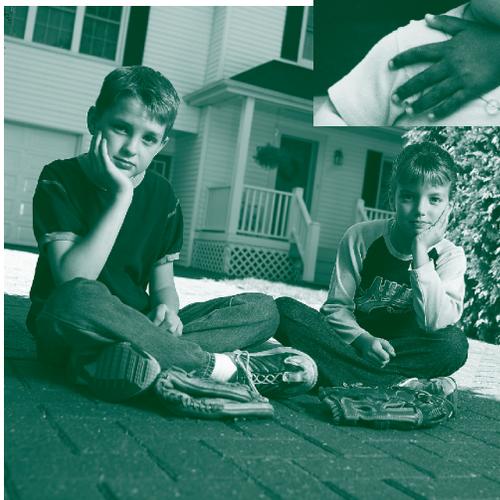


# Time for Learning About Foster Care

Revised July 2008



**DSS**

*Serving Children and Families*

South Carolina Department of Social Services  
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2008 Revision

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The Center for Child and Family Studies was created in 1986 at the College of Social Work, University of South Carolina, to address issues related to children and families. Since that time The Center has gained a national reputation for its curriculum development, research, conference planning, and student initiatives.

For more information about The Center for Child and Family Studies, please call (803) 777-9408 or write to

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# Acknowledgments

This handbook was prepared for the South Carolina Department of Social Services by The Center for Child and Family Studies, College of Social Work, University of South Carolina, as part of the Social Work Training for DSS Staff and Agents contract between DSS and The Center. The lead writer was Kathleen Paget, Ph.D., director of research, planning, and evaluation at The Center. Co-authors were Lois Wright, MSSW, Ed.D., director of The Center and assistant dean of the College of Social Work; and Joel Philp, Ph.D., research associate at The Center. The authors would like to thank the many DSS staff who contributed to this handbook, especially Don Adams, Ramona Foley, Jackie Kasufkin, Kathryn Kendrick, Marcus Mann, Carolyn Orf, Louann Reeve-Sandel, and Mary Williams. Staff in the Office of General Counsel and staff in foster care services in various county offices also reviewed the handbook. Foster parents across the state provided comments on earlier drafts and greatly improved the final product. The authors would like to thank Claudia Moose for preparation of the Index, Sheila Lilly for earlier cover designs, and Beck Sullivan for her many talents in producing a final product. The handbook was revised in 2005 and 2008. Jacqueline Shuler and other DSS and Center staff, including Carolyn Orf, Kathryn Kendrick, Beck Sullivan, Jennifer Reid Webb, Gabe Madden, and Beverly Ingram, contributed to the revisions.



# Welcome

Thank you for your interest in foster care. As a person interested in foster care, you may be trying to decide whether to become a foster parent, or you may have made this decision. You may be a newly licensed foster parent, or you may be the relative of someone who needs special assistance with a child. Whatever the reason for your interest, we are pleased to provide you with this handbook. We hope it meets your need for information, whether you are a foster parent or wish to become one.

The foster care system has changed over the years, and you need to be as informed as possible about what to expect in your role as a foster parent. As a foster parent, you are a foster care provider—a professional who is at the center of a child's life. In your professional role, you need to be aware of other people with whom you will be interacting; you must learn a great deal about policies and procedures; and you must be prepared to use good judgment in solving problems and making important decisions. Current information about the system will help you decide whether foster parenting is for you; and if you do decide to become a foster

parent, it makes the foster care experience a more rewarding one.

As a foster parent, you make a vital contribution to foster children and to their birth families. While a foster child lives in your home, you and your family have many opportunities to help the child grow and develop. Also, you help the birth family environment become a healthier one for the child. Sometimes the birth family has been harmful enough to

the child that the difficult decision has been made not to return the child to them. You *might* know this at the time a child is placed in your home, but you should not assume it. Instead, you should expect to be part of a team of people providing support and help to birth families, so they can learn better ways to provide safe and positive environments for their children.

We want this handbook to be useful to you and your family, and we want the experience of foster parenting to be a satisfying one. We invite your comments as you read and think of other ideas about foster parenting that would be helpful, and we welcome you to the professional practice of foster parenting!



# How to Use This Book

Being a foster parent means taking the hand of a child or adolescent and becoming a guide for a period of time during the child's life. At the same time that you do this for a child, *you* have similar needs for stability, a way to handle intense emotions, and a method for organizing your world and anticipating events.

This handbook is intended to be a guide to help meet those needs. The title, *Time for Learning About Foster Care*, establishes the theme that time is at the very center of the foster parent experience: that your care of a child is time-limited; and that to do the job well there are many thoughts and emotions to anticipate *before, during, and after* the period of time when a foster child or adolescent lives with you and your family.

To provide general structure and guidance, the authors organized the book into four major chapters:

- ◆ **The Philosophy of Foster Care**
- ◆ **Rights and Responsibilities**

- ◆ **Fostering Growth and Development**
- ◆ **Special Situations**

In addition, an Index and Additional Sources of Information are located at the end of the last chapter. The Index will assist you in finding the locations of specific topics in the book and answering specific questions that arise. The Resources section includes a list

of officers and county presidents in the state foster parents' association and addresses for obtaining information about relevant services available to you and your foster child in your county. Appendix A includes important pages about child development and behavior, standards for the care of foster children, and important phone numbers. These

pages can be removed and placed in a visible location in your home, such as the refrigerator, for immediate access. Appendix B has copies of several official DSS documents of interest to you.

After reading the handbook, you will know more about what the foster care system tries



to do; you will know more about policies and procedures; you will know your rights and responsibilities and those of everyone else involved; you will know where to find answers to many of your questions about discipline and the development of children and adolescents; and you will know what to expect when special situations occur. Rather than reading this book once and never looking at it again, you are encouraged to use it as an ongoing reference to obtain answers to some of your questions about foster parenting. When you have a question, look up a key word in the Index to help you find the answer. This three-ring notebook format was chosen to encourage ongoing use and to enable you to lay the book open to a

specific page. The notebook also makes it possible for you to insert new pages, which may be necessary as changes occur in the foster care system.

One cautionary note: The book does not substitute for good discussion with your licensing worker and the child's foster care worker. Instead, it should be used in addition to good, close communication with the workers. Use the book often, but also be sure to know how to reach the workers at all times to discuss your questions and to have good communication.



# Chapter 1

## The Philosophy of Foster Care

Foster care has sometimes been called “substitute care.” This term suggests that the foster family’s role is to “substitute” for the birth family for a certain period of time in a child’s life. As you read this book, you will see that this is not the best way to think about foster care. Instead of substituting for the birth family, the role of the foster family is to supplement the birth family as much as is possible and appropriate—to add to the family, not replace it. In this way, a foster family becomes part of a group of people helping the birth family, especially the birth parents, improve the way they take care of children.

Because foster families can help improve birth-family environments for children, a foster family can be thought of as part of a birth family’s support system. Sometimes it works out best for relatives to take care of a child because they are people the child knows, they live near the birth family, and/or it is easier for them to help and support the birth family. We often think of a relative taking care of a child for a short period of time, perhaps an hour or two, or maybe for several days. But relatives also can provide longer-term care by becoming the legally

recognized custodians for the child(ren). Because this arrangement matches the philosophy of foster care as a support service for birth families, relatives are to be considered first when looking for foster care providers.

In the next sections of this chapter, we are going to give you information about what foster care is, how it is different from adoption, what the foster care team is, the important ideas behind foster care, and the goals of foster care.

### What Is Foster Care?

The SC Department of Social Services (SC-DSS) defines foster care this way:

***Foster care is the planned, time-limited (temporary) placement of a minor with a licensed foster family, when the needed care cannot be provided in the child’s own family or by appropriate relatives.***

Let’s understand this definition better by looking at key phrases:

Foster care is **planned**. When a child is placed in a foster home, that placement is part of a larger plan to protect the child and to make the child's life better. There are special things that are supposed to happen as a result of the child's living with you. You will read about these throughout this handbook.

Foster care is **temporary**. The intent is for foster care to be short-term. Some family situations and children's needs result in court orders for extended foster care, but in all foster care situations we want the child to get back to his/her own home or another permanent home as soon as possible.

Foster care is necessary **when the needed care cannot be provided in the child's own family**. When care by relatives is not possible, has not worked out, or should not be considered, then foster care must be provided by DSS through formal arrangements with foster care providers.

## Foster Care Is Different from Adoption

People often are confused about the differences between foster care and adoption. They may not be sure which they are really interested in, foster care or adoption. There are two big differences:

First, while foster care is intended to be **temporary**, adoption is **permanent**. This

means that if you take a foster child into your home, you can expect the child to leave you soon. If you adopt a child, though, you can expect the child to stay with you until he/she is ready to live independently, and even then, you still have responsibilities for the child.

Second, your legal relationship to a foster child is different than that to an adopted child. Though you have some legal rights and responsibilities to a foster child, you don't have legal custody of the child. DSS has legal custody of a foster child following a court order. The child's biological parents retain certain rights concerning their child, even though they do not have legal custody. With adoption it is different. Adoptive parents have the same legal rights and responsibilities as if the child were born to them. Thus, before adoption can take place, the legal parental rights of birth parents have to be terminated.

**Foster care is intended to be temporary.**

**Adoption is permanent.**

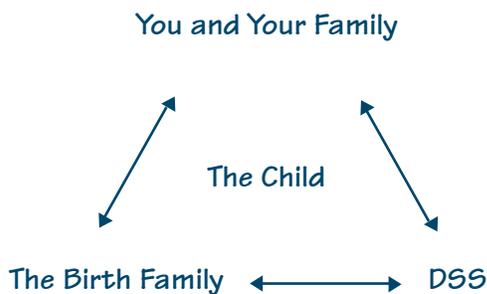
## The Foster Care Team

You do not work alone as a foster parent. Instead, you are an important member of a team of people involved with the child. You work closely with the child's foster care worker, the licensing worker, professionals from the community and the child's school (e.g., teachers, counselors), and the child's birth parents. Sometimes foster parents work closely with a team of people and with

the child's birth parents. This team work is important for several reasons:

- A team is able to gather more information for making decisions than one individual or one family can.
- A team has more resources available and is able to develop more options when making decisions for the child and the birth family.
- The team members are able to provide each other with support. This means you have a number of individuals available to you when you have questions or concerns, or when you want to talk to someone about your foster child.

A picture of the basic foster care team looks like this:



You also have contact with other people. A person called a **guardian ad litem**, abbreviated as **GAL**, is appointed by the court to be your foster child's advocate during court hearings. Involvement of the guardian ad litem begins early in the case and extends beyond court hearings. Thus, you may have contact with the guardian ad litem outside court situations. The information you give

to the child's foster care worker and the guardian ad litem is important to have for any court hearings that take place. The primary purpose of court hearings for children in foster care is to assess (a) whether progress has been made to return the child to the birth parents and (b) at what time the child should be moved out of foster care and into a permanent setting. Some of the more specific information that is reviewed includes services that have been provided to the parents, whether they have cooperated with the service plan, whether they have visited and supported the child, and whether the child will be returning home soon or will remain in foster care for a while. As you can see, this review is a very important event for the child, for you, and for everyone involved with the child.

**The Foster Care Review Board (FCRB)** must review the status and plans for all children in foster care longer than six (6) months. This review takes place approximately four to six (4 to 6) months after the child enters foster care and every six (6) months thereafter. Bear in mind, however, that the guardian ad litem or the Foster Care Review Board may file a motion for review of the case at any time. The information you provide is important. The child's foster care worker will inform you (by written invitation; see Appendix B) of when reviews are scheduled and will work with you and the child/adolescent to prepare for the reviews. Children who are 10 years of age and older are required to receive written invitations to attend these meetings. It

is important that you complete the report form (see Appendix B) and attend the meetings when your foster child's situation is being reviewed by the Foster Care Review Board.

As you can see, when you take a foster child into your home, you become involved with many other people. It may be the first time you have been involved with individuals from the legal system and from a variety of human services agencies. You should realize that this involvement will change your family life somewhat. Be sure to contact your local and statewide **Foster Parent Associations** for information and use these groups for friendship, support, and advocacy. (Information for contacting them is provided at the end of this handbook.)

## Ideas behind Foster Care

The foster care program is based upon important ideas and beliefs about children and families. The program's policies and practices are based on these beliefs as well as legislated procedures that can significantly alter the program from time to time. An

understanding of the following beliefs will help promote an understanding of the foster care program. As you read these statements think about whether you agree or disagree.

### **The family is the main force in a child's life.**

Infants are totally dependent upon the family for their survival, but older children also need the family for security, support, development, and learning.

### **Children become attached to their families.**

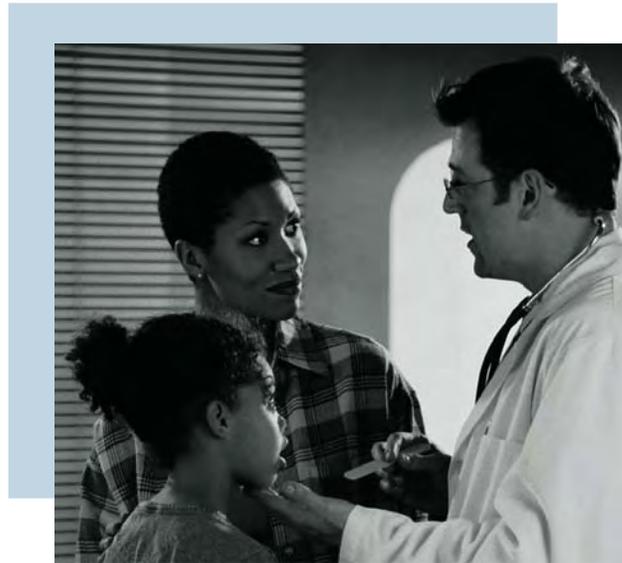
The longer a child has lived with his/her family during the first few years of life, the more the family members become part of that child's world and his/her identity.

### **Usually children grow and develop best when they stay with their own families.**

This is why we do not move a child from his/her home and into foster care unless it is really necessary.

### **Children need permanent, stable homes and relationships with parents.**

Again, this is why we try so hard to keep children with their birth parents. It also is why, if we do have to move children, we try to get them back home or into other permanent settings as soon as possible.



**A child's sense of time is different from an adult's.**

A week, even a month, might seem like a short time to you. But for a child it can be a very long time. This is another reason we want to get children back with their birth parents or to other permanent settings as soon as possible.

**Families, not just children, need services.**

Though our main responsibility is for the children who need protection, one way to help protect children is to help their families. Thus, when children are in foster care, we also will be working with their families to help them provide a better environment in which a child can grow and develop. In this way foster care works as a system of support for adults and siblings in birth families as well as for the foster children themselves.

It is important to think about these ideas. What do you think about helping families who have abused or neglected their children? Would you personally be able to help such a family? How would you feel about having the family visit in your home? Would you feel comfortable modeling effective parenting techniques for the family? How would you feel about having a child you are fostering visit with birth parents who had abused or neglected him/her? What do you think about having children

leave your home to return to parents who have abused or neglected them?

## The Goals of Foster Care

Because of what we believe about children and families, the first goal of foster care is to be able to return a child to his/her own family when it has been determined that the family is capable of caring safely for the child. This means returning the child to where he/she has emotional ties and attachments, and

trying to do it before his/her sense of identity with the family is seriously threatened. Again, this means helping the birth family immediately, because the child cannot return home until the court feels reasonably confident that the child will be safe and protected from harm.

**The first goal of foster care is to be able to return the child to his/her own family when it has been determined that the family is capable of caring safely for the child.**

But sometimes birth families do not make enough changes, soon enough, for us to let a child return. Sometimes we can't reach our first goal of getting the child back home. In such cases the second goal

**What do you think about helping families who have abused or neglected their children?**

of foster care becomes important: to get the child another permanent place to live. This optimally would be with relatives. Or it could be with adoptive parents. In any case, the goal would be to move the child as quickly as possible from a temporary home to a permanent home.

*The second goal of foster care is to find an alternate permanent place for the child to live if he/she cannot be with the birth family or relatives.*



Foster care is intended to be a short-term (temporary) arrangement with the purpose of working toward a long-term (permanent) home for a child.

## Chapter 2 Rights and Responsibilities

Foster parents must make decisions every day that affect the foster child in vital ways. While making these decisions, it is important to know your rights and responsibilities, those of DSS, those of the foster child's birth family, and those of the child or adolescent. Some of these rights and responsibilities are **legal**. Others are **technical or procedural**. Others are **ethical**, because they present guidelines about how to treat other people. Still others are **developmental**, because they have to do with the basic value of promoting healthy human development.

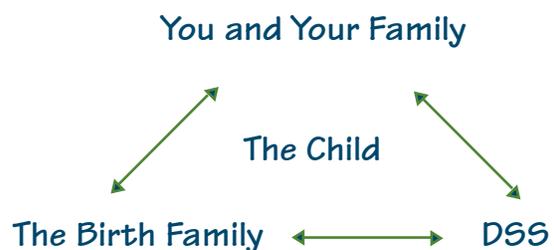
This chapter discusses the rights and responsibilities of people most often involved with a foster child. It gives you information about many different topics. The chapter is organized so that first you receive information about **licensing**. This is followed by information on **placement** of a foster child in your home, **ongoing foster care** decisions, and the **ending** of the child's placement in your home.

Throughout this chapter you will realize that being part of the foster care system involves reciprocity, or give-and-take, among individuals, organizations, and agencies.

This give-and-take pertains to the way DSS workers interact with you, the way you interact with them, the way in which the birth family is involved, the manner in which the child/adolescent is involved, and the ways in which other professionals provide services.

*Another way of saying this is that rights and responsibilities should be handled according to correct procedure and also in a spirit of cooperation and mutual respect.*

If we add the idea of give-and-take to how the foster care team works together, the foster care team looks like the diagram below. Notice the arrows showing two-way communication among all people involved.



