the social worker's supervisor.

If you cannot immediately reach the social worker in an emergency situation, try the supervisor, duty worker, and then the Child Abuse Hotline.

"Collect" calls will be accepted.

Calls from the Child's Family

Unless prohibited by the Court, children are allowed to call and receive calls from their families. Discuss with the social worker whether calls are to be monitored. Work with the birth parent regarding times and dates that are convenient for both of you.

If the parent requests permission to call you collect, contact the social worker. Discuss guidelines for collect calls (frequency, duration, etc.) The social worker must obtain permission from the Court to reimburse you for collect calls. Discuss the reimbursement process with the social worker.

Long-Distance Calls Made by Foster Children

If ordered by the Court, you will be reimbursed for long-distance or toll calls made to or from the children's parents, guardians, or relatives.

The Agency will not reimburse you for other long-distance calls or calls to 900 phone numbers made by your foster child.

NOTE: Many foster parents ask the telephone company to block all calls to 900 numbers.

NOTIFICATION OF SOCIAL WORKER'S INTENT TO REMOVE A CHILD

The social worker must **give you at least seven-calendar days advance written notice** of intent to remove a child. Exceptions to this policy are listed below.

A child shall be removed immediately and a seven-day notice is not required when:

- The child is in imminent danger.
- The court, on its own initiative, has ordered the child's removal.
- Adverse licensing actions have occurred which prohibit you from continuing to provide services.
- The parents or guardians of a child, placed voluntarily with you, request removal.

You may request a grievance review hearing if you disagree with the social worker's decision. See Chapter 4, Foster Parents' Rights.

FOSTER PARENT'S REQUEST FOR REMOVAL A CHILD

When a child is placed in your home, you are expected to make all reasonable efforts to maintain placement. When problems arise you should notify the worker immediately. Together you may be able to correct the problem. It is not acceptable to request a child's removal without first making reasonable efforts to resolve the problem.

In exceptional circumstances, a placement will not work and a change may be necessary. In these situations you may ask the worker to remove the child from your home by **giving the Agency 7 days advance** notice verbally and in writing to document your request. The Agency must remove the child on the 7th day unless you agree to keep the child longer.

You have the right to request immediate removal with administrative approval when there is serious cause. Serious cause is defined as:

- You believe that the child is putting himself, another member of your family, or the community in imminent danger.
- You have a family emergency that makes it impossible for the child to stay in your home. For example, hospitalization, death in family, or serious illness.

TRANSITIONING A CHILD FROM YOUR HOME TO ANOTHER; "SAYING GOODBYE"

When it comes to saying goodbye to a foster child, many foster parents would agree with William Shakespeare that "…Parting is such sweet sorrow." The child's stay with your family may have been long or it may have been short but chances are that because of your emotional involvement with him you will retain distinct memories of him, and you will feel some sense of loss when he leaves your home. You may feel happiness for the child, now that he is returning to his family. You might feel some fear that returning to his family might not work out.

It is possible to have mixed emotions about the foster child returning home to his family if things do not work out as well as expected or if they do work out. It is important to understand your feelings and discuss your feelings with the social worker or members of a foster parent support group. Saying goodbye to your foster child can be a difficult process.

It will also help you to help your foster child understand and deal with his own feelings about saying goodbye to you and your family. Each time a child is removed from one home and placed somewhere else he may experience negative feelings or traumatic stress. We must all try to minimize this shock by dealing with it in an open, honest, and natural way.

You and your foster child must say goodbye when he leaves your home to return to his own home, or he leaves your home to go to another foster home. When you say goodbye, it should meet the needs of your foster child, not your own. This may be the last of many selfless acts you have done on his behalf. Rely on your judgment and feelings about the child – if he needs emotional distance and can't stand too much closeness or intimacy, you may need to say your goodbye in a formal manner. Another child may need to be hugged and assured of your love before he goes. Usually, you will know what he needs.

AT THE TIME OF DEPARTURE - A CHECKLIST FOR FOSTER PARENTS

The following information, records, and/or property should be assembled in advance and given to the child's social worker when a foster child leaves your home:

[ ] The child's Consent for Treatment (form 04-24) and Authorization to Use or Disclose Protected Health Information (form 04-24A).
[ ] Placement Needs and Services Plan (form 04-258) - Updated.
[ ] A current Medi-Cal card, social security card, birth certificate and California Identification card if available.
[ ] The child's Health and Education Passport and/or medical, dental, allergy and immunization records and names of doctors and dentists. Be sure to give the social worker a list of any pending appointments the child may have.
[ ] All medical supplies, equipment, medication and/or prescriptions for the child, if any, and any special instructions. Send any special appliances or devices prescribed for the child.
[ ] A description of any unusual and/or dangerous behaviors you have observed.
[ ] The updated album or folder of child's pictures, school reports, achievements, awards, cards and letters, and any other events that occurred in the child's life while he was with you.
[ ] A report of any special problems or habits, including personal strengths, personal growth in the child you have observed.
[ ] The completed Child Transition Information form (04-325) describing the child; the child's reaction to the placement, social interactions, activity levels, personality traits, etc. (optional).
[ ] All property belonging to the child including but not limited to personal items, clothing, bicycles, toys, and gifts he has received. The social worker will request a written inventory of the child's wearable/useable clothing.
[ ] The name and address of the child's school, grade and achievement level, report cards, and any special problems. Documentation that the child has been dis-enrolled from current school.
[ ] The Visitation Agreement, the Parent/Child Contact Log, and a copy of the last Court Information form (JV 290).
[ ] When the placement is terminated, and after the child has left your home, notify the Placement Coordinator within 24 hours of your vacancy, and whether you are prepared to accept another foster child.

Note: Be sure to keep a complete document file for your records.**NOTE**: When you are made aware the foster child will be leaving your home, discuss the following concerns with the worker:

- ***Who will tell the child he is leaving? When will he be told?***
- ***How can you best say goodbye to the child?***
- ***Can you have any contact with the child in the future: How? Where? When? How often?***

Placement Resource Programs

EMERGENCY SHELTER CARE PLACEMENTS

An Emergency Shelter Care (ESC) foster home provides temporary care for a child while the Agency and the Juvenile Court make a decision about what will happen to the child. Most children placed in ESC homes have just been removed from the custody of their parents. Children who are changing placements may also be detained in an ESC home until another placement is available.

Call Polinsky Children's Center if you are interested in becoming an ESC foster parent.

Requirements for ESC Foster Parents:

1. Must have strong assessment skills.

   The ESC foster parent is part of the initial assessment team that gathers information about a child to determine the child's particular needs. The ESC foster parent must then obtain community resources necessary to meet the child's special needs.

2. Must provide transportation as needed; including to the child's school of origin if deemed appropriate by the Agency.

   Many children need to be seen by various professionals very quickly after they are placed in the ESC foster home.

3. Must be understanding and able to work with children who are experiencing major trauma.

It is very traumatic for children to be removed from their parents and brought to Polinsky Children's Center. They experience additional trauma when they are moved from there to the ESC home. The ESC foster parent must be flexible and understanding.

ALTERNATIVES TO POLINSKY CHILDREN'S CENTER

1. Regional Way Stations

   Regional Way Stations is a HHSA initiative, which diverts dependent children from Polinsky Children's Center. These are county level foster homes, which have extensive experience with foster care and assisting children with transitions. The Way Station is a placement lasting no more than ten days. The goal of this short-term placement is to allow the SW time to find the "best first placement" for the child. This also gives the SW time to assess relative and non-relative extended family member placement.

2. County Assessment Network North (CANN)

   CANN is located on Green Oaks Ranch in the City of Vista. Social Worker and Law Enforcement can immediately bring children to this site when they are removed from their homes because of imminent danger.

3. PCC 23-hour Assessment Center

   The Polinsky's 23-hour Assessment Center provides an additional site where children can be brought immediately after removal from their homes by social workers and Law Enforcement. The goal for this assessment center is to divert entry into PCC and to reduce the number of placements for children in out-of-home care. This allows staff to find an appropriate placement within 23-hours with a foster family, relative/NREFM or in an adjunct facility, as appropriate, or to return the children to their parent(s).

MEDICALLY FRAGILE PLACEMENTS

Some foster children have medical conditions requiring special in-home health care. These children may need internal feeding tubes, cardio-respiratory monitors, intravenous therapy, ventilators, urinary catheterization, special medication regimens including injections, aerosol treatment, and intravenous or oral medication, or ministrations imposed by tracheotomy, colostomy, ileostomy, or other medical or surgical procedures. These children are dependent upon ongoing health care and assessments.

There are foster parents who are specially trained to care for children with serious health problems. If you are interested in caring for medically-fragile foster children, call your licensing evaluator. If you believe a child in your home may qualify as medically-fragile, discuss the child's condition with his social worker.

If a child is designated as medically-fragile, the home must be a medically-fragile home identified by Foster Home Licensing.

Additional requirements for Medically-Fragile Homes:

- Foster Family Homes accepting medically-fragile children are limited to two children with or without special health care needs even on a temporary basis.
- A Medically-Fragile Foster Home will not hold a Day Care License.
- A Licensed Foster Parent providing care for a medically-fragile child will complete training specific to the child's individualized health care plan except when the Licensed Foster Parent is a licensed health care professional; or, training is deemed unnecessary based on the provider's medical qualifications and expertise; or, if the child's individualized health care plan does not require the Licensed Foster Parent to participate in specialized training.

The definition of a medically-fragile child is:

1. A child with a serious, ongoing illness or chronic condition requiring prolonged hospitalization and/or ongoing medical treatments, monitoring, and/or the use of devices to compensate for the loss of bodily functions.

2. A child with any physical or medical impairment or combination of impairments requiring daily medically prescribed therapy or procedures performed by the caregiver.

- Examples of foster children that **may** qualify as medically-fragile include:
    - Positive toxicology infants with **severe medical problems** as described above
    - Premature infants
    - A non-organic failure to thrive child
    - A child with a confirmed diagnosis of AIDS or HIV positive with two or more acute CDC AIDS defining illnesses
    - A child with a medical condition that is not being well managed and may rapidly deteriorate and result in permanent damage or death
    - A child with a terminal illness
    - A child whose caregiver must have specialized knowledge because the condition is likely to continue indefinitely and it affects the child's ability to function
    - A child with **severe** injuries resulting in an ongoing chronic condition
    - A child in need of intense medical supervision
    - A child over three who is active to Regional Center (exceptions are children who require only moderate supervision and have no accompanying medical needs)

OPTIONS FOR RECOVERY (Options) PLACEMENTS

Options for Recovery is a program offering services to children ages 0-5 who are HIV positive or alcohol/drug exposed. These children are placed in specially selected and trained foster homes. Options qualified children may also be classified as Medically-Fragile.

Requirements for Options Foster Homes:

1. Options foster parents must attend specialized Options training, regardless of previous experience.
2. Options homes may not exceed four children in placement at the same time without permission from the Options Program Coordinator. If any of the children are medically fragile, check with your Options Program Coordinator for capacity restrictions.
3. Options homes must be smoke-free environments.

4. Options infants often require special care and frequent medical appointments. Therefore, Options foster parents cannot also be licensed family day care providers.
5. The Options foster parents must be an advocate for the child by actively pursuing services available in the community, which will benefit the child and comply with the Needs and Services Plan.
6. Options foster parents are expected to attend support group meetings. The Options support group meets the first Wednesday evening of each month except for July and August.
7. The Options foster parents will be a member of the professional team serving the child and his family.

For more information about becoming an Options for Recovery foster parent, call the Options Coordinator at 858-694-5141.

JUVENILE PROBATION PLACEMENTS (WARDS OF THE JUVENILE COURT)

This section relates to foster parents who choose to work with the Juvenile Probation Department instead of Child Welfare Services. You are not required to accept a probation placement.

The Juvenile Services Division of the Probation Department places and supervises minors who are delinquent wards of the Juvenile Court. These children usually come to the attention of the Juvenile Court as a result of activities which violated general law. Some minors are placed because of severe problems in their home or local community that make control in the setting impossible.

The majority of these children are teenagers and have probably experienced difficulty in adjusting to at least one previous placement (including their own homes) before arriving at your foster home. Minors under Juvenile Probation supervision have often experienced excessive freedom at an early age and may find it difficult to adjust to "normal" family life. Many of these children enter your home at a critical period in their lives and will require your maximum resourcefulness and ability.

Wards of the Juvenile Court must abide by certain "conditions of probation" which specify the expectations of the Court. In addition to the basic conditions of probation listed on court orders, the Court may also make additional orders affecting the minor, such as curfew, restrictions, fines, restitution to victims, counseling, work assignments, and Court review. The probation officer will advise you of all specific conditions of probation affecting the foster child prior to placement by providing a copy of the order.

Placement of Wards:

In general, foster and probation youth may not be placed in the same foster home at the same time. There may be exceptions based on when children have a commonality of needs. Consult with your licensing worker when a foster child becomes involved with probation [Welfare and Institutions Code 16514 (c)]

Information to be Shared With You

When you are contacted by a probation officer regarding a possible placement, you will be told as much as possible about the child. Information about the child's history, personality, behavior, medical problems, and previous placement experience will be shared. The probation officer will be very specific about any previous behavior or information indicating the child might be a danger to others. In addition, the probation officer will discuss general planning for the child, any special visiting restrictions, school problems, medical care, and payment arrangements.

Plan for the Ward

The plan for most children placed by Juvenile Probation is to eventually return them to their own homes. However, in some instances the probation officer will be assisting you in preparing the minor for emancipation and entry into the adult community.

A successful teenage placement may last until the minor's nineteenth birthday. An equally successful placement may allow a 15-year-old to return home in a few months. It is important to realize that teenagers are all moving toward freedom and assuming adult responsibilities. A typical placement will last a minimum of six months.

Juvenile Court Supervision

The foster child is under the jurisdiction of the Juvenile Court. In most instances, you will be a primary source of information for the Court and will be encouraged to attend Court hearings pertaining to the child. You may be called upon to testify in Court regarding the child's behavior.

The probation officer's primary function is to represent the Court and enforce the Court's orders. This includes making written reports to the Court. The probation officer must rely on your observations in preparing these Court reports. Therefore, it is important for both the probation officer and you to share information, good or bad, which might affect future planning for the child. Violation of the Court's orders may require further intervention and must be reported immediately.

Out-of-County Travel with Wards

The Juvenile Court or Probation Officer may grant permission for the foster child to accompany your family on trips out of San Diego County. In order to obtain this permission, you should contact the probation officer as soon as you know you are traveling.

Complaints or Questions

You may occasionally encounter problems or disagreements in dealing with various probation officers. At times, you may also have difficulty understanding a policy, procedure, or court order. It is important that you discuss any disagreements or misunderstandings with the probation officer. However, if you are unable to satisfactorily resolve the problem at that level, the probation officer's supervisor and Agency administrators are available for consultation.

If you need information about Probation Department policies and procedures, contact the placing probation officer or the Probation Department's Foster Home Coordinator (See Important Telephone Numbers in the back of this Handbook.)

NOTE: While foster parents of probation youth will work with the child's probation officer regarding the child's placement requirements, they are also responsible for complying with all foster home licensing regulations and reporting requirements.

The Brunelle family has been a foster family for eight years. Shawn came to live with them when he was two. When his parents' rights were terminated, the Brunelles knew they wanted him to join their family permanently through adoption. They had known that might be the case for some of the children who would come to their home, but this is the first time the child did not either go back home or go on to live with a relative. Shawn was severely abused before he came to their home. He had several broken bones caused by his mother's live in boyfriend and he was severely neglected by his mother. The situation really affected the Brunelles' own two children who had a hard time understanding how anyone could do that to a child. When you foster other people's children, it is a whole family experience and the Brunelles went out of their way to help their children understand more about foster care, child abuse, substance abuse, and why Shawn's mother might love him, but not be able to kick her drug habit in order to get him back.

The sample foster family stories and pictures shared in this handbook are not actual families. The stories are compilations of typical families doing foster care.

CHAPTER 6
HEALTH

AUTHORIZATION FOR MEDICAL CARE

You will be given a medical consent form, Consent for Treatment (04-24C or 04-24P), and an authorization to disclose health information titled Authorization to Use or Disclose Protected Health Information (04-29 or 04-24A-P), when a foster child is placed in your home. The child's parent or guardian or the Juvenile Court has signed these forms. Call the child's social worker if these forms are not given to you at the time the child is placed with you. The physician, dentist, clinic, or hospital will require these consent forms whenever your foster child needs medical care. If the child's parent or guardian is not available, the social worker will obtain a Court order authorizing you to obtain medical care for the child.

Keep these forms in a safe, yet readily accessible, place in your home. Take them with you to the child's routine medical and dental appointments. Read these forms carefully so you are aware of your limitations to give consent (such as not being able to give consent for psychotropic medications).

Always take these forms with you to obtain emergency treatment, and when you travel or vacation with the child.

HIPAA requires health providers to notify patients of their privacy policies and practices. You may be asked to sign these documents on behalf of children. You may sign the notice of receipt of these documents for children under 12. Children 12 years and older may sign for themselves. A copy should be filed in your records.

SUGGESTION:

Make several copies of the medical consent and authorization forms. Give copies to each of the child's regular health care providers (pediatrician, dentist, and immunization clinic, etc.) for their records. Also carry copies with you in case of an emergency.

FOSTER CARE PUBLIC HEALTH NURSES (FCPHN)

The Health Care Program for Children in Foster Care has placed public health nurses throughout the six regions of Child Welfare Services (CWS). These nurses will help you

locate doctors and dentists who accept Medi-Cal or equivalent services, and provide Child Health and Disability Prevention (CHDP) services. Foster Care Public Health Nurses are assigned to social worker units. To contact a foster care nurse check with your social worker for the nurse assigned to them.

HEALTH AND EDUCATION PASSPORT (HEP)

Your foster child's Health and Education Passport (HEP) is a summary of their known health and education history. It contains all available health information from birth until placement in your home. This includes hospital and emergency room visits, routine checkups and immunizations.

Take the HEP with you to all health care and therapy/psychiatrist visits and make sure the doctor sees the health history.

Inside the packet of the HEP is a supply of the "Health Visit Report" forms and postage-paid envelopes. The doctor must complete the form for each examination and/or office visit and return it to you to mail to the CWS Health and Education Passport clerk. Use the self addressed envelope provided.

If you have any questions about the Health and Education Passport, or have not received one within 30 days of initial placement, please call one of the Foster Care Public Health nurses or clerks. If you don't know who the Public Health Nurse is for your child's social worker, contact your child's social worker. Telephone numbers for all Public Health Nurses can be found in the Important Phone Numbers list at the back of this Handbook. Shred any old copies of the HEP.

MEDI-CAL CARDS

Most foster children are eligible for medical, dental, and hospital care under the California Medi-Cal Assistance Program. The following information applies to children who are eligible for Medi-Cal.

1. Your foster child's social worker will give you a Medi-Cal Benefits Identification Card (BIC) or Child's Identification Number (CIN) when placing a child in your home. If you do not receive a BIC or CIN, ask the social worker what to do in case of a medical emergency.

2. You must present the BIC when a doctor, dentist, pharmacist, therapist, etc sees the child. The care provider will scan the BIC on a "BIC reader" to verify Medi-Cal eligibility. (Sometimes they will request the child's CIN Social Security Number if they do not have a POS terminal. The CIN number can be found on the BIC card.)

3. Not all healthcare professionals accept Medi-Cal and not all services are covered by Medi-Cal. Before you make an appointment ask if the provider accepts Medi-Cal. The

doctor, pharmacist, or other provider will also tell you what services the card covers. If you need assistance in locating a provider who accepts Medi-Cal, call the nurse assigned to the region where your child's social worker is stationed.

4. Some medical services, such as nonemergency hospital care, may require special approval from the State. Your doctor or other service providers are the only ones who can request this approval.

5. Medi-Cal BICs are issued through the child's foster care payment eligibility case. If you do not receive a card in the mail or if the card is lost, stolen, or destroyed, call the Human Services Specialist (HSS) assigned to the case. The HSS will ask the State to issue a replacement BIC. The new card will arrive in 5 to 10 days.

   If your child has an appointment or other medical emergency, you may ask the HSS to issue a paper Medi-Cal card. The paper card is good for 30 days from the date of issuance. By that time, you should receive a new BIC in the mail. Remember to carry the child's BIC or health plan card with you whenever you go for health services. You should keep it with you at all times in case of emergency. Always take the child's BIC and Authorization for Medical Care with you whenever you travel or vacation with the child.

6. On rare occasions, you may receive two BICs. The BIC with the more recent issuance date will usually be the valid card, but you should call the child's HSS and ask which card is valid and which one to return to the Health and Human Services Agency.

ALWAYS SEND THE BIC WITH THE CHILD WHEN THE CHILD MOVES TO ANOTHER FOSTER HOME OR RETURNS TO HIS PARENTS.

Other Health Coverage

There may be times when a foster child placed in your home has other health coverage (OHC) under a health plan through their parents' insurance or another public assistance program. In this instance it may be possible to disenroll the child from the health plan or change the OHC coding to allow services to be rendered by a doctor outside of the health plan and to allow for the services to be billed directly to Medi-Cal. If you find you are unable to obtain services through the health plan, you should contact the child's HSS or social worker.

CALIFORNIA CHILDREN'S SERVICES (CCS)

CCS is a statewide program that treats children with certain physical limitations and chronic health conditions or diseases. CCS can authorize and pay for specific medical services and equipment provided by CCS-approved specialists. Your foster child may be receiving services through CCS and have a CCS eligibility card that should be presented

at the pharmacy whenever you are filling prescriptions. If your foster child is not enrolled in the CCS program and you or your foster child's doctor believes that your foster child might have a CCS eligible medical condition, the program may pay for or provide a medical evaluation to determine if their condition is covered. Only certain conditions are covered by CCS. In general, CCS covers medical conditions that are physically disabling or require medical, surgical, or rehabilitative services and can potentially improve with treatment. There also may be certain criteria that determine if your foster child's medical condition is eligible. To find out more about CCS services or the application process contact the CCS office in San Diego at 619-528-4000.

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM

Your foster child may have had little or no health care before entering your home. He may have more health problems than other children.

The Child's social worker is responsible for assessing the child's need for CHDP services and then providing information to you and/or to the child as appropriate.