## Licensing

There are eight major steps involved in gaining and retaining a foster care license. Keep in mind that the time lines will differ somewhat from one county to another. The steps are:

### Inquiry and Orientation

When you contact DSS and let us know you are interested in becoming a foster parent, you usually are asked to come to DSS for an interview and orientation session. A home visit may also be scheduled. In addition, during the assessment process you will be asked for information about your personal history, finances, medical history, and references. You and all other adults 18 years of age and older living in the home will be asked to sign release forms that DSS will use to do required checks for child abuse/neglect and criminal history records (see Appendix B). The check for any criminal history requires fingerprinting for you and anyone in your household who is 18 years of age or older. As you proceed with the application process, you will complete an autobiography and the worker will complete a family assessment summary about your family. The assessment process provides you an opportunity to think more about your interest in becoming a foster parent and to seek answers to questions discussed with your caseworker.

## Prelicensing training

You will attend 14 hours of training in foster care to assist you further in deciding whether you want to be a foster parent. It is important to emphasize that you and your spouse, if you are married, and anyone else in the home who wishes to be a foster parent must go through the training.

If you, your spouse, or anyone else in the home who wishes to be a foster parent is unable to attend the group session because of an employment conflict or illness, training is still required. Discuss with your caseworker the procedures for making up the sessions on an individual basis.

### Assessment

Either during or after the training, you begin the assessment or evaluation process in which you find out more information about DSS and DSS requests additional information about you. This process should be mutual, which means that DSS is assessing your potential as a foster parent while you are still assessing whether or not you want to foster. Each party—you and DSS—gives and receives information. Each asks questions of the other. It is important for you to assess your own ability to be a foster parent. The more open you can be about your fears and concerns, as well as about your strengths, the better able everyone will be to make the right decision about you as a foster parent.

During the training or after it is completed, the foster care licensing worker will schedule a visit in your home to talk with you and your family and to see if your home and community meet the requirements for foster homes. It is extremely important that all household residents, including your own children, are able to accept the foster child into the home and daily life of your family. It also is very important that your neighborhood/community environment is one that encourages healthy experiences for children and adolescents.

The following physical requirements of your home will be considered by DSS:

- ◆ The physical environment must present no hazard to the safety and health of a foster child. An inspection is conducted by the Department of Health and Environmental Control (DHEC). Critical issues checked include an assessment for presence of lead and current rabies shots for pets.
- ◆ Foster homes must be capable of providing a foster child with privacy and a comfortable environment.
- ◆ The sharing of sleeping rooms by children of opposite sexes (except siblings under 4 years old) is undesirable, especially for foster children who may be having problems in development of their sexual identities, attitudes, and behaviors.
- ◆ Children over 1 year of age must not share sleeping quarters with adults in the

household except when DSS has determined that special circumstances exist.

- ◆ Individual space must be provided for the foster child's personal belongings.
- ◆ Enough indoor and outdoor space for play must be provided.
- ◆ Foster family homes must be accessible to schools, recreation, churches, other community facilities, and special resources, such as medical clinics, as needed.

Your home also must conform to state requirements for safety from fires. These requirements specify that foster homes providing care, maintenance, and supervision for no more than five children (including biological, foster, and adopted children) are to have

- a listed smoke detector installed and maintained in accordance with manufacturer's instructions in rooms used by foster children for sleeping and in the hallway leading to bedrooms;
- a minimum of one fire extinguisher located in the cooking area;
- two independent means of escape;
- no unvented and/or portable space heaters;
- a fire escape plan describing what actions are to be taken by your family in the event of a fire. The plan must be posted, and copies must be made available to the local fire department.

The plan must include the location of all infants who are in cribs.

- a fire drill to be conducted every three months, with records maintained to document the date, time, description, and evaluation of each fire drill. A fire drill must be conducted within twenty-four hours of the arrival of each new foster child.

Foster families also are requested to develop disaster preparedness plans, which designate in advance where you would relocate in the event of evacuation.

If your home meets these requirements for licensing, your foster care licensing worker will ask you to have your doctor complete **medical forms** for everyone who lives in the home. After the first home visit, the worker will request a **fire inspection** of your house from the State Fire Marshall's Office and a **health inspection** from the Department of Health and Environmental Control (DHEC). (If you move to a new home, you must notify the licensing worker prior to the move so that new fire and health inspections can be done. These inspections are requested by the worker after receiving notification from you of the move.)

Your worker will ask you for at least three **references** from people who have known you for at least the past three years. These references must be from people who are not related biologically to you.

The worker also will ask for copies of **driver's licenses and Social Security cards**

from you and from each person in the household interested in being licensed as a foster provider.

As mentioned earlier, an important part of the assessment process is the **Criminal History Record check** (see Appendix B), the **Central Registry check**, and the **Sex Offender Registry check**. With your permission, and to comply with state statute, the licensing worker requests these checks early in the licensing process and arranges for a **fingerprint review** to be conducted by SLED and the FBI on all foster parent



applicants and household residents who are 18 years of age and older. These checks are done because, according to state law, no child in foster care may be placed with a person who has a substantiated history of child abuse or neglect; with a person who has pleaded guilty or nolo contendere to or has been convicted of an offense against a person or an offense against morality or decency; or with a person who has contributed to the delinquency of a minor.

## Initial issuance of license

When all the necessary information has been obtained and reviewed by the licensing worker and his/her supervisor, a foster care license is either recommended or not recommended for an applicant. If the license is recommended, it will be a **Standard License**. A copy of your license is sent to you, and a copy is kept by DSS in your foster family file. Your name and address will be included on your license, and the license must be reissued if you have a change in name or in address.

The licensing worker recommends issuance of a two-year **Standard License** when the applicant meets all basic licensing requirements.

The worker recommends issuance of a **Standard License with Temporary Waiver** valid for 90 days when the applicant is serving a need but has a deficiency related to timeliness of additional inspections or additional needed background checks.

The worker recommends issuance of a **Standard License-Exceeds Maximum Number (SL-EMN)** in situations where

(a) the total number of children in the home exceeds five because a sibling group is being kept intact or because the foster child(ren) is/are in the process of being adopted by the foster family.



(b) the family court has ordered the placement or continued placement of child(ren) with a specific foster family.

The licensing record must document the reasons for continued placement of children in a home with an SL-EMN license and, in the case of keeping siblings together, document that other resources were contacted for placement of the siblings.

## Renewal of license

Your foster care license must be renewed every two years. A foster home is ineligible to receive foster care board payments if the license expires, and a child placed in a foster home which has an expired license may be ineligible to receive Medicaid benefits until the license is renewed. In addition, children may be removed from an unlicensed foster home. Therefore, it is very important to pay attention to the date your license expires.

It is also important to notify your licensing worker of any changes that may affect

the placement of the child in your home. The following changes should be reported to your licensing worker: changes in your employment, your health, or your marital status. You should also report any new persons who have moved into your household.

Training is an important requirement to keep your license. Training is considered a safety issue, and the training you receive should be relevant to your needs as a foster parent. Discuss with your foster care worker the kind of training that might be helpful to you.

You and your spouse must complete the Foster Parent Relicensing

Application, and each of you must attend 28 hours of **relicensing training prior to the date your license expires**. This training must be approved by your licensing worker, and your licensing worker will keep track of the number of hours of training you have received.

Training should be ongoing over the two-year period you are licensed. **If you wait until just before your license is renewed, you may not be able to get enough hours. In that case, your license might be revoked and children removed from your home.**

It is the responsibility of your foster care licensing worker to notify you of the need for relicensure at least 90 calendar days in advance of the license expiration. Then at least one home visit will be scheduled.

Other information gathered during the renewal process includes: another Criminal History, Sex Offender Registry, and

Central Registry check on the foster parent(s) and household members 18 years of age or older, including any foster child 18 years of age and older; a fingerprinting review on new household members 18 years of age and older; and a new medical report for

any household member hospitalized during the past year or for a reason determined by the licensing worker. Fire inspections are required each year. If your home has undergone structural renovations, a new health inspection is requested.

After reviewing the renewal information with his/her supervisor, the licensing worker recommends renewal or recommends denial of renewal.

### **Revocation of license**

Sometimes it is necessary for DSS to revoke a foster care license. This may occur in the following situations:



- (a) After notification and assistance to resolve identified problems, foster parents are unable or fail to correct licensing requirements.
- (b) Foster parents fail to maintain proper standards of care and services to children in accordance with licensing requirements, child protective service statutes, and/or other applicable state law or department policy. The South Carolina Standards of Care are included in Appendix A.
- (c) Foster parents or a member of the household has a substantiated history of child abuse or neglect.
- (d) The foster parent or household member appears on the sex offender registry.
- (e) Foster parents' or other household members' criminal record checks or fingerprinting reviews show convictions which are categorized under S.C. laws as offenses against a person, offenses against morality and decency, or contributing to the delinquency of a minor.
- (f) Foster parents' or other household members' criminal record checks contain



a conviction for any other crime, unless a review of that record by the county director is conducted and the county director approves the issuance of a license.

### Appeals if license is denied or revoked

You have the right to appeal the denial or revocation of a Foster Care License. If you wish to appeal, you must do so within 30

days of receiving a letter from the state director. The appeal process is done through a Fair Hearing Committee in State Office. If the Fair Hearing Committee rules against you, you may then appeal to the Administrative Law Judge Division. You must file

this appeal within 30 days of the committee's decision to uphold the revocation or denial.

### When a Foster Care Placement Begins

Once you are licensed, you are ready to assume the rights and responsibilities of fostering the healthy and safe development of a child or adolescent. These rights and responsibilities begin as soon as you are notified that a foster child will be placed in your care.

This section gives you information about placement: why children come into foster care and what the process is by which they come into care. The section is organized according to the following general categories: the reasons for and process of entering care; the importance of a good match between the child and your family; initial information about the child; how important it is that you participate in permanency planning; and an overview of facts related to reimbursement rates, Internal Revenue Service regulations, and the placement of siblings. Your rights and responsibilities and those of the child or adolescent, the birth parent(s), and DSS are important parts of this information.

### Why Children Come into Foster Care

Children come into foster care when, for some reason, they cannot be safely cared for in their own families. These families may be birth families or they may be adoptive families. Let's look at some of those reasons.

**Some parents are not able to give the care or supervision that is necessary for a child's safety and protection.** Because of problems in their own lives, they are not able to parent adequately.



For instance, a woman may have been deserted by her husband, left with four children and no income. If there are no relatives able or willing to help, she may be evicted from her home and have no means of caring for her children. Foster care may be her only alternative.

**Some parents have abused their children emotionally, physically, or sexually.** Because of

their own serious problems, they are seriously mistreating their children, and the children need to be protected from them.

A woman, perhaps abused as a child, may marry a man who mistreats her and their children. She probably has very low self-esteem and doesn't have the strength or doesn't know how to protect herself and her children from him. Her children may have to be taken into foster care for protection until the family problems can somehow be handled at least to the point that the children would not be at risk of being harmed.

**Sometimes parents and their children just can't get along.** All families have conflicts, but if those are so bad that a child's safety is threatened, foster care may be necessary.

This may be a particular problem with adolescent children. Fighting about rules, clothes, dating, and grades may be ongoing. Parents and child may physically fight, or

the child may run away from home repeatedly. Time apart may be needed for the family to work on finding a way they can live together.

**A child may enter foster care after parents have voluntarily relinquished their parental rights.**

Sometimes parents may love their child very much but realize that they cannot, for whatever reason, raise a child. Maybe the mother is very young and unmarried, her parents can't help her, and she and the father don't really see how they can provide a home for the child. They may choose to voluntarily place the child for adoption. The child may then be placed into foster care until he/she is placed with an adoptive family.

**Sometimes a crisis in a family may result in foster care for a child.**

You can see there are several reasons that children may enter foster care. It is important to know that most of the children we place into foster homes have been abused or neglected, and in many cases parental substance abuse and/or addiction is involved. You may hear people use the terms **AOD** or **ATOD**. The first stands for "Alcohol and other drugs," and the second stands for "Alcohol, tobacco, and other drugs." Because

of substance-related issues and the variety of reasons children come into care, there are many special things for you to know and understand in order to help foster children and temporarily parent them.

A single parent may have to enter the hospital for surgery that will require a recovery period of at least six weeks. If she has no friends or family to help her (she may have moved recently and not know anyone in

her town), she may need foster care for the children until she is able to resume taking care of them. Another similar kind of crisis can occur when one or both parents are in prison or in a mental health facility.



It is important to take some time to think about how you would feel taking into your home a child whose family background includes some of the experiences just described.

*How do you feel about taking into your home a child who has been sexually abused?*

*How do you feel about caring for a child who has never learned to respect authority and talks back?*

*How do you feel about a child who has been exposed to alcohol and drug use and/or abuse?*

*How do you feel about taking in a foster child or adolescent who has had some brushes with the law because he/she was not supervised carefully enough?*

*How do you think any one of these situations would affect how you would treat the child or adolescent?*

## The Process of Entering Foster Care

For a child to be removed from his/her home and placed into foster care, DSS must be given legal authority to make that placement. This legal authority is called custody. Custody gives DSS the legal power to provide care for the child while letting the birth parents keep their guardianship rights as parents (unless otherwise provided by court order). It is important to know that specific rights and responsibilities go along with DSS custody. These are discussed later in this chapter.

There are two basic ways DSS can get custody of a child.

- ◆ Parent(s) may **voluntarily** give DSS custody. In such a voluntary placement the

parent agrees to placement of the child and gives DSS the authority to provide foster care for the child. Only a small percentage of placements are voluntary.

- ◆ DSS may be granted custody by **family court**. In a court-ordered placement the decision to place a child in foster care is made by the family court in order to protect the child. This is the method when abuse or neglect is involved and is the most common.

In situations where a child's safety is threatened, Emergency Protective Custody takes place prior to a court-ordered or voluntary placement. Emergency physical custody provides the right to physical custody of a child for a temporary period of no more than 24 hours to protect the child from imminent danger. Emergency Protective Custody includes both temporary physical and legal custody of a child to protect the child from imminent danger. This kind of custody may be taken only by a law enforcement officer.

## Legal Status of the Child When Placed

As indicated above, most children who enter foster care have had some type of court action taken on their behalf; and some are placed voluntarily by their parent(s) with no court action involved. The following list sets out more specifically how children may come to be in the custody of DSS, pending a merits hearing:

- emergency protective custody, whereby a law enforcement officer may take a child into protective custody without the consent of parents, guardians, or others exercising temporary or permanent control over the child.
- a court order (e.g., Ex Parte Order) awarding DSS temporary custody of the child;
- voluntary placement of the child in foster care by the birth parent(s) or caretaker for a limited period of time; or
- “relinquishments” signed by the parent(s) releasing the child for adoption.

In general, what this means is that for any child placed with you, DSS will have legal custody. In rare instances this custody will be given voluntarily by the birth parents. Most often it will be ordered by the court.

### *Goodness of Fit*

You should realize that DSS is very interested in an idea called “goodness of fit,” which means that the child or children assigned to you need to “fit” with you and your family, and you must “fit” well with them. DSS is responsible for choosing the foster family who can best meet the needs of the child being placed. DSS places children with foster families without regard to race, color, or national origin (RCNO) of the child or the prospective foster parent(s). When a child is

being placed, the licensing worker considers both the wishes of the foster family and the needs of the child. The worker will discuss with you the number, age range, and gender of children as well as types of behaviors and needs you feel you can care for best. The worker also will consider your experience with children, where children will stay in your home, the availability of resources the child may need outside the home (e.g., special school, medical services), and the effect one or more foster children will have on your own biological children.

When children enter foster care, it is important that they maintain as many of their connections as possible. They and their families have a distinctive “culture” made up of their values, beliefs, language, religion, and traditions. As a foster parent, you must help the child keep his/her ties to the community and specific individuals (family members and others with whom the child has had a significant, positive relationship before entering foster care). The Indian Child Welfare Act, for example, requires that efforts be made to place eligible Native American children who are of a particular tribal affiliation with people of the same tribe. When that is not possible, foster parents must help the child maintain his or her cultural ties to that specific tribe. You, your family, and your home/neighborhood environment will also have an impact on any foster child placed with you.

Religious preferences of the birth family must be honored. Whenever possible, take the foster child to religious services in the faith that the child’s birth family practices.

During the placement process you have the right to request as much information as you need to decide if you can appropriately care for the child. Knowing about the child's background and the reasons for the current placement and previous placements will assist your decision-making. DSS has the responsibility to provide you with all available information on a specific child that is relevant to parenting the child. During this decision-making process DSS must inform you of any sexual offenses committed by the child or adolescent. You have the right to refuse a particular child or adolescent if you feel he/she would not be a good fit with you and your family.

If possible, the service worker will arrange a preplacement visit between the foster child and the foster family.

This can help make the adjustment easier. However, a preplacement visit does not guarantee that the child will be placed with your family. Other circumstances could arise that would make a different placement better for the child.

A child frequently needs placement immediately, and the agency must ask foster parents to accept children with very little notice.

DSS recognizes the inconvenience this can cause and appreciates the cooperation of foster parents when this happens.

### Information about the Child

At the time of placement DSS will provide as much information as possible about the child's physical and mental health. For

*I knew from my history that there was a lot of drama, and I was affected by each home in a different way. I knew that the different lifestyle would change me, and I would definitely feel out of place because of the lifestyle and the people in the community because they weren't like the people I had been exposed to in my early childhood.*

*foster child*

infants and young children, this information should include hospital records and medical records from health department clinics and pediatricians. If DSS has been able to obtain information on risk factors that could affect the child, you, or your family, you will receive it. DSS must arrange for an **initial comprehensive medical assess-**

**ment** to be completed within five working days of the child's or adolescent's entry into foster care, if this is not completed within the first 24 hours of placement. DSS also must ensure that an **initial mental health assessment** is completed within 24 to 48 hours of entry into care. These assessments may provide you with information that was not known previously and are used to identify services that are needed or required by

the child. Also, as stated earlier, DSS must inform you of any sexual offenses committed by a child or adolescent coming into your home. You have the right to request other information if you feel you need it. In doing so, you should realize that information that is not available to DSS at the time of placement sometimes is available later. DSS is required to keep you updated with information throughout the placement.

With your right to have relevant information comes the important responsibility of keeping information about the child and his/her family background confidential. This is extremely important and sometimes difficult to do. You should never volunteer information about the child's background in situations with your family, friends, relatives, or neighbors. If asked questions, you should respond with general answers about the foster care system and why you enjoy being a foster parent. Only individuals and organizations directly involved in providing services to the child and/or the family are supposed to receive information about the child. This release of information follows formal procedures, many of which are governed by state law.

**While you have a right to expect to receive maximum information about the child, you also have maximum responsibility to protect the child's privacy.**

Because of the need to protect privacy, it is very important to determine a response

**It is very important for you to think about the characteristics of children whom you would be comfortable fostering in your home and those with whom you would not be comfortable.**

to people's questions. Something general works well. For instance, you can say, "To protect \_\_\_\_\_'s privacy, I'm not able to answer that question. Thanks for your interest."

## **Participation in Permanency Planning**

**The need of a child or adolescent for a "permanent place" is so important to healthy development that a "permanent plan" must be written and followed.**

Therefore, permanency planning for children in foster care is an essential service to the child and his/her family. During the time a foster child is in your care, you will hear various individuals refer to the child's permanent plan. It is very important that you know what the "plan" means and that you are directly involved in all phases of the planning process for the child or adolescent in your care. When a child is placed in foster care, the priority is that all efforts will be made to return that child to his or her birth

family. Both state and federal policy mandate that reunification of the child with the birth family should occur in a timely manner whenever possible.

Because reunification is a priority, within three days of the child's placement into foster care, a family meeting is held that includes the birth parents and other supportive people, the caseworker, and the foster parents. Research shows that involving all parties, including supportive individuals outside the immediate birth family, in the child's plan lowers the chances that the child will return to foster care after reunification occurs.

Federal regulations require DSS to develop this plan for the child **within 60 calendar days of the child's entry into foster care**. This planning process includes what **services the birth family needs** for reunification and what specific **services the child needs** while in an out-of-home placement. Federal

regulations and state laws require that services include a **plan for visitation** between the child and the birth family, with issues important to visitation being discussed and written in detail. Issues may include location and time period for the visitation as well as particular limitations that need to be in place. Service planning for an adolescent 13 to 21 years old must also include the provision of services to prepare him/her for independent living. You and the birth family should participate in the planning and be given a copy of the service plan. Also, look for ways to include the foster child or adolescent in the process. Visitation is so important that it is discussed in more detail in the next chapter of this handbook.

At the time a child is placed in foster care, it is not always possible to know for sure whether the child will be returning to his/her birth family. Sometimes the plan may change based upon circumstances that arise. This is why the team of people responsible for the care and development of a foster child do what is called **concurrent permanency planning**. This means that while reunification with birth parents is emphasized, an alternative or back-up permanency plan is formed, to be implemented if the child cannot safely return to his/her birth parents. This process helps to make certain that a permanent living arrangement is found for the child as soon as possible. It is extremely important that you communicate with the child's foster care worker on an ongoing basis about the plan for the child or adolescent in your care and that you participate in



Knowing about the child's background and the reasons for the current placement and previous placements will assist your decision-making.

all relevant meetings. For all children and adolescents under age 18, **there must be a permanency planning hearing within 12 months of their entry into foster care and on an annual basis thereafter.** Be aware that it may be necessary to review the plan more frequently than every 12 months, depending on what is in the best interests of the child or adolescent.



### Reimbursement (Board Payment) Rate

Payment for the care of foster children is made by check once a month. It will probably take from two to six weeks for you to receive the first check. The reimbursement rate is designed to contribute to (not completely cover) a child's expenses from the first day he/she enters a foster home through the day he/she leaves. The expenses include: food, shelter, clothing, and incidentals. If the foster child incurs additional or unusual expenses, you should discuss the situation with your worker to determine whether or not there are any other resources available

to help meet these needs. Payment is made retroactively; for example, you will receive payment in July for the days the child was in your home in June. You should receive a check around the middle of each month, although this may vary at times. What this means is that you are getting paid for money you have already spent for the child.

The actual amount of money that you receive for caring for a foster child is set by the S.C. state legislature. The standard board rate is based upon the age of the child. Studies have shown that usually the older a child is, the higher the expenses will be for that child. Contact your licensing worker for the current rate of payment. Also, keep careful records of the dates when a child enters and leaves your home in order to ensure that your board payment is correct. The payments may or may not be sufficient to cover your total expenses in fostering a child. In addition to the general reimbursement payment, there usually are initial and quarterly clothing allowances for each foster child in your care. These funds are subject to annual approval through the legislature. While these rates are not as high as we would like them to be, it is difficult to assign a dollar amount that reflects the genuine benefits to a child when he or she receives your consistent devotion of time, energy, love, and resources.

When a foster child has **special needs** and these needs require you to perform duties above and beyond those that are normally expected, the board payment rate may be

higher. Higher payments are considered, for example, for a child who is medically fragile and requires much more care at home and numerous trips for medical services, or for a child with serious emotional disturbance who requires intensive mental health treatment. You should discuss with the child's foster care worker DSS's procedures for documenting and reimbursing special needs, and you should expect the child's special needs to command a considerable amount of your time and energy.

## Insurance

Two types of insurance are available to you as foster parents: (1) liability insurance and (2) DSS self-insurance. DSS does not provide coverage for foster parents who are paid by other public or private agencies. Liability insurance is provided by DSS if coverage is available. At the time this book is written, DSS provides liability insurance to cover DSS foster parents. The liability insurance covers lawsuits against foster parents and damages to a foster parent's home up to \$5,000, with a \$250 deductible. It does not cover damage involving vehicles (moving or not moving, including boats), regardless of how the vehicle was damaged. DSS self-insurance covers damages under \$500, with a \$50 deductible. There must be a \$50 minimum to file a claim. The DSS self-insurance will pay the \$250 deductible of the private insurer's liability coverage. It also covers damages involving motorized vehicles up to the \$500 limit; however, your vehicle insurance must be the first payer for

these damages. In all cases contact your DSS foster care worker.

It is important for you to remember that, as a foster parent, you should **never agree to pay damages caused by a foster child**. Foster parents are not liable for such damages; nor is DSS. If someone is injured or has property damaged by a foster child, be sure to refer that person to DSS for information about steps to follow.

## Internal Revenue Service (IRS)

### Regulations

**Foster care board payments are set by the S.C. state legislature.**

As foster parents, you are not considered an employee of DSS and foster care board payments are not considered wages. For further clarification

as to how board payments may effect your tax situation, please consult your local IRS office or your tax consultant.

## Placement of Siblings

Because of the important bond among children in a family, DSS recognizes the right of siblings to be placed together while in family foster care. Placing siblings together lessens separation trauma, eases the stress on their parents, and reinforces the importance of family relationships. Placement of siblings together is happening more frequently now than in the past. Siblings often are

placed together unless that placement would be contrary to the developmental, treatment, and safety needs of a given child. If siblings must be placed with separate foster families, frequent and ongoing contact between the children should be maintained.

Because of the importance of the sibling bond you might receive a request from DSS to have more than one child placed in your home or you may request placement of more than one child in your home. Thus, you need to think about your reaction to caring for more than one foster child; and you need to remember that you have the right to refuse such placement. If DSS feels strongly that the siblings should be placed together, and you do not want this, the agency may look for a placement for them in a home other than yours.

If siblings are placed in separate homes, one in your home and one in another, you may be asked to encourage communication and contact between them. When more than two siblings are separated, you may be asked to encourage communication and contact among three or four siblings.

## Ongoing Foster Care

In providing ongoing care for a child, you face many important decisions. Some of these decisions are easier than others. Some are guided by specific information, while others are not. The purpose of this section is to provide you with legal, procedural, ethical, and developmental information that should guide your decisions. This informa-

tion is organized according to the rights and responsibilities of the children and youths in foster care, those of the birth parents, those that pertain to your role, and those of DSS.

## Rights and Responsibilities of the Child or Adolescent

While in a foster care placement children have many rights that should be respected by all people involved with them. These include

- the right to safety and protection at all times;
- the right to opportunities to grow and develop in a nurturing environment;
- the right to information about the reasons for their placement;
- the right to help in dealing with the effects of separation;
- the right to opportunities for continued connection with their birth families, extended families, and others with whom they have had meaningful relationships (unless safety reasons prohibit this);
- the right to return to their birth families as the first option or to have other permanent families as quickly as possible;
- the right to be served the summons and petition for termination of parental rights; and



- the right to be consulted, or at a minimum to be informed of, decisions made on their behalf.

Older children and adolescents have the right to participate more actively in the decisions made on their behalf. Each's developmental age or maturity

level is a significant factor in determining the degree to which he/she is able to participate in decision-making. DSS's youth advisory council, Go Out And Live Life (GOALL), wrote its own South Carolina Foster Child's Bill of Rights. See Appendix A for a copy of this.

### Rights and Responsibilities of Birth Parent(s)

When children are in DSS custody, their birth parents have the following responsibilities:

- to consent to routine and/or emergency medical care, including surgery, unless the authority to consent has been conferred upon DSS by court order;
- to contribute financial support for care of the child in accordance with department policies and in accordance with the birth parent(s)' financial circumstances;

to active participation in service planning.

- to keep DSS informed of any changes in the family's circumstances, including change of address, which may affect the child.

Additionally, the following specific rights are retained by the birth parent(s) while their child/children is in foster care placement:

- Unless otherwise specified in a court order, birth parent(s) have the right to reasonable visitation.
- Unless otherwise specified in a court order, birth parent(s) have the right

to active participation in service planning.

■ Birth parents have the right to be involved in developing the child's plan and to receive a copy of the child's service plan.

■ Birth parents have the right to consent to adoption.

■ Birth parents have the right to determine the child's religious preference. DSS works very hard to find an appropriate match between the birth parents' preference and the foster family's religious denomination when making foster placements.



- Birth parents have the right to consent to the marriage of their child/children.
- Birth parents have the right to consent to the entry into military service of their child/children.
- Birth parents retain educational rights unless the court has granted these rights to DSS. When DSS is granted these rights, which often happens, the agency works to include birth parents (and foster parents) in school-related meetings.
- protecting the confidentiality of the child and biological family;
- managing the board payment for the benefit of the child;
- enrolling the child in school—advocating for any needed special services. Enrollment is coordinated with the child’s caseworker;
- respecting the biological family’s wishes concerning the religious affiliations of the child and observance of holidays;

Some courts grant the authority to make the above decisions equally to the parents and the County Department of Social Services. Foster parents should never put themselves in jeopardy by assuming these rights.

### **Rights and Responsibilities of Foster Parent(s)**

Foster parents have an important role to play while children are in DSS custody. Your specific responsibilities include

- day-to-day care and training of the child/adolescent;
- keeping DSS informed of major changes within the foster family (relocations; expected babies; changes in employment; the addition of other individuals: boarders, relatives, friends, exchange students);
- advising the agency in advance of family trips;
- providing daily transportation in compliance with S.C. public safety rules;
- contacting DSS immediately in the event of emergency. Foster parents cannot consent to emergency medical treatment and surgeries. Treatment must be coordinated with input from caseworker and birth parents;
- keeping DSS informed of current activities and needs of the child;
- notifying the child’s foster care worker immediately if child/adolescent runs away from foster care placement;
- keeping developmental, medical, and academic records in the Education and Health Passport for child(ren) in care. Keeping also pictures, school reports, etc.;

- staying current and in compliance with licensing requirements;
- securing medical and dental care for the child by using the child’s Medicaid card. It is important to remember that Medicaid is usually the only source of funds to pay for medical and/or dental care for children in foster care. Therefore, it is imperative to seek health care services from those providers who accept Medicaid. If the health care provider indicates that he/she does not accept Medicaid, call your foster care worker for further instructions. If there is an emergency, contact your foster care worker or the worker’s supervisor as quickly as possible;
- making yourself and/or family members available for contacts DSS is required by law to make;
- attending all Foster Care Review Board meetings for the child or children in your care; submitting progress reports to the Office of the Governor, Division of Foster Care Review, at least three days prior to any meeting you are unable to attend.

*Remember that children and adolescents often reveal important insights about themselves and their situations. Members of the foster care team need to encourage children and adolescents to participate and to create situations in which they feel comfortable.*

Your specific rights are

- to have a clear understanding of expected roles, responsibilities, and rights of foster parent, agency/case-worker, and the birth family;
- to receive respect, consideration, and trust from the agency;
- to receive support from the agency: initial and ongoing information about the child and birth family and needed resources for the care of the child;
- to continue your own family patterns and traditions;
- to be given appropriate notification of court hearings concerning the child(ren) in your care;
- to be given notification of Foster Care Review Board hearings;
- to provide input, as a team member, to the agency in their decision-making regarding the child(ren) residing in the foster home;
- to provide input, as a team member, regarding the independent-living skills an adolescent is lacking;

- to question agency practices, in a constructive manner, providing input for the betterment of policy as it affects children and adolescents;

- to present grievances against DSS (order for grievance presentation)

1. discuss with case-worker
2. if not resolved, then discuss with supervisor

3. if not resolved, then discuss with county director
4. if not resolved, then present written grievance

- to initiate discussion of visitation between your family and the child after the child has left your home;
- to refuse to accept a child whose needs you feel unable to meet;
- to receive at least a ten-day notice prior to the removal of a child from your home, unless the case meets the following exception criteria: a court order, an abuse/neglect investigation,

you request the removal, or you have not appealed a denial or revocation of your license within the time frame provided;

- to appeal a decision to close your home to foster care;

- to learn and grow in the profession of family foster care;

- to apply and be considered for adoption of any child who has been in your care for a period of more than 6 months.



## Rights and Responsibilities of DSS

When a child is placed in foster care voluntarily or through a court order, it is the responsibility of DSS to protect that child and to provide for his/her needs. DSS fulfills its duties through a foster care arrangement.

Specific DSS responsibilities are

- to select the foster family most appropriate for the child;
- to maintain ongoing communication with the foster child, the foster parents, and any other adults living in the foster home by making personal, face-to-face visits to the foster child once a month, at a minimum, but

more frequently as special needs and circumstances of the child warrant;

- to provide written notice to you of the date, place, and time of all court hearings pertaining to the foster child;
- to determine, during the monthly visit, through interviews with and observations of the child, whether he/she should be interviewed outside the presence of adults or other minors;
- to provide to the foster child, if 5 years of age and older, a printed card with a 24-hour, toll-free number for making appropriate contact with DSS, with an explanation that it is to be used when problems occur that the child believes the caseworker cannot or will not resolve (a card may be provided to a younger child if child's maturity level indicates that this is appropriate);
- to provide to the foster child or adolescent a printed card with the case



manager's name, telephone number, and county emergency number (on the reverse side is the 24-hour, toll-free number);

- to strongly encourage by letter of invitation (see Appendix B), provided at least three weeks in advance, the attendance of foster parents to all Foster Care Review Board meetings held for children in their care;
- to provide an emergency contact number;
- to create agency teams based upon the child's and family's assessed needs;
- to inform you and the birth parent(s) of the rights and responsibilities of all individuals involved in the foster child's life;
- to oversee and monitor implementation of the services plan and the visitation plan for the child;
- to develop case management services that support the child, the parents, and you;
- to provide you with known information when discussing placement possibility and after placement has taken place;

- to have at least monthly contact with you and face-to-face contact with you every other month when children are in placement;
- to recommend the most suitable permanent plan for the child, which is achieved through close work and cooperation with the birth parent(s), foster parent(s), the court, and the child/adolescent, when appropriate (when a court holds temporary custody of the child, a final decision regarding the permanent plan for the child is made by that court; DSS makes recommendations to the court regarding the plan for the child, a responsibility and right given to DSS by the court; in making these recommendations, the service worker gives careful consideration to your input as well as the input of the birth parent[s]);



- to arrange at least one visit with the child or adolescent and one visit between the child or adolescent and his/her birth parents, siblings, or other significant adults, to be held

during the first week of placement (when not contrary to the welfare of the child).

Chart 1 organizes information about your rights and responsibilities and those

of the birth parent(s), DSS, and the child/adolescent. As specific events occur and decisions must be made, use the chart as a guide to good teamwork—to making your foster child’s team work as effectively as possible. As you review the chart, you will notice unevenness in the length of the rights and responsibilities lists. Please note that shorter lists of rights and responsibilities in some columns in no way denote that those issues or the individuals involved have less importance.