State Division 31 Regulation (206.361) regarding Children's Medical Assessments requires:

> "Each child in placement shall receive a medical and dental examination preferably prior to, but not later than, 30 calendar days after placement"

If a child has come from Polinsky Children's Center, the North County Assessment Center or a Regional Way Station home, the exam should have already been done. Ask the child's social worker if the child has had the assessment prior to placement in your home.

Babies, children, and young adults under 21 on Medi-Cal can get regular health checkups at no cost from community physicians and clinics through the Child Health and Disability Prevention (CHDP) Program or through equivalent preventive health services in accordance with the CHDP program's schedule for periodic health assessments. Health checkups are important because hidden health problems can be found and treated early. Early detection can prevent more serious problems. Sometimes people may appear well and healthy but have an unknown health problem. Any needed diagnosis and treatment will be given and paid for as long as the child has a Medi-Cal card. The doctor who performs the CHDP examination can continue to see your foster child for all routine health care, including illnesses.

The licensing agency shall have the authority to require the caregiver to obtain a current written medical assessment, if necessary to verify the appropriateness of the child's placement. Refer to Title 22 Manual of Policies and Procedures, Section # 89469.

DEVELOPMENTAL SCREENING AND ENHANCEMENT PROGRAM (DSEP)

DSEP addresses the developmental and behavioral needs of children ages three months to five years and 11 months (upon entering into the child welfare system). DSEP has a team of professionals at Polinsky Children's Center, as well as a team of developmental specialists that visit the homes of those children placed directly with foster families and/or relatives.

Below are services that DSEP provides, free of charge to foster children and their families:

- Developmental and behavioral assessments
  (If deemed necessary through the initial assessment, a full developmental evaluation is provided by the Developmental Evaluation Clinic).
- Referrals to recommended early intervention and treatment services
- Case management to help children connect to services
- Education for foster families and relatives
- Consultation and training for care providers at Polinsky Children's Center

DSEP is a collaborative effort that is supported by funds from the San Diego County Health and Human Services Agency, Child Abuse Prevention Foundation, Rady Children's Child and Adolescent Services Research Center (CASRC), and the First 5 Commission of San Diego (Proposition 10 tobacco tax).

DSEP may also refer children to KIDSTART. The KidSTART Program provides a centralized program where young children with the most serious and complex problems can receive the timely intervention, treatment, and support they need to reach their highest potential, live safely, and access support services. KidSTART is a collaborative program between Rady's, First 5, CWS and Behavioral Health.

KidSTART, summary of services:

- S – Screening; developmental, socio-emotional and behavioral health screenings
- T – Triage; evaluations by a clinical psychologist and a care coordinator
- A – Assessment; family centered trans-disciplinary assessments and treatment plan development
- R – Referral; linkages to additional diagnostic, therapeutic and community resources
- T – Treatment; integrated developmental and mental health services and ongoing care coordination.

COMPREHENSIVE ASSESSMENT AND STABILIZATION SERVICES (CASS)

This program provides in-home support and services to stabilize placements. It can provide some short-term counseling as well as referrals for longer term counseling.

APPEALING A DENIAL, REDUCTION, CHANGE OF MEDI-CAL/DENTI-CAL COVERAGE AND SERVICES

When the State denies payment for services to the foster child, you must complete the following steps to request an appeal:

A. You may request an appeals hearing one of three ways:

   1. Call the Public Inquiry and Response Unit 1-800-952-5253
   2. Write the Office of Chief Administrative Law Judge at:
      State Department of Social Services
      P.O. Box 13189
      Sacramento, CA 95813
   3. Fax your request for an appeals hearing to Fair Hearing Support Services at 1-916-651-5210 or 1-916-651-2789.
      Important information to note about hearings:
      - In Denti-Cal cases, you will receive an automatic telephonic hearing unless an in-person hearing is requested.
      - Written Notice is required to be sent to beneficiary and provider.
      - The Hearing must be requested within 90 days of the date on the denial notice.
      - The lack of beneficiary notice can extend the time to request hearing.
      - You may request a fair hearing even if no notice was provided.

B. You will receive the form, Authorized Representative form (DPA 19). Complete and submit this signed form to the Fair Hearing Office to request a hearing by faxing it to Fair Hearing Support Services at 1-916-229-4110.
C. Explore settlement possibilities. Appeal Settlement Resources:

   - Notice of Hearing may provide the name of a County or Agency Representative/Analyst to contact.
   - A second source is the denial notice generated in response to the Treatment Authorization Request. This would have been sent in to the State by the dentist/doctor.
   - Dental cases: Contact a Denti-Cal representative at 1-916-464-3888 and submit supporting letters from therapist to show medical necessity due to psychological/social problems increasing due to the child's condition.
   - Medi-Cal cases: County Representative 858-514-6820.
   - Medi-Cal Scope of Services: State Analyst - various Medi-Cal Field Offices.

D. If case is not resolved, participate in the hearing. The appeal will likely be dismissed if you don't attend.
E. Decision will be rendered in writing and mailed to the social worker.
   Other important information to note:

- Fair Hearing Appeals are generally held at 4990 Viewridge Avenue, San Diego, CA 92123 or in North County at 355 West Grand Avenue, Escondido, CA 92025.

Cases that settle prior to hearing use the conditional withdrawal form to state the agreement and terminate the appeal.

HEALTH EXAMINATIONS

The following health examination schedule is the minimum preventive health care services required for all children in placement:

Table 101.1 PERIODICITY SCHEDULE FOR HEALTH ASSESSMENT REQUIREMENTS BY AGE GROUPS

Screening Requirement	Age of Person Being Screened														
	Under 1 mo.	1-2 mos.	3-4 mos.	5-6 mos.	7-9 mos.	10-12 mos.	13-15 mos.	16-23 mos.	2 Yr.	3 Yr.	4-5 Yr.	6-8 Yr.	9-12 Yr.	13-16 Yr.	17-20 Yr.
Interval Until Next Exam	1 mo.	2 mo.	2 mo.	2 mo.	3 mos.	3 mos.	3 mos.	6 mos.	1 yr.	1 yr.	2 yr.	3 yr.	4 yr.	4 yr.	None
History and Physical Examination	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Dental Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Nutritional Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental/Behavioral	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anticipatory Guidance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Pelvic Exam 1														•	•
Measurements															
Head Circumference	•	•	•	•	•	•	•	•							
Height/Length and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure										•	•	•	•	•	•
Sensory Screening															
Visual Acuity Test (Snellen) 2										•	•	•	•	•	•
Clinical Observation	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Audiometric 2										•	•	•	•	•	•
Non-audiometric	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Procedures/Tests															
Tuberculin Test											•		•	•	
TB Exposure Risk Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin					•		•		•	•	•	•	•	•	•
Urine Dipstick or Urinalysis											•	•	•	•	•
Blood Lead Test						•			•						
Blood Lead Risk Assessment				•	•	•	•	•	•	•	•				
Other Laboratory TESTS															
VDRL, RPR, or ART	To be done when health history and/or physical examination warrants.														
Gonorrhea Test	To be done when health history and/or physical examination warrants.														
Chlamydia Test	To be done when health history and/or physical examination warrants.														
Papanicolaou (Pap) Smear	To be done when health history and/or physical examination warrants.														
Sickle Cell	To be done when health history and/or physical examination warrants.														
Ova and Parasites	To be done when health history and/or physical examination warrants.														
Immunizations	Administer as necessary to make status current.														

NOTE: Children coming under care who have not received all the recommended procedures for an earlier age should be brought up-to-date as appropriate.

1. Recommended for sexually active females and females age 18 years and older.
2. Snellen testing and audiometric testing should start at age 3 years if possible. Clinical observation and nonaudiometric testing may be substituted if child is uncooperative.

In addition, semiannual dental examinations are recommended beginning at age one and are required for children beginning at age three. Twice-yearly preventive dental check-ups are recommended and considered best practice.

A CHDP Periodicity Schedule or equivalent medical exam should be an unclothed head-to-toe physical. Depending upon the age of the child, the exam may include:

- health and developmental history
- complete physical examination
- oral health assessment
- nutritional assessment
- behavioral assessment
- immunizations as appropriate for age
- vision and hearing screening
- screening tests for anemia, blood lead, tuberculosis, urine, abnormalities, sexually transmitted diseases, and other problems as needed
- health education and anticipatory guidance

The doctor should also answer your questions and explain the results of the checkup. If the examination and tests indicate a need for further diagnosis and treatment, it is important to follow the doctor's advice.

Doctors who give CHDP examinations are available countywide. When a child is placed in your home, the Public Health Nurse will send you CHDP information and lists of doctors and dentists in your area. You may obtain additional information about CHDP or resources by calling the Public Health Nurse assigned to your child's social worker. You can find the contact number in the telephone directory in the back of this Handbook or you may obtain the telephone number by calling the CHDP toll free number 800-675-2229.

IMMUNIZATIONS

Frequently, very little is known about your foster child and his medical history. Every effort should be made to obtain previous immunization records. Sometimes the child's social worker will be able to obtain immunization information from the child's parents or school records. The child's doctor will determine the adequacy of immunizations. If a record cannot be located, the doctor may decide to restart immunizations in order to protect the child's health. You will need to keep a permanent record of all immunizations for the child and send it with him when he leaves your home.

The recommended immunization schedule for different ages as recommended by the Center for Disease Control is as follows on the next three tables from the CDC:

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2011

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼ Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B[1]	HepB	HepB			HepB						
Rotavirus[2]			RV	RV	RV[2]						
Diphtheria, Tetanus, Pertussis[3]			DTaP	DTaP	DTaP	see footnote[3]	DTaP				DTaP
Haemophilus influenzae type b[4]			Hib	Hib	Hib[4]	Hib					
Pneumococcal[5]			PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus[6]			IPV	IPV	IPV						IPV
Influenza[7]					Influenza (Yearly)						
Measles, Mumps, Rubella[8]						MMR	see footnote[8]				MMR
Varicella[9]						Varicella	see footnote[9]				Varicella
Hepatitis A[10]						HepA (2 doses)				HepA Series	
Meningococcal[11]										MCV4	

Range of recommended ages for all children

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: **http://www.cdc.gov/vaccines/pubs/acip-list.htm.** Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at **http://www.vaers.hhs.gov** or by telephone, **800-822-7967.** Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

1. **Hepatitis B vaccine (HepB).** (Minimum age: birth)
   At birth:
   - Administer monovalent HepB to all newborns before hospital discharge.
   - If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
   - If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

   Doses following the birth dose:
   - The second dose should be administered at age 1 or 2 months. Monovalent HepB should be used for doses administered before age 6 weeks.
   - Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
   - Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose.
   - Infants who did not receive a birth dose should receive 3 doses of HepB on a schedule of 0, 1, and 6 months.
   - The final (3rd or 4th) dose in the HepB series should be administered no earlier than age 24 weeks.
2. **Rotavirus vaccine (RV).** (Minimum age: 6 weeks)
   - Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
   - The maximum age for the final dose in the series is 8 months 0 days
   - If Rotarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
3. **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** (Minimum age: 6 weeks)
   - The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
4. ***Haemophilus influenzae* type b conjugate vaccine (Hib).** (Minimum age: 6 weeks)
   - If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
   - Hiberix should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.
5. **Pneumococcal vaccine.** (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])
   - PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
   - A PCV series begun with 7-valent PCV (PCV7) should be completed with 13-valent PCV (PCV13).
   - A single supplemental dose of PCV13 is recommended for all children aged 14 through 59 months who have received an age-appropriate series of PCV7.
   - A single supplemental dose of PCV13 is recommended for all children aged 60 through 71 months with underlying medical conditions who have received an age-appropriate series of PCV7.
   - The supplemental dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7. See *MMWR* 2010;59(No. RR-11).
   - Administer PPSV at least 8 weeks after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.
6. **Inactivated poliovirus vaccine (IPV).** (Minimum age: 6 weeks)
   - If 4 or more doses are administered prior to age 4 years an additional dose should be administered at age 4 through 6 years.
   - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
7. **Influenza vaccine (seasonal).** (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])
   - For healthy children aged 2 years and older (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
   - Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
   - Children aged 6 months through 8 years who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010–2011 seasonal influenza vaccine. See *MMWR* 2010;59(No. RR-8):33–34.
8. **Measles, mumps, and rubella vaccine (MMR).** (Minimum age: 12 months)
   - The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
9. **Varicella vaccine.** (Minimum age: 12 months)
   - The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
   - For children aged 12 months through 12 years the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
10. **Hepatitis A vaccine (HepA).** (Minimum age: 12 months)
    - Administer 2 doses at least 6 months apart.
    - HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
11. **Meningococcal conjugate vaccine, quadrivalent (MCV4).** (Minimum age: 2 years)
    - Administer 2 doses of MCV4 at least 8 weeks apart to children aged 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
    - Persons with human immunodeficiency virus (HIV) infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
    - Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
    - Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years if the first dose was administered at age 2 through 6 years.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices (**http://www.cdc.gov/vaccines/recs/acip**), the American Academy of Pediatrics (**http://www.aap.org**), and the American Academy of Family Physicians (**http://www.aafp.org**).

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2011

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼ Age ►	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis[1]		Tdap	Tdap
Human Papillomavirus[2]	see footnote [2]	HPV (3 doses)(females)	HPV Series
Meningococcal[3]	MCV4	MCV4	MCV4
Influenza[4]	Influenza (Yearly)		
Pneumococcal[5]	Pneumococcal		
Hepatitis A[6]	HepA Series		
Hepatitis B[7]	Hep B Series		
Inactivated Poliovirus[8]	IPV Series		
Measles, Mumps, Rubella[9]	MMR Series		
Varicella[10]	Varicella Series		

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: **http://www.cdc.gov/vaccines/pubs/acip-list.htm**. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at **http://www.vaers.hhs.gov** or by telephone, **800-822-7967**.

1. **Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (Minimum age: 10 years for Boostrix and 11 years for Adacel)
   - Persons aged 11 through 18 years who have not received Tdap should receive a dose followed by Td booster doses every 10 years thereafter.
   - Persons aged 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid–containing vaccine are needed.
   - Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid–containing vaccine.
2. **Human papillomavirus vaccine (HPV).** (Minimum age: 9 years)
   - Quadrivalent HPV vaccine (HPV4) or bivalent HPV vaccine (HPV2) is recommended for the prevention of cervical precancers and cancers in females.
   - HPV4 is recommended for prevention of cervical precancers, cancers, and genital warts in females.
   - HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of genital warts.
   - Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
3. **Meningococcal conjugate vaccine, quadrivalent (MCV4).** (Minimum age: 2 years)
   - Administer MCV4 at age 11 through 12 years with a booster dose at age 16 years.
   - Administer 1 dose at age 13 through 18 years if not previously vaccinated.
   - Persons who received their first dose at age 13 through 15 years should receive a booster dose at age 16 through 18 years.
   - Administer 1 dose to previously unvaccinated college freshmen living in a dormitory.
   - Administer 2 doses at least 8 weeks apart to children aged 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
   - Persons with HIV infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
   - Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
   - Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older).
4. **Influenza vaccine (seasonal).**
   - For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
   - Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
   - Children 6 months through 9 years of age who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010-2011 seasonal influenza vaccine. See *MMWR* 2010;59(No. RR-8):33–34.
5. **Pneumococcal vaccines.**
   - A single dose of 13-valent pneumococcal conjugate vaccine (PCV13) may be administered to children aged 6 through 18 years who have functional or anatomic asplenia, HIV infection or other immunocompromising condition, cochlear implant or CSF leak. See *MMWR* 2010;59(No. RR-11).
   - The dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.
   - Administer pneumococcal polysaccharide vaccine at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.
6. **Hepatitis A vaccine (HepA).**
   - Administer 2 doses at least 6 months apart.
   - HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, or who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
7. **Hepatitis B vaccine (HepB).**
   - Administer the 3-dose series to those not previously vaccinated. For those with incomplete vaccination, follow the catch-up schedule.
   - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.
8. **Inactivated poliovirus vaccine (IPV).**
   - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
   - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
9. **Measles, mumps, and rubella vaccine (MMR).**
   - The minimum interval between the 2 doses of MMR is 4 weeks.
10. **Varicella vaccine.**
    - For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
    - For persons aged 7 through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
    - For persons aged 13 years and older, the minimum interval between doses is 4 weeks.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices (**http://www.cdc.gov/vaccines/recs/acip**), the American Academy of Pediatrics (**http://www.aap.org**), and the American Academy of Family Physicians (**http://www.aafp.org**).
Department of Health and Human Services • Centers for Disease Control and Prevention

Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind—United States • 2011

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
Hepatitis B[1]	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus[2]	6 wks	4 weeks	4 weeks[2]		
Diphtheria, Tetanus, Pertussis[3]	6 wks	4 weeks	4 weeks	6 months	6 months[3]
Haemophilus influenzae type b[4]	6 wks	4 weeks If first dose administered at younger than age 12 months 8 weeks (as final dose) If first dose administered at age 12–14 months No further doses needed If first dose administered at age 15 months or older	4 weeks[4] If current age is younger than 12 months 8 weeks (as final dose)[4] If current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed If previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal[5]	6 wks	4 weeks If first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) If first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks If current age is younger than 12 months 8 weeks (as final dose for healthy children) If current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age	
Inactivated Poliovirus[6]	6 wks	4 weeks	4 weeks	6 months[6]	
Measles, Mumps, Rubella[7]	12 mos	4 weeks			
Varicella[8]	12 mos	3 months			
Hepatitis A[9]	12 mos	6 months			
PERSONS AGED 7 THROUGH 18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis[10]	7 yrs[10]	4 weeks	4 weeks If first dose administered at younger than age 12 months 6 months If first dose administered at 12 months or older	6 months If first dose administered at younger than age 12 months	
Human Papillomavirus[11]	9 yrs	Routine dosing intervals are recommended (females)[11]			
Hepatitis A[9]	12 mos	6 months			
Hepatitis B[1]	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus[6]	6 wks	4 weeks	4 weeks[6]	6 months[6]	
Measles, Mumps, Rubella[7]	12 mos	4 weeks			
Varicella[8]	12 mos	3 months If person is younger than age 13 years 4 weeks If person is aged 13 years or older			

1. **Hepatitis B vaccine (HepB).**
   - Administer the 3-dose series to those not previously vaccinated.
   - The minimum age for the third dose of HepB is 24 weeks.
   - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.
2. **Rotavirus vaccine (RV).**
   - The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
   - The maximum age for the final dose in the series is 8 months 0 days.
   - If Rotarix was administered for the first and second doses, a third dose is not indicated.
3. **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).**
   - The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
4. ***Haemophilus influenzae* type b conjugate vaccine (Hib).**
   - 1 dose of Hib vaccine should be considered for unvaccinated persons aged 5 years or older who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy.
   - If the first 2 doses were PRP-OMP (PedvaxHIB or Comvax), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
   - If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months.
5. **Pneumococcal vaccine.**
   - Administer 1 dose of 13-valent pneumococcal conjugate vaccine (PCV13) to all healthy children aged 24 through 59 months with any incomplete PCV schedule (PCV7 or PCV13).
   - For children aged 24 through 71 months with underlying medical conditions, administer 1 dose of PCV13 if 3 doses of PCV were received previously or administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV were received previously.
   - A single dose of PCV13 is recommended for certain children with underlying medical conditions through 18 years of age. See age-specific schedules for details.
   - Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant, at least 8 weeks after the last dose of PCV. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition. See *MMWR* 2010;59(No. RR-11).
6. **Inactivated poliovirus vaccine (IPV).**
   - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
   - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.
   - In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
7. **Measles, mumps, and rubella vaccine (MMR).**
   - Administer the second dose routinely at age 4 through 6 years. The minimum interval between the 2 doses of MMR is 4 weeks.
8. **Varicella vaccine.**
   - Administer the second dose routinely at age 4 through 6 years.
   - If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
9. **Hepatitis A vaccine (HepA).**
   - HepA is recommended for children aged older than age 23 months who live in areas where vaccination programs target older children, or who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
10. **Tetanus and diphtheria toxoids (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).**
    - Doses of DTaP are counted as part of the Td/Tdap series.
    - Tdap should be substituted for a single dose of Td in the catch-up series for children aged 7 through 10 years or as a booster for children aged 11 through 18 years; use Td for other doses.
11. **Human papillomavirus vaccine (HPV).**
    - Administer the series to females at age 13 through 18 years if not previously vaccinated or have not completed the vaccine series.
    - Quadrivalent HPV vaccine (HPV4) may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of genital warts.
    - Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 1 to 2 and 6 months after the first dose). The minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose should be administered at least 24 weeks after the first dose.

Information about reporting reactions after immunization is available online at **http://www.vaers.hhs.gov** or by telephone, **800-822-7967**. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at **http://www.cdc.gov/vaccines** or telephone, **800-CDC-INFO** (800-232-4636).

Department of Health and Human Services • Centers for Disease Control and Prevention

DENTAL CARE

A child age one year or older, who has a Medi-Cal card, can receive a dental examination once a year, but twice yearly dental exams are recommended and considered best practice beginning at age one. Each twice-yearly dental examination should include a checkup, necessary treatment, and preventive dental care. Call the Foster Care Public Health Nurse assigned to the region where the child's social worker is stationed if you are unable to locate a dentist who accepts Medi-Cal patients or if you have questions regarding which dental services are covered. You may also access the State Denti-Cal web site at www.denti-cal.ca.gov or call Denti-Cal at 1-800-322-6384.

Orthodontia Services

When a foster child requires Orthodontia services, you will need to find an orthodontist who takes Denti-Cal. You may request a list of local providers from the Public Health Nurse assigned to the region where the child's social worker is stationed.

Request that the orthodontist provide you with a Handicapping Labio-Lingual Deviation (HLD) Index Score sheet, listing the recommended services and the costs. Give this HLD Index Score sheet to the social worker.

If the foster child qualifies under the 6 automatic qualifying conditions located at the top of the HLD Index Score sheet, the social worker will ask you to have the orthodontist send the HLD Index Score sheet to Medi-Cal for payment approval.

If payment is approved, the orthodontist will call you to set up an appointment for the foster child. If payment is denied, you should appeal on behalf of the foster child with the assistance of the social worker. If the appeal is denied and the social worker and his/her supervisor feel there is immediate extenuating circumstances requiring the need for Orthodontia services, the social worker will request SCIAP funding or County Funds to pay for the treatment.