## Chart 1: Rights and Responsibilities

	Foster Parent(s)	Birth Parent(s)	DSS	The Child or Adolescent
<b>Allegations of Child Abuse and Neglect</b>	<ul style="list-style-type: none"> <li>♦ Understands that DSS must conduct an investigation if a report is made</li> <li>♦ Cooperates with DSS during the investigation</li> </ul>		<ul style="list-style-type: none"> <li>♦ Has the responsibility to discuss the allegation with foster care provider and to investigate all allegations</li> <li>♦ The State Office Out-of-Home Investigations Unit follows procedures for investigation of DSS foster homes, including emergency removal from a foster home if child is in immediate danger</li> <li>♦ State office notifies county director, licensing worker, and the State Office Foster Care Licensing Unit of the allegation and the findings</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to be informed of the allegations as age and developmental maturity permit</li> <li>♦ Has the right to be consulted about the allegations, as age and developmental maturity permit</li> <li>♦ Has the right to be respected as an informant as age and developmental maturity permit</li> <li>♦ Has the responsibility to participate in the investigation process in an accurate and appropriate manner</li> </ul>
<b>Change in Circumstances</b>	<ul style="list-style-type: none"> <li>♦ Must notify DSS of major life changes, such as marriage, separation, or divorce of foster parent(s); change in household composition; relocation; loss of or change in employment, etc.</li> </ul>	<ul style="list-style-type: none"> <li>♦ Must notify DSS of changes that affect the child's visitation and/or the child's permanent plan</li> </ul>	<ul style="list-style-type: none"> <li>♦ Must document changes in child's records</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to be informed of changes and, to the extent appropriate, to know the reasons for the changes</li> </ul>

Chart 1, continued

	Foster Parent(s)	Birth Parent(s)	DSS	The Child or Adolescent
Child Care	<ul style="list-style-type: none"> <li>♦ Must gain approval from DSS for child care arrangements; must inform DSS of any change in arrangements that may arise (e.g., from new employment); must gain approval from DSS for these new arrangements</li> </ul>		<ul style="list-style-type: none"> <li>♦ Must keep accurate records of child care arrangements</li> <li>♦ For families in which a single parent or both parents work outside the home, there must be a written plan for child care approved by DSS</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to safe and developmentally appropriate child care</li> </ul>
Community Complaints	<ul style="list-style-type: none"> <li>♦ Understands that people in the community or neighborhood sometimes make complaints about foster parents' care of foster children that may not be related to allegations of child abuse or neglect</li> <li>♦ Understands that DSS is responsible for investigating complaints and cooperates with DSS when an investigation is necessary</li> </ul>		<ul style="list-style-type: none"> <li>♦ Has the responsibility to discuss the complaint with foster care provider and to investigate all complaints</li> <li>♦ Does not assume the complaint is valid prior to an investigation</li> <li>♦ Closes investigation if complaint is not valid; takes further action if complaint is valid</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to be informed of the complaints as age and developmental maturity permit</li> <li>♦ Has the right to be consulted about the complaints as age and developmental maturity permit</li> <li>♦ Has the right to be respected as an informant as age and developmental maturity permit</li> <li>♦ Has the responsibility to participate in the investigation process in an accurate and appropriate manner</li> </ul>

	Foster Parent(s)	Birth Parent(s)	DSS	The Child or Adolescent
<b>Confidentiality</b>	<ul style="list-style-type: none"> <li>♦ Must respect the privacy of the child and the birth parent(s) by keeping all information about the case confidential. This includes the family history, location of relatives, medical facts, or plans for the child. Only when others are directly involved in providing services to the child is information released, and such release follows formal procedures.</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to be protected by the confidentiality of DSS records, as governed by state law</li> </ul>	<ul style="list-style-type: none"> <li>♦ Responsible for implementing confidentiality policies and procedures, as governed by federal and state law</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to be protected by confidentiality policies and procedures, as governed by federal and state law</li> </ul>
<b>Court Hearings</b>	<ul style="list-style-type: none"> <li>♦ Must receive written notice of the date, place, and time of all hearings pertaining to the foster child (see Appendix B)</li> <li>♦ Has the right to attend all hearings and to address the court concerning the child. Information disclosed at these hearings should remain confidential.</li> <li>♦ If unable to attend, has the right to be informed of the results of the hearings as they relate to the child's needs (e.g., change in visitation or permanency plan)</li> </ul>	<ul style="list-style-type: none"> <li>♦ Attendance at hearings is determined by the judge, who includes only persons considered to have direct interest in the case or in the work of the court</li> </ul>	<ul style="list-style-type: none"> <li>♦ Must provide written notice to the foster parent(s) of the date, place, and time of all hearings pertaining to the foster child and indicate the right of the foster parents to attend the hearing and to address the court concerning the child. The notice may be delivered in person or by regular mail and must give the foster parent appropriate lead time.</li> </ul>	<ul style="list-style-type: none"> <li>♦ As age and developmental maturity allow, has the right to know that court hearings are taking place and to be informed of the results of court hearings</li> <li>♦ Older children and adolescents have the right to participate in court hearings on their own behalf as age and developmental maturity permit and as the guardian ad litem and court approve and/or allow</li> </ul>

Chart 1, continued

	Foster Parent(s)	Birth Parent(s)	DSS	The Child or Adolescent
<b>Driver's License</b>	<ul style="list-style-type: none"> <li>♦ Can assume responsibility if birth parent does not, but foster parents are not encouraged to sign for the child's/adolescent's driver's license (foster parents assume a great deal of legal and financial liability if they sign)</li> </ul>		<ul style="list-style-type: none"> <li>♦ Encourages birth parent(s) to sign for the adolescent's driving license</li> <li>♦ Cannot assume responsibility for a foster adolescent getting a license</li> </ul>	
<b>Education and Special Education</b>	<ul style="list-style-type: none"> <li>♦ Responsible for understanding agency policy about enrolling child in school and in special education if necessary (sometimes a surrogate parent is appointed)</li> <li>♦ Consults with foster care worker about payment of school fees (routine school fees come from the foster care board payment)</li> <li>♦ Transports child</li> <li>♦ Attends parent-teacher conferences, PTA meetings</li> <li>♦ Signs report cards</li> <li>♦ Communicates with DSS about progress and problems</li> <li>♦ Keeps accurate records</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to assist in planning the child's educational program and to participate in meetings. At a minimum, they should be informed of child's educational progress and needs.</li> <li>♦ Should be involved in planning for youth's college or vocational training, when appropriate</li> </ul>	<ul style="list-style-type: none"> <li>♦ Arranges for school records to be sent to the new school if school changes because of current placement</li> <li>♦ Responsible for keeping accurate records</li> <li>♦ Responsible for enrolling child in school</li> <li>♦ Responsible for enrolling child in special education if necessary and for advocating, attending, and participating in IEP meetings</li> <li>♦ Responsible for consulting on a regular basis with foster care provider about child's educational needs and progress</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to a free and appropriate public education that meets his/her individual needs</li> <li>♦ Has the right to participate in decision-making consistent with age and developmental maturity</li> </ul>

	Foster Parent(s)	Birth Parent(s)	DSS	The Child or Adolescent
Emergency Response	<ul style="list-style-type: none"> <li>♦ Receives training in First Aid procedures</li> <li>♦ Immediately gets the needed care and notifies DSS “on-call” worker immediately but no later than 24 hours after getting the emergency care</li> <li>♦ Transports child</li> <li>♦ Keeps accurate records</li> </ul>	<ul style="list-style-type: none"> <li>♦ Contacted by DSS; must consent to surgery and emergency procedures, unless otherwise addressed by court order</li> <li>♦ Has the right to be notified if the child/adolescent is injured</li> </ul>	<ul style="list-style-type: none"> <li>♦ Authorizes emergency medical care if the urgency of medical needs does not allow time for locating the parents</li> <li>♦ Attempts to contact the parent(s) to secure authorization for emergency medical services or to notify of emergency procedure</li> <li>♦ Responsible for keeping accurate records of injury</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to receive immediate and proper emergency services as needed</li> </ul>

Family Trips	<ul style="list-style-type: none"> <li>♦ Before taking family trips, notifies DSS and discusses details</li> <li>♦ Must inform foster care worker as soon as vacations and other extended trips are planned</li> <li>♦ Must obtain consent from DSS before a child is involved in out-of-state or out-of-country travel for any reason and must complete with foster care worker necessary paperwork for travel</li> </ul> <p>*see transportation entry</p>	<ul style="list-style-type: none"> <li>♦ Has the right to be consulted and to grant permission</li> </ul>	<ul style="list-style-type: none"> <li>♦ Must know the whereabouts of a foster child at all times</li> <li>♦ Must consent to out-of-state or out-of-country trips</li> </ul>	<ul style="list-style-type: none"> <li>♦ Entitled to participate in family trips that are considered conducive to positive social growth and development</li> </ul>
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Chart 1, continued

	Foster Parent(s)	Birth Parent(s)	DSS	The Child or Adolescent
Financial Support	<ul style="list-style-type: none"> <li>♦ Receives an appropriate level of board payment that is based upon the child's needs</li> <li>♦ Not reimbursed for regular transportation, such as trips to school or recreational/sports meetings and events</li> <li>♦ Not responsible for payment of bills related to medical and psychological care for Medicaid-eligible children (foster parents may be held liable by a provider if they sign an agreement to pay)</li> <li>♦ Must have enough income to ensure financial stability of the foster family. Verification of income and expenses must be given to DSS.</li> </ul>	<ul style="list-style-type: none"> <li>♦ Responsible for paying child support to DSS for the child, as financial resources allow</li> </ul>	<ul style="list-style-type: none"> <li>♦ Responsible for disbursing board payments on a regular basis for each child in care</li> <li>♦ Responsible for informing foster parent(s) of procedures pertaining to Medicaid and Social Security to ensure compliance with billing requirements (DSS must always be the entity that receives Social Security or other payments on behalf of the child)</li> <li>♦ Provides explanations for specific limitations on financial support that are determined by state statute</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to receive support while in the state's custody</li> <li>♦ Responsible for contributing to own financial status as age and developmental maturity permit</li> <li>♦ Social Security or other income due a child must be used to reimburse the state for expenses of the child</li> </ul>

	Foster Parent(s)	Birth Parent(s)	DSS	The Child or Adolescent
<b>Foster Care Review Board Hearings</b>	<ul style="list-style-type: none"> <li>♦ Must be informed of and strongly encouraged (at least three weeks in advance) to attend all hearings held for children in their care</li> <li>♦ Must try to attend all meetings held for children in their care; if unable to attend a meeting, must submit a progress report (see Appendix B) at least three days prior to the meeting to the Office of the Governor, Division of Foster Care Review</li> </ul>		<ul style="list-style-type: none"> <li>♦ Must strongly encourage foster parent(s) by letter of invitation, provided at least three weeks in advance, to attend Foster Care Review Board meetings held for children in their care (see Appendix B)</li> </ul>	<ul style="list-style-type: none"> <li>♦ Children ages 10 years and older must be provided written invitations to attend FCRB hearings</li> </ul>
<b>HIV/AIDS</b>	<ul style="list-style-type: none"> <li>♦ Has the right to receive all relevant information related to the child's background</li> <li>♦ Takes universal precautions in caring for the foster child</li> </ul>	<ul style="list-style-type: none"> <li>♦ Responsible for providing DSS with all known information related to HIV/AIDS risk factors in the child's background</li> </ul>	<ul style="list-style-type: none"> <li>♦ Responsible for providing foster care provider relevant information about the child and agency policy</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to information regarding own risk status</li> <li>♦ As age and developmental maturity dictate, responsible for taking precautionary measures when positive risk status is known</li> </ul>
<b>Insurance</b>	<ul style="list-style-type: none"> <li>♦ Responsible for obtaining information from DSS</li> </ul>		<ul style="list-style-type: none"> <li>♦ Responsible for providing liability insurance and policy information to foster parents</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to receive insurance coverage while in the state's custody</li> </ul>

Chart 1, continued

	Foster Parent(s)	Birth Parent(s)	DSS	The Child or Adolescent
<b>Marriage</b>	<ul style="list-style-type: none"> <li>♦ Notifies DSS of the youth's intentions to be married</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to consent to the marriage, if certain criteria are met</li> </ul>	<ul style="list-style-type: none"> <li>♦ Must be informed of the youth's intentions to marry</li> </ul>	
<b>Medical and Dental Care</b>	<ul style="list-style-type: none"> <li>♦ Obtains Education and Health Passport (see Appendix B) and Medicaid information from DSS</li> <li>♦ Notifies DSS as soon as appointment is scheduled</li> <li>♦ Does not schedule surgeries or other medical procedures without prior notice to DSS of such plans</li> <li>♦ Makes appointments for routine medical care with physician and/or dentist who accepts Medicaid</li> <li>♦ If physician or dentist does not accept Medicaid, makes financial arrangements with DSS prior to services being provided</li> <li>♦ Takes Education and Health Passport to medical appointments</li> </ul>	<ul style="list-style-type: none"> <li>♦ Must give consent if surgery or non-emergency procedures are necessary, unless otherwise addressed by court order</li> <li>♦ Has the right to be notified of routine care</li> <li>♦ Has the right to recommend the physician who has cared for the child previously; if the physician accepts Medicaid, the foster parent may continue the child's care with this physician</li> </ul>	<ul style="list-style-type: none"> <li>♦ Arranges for an initial comprehensive medical assessment within 5 working days of the child's entry into care if not completed within the first 24 hours of placement</li> <li>♦ Responsible for providing foster parent with an Education and Health Passport (see Appendix B) and, when appropriate, information on Medicaid and Social Security</li> <li>♦ Must know about all medical care provided to a child</li> <li>♦ Makes application for SSI if child is developmentally delayed or has physical or emotional handicaps</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to receive routine medical care (e.g., physical exam) and dental care (e.g., cleanings)</li> </ul>

	Foster Parent(s)	Birth Parent(s)	DSS	The Child or Adolescent
<b>Medical and Dental Care, cont.</b>	<ul style="list-style-type: none"> <li>♦ Takes medical records to appointments</li> <li>♦ Transports child to appointments</li> <li>♦ Keeps accurate records</li> </ul>		<ul style="list-style-type: none"> <li>♦ Can give consent for emergency treatment. For other medical procedures, if parental consent cannot be obtained, then obtain consent through court order</li> </ul>	
<b>Mental Health Services</b>	<ul style="list-style-type: none"> <li>♦ Consults with foster care worker as to the child's need for mental health services</li> <li>♦ Makes appointments as necessary</li> <li>♦ Makes financial arrangements with DSS prior to services being provided</li> <li>♦ Takes relevant records to the appointment</li> <li>♦ Transports child</li> <li>♦ Notifies DSS of the results of the appointment</li> <li>♦ Collaborates with DSS in notification of and communication with birth parent(s)</li> <li>♦ Keeps accurate records</li> <li>♦ Participates in therapy as needed</li> </ul>	<ul style="list-style-type: none"> <li>♦ Should be informed of psychological/ mental health needs of the child and the services obtained to meet the needs</li> <li>♦ Participates in services as needed or required</li> </ul>	<ul style="list-style-type: none"> <li>♦ Arranges for an initial mental health assessment within 24 to 48 hours of entry into care</li> <li>♦ Foster care worker consults with foster parent and assists in communication with birth parent(s)</li> <li>♦ Notifies birth parent(s) of need for services, scheduled appointments, and results of appointments</li> <li>♦ Handles expenses incurred from appointments</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to receive mental health services as needed</li> </ul>

Chart 1, continued

	Foster Parent(s)	Birth Parent(s)	DSS	The Child or Adolescent
<b>The Military</b>	<ul style="list-style-type: none"> <li>♦ Notifies DSS of the youth's intentions to enter military service</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to consent to youth's entry into military service</li> </ul>		
<b>Payment of Bills</b>	<ul style="list-style-type: none"> <li>♦ Must remember not to obligate themselves to pay expenses: call DSS worker whenever in doubt</li> </ul>			<ul style="list-style-type: none"> <li>♦ Must remember that minors cannot sign legal contracts</li> </ul>
<b>Religious Preference</b>	<ul style="list-style-type: none"> <li>♦ Responsible for respecting the birth family's preference</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to determine the child's religious preference</li> </ul>	<ul style="list-style-type: none"> <li>♦ Facilitates communication between foster care provider and birth parent(s) regarding religious preference</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to have religious/spiritual needs met and fostered</li> </ul>
<b>Runaway Child</b>	<ul style="list-style-type: none"> <li>♦ Notifies DSS as soon as child runs away</li> <li>♦ Notifies law enforcement</li> </ul>	<ul style="list-style-type: none"> <li>♦ Notified by DSS as soon as child runs away</li> <li>♦ Contacted again at least every two weeks (by letter, telephone, or visit) to explore possible leads as to child's whereabouts</li> </ul>	<ul style="list-style-type: none"> <li>♦ Foster care worker notifies supervisor, law enforcement, parent/legal guardian, guardian ad litem, court, and other service providers</li> <li>♦ Contacts parent(s)/legal guardian at least every two weeks</li> </ul>	

	Foster Parent(s)	Birth Parent(s)	DSS	The Child or Adolescent
<b>Transportation</b>	<ul style="list-style-type: none"> <li>♦ Must inform DSS of transportation resources and any change in them</li> <li>♦ Responsible for routine daily transportation</li> <li>♦ Must obtain consent from DSS before a child is involved in out-of-state or out-of-country travel for any reason</li> <li>♦ Consults with county licensing worker about reimbursement for travel</li> </ul>		<ul style="list-style-type: none"> <li>♦ Must keep accurate records</li> <li>♦ Coordinates with the foster parent and the birth parent for visitation</li> <li>♦ Provides foster care provider with information about travel reimbursement, if applicable</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to safe transportation</li> </ul>
<b>Trips Away from Home; Field Trips</b>	<ul style="list-style-type: none"> <li>♦ Notifies DSS in advance of all details related to field trips with school and all trips away from home</li> <li>♦ Must obtain consent from DSS before a child is involved in out-of-state or out-of-country travel for any reason</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to be consulted</li> </ul>	<ul style="list-style-type: none"> <li>♦ Must know the whereabouts of a foster child at all times</li> </ul>	<ul style="list-style-type: none"> <li>♦ Entitled to participate in those events that are ordinary and are considered conducive to positive social growth and development</li> </ul>

Chart 1, continued

	Foster Parent(s)	Birth Parent(s)	DSS	The Child or Adolescent
Visitation	<ul style="list-style-type: none"> <li>♦ Contributes to the initial visitation plan</li> <li>♦ Provides input to foster care worker on a regular basis as to the adequacy of the visitation plan and any need for change</li> <li>♦ Provides needed support to the child when visitation takes place</li> <li>♦ Prepares the child for visitation and for the return from visitation</li> <li>♦ Participates in coordinating visits between child and siblings</li> </ul>	<ul style="list-style-type: none"> <li>♦ Has the right to provide input regarding the child's visitation plan</li> <li>♦ Responsible for providing an environment that is safe and healthy for the child to visit</li> </ul>	<ul style="list-style-type: none"> <li>♦ Responsible for developing a visitation plan for each child with the child's foster care team</li> <li>♦ Arranges at least one visit between the child and birth parents, siblings, or other significant adults to be held during the first week of placement when not contrary to the welfare of the child</li> <li>♦ Completes a written visitation plan to include siblings, parents and other significant adults</li> <li>♦ Documents the visitation plan in child's records</li> </ul>	<ul style="list-style-type: none"> <li>♦ Understands the reasons for visitation</li> <li>♦ Has the right to participate in development of the visitation plan</li> <li>♦ Has the right for changes to be made in the visitation plan if they are necessary to healthy growth and development</li> <li>♦ Has the right to express the need for changes to the plan</li> <li>♦ Has the right to visit with siblings and parents, unless visits are not in the child's best interests</li> </ul>

Chart 1, continued

	Foster Parent(s)	Birth Parent(s)	DSS	The Child or Adolescent
Visitation cont.			<ul style="list-style-type: none"> <li>◆ Documents any necessary change to the visitation plan and the circumstances for a child in the child's records</li> <li>◆ Notifies all parties involved of any necessary changes to the visitation plan</li> <li>◆ As a child's return home approaches, arranges more and longer visits as permitted by the court order; documents the changes in the record and in the visitation plan</li> </ul>	

## When a Foster Care Placement Ends

We have said that foster care is temporary. That means that children you take into your home probably won't be there very long. But where will they go when they leave your home?

Most children leaving foster care do so in one of seven ways. The first four ways are fulfillment of the child's permanent plan, and the last three are ways that would not be included in the permanent plan.

### **They return to their own parents.**

We said earlier that DSS would try to help the parents while their children were in foster care, and that the first goal of foster care is to return children to their own homes. If we are successful, that's exactly what will happen. We will have been able to help the parents improve enough that their children can safely return home.

### **They are placed with relatives.**

Within a reasonable period of time, the child's parents sometimes have not been able to change enough to make their home safe for their child(ren), or they are not ready to accept the child's return. In these situations a suitable relative who would like to take the child is located, in which

case the child will leave foster care and go to live with this relative. This situation may become the child's permanent living arrangement, or the relative's home may be an intermediate step toward eventual return home to the birth family.

### **They are placed for adoption.**

Sometimes the court will decide that it



is unlikely that parents will ever be able to protect their child from an unreasonable risk of harm. In such cases the birth parents' rights may be terminated (this is called Termination of Parental Rights or TPR) and the child will be freed legally for adoption and moved to an adoptive home. This may include adoption by relatives. As the child's foster parents, remember that you have the right to apply to be the child's adoptive parents once the child has resided with you for six months and if DSS's plan for the child is adoption.

### **They are old enough for independent living.**

As an adolescent becomes old enough for

independent living, you may be asked to assist in the process. For a foster parent, some aspects of this situation are similar to that of a child or young adolescent returning to a birth or adoptive family, and some aspects are different from that situation.

### **You request removal of the child(ren) from your home.**

You always have the right to request removal of a foster child or adolescent from your home. Provide advanced notice, if possible, to allow time for the child to make the transition.

### **DSS requests removal of the child(ren) from your home.**

Sometimes because of circumstances, characteristics of the child or adolescent, or your family's needs, DSS and the team may decide that a different placement is needed.

### **A foster child may die, although this occurs very rarely.**

As with any individual, the death of a foster child may occur suddenly and unexpectedly, or it may be something you are expecting to happen because of a terminal or chronic illness.

Before we look in more detail at each one of the seven ways children could leave foster care, take some time to continue thinking about why children leave foster care and the probability that your foster child will leave your home at some time in the future.

You probably will feel very close to your foster child. Sometimes it is difficult to see the child returned to his/her birth parents, especially when you feel you can provide a better home. When you are able to develop a good relationship with the birth parents, the relationship may make the return home feel better to

you. Although you may wish to adopt the foster child, you must be prepared for the child to be placed with a relative if it does not work out for the child to be returned to his/her birth parent(s).

Remember that your feelings are neither good nor bad. They always are very important. They tell something about your thoughts, your values, and your needs as a foster parent. Thus, it is always important to understand your feelings and learn what they have to teach you.

### **Permanency Options**

Regardless of the reason for the end of a foster care placement, you need to be prepared to make the transition as smooth as possible

*It is very important for you to take time to think about what it will feel like to give up a foster child.*

for the child, for you, and for your family. To help you achieve smooth transitions, descriptions of what will happen in each scenario are given below. These are in order of preference with reunification being the first. Placement is determined by the best interest of the child in terms of safety, permanency, and well-being.

### **Reunification with the Birth Parents**

It is the responsibility of the foster care worker to assess progress made by the birth parent while the child has been in foster care. Together with you, the guardian ad litem, and all other involved parties, the foster care worker considers all relevant issues and determines the appropriateness of a child's returning home to his/her birth parents. When the decision has been made to return the child to the birth parents, the foster care worker will arrange for longer and more frequent visits between the child and the birth parent(s). The foster care worker also will seek information from the child, the birth parents, and you about the visitations and any problems or concerns that may need to be addressed prior to or after the child returns home. You have the right to request visitation with the child once he/she is returned to the birth parent(s), but it is essential to respect

the wishes of the birth parents if they have objections to visitation. It is **your responsibility** to communicate with DSS about the possibility of visitation, the frequency and length of visits, and when your visitation process should end.

### **Adoption**



The foster care worker determines that adoption should occur if reunification of the child is not in the child's permanent plan or if the plan to reunify the child with the birth parent was not successful. For adoption to take place, there must be a formal process of terminating the birth parents' rights as parents to the child. (You learned earlier that this

is called Termination of Parental Rights, or TPR). And an adoption specialist becomes involved. The foster care worker informs you that TPR and adoption are planned for the child. The adoption specialist works with the foster care worker to arrange for the first visit with the child to assess the child's needs. A placement staffing occurs, and the recommendation could be made to pursue adoption as the permanent plan. The adoption could be by relatives of the child or nonrelatives. There will be a point when the child's case is transferred from foster care workers to adoption workers.

If you are interested in being considered as the adoptive family for a child, you should express your desire immediately to the foster care worker. The foster care worker is then responsible for contacting the DSS Area Adoption Office within five working days of the time you express your interest and referring you immediately to the Adoption Office for discussion of the plan. **Remember that applying to adopt a foster child in your care does not guarantee the adoption.** Also remember that if you file an application for adoption and it is approved, the foster child(ren) placed in your home may or may not be the same child(ren) you adopt.



### **Guardianship or Custody**

If neither reunification nor adoption is in the best interest of the child, the next best option is guardianship or custody. This option is a permanent, self-sustaining placement with a relative or nonrelative, and the child is no longer in foster care. It includes the transfer of specified rights, including decision making, education, and care and financial support of the child, from the parent to the individual given guardianship or custody of the child. The guardian is responsible for deciding under what circum-

stances the child will have contact with the birth parent(s). Other ties to siblings and extended family members can be maintained in a legal guardianship. Keeping such connections can have psychological benefits for the child.

Often the person seeking legal guardianship initiates the pleadings. This placement option is not as permanent as adoption because the legal guardian, the child, or the birth parent can ask the court at any time to consider termination of the guardianship. From

the beginning, however, the guardian must be committed to staying involved with the child throughout the child's life. The guardian has the right to any agency information about the child's mental or physical health, past behaviors, or life events. Usually, there is little or no oversight from the court or social services once guardianship is established.

### **Permanent Placement With a Relative**

If a child has a relative who is or who becomes a licensed foster parent and that relative is committed to caring for the child on a long-term basis, the child may be placed permanently with the relative and remains in foster care. The advantages of relative placements include preservation of family bonds,

less traumatic removal, and continuity of family. Drawbacks may include the relative's inconsistent interest in the child or inability to shield the child from a neglectful or abusive parent. Extended periods of visitation can help the permanency team determine if relative placement is in the best interests of the child.

Relatives should be encouraged to consider adoption or legal guardianship, but continued foster care also has its advantages. Foster care may increase stability for the family through the foster care stipend and easier access to services including respite care, day care, transportation, or medical and mental health treatment. It also allows continued monitoring of the placement to ensure it is not failing.

### **Another Planned Permanent Living Arrangement (APPLA)**

APPLA is an option when reunification and adoption are not possible or appropriate and there are no relatives willing or appropriate for placement of the child. A specified adult or network of adults must be willing to commit to providing a long-term nurturing relationship into the child's adulthood, and the court order should reflect that the

arrangement is permanent. The child is in foster care. Placement can be with the individual if he/she is a licensed foster parent. If placement is not with the specified individual, the child may be placed in the least restrictive, most family-like setting that



meets the child's needs. In general, this option is chosen much more often for adolescents than for younger children. If you would like to be considered as the specified adult for the foster child currently in your care, contact the foster care worker.

If a foster child lives with you permanently, your involvement with the foster care worker continues. The foster care worker is responsible for making face-to-face contact with the child and the foster parent at least once every month, unless a court order is obtained authorizing more or less frequent contact. Because circumstances change, one of the more preferred permanency options may be possible later in the case; thus, the child's permanency plan must be revisited at subsequent annual hearings. The child's progress toward meeting goals in the treatment plan also must be reviewed on a regular basis—at least every six months. Your input is very important if the treatment plan needs to be changed.

## Independent Living Services

In conjunction with the biological family, the adolescent, you, and other appropriate professionals (e.g., mental health counselor), the foster care worker must write independent living goals and objectives into the treatment plan beginning when the adolescent is age 13. The worker reviews services needed to assist the adolescent in making the transition from foster care to independent living and requests that the court sanction provision of services. Independent living begins only when the adolescent has all independent living skills and is 18 or older. You have the right to provide input regarding the independent living skills an adolescent is lacking. DSS will be working with you to focus on adolescents who are 13 years of age and older to prepare them for independent living. Services to help youth meet their independent living goals include social skills programs, adult education pro-



grams, money toward education supplies and pre-college expenses, transportation and housing assistance, and employment services.

If all the needed skills have not been acquired, the adolescent may sign a voluntary placement agreement to extend foster care beyond his/her 18th birthday. Foster care services can continue only until the youth's 21st birthday if the youth is in school or vocational preparation training. For the youth to receive PATTY (Providing Assistance to Transitioning Youth) services, he or she must be in DSS custody on his/her 18th birthday. At that point, youth may live on their own and still receive certain services such as Medicaid and Education and Training Vouchers (ETV). The ETVs can be used until the youth is age 23, provided that the youth was in DSS custody on his/her 18th birthday and in college on his/her 21st birthday.

## You Request Removal of the Child

In some circumstances you may feel it necessary to request that a foster child be removed from your home. Such a request is a very serious decision that requires a balancing of your needs, your family's needs, and the needs of the foster child. Leaving your home may have adverse consequences for the foster child, especially if he/she has experienced much disruption in the past. Thus, you must try to resolve problems first; and only if these problems cannot be resolved should you request removal of the child.

When you decide that you need to request removal, you do so orally or in written form through the child's foster care worker. You need to be clear as to whether the removal needs to be immediate. The worker will

spend some time with you determining if the placement problems can be resolved. If they can be, the worker assists you in developing a plan (e.g., for additional services). If they cannot be, the worker locates an alternate placement and sends or delivers to you a written letter (notice) of when the child will be removed. Keep in mind that if you request the removal, then you cannot appeal the removal.

### **DSS Requests Removal of the Child**

DSS may request removal of a child from your home in an emergency or nonemergency situation. If the situation **is not an emergency**, DSS provides written notice about the removal plans. You should receive this letter (notice) at least 10 days prior to the removal, along with instructions on how you can appeal the decision if this is a situation which can be appealed. If you can and do elect to appeal and the child has been in your home 120 days or longer and the case does not meet “exception criteria,” the worker is not supposed to remove the child. If you elect to appeal and the child has been in your home for less than 120 days, then the worker is able to remove the child. The letter (notice) to remove should state the date of the move, the purpose of the move, and as appropriate, identify where the child is being placed. If the situation **is**



**an emergency**, the foster care worker does the following: advises you that the case meets “exception criteria” (e.g., the court orders the child’s return home, or there is a child protective services investigation in the foster home); prepares for an immediate move of the child; and gives you a letter (notice) about the removal plans; however, the 10-day advance notice does not apply if DSS determines there are circumstances warranting immediate removal. Keep in mind that if the court ordered the removal or if your license has been revoked, you cannot appeal the removal.

### **Visits After the Child Leaves Your Home**

Your involvement during the change from your home to another location is very important. How you interpret events and what you say may be the deciding factor in making the change feel successful and stable to the child. Continued contact between you and the foster child may ease the transition even more. You also may have a relationship with the birth family that you want

to continue. Continued contact with the foster child and the birth family must be approved and determined to be in the best interest of the child. Thus, the appropriateness of this type of visitation is determined on a case-by-case basis.

## Death of a Child

Should you experience the tragedy of the death of a child under your care, there are some things you need to know. A death may be the result of a prolonged illness the child has had, or it may be very sudden and unexpected. Whatever the cause, it will be important that you have well-organized records that document the medical care the child has received while living in your home. Of course when a death occurs, you will experience many strong emotions. Keep in mind that you may want or need to seek specialized counseling for yourself and your family members to assist in your expression of grief and acceptance of the loss.

You must notify the foster care worker immediately, and he/she immediately will notify other DSS county and state administrative staff members and the child's birth parents. Other family members and appropriate



persons are notified as soon as possible by the worker.

The child's birth parents have the right and responsibility to plan the funeral service for their child. This planning takes place with the assistance of the foster care worker. The worker must inform the birth parents if you desire to attend the service or to participate in some other way. If parental rights have been terminated, or if the parents cannot be located or do not wish to participate, DSS has the responsibility for planning the services. However, even in cases in which parental rights have been terminated, the agency usually chooses to notify the parents and allow them to assist in planning.

As foster care providers, you have no legal responsibility in the burial of a foster child. Instead, you have the responsibility of following the wishes of the birth family. You certainly have the right to express your grief in a manner that is meaningful to you. Thus, you may wish to attend the service and to send flowers or make a donation to a memorial fund for the child. In cases where the birth parents are not involved and DSS has full responsibility, foster parents are given every opportunity to participate in the planning of the services.



## Chapter 3

# Fostering Growth and Development

Now that you have learned the philosophy of foster care and some information about rights and responsibilities, it is time to discuss ways to use this information—to put yourself into the experience of foster parenting to best meet the needs of the foster child.

There are specific ways that foster parents can ease the transition into and out of foster care for the foster child, for themselves, and for birth families. This chapter is organized around the activities that you as foster parents can do to (1) prepare for the child's placement in your home and help make the child and your family comfortable when the child arrives; (2) support ongoing growth and development during the placement; (3) understand and handle behavioral issues; and (4) prepare yourself, the child, and your family for the ending of a placement.

### Preparing for a Placement

Two of the biggest challenges you have as a foster parent are (1) to help a child feel he/she is part of your own family while meeting needs that have resulted from the child's background and (2) to continue being the best parent you can be for your own chil-

dren while also promoting the growth and development of the foster child.

You have learned that children enter foster care for many different reasons. Some of the negative experiences with their birth families have been recent and very traumatic while others have been happening over a longer period of time and are less intense but still very negative for the child.

***Regardless of how difficult their lives have been, foster children are giving up a great deal when placed in foster homes.***

They are separated not only from their birth parents, but also from other relatives and in many cases from siblings. In addition to feeling a loss of relationship with people, foster children also lose their familiar surroundings, including their houses, neighborhoods, friends, pets, favorite toys, and possessions.

***This is important to remember because pain is the basis for much of what they think, feel, and do.***

Sometimes children think it is their fault that their family broke up. Often they feel a loss of control over what has happened and what is happening in their world.

*The best way for you to prepare for the arrival of a foster child, then, is to see the world through the child's eyes.*



the birth family, and the child for placement. The child's birth parents should be involved in the placement process whenever possible. It is important to realize that

*Birth parents are losing a great deal and are in emotional pain when their child is placed in foster care.*

Ask yourself questions such as,

- ◆ “If I were a child going someplace new, what would be my concerns?”
- ◆ “What would I want to take with me?”
- ◆ “What would I need to feel comfortable?”

As a child is being placed in your home and you think about the child's age and his/her experiences, ask yourself,

- ◆ “What is this child losing?”
- ◆ “How might she express this loss?”
- ◆ “What can I do to help him feel less loss?”
- ◆ “What can I do to help her feel more in control?”

You and the child's foster care worker should work together to prepare yourselves,

Their thoughts and feelings often are confusing to others. It is important that you try to understand how they are feeling.

### **General Preparation**

Sometimes it is impossible to plan very much because the child's arrival will be very sudden. To the extent possible, it is important to do the following before the child arrives:

- ◆ **Remember the confusion the child must feel.** Your goal is to help make the child as comfortable as possible.
- ◆ **Prepare your family,** including your children, for the arrival. Discuss in general terms what you know about the child (“Johnny's parents need help in order to care for him better. While they are getting help, Johnny is going to live with us.”). Answer your children's questions in general terms and discuss with

them what their concerns are. Encourage your children to feel empathic, but don't expect too much and don't push this on them.

- ◆ **Prepare your family for the questions** people will ask. It is important to develop responses to these questions that are supportive of foster care and do not share confidential information.

- ◆ **Prepare a space** within your home for the child to call his/her own. It may be necessary for him or her to share a bedroom and/or a bathroom. If this is

the case, be sure to prepare a special part of each of these rooms. Remember to preserve and protect the privacy of the foster child and other children living in the home.

- ◆ **Enlist the support of your other children** for the foster child's arrival. To the extent possible, discuss with them what everyone will be doing when the child arrives. Discuss with them what they would like to do.



- ◆ Arrange with DSS for the child to **visit your home** before the arrival date. At a minimum, try to meet the child and talk before the arrival date.
- ◆ Arrange for the child to **bring favorite toys, possessions, and pictures**. These are called **transitional objects** because they help with the transition from a familiar setting to a less familiar one.

- ◆ Find out what activities, sports, or hobbies the child enjoys. Find out how you can obtain possessions that relate to these activities (e.g., his/her musical instrument or sports equipment).

- ◆ Find out any **nicknames** that the child prefers to be called.

- ◆ Tell him the **nicknames of anyone he/she will be having contact with** while in your home.
- ◆ **Watch and listen** to the child. Meet his/her need for information about the move, including where, why, when, and for how long. Remember that the child may not ask you directly for this information. It is more likely that he/she will

show you the need through such nonverbal cues as tone of voice or activity level.

Help the child express thoughts and feelings related to placement. While we have some ideas about how placement and the related losses affect children, don't assume you know how it is affecting the particular child

*You have to respect their past and recognize that past. One of the most important parts of being accepted by an older child is validating who they are and working towards trust.*

*foster/adoptive parent*

placed with you. Again, watch for cues, and remember how important it is for the child to have appropriate ways of expressing emotions. Drawing, painting, and musical activities are often worthwhile additions to talking.