VISION CARE

Vision tests (eye examinations) are paid for by Medi-Cal. As with medical and dental care, you will need to find an optometrist (or ophthalmologist, if needed) who accepts the Medi-Cal card as payment for professional services. Medi-Cal may pay for the examination, but does not always cover the glasses. Consult with the SW on other funding options. The vision problem must be beyond certain specific limits in order for Medi-Cal to cover the purchase of correctional lenses and frames. Not all styles of frames are covered under Medi-Cal. Contact your child's social worker or a CHDP Foster Care Public Health Nurse assigned to the region where the child's social worker is stationed for help in finding an optometrist or dealing with other problems relating to the child's visual health.

2-1-1 San Diego can give you names of specialists who accept Medi-Cal (see Some Important Telephone Numbers in the back of this Handbook).

LIONS OPTOMETRIC VISION CLINIC

The Lions Optometric Vision Clinic is a non-profit business that offers low-cost single and bifocal glasses to low-income and no-income families in San Diego County. Foster Children are also eligible.

The cost for single vision lenses is $25.00 and the cost for bifocal lenses is $40.00. There is no charge for the exam or frames.

Your child's social worker can obtain an application for your foster child by calling the Lions Optometric Vision Clinic and requesting an application to be mailed or faxed to their office. The social worker will complete the application then give it to you. You will then call the clinic to make an appointment and either deliver the form to the office in person or by mail, or fax the form to the office. The fax number is (619) 298-5297. The address and telephone number to the clinic are as follows:

Lions Optometric Vision Clinic
1805 Upas St. 3rd floor
San Diego, CA 92103
(619) 298-5273

After the exam, you and your foster child will be able to select the eye glass frames and will be advised when the glasses may be picked up.

If the clinic is unable to accommodate your foster child, you can be given a voucher to be seen by a participating doctor who can provide an exam and eye glass prescription. If your foster child is seen by a participating doctor, you must bring the prescription back to the Lion Optometric Clinic, select the frames and pick up the eye glasses when instructed to do so by the clinic.

PRESCRIPTIONS / MEDICATIONS

Anytime a medication is prescribed, ask the medical provider if this is a psychotropic medication. If so, the social worker needs to obtain advance court authorization for you to give the medication to the child.

The drugs that are covered by the Medi-Cal program are on a list (formulary) that most doctors and pharmacists have on hand. If the prescribed medication is not on the approved list and no other drug can be substituted, consult with the social worker before purchasing the medication. You may also need to request a Treatment Authorization Request (TAR) from the pharmacy for the medication. If you have to pay for the

medication, the social worker will arrange for your reimbursement by completing form 04-130.

If a medication is prescribed and must be filled before you receive the Medi-Cal (BIC) card or CIN # (i.e., on a weekend) you may ask the pharmacy if they will provide you with a limited supply of the medication.

NOTE: Foster Parents can check with Children's Hospital for filling prescriptions, if the prescription cannot be filled elsewhere.

Psychotropic Meds - The term psychotropic meds refers to any drug that has the capability of changing or altering mental function or behavior through direct action. Examples of psychotropic drugs include, but are not limited to:

- Antipsychotic drugs
- Anti-anxiety drugs
- Sedatives
- Antidepressant drugs
- Stimulants.

Reminder:

There must be a court order for authorization of psychotropic medications even if it is only to change the dosage, unless a healthcare professional deems an emergency exists. Ask the child's social worker for a copy of the current court order authorizing the administration of medications for your records. Be aware that the court order needs to be reviewed every six months and/or updated due to an emergency situation.

FAMILY HEALTH CARE

Family health care means health care that does not require the skills of qualified technical or professional personnel includes, but is not limited to the following:

- Routine administration of medications such as suppositories, ointments, lotions, pills, enemas or medications given by liquid medication dispenser, puffer, dropper or nebulizer.
- Changing ostomy or indwelling urinary catheter bags.
- Urine and blood glucose testing using an approved kit for home use.
- Heart or apnea monitoring when it is simply the case of providing stimulation to the infant/child when the cardiac or respiratory rate falls below a specified rate and not a matter of interpreting a monitor pattern.

- Assistance with procedures self-administered by older children free of severe mental or physical disabilities such as insulin injection and oxygen administration or other injections where not otherwise prohibited by law. Administration of insulin is allowed by a foster parent, with verification of specialized training.

Non-prescription and prescription medication must be administered as directed by the appropriate medical professional and documented by the caregiver of the date, time and dose of medication administered. This includes Tylenol, Benadryl, etc. See the sample form at the back of this handbook.

COUNSELING / PSYCHIATRIC SERVICES

Foster children often have been physically neglected and/or abused, molested or sexually abused, or emotionally neglected and/or abused. Some are emotionally disturbed. Many will display odd behavior or be fearful and insecure. They may be more aggressive or more passive in their play than other children. In addition, foster children may be reacting to being separated from their parents.

Counseling and/or psychiatric services are available under the Medi-Cal program and may be needed for a child placed in your home. If you believe your foster child is in need of these services, you must discuss this with the social worker before obtaining the service. If therapy is deemed necessary, the social worker will give you at least 3 names of professionals who would be appropriate for the specific needs of the child.

Continuity is important to the child who receives counseling and/or psychiatric services. Sometimes a child may already be receiving these services when he is placed in your home. Discuss with the social worker such details as who will provide transportation to appointments (usually you), frequency of treatments and so on. The child's therapist may also ask you to attend treatment sessions with the child.

HEARING LOSS

Hearing loss seriously affects a child's growth and development in language and communication. Early identification of hearing loss can minimize its impact and assist in remediation.

Childhood hearing loss is often caused by an underlying medical problem that can be corrected by a physician. For some children, hearing loss may be permanent. Comprehensive services, which may include hearing aids, individualized therapy, and family education, insures that the effects of permanent hearing loss are dealt with in the most appropriate manner possible.

Signs of Hearing Loss

If any of the following is true, the child **may** have a hearing loss:

- has frequent ear infections;
- seems to "daydream" or "ignore" you at times;
- has a sibling or other family member with a hearing loss;
- fails to respond when you call his name;
- "ignores" loud sounds, such as the telephone or vacuum cleaner;
- appears to be delayed in acquiring speech.

You must consult with the child's doctor and the social worker.

SPEECH AND LANGUAGE PROBLEMS IN CHILDREN

The ability to communicate is the key to your child's success at school, home, and with friends. Through communication, the child gains and expresses knowledge and shares thoughts and feelings with others. Signs of a possible communication disorder include:

- Inability to say at least five to ten words by the age of one.
- No response to requests ("come here," "no," "don't," "do you want more?") by 1½ yrs.
- Inability to produce and/or understand any speech by the age of 1 to 1½.
- Failure to follow simple instructions by the age of 1½.
- Inability to ask questions or form two-word sentences by age 2.
- Cannot point to pictures when named, does not understand differences in meaning ("go-stop," "the car pushed the truck" or "the truck pushed the car") by age 2½.
- Does not have a 400-700 word vocabulary, relate experiences in four or more word sentences, ask "why" questions, and use plurals by age 2½ to 3.
- Speech that is 50% unclear by age 2.
- Speech that is 30% unclear by age 3.
- Repetition, hesitation, prolongation of speech sounds at age 3 or older.
- Incorrect pronunciation of "r,' "l," and/or "th" sounds after the age of 4.
- Harsh, hoarse, breathy, nasal voice quality.

If your foster child has any of the above problems, consult with the child's social worker and pediatrician.

To promote good speech, language, and hearing:

- Talk naturally to your child. Do not talk baby talk.

- Take time to listen and talk to the child, beginning at birth. Do not push the child to learn to talk.
- Accept some speech mistakes as the child learns. Do not ask him to slow down and repeat.
- Have your child's hearing tested if you find you have to repeat a lot or have to talk loudly to get the child's attention.
- Seek professional help if you are unsure. Never wait to get help for your child if you suspect a problem.

MEDICAL CARE FOR CHILDREN WHO ARE UNDOCUMENTED

Children who do not have documents to show that they entered the United States legally are referred to as "undocumented."

Medi-Cal eligibility rules for undocumented children and refugees are complex; the HSS worker can explain the rules as they affect your child. Many undocumented foster children are only eligible for limited Medi-Cal cards. These cards cover emergency care and pregnancy related services only.

Do not take an undocumented child to Mexico for medical care as they will not be able to re-enter the United States.

The undocumented foster child is eligible to receive CHDP examinations. The doctor's office will have you complete a form regarding the child's low-income status.

Your child's social worker will discuss with you alternative resources or payment methods to meet the child's health needs. When no other resources are available, the child's social worker will request County funds to pay for needed medical care. The child's social worker will help you obtain services, as needed.

REIMBURSEMENT TO FOSTER PARENTS FOR HEALTH CARE COSTS

Always contact the child's SW for approval prior to purchasing non-emergent items or services.

For emergency reasons, situations may arise that require you to pay for medical services or prescriptions to protect the health of your foster child. In these situations, the Agency will reimburse you for the expenses. The social worker will need to fill out the 04-130 form.

Always use the Medi-Cal card provided for your child before using your own funds.

Whenever possible, consult with your child's social worker or a CHDP nurse before using your own funds. Other resources or payment methods may be available, and more

appropriate, to meet the child's needs. Discussions with the social worker or nurse will help prevent use of your funds unnecessarily and will also help to insure that you will be reimbursed in a timely manner. The social worker, who must initiate the procedure to reimburse you, will need the original of all receipts, statements, bills, or invoices documenting the expenses.

HIV INFECTION AND AIDS

Since HIV is transmitted most readily via blood, semen, vaginal fluid, or breast milk of an infected person, high-risk behaviors are those which bring a person into intimate contact with these fluids. The most common ways of spreading the virus include:

- Intimate sexual contact without use of a condom.
- Sharing needles; i.e. hypodermic, tattoo, staples used for tattooing, etc..
- Blood or blood product transfusions given prior to June 1985.
- Transmission from an infected mother to an unborn or newborn child.
- Transmission from an infected mother through breast-feeding.

Although HIV is often deadly to the person who has it, outside the body it is actually a fragile virus, easily killed by many common household products, including bleach, soap, detergent, Lysol, and isopropyl alcohol.

Any form of appropriate contact between you and a child does not spread HIV. The virus is not airborne; it is not spread through coughing. There have been no documented cases of transmission through the saliva or tears of an infected person.

Several long-term studies of health care workers who care for AIDS patients and family members who live with AIDS patients have shown that close, nonsexual shared living arrangements with a person with AIDS have not transmitted the virus. This has been shown to be true even among families with questionable hygiene practices and where no special precautions were taken because it was not known that the person had AIDS. These studies show that the virus is not transmitted from toilet seats, doorknobs, dishes, eating utensils, drinking cups, or swimming pools. AIDS is not spread by talking with an infected person, shaking hands, hugging, casual (as opposed to "deep") kissing, or physical closeness.

By observing Universal Precautions (assume that everyone has the potential of being infected), you will be protected from anyone who has an HIV-positive test. You can safely care for a foster child who has an HIV-positive test or AIDS by following recommended hygiene practices. It is safe to carry these children in your arms, transport them in your car, hug them, hold their hands, change their diapers, or give them a kiss on the cheek. Sharing of toys has not been shown to transmit AIDS. However, for other health reasons, it is important to wash toys periodically.

Recommended Personal Hygiene Practices

AIDS is a blood-borne disease. Although it is very difficult to transmit by non-intimate methods, it is a disease and common sense precautions are indicated. These hygiene practices will not only protect you from HIV, but also from other fluid-borne infectious diseases, such as Hepatitis B. It is important that you wash your hands after contact with any body fluids.

These practices are applicable to children who have tested positive for HIV and to those who have AIDS. **In fact, these practices are common sense precautions that should be followed routinely in your home:**

- Do not allow children to share toothbrushes or razor blades.
- Avoid blood-to-blood contact. If you have a rash or an open cut on your hands, wear latex disposable gloves while cleaning up spills of blood, semen, bloody saliva, urine, feces, or vomit. Cover cuts with adhesive bandages.
- If you do have skin contact with these substances, wash the affected areas with soap under running water for 10 seconds.
- Wash your hands with soap before and after changing a diaper. Gloves are not needed unless the feces are bloody. The AIDS virus has not been found in feces itself.
- When using disposable gloves, use them once and discard. **DO NOT REUSE THEM**. Use gloves for one child only. Do not use the same gloves for changing two children. Turn gloves inside out when removing them. Wash your hands.
- If a child is drooling, wipe up the saliva with a tissue, discard the tissue, and wash your hands with soap.
- If a child bites you and draws blood, wash the area immediately with soap and water. **See a doctor** as **you would with any human bite wound**.

There have been no known instances in which this virus has been transmitted via biting; it is considered an extremely remote possibility.

- Do not share or allow children to share the same piece of food. For example, more than one person should not eat the same hot dog, ice cream cone, piece of chicken, and so on. No other mealtime restrictions are necessary. A child with the AIDS virus can use the community table, dishes, glasses, and eating utensils, and be served "family style" (that is, from a common serving dish).
- Clean up spills of blood, bloody saliva, urine, feces, semen, or vomit on surfaces such as floors, countertops, bathtubs, etc. with a solution of 10 parts water to 1 part ordinary household bleach. Dispose of the rag or paper towel in a leak proof container or plastic bag, and put it in an outdoor trash container. For body fluid spills on bedding, clothing and other washables, see laundering procedures below. Clean and sterilize baby bottles in the usual way.

- It is not necessary to wash the child's dishes and utensils separately. Just wash them with hot, sudsy water, rinse, and dry thoroughly, either by hand or automatic dishwasher.
- The child's clothing may be washed with other family members' clothing, using ordinary laundry detergent, **unless** the child's blood, semen, urine, feces, and/or vomit have soiled it. As with any heavily soiled diaper, you should use regular or non-chlorine bleach.

Clothing soiled with body fluids should be washed separately, using normal procedures. Add one-half cup of regular or non-chlorine bleach to the wash cycle. Heavily soiled items (for example, cloth diapers) may require presoaking.

Disposable diapers should be placed in a leak proof container or a plastic bag and put in an outdoor trash container.

HIV TESTING

Notify your foster child's social worker or the CWS Policy and Program Support at (858) 514-6603 if you have reason to suspect that your foster child is at risk for HIV infection. Risk factors may be revealed during your conversations with the child or his parents.

You should also be aware that certain unexplained symptoms that can be unusual for a child may need further assessment to determine if they are HIV related. Such symptoms might include: chronic respiratory problems, (pneumonia, bronchitis, tuberculosis), recurrent infections or fevers, chronic diarrhea, developmental delays, failure to thrive, swollen lymph nodes, unexplained weight loss and/or fatigue, severe night sweats, easy bruising or anemia, swollen liver or spleen, renal disease, chronic skin rashes, chronic yeast infection, pelvic inflammatory disease, abnormal pap smear, irregular menstrual periods, genital warts, unusual neurological symptoms (weakness, spasticity, seizures, blindness). These symptoms are important, especially if a child is displaying more than one. IF THESE SYMPTOMS OCCUR, BE SURE TO CONSULT YOUR PEDIATRICIAN.

It is illegal to test for HIV or to disclose test results without a signed consent for testing and disclosure by the parent or legal guardian. If the parents' whereabouts are unknown, permission from the Court for HIV testing will be requested.

REMEMBER

- **YOU DO NOT HAVE THE AUTHORITY TO REQUEST A DOCTOR OR CLINIC TO TEST A CHILD FOR HIV.**
- A Consent for Treatment form is not sufficient for getting the child tested. A special consent to test and disclose results is required from the child's parent, legal guardian, or Juvenile Court.

- When HIV testing is ordered, you should plan to go with the child to the test site. Take your signed consent or court order with you.
- The HIV Policy Analyst will tell you if a child tests HIV positive.
- Information about a person's HIV testing and diagnosis is confidential. The Health and Safety Code spells out specific fines and sentences for disclosing, either deliberately or unintentionally, a minor's or a parent's HIV status. If your foster child tests positive, the HIV Policy Analyst will inform you about confidentiality regulations.

SYMPTOMS OF DRUG ABUSE

If you suspect that your foster child or his parents may be abusing drugs, contact the child's social worker.

Physical warning signs of drug abuse

- Bloodshot eyes, pupils larger or smaller than usual.
- Changes in appetite or sleep patterns. Sudden weight loss or weight gain.
- Deterioration of physical appearance, personal grooming habits.
- Unusual smells on breath, body, or clothing.
- Tremors, slurred speech, or impaired coordination.

Behavioral signs of drug abuse

- Drop in attendance and performance at work or school.
- Unexplained need for money or financial problems. May borrow or steal to get it.
- Engaging in secretive or suspicious behaviors.
- Sudden change in friends, favorite hangouts, and hobbies.
- Frequently getting into trouble (fights, accidents, illegal activities).

Psychological warning signs of drug abuse

- Unexplained change in personality or attitude.
- Sudden mood swings, irritability, or angry outbursts.
- Periods of unusual hyperactivity, agitation, or giddiness.
- Lack of motivation; appears lethargic or "spaced out."
- Appears fearful, anxious, or paranoid, with no reason.

Warning Signs of Commonly Abused Drugs

- **Marijuana:** Glassy, red eyes; loud talking, inappropriate laughter followed by sleepiness; loss of interest, motivation; weight gain or loss.
- **Depressants (including Xanax, Valium, GHB):** Contracted pupils; drunk-like; difficulty concentrating; clumsiness; poor judgment; slurred speech; sleepiness.
- **Stimulants (including amphetamines, cocaine, crystal meth):** Dilated pupils; hyperactivity; euphoria; irritability; anxiety; excessive talking followed by depression or excessive sleeping at odd times; may go long periods of time without eating or sleeping; weight loss; dry mouth and nose.
- **Inhalants (glues, aerosols, vapors):** Watery eyes; impaired vision, memory and thought; secretions from the nose or rashes around the nose and mouth; headaches and nausea; appearance of intoxication; drowsiness; poor muscle control; changes in appetite; anxiety; irritability; lots of cans/aerosols in the trash.
- **Hallucinogens (LSD, PCP):** Dilated pupils; bizarre and irrational behavior including paranoia, aggression, hallucinations; mood swings; detachment from people; absorption with self or other objects, slurred speech; confusion.
- **Heroin**: Contracted pupils; no response of pupils to light; needle marks; sleeping at unusual times; sweating; vomiting; coughing, sniffling; twitching; loss of appetite.

Warning signs of teen drug abuse

While experimenting with drugs doesn't automatically lead to drug abuse, early use is a risk factor for developing more serious drug abuse and addiction. Risk of drug abuse also increases greatly during times of transition, such as changing schools, moving, or divorce. The challenge for parents is to distinguish between the normal, often volatile, ups and downs of the teen years and the red flags of substance abuse. These include:

- Having bloodshot eyes or dilated pupils; using eye drops to try to mask these signs.
- Skipping class; declining grades; suddenly getting into trouble at school.
- Missing money, valuables, or prescriptions.
- Acting uncharacteristically isolated, withdrawn, angry, or depressed.
- Dropping one group of friends for another; being secretive about the new peer group.
- Loss of interest in old hobbies; lying about new interests and activities.
- Demanding more privacy; locking doors; avoiding eye contact; sneaking around.

Getting help for drug abuse and drug addiction

Finding help and support for drug addiction

- Call **1-800-662-HELP in the U.S.** to reach a free referral helpline from the Substance Abuse and Mental Health Services Administration.

Adapted from website http://helpguide.org/index.htm

WOMEN, INFANTS, AND CHILDREN (WIC)

The WIC program provides three ways to better health for women, infants and children:

1. Health Care – regular medical assessments and preventive medical care.
2. Nutrition Education – diet evaluations, group nutrition discussions, and high-risk dietary counseling.
3. Supplemental Food – at no cost, to provide Vitamins A, C, D, Iron, Protein and Calcium.

Foster children under the age of five living in San Diego County are eligible for WIC benefits. Refer to the telephone directory in the back of this Handbook for the WIC Program information number.

The WIC items or vouchers need to go with the child when he leaves your home.

EMERGENCY MEDICAL ASSISTANCE AND INJECTIONS

Legislation per Section 1507.25 of the Health and Safety Code, authorizes designated care providers who are not licensed health care providers to administer emergency medical assistance and/or injections for specific reasons to a foster child in placement if the providers are trained by a licensed health care professional practicing within his or her scope of practice. A child's need to receive injections pursuant to this section shall not be the sole basis for determining that the child has a medical condition requiring specialized in-home health care.

This legislation authorizes designated foster care providers and other persons to administer emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock, and subcutaneous injections or other prescribed medication, to a foster child, if the provider is trained to administer injections by a licensed health care professional. Administration of an insulin injection shall include all necessary supportive activities related to the preparation and administration of injection, including glucose testing and monitoring.

Anaphylaxis is a severe allergic reaction that involves the entire body. It can result in breathing difficulty, loss of consciousness, and even death if not immediately treated. Severe anaphylactic shock can be reversed by use of an epinephrine autoinjector that delivers a single, pre-measured dose of epinephrine.

Severe diabetic hypoglycemia is a life-threatening condition that can quickly lead to loss of consciousness, coma, and death. Severe diabetic hypoglycemia is a medical emergency that requires immediate medical treatment. Severe diabetic hypoglycemia can be reversed by an injection of glucagon.

In the absence of trained medical personnel, caregivers are often the only individuals in a position to provide emergency medical assistance to a foster child suffering anaphylaxis or severe diabetic hypoglycemia.

The following individuals are authorized to administer emergency medical assistance and injections in accordance with this subdivision upon verification of training:

- relative caregivers
- non-relative extended family members
- foster family home parents
- small family home parents
- certified parents of a foster family agency
- substitute caregivers of a foster family home or a certified family home

Foster parents will be required to obtain a letter from the licensed health care professional that contains the following information:

- date of training
- name of individual trained
- description of training received
- name and title of trainer
- signature of trainer
- copy of trainer's license.

Foster parents who are authorized to administer injections to children in their foster home must retain the training letter in their personnel file and send a copy to the child's social worker and licensing worker. Foster parents will be cited for a Type A violation by their licensing worker if they do not have this written documentation in their file.