### What To Do During the First Week

In addition to immediate activities you should do at the time of placement, there are more long-term activities to consider doing as soon as possible after the child begins living in your home. The following list outlines some activities to begin during the first week but also to continue throughout the placement. You are encouraged to use the list to stimulate your own thinking about other activities. Write down other activities as you think of them.

- ◆ **Help the child anticipate events** that will be occurring. Sometimes this is difficult to do, but it is important because of the child's need for control and continuity.
- ◆ **Encourage the child to ask questions**, but supplement any conversation with games and activities. Children often are more comfortable when doing something than when talking.
- ◆ **Help the child develop an explanation** to give to others about the move. This explanation should be accurate, minimal, and supportive of the child's self-esteem.
- ◆ **Take a picture of the child** and put it with your other family pictures.
- ◆ **Encourage the child to put pictures of his/her birth family** in locations with which he/she is comfortable.
- ◆ **Discuss issues related to the next contact with his/her birth parents**, if known.
- ◆ **Make sure the child knows the names** (and nicknames) of everyone in the household and in the neighborhood as well as anyone who calls the house on a regular basis.
- ◆ **Make sure the child knows what the daily routine is.**



- ◆ Discuss rules for **family management**.
- ◆ Assign a **small chore** for the child to do to feel part of and helpful to the family.
- ◆ **Take the child on a tour of your house**, discussing the family activities that take place. Discuss spoken or unspoken rules about privacy and space.



of the foster child. Remember that the presence of the foster child may have a big effect on your children. Respect their need for privacy and encourage them to talk when they wish to. As appropriate, encourage your children to participate in activities with their foster brother or sister, while respecting their own needs.

- ◆ **Walk around your neighborhood.**
- ◆ **Walk or drive to the school.** If the child will be taking a bus to school, go to the bus stop and discuss what to expect.

*I had never lived with a mother before so it was a very different environment.*

*foster child*

- ◆ **Prepare an index card** for the child to put in his/her pocket that shows his new address, telephone number, and foster parents' names.
- ◆ **Discuss religious preference** and specific church attendance.
- ◆ **Take little field trips** together (e.g., to the grocery store to discuss food preferences; to the library to get a library card).
- ◆ **Watch your other children** for cues to how they are adjusting to the presence

- ◆ **Begin The Life Book**, a notebook for recording events and reactions to the events. The Life Book is discussed in greater detail in the next section.

## Supporting Ongoing Growth and Development

As a foster care provider, you play a major role in the growth and development of foster children. Because of the experiences that foster children have had, they sometimes are behind in their development and growth. While in foster care, it is important that children are in environments that support and promote the healthiest growth and development possible. Therefore, you must have a good understanding of what to



expect from children of different ages and what the major developmental tasks are that children

and adolescents should accomplish at certain stages of their lives. The information in this chapter is provided to add to what you already know.

Every parent needs to have reminders about child development and managing behavior. The information about managing behavior has specific steps to follow that should be read and discussed with your family. You are encouraged to post pages from this handbook on your refrigerator or in some other central location in your home. Extra copies of pages about development and behavior management are in Appendix A for you to take out and post. Feel free to copy and post other pages that would be most helpful to you.

## The Developmental Process

A child's growth and development occurs because of **both maturation and learning**. Maturation is change brought about by natural growth. For example, children become better coordinated as they grow older. Learning is a change that occurs as a result of experience. While most normal children mature in a similar manner, their individual learning experiences will be very different. The environment and people in that environment, especially the

primary caretaker, have important roles in learning.

Development involves growth in four areas of a child's life: physical, personality, social, and cognitive.

- ◆ **Physical** development is the change in the child's body as he/she grows older.
- ◆ **Personality** development is how a child thinks and feels about him/herself.
- ◆ **Social** development is the child's ability to interact with others.
- ◆ **Cognitive** development is the growth in

the child's thinking ability.

There are different changes in each of these areas as the child grows. If we divide child development into four stages—**infancy, early childhood, middle childhood, and adolescence**—

we can look at how

a foster family can best influence the development of children at each stage.

## Infancy (birth to 2 years)

The major role of the foster family for infants, birth to 2 years of age, is to provide **nurturance and stimulation**. Nurturance involves providing food, clothing, warmth, and shelter. Stimulation includes moving,



hearing, seeing, and touching people and objects in the world. Too much stimulation can be stressful to an infant, however. Each baby is different, and how much is too much often depends on each baby's temperament. Because the world is new to them, infants will express fears about new and unexpected situations. For example, loud noises will often startle a baby. Another fear is stranger anxiety. Most infants will become frightened and cry when held by someone new. Another fear is separation anxiety. Young children will react fearfully when their mothers or primary caretakers must leave the room. In response to these and other stresses, young children will soothe themselves by thumb-sucking or rocking. All these fears and behaviors are completely normal for this age.



### Early childhood (2 to 6 years)

The major role of the foster family with children between 2 and 6 years of age is the teaching of **socialization**. Young children are naturally impulsive and uninhibited, which means it is normal for them to do things when they want to, often without thinking very much. The foster family needs to teach the child the social rules and appropriate behaviors that are common to our society. These rules and expectations

range from saying “please” and “thank-you” to sharing with others. Helping children get their needs met in acceptable and appropriate ways is the primary goal of the socialization process.

Children between 2 and 6 years have the ability to explore their environments and will strive for independence one moment and be clingy and dependent the next. Tantrums may be frequent as they try to “do it themselves” and end up getting frustrated at their lack of success. They may be very curious about the difference between the sexes. You also may observe fears of specific objects (e.g., trains and buses) and the supernatural (e.g., monsters and ghosts).

Limit the number of choices you offer the child to two alternatives. For example, say, “You can wear your red shirt or your blue shirt today,” rather than “You can wear the red shirt, the blue shirt, the black shirt, or the white shirt today.” Keep your requests simple. Set firm limits on behavior and encourage your child to copy the behavior you model.

### Middle childhood (6 years to puberty)

A major role of the foster family for children between 6 years of age and adolescence is to encourage **independence while also continuing to provide nurturance and socialization**. Children at this age need to test their skills and abilities. They want to compare themselves with others their same age. Encouraging their participation in out-

side sports or clubs helps them feel capable beyond the home environment.

Children at this age begin to watch adults around them for “cues” about how to behave and treat other people. They will do this even when you aren’t aware of it. Remember to show them the good social and ethical values that guide your own behavior. If you believe that honesty is a worthwhile value, then be honest in your dealings with others and your foster child. Discuss this with them. Look for opportunities in daily life to teach values.

The stress involved when children begin to interact with the outside world may cause some behavior problems during the early stages of middle childhood.

Fears, tantrums, and sexual curiosity may also be common but will gradually decrease as they grow into puberty. All of these behaviors are normal, and they mean that the child is dealing with more things as he/she interacts with more people, including adults and peers at school, in the neighborhood, and in the community.

When working with this age group, one of the biggest challenges for foster parents is in accepting children’s need for independence while offering them a stable and secure

relationship. Sometimes adults make the mistake of assuming that children between 6 years and adolescence are more independent than they are. Because of adolescents’ need for stability and security, you need to supervise them and continue to place consistent limits on what they do and who they do it with. This makes a lot of sense when you realize that at this stage children are developing a sense of identity, a feeling of who they are. Be sensitive to this struggle. Whenever

possible, try to avoid conflicts and arguments, but realize these will occur and are part of what the child is dealing with at this age. Use lots of praise when your child tries hard or shows independence. Give gentle directions and

avoid being critical.

### **Adolescence** **(puberty to young adulthood)**

Encouraging **independence and self-reliance** is the primary role of the foster family of an adolescent. Independence is the gradual change from relying on parents (or foster parents) to a reliance on oneself. For example, as adolescents learn about career options or develop life skills (e.g., doing



their own laundry, opening their own bank accounts), they begin to rely less on adults to meet their needs and more on themselves.

With puberty and the physical and hormonal changes that go with it, you will see your adolescent express more interest in sexuality. Remember to provide clear and accurate information, and don't hesitate to talk about sexual issues. Adolescents are eager to have information, although they may not seem to want to talk to you. Remember also that they have fears about whether they are accepted, especially by their friends, and fears about their body image.

Adolescents are not quite adults, but neither are they children. Adolescence is a unique state of development unto itself. Feelings of self-confidence and self-esteem are critical. When interacting with your adoles-

cent, help set goals that are realistic and will lead to success. When setting limits, keep the discussion brief but to the point. Be prepared for angry responses to what you say, and remember that anger is normal if it is handled correctly. It provides you with a good opportunity to model how to handle conflict. Don't overwhelm an adolescent

with rules. Instead, keep them to a minimum but enforce them consistently. It is better to have a few important "non negotiable" rules that are consistently enforced than many rules that are haphazardly enforced. And remember that adolescents need to know that the adults around them care for them and will show this care through an appropriate level of supervision.

The chart on the following page summarizes the information you have just read.



## Chart 2. Human Development and the Foster Family

Developmental Stage	Major Role of the Foster Family	Typical Behaviors at Each Stage	How to Respond at Each Stage
Infancy (birth–2 years)	<ul style="list-style-type: none"> <li>♦ Provide nurturance</li> <li>♦ Provide appropriate levels of stimulation</li> </ul>	<ul style="list-style-type: none"> <li>♦ Common fears: loud noises, stranger anxiety, separation anxiety</li> <li>♦ Self-soothing</li> </ul>	<ul style="list-style-type: none"> <li>♦ Ensure basic needs are met</li> <li>♦ Be responsive while setting limits</li> </ul>
Early Childhood (2 to 6 years)	<ul style="list-style-type: none"> <li>♦ Teach how to interact and get along with other children</li> </ul>	<ul style="list-style-type: none"> <li>♦ Tantrums</li> <li>♦ Sexual curiosity</li> <li>♦ “Supernatural” fears</li> <li>♦ Fears of objects</li> </ul>	<ul style="list-style-type: none"> <li>♦ Offer only two alternatives in a choice</li> <li>♦ Establish firm limits</li> <li>♦ Keep requests simple</li> <li>♦ Begin to model behavior</li> </ul>
Middle Childhood (6 years to puberty)	<ul style="list-style-type: none"> <li>♦ Encourage independence while providing security</li> <li>♦ Model social &amp; ethical values</li> </ul>	<ul style="list-style-type: none"> <li>♦ “Supernatural” fears</li> <li>♦ Habits</li> <li>♦ “Acting-out”</li> </ul>	<ul style="list-style-type: none"> <li>♦ Provide lots of praise</li> <li>♦ Determine a reasonable schedule</li> <li>♦ Be sensitive when giving directions</li> <li>♦ Continue to model behavior</li> <li>♦ Provide close supervision</li> </ul>
Adolescence (puberty to young adulthood)	<ul style="list-style-type: none"> <li>♦ Prepare child for adulthood</li> </ul>	<ul style="list-style-type: none"> <li>♦ Need for peer acceptance</li> <li>♦ Increased preoccupation with sexuality</li> <li>♦ Teenage “rebellion”</li> </ul>	<ul style="list-style-type: none"> <li>♦ Help adolescent set realistic goals</li> <li>♦ If in an argument, keep it brief</li> <li>♦ Let the adolescent help you set rules &amp; consequences</li> <li>♦ Enforce the minimum number of rules consistently</li> <li>♦ Help the adolescent explore alternatives</li> <li>♦ Provide appropriate supervision</li> </ul>

## Delays in Development

It is important to remember that children who have been abused and neglected sometimes are delayed in their development. Sometimes they have not had enough stimulation or teaching, and they have language and social delays. Sometimes their experiences have been so traumatic that they have emotional delays. In other words, your child may not do the typical things described above for his/her age group. If you find that a 10-year-old child is behaving in some ways like a 7-year-old, this does not necessarily mean the child has retardation. It may mean he/she has delays in certain areas of development and may even be advanced in other areas of development. He/she may be responding to the stresses of the placement and is behaving like a younger child for a while.

***Do not assume your foster child is delayed, but be ready to adjust what you are doing and what you are saying to match his/her level of understanding and responding.***

There are several key topics that are important in the development of all children. These topics are particularly important to understand when it comes to caring for a foster child. These topics are: attachment and security; building a relationship; estab-



lishing structure; having clear, appropriate, and high expectations; teaching values; The Life Book; and managing inappropriate behavior. Important information about these topics is given in the next sections.

## Understanding Attachment and Security

Attachment and security are such key parts of healthy development that they deserve special understanding. As infants, children need to develop bonds between themselves and their primary caregivers. These attachments give children feelings of security and are important to relationships they have with other people for the rest of their lives. Sometimes this bond does not develop as well as it could, or a good attachment is broken for some reason and a child feels anxious and insecure.

In addition to relationships with people being important, children feel more secure when they feel attached to their favorite toys, houses, and familiar settings. As children are placed in foster homes, their sense of security and attachment to these things is threatened. It is important for you to understand how important their attachments to their birth parents and siblings are, even when they have been abused and/or neglected and how their friends, toys, possessions,

houses, and neighborhoods are important to their feelings of security. Bringing to your home a favorite toy, favorite clothing, favorite music, pictures of the birth family and their house, and anything else that is important to the child helps him/her deal with the change in settings. Talking when a child needs to talk is also helpful to him/her.

You are in a position to encourage the child's continued attachment with the birth family but also to create a new and growing attachment to your own



family. In fact, children must form attachments to foster families if they are to make the most effective use of the family foster care experience. With an attachment to your family, the foster child often finds the strength to build or rebuild healthy relationships with the birth parents and kin, move into an adoptive family, or, for an older youth in care, develop positive connections in the community that can help him/her become a healthy and productive young adult.

### Building a Relationship

At first it may seem difficult to establish a relationship with your foster child. This is because the child is trying to decide whether or not he/she can trust you. Trust is going

to be an issue between you and your foster child. This is normal and to be expected because of the broken relationships that the foster child has probably experienced. However, you can help the process by keeping these points in mind:

- ◆ Go slowly! Don't overwhelm the child by "coming on too strong." A relationship will build over time.
- ◆ Be consistent and follow through with what you say. Showing the child that you actually do what you say will go a long way toward building trust.
- ◆ Involve yourself in your foster child's life. Doing things together lets the child know he/she is valued.

### Establishing Structure

To feel safe, children need to know what they will be doing and when they will be doing it. They need to know what to expect in a typical day. When we establish structure for a child, we break the day into time periods and schedule certain events into each time period. Often it is helpful to structure a child's time by making a daily or weekly chart that outlines the events. The three ways we have to establish structure are through routines, chores, and activities.

#### Routines

Routines are the common events that happen at about the same time each day. A morning routine might include wake-up at

seven, going to the bathroom, brushing one's teeth, getting dressed, and having breakfast. Setting definite times and tasks in each routine helps children know what is expected of them and when.

### Chores

Chores are small jobs that children are expected to do to help others. Doing chores makes children feel they are contributing to the well-being of other people and to the household. When assigning chores, remember to

- ◆ Teach the child how to do the chore.
- ◆ Match the chore to the child's ability.
- ◆ Check to insure the chore was done—if so, give PRAISE!

### Activities

Activities are any type of sport, game, craft, or club. Activities can be scheduled into the child's day to create structure. For example, the child may play organized baseball on Saturday afternoons and attend Boy Scouts on Tuesday evenings. When establishing structure,



- ◆ Keep in mind the age of the child. Generally, children need less structure as they grow older.
- ◆ Be careful not to structure too much. All children need unstructured free time, especially during middle childhood.

### Clear, Appropriate, and High Expectations

Children need to know what is expected of them. And it is very important that expectations help to build their self-esteem rather than damage it in any way. Therefore, when telling your foster child what you expect, keep the following three points in mind:

- ◆ Be clear! Keep your instructions simple and straightforward. The child must understand the expectation. You may want to check this by requesting that the child repeat to you what you have said.
- ◆ Remember the child's age. Only expect what a child that age is capable of doing. For example, it is no use expecting a child of 5 to come in for a snack at four o'clock if he/she can't tell time.
- ◆ Keep your expectations high. If you expect good behavior at home and at school, chances are you will get it.

### Teaching Values

Values are the beliefs we hold about what is right and wrong, good or bad. Teaching values to children can be a difficult task

because we are often unclear about what are the “correct” values. We can think about the process of teaching values as the process of encouraging competence in children.

In working with your foster children, try to meet their needs for a sense of belonging, mastery, independence, and generosity. Child behavior experts Brendtro, Brokenleg, and Van Bockern (1990)

describe these needs in the following way:

- ◆ **Belonging.** This conveys to the children that they are valued, contributing members of your family. When children feel that they belong, they are more receptive to adult guidance.
- ◆ **Mastery.** Children need to feel that they are capable and competent. Providing lots of opportunities for your foster children to be successful will help them feel recognized and good about themselves.
- ◆ **Independence.** Once children feel secure, they can slowly be encouraged to feel independent by making choices on their own. Respect children’s rights to solve problems and do things on their own.
- ◆ **Generosity.** Children need to be encouraged to share with others and be unselfish. Helping children see the value in contributing to others raises their self-esteem.



## The Life Book

The Life Book is a valuable tool for promoting the healthy development of a foster child. It is a notebook or scrapbook that helps foster children write and read about their life experiences: those with their birth families, those with you and your family,

those with other families, and those that take place when a foster placement ends. It is a way for them to stay connected with their birth families and other children and adults in their lives; it is a way for them to write about important milestones and actual events; and it is a way for them to write about their thoughts and

feelings. It can be a very useful way to help you talk to children about their accomplishments, their problems, their worries, their joys, and other people in their lives. Remember to ask the child’s foster care worker about this book, and ask how you can receive training in using it.

## Preventing and Managing Inappropriate Behavior

As with all children, there will be times when your foster child misbehaves. This will happen even when you provide structure and teach good values. You must have good principles that guide what you do when disciplining a child, and you must have good techniques for managing behav-

ior. Because many foster children have experienced physical or sexual abuse, the agency encourages discipline techniques other than corporal (physical) punishment.