Lucy Jones is a single foster parent. She specializes in infants who have been exposed prenatally to drugs and is part of the Options for Recovery Program. She attended special training at Children's Hospital to do this type of foster care. Her dedication to both the children and their parents is well known throughout the agency. She has been known to drive considerable distances to make sure the mother can keep a strong bond with her baby. The little girl in her home will be reunifying with her mother very soon, the mother has been clean and sober for six months now and is getting established in a new apartment. Lucy plans to continue doing foster care until she can't anymore. She says retirement from foster care would be like retirement from life—the babies help keep her young!

The sample foster family stories and pictures shared in this handbook are not actual families. The stories are compilations of typical families doing foster care.

Chapter 7
FINANCIAL REIMBURSEMENTS

GENERAL INFORMATION

You will receive a Medi-Cal Benefits Identification Card (BIC) and monthly reimbursements for children who have been placed in your care. The money that will be sent to you following placement, is called a "reimbursement" rather than a "payment."

Reimbursements are usually made through the Aid to Families with Dependent Children - Foster Care (AFDC-FC) program. AFDC-FC is funded by a combination of State, Federal, and County money in a fixed ratio. Rates are set by the California Department of Social Services.

A Human Services Specialist (HSS) will usually handle the financial details of your foster child's placement. After the social worker initiates an aid application, the HSS is responsible for:

- Determining that all criteria for funding service is met.
- Issuing the foster care reimbursement.
- Making any necessary changes in the rate based on authorization by the social worker.
- Issuing Medi-Cal Benefits Identification Card.

The case name for the foster care case is usually the child's mother's name. The HSS will be able to find the case more quickly if you know the mother's name.

If you have specific questions about the reimbursement rate or Medi-Cal, call the HSS assigned to the case. If you do not know whom to call, refer to the Payment Case Information number in the front of this Handbook.

The amount of reimbursement is determined by the age and special needs of the child and the number of days the child is in your home. You should receive your foster care check no later than the 15th of the month following the month of care. If you do not receive a check by the 15th of the month, you should call the HSS. (Your check may be delayed if your foster child moves into your home from another foster home in the middle of the month.)

You will not be reimbursed for the last day the child is in your home. If a foster child leaves your home, but you continue to receive a reimbursement check, return the check immediately to:

Health and Human Services Agency
Fiscal Services
P. O. Box 129153
San Diego, CA 92112-9153

FOSTER CARE BASIC RATES

A basic rate is established by the State for each AFDC-FC eligible child based on the child's age. Rates effective July 1, 2011 are:

Age	**Monthly Rate**
0-4	$ 609
5-8	$ 660
9-11	$ 695
12-14	$ 727
15-18	$ 761
Infant Supplement*	$ 411

* Infant Supplement rates are for children of dependent minors placed together in the same foster home. Children of dependent minors (whether the "infant" is a dependent or not) are not eligible to AFDC-FC when living in the same facility. SB500, passed in 2005, allows for a special infant supplement when specific training requirements have been met.

Below is a suggested guideline on reimbursement expenditures. These are only guidelines. You will need to adjust expenditures according to the individual circumstances and needs of your foster child.

Monthly Expenditure	%	0-4	5-8	9-11	12-14	15-19
Food	35%	$213	$231	$243	$254	$266
Room	14%	85	92	97	102	107
Clothing	14%	85	92	97	102	107
Recreation	12%	73	79	83	87	91
Transportation	6%	37	40	42	44	46
Toys/Equipment	2%	12	13	14	15	15
Education	5%	31	33	35	36	38
Allowance	4%	24	26	28	29	30
Personal Needs	2%	12	13	14	15	15
Misc.	6%	37	40	42	44	46
TOTAL REIMBURSEMENT		**$609**	**$ 660**	**$ 695**	**$ 727**	**$ 761**

CLOTHING ALLOWANCES

The basic foster care rate includes a monthly clothing allowance for your kinship foster child. However, an initial clothing allowance may be issued if the child has an unmet clothing need. This allowance is not issued automatically and may be given only one time. A change of placement or replacement clothing allowance may be given on an as-needed basis.

Initial Clothing Allowance: The amount of the initial clothing allowance is based upon the unmet clothing needs of the child up to, but not exceeding, the following amounts:

Age of Child	Sex	Maximum Allowance (effective 1/2008)
0-18 months	Boys & Girls	$191
19 months – 4 years	Boys	$230
"	Girls	$198
5 years – 12 years	Boys & Girls	$292
13 years & older	Boys	$408
"	Girls	$423

HHSA Policies for Initial Clothing Allowances

- At the time the child is initially placed, the social worker will ask you to complete a Clothing Inventory (form 04-61). Any unmet clothing needs should be documented, and the social worker will tell you if a clothing allowance will be authorized. Since it may take 3 to 4 weeks to receive a check, you may be asked to purchase clothing knowing that reimbursement will be forthcoming.
- Emergency Shelter Care (ESC) foster home placements will receive $100 of the initial clothing allowance if it is the child's first placement in foster care; if the ESC placement converts to a long-term placement they may request the balance of the initial clothing allowance.
- If the child moves to a different long-term placement, that home may request a full initial clothing allowance if there is an unmet clothing need.
- The initial clothing allowance must be requested and authorized within six months of the placement with supervisor approval.
- You may be asked by the social worker to verify purchases.

Keep copies of all receipts with the child's records.

Change of Placement Clothing Allowance

- As a general rule, a clothing allowance will not be authorized when a child moves from one placement facility to another. If the child's previous caregiver adequately assessed, maintained, and replaced clothing as needed, the child should have sufficient clothing to enter the next placement.
- Exceptions are permitted on an individual basis. For example, if the child's clothing was destroyed or stolen, or the previous caregiver failed to maintain and replace clothing items as required, an additional allowance may be requested.
- If the previous foster parent failed to adequately maintain and replace clothing, or provide clothing items upon leaving, the social worker will document this on the Placement Assessment Form.
- The social worker's supervisor must approve all requests for a change of placement clothing allowance. The request must include a written statement by the social worker describing the circumstances necessitating an additional clothing allowance and the clothing inventory.
- A change of placement clothing allowance may be the same amount as an initial allowance.

Annual Clothing Allowance

A County-funded annual clothing allowance is issued every August. The payment amount is $100 for each child in an eligible placement on the issue date. The allowance is paid automatically; it does not have to be requested.

SPECIAL CARE INCREMENTS

A child who has physical, emotional, mental or developmental disabilities may qualify for a special care increment. Special Care Increments (SCI) are paid in addition to the basic rate. They are intended to compensate foster parents for the additional time, effort, and expenses required to care for certain children. The Agency assigns the following levels to Special Care Increments.

Minimal SCI ($85 Added to the Monthly Basic Rate)

The child requires additional care and supervision because of a mild physical, mental, or developmental disability. You may qualify for this SCI if you are required to provide additional time and direct services beyond basic care expectations.

Examples include but are not limited to the following:

- You provide weekly transportation to medical or therapy appointments, special schools, classes, or rehabilitation programs.

- You regularly train or tutor the child due to mild mental impairment or developmental delay.
- Child needs additional care and/or supervision due to medically-documented developmentally-inappropriate behavior, including biting, hitting and enuresis (bed-wetting).
- Premature infant that requires medical follow-up care and protection from common illness.
- Child is in a cast because of a hairline fracture or simple limb injury.
- Child has a serious communicable disease which requires medical follow-up, protection of the child, protection of others, and extra supervision.
- Child has small burns (less than 3 inches in diameter) and requires dressing changes twice a day.
- Child is on an apnea monitor with an occasional or infrequent alarm.
- Child had lice or scabies when placed in your home, and you need to disinfect all of the children and clothing in your home.

Limited SCI ($147 Added to the Monthly Basic Rate)

The child requires additional care and supervision due to a moderate physical, mental, or developmental disability, which has been medically documented.

Examples include but are not limited to the following:

- Child has impaired physiological/psychological functioning, motor control, or judgment.
- Child routinely requires supervision and administration of prescribed medication, and/or preparation of a medically-prescribed special diet to treat or control conditions such as hyperactivity, epilepsy, diabetes, or schizophrenia.
- You are required to participate in the child's medical treatment or therapy programs (physical, psychiatric, speech, etc.) and provide related services/activities at home.
- Child has burns larger than 3 inches in diameter and requires dressing changes at least twice a day.
- Premature infant requires a monitor or other special equipment, or monitoring of medication for side effects, and/or biweekly medical appointments.
- Child has serious behavioral disturbances or excessive tantrums requiring therapy and/or a therapeutic behavior modification plan.
- Child has a serious communicable disease, which requires extensive medication, and/or medical visits every two weeks or more often.
- Child is diabetic and is capable of self-administration of injections, but minimal monitoring and a special diet are required.

Extensive SCI ($216 Added to Monthly Basic Rate)

The child requires **both** extensive **supervision** and personal **services** because of *moderate* to *severe* physical handicaps, mental retardation, or emotional problems.

Examples include but are not limited to the following:

- Child needs daily assistance in eating, dressing, or personal hygiene, although he may occasionally or partly meet these needs on his own.
- Child needs daily assistance walking because the child is in braces or a wheelchair or is dependent on a cane or similar prosthetic devices.
- Child needs extensive supervision due to antisocial, destructive, or self-destructive behavior, or inappropriate sexual behavior.
- Child needs periodic intensive care due to severe allergies, epilepsy, diabetes, cyclical emotional problems, or developmental delay.
- Premature infant requires close observation and frequent medical care due to neurological and health problems or apnea monitor; or any child under age 5 with shunts.
- Child is in a cast due to severe breaks or multiple fractures, and is not capable of age-appropriate self-care; or a small child in a body cast.
- Child has a serious communicable disease, which requires close observation, extensive medication and/or weekly medical visits.
- Child is diabetic, and you must administer daily blood tests and give injections.

Intensive SCI ($260 Added to Monthly Basic Rate)

The child requires intensive supervision, training, and personal care because of acute physical handicaps, developmental disability or delay, severely impaired judgment, psychosis, or physical helplessness.

Examples include but are not limited to the following:

- Child always requires assistance and supervision in eating, dressing, and personal hygiene because of disability.
- Child always requires assistance walking or is not able to walk, even with the help of a prosthetic device.
- Child always requires intensive supervision and guidance and may not be left unattended due to antisocial or self-destructive behavior. (Annual psychological or psychiatric evaluations may be required.)
- Child is in a full or partial body cast.

- Child is autistic or suffers from autistic-like behavior, as documented by a physician.
- Child has a serious communicable disease requiring around-the-clock observation, extensive medication, and/or medical visits more often than weekly.
- Child has ileostomy or colostomy and requires constant care, or is incapable of self-care.
- Child has severe, disfiguring burns or may have "burn suit." You may have to debride burns.
- Child is diabetic and has occasional medical emergencies or coma.

Exceptional SCI ($290 or More Added to Basic Rate)

The child has severe disabilities or impairments, which require both intensive care and supervision, the caregiver must have special skills and training. This category is limited to children who would otherwise require placement in an institutional setting.

Examples include but are not limited to the following:

- Child has a documented medical problem requiring 24-hour care and supervision, and you are capable and have agreed to provide the necessary care and supervision to avoid institutional placement.
- Child has extensive third-degree burns.
- Child has serious communicable disease, which requires extraordinary care or specialized caregiver skills to avoid institutional placement.
- Child is on kidney dialysis.
- Child receives chemotherapy (not oral).
- Child has a tracheotomy and requires extensive care and feeding.
- Child is diabetic and experiences frequent medical emergencies and/or comas.
- Child has dangerous propensities. (Examples include suicidal tendencies, self-inflicted injuries, and starting fires.)

Exclusive SCI

The exclusive category is reserved for children with AIDS-related infectious diseases, or who test positive for HIV. The amount is dependent on the child's symptoms as determined by the Center for Disease Control; a rate may be authorized from $852 to $1255, in addition to the basic rate.

Procedures for Special Care Increments

The social worker will assess the child's need for a special care rate at the time of placement or when presented with additional information about the child. You can request a special care rate by contacting the child's SW or Special Care Increment Coordinator directly.

If the child exhibits medical, educational, mental or emotional difficulties, the social worker will send a referral to the Special Care Increment Coordinator. The Coordinator will:

- Evaluate the referral
- Gather and review pertinent information
- Assign a rate according to the information and documentation available Complete a payment authorization form (10-43).

You may be asked to provide additional information to help determine the child's eligibility and appropriate level of care.

If a special care rate is approved, the form will be sent to the HSS for payment. You will receive a copy of the form 10-43 showing the payment amount authorized.

If your request for a special care rate is denied, the form 10-43 will state the reasons for this denial. If you disagree with the denial, you may contact the SCI Coordinator noted on the returned form. If you and the Coordinator cannot resolve the issue, you may request a review by the assigned social work supervisor or request a fair hearing by following the instructions on the back of the form 10-43.

Special care increments become effective on the date of the original request unless the Coordinator determines that:

- ***The child met the disability criteria at an earlier date; and***
- ***You were providing care at the required level of service.***
- ***Payments may be authorized from one to twelve months from the effective date.***

The social worker will reassess the child's situation at least every six months. The SCI Coordinator will reevaluate the rate whenever new information is provided or before the payment authorization expires. As the child improves, the rate will decrease.

DIRECT COSTS

If a child qualifies for a special care increment, extra costs associated with the child's disability may be added to this rate.

These costs may include:

- Providing extra transportation for medical reasons.
- Special diet needs.

NOTE: Tutoring or special school expenses are not eligible for SCI direct costs.

Transportation Costs

Transportation costs may be added to the special care rate when the child requires frequent trips to medical or therapy appointments.

REIMBURSEMENT FOR MEDICINE AND MEDICAL SUPPLIES

Always contact the child's social worker for approval prior to purchasing non-emergent items or services.

For emergency reasons, situations may arise that require you to pay for medical services or prescriptions to protect the health of your foster child. In these situations, the Agency will reimburse you for the expenses. Always use the Medi-Cal card provided for your child before using your own funds. Request a Treatment Authorization Request (TAR) from the pharmacy if the medicine is not in the formulary.

Whenever possible, consult with your child's social worker or a CHDP nurse before using your own funds. Other resources or payment methods may be available, and more appropriate, to meet the child's needs. Discussions with the social worker or nurse will help prevent use of your funds needlessly and will also help to ensure that you will be reimbursed in a timely manner. The social worker must initiate the procedure to reimburse you and will need the original of all receipts, statements, bills, or invoices documenting the expense. (Make and keep copies for your records.)

If you have not received payment within 90 days, call your social worker again to find out the status.

EMERGENCY SHELTER CARE REIMBURSEMENTS

Emergency Shelter Care (ESC) foster homes receive the basic foster care rate plus an additional $10 for each day the child is in the ESC foster home, up to a maximum of 30 days. Only ESC supervisors at Polinsky Children's Center, Way Station supervisors, or a placement supervisor can authorize this rate.

The ESC foster parent may also receive a portion of the initial clothing allowance for the child, not to exceed $100. The ESC placement supervisor is responsible for authorizing this payment. All clothing must go with the child when he leaves the home.

DUAL AGENCY RATES

Children that are served by CWS and Regional Center are referred to as dual agency children. They receive services from both agencies. Regional Center services are for developmentally disabled children. Some caregivers may be eligible for an increase in their AFDC-Foster Care rate for care and supervision of a dual agency child. To be eligible for the dual agency rate, the child must be receiving services from Regional Center (as demonstrated through an Individualized Family Services Plan - IFSP or Individualized Program Plan - IPP) or California Early Start services.

OVERPAYMENTS

An overpayment is defined as the amount of reimbursement a caregiver has received for which he is not eligible for. This can happen when a child leaves your home but the HSS is not notified that the child is no longer placed in your home. You and the social worker have joint responsibility to immediately notify the HSS when a child leaves your home.

Keeping a check, which you know you are not eligible for (if for instance you receive a check for a month the child is not in your home), is considered fraudulent and is subject to collection. If the HSS pays you the wrong amount (if for instance you are paid for a full month when the child moved from your home before the end of the month) this is considered an administrative error and is not subject to collection.

INCOME TAX

Foster care reimbursement payments are exempt from both State and Federal income taxes. The applicable statutes are cited below. If you need additional information, contact a tax consultant or the Internal Revenue Service.

<u>State Tax Levies:</u>

Welfare and Institutions Code, Section 11002 provides that, "All aid given under a public assistance program shall be absolutely inalienable for any assignment, sale, or otherwise."

Federal Tax Levies:

Title 26 of the United States Code, Section 6321 authorized the Internal Revenue Service to levy tax liens for the collection of taxes due to the United States. Section 6334(a) enumerates property, which is exempt from levy. Pursuant to Public Law 100-647, Title VI, Section 6236 (c)(4)(A)(h)(1), exemption from levy was extended to additional types of property.

Among the exemptions are certain public assistance payments, including any amount payable to an individual as a recipient of public assistance under:

- Title IV (relating to Aid to Families with Dependent Children) or Title XVI (relating to Supplemental Security Income for the aged, blind and disabled) of the Social Security Act, or
- State or local government public assistance or public welfare programs for which eligibility is determined by a needs or income test.

NOTE: Do not claim your foster child as a dependent without checking with the IRS or a tax consultant.

Mr. Anderson is an involved foster father who takes the children places during the day while his wife, Susie works as a school office administrator. They have had Joey, shown here, in their home since he was an infant. The severe effects of Fetal Alcohol Syndrome have made caring for him a fulltime job for the recently retired Mr. Anderson. Foster care has always been a family commitment since they started ten years ago, but Mr. Anderson goes above and beyond by taking Joey to school and really getting to know his teachers and other professionals to help work with him to improve his level of functioning. There are occupational therapists, speech therapists, physical therapists, doctors, etc. The Andersons have adopted Joey. The only foster children they plan to take currently are those who attend school during the day. The other children in their home currently are an 8 and 10 year old sibling group who are headed to Grandma's home in Texas next week.

The sample foster family stories and pictures shared in this handbook are not actual families. The stories are compilations of typical families doing foster care.

Chapter 8

CHILD ABUSE AND COURT

CHILD ABUSE AND NEGLECT

California Child Abuse Reporting Laws define child abuse as:

- Non-Accidental physical injury caused by an individual or other
- Willful cruelty or unjustified punishment
- Sexual abuse/exploitation,
- Infliction of mental or emotional suffering

California Child Abuse Reporting Laws define child neglect as:

- Neglect by a parent or caretaker who fails to provide adequate food, clothing, medical care, or supervision.

Emotional Abuse

Emotional abuse is not specifically defined as a distinct category or reportable child abuse in the Reporting Law. While the law omits clear guidelines for defining emotional abuse and emotional neglect, the category of "willful cruelty or unjustifiable punishment" includes the prohibition against "unjustifiable mental suffering." Emotional Abuse may have best been defined by Robert Masterson, Deputy District Attorney for Santa Clara County. According to Masterson, emotional abuse includes, "those acts or omissions which result in an injury to the intellectual and psychological capacity of a child as evidenced by a substantial impairment to the child's ability to function within a normal range of performance and behavior, or those acts or omissions which threaten to produce an injury". Such acts might include:

- Constant belittling of the child.
- Threatening the child frequently.
- Punishing the child with exceptionally long confinement.
- Constantly disrupting relationships that are important to the child in order to punish the child or the adults involved.
- Exposure to domestic violence.

Proving that such acts are actually damaging the child is much more difficult than proving physical abuse or neglect. Unless there are other signs of either physical abuse or neglect, reports of emotional abuse/neglect may not always result in a referral to Court. However, they may result in the parents being referred to counseling or parenting classes. Children who witness domestic violence also witness the psychological/emotional abuse between the parents. Understanding the emotional climate of the home will help foster parents understand the child's current behaviors and beliefs. The San Diego CWS Domestic Violence (DV) Protocol describes psychological/emotional abuse as:

- Humiliating the victim
- Controlling what the victim can and cannot do
- Withholding information from the victim
- Deliberately doing something to make the victim feel diminished (e.g., less smart, less attractive),
- Deliberately doing something that makes the victim feel embarrassed,
- Taking advantage of the victim
- Invalidating the victim's opinions or feelings
- Belittling the victim
- Isolating the victim from friends or family
- Prohibiting access to transportation or telephone
- Getting the victim to engage in illegal activities
- Using the victim's children to control the victim's behavior
- Smashing objects or destroying property
- Disclosing information that would tarnish the victim's reputation
- Threatening loss of custody of children
- Threatening to hurt pet(s)
- Threatening deportation

SYMPTOMS OF CHILD ABUSE

Symptoms of Emotional Abuse may include:

- Withdrawn, depressed, and apathetic
- Acts out and has behavioral problem
- Is overly rigid in conforming to instructions from teachers or other adults
- Displays other signs of emotional turmoil like repetitive movements
- Pays inordinate attention to detail
- Does not communicate verbally or physically with others
- Lacks self-esteem
- Seeks approval to the extreme
- Fears rejection
- Is verbally abusive, hostile, or provocative
- etc.

Symptoms of Physical Abuse may include:

- Flat or depressed affect
- Hyper-vigilance
- Problems with trusting
- Inability to play
- Hyperactivity
- Feelings of shame and doubt
- Low self-esteem
- Anger
- Aggression
- Isolating Behavior
- Passivity
- School Problems
- Behavioral problems and Acting Out
- Emotional Liability
- etc.

Symptoms of Neglect/Maltreatment may include:

- Disruptive behavior, including aggression toward others
- Changes in mood, including depression and anxiety
- Post-traumatic stress symptoms such as avoidance, hyper-arousal and re-experiencing symptoms (such as nightmares)
- Declining school performance
- Recurrent somatic complaints such as abdominal pain or headaches
- Sleep disturbances
- Suicidal ideation
- etc.