**To discipline a child is to teach the child.**

This means that what the child does gives you the opportunity to help the child grow and develop and have good self-esteem.

When trying to get rid of behavior that is not appropriate, teach the correct behavior and remind the child of certain values that are important for people to have.

Sometimes misbehavior will cause you to be angry with the child. You must remember to pay attention to how you are feeling and be able to **calm yourself down** before you can expect to manage the child's behavior. A conflict will develop, and the problems will only get worse, if the child can feel your anger.

A special challenge you face when managing your foster child's behavior is that you do not always know what techniques have been tried before by other adults and what has worked. With this in mind, always remember that the child is having to adapt to you and your techniques. Getting rid of

some behaviors and creating better ones will take time. **Do not expect major changes to occur in a short amount of time.** Look for small changes in the right direction. **If a technique does not work right away, don't give up. Try it again.**

It is important to convey **respect for the child.** Children respond negatively to adults

who talk to them in a way that does not show respect for them. Also, because many of these children have poor self-esteem, it is important that you separate the behavior from the child. **Accept the child, but not the behavior. The child is not bad. Instead, the behavior cannot be allowed.** Explain why limits on behavior are important and how they show love and concern for someone. Also effective

is teaching them that everyone, including adults, must obey limits in order to get along in the world. Say things such as "What you are doing has to stop. No one can be allowed to do what you are doing."

There are two types of strategies you can use to change unacceptable behavior. The first type, called **proactive strategies**, are the approaches you can use to prevent undesirable behavior from occurring. The second



type, called **reactive strategies**, are the approaches you can use to deal with problems once they arise. Generally, the more you use proactive strategies to prevent poor behavior, the less you will need to use reactive strategies to deal with occurring behavior. Behavior experts have agreed on several techniques for effectively managing and preventing inappropriate behavior. Those techniques are highlighted in the following pages. The Resource Section contains more specific references to these works.

Before reading about specific ways to prevent and manage inappropriate behavior, let's review the basic principles that were given above.

### **Proactive Strategies**

Now we are ready to look at certain ways of preventing and managing inappropriate behavior. The following are good, appropriate **proactive strategies**.

#### **Establishing and enforcing rules**

It is important for you to establish and enforce fair rules. Your foster child may test those rules by breaking them to see what your reaction will be. Through his/her behavior the child is asking "Will you really impose the consequence that you said you would? What can and can't I do?" Testing the rules is normal. When you set and enforce rules, remember:

- **Be clear!** The child must understand what the rule is, who it is for, the

behavior involved, and the consequences for breaking the rule.

- **Be consistent!** Impose the same consequence every time the rule is broken.
- **Follow through immediately!** Give the consequence immediately after the rule is broken.
- **Stay calm!** Enforce rules calmly but in a firm voice. Sometimes it helps to **tell the child he/she has a choice:** either to follow the rule (and something good will happen) or to break the rule (and a consequence will happen).
- **Breaking a rule is not always "bad" behavior.** Remember that many foster children do not have histories of relationships in which they have been taught how important rules are.

## Chart 3. Basic Principles of Behavior Management

- ◆ Remember that to discipline a child is to teach a child.
  - Teach the correct behavior while getting rid of the inappropriate behavior.
  - Teach the reason(s) the correct behavior is important to the child's growth rather than simply as a way to get a reward.
  - Teach correct behavior by explaining the values about life that are important to you.
- ◆ Physical discipline such as spanking or slapping is not allowed. (See Form 2 in Appendix B.) There are many effective alternatives to spanking.
- ◆ Realize that most children want to behave in ways that meet the approval of adults. Many foster children have not had consistent and stable enough relationships for them to receive adult approval consistently. They want your approval, although they sometimes may not seem to want it.
- ◆ Be aware of what you are feeling. Calm yourself down if you are angry. Disciplining a child while you are angry will only create more problems and make the child angry.
- ◆ Do not expect major changes to occur in a short amount of time.
- ◆ Don't give up on a technique if it does not work right away. Try it again.
- ◆ Show respect for the child. Ask yourself, "Am I managing behavior in a way that shows respect for the child?"
- ◆ Build the child's self-esteem. Ask yourself, "Am I managing behavior in a way that builds the child's self-esteem?"
- ◆ Accept the child but not the behavior. Never say to the child that he/she is "bad" or make negative comments about the child's family.
- ◆ Put limits on the behavior of children and adolescents; they need limits to feel secure.



## Effective praise

There are times when we get so caught up in managing poor behavior that we forget the many good things children do or say. Instead of “catching them when they’re bad,” we can use effective praise to “catch them being good.”

Effective praise is a powerful tool that can be used to strengthen good behavior. There are four steps to using effective praise:

1. **Be enthusiastic**, genuine, and specific.
2. **Describe the behavior**—tell the child exactly what it was that was so good.
3. **Give a rationale**—tell the child why the behavior is good.
4. **Ask for understanding**—ask the child if he/she understands what you are saying.

Effective praise is powerful and easy to use. By focusing on positive behaviors, your time with your foster child becomes more pleasant. Also, praising your foster child helps to improve his/her self-esteem.

## Preventive teaching

There are certain skills that your foster child may be lacking. For example, he/she may not know how to greet guests who come

to visit. You can use preventive teaching to help the child learn the proper skills to use in future social situations. Preventive teaching involves five steps:

1. **Give initial praise**; use an opening statement to praise the child.
2. **Explain** the skill and give some examples.
3. **Describe and demonstrate** the skill.
4. **Practice** the skill together.
5. **Give feedback**.

Also, preventive teaching

- is to be used at a neutral time when no poor behavior is occurring;
- is a good relationship builder;
- can be used to teach any new skill;
- takes only a few minutes.



## Family meetings

Another effective proactive strategy is the family meeting. During these meetings family members are encouraged to talk about concerns or worries they have about such things as rules, routines, chores, or personal issues with other family members. In this way potential difficulties are discussed before they become major problems. Family meetings:

- should occur about once a week at the same time each week;
- should focus on positive things that family members have done as well as things that could be changed;
- should be conducted in a way that gives all family members the right to speak or not to speak; and
- should be guided by the rule that you, as the foster parent, have the final say in decisions.



Despite all the proactive strategies you may have used, there will be times when your foster child behaves inappropriately.

When this occurs, you must be ready to take some action to stop the misbehavior and teach an alternative behavior.

### Reactive Strategies

There are a number of **reactive strategies** you can use once the behavior has occurred.

#### Planned ignoring

There are some minor nuisance behaviors, such as whining, that will eventually stop if they are simply ignored. However, because these poor behaviors “worked” for the child in the past (i.e., he/she got attention), they may initially increase when you begin to ignore them. Therefore, if you are going to

use planned ignoring, it is important to use it **every time that particular behavior occurs**. There are four parts to planned ignoring. Once a nuisance behavior begins,

- Do not look at the child.
- Do not say anything to the child.
- Do not touch the child. You may

even leave the room to avoid giving physical attention to the child.

- Praise the child once the behavior has stopped and appropriate behavior has begun.

#### Precision commands

Sometimes when children misbehave it is because they didn’t quite understand

what the adult was asking them to do. It is important that you give clear, concise precision commands when you ask your foster child to do something. When giving a precision command,

- Be sure that you mean the command and are willing to follow the task through to completion.
- Present the command as a direct statement, not as a question or a favor.
- Use a clear, firm voice while making eye contact.
- Give only one command at a time.

- Make sure there are no competing distractions when giving the command—for instance, the TV.
- Have the child repeat the command to make sure he/she understands.
- If necessary, set a time limit for completion of the task.
- If the child does not comply in five seconds, give a warning and wait five seconds; if the child still does not comply, use time-out (see “Time Out” on p. 83).
- **Remember to praise the child once the task is begun!**



teach new, more appropriate behaviors by helping them to problem-solve. When a misbehavior occurs, you help your foster child problem-solve by following these guidelines:

- Talk about the child’s needs and feelings.
- Talk about your needs and feelings. Ask the child to think of a better way. If not, suggest an alternative behavior.
- Both of you think of as many better behaviors as you can.
- Decide which behavior is best by looking at the consequences of each.
- Make a plan together about how, when, and where the child will try the new behavior.

### Cueing

Your foster child sometimes will need reminders to act appropriately. Cueing can be used to signal the child to do the correct behavior just before the action is expected, instead of waiting until it is performed incorrectly. The cue is a signal that is arranged privately with the child beforehand. The cue can be either physical or verbal. For example, you may arrange with your foster child that you will tap his/her shoulder when you see behavior that is too loud at the dinner table.

### Problem-solving

With older, more verbal children you can

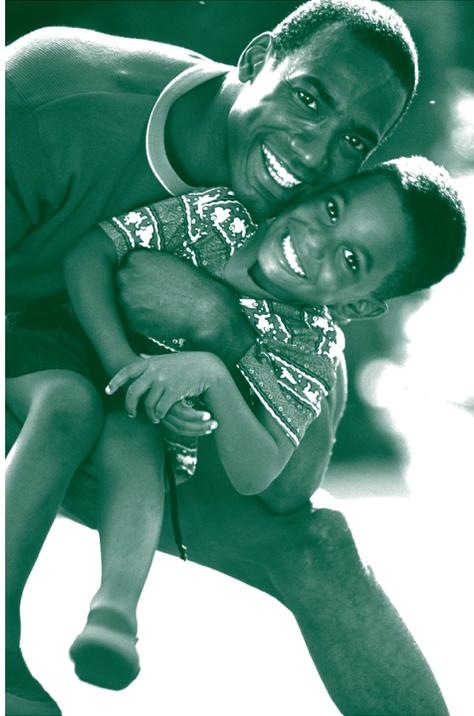
### Contracting

A useful strategy to use with children over 8 years of age is contracting. This strategy involves writing up a contract between you and your foster child. The agreement states what rewards will occur if the child performs specific appropriate behaviors. When making a contract, it is important to involve the child/adolescent in the process. Sit down and come to an agreement about the behavior and rewards. Do not make up a contract and simply hand it over to be signed! When making a contract:

- Decide everything with the child or adolescent.
- Put the agreement in writing.
- Write clearly.
- Be specific about what the child is to do; be specific about what the rewards will be and when they will be given.
- Sign and date the contract, and be sure everybody has a copy.
- If the child does not perform the behaviors in the contract, then do

not give the reward. Do not punish the child.

A sample contract appears on the next page. The sample is written for a foster parent and



a foster child, but while you look at the contract remember that a contract can be written between many different people. For example, a student can sign a contract with a teacher or a coach, and siblings who are not getting along well can sign a contract with each other. Contracts also can be developed by more than two people.

## Chart 4. A Sample Behavioral Contract

Date \_\_\_\_\_

This is an agreement between \_\_\_\_\_ and \_\_\_\_\_  
Child/Adolescent's Name Foster Parent's Name

This contract begins on \_\_\_\_\_ and ends on \_\_\_\_\_  
Date Date

It will be reviewed on \_\_\_\_\_  
Date

The terms of the agreement are:

Child/Adolescent will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Foster parent will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If \_\_\_\_\_ fulfills terms of this contract, an agreed-upon  
(name of child/adolescent)  
award of \_\_\_\_\_  
will be awarded.

Child or Adolescent's Signature \_\_\_\_\_

Foster Parent's Signature \_\_\_\_\_

Witness \_\_\_\_\_

### Response cost

This is a fancy word for the loss of a reward when a certain number of unacceptable behaviors occurs. For example, let's say your foster child constantly runs in the house. This is a danger both to the child and to other family members. To reduce this behavior you try the response cost procedure. This is done by

- assigning a specific number of points to the child, perhaps 10;
- saying to the child, "You have 10 points. Every time you run in the house, you will lose one point. If you have six or more points left by 7 PM tonight, you get to stay up an extra 30 minutes";
- keeping track of the number of points by posting them on the refrigerator—each time the behavior occurs, cross off a point and tell the child the point has been lost;
- remembering to praise the child for walking in the house;
- remembering it is best to start slowly—on the first day the child may need only six points to get the reward, but on the next day seven may be needed, eight the next, and so on.



most effective approaches to dealing with a young child's problem behaviors, especially when the child is not doing as he/she is told (noncompliance). Time-out involves isolating the child for a few minutes after the occurrence of misbehavior. Time-out is intended to give the child a chance to

calm down, relax, and think about some alternative behaviors. It is not to be used as a punishment or to "get back" at a child who has misbehaved.

### The steps to follow in time-out are as follows:

1. Give a command in a firm but calm voice.
2. After you have given the command, count to five to yourself.
3. If the child does not comply, make eye contact, use a firm voice, and say, "If you don't do what I asked, then you are going to sit in that chair."
4. Count to five to yourself again.
5. If within five seconds the child has not started to do as you asked, hold the child gently by the wrist or arm and say, "You did not do as I asked, so now you must sit in the time-out chair." Take the child directly to the chair. The child should not be allowed to get a drink, go to the

### Time-out

When used correctly, time-out is one of the

bathroom, etc. Your voice should be loud and firm but not angry.

6. Put the child in the time-out chair and say, “You are to stay there until I tell you to get up.” Tell the child **once** that you are not coming back until he or she is quiet.
7. Do not talk to or argue with the child. Go back to what you were doing, but keep an eye on what the child is doing. When the child has been quiet for a minimum amount of time, say, “Are you ready to do as I asked?”
8. Do not make the child stay in time-out for too long. The right amount of time is about one to two minutes per year of age. (One minute is appropriate for mild misbehavior, two minutes for more serious misbehavior). Thus, a child who is 8 years old should be in time-out for a minimum of eight (8) minutes and a maximum of 16 minutes. Time-out is effective when these time limits are respected.
9. If the behavior can be corrected in some way (e.g., giving back a toy that was taken), then the child should be expected to correct it. If the behavior cannot be corrected (e.g., swearing), you should require the child to state that he/she will not do it again.
10. The child is expected to do what he/she was supposed to do before time-

## Time-Out

Time-out gives the child a chance to calm down.

1. Give a firm command and stay calm.
2. Count to five and look for compliance.  
If the child does not comply, then
3. Make eye contact and repeat command.
4. Stay calm. Count to five again.  
If the child does not comply, then
5. Gently take child to chair and explain reason for time-out.

### Remember

Do not talk to or argue with the child.

Do not make the child stay in time-out too long (one to two minutes per year of age).



out started. Say in a neutral tone, “That’s good.”

11. Praise the next appropriate behavior that you see.

#### Points to remember about time-out:

- After the child has been in time-out for the right period of time, do not go to the child until he/she is **quiet for about 30 seconds**. When you first begin to use time-out, this may take several minutes to an hour or more.
- After the child has been quiet for a few moments, he/she must **agree to do what was originally asked**. If the child does not agree to perform the task, tell the child to sit there until you give permission to leave. The child must then be in time-out again for a minimum time period, remain quiet, and agree to do what was asked. The child is not to leave the chair until you see compliance with your original request.
- The first few times you use time-out will be difficult. Because children are upset and angry, they often will spend 30 minutes to a few hours beyond their minimum time because they are not yet quiet. However, **with each use of time-out, your child will become quieter much sooner**.

- The **chair should be located** in an area where you can see the child as you go about your business. Most parents have used a corner of the kitchen, an entrance area, the end of a long hallway, or a laundry room (if it is not isolated from the rest of the house). The chair should be straight-backed and placed in a corner away from the wall so the child cannot kick the wall. No toys, books, TV, or radio should be available to the child while sitting in the chair.
- If the child **leaves the chair without permission**, then say firmly, “You cannot leave the chair without my permission.” Guide the child back to the chair.
- Remember to **stay calm and use a calm voice** throughout the time-out procedure.

#### Verbal de-escalation

This is a fancy word for talking to a child or adolescent in a way to help him/her **calm down**. It is important to use a calm voice whenever you discipline; but this one is especially important and helpful for adolescents and older children when they tend to become angry more frequently. Although getting angry is normal, it is how we handle anger that is important. Remember, you are modeling behavior. **If you get angry and yell, it gives the child permission to do the same**. To keep an interaction from becoming a confrontation and keeping a

confrontation from getting out of hand, try to keep these things in mind:

- Develop and use an effective way of calming yourself and remaining calm.
- Be empathic. This means to let the child/adolescent know you understand and accept his/her feelings. This does not mean you agree with the behavior!
- Reflect to the child what he/she is feeling. For example, say things such as “I can understand why you’re mad right now.”
- Clarify what the child is trying to say to you. For example, say “I think you’re trying to say \_\_\_\_\_. Is that right?”
- Use “I” statements instead of “you” statements. For example, instead of saying “You didn’t come home on time again!,” try saying “I get worried when I have to wait up late.” “I” statements do not accuse and do not put children on the defensive.



and must be able to recognize the warning signals that this is happening. Like all children, foster children will find ways to “push the button” that makes you angry. Some foster children are especially skilled at provoking anger in adults because they are angry about their own life experiences and have not been taught appropriate ways of

managing their feelings. Thus, your foster child may show just the amount of sarcasm, defiance, or rebelliousness that makes it difficult for you to stay calm. Some common warning signals of anger are tensing muscles, sweating, speaking faster and louder, feeling flushed, grinding teeth, pounding heart, quivering lips, ringing ears, trembling or shaking, and clenching fists. **Identify**

**your own warning signals** and what you can do to stay calm before saying or doing something you regret. For example, instead of saying something out of anger or frustration, use the “**take five**” rule and tell yourself to take five minutes to think about what is happening. Simply leaving the scene also can help, but often you will be unable to leave the situation. If you cannot leave, **monitor your own actions**. It is important to **train yourself to use a calm voice and appropriate language**. Professionals from the programs at Girls and Boys Town,

### Knowing how to stay calm

All parents become angry with their children



in Omaha, Nebraska, tell foster parents to **stand an arm's length away from the foster child, match the foster child's general posture (i.e., standing or sitting), and maintain a non confrontational appearance (don't point fingers, clench your fists, or put your hands on your hips).** If you do say or do something you regret later, be sure to apologize to the child and tell him/her what you should have done differently. This is good modeling for the child.