Adapted from an article written by: Harriet L. MacMillan & Ken C. Finkel Medicine North America 1995: 571-589

Other indicators of Neglect may be suspected if any of the following conditions exist:

- Necessary medical or dental care not received, or care was refused due to religious or other sincerely-held beliefs
- Begging or stealing food
- The child is often sleepy or hungry
- The child is often dirty, demonstrates poor personal hygiene, or is inappropriately dressed for weather conditions
- Child exhibits undue anxiety and/or an extreme focus on survival needs

- The child is depressed, withdrawn or apathetic; exhibits antisocial or destructive behavior; shows exaggerated fearfulness; suffers from substance abuse; speech, eating or habit disorders (biting, rocking, whining); goes easily to strangers
- There is evidence of poor supervision leading to the child being at risk. Some examples may include (but are not limited to): repeated falls down stairs; repeated ingestion of harmful substances; a child cared for by another child; the child is left alone in the home, or other concerns. (Note: Although the law does not delineate at what age a child can be left alone at home, it is up to the SW to determine risk.)
- The conditions in the home are unsanitary (garbage, animal, or human excrement); the home lacks heating or plumbing; there are fire hazards or other unsafe home conditions; the sleeping arrangements are cold, dirty or otherwise inadequate
- The nutritional quality of food in the home is poor; meals are not prepared; refrigerator or cupboards contain no food or spoiled food

Sexual Abuse or Exploitation

Symptoms of a child who has been sexually abused may include:

- Overly compliant behavior
- Unusual sexual acting out and/or preoccupation with sex at an early age
- Detailed and age-inappropriate understanding of sexual behavior, especially intimate knowledge of adult sexual behavior
- Poor peer relationships or excessive parental restrictions limiting peer contact
- Lack of trust, particularly with significant others. Nonparticipation in school and social activities
- Inability to concentrate in school
- Sudden drop in school performance
- Extraordinary fears of males (in cases of male perpetrator and female victim)
- Seductive behavior with males (in cases of male perpetrator and female victim)
- Running away from home
- Signs of infection related to sexual contact
- Sleep disturbances
- Regressive behavior
- Withdrawal
- Clinical depression
- Suicidal feelings

CHILD ABUSE HOTLINE

The Health and Human Services Agency (HHSA) is the designated authority for investigating child abuse allegations in San Diego County. The Child Abuse Hotline receives all reports of suspected child abuse.

Professionals such as physicians, teachers, counselors, and foster parents, in their professional capacity, are mandated by law to report whenever they have knowledge of or observe any suspected abuse or neglect of children. The observations of these professionals are valuable to social workers and the Court. However, anyone who suspects that a child is being abused should also call the Child Abuse Hotline.

If a child appears to be in immediate danger, you may call the police, the Sheriff's office, or the Child Abuse Hotline. These agencies will act quickly if you clearly articulate the danger to the child. You should include the following information about the child and his family:

- Names and addresses of members of the family.
- Age of the child involved.
- Type of abuse, dates and places where the abuse occurred.
- Names and addresses of witnesses to the abuse and/or neglect and their relationship to the child, if known.
- The time the parents or caretakers are most likely to be found at home.

WHAT HAPPENS IF A SOCIAL WORKER INVESTIGATES

The social worker who investigates a report of child abuse has several options dictated by the circumstances of the case:

1. If there is no evidence or insufficient evidence of abuse or neglect, the case may be closed.
2. If the child can safely remain in the home and the parents recognize the problem and are cooperative, the social worker may ask the parents to seek counseling and/or attend a parenting class, or enter a drug/alcohol rehabilitation program. The worker then decides whether to handle the case on a voluntary basis or file a petition in Juvenile Court.
3. If the child would be at risk if left in the home and the Agency cannot provide in-home supportive services that would alleviate the risk, the social worker will remove the child from the home and seek juvenile court jurisdiction.

The social worker always tries to keep the child with his family. Removal is a last resort.

WHAT HAPPENS WHEN A CHILD IS TAKEN INTO PROTECTIVE CUSTODY?

Relative/Non-Related Extended Family Member (NREFM) Placement

A relative/NREFM placement occurs when a relative or non-related extended family member who is willing and able to provide a safe and supportive home for the child is found. The law requires the social worker to attempt to place the child with relatives until the child can safely return home.

When a relative cannot be found but an unrelated adult who has a relationship with the child comes forward to request placement of the child, the social worker must evaluate whether the unrelated adult meets the criteria for a NREFM.

A NREFM is defined as any adult who has an established relationship with the child. The social worker shall verify the existence of a relationship through interviews with the parent and child or with one or more third parties. The parties may include teachers, medical professionals, clergy, neighbors, and family friends (WI&C 362.7).

There are occasionally other parties who may meet the criteria for NREFM status. Some examples are as follows:

- When a child has been adopted and his/her sibling needs a placement. The adoptive parent of the child can be considered a NREFM to the sibling needing a placement.

Each situation must be evaluated on a case-by-case basis to determine if the relationship of the prospective adult caregiver meets the definition for NREFM status.

Notification to Parents

When a peace officer or social worker takes a child into custody, he or she shall take immediate steps to notify the child's parent, guardian, or a responsible relative that the child is in custody and that the child has been placed in a facility authorized by law to care for the child, and shall provide a telephone number at which the child may be contacted.

The confidentiality of the address of any licensed foster family home in which the child has been placed shall be maintained until the dispositional hearing, at which time the judge may authorize, upon a finding of good cause, the disclosure of the address. However, the court may order the release of the address of the licensed foster family home to the child's parent, guardian or responsible relative upon notification of the licensed foster family home in cases where the dispositional hearing is delayed beyond 60 days after the hearing at which the child was ordered removed or detained. Moreover, a foster parent may authorize the release of the address of the foster family home at any time during the placement.

The social worker shall make a diligent and reasonable effort to ensure regular telephone contact between the parents and a child of any age, prior to the detention hearing, unless that contact would be detrimental to the child. The initial telephone contact shall take place as soon as practicable, but no later than five hours after the child is taken into custody.

Immediately after arriving to your home, but no later than one hour after the foster child arrives, a child 10 years of age or older shall be advised that he or she has the right to make at least two telephone calls; one call to his or her parent, guardian, or a responsible relative, and another call to an attorney. The SW may ask for these phone calls to be monitored and also may not allow contact between the child and specific persons.

HOW LONG WILL THE CHILD REMAIN IN CUSTODY?

The decision to detain a child must be made within the first 48 hours after the child is removed from his home. During that time, a social worker will interview witnesses and determine if there are sufficient grounds to file a petition with the Juvenile Court.

If there is not enough evidence to file a petition, the case will be closed and the child will be returned home. The child may also be returned home when there **is** sufficient evidence, if the parents are willing to cooperate with the social worker's recommendations for activities necessary to alleviate the problem and the child can be safely maintained in the home. The social worker will make strong efforts to keep the family intact and avoid Court intervention if possible.

If the situation is too dangerous to return the child, the child will be detained and a detention hearing will be held on the following judicial day. (Note: A "judicial day" is a day the Court is in session.)

When the Agency files a petition, the Judge evaluates the situation and decides the appropriate action. Parents are notified about all hearings.

JUVENILE COURT HEARINGS

There are several court hearings that can occur during the dependency process:

- Detention Hearing
- Jurisdictional Hearing
- Dispositional Hearing
- Review Hearing
- Permanency Hearing
- 366.26 Hearing
- Post Permanency Planning Hearing
- Special Hearing

Parents have the right to "contest" or challenge the recommendations made by the social worker and request that a trial occur at any hearing.

Detention Hearing

The Detention hearing is the first Court hearing after the child is removed. It must occur in Juvenile Court within 72 hours (excluding weekends and holidays) after the child is taken from his home. At the Detention Hearing the Court looks at the allegations made against the parent and considers the evidence and the recommendations of the social worker.

At this hearing the Court will determine whether the child can safely return home. The next hearing is the Jurisdictional Hearing.

Jurisdictional Hearing

The Jurisdictional Hearing is set to determine whether the allegations of the petition are true.

If the court finds the allegations to be true, then it sets a Dispositional Hearing. If the child cannot safety return home, the Judge will continue to detain the child in a foster home, the home of a relative or non-relative family member, or a group home. The Dispositional Hearing is sometimes heard at the same time as the Jurisdictional Hearing.

If the parents deny the petition allegations, they have the right to a trial and to be present while their attorney presents evidence. After reading the social worker's report and listening to any witnesses, the Judge will decide whether the evidence supports the statements in the petition. The Judge has the authority to change the wording of the petition to conform to the evidence presented.

If the Judge decides the evidence does not support the petition, the case will be dismissed. If the Judge decides the evidence does support the petition and the child needs the protection of the Juvenile Court, the Judge will find that the petition is true. If the petition is found true, a Dispositional Hearing is held. This hearing can be the same day or it can be held another day.

Dispositional Hearing

If the Judge made a true finding on the petition, the Judge must decide where the child should be placed. The Judge makes the following decisions at the Dispositional Hearing:

- Does the child need to be declared a dependent child of the Court?
- Should the child be returned to the parents with supervision by a social worker?
- Should the child live with a relative, in a foster home, or in a group home?
- What type of help do the parents need before the child can be returned home?

In summary, the Judge either approves or modifies the recommendations of the social worker and the case plan. The parents are then asked to sign the plan.

Review Hearing

Review Hearings must be held every six months after the Jurisdictional Hearing. The purpose of these hearings is to determine if the child still needs the protection of the court. The Court will want to know if the parent is following the case plan. If the parent(s) have made sufficient progress, the Court may return custody to the parents.

The social worker should tell the caregiver what the recommendation will be prior to the actual hearing.

The review hearings will continue until jurisdiction is terminated which means the Court ends its legal authority over the child and case, sometimes when the child turns 18.

Permanency Planning Hearing

The Permanency Hearing will occur within 12 months after the child was originally removed from the physical custody of his/her parent or legal guardian. In some cases, the court may postpone the permanent plan for another six months. At the Permanency Hearing the Court must consider if the parents have made enough progress with their case plan to ensure the child will be safe at home.

If the parents have made enough progress with their case plan, the child may be returned to them.

If the child cannot be safely returned to them, depending on the age of the child and the circumstances, possible placement plans include adoption, guardianship, or APPLA.

WIC 366.26 Hearing

If the child cannot safely be returned home, then the court will order a W&I Code 366.26 hearing. The 366.26 Hearing is held to determine what is the most appropriate permanent plan for the child. The Court will make findings and orders in the following order of preference:

- Terminate the rights of the parent or parents and order the child be placed for adoption.
- Identify adoption as the permanent placement goal and order that efforts be made to locate an appropriate adoptive family for the child.
- Guardianship with a relative.
- Appoint a legal guardian for the child.
- Order the child be placed in APPLA, subject to the periodic review of the Juvenile Court.

Post-Permanency Planning Hearing

Post-Permanency Planning Hearings are held in all cases in which a permanent plan has been made and jurisdiction continued. The purpose of these hearings is to review the appropriateness and the progress of the permanent plan. The social worker will either recommend that the Court confirm the current permanent plan or set another 366.26 Hearing to change the permanent plan.

Special Hearing

Special Hearings are held whenever a party (e.g., parents, social worker, child) wants an existing court order changed or wants a new one made before the next regularly-scheduled hearing. The most common Special Hearings are the Change of Placement Hearings.

There are other reasons why a Special Hearing may be held:

- Violations of court orders
- Paternity test results
- Parents being located who have never appeared before the court
- Certain travel requests for the child
- Social worker ex parte requests that are opposed
- Changing or vacating a hearing date

CASE PLAN

The law requires that a case plan must be developed when a child is removed from his family. The plan describes in detail precisely what the parents must do in order to have their child returned to them (counseling, parenting classes, treatment for drug/alcohol dependency, etc.). The social worker works with the family to develop the plan which will be ordered and/or modified by the Court.

The main focus for both the social worker and the Court is to assist the parents in resolving their difficulties and to reunite them with their children.

COURT-APPOINTED ATTORNEYS

Children involved in Juvenile Court dependency matters will be assigned a court-appointed attorney to represent them.

Parents who have been accused of abuse or neglect have the right to have an attorney appointed for them.

Responsibilities of Court-Appointed Attorneys

Court-appointed attorneys have the same obligations to their clients that attorneys in private practice do. They must return phone calls within a reasonable length of time and they must be willing to meet with their clients before each hearing.

The child's attorney must notify the caregiver within 10 days of receiving the case to let the caregiver know he or she is the attorney of record.

When the child's attorney makes the initial contact with the foster parent and requests information regarding the child, the foster parent must verify with the child's social worker, the name of the child's attorney before giving that attorney any information.

The child's attorney must meet with the child if the child is age four or older. This does not mean seeing the child in the corridors of the Court building a few moments before a hearing begins, but rather consulting with the child at least several days before the hearing, if possible.

If an attorney does not meet with the child or is not responding to phone calls, this should be brought to the attention of the supervising attorney. This can be accomplished by calling the Dependency Legal Group at (619) 795-1254.

WHEN WILL FOSTER PARENTS BE NOTIFIED OF COURT HEARINGS?

Both HHSA and the Court encourage you to attend hearings whenever possible.

You will receive notice for **all review hearings** while the child is placed in your home.

There is not an automatic procedure for noticing caregivers for the detention, jurisdictional, and dispositional hearings, but, you may ask the child's social worker for the hearing dates.

HOW TO SUBMIT A REPORT TO COURT

You have the right, and are encouraged, to attend hearings and provide information to the Court. You can do this by either using the Caregiver Information Form (JV 290) or submitting a written report. You will want to address the current status of the child's:

- Medical / dental / general physical and emotional health
- Education
- Adjustment to living arrangement
- Social skills / peer relationships
- Special interests / activities.

You may obtain the JV 290 by requesting it from the SW or via the internet at http://www.courtinfo.ca.gov/forms/fillable/jv290.pdf

The report or the JV 290 form may be given to the court by appearing in person at the hearing, providing it to the social worker (who will attach the document to the court report) OR by mailing the document to one of the following locations (when mailing, please ensure you have the correct court location):

1. Juvenile Court at 2851 Meadow Lark Drive, San Diego, CA 92123-2792
2. Juvenile Court at 325 South Melrose Drive, Vista, CA 92081 (for North County)
3. Juvenile Court at 500 3rd Avenue, Chula Vista, CA 91910
4. Juvenile Court at 250 East Main Street, El Cajon, CA 92020
5. Juvenile Court at 220 W. Broadway San Diego, CA 92112

When submitting a report directly to Court, include the following on the top of your report:

- The Birth Mother's name
- The child's **legal** name
- The child's date of birth
- The petition number (if known).

The Thompsons have been foster parents for eight years. They have teenage girls who love having the little ones come into the home on a regular basis. When they agreed to take in little Sammy, they never thought the effects of sexual abuse would be something they needed to cope with. They, like most people, thought of sexual abuse as something that happens to girls. They now know that it happens to boys too. They have had to help him and his preschool teachers cope with his encopresis (soiling in various places like the preschool bathroom floor instead of the toilet) and night terrors. He attends weekly play therapy sessions with a therapist who specializes in child sexual abuse. His anxiety is lessening and he is showing less of the effects of the abuse. Whether he reunifies or not is still up in the air as his mother has been inconsistent in her efforts. Whichever way it goes, the Thompsons are there for him.

The sample foster family stories and pictures shared in this handbook are not actual families. The stories are compilations of typical families doing foster care.

Chapter 9

RESOURCES

FOSTER CARE SERVICES COMMITTEE

In 1976, the County of San Diego Board of Supervisors authorized the formation of the Foster Care Services Committee. The Committee provides an effective process for the review of issues and policies pertaining to the foster care program. The Committee meets monthly and consists of foster parents, relative caregivers, County staff, and community groups. All meetings are publicized and open to the public. Committee goals include:

- Review and make recommendations on policies, programs, and issues affecting caregivers and foster placement.
- Act as an open forum in the review of issues concerning caregivers and foster placement.
- Make recommendations regarding solutions and cost-effective measures to alleviate problems and issues relating to foster parents, relative caregivers, foster placement, and the foster care program.
- Improve communications and create teamwork between the caregiver community, Health and Human Services Agency, other placement organizations, and educational and health care agencies.

If you are interested in participating in this Committee, contact the Committee chairperson. Refer to the telephone directory in the back of this Handbook.

FOSTER PARENT ASSOCIATIONS

The Agency supports and encourages participation in the Foster Parent Associations. Membership is not mandatory, but many foster parents have found the Associations to be a source of information and encouragement. By organizing, foster parents seek new ways to become better parents to their foster children and to actively influence the future development of foster care programs.

There are several Foster Parent Associations in the county:

- San Diego County Foster Parent Association
- North County Foster Parent Association
- Central Region Foster Parents United
- Loving Arms Foster Family Network (North Central)

Call the Kids Line for contact information and additional information on the Foster Parent Associations and support groups available to you.

Goals of the Foster Parent Associations:

- To help raise the standards of foster care
- To increase the community's understanding and acceptance of the foster care program
- To articulate the needs of children who need protection
- To encourage the training, education, and support of foster parents
- To encourage foster home recruitment and retention
- To be recognized and accepted as needed and capable members of the team involved with the care of foster children
- To lobby for the passage of favorable foster care legislation and to block the passage of unfavorable legislation
- To sponsor events for foster families
- To work closely with the Agency so that each may understand the other's difficulties and work toward mutually satisfactory solutions.

Benefits provided by Associations:

- Information and referral
- Liaison services to agencies
- Training
- Support sessions
- Newsletter
- Assistance in solving problems
- Social activities
- Grievance support and representation
- People to talk to
- Mentoring
- Monthly meetings
- Advocacy
- 50% discount at Straight from the Heart thrift store.

FOSTER PARENT INVOLVEMENT PROGRAMS

Mentoring

Mentors can assist with personal, foster child and biological parent issues, system problems and resources. The mentoring program is committed to helping the foster parent with any and all problems that may interfere with being a successful foster parent. You may self-refer by calling 1-800-200-1222.

Recognition Coalition

The Foster Parent Recognition Coalition is composed of public and private nonprofit organizations and professionals involved in the delivery of foster care services. The purpose of the Coalition is to develop events that honor and thank foster parents. Two such events are an annual formal evening "Foster Parent Banquet", and an annual outdoor afternoon "Foster Family Picnic".

If you are interested in participating in this Coalition, contact the Coalition chairperson. See the telephone directory in the back of this Handbook.

Support Groups

Foster parent support groups offer emotional assistance, parenting tips, resource information, and updates on Health and Human Services Agency policies and procedures. Support group members share their experiences and concerns, and receive help from others.

There are over 30 support groups throughout the County. Some groups are specialized based on the type of child, such as "medically fragile," or type of care, such as "Options". Many support groups offer training. A training schedule that lists all support group meetings is mailed to all foster homes periodically throughout the year.

Support group attendance is highly suggested for all foster parents. Experienced foster parents can offer valuable information and support to new foster parents.

FOSTER YOUTH MENTOR PROGRAM

The foster youth mentors are caring, stable adults who provide guidance, stability, friendship, and encouragement to foster youth.

Foster Youth Mentors help in the following ways:

- Increase self-esteem by building on strengths.
- Improve self reliance by joint decision making and goal setting.
- Promote self-sufficiency by assisting with Independent Living Skills preparation.

- Assist with homework, the completion of GED, High School Graduation, and perhaps a College Degree.
- Participate in a variety of social outings and local activities.
- Provide a stable, consistent and genuine friendship.

Foster children may be referred to the Foster Youth Mentor Program through their foster child's social worker who will complete the Volunteers In Social Services/Volunteer Request form (04-116) and send it to the Volunteer Coordinator.

PLACEMENT COORDINATOR'S OFFICE (PCO)

The Placement Coordinators are Agency social workers who assist staff with matching foster children to available foster homes. In addition, they answer questions from foster parents, maintain records of foster home complaints, assist with inquiries from the Placement Quality Review Board, and coordinate referrals to community agencies.

Call the Placement Coordinator if you:

- Have availability in your home for a new child or children.
- Want to place your home on "hold" and not accept any new placements.
- Want to complete a Foster Care Placement Assessment.
- Have questions about liability insurance.
- Have questions about training.
- Have questions about Agency policies or procedures.
- Have questions about maintaining training records.

INSURANCE (LIABILITY)

Foster parents should consider liability claims according to the following priorities. If you have questions about insurance contact the Placement Coordinator's Office.

Foster Family Fund

Although the County is not an insurer, licensed foster parents are provided with third-party liability protection for damage to the property of others by a foster child. The Foster Family Fund, which is administered by the County of San Diego, Office of Risk Management, is subject to certain exceptions.

Exceptions:

- Damage to the foster family's home or personal property caused by the foster child. (Note: The County fund only covers loss or damage to a third party, such as a

neighbor. However, if you experience unusual or exceptional damage to your own property, contact the PCO.)

- Personal injury or bodily injury claims made on behalf of a foster child arising out of the foster parent relationship. (These types of injury claims are covered by the "State Fund".)
- Claims involving the operation of a motor vehicle, airplane or boat.
- Any claim for licentious, immoral or sexual behavior against your foster child or an intentional or criminal act against your foster child by you or any member of your family.

If your foster child injures you or other family members the county may also be responsible for yours or your other family member's injuries if they Agency fail to warn you of the known dangerous propensities of the child.

What to do to file a claim:

1. Notify the child's SW about the incident.
2. Call PCO and ask for a Foster Parent Liability Loss Notice form (04-239).
3. Complete the Liability Loss Notice.
4. Make 2 copies – one for the SW and one for yourself.
5. Send the original to:

Foster Care Placement Coordinator
6950 Levant St.
San Diego, CA 92111

NOTE: While the County cannot represent you in any lawsuit filed against you as a foster parent, it is still important that you advise us of any such claim or suit by contacting your foster home licensing evaluator.

State Fund

The State Fund is a program operated by the State of California. Annual liability coverage for each foster home cannot exceed $300,000. The State Fund covers valid claims against you by a foster child or the child's parent, guardian or guardian ad litem for bodily injury or personal injury arising out of your activities as a foster parent. These injuries must have occurred while the child lived in your home.

Any claim against the Fund shall be submitted within the applicable period of limitations. If the suit is brought on behalf of a foster child, that child or his/her representative has until the child's 19th birthday to file the claim against the Fund. If the suit is brought on behalf

of an adult who believes he/she has been injured, the adult has two years from the date of the injury to file a claim.

The California Department of Social Services shall approve or reject a claim within 180 days after it is presented. No person may bring a civil action against a foster parent for which the Fund is liable unless that person has first filed a claim against the Fund and the claim has been fully executed.

The State Fund does not cover the following:

1. Loss arising out of a dishonest, fraudulent, criminal or intentional act;
2. Any occurrence not arising from the foster care relationship (e.g., a fight at school);
3. Bodily injury arising out of the operation or use of any motor vehicle, aircraft or watercraft owned or operated by or rented or loaned to any foster parents;
4. Loss arising out of licentious, immoral or sexual behavior on the part of a foster parent intended to lead to or culminating in any sexual act;
5. Allegations of alienation of affection against a foster parent;
6. Exemplary (punitive) damages.

IMPORTANT NOTICE

The State Fund will not cover property damage claims that you could have insured against by obtaining a homeowner's or renter's insurance policy, even if you do not have this insurance. Since neither the State Fund nor the County will cover what a homeowner's or renter's policy would have covered, we cannot emphasize strongly enough that you should obtain homeowner's or renter's insurance and ensure that your foster child is included on that policy.

You may submit claims for personal injury made against you by a foster child, the child's natural parents, guardian or Guardian ad Litem for your activities as a foster parent to:

State of California
Office of Insurance and Risk Management-Claims
707 3rd Street, 1st Floor, West
Sacramento, California 95605
(916) 376-5300

NOTE: If you are served with a summons and complaint concerning a foster child it is imperative that you contact the Office of Risk Management in Sacramento immediately. Depending upon the information alleged in the complaint, the State Fund may retain an attorney to represent you in the civil case. You should also notify your homeowner's insurance carrier immediately because you may be entitled to legal representation based upon the terms and conditions of your insurance policy. A response to the complaint must be filed with the court in 20 days [federal court] or 30 days [state court]. Failure to respond to the complaint in a timely manner could result in the entry of a judgment against you and collection proceedings.

Homeowner's or Renter's Insurance

The County strongly encourages you to carry homeowner's or renter's insurance. If you do not carry homeowner's or renter's insurance, liability insurance ought to be considered.

Automobile Insurance

Foster parents are required by law to carry automobile insurance on their own vehicle(s), and they shall never transport a foster child in an uninsured automobile.

OUR CHILD NEWSLETTER

Health and Human Services Agency publishes a foster parent newsletter, Our Child. It is currently published quarterly and contains updates on Agency policy, tips or reminders for foster parents, and special recognition of foster families. To submit articles for Our Child call 1-877-792-KIDS.

RESPITE CARE

Respite care provides relief to the caregiver for the purpose of stress reduction, pre-scheduled medical appointments, trainings, support group meetings, or similar needs, and to assist during emergencies.

Emergencies are defined as the need for care on a sudden, unplanned basis. Emergencies are unforeseen events that include, but are not limited to, serious illness or other incapacity, the death of a family member or personal demands that interrupt the caregiver's ability to provide care.

Respite care is not for routine babysitting, vacations, employment, or to allow the caregiver to provide respite care for other children. The County contracts with a community agency to provide short-term respite care to foster parents. You may qualify if you have at least one foster child in your home.

- Call the agency currently contracted by the County to request respite care. Check the Foster Parent Training Flyer for the name of the agency currently providing respite care.
- You may request service level I for most children; or service level II for severely disabled or medically fragile children.
- A trained provider will come to your house or will provide care in their own home for your foster children as well as your own children. (Most Respite care providers are foster parents.)
- You pay nothing for this service.
- The amount of respite care is limited. The Respite Care Coordinator - (619) 298-7548 will discuss these limitations with you.

VOICES FOR CHILDREN CASA (COURT-APPOINTED SPECIAL ADVOCATE)

The Juvenile Court may appoint a Court Appointed Special Advocate (CASA) to ensure the best interests of the child are protected and to "ensure each child's right to a safe, permanent home". CASAs are trained and supervised volunteers who serve as court-appointed advocates for the children who are dependents of the Juvenile Court.

CASAs have the authority to:

- access all records
- serve as the child's educational surrogate
- advocate for the child's individualized Educational Plan (IEP) or other educational needs with court authorization
- sign the child's IEP
- visit the child
- take the child out of the home for "outings"
- observe the care the child receives

CASAs submit reports to the Court prior to the hearings, attend court hearings, and receive copies of the social worker's reports.

WHO TO CALL AND WHEN

As you know, the Health and Human Services Agency employs many people. Each person has a different role and set of responsibilities. It can be frustrating to call one person and to be told that you should be calling someone else. In general:

- Call the child's social worker (either or both dependency social worker and adoption children's worker) for any questions, problems or incidents involving the foster child.

- Call the licensing worker (and adoption applicant worker) with any changes in your home or family composition.
- Call the Placement Coordinator to report availability.
- Call the Human Services Specialist for anything affecting payments or Medi-Cal cards.

The following is a partial list of whom to call depending on the situation:

SITUATION	Child's Worker	Placement Coordinator	Licensing Worker	Human Services Specialist	Other Source
Absence of either foster parent due to death, divorce or separation.	X		X		
Extended absence of both foster parents from the home.	X		X		
Behavior problems of foster child.	X		X		CASS, If aggression, FHL
Payment: late, lost, incorrect or stolen.				X	
Clothing needs of foster child.	X				
Critical incident such as serious injury or illness, death, suicide attempt, or arrest of a foster child.	X		X		If unavailable, contact the social worker's supervisor, duty worker, or Hotline
Emergency medical care needed (after hours).	X				Doctor, hospital and/ or Hotline.
Foster child is moved out of your home.	X	X	X		
Serious illness of foster parent or other family member.	X		X		
Insurance - third party liability claim.		X			
Questions about your foster home license.			X		
Medi-Cal card.				X	
You are planning a move.	X		X	X	
Relative or other person moving in with you.	X		X		
Remodeling or structural changes in your home.			X		
Renewal of your license. License Site Visit			X		
Respite care.	X				County Contractor: MAXIM
Voluntary placement hold.		X	X		
Runaway foster child.	X		X		Police
School problems.	X		X		If aggression, FHL
Support group schedule		X	X		Grossmont College FAKCE
Suspected child abuse.	X		X		Hotline
Training requirements for foster parents.		X			
Travel out of county with foster child.	X		X		
Travel out of USA with foster child.	X		X		
Issues with birth parent.	X				
Vacations.	X	X	X		
Visits between the foster child and family.	X				
Social worker not available.					SW supervisor or duty SW

GLOSSARY OF TERMS

The definitions listed below are in addition to those listed in Section 87000 of the Manual of Policies and Procedures for Foster Family Homes.

ADOPTION Children's SOCIAL WORKER	Social worker for a child where adoption has been determined to be the case plan.
ADOPTION APPLICANT WORKER	Social Worker for the resource family. The Adoption Applicant worker conducts the adoption home study. If and when the resource family adopts a child the applicant worker provides guidance and support, supervision of the adoption placement and initiates the finalization process.
AFDC-FC	Aid to Families with Dependent Children – Foster Care (AFDC-FC). The primary source for funding reimbursements for out-of-home care.
ALLEGATION	Statements of a child's circumstances made on a Petition of Dependency to Juvenile Court.
AMENDMENT	Change in terms of license.
APPLA	Another Planned Permanent Living Arrangement. This is the federal and state terminology to replace the term Long-Term Foster Care (LTFC)
BASIC CARE RATE	The statewide reimbursement rate paid by AFDC-FC.
BIC	Benefits Identification Number—See Medi-Cal Card
BIRTH PARENT/FAMILY	The biological parents of the children and their families.
CDSS	California Department of Social Services. Administers and provides funding for California counties' local Licensing and Child Welfare Services Programs.

CASE NUMBER	Identification number assigned to every service case. Case numbers are usually preceded by the prefix 40 or 42, and followed by six digits (42-123456).
CASE PLAN	Specific services needed by the foster child and his family, and how these are to be delivered.
CASS	Comprehensive Assessment and Stabilization Services
CIN	Children's Identification Number
CONCURRENT PLANNING	The process of working toward reunification and developing a back-up plan for permanent placement in the event that reunification fails.
CONFIDENTIAL PLACEMENTS	Confidential placements are made when the child's whereabouts is to be kept private. Check with social worker to find out who is authorized to know the child's whereabouts.
COURT ORDER	Court document providing instructions for the care and custody of the child.
DEPENDENT CHILD	A child who is under the jurisdiction of the Juvenile Court. A dependent child has been determined by the Court to have been abused, neglected or exploited, or to be in danger of being abused, neglected or exploited. Dependent children are supervised by a social worker in the Health and Human Services Agency.
DETENTION	A Court ordered temporary holding of a child in protective custody while a full investigation is conducted by the social worker or probation officer. A Detention Hearing must be held by the Juvenile Court within 72 hours after the child is taken into custody.

DISPOSITIONAL HEARING	Juvenile Court hearing to determine, once allegations are found true, what the plan should be for the child. For example, should child be declared a dependent, in whose custody should the child be placed, and the physical location for care of the child.
DSEP	Developmental Screening and Evaluation Program
DUTY WORKER	A social worker responsible for handling inquiries and problems when the assigned social worker or licensing evaluator is not available.
EMERGENCY SHELTER CARE (ESC)	Short-term emergency placement of children in foster care during initial investigation, or emergency change of placement. This includes placement in Polinsky Children's Center, ESC foster home or other County-contracted facilities.
GRIEVANCE	A complaint concerning the placement, care, or removal of a child from a foster home.
GUARDIANSHIP	Court action that gives limited rights and responsibilities to an adult over a child. Guardianship can be set aside by the Court at the request of the guardian, the child's birth parents, the child, or other interested parties if in the child's best interests..
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE	A state and federally funded program which places Public Health Nurses in Child Welfare Services offices to provide administrative case management services to social workers on behalf of the children in foster care.
HEALTH AND EDUCATION PASSPORT	A document that contains a summary of your foster child's (HEP) health history. It contains all of the available health and education information from birth until placement into your home.
HOME STUDY	Evaluations made by the County Licensing evaluator or an Adoptions worker. Home studies are required for license approvals and annual visits, and for adoptions. A

	home study or evaluation may also be made by a social worker to evaluate a potential placement for a child.
JUDICIAL DAY	Any day that the Court is in session.
JURISDICTIONAL HEARING	Court hearing where the Juvenile Court decides if allegations are true, and whether the Court will take jurisdiction over the child.
JUVENILE COURT	Juvenile Court hears cases involving children where protection or delinquency is the issue. Dependency petitions are heard in this Court. It is a branch of the Superior Court.
JUVENILE PROBATION OFFICER	An employee of the County Probation Department who supervises minors who are delinquent wards of the Juvenile Court.
KINSHIP CARE	Out-of-home care provided by relatives or non-relative extended family members.
LICENSING EVALUATOR	County social worker responsible for processing license applications and annual visits. This social worker also supervises licensed homes in order to assure that all licensing standards are being met. Also know as "Licensing Social Worker".
MEDI-CAL CARD Benefits Identification Card (BIC)	The Medi-Cal card is issued by the California Department of Health and entitles the child to medical treatment. Not all doctors or hospitals or pharmacies accept this card. It should be checked out with them before obtaining their services.
MINOR	Any person who is under the age of 18.

NON-RELATIVE EXTENDED FAMILY MEMBER (NREFM)	An adult with whom the child has an established relationship.
NOTICE	The Court uses the word "Notice" to refer to the legal notification given to persons for Court hearings.
NOTICE OF ACTION (NOA)	Written notification of action taken on payment case.
PERMANENT PLAN (PP)	Case plan for a child, developed after reunifying efforts between child and parent(s) have failed. The plan is developed 12 or 18 months after the child has been removed from the parent's custody. The preferred order of permanent options for the child is: a) adoption; b) guardianship with a relative; c) guardianship; and d) another planned permanent living arrangement (APPLA).
PERMANENCY PLANNING HEARING	Hearing held by Juvenile Court to review the best course of action for a child who is unable to return to his parents' home. Usually held within 12 months of child's entry into foster care.
PETITION	A document submitted to the Juvenile Court by the social worker or probation officer. A petition describes the allegations of child abuse and/or neglect.
PLACEMENT COORDINATOR	Social workers designated to keep track of the vacancies in San Diego County foster homes. Placement coordinators are familiar with all the foster homes in the County and assist social workers in locating a suitable foster home for a child.
PRE-PLACEMENT VISIT	The initial introductory visit between child and a proposed foster or adoptive family. The visit is designed to help the child and family get acquainted. This type of contact helps the social worker determine the appropriateness of the match between child and family.

PUBLIC HEALTH NURSE (PHN)	A registered nurse with an advanced degree and a certificate in Public Health who works in CWS and/or Juvenile Probation.
REGULATIONS	State rules that interpret how California Licensing and Child Welfare Laws are to be implemented. Proposed regulations are subject to public hearing before becoming operative.
RELINQUISHED CHILD	Child whose biological parents have relinquished their parental rights to the care and custody of the child.
SPECIAL CARE INCREMENT	A special payment made to foster parents above the basic foster care rate, on behalf of children with greater care needs because of specified health and/or behavioral problems.
TITLE 22 MANUAL OF POLICIES AND PROCEDURES	The Evaluator Manual used for the application and enforcement of laws, policies and procedures in the licensing program.
VOLUNTARY PLACEMENT	Placement of a child in foster care when the parent voluntarily agrees, without Court intervention.
WARD	Child placed under the jurisdiction of Juvenile Court, who has violated general law or is considered to be beyond control of his parents. A ward of the Court is supervised by a Juvenile Probation Officer in the Probation Department.

FORMS LIST

The forms listed below are used either by you or HHSA social workers. Some forms are required for all placements and some are optional, depending on specific circumstances. Samples of these forms follow on the next pages.

A brief explanation of each form is as follows:

1. Agency-Foster Parents Agreement (SOC156)

   Completed by the child's worker and signed by you at the time of placement.

2. Consent for Treatment – Court or Consent for Treatment Parent –(04-24C/04-24P)

   Required to obtain medical services for your foster child. The child's parent or guardian or Juvenile Court must sign it. See Chapter 6.

3. Statement of Dangerous Propensities (04-75)

   Required at the time of placement. Prior to placement, the social worker must discuss any behaviors that may be a danger to the child or others. The social worker and you should sign the Dangerous Propensities form.

4. Placement Needs and Services Plan (04-258)

   Required at the time of placement. The social worker will discuss the child's health and education needs described on this form with you.

5. Parent/Child Contact Log (04-39)

   Used to record all visits and other contacts from the child's parents or relatives. It is important for case planning and is required by the Court. See Chapter 2.

6. Caregiver Information Form plus instructions (JV 290)

   This optional form can be used to provide information to the Juvenile Court about the child's placement.

7. Child Transition Information (04-325)

   May be completed by the foster parent when the child leaves the foster home for another out-of-home placement. This form can be very helpful in assisting the new caregiver in helping the foster child to adjust to the new placement. See Chapter 5.

8. Clothing Inventory and Record of Personal Belongings (04-61)

   You and/or the child's social worker can complete this form. It can be used at the time of placement or removal so you have an accurate record of clothing received or forwarded with the child.

9. Request for Grievance Review (10-62) (also available in Spanish)

   See Chapter 4 for procedures on filing a grievance.

10. Child's Health Visit Report (04-343)

11. Routine Medications Form

    This form was created by the San Diego County Foster Parent Association as a convenience for foster parents to use to seek approval from the child's doctor to administer routine medications.

12. PLACEMENT CHECKLIST FOR FOSTER PARENTS

    This form was created for your convenience for this Handbook.

13. AT THE TIME OF DEPARTURE - A CHECKLIST FOR FOSTER PARENTS

    This form was created for your convenience for this Handbook.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY — CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

AGENCY - FOSTER PARENTS AGREEMENT
Child Placed by Agency in Foster Home

Complete in Duplicate:
One copy to: Foster parents
Child's Social Service Record

The agreement will be initiated when the child is placed in the facility and whenever the rate changes.

NAME OF CHILD | PARENT'S NAME

BIRTHDATE OF CHILD | DATE PLACED | CASE NUMBER

FOSTER PARENT'S NAME | ADDRESS

Anticipated duration of placement is _____ months.

The agency will pay $ _____ per _____ for room and board, clothing, personal needs, recreation, transportation, education, incidentals and supervision. First payment to be within 45 days after placement with subsequent payments no later than the 15th of the month following provision of care.

If additional amounts are to be paid, the reason, amount and conditions shall be set forth here:

Special problems/needs: ☐ No ☐ Yes If yes, explain:

Special Permissions: Special permission for substitute supervision is subject to Community Care Licensing granting an exception to the licensing regulation, which requires that substitute supervision in the foster home be limited to an adult.

☐ Child 15 years or older has permission to remain without adult supervision during temporary absences of the the foster parent(s), not to exceed six (6) consecutive hours in any one 72-hour period.

☐ Substitute supervision may be provided to the foster child by someone 18 years of age or older (not a foster child) during temporary absences of the foster parent(s), not to exceed six (6) consecutive hours in any one 72-hour period.

☐ Other (Explain)

☐ No special permissions granted.

AGENCY AGREES TO

1. Provide the foster parent with knowledge of the background and needs of the child necessary for effective care. This may include a social work assessment, medical reports, education assessment, and identification of special needs when necessary. This shall be made available to foster parents within 14 days from date of placement.
2. Develop a plan for the child and share pertinent aspects with the foster parents.
3. Inform foster parents they may give the same consents on behalf of the child as the parent, except for those prohibitions provided in Social Services Manual Regulations.
4. Not remove the child with less than 7 calendar days written notice unless the child is physically or psychologically endangered, court orders removal, parents or guardians order removal (voluntary placement), signed waiver obtained from foster parents, removal is from an interim placement directly into an adoptive home.
5. Involve foster parents in future planning for the child. The placement shall be reviewed within 6 months.
6. Assist the child in his use of foster care.
7. Assist in the maintenance of the child's constructive relationships with parents and other family members and to involve parents in future planning for the child.
8. Provide procedure for grievances of foster parents.
9. Contact the child and foster parents at least once a month. If case plan would indicate less frequent contacts, the foster parent will be informed.
10. Inform foster parents if child has any tendencies toward dangerous behavior.
11. Provide Medi-Cal card or other medical coverage at time of placement. Arrange for medical examination within 30 days unless child has had such within past 6 months and information is available.
12. Provide a clothing allowance as permitted to meet initial clothing needs.
13. In cooperation with foster parents arrange for visiting by parents or relatives on: _____
14. **Provide assistance with emergencies. Telephone number for after-hours or weekends is: _____**

***See Reverse Side of Form for Optional Long-Term Placement Intent**

FOSTER PARENTS AGREE TO

1. Provide this child the nurture, care, clothing and training suited to his needs.
2. Develop an understanding of the responsibilities, objectives, and requirements of the Agency in regard to the care of this child.
3. Recognize the Agency's responsibility for planning for this child as given by the court or the parent(s).
4. Recognize any limitations of consent imposed by the court or the parent.
5. Increase their knowledge and ability to care for this child.
6. Encourage the child's relationships with his parents and relatives.
7. Cooperate in visiting arrangements between child and parents.
8. Not use corporal punishment, punishment in the presence of others, deprivation of meals, monetary allowances, visit from parent, home visits, threat of removal or any type of degrading or humiliating punishment, and to use constructive alternative methods of discipline.
9. Respect and keep confidential information given about the child and his family.
10. Immediately notify agency of significant changes in this child's health, behavior or location.
11. Accept the child's special problems as given above in my provision of care.
12. Help with termination of placement including return to his own parents, relatives home, or adoptive placement.
13. Give the agency prior notice of at least 7 days if removal of child is requested unless it is agreed upon with the agency that less time is necessary.
14. Conform to the licensing/certification requirements.
15. Provide state and federal agencies access to documentation when documentation is maintained on children in their care.
16. Give advance written notice to the licensing agency and the person or agency responsible for the child of any (foster parent(s)) absence of 48 hours or longer. (Absences may be recorded by telephone in case of emergencies.)
17. Notify the agency immediately if an application is made on behalf of this child for any kind of income. Examples of income include, but are not limited to, child support payments, Veterans Benefits, Railroad Retirement, Social Security, RSHDI, and Supplemental Security Income/State Supplemental Program (SSI/SSP).
18. Remit to Department of Public Social Services any income received on behalf of this child while in foster care up to the full cost of board and care plus medical cost. In addition, I will cooperate to have the Social Security Administration or the appropriate agency, make the Department of Public Social Services the payee for any funds received on behalf of this child.

I have read the foregoing and agree to meet these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of all parties or when this child is removed from home.

SIGNATURE OF CHILD PLACEMENT WORKER | SIGNATURE OF FOSTER MOTHER

TITLE | NAME OF AGENCY | SIGNATURE OF FOSTER FATHER

ADDRESS | ADDRESS

PHONE NUMBER | DATE | PHONE NUMBER | DATE

SOC 156 (NW) REQUIRED FORM - NO SUBSTITUTE PERMITTED

(Continued on Reverse)

County of San Diego | Health and Human Services Agency (HHSA) | Child Welfare Services

CONSENT FOR TREATMENT – COURT

Name of Child: Date of Birth:

I hereby authorize medical, developmental, dental and mental health care to be given to the above-named child while he or she is in any facility operated by the Health and Human Services Agency of the County of San Diego or any licensed/certified foster home or public or private institution, if the treatment is recommended by a licensed physician, dentist, psychiatrist, or other mental health practitioner.

Medical, developmental, dental or mental health care can include:

- Routine admission and placement examinations including blood test, immunization, and cervical cultures (when indicated).
- X-ray examination, local anesthesia, medical or psychiatric diagnosis or treatment by a licensed physician; or, x-ray examination, laboratory examination, local anesthesia, dental or surgical diagnosis or treatment by a licensed dentist.
- Developmental, speech, occupational and physical therapy evaluation and educational and therapeutic interventions.
- Psychological evaluations, psychotherapy, and/or counseling within the practitioner's scope of practice.

The following procedures will require a Court order if a parent refuses or is not available to consent to treatment:

Surgery, general anesthesia, spinal tap, blood transfusion, HIV testing, psychotropic medications and non-emergency surgery.

I understand that in case of serious illness, psychiatric incident, or accident, a reasonable effort to contact the child's parent(s) will be made before medical, dental or mental health care is begun, if the time and conditions permit.

Signature of Judge/Commissioner: _____

Signed at: _____ Date Signed: _____

04-24C (8/08) L2 Original: caregiver Copy: case file

County of San Diego | Health and Human Services Agency (HHSA) | Child Welfare Services

CONSENT FOR TREATMENT – PARENT

Name of Child: Date of Birth:

This Child is: ☐ My Son ☐ My Daughter ☐ A child in my legal custody
This Child is in placement: ☐ Voluntarily ☐ Placed by HHSA or Juvenile Court

I hereby authorize and give my consent for medical, developmental, dental, and mental health care to be given to the above-named child while he or she is in any facility operated by the Health and Human Services Agency of the County of San Diego or any licensed/certified foster home or public or private institution, if the treatment is recommended by a licensed physician, dentist, psychiatrist or other mental health practitioner.

Medical, developmental, dental, or mental health care can include:

- Routine admission and placement examinations including blood test, immunization, and cervical cultures (when indicated).
- X-ray examination, local anesthesia, medical or psychiatric diagnosis or treatment by a licensed physician; or, x-ray examination, laboratory examination, local anesthesia, dental or surgical diagnosis or treatment by a licensed dentist.
- Developmental, speech, occupational and physical therapy evaluation and educational and therapeutic interventions.
- Psychological evaluations, psychotherapy, and/or counseling within the practitioner's scope of practice.

The following procedures will require a Court order if a parent refuses or is not available to consent to treatment:

Surgery, general anesthesia, spinal tap, blood transfusion, HIV testing, psychotropic medications and non-emergency surgery

I understand that in case of serious illness, psychiatric incident, or accident, a reasonable effort to contact me or my child's other parent will be made before medical, dental, or mental health care is begun, if the time and conditions permit.

List any known allergies or reactions to medication:_____

I prefer treatment by: ☐ Private Physician ☐ Other Licensed Hospital/Medical Facility

Name of Family Physician:_____ Telephone:_____

Type of Medical Insurance:_____ Policy Number:_____

If private treatment is selected and cannot, for any reason, be performed, I hereby authorize treatment at a licensed hospital/medical facility.

This consent will expire upon termination of court jurisdiction or upon termination of voluntary placement agreement.

X_____ Signed at:_____ Date Signed:_____
Signature of parent or guardian

_____ Telephone:_____
Address of parent or guardian

04-24P (8/08) L2 Original: caregiver Copies: case file and parent

STATEMENT OF DANGEROUS PROPENSITIES

State ID Number:

Child's Name:

Parents' Names: ;

Care Provider's Name:

The following is all that is known to Child Welfare Services regarding known or suspected dangerous propensities of the child. This information is confidential. Unauthorized disclosure of this information could result in a fine in an amount of up to $1,000.00.

1. Sexual Adjustment Problems:

2. Actual or Diagnosed Suicide Ideation or Attempts:

3. Potential for Violence Towards Others (History of Violent Behavior or Threats):

4. Arsonous Tendencies or Behavior:

I hereby acknowledge that the known or suspected dangerous propensities of the child as to sexual maladjustment, suicide ideation or attempts, violence towards others, or arsonous tendencies have been discussed with me to my satisfaction.

_____ _____

Signature: (Care Provider) Date

_____ _____

Signature: (CWS Social Worker) Date

04-75 (11/03) (L4) 1 County of San Diego/HHSA/Child Welfare Services
Distribution: signed copy to Care Provider and case file

PLACEMENT NEEDS AND SERVICES PLAN

Please check one: ☐ **Licensed Foster Care** ☐ **Approved Relative/Non-Relative Extended Family Member**

Name of Child: **DOB:** **DSS #:**
Assigned SW: **Address:**
Phone #: **Fax #:**<choose one>
Supervisor: **Address:** <choose one>
Phone #: **Fax #:**<choose one>
Child's Atty.: **Address:**
Phone #: **Fax #:**
Child's CASA (if applicable): **Address:**
Phone #: **ext:** **Fax #:**

Court/Petition #: **Court Address:**<choose one> **Department:** <choose one>

The following forms are attached (check all that apply):

Mandatory Forms
- ☐ Authorization For Medical Care (04-24P or C)
- ☐ Dangerous Propensities (04-75)
- ☐ Medi-Cal or Insurance Card attached. Type:
- ☐ Medi-Cal or Insurance # (if card not attached): _____

Other (if applicable/ available)
- ☐ Birth Certificate or Passport
- ☐ CWS Placement History Report
- ☐ PCC Discharge Summary
- ☐ PCC Face Sheet
- ☐ PCC School Discharge
- ☐ Pictures
- ☐ Report Cards
- ☐ IEP
- ☐ Psychotropic Med Authorization (JV 220)
- ☐ Child Transition Information (04-325)

Family has a history of (check all that apply):
- ☐ Child(ren) previously in custody
- ☐ Domestic Violence
- ☐ Health Problems
- ☐ Mental Health Problems
- ☐ Neglect
- ☐ Physical Abuse
- ☐ Substance Abuse (drugs/alcohol)
- ☐ Sexual Abuse
- ☐ Other Concerns:

Child's Case Plan Goal: <choose one> **Child's Permanency Alternative/Concurrent Plan Goal:** <choose one>

Child's Court Ordered Visitation Plan :
Level of supervision by caretaker (Can the child go to the movies, walk to school by him/herself, play in front yard, etc?):
Who may visit (siblings, parents, grandparents, etc.)?
Frequency: Dates and Times, if applicable: Who will transport:

Child's service needs (required): ☐ **Case Plan Individual Client Responsibilities Report for this child is attached.**

Does the child need a medical examination and/or dental examination (if child is 3 and older) within 30 days of placement date? (REQUIRED for all initial placements if child has not had exam at PCC or North County Assessment Center.)
Medical ☐ YES ☐ NO Dental ☐ YES ☐ NO

Health and Education Summary Note: Division 31 regulations require a H&E summary be provided to caregiver as soon as possible, but no later than 30 days of initial placement or 48 hours for change of placement. The Health and Education Passport (HEP) is the preferred method. In the absence of an existing HEP, the H&E information must be documented below.

- ☐ Health and Education Passport is attached, OR (if there is no information in the HEP, do not attach, complete below)
- ☐ A summary of all known health and education information is outlined below:

Health:
- ☐ Known medical problems / allergies/ special diet instructions:
- ☐ Health issues requiring caregiver to give injections, i.e.: severe diabetic hypoglycemia, anaphylactic shock, insulin, etc.: ☐ YES ☐ NO
  If yes, view written verification from the licensed health care professional that caregiver has been trained on giving injections and document this on the FC-16 Medically Fragile Special Training Log, then file in case file.
- ☐ Medications (all medication in possession of Agency must be provided to SCP):

- ☐ Health and Education Questionnaire completed by parent(s) (Court form JV-225) is attached

PARENT/CHILD CONTACT LOG

Child's Name

Foster Parent/Relative Caretakers

Parent/Guardian Name

Date of Current Placement

State ID/Petition Number

Date of Next Court Hearing

Date			How	Where	Contact With		Relation	Observation
Mo.	Day	Yr.			Last	First		Brief

Foster Parent(s)/Relative Caretaker's Signature

Date

Social Worker Signature

Date Reviewed

04-39 (1/01) (1A) 1 of 1 County of San Diego/HHSA/Children's Services

FOSTER PARENT REPORT AND RECOMMENDATION

Child's Name: _____

Date of Next Court Hearing: _____
Date of Current Placement: _____

A. Foster Child

1. Health
   [ ] Good
   [ ] Fair
   [ ] Poor

   Comments:

2. Behavior
   a. School
      [ ] Good
      [ ] Fair
      [ ] Poor
   b. Home
      [ ] Good
      [ ] Fair
      [ ] Poor

   Comments:

B. Foster Child/Natural Parent Relationship

1. Visitation
   [ ] Consistent
   [ ] Inconsistent
   Usually: [ ] On Time
   [ ] Late/No-show

   Comments:

2. Child's Attitude Towards Anticipated Visits
   [ ] Eager [ ] Hesitant
   [ ] Fearful [} noncommittal

   Comments:

3. Child's Behavior During and After Visitations
   [ ] Quiet [ ] Aggressive
   [ ] Participated [ ] Withdrawn
   [ ] Comfortable [ ] Nervous

   Comments:

4. Natural Parent's Interaction with Child

Assumed parent role	[ ]	Yes	[ ]	No
Attentive to child	[ ]	Yes	[ ]	No
Displayed physical affection	[ ]	Yes	[ ]	No
Displayed concern for the child	[ ]	Yes	[ ]	No

Comments: _____

C. Do you have a recommendation or comment regarding the parents reunification with the child?
[ ]Yes [ ] No

Comments: _____

_____
Foster Parent(s)/Relative Caretaker's Signature

_____
Date Completed

_____
Social Worker Signature

_____
Date Reviewed

04-39 11/01 (L4) 2 of 3 County of San Diego/HHSA/Childrens Services

Instructions

Please print or type all entries. Maintain a separate form for each child in placement.

This form is to be completed by the foster parent(s)/relative caretaker(s). Complete the form and mail to the child's social worker at least five weeks prior to the next scheduled Court hearing. When a child is removed from your home, give this form to the social worker removing the child. The social worker may also request the form at other times. A copy of this form will be submitted to the Juvenile Court and the attorneys representing parents or children.

Parent/Contact Log

Contact between parents/significant others and the child are to be recorded on the log. This log will provide a documented history of parent and child contacts.

Date	-	Enter exact date of contact (month/day/year).
How	-	Enter how contact was made. Use abbreviations (P=phone, V=visit, L=letter).
Where	-	Enter location where visit occurred (foster home, school, parent's home, etc.).
Contact	-	Enter first and last name(s) of person(s) contacting the child.
Relationship	-	Enter relationship of person(s) contacting the child (i.e. mother, father, aunt, grandparent(s),etc.). Use abbreviations.
Observation	-	Typical observations: child reaction, length of visit, parent on time or late, purpose of contact (i.e. regular visit, take child to doctor, etc.). You may use a separate sheet of paper since space is limited in this column. Please date your observation (month/day/year).

Foster Parent Report and Recommendation

Caretakers for children in placement have an opportunity to have their evaluation and recommendation presented to the Court. The Foster Parent Report and Recommendation form has been revised to provide a standard format to submit to the Court.

Checkmarks, comments or a combination of both may be used in completing the form. You may use a separate sheet of paper, referencing appropriate section on the form (e.g. "A-1 Health", "B-2 Attitude").

JV-290

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	*FOR COURT USE ONLY*
CHILD'S NAME: HEARING DATE AND TIME:	
CAREGIVER INFORMATION FORM	CASE NUMBER:

To the current caregiver, preadoptive parent, community care facility, or foster family agency caring for the child: You may submit written information to the court and you may attend review and permanency hearings. You may use this optional form to provide written information to the court. Please type or print clearly in ink and submit the original and eight copies of the form to the court clerk's office at least five calendar days (or seven calendar days if filing by mail) before the hearing. Be aware that other individuals involved in the case have access to this information. See form JV-290-INFO for instructions on how to complete this form and file it with the court.

1. a. Child's name:
   b. Child's date of birth: c. Child's age:
2. **Caregiver Information** *(Answer only if you are a caregiver, skip #3.):*
   a. Name of caregiver:
   b. Type of caregiver: ☐ Foster parent ☐ Relative ☐ Legal guardian ☐ Preadoptive parent ☐ Nonrelative extended family member ☐ Other *(specify):*
   c. The child has been living in my home for *(specify):* years months.
3. **Agency or Facility Information** *(Answer only if you are an Agency or Facility, skip #2.):*
   a. Name of agency or facility:
   b. Address:
   c. Telephone number:
   d. Type of facility: ☐ Foster family agency ☐ Community care agency ☐ Other *(specify):*
   e. The child has been placed with our agency/facility for *(specify):* years months, and in the current home for *(specify):* years months.
   f. Name of person completing form: Title:
   g. Hours per week the person completing this form spends with the child *(specify):* hours/week.
   h. The information on this form consists of
      (1) ☐ the observations and recommendations of the person filling out this form.
      (2) ☐ the observations and recommendations of a group or team made up of the following individuals *(specify):*
4. **Current Status of Child's Medical, Dental, and General Physical and Emotional Health**
   a. ☐ There is no new or additional information since the last court hearing.
   b. ☐ There is new or additional information since the last court hearing, as follows *(do not include the names of doctors):*

Form Approved for Optional Use
Judicial Council of California
JV-290 [Rev. October 1, 2007]

CAREGIVER INFORMATION FORM

Welfare and Institutions Code, §§ 366.21(c), (d); 16010(f)(3);
Cal. Rules of Court, rule 5.534(m)
www.courtinfo.ca.gov

American LegalNet, Inc.
www.FormsWorkflow.com

CHILD'S NAME:	CASE NUMBER:

5. **Current Status of Child's Education**
   a. ☐ There is no new or additional information since the last court hearing.
   b. ☐ There is new or additional information since the last court hearing, as follows *(do not include the names of schools):*

6. **Child's Special Education Status**
   a. ☐ The child is a special education student. Date of last Individualized Education Plan (IEP):
   b. ☐ The child is not a special education student.
   c. ☐ I do not know the child's special education status.

7. **Current Status of Child's Adjustment to Living Arrangement**
   a. ☐ There is no new or additional information since the last court hearing.
   b. ☐ There is new or additional information since the last court hearing, as follows:

8. **Current Status of Child's Social Skills and Peer Relationships**
   a. ☐ There is no new or additional information since the last court hearing.
   b. ☐ There is new or additional information since the last court hearing, as follows:

9. **Current Status of Child's Special Interests and Activities**
   a. ☐ There is no new or additional information since the last court hearing.
   b. ☐ There is new or additional information since the last court hearing, as follows:

10. **Other Helpful Information**
    a. ☐ There is no new or additional information since the last court hearing.
    b. ☐ There is new or additional information since the last court hearing, as follows:

11. **Recommendation for Disposition *(Outcome)***
    a. ☐ I have no recommendation for disposition *(outcome)*.
    b. ☐ I am recommending the following disposition *(outcome):*

12. ☐ If you need more space to respond to any section on this form, please check this box and attach additional pages.
    Number of pages attached: _____

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF CAREGIVER OR FACILITY/AGENCY STAFF PERSON WHO HAS COMPLETED THIS FORM)

INSTRUCTION SHEET FOR CAREGIVER INFORMATION FORM

Background

1. **What is the "Caregiver Information Form"?** The *Caregiver Information Form*, also called form JV-290, is intended to provide an easily accessible way for foster parents, relative caregivers, preadoptive parents, nonrelative extended family members, legal guardians, community care facilities, and foster family agencies (or any other individual or agency currently caring for a foster child) to provide information about the child to the court.

2. **When does it need to be filled out and filed?** The *Caregiver Information Form* is an optional form. If you choose to use it, fill it out and file it with the court along with eight copies, at least five days before the hearing, or mail it to the court for filing at least seven days before the hearing. Follow the instructions below. Do not wait until the day of the court hearing to file the form.

3. **Current foster parents, relative caregivers, preadoptive parents, nonrelative extended family members, legal guardians, and other individuals caring for a child:** You may fill out this form even if a staff person from the child's foster family agency or community care facility is also filling it out. You may write a letter to the court, instead of using the form. Either way, follow the procedures described on the next page about making copies, filing, and attending the hearing. Be aware that the form or letter will be provided to parties and attorneys. If you are a confidential foster parent, provide information to the child's social worker rather than filing the form or letter with the court.

4. **Foster family agencies or community care facilities:** You may complete this form and use it as the mandatory report required by Welfare and Institutions Code section 366.21. It is recommended that each agency or facility develop a policy about who is responsible for filling out and filing the form or report on behalf of each child.

5. **What should I be thinking about as I fill out the form?** Use the form to provide factual information about the child, such as behavior you have observed and information about the child's needs. Avoid including opinions or information not related to the child. The goal is to provide information to the court that helps the judge make informed decisions about the child.

How to Fill Out Form JV-290

1. **Complete the caption.** These are the boxes at the top of the page.
   - *Court name, street address, and mailing address.* Write the name of the county where the court is located and the street and mailing addresses of the court. If you do not know the name and address of the court, look on the notice of the court hearing you received in the mail or go to *www.courtinfo.ca.gov/courts/find.htm* to find the local court in your county. For branch name, write "Juvenile."
   - *Child's Name.* Write the child's first and last names.
   - *Hearing Date and Time.* Write the hearing date and time. Ask the social worker if you do not have this information.
   - *Case Number.* This number is on the notice of the court hearing you received in the mail. If you do not have the number, ask the child's social worker or attorney for the number. If the case involves brothers and sisters (siblings), there may be more than one case number. Be sure to use a separate form and the correct number for each child.

2. **Complete information about the child and about yourself or your agency.**
   - *Item 1.* Fill in the child's first and last names, date of birth, and age.
   - *Item 2.* Foster parents, relative caregivers, and other individuals caring for children should complete item 2. Include your name, what type of caregiver you are, and how many years and/or months the child has lived in your home. Skip item 3. If you are a confidential foster parent, provide information to the child's social worker rather than filing this form with the court.
   - *Item 3.* Foster family agencies, community care facilities, and staff at any other group-care setting should skip Item 2 and complete item 3. Indicate the facility name, address, telephone number, the type of facility, how long the child has been with your agency, and how long he or she has been in the current placement. Then write your name (the person completing form) and your title. If it is not clear from your title, explain in what capacity you work with the child. Indicate how many hours each week you spend with the child. Finally, check the box to indicate whether you are filling out the form based on your own observations and recommendations or on those of a group or team. If applicable, specify the members of the group or team.

Form Approved for Optional Use
Judicial Council of California
JV-290-INFO [New October 1, 2007]

Welfare and Institutions Code, §§ 366.21; 16010(f)(3);
Cal. Rules of Court, rule 5.534(m)
www.courtinfo.ca.gov

3. **Complete items 4–10 about the child.** For each question, check the box to indicate whether there is new information since the last hearing. Briefly write new information in the appropriate section of the form. Do not describe anything you have not personally observed.
   - *Item 4.* Provide information on the child's medical, dental, and general physical and emotional health (e.g., doctor visits, hospitalizations, and medications; descriptions of physical or emotional development).
   - *Item 5.* Provide information on the child's status at school, if applicable (e.g., child's grade level; public or nonpublic school; how the child is doing in school; outcomes of testing or school conferences).
   - *Item 6.* Indicate whether the child is a special education student and, if so, the date of the most recent Individualized Education Plan (IEP).
   - *Item 7.* Provide information on how the child is adjusting to your home/facility (e.g., child's social skills and behavior at home; how the child is interacting with other family members; how the child expresses feelings and needs; the child's eating and sleeping patterns).
   - *Item 8.* Provide information on how the child is getting along with others (e.g., peer relationships, relationships with teachers and other adults outside of your family).
   - *Item 9.* Provide information on the child's special interests and activities (e.g., participation in sports or music lessons; how often the child participates; any talents, interests, or hobbies).
   - *Item 10.* Provide any additional information that you believe the court should know about the child (e.g., behavioral information; services the child is receiving; your recommendations for additional services that are needed; visitation information, such as dates of visits with parents or siblings).
4. **Recommendation for Disposition *(Outcome).*** If you are a community care facility or foster family agency, you must include your recommendation for disposition if the JV-290 form is being used as your report required under Welfare and Institutions Code section 366.21(d). Foster parents and other individual caregivers may include their recommendation for disposition (outcome) if they choose.
5. **Add any attachments.** Check the box in item 12 to add additional pages. You may attach information from the child's teacher, doctor, or other service providers and a photograph of the child.
6. **Sign and date the form.** On the bottom of page 2, write the date, type or print your name, and sign your name.

What to Do With the Form After You Have Filled It Out

1. **Make copies.** Caregivers should make eight or more copies of the completed JV-290 form and any attachments.
2. **If you choose to file the form in person.** At least **five** calendar days before the hearing date, bring the original form and the recommended eight copies to the court clerk's office at the courthouse where the hearing will be held. Ask the clerk to file the form for you. Keep one copy of the date-stamped form for yourself. The clerk is responsible for providing the form to all parties and completing and filing the proof of service form.
3. **If you choose to file the form by mail.** At least **seven** calendar days before the hearing date, mail the original form and all but one of the copies to the court clerk's office at the courthouse where the hearing will be held. Put two stamps on the envelope. Include a note indicating "For filing and service" and including the case number. The clerk is responsible for providing the form to all parties and completing and filing the proof of service form.
4. **Confirm the hearing time, date, and place.** If you plan to attend the hearing, call the social worker to confirm the hearing date, time, and courtroom.

What to Do on the Hearing Day

1. **Bring extra copies of the form.** If you decide to attend the hearing, it is suggested that you make additional copies of the form and any attachments in order to provide copies to anyone at the hearing who did not receive them.
2. **Comments in court.** If you choose to attend the hearing, any comments you make should be short, factual, and based on your own observations. You may raise your hand to let the judge know you would like to speak, or let the courtroom clerk or deputy/bailiff know before the hearing.

Child Transition Information

As the child's primary caregiver, you know the child best. Your input is valuable. The child's next caregiver will find this information very helpful. Please take a moment to fill out this information and give it to the child's SW when the child leaves your home.

Would it be okay for the next SCP to contact you for more information on the child? ☐ Yes ☐ No

Your Name: _____ If yes, Your telephone number: _____

Child's Name:	DOB:	Date:
Length of stay in your home: _____ Years _____ Months	Reason for change-of- placement:	
Child's likes (such as, food, music, etc.):	Child's dislikes:	
Please describes this child's: Social Interactions: Activity Levels: Personality Traits:		
List the following about the child: • Name of formula (infants/toddlers): • Amount of food (including snack, milk/formula) intake per day: • Feeding schedule (infants/toddlers): ; ; ; Routine and Needs: • Nap time schedule (infants/toddlers): ; ; ; ; Routine and Needs: • Wake up time (morning): • Sleep (nighttime) schedule: ; Routine and Needs: Routine and Needs: • Sleeping issues (such as nightmares, bed wetting, sleep walking, etc.): • Talents/skills (such as sports, drama, music, art, cooking, etc.): • Effective discipline method(s) for the child: • Effective reward system for the child: • Favorite toy(s), clothe(s), food or "comfort" item(s):		
• For children (> 14 years old) ➢ Household tasks the child is able to perform: ➢ Independent Living Skills (such as budgeting, public transportation, etc.): ➢ Employment:		
• Known irritants to child:		

Child Transition Information

- All known allergies (such as, medications, food/formula, diaper brand, animals, etc):
- Health or medication problems/conditions:
- Aspirations/dreams shared with you:
- After school program/activities:
- Education Related:
  - ◊ Strengths –
  - ◊ Areas needing improvement -
- Self-care:
  - ◊ Dressing, Bathing, Hygiene –
  - ◊ Other –
- Favorite holiday:
- Mentor/role model:
- Any special needs or consideration (such as diet, religion, etc.):

Favorite games:

Hobbies:

Other helpful information:

- Based on your observation, describe the child's relationship with the biological family and relatives:

Visitation Schedule

	Mother	Father	Siblings	Relative	Other
Days					
Time					
Location					
Supervised					

Visitation Comments (Include any concerns or issues):

The following documents will accompany the child:

☐ Birth Certificate ☐ Medi-Cal/ Insurance Card ☐ Social Security Card ☐ Work Permit ☐ HEP

Please provide any additional information you would like to share:

County of San Diego/HHSA/Child Welfare Services

Clothing Inventory and Record of Personal Belongings

Date of Inventory_____
Initial/COP/Final (circle one)
SW_____

Child_____
Substitute Care Provider_____
Institution_____

# OF ITEMS	ADEQUATE IN NUMBER? (yes/no)	CONDITION (new/wearable/needs replacing)
UNDERWEAR		
NIGHTWEAR		
CASUAL/PLAY CLOTHES		
SCHOOL CLOTHES/UNIFORMS		
OUTERWEAR		
SHOES		
OTHER CLOTHING		
PERSONAL/GROOMING ITEMS		
OTHER BELONGINGS		

04-61 (11/03) L4

County of San Diego/HHSA/Child Welfare Services

Clothing Inventory and Record of Personal Belongings

Instructions

Use of the following guidelines can help clarify expectations and avoid discrepancies. Clothing and other items bought with foster care monthly reimbursements or clothing allowances, as well as gifts, are considered as belonging to the child. Each child should always have an adequate wardrobe of clothing appropriate to the child's age and sex, maintained in acceptable wearing condition (clean, mended, etc.). Clothing items are to be replaced when they are worn out or outgrown. A percentage of each month's foster care reimbursement should be allocated for basic clothing needs. Special clothing allowances can be authorized by the assigned social worker and issued at initial placement or upon change of placement, if needed. Additionally, a replacement clothing allowance of $100 is issued in August of each year for all children in placement. Foster parents are encouraged to save receipts and/or price tags for their records.

The 04-61 form can also be used to record non-clothing items of value (monetary or sentimental/personal) in the child's possession. Such items might include a bicycle, electronic games, stuffed animals, jewelry, etc..

The following estimates can be used as a guide for determining a child's minimum clothing needs based on age and sex:

AGE:	0 – 1 ½	1 ½ - 4	5 – 9	10+
SEX:		M/F	M/F	M/F
ITEM: **Underwear**				
Briefs/Panties		6	6	6
Undershirts	8	6/-		3/-
Bras				-/3
Daywear				
Pants/skirts			5	5
Shirts/blouses	1		5	5
Shorts/play suits	3	5	2	2
T-shirts/tops	2	2	2	2
Dresses/slacks	2	1	1	1
Socks/nylons	6	6	7	7
Shoes				
Everyday	1	1	1	1
Play	1	1	1	1
Dressy	1	1	1	1
Outerwear				
Jackets	1	1	1	1
Sweaters	1	1	1	1
Sweatshirts		1	1	1
Nightwear				
Nightgowns/PJs	3	3	2	2
Blanket sleepers	2	1		
Grooming items				
Comb	1	1	1	1
Brush	1	1	1	1
Toothbrush	1	1	1	1

NICK MACCHIONE, FACHE
DIRECTOR
HEALTH AND HUMAN SERVICES AGENCY

DEBRA ZANDERS-WILLIS
DIRECTOR
CHILD WELFARE SERVICES

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

CHILD WELFARE SERVICES
(858) 694-5413 FAX (858) 694-5475

CHILD WELFARE PROGRAMS
858-694-5111

POLICY AND PROGRAM SUPPORT
858-514-6603

POLINSKY CHILDREN'S CENTER
858-514-4718

ADOLESCENT SERVICES
858-694-5751

REQUEST FOR GRIEVANCE REVIEW

Director
Child Welfare Services
6950 Levant Street
San Diego, CA 92111

To be completed by social worker

I hereby request a review of one of the issues specified below: *(Check appropriate box)*

- ☐ Denial of an approval of a relative or non-relative extended family member's home, **or**
- ☐ Placement services provided, **or**
- ☐ Care of foster child, **or**
- ☐ Notice of pending actions, **or**
- ☐ Procedures for removal from foster care of the following child(ren):

NAME OF CHILD (1) (Last) (First) (Middle) DATE OF BIRTH

(2) (Last) (First) (Middle) DATE OF BIRTH

SOCIAL WORKER

DATE CHILD(REN) PLACED

DATE CHILD(REN) IS/ARE TO BE REMOVED (If applicable)

To be completed by applicant/caregiver

COMPLAINT (Include: 1- A Statement of the action you are complaining about.
2- dates, if applicable; 3- names of persons involved, and 4- your proposed solution to the problem.)
NOTE: Placement decisions are not grievable. (include additional sheets of paper if you need more room)

_____
_____
_____
_____
_____
_____

Signature _____ Date _____
(Relative, Non-Relative Extended Family Member,
Foster Parent, Legal Parent, Legal Guardian)

Address _____ Phone # _____
Number Street

_____
City Zip

10-62 (7/09) L4

1

GRIEVANCE REVIEW HEARINGS

I. Availability of Grievance Review

Relatives, Non-Relative Extended Family Members, Foster Parents, parents/legal guardians, and children have a right to a grievance review when they have a complaint or are dissatisfied with procedure or actions related to the denial of an approval of a relative or non-relative extended family member's home, placement services provided, care, notice or procedures for removal of children from a foster home.

Before Completing This Form:

Discuss the problem with the social worker and his or her supervisor. If you are unable to resolve the problem, contact the section manager. Many problems can be resolved in this way quickly and without the need for a formal hearing.

II. Situations Where A Grievance Review is Not Available

A grievance hearing will not be granted for the following issues:

1. Removal of a child who is in imminent danger.
2. A court has ordered the child's removal.
3. Adverse licensing/certification actions have occurred which prohibit the foster parent(s) from continuing to provide services.
4. Removal of a voluntarily placed child is requested by the child's parent(s)/guardian(s).
5. Removal of a child or modification of services resulting from an administrative review panel decision.
6. Removal of a child for direct placement into an adoptive home.
7. Any complaint regarding the validity of a law or state regulation.
8. Any complaint regarding the issuance, or payments, of aid or medical assistance for which a fair hearing may be requested.
9. Any complaint regarding the placement decision.

III. Grievance Review Procedures

1. If after discussing the issue with the social worker, supervisor and section manager you are still dissatisfied, complete the front of this form and mail it to the Director of Child Welfare Services at the address shown.
2. The request for a grievance review must be filed with the Director within fifteen (15) calendar days after becoming aware of the issue.
   a. In cases involving removal of a child, not excluded in II above, the request for a grievance hearing must be received by the Director not less than two (2) calendar days before the intended date of removal.
   b. When a request for a hearing is made in accordance with 2(a) above, the child will remain with the foster parents pending completion of the hearing and a decision by the Director.
3. Refer to the Foster Parent Handbook for further information regarding your rights as a foster parent and specific grievance hearing procedures.

COUNTY OF SAN DIEGO- HEALTH VISIT REPORT*

Please complete for all health visits. This information will be used to update the Health and Education Passport (HEP). **PLEASE RETURN COMPLETED REPORT TO THE HEP STAFF BY USING THE POSTPAID ENVELOPE.**

Patient Information

CHILD'S NAME:
Case Number: **DOB:**

***To be completed by a Health Provider. (PLEASE PRINT CLEARLY)**

MEDICAL VISIT: ☐ Well Child ☐ Sick Visit ☐ Other Visit (specify specialty): _____

DX: (MUST BE COMPLETED)

ICD-9: _____
HT: _____ WT: _____
HC: _____ BMI: _____
HGB: _____ HCT: _____
Allergies: _____

RX:

Referral(s) Made: Provider: _____ **Specialty:** _____ **Tel** (__) _____

Follow-up Needed: _____

IMMUNIZATIONS: Record dates given or attach copy of record

IPV	DTaP	HIB	MMR	HEP B	VARICELLA
1 _____	1 _____	1 _____	1 _____	1 _____	1 _____
2 _____	2 _____	2 _____	2 _____	2 _____	2 _____
3 _____	3 _____	3 _____		3 _____	☐ Chickenpox Disease History
4 _____	4 _____	4 _____			Date: _____
	5 _____				

HEP A	PCV 7	MCV4	HPV	INFLUENZA	OTHER
1 _____	1 _____	1 _____	1 _____	1 _____	1 _____
2 _____	2 _____		2 _____	2 _____	2 _____
	3 _____		3 _____		3 _____
	4 _____				4 _____

	DATE GIVEN	DATE READ	RESULTS
TB Mantoux (PPD)	_____	_____	☐ Negative ☐ Positive _____ mm*
CHEST X-RAY	_____	→→→→→	☐ Normal ☐ Abnormal
***RX PLAN: Start Date:**	_____	MEDS: _____	RX Duration: _____

DENTAL VISIT: ☐ Dental Exam ☐ X-rays ☐ Cleaning ☐ Fluoride ☐ Sealants ☐ Fillings
☐ Other: _____

Referral(s) Made/ Follow-Up Needed: _____

DATE OF VISIT: _____ Health Provider: _____ (Print or Stamp)

Telephone (___) _____ Address: _____

~ For use by HEP Staff only ~

04-343 (09/07) HHSA / CWS

Routine Medications Form*

Child's Name_____

Date_____

Date of Birth_____

Allergies_____

The following over-the-counter medications may be administered under the specific conditions as listed and adhered to **as stated on the label:**

( ) **ORAJEL—**Toothache pain relief; child complaining of toothache pain. Apply to tooth cavity and gums as needed.
( ) **MULTI-VITAMIN**—1 tablet daily after meal
( ) **DIMETAPP**—Nasal decongestant, antihistamine; child complaining of stuffy nose, sneezing, itchy/watery eyes, and/or nasal congestion.
( ) **ROLAIDS**—Child complaining of heartburn or upset stomach—as symptoms occur.
( ) **VISINE**—Child complaining of eye irritation and dryness; instill 1-2 drops in affected eye up to 4x's daily.
( ) **DRAMAMINE**—Prevention of nausea, vomiting or dizziness (associated with motion sickness); given before activity.
( ) **PAIN RELIEVERS** (Ibuprofen, Tylenol, etc.)—Child complaining of minor aches and pains, headaches and fever.
( ) **NEOSPORIN/BACTINE (First Aid Cream**)— Child complaining of cuts, scrapes, scratches, sunburn, minor burns, or insect bites; apply to affected area as needed.
( ) **MYLANTA**—Child complaining of heartburn, sour stomach and/or gas.
( ) **COUGH SYRUP/COUGH DROPS**—Child complaining of itchy throat and/or cough.

ADDITIONAL COMMENTS:_____

_____

_____

PHYSICIAN'S SIGNATURE_____**DATE**_____

This form was developed by the San Diego County Foster Parent Association to use when seeking permission from the doctor to use routine over-the-counter medication with foster children in the home.

PLACEMENT CHECKLIST FOR FOSTER PARENTS

Your foster child's social worker should give you the following information and/or records on the day of placement if at all possible. Ask the worker about <u>each</u> of these items and make notes.

[ ] A Consent for Treatment (form 04-24).

[ ] A Medi-Cal card for each child (client identification number and issue date until card is received).

[ ] A Copy of child's birth certificate

[ ] A US passport or alien registration card if available

[ ] Any medical and dental history reports, including all immunizations, known allergies, and pertinent psychological information if available. (**NOTE**: The child's Health and Education Passport will be mailed to you soon after placement.)

[ ] A Needs and Services Plan including any instructions for current and future medical and dental care, psychiatric and psychological consultations, evaluations or treatment, child's supervision needs, and any special needs of the child.

[ ] Medications and any written instructions regarding medications or prescriptions.

[ ] The Agency – Foster Parent Agreement (SOC 156) completed by the social worker, signed by you and the social worker. This placement agreement must be **complete** and contain the name and telephone number of the social worker and the worker's supervisor. Be sure to read both sides of the agreement carefully. Retain your copy for your records.

[ ] The SOC 156 must indicate the Foster Care Payment Rate and the effective date of placement. This is also the start date for payment. Be sure the case number is filled in at the top of the form in the space provided.

[ ] Clothing needs and clothing allowance, if necessary. You and the social worker will inventory the child's clothing to see what is actually wearable.

[ ] Religious participation, if applicable.

[ ] Information for school transfer, including name of last school, grade, achievement level, and any special problems.

[ ] Description of any known dangerous propensities of behaviors of the child including sexual aberrations, promiscuity, and seductive manner; or if the child has been a victim of sexual abuse, is a fire setter or has exhibited violence towards animals or people.

[ ] Any special transportation requirements or plans.

[ ] A clear understanding of the rights of the child's parents and a visitation plan (who, where, when). List any unauthorized visitors.

[ ] Information on what to do and who to call for weekend or evening emergencies.

[ ] JV290 Caregiver Information Form

[ ] Attorneys Name and Phone number

If the above items are not immediately available ask the social worker to help you obtain them as soon as possible.

AT THE TIME OF DEPARTURE - A CHECKLIST FOR FOSTER PARENTS

The following information, records, and/or property should be assembled in advance and given to the child's social worker when a foster child leaves your home:

[ ] The child's Consent for Treatment (form 04-24) and Authorization to Use or Disclose Protected Health Information (form 04-24A).
[ ] Placement Needs and Services Plan (form 04-258) - Updated.
[ ] A current Medi-Cal card, social security card, birth certificate and California Identification card if available.
[ ] The child's Health and Education Passport and/or medical, dental, allergy and immunization records and names of doctors and dentists. Be sure to give the social worker a list of any pending appointments the child may have.
[ ] All medical supplies, equipment, medication and/or prescriptions for the child, if any, and any special instructions. Send any special appliances or devices prescribed for the child.
[ ] A description of any unusual and/or dangerous behaviors you have observed.
[ ] The updated album or folder of child's pictures, school reports, achievements, awards, cards and letters, and any other events that occurred in the child's life while he was with you.
[ ] A report of any special problems or habits, including personal strengths, personal growth in the child you have observed.
[ ] The completed Child Transition Information form (04-325) describing the child; the child's reaction to the placement, social interactions, activity levels, personality traits, etc. (optional).
[ ] All property belonging to the child including but not limited to personal items, clothing, bicycles, toys, and gifts he has received. The social worker will request a written inventory of the child's wearable/useable clothing.
[ ] The name and address of the child's school, grade and achievement level, report cards, and any special problems. Documentation that the child has been disenrolled from current school.
[ ] The Visitation Agreement, the Parent/Child Contact Log, and a copy of the last Court Information form (JV 290).
[ ] When the placement is terminated, and after the child has left your home, notify the Placement Coordinator within 24 hours of your vacancy, and whether you are prepared to accept another foster child.

NOTE: Before the social worker arrives to pick up the foster child, discuss the following concerns with the worker:

- ***Who will tell the child he is leaving? When will he be told?***
- ***How can you best say goodbye to the child?***
- ***Can you have any contact with the child in the future: How? Where? When? How often?***

SOME IMPORTANT TELEPHONE NUMBERS

2-1-1- San Diego (formerly "Info Line") A free, confidential information and referral service provided in cooperation through the United Way of San Diego County, the City of San Diego and the County of San Diego.	2-1-1
Adoptions: Metro Nuestros Niños North County East County	(877) I ADOPT U (423-6788) (619) 336-5777 (760) 480-3404 (619) 441-6550
Adoption Support Services SDYS	619-221-8600 EXT 2240
Casa de Amparo	(760) 754-5500
CASAs—See Voices for Children	
C.A.S.S. – Comprehensive Assessment and Stabilization Services	(619) 281-3706, ext. 333
Childcare Resources Services of the YMCA	(619) 521-3070
Child Health & Disability Prevention (CHDP)	(800) 675-2229
Child Abuse Hotline	(858) 560-2191 Toll Free Number (800) 344-6000
Consumer Center for Health Education and Advocacy	(877) 734-3258
County Office of Education	(858) 292-3500
Critical Care Emergency Screening Unit (ESU) –Child and Adolescent Mental Health Services	(619) 421-6900
DOCTOR OR DENTIST--Maternal, Child and Family Health Services Toll Free Information Line for: • Assistance finding a doctor or dentist in your area who will accept Medi-Cal	(800) 675-2229
Emergency Shelter Care Unit	(858) 514-4615

Foster, Adoptive and Kinship Care Education Program For Class Information Program Directors	 (800) 200-1222 (619) 644-7349 / (619) 644-7890
Foster Care Services Committee	858-694-5749
Foster Care Public Health Nurses: North Inland North Coastal North Central Central (Mills) Residential Mid-City East South Probation	 (760) 480-3453 (760) 754-3529 (858) 694-5727 (619) 338-2173 (619) 767-5283 (619) 557-3375 (619) 401-3647 (619) 336-5842 (858) 694-4419
Foster Home Complaints (For complaints on foster homes)	(877) 792-KIDS (5437)
Foster Home Licensing	(877) 792-KIDS (5437)
Foster Home Recruitment	(858) 694-5185/ Spanish: (858) 694-5192
Foster Parent Associations: North SD County Foster Parent Assn ***(Straight from the Heart)*** San Diego County Foster Parent Association Central Region Foster Parents United Latino Foster Parent Association Loving Arms Foster Parent Association	 (760) 744-2240 (619) 579-4900 (619) 804-4646 / (619) 229-3407 (619) 428-8969 (858) 549-4450 / (858) 344-1203
Foster Parent Recognition Coalition	(858) 792-KIDS (5437)
Foster Care Payment Case Information Need case name, mother's name, child's birth date	(858) 694-5461
Foster Youth Services and Homeless Youth Education Services; Foster Youth Mentor Program	(858) 503-2626
Health Care Program for Children in Foster Care: Health Advocacy Center Denti-Cal Mental Health Services	(619) 692-8489 (877) 734-3258 (800) 322-6384 (800) 479-3339
Independent Living Skills (ILS)	(866) ILS-INFO (457-4636)
Public Defender – Juvenile Division	(858) 974-5700

Juvenile Court Central North County East County of San Diego South County	 (858) 634-1600 (760) 940-6640 (619) 441-4250 (619) 691-4678
Juvenile Probation	(858) 694-4600
Kinship Care Association “Rose House”	(619) 447-5004
Nutrition Information: University of California Home Economist	 (858) 694-2850
OMBUDSMAN--LOCAL: Office of the Ombudsman for San Diego county Child Welfare Services—24 hr message line	(619) 338-2098
OMBUDSMAN--STATE: California State Ombudsman for Foster Care	(877) 846-1602
Options for Recovery Foster Care Project Coordinator	(858) 694-5248
Placement Coordinators	(858) 694-5298
Polinsky Children's Center	(858) 514-4600
Probation: San Diego County Probation Center	 (858) 694-4600
Public Inquiry (Health and Human Services Agency) -- ACCESS	(866) 262-9881
Respite Care Coordinator – Maxim Health Care Services (Maxim)	(866) 233-1913
Social Security Benefits Coordinator	(858) 616-5937
Special Care Rate Coordinator	(858) 694-5184
Straight From the Heart Thrift Store	(760) 744-2240
Voices for Children – Court Appointed Special Advocates, CASAs	(858) 569-2019
WIC Program	(888) 942-9675
SOCIAL WORKER – If you need assistance in finding a Social Worker or other HHSA Staff	(858) 694-5191

SOME USEFUL WEBSITES

SAN DIEGO COUNTY	SAN DIEGO COUNTY
www.sandiegofosterkids.com	Website for San Diego County Foster Home Licensing
www.iadoptu.org	Website for San Diego County Adoptions
www.sdcounty.ca.gov	Website for the County of San Diego Many other helpful services are listed
www.211sandiego.org	Website for San Diego County to find a wide variety of resources such as childcare, housing, etc.
www.sdcfpa.com	Website of the San Diego County Foster Parent Association
www.straightfromtheheartinc.com	Website of the Straight from the Heart Resource Center and Resale Store sponsored by the North San Diego County Foster Parent Association
www.sdcoe.k12.ca.us	Website for the San Diego County Office of Education—search foster youth as well as other information
www.crs.ymca.org	Website for the YMCA Childcare Resource Services for referrals for childcare
CALIFORNIA	**CALIFORNIA**
www.ccld.ca.gov	Website of California Community Licensing where you can find Title 22 regulations
www.fosteryouthhelp.ca.gov	California State Foster Care Ombudsman's Office
www.courtinfo.ca.gov	Many forms and instructions on court procedures for California
www.csfpaonline.org	Statewide website for the California State Foster Parent Association

www.leginfo.ca.gov	California website for all laws and proposed legislation. You can search for different topics like foster care.
www.dss.cahwnet.gov/lettersnotices	Website of the California Department of Social Services where you can read letters and notices about foster care.
NATIONAL	NATIONAL
www.adoptuskids.org	Website featuring children in foster care across the nation awaiting adoption.
www.adoptioninstitute.org	Website of the Evan B. Donaldson Adoption Institute
www.afcr.com	Website for the American Foster Care Resources, Inc. for information and publications
www.cwla.org	Website for the child Welfare League of America for information and publications
www.wrightslaw.com	Special Advocacy website with information and publications on Special Education
www.aap.org	Website of the American Academy of Pediatrics for information and publications on child health issues
www.nfpainc.org	Website for the National Foster Parent Association
www.caseylifeskills.org	Website with free resources to assess and develop children's life skills development

SAN DIEGO COUNTY BOARD OF SUPERVISORS

Greg Cox	**Dianne Jacob**	**Pam Slater-Price**	**Ron Roberts**	**Bill Horn**
District 1	District 2	District 3	District 4	District 5