## The Importance of Connections and Visitation

Children who are placed in foster care need to remain connected to their families, neighborhoods, friends, and communities. If the child feels cut off from these connections, attachment issues can result. These trust problems can affect the child's physical development as well as his/her ability to form relationships. (For more about attachment and sustaining connections, see Understanding Attachment and Security on page 70.)

An important way to help children in foster care sustain connections is through visitation. Maintaining as much continuity, familiarity, and predictability as possible helps children adjust to change. Visitation can also help children in foster care repair or resolve disrupted relationships with family members; ongoing contact can help children renegotiate their relationships with birth families. Even if parental rights are terminated, how the child handles the severed relationship affects his/her long-term social and emotional abilities. Research shows that visitation with individuals of significance to the child enhances stability both in foster care and in the child's permanent placement, no matter which placement option is chosen. (See page 51 for more details on Permanency Options.)

If the child's placement plan is reunification, maintaining a strong bond with the birth parent through visitation can help protect a child from abuse and neglect upon the child's return home. Without ongoing visitation, the degree of risk for repeated abuse or neglect is higher. This happens because the parent's knowledge of the child's development is inadequate or the parent has inaccurate expectations of the child. Similarly, without visitation children may be unaware of the effects of birth parents' treatment, such as improved mental health, sobriety, or the development of better parenting skills; children may act out upon their return home in an effort to settle back into dysfunctional, but familiar, patterns of behavior. When parents and children have maintained their

connection through these changes, they can adjust their expectations accordingly.

When a child enters your care, a visitation plan is made for the child, and a copy of this plan should be given to you by the caseworker. Ongoing visitation between the child, parents, siblings (in foster care or not in care), and others of significance to the child is recommended at a minimum of twice per month.

Visitation can be restricted if it is determined to be in the child's best interest. In preparation of a child's return home, visitation should be increased in both frequency and duration.

As a foster parent, you can facilitate sustaining connections to the child's family, friends, neighborhood, and community by setting up visits and activities in addition to those required by the visitation plan. For example, you could make plans for an outing with a foster family who cares for a sibling of the child in your home. Or you may want to allow a child to continue playing on his/her neighborhood baseball team. If you undertake informal visits or connections such as these, inform the foster care worker of the activities prior to their taking place so that they can be approved and documented.



## The Impact of Visitation

We have discussed how important it is to have a plan for the foster child or adolescent to visit his/her birth family (or adoptive family if the child entered foster care from an adoptive family). **The visitation plan is the method for the child and birth family to stay connected with each other during the foster placement.** The details

of the plan (e.g., number and location of the visits, length of stay, individuals involved) must be made on a case-by-case basis, with much thought given to whether the

visit would be healthy and positive for the child.

Even when it has been decided that a particular plan for visitation would work well, you may see some changes in the child as a result of the visits to and from the birth family. While it is expected that visitation would be positive for the child in the long-term, some short-term effects will appear to be negative.

Visitation may cause uncomfortable emotions in the child. Therefore, **you may observe some changes in the child's behavior** before and after a visit. Visitation may cause the child to remember experi-

ences that were painful; something may happen during the visit that makes the child uncomfortable; or the child may be afraid that something bad is going to happen. Sometimes the child expects the family to have changed since the last time they were together and is disappointed when they have not. Because of these feelings, the child may behave in ways that surprise you. He/she may become **more clingy and dependent, angrier, quieter, or more distractible and active**. The specific behaviors depend on the individual child and his/her reactions to visitation.

Before and after visitation, then, children often need **more reassurance**. It is very important for you to understand that children do not always ask for reassurance in appropriate ways. They sometimes **regress or return to behaviors of children younger** than themselves to show us their need for reassurance. Remember this when you observe unexpected behaviors in your foster child, and **use the child's emotional reactions to visitation in ways that help him/her grow and develop**. Do this by helping the child know what feelings he/she has and how they are causing changes in behavior. For example, if the child is having more tantrums after a visit, say something such as, "You are very mad. You're not sure what to do. I am here to help you and talk with you." When your child acts younger, ask yourself, "What is this child trying to tell me with this behavior?" "What is the conflict he/she is feeling?" "What does he/she need



from me?" Also remember, to the extent possible, to find ways to use visitation to assist and support the birth family.

The birth family probably will not be using the same behavior management techniques you are using, or they may be using the same technique but in a different way. **This difference between your home and the birth family's home can cause confusion for the child**. When possible, talk with the birth parent(s) about the techniques you are using and model the techniques for them. Helping the birth family learn better ways of managing behavior does not mean the techniques will be used the same way you use them; but over time, the birth parents may learn some important techniques from you.

While there is a difference between what occurs in your home and what takes place in the birth family's home, you may observe the child going back to some old "habits" you have been trying to break. Or you may see the child taking on some new behaviors. Be firm but reassuring about the way

things are done in your home. And remember never to insult the birth family. Remind the child that the birth family is working to improve the ways they do things.

#### Points to remember before and after a visit:

- ◆ **Remember that the child may need more reassurance than usual.** Watch the child carefully, make yourself available for talking, and create ways to spend quality time together.
- ◆ **Remember that children don't always want to talk about their concerns,** and they don't always respond well to questions. Be careful not to ask too many questions before or after a visit. Watch carefully for cues as to the way he/she is comfortable expressing thoughts and concerns to you.
- ◆ When necessary, **remind the child of the rules** that are respected in your home, why they are there, and what happens when they are broken. Sometimes after a visit to the birth family takes place, foster children need to be reminded of rules and that such limits



on behavior are expressions of love and concern.

- ◆ **Remember never to say anything negative or insulting about the birth family in front of or to the child.** Thinking negatively about the family goes against

the spirit of what family foster care is all about. Explaining to the child that his/her parents are learning new ways of handling problems is an appropriate thing to say if you or the child has concerns about the way something was handled while

the child was visiting. If the birth family is doing something that is making you angry, you need to **coach yourself** to continue talking calmly and appropriately to the child about the family.

- ◆ If events occur during visitation that are harmful to the child, especially if these were not known at the time the visitation plan was written, **contact the child's foster care worker.**

### Handling Crisis Situations

Situations sometimes develop during foster placements that reach crisis levels. As discussed earlier, foster children bring to the placement certain experiences and emotions that lead to problems, such as running away,

losing control, refusing to take medication, engaging in illegal activity, and interacting inappropriately with your biological children. Aspects of these crisis situations may be present in part or not at all for the particular child(ren) you foster. In some cases it is difficult to predict whether a crisis will occur while a child is staying with you. In other cases a crisis may be highly probable. You are wise to be familiar with a range of possible behaviors and responses in order to



prevent some crises from occurring and to know what to do if one occurs. First and foremost, remember prior to placement to obtain from the child's foster care worker the best phone number at which he/she can be reached. **Do not wait for a crisis to happen before knowing how to get in touch with the child's foster care worker at any time during the day or night.** If you are unable to contact the child's foster care worker, remember that most county DSS offices have an on-call caseworker; however, you need to realize that calls to the on-call worker sometimes are rerouted directly to the police station. It is during crisis situations that you most appreciate being a member of a team of people who can provide assistance and support.

## Running away

There are several different reasons why a child or adolescent may try to run away from your foster home. The reality of being in a foster home may be difficult for the child to accept because acceptance may carry

with it a feeling of giving up on his/her birth family. The child may try to deal with this paradox by running away. Some foster children respond to stressful situations by trying to escape from them. This may be a pattern that has developed over time, prior to

coming to your home; if you are requiring something your foster child does not like, or something is making him/her feel uncomfortable or stressed, then running away may seem like the only alternative available. Some foster adolescents run away for the same reasons any adolescent might: to seek freedom and to challenge limits. Most adolescents who run away, however, report being punished more and receiving less emotional support and less positive reinforcement from their parents than adolescents who do not run away. If too much punishment and lack of emotional support have been major parts of your foster adolescent's background, then he/she may assume that these problems also are part of *your* home environment. This kind of thinking

may cause him/her to run away early in the placement.

Sometimes youths run early in the placement; sometimes they run before or after a visitation with birth parent(s); and sometimes there is no particular pattern to the behavior. Sometimes information about a child's history of running away is available to you at the time of placement; sometimes it is not.

If there is a history, you will want to ask where he/she typically goes when running and for how long. (Most runaways go to homes of friends or relatives, although some travel 100 to 200 miles away from home, especially those having transportation and money.) Sometimes there is no history of such behavior but the foster child or adolescent tries it for the first time in your home. Re-

gardless of the reasons for or the timing of a runaway incident, it creates much insecurity for foster children and much anxiety for foster parents. Although the best approach to this problem is to prevent it, you will find it impossible to do so in some situations, for some children. You can try to persuade the child to stay at your home, but you cannot force him/her to do so. In the event your foster child or adolescent attempts to run away or has run away, you will find the following guidelines useful.

*These situations require a great deal, including quick thinking, good judgment, and the ability to stay calm.*

- ◆ Remember that **physical restraint of the child or adolescent may result in a situation that is dangerous** to both of you. The proper use of physical restraint requires special training.
- ◆ **Notify the child's foster care worker immediately.**
  - ◆ **Determine when and if the police need to be called.**
  - ◆ Make certain the child knows what the steps are that you will need to follow. **Discuss consequences**, such as possible placement in a more restrictive setting.
  - ◆ **Make supportive statements**, with the purpose of assuring the child or adolescent that you want him/her to come back. Make statements that you want him/her to stay. (Bear in mind that these statements may not be easy to make if the child or adolescent has made you angry.)
- ◆ **If a child or adolescent runs away to avoid a consequence** related to something he/she did, then **make sure the consequence is implemented**. It is very damaging for the child or adolescent to learn that he/she can avoid consequences by leaving your home.
- ◆ **If running away occurs often, seek assistance in trying to understand and prevent it**. It often is helpful to have a

trained person who is not emotionally connected to the situation talk with you and the child/adolescent.

- ◆ **Try not to feel guilty** about “causing” a runaway incident. Remember that the experiences the child or adolescent brings to your home may lead to the incident.

### *Becoming a danger to self and/or others*

If a foster child frequently has shown seriously out-of-control behavior, then ways to anticipate and manage it should be part of the child’s treatment plan. Sometimes such behavior may occur unexpectedly and you find yourself having to handle a situation in which your foster child is becoming or already has become a danger to him/herself or other people. These situations obviously require a great deal from you, including quick thinking, good judgment, and the ability to stay calm. As you get to know your foster child or adolescent, you will know the warning signs that he/she is beginning to lose control, and you can attempt to calm him/her down. This is called **defusing the situation**. Sometimes this is impossible to do. If your foster child or adolescent engages in out-of-control behavior, the following guidelines will be helpful.

- ◆ Remember that losing control is an unpleasant and **frightening experience for the child or adolescent**. In fact, the act of “going out of control” some-

times is more frightening to the child or adolescent than it is to you. This point is difficult to remember when verbal or physical aggression is directed toward you.

- ◆ **Do not take personally** what the child or adolescent says to you. Much acting-out behavior is an explosion of pent-up emotion rather than planned behavior that is directed toward a single person. A person present in the environment of the foster child or adolescent is the object of the explosion because that person happened to be present at the time it occurred. Be prepared for the child or adolescent to try to make you feel guilty and responsible for “causing” the problem.

- ◆ **In life and death situations**, do what is necessary to **protect the safety** of the child or adolescent and everyone else present (e.g., coaxing a knife, gun, or pills out of his/her hand).
- ◆ **Use verbal de-escalation** (described in this book). Be aware of your voice tone (e.g., do not use sarcasm).
- ◆ **Call 911 if someone’s health already is endangered** (e.g., pills have been swallowed, someone has been attacked).
- ◆ **Call your child’s foster care worker**, or if that person is unavailable, call the on-call caseworker at DSS. Be sure to

*Call 911 if someone’s health already is endangered.*

know how to reach the on-call worker. Remember that in calling the on-call worker your call may go directly to law enforcement, which means that police cars may arrive at your home.

- ◆ When interacting with the foster child or adolescent, use a **“supportive stance”** rather than a **“challenge position”**

(National Crisis Prevention Institute, 1987). The supportive stance means

to stand at an angle to the person, keeping a distance of at least three feet. This stance prevents the child from feeling trapped and also allows you to be warned if he/she steps toward you to become physically aggressive. This stance feels very different to the child than the challenge position, which is face to face, shoulder to shoulder. Also remember to **keep your hands visible** to the child at all times so he/she does not think you have something behind your back or in your pockets.

- ◆ **Use physical restraint only as the last resort.** Use the least possible restraint,



and use it only **to prevent the foster child from harming him/herself or someone else.** Do not use physical restraint to force compliance or to apply a punishment.

### **Refusing to take medication**

A child or adolescent may refuse to take necessary medication for several different reasons. Refusal sometimes is an expression of need for control in his/her relationship with others. Refusal also may stem from uncomfortable side effects of the medication. In addition, some children appear to be taking their medications but do not actually swallow them. Remember that for many youths, their reluctance or refusal to take medications is influenced by the extent to which they have been informed about the reasons why the medications are necessary. Adults in general should do a better job explaining these reasons to young people. Foster parents in particular play a vital role in explaining the reasons why medications are necessary and why they must be taken on a prescribed schedule. In addition, remember the following.

- ◆ **Make a report immediately to the child’s doctor** if the child refuses to take necessary medication.
- ◆ **Keep a record** of all incidents of non-compliance.
- ◆ **Never make an independent decision** to take a child off his/her medication.
- ◆ **Know the side effects** of the medication.

- ◆ **Know the behaviors to expect if the child/adolescent does not take the medication.**
- ◆ **Check to make sure the child/adolescent actually takes the medication** if there is initial refusal but eventual compliance.

### **Interacting inappropriately with your biological children**

Based on the information available at the time of placement, you may or may not know some aspects of your foster child's background that would cause that child to interact inappropriately with your biological children. Inappropriate interactions may surface quickly during the child's stay with you, they may emerge slowly, or they may not emerge at all. Whether the inappropriate interactions are physical, sexual, or verbal in nature, there are steps you can take to create a safe environment for all children in your home. These are given below.

- ◆ **Remember** that many children and adolescents behave inappropriately because, in the past, **they have been rewarded (in some way) for the inappropriate behavior** and have **not been taught the appropriate behavior**. **Be prepared to teach** the child appropriate ways of interacting.

*Inappropriate interactions may surface quickly during the child's stay with you, they may emerge slowly, or they may not emerge*

- ◆ **Monitor the activities** of all children in the home. Use a random "checking up" system.
- ◆ **Teach your children** about inappropriate play. Teach them how to respond to behavior that makes them feel uncomfortable. Teach them to report physical threats, coercion, sexual offers, gestures, and approaches. (It is important to make every effort to do this in a manner that does not cause undue suspicion of a child who has not yet shown these behaviors.)
- ◆ **Talk to your children** on a regular basis about their level of comfort with the foster child.
- ◆ **Openly discuss appropriate and inappropriate behaviors** with all children in the family. This is especially important with new foster children.
- ◆ **Observe "rough-housing"** play behaviors for the possibility of their leading to more explicitly inappropriate activities.
- ◆ Be sensitive to the fact that children who have experienced sexual abuse often are frightened, stimulated, and/or confused by sexual behavior. All adults in your home should **avoid excessive sexual playfulness, innuendos, and seductiveness**.

If you have evidence that your foster child is interacting in sexually inappropriate ways with your own child(ren), take the following steps.

- ◆ **Separate your own child from the foster child.** Take your child to a private place to describe what happened in



his/her own words. Assume that you can believe what he/she says. **Do not pressure** the child for details. **Reassure your child** that he/she did the right thing in reporting what happened and that he/she will be protected. Clarify that what happened is not your child's fault; but rather, that the foster child did something wrong and will not be permitted to do it again.

- ◆ **Monitor very closely the child who initiated the inappropriate interaction.** Do not confront this child in the presence of other children.
- ◆ **Remain calm and confident.** All of the children's responses depend on how you handle the situation.

- ◆ **Call the child's foster care worker immediately.**
- ◆ **Review the possibility that there have been other** occurrences, including possible interactions with other children in your home.

### **Engaging in substance use/abuse or other illegal activity**

Sometimes you may suspect or have actual evidence that your foster child is using or abusing illegal substances or is involved in other illegal activity. If this is the case, keep in mind the following guidelines.

- ◆ **Discuss** (early in the child's placement) your household **rules related to privacy and trust.** In this discussion, make clear that you **reserve the right** to come into the foster child's room to look for confirming evidence if you have suspicions that the child is engaged in an inappropriate activity.
- ◆ **Report** your suspicions immediately to the child's foster care worker.
- ◆ **If the child is on probation,** develop a plan with the foster care worker as to who should contact the **probation officer** and when this should occur.
- ◆ **Be very straightforward** with the foster child/adolescent about why you have suspicions.

- ◆ **Explain** to the child or adolescent the **legal and medical consequences** of the decision to engage in the illegal activity. Use and/or abuse of illegal substances, for example, could lead to hospitalization and complications from interactions between the substances and prescribed medications. If an adolescent in foster care is on probation, then



one role of the probation officer should be to underscore the legal consequences of the activity.

- ◆ **Work together with the child’s foster care worker** to obtain information related to a **drug screening** if you feel one is necessary.

## Finding and Using Support

As you experience the responsibilities of foster parenting, you will feel the need for support. Whether the foster child’s placement in your home is long or short, meaningful support for you is necessary to the ongoing care of the child. The child’s background experiences often present an unusual kind of stress for you, because they have been difficult for the child.

The kind of support you find helpful may be very different from what someone else finds helpful. You may find that support comes from your relationships with other people, such as your spouse, neighbors, relatives, and friends. Or support may come from activities and hobbies you enjoy. Some foster care providers find it helpful to keep journals of their experiences and reactions while they have children

in their homes and after the placements. You must always remember that the need for support is an important part of being a successful foster parent. Anyone who is a parent needs a way to express all of the thoughts and emotions that occur!

## Preparing for the End of a Placement

The decision that a child is ready to leave foster care and return home or move to a different permanent family or a different out-of-home care setting should be based on the written service plan and should involve everyone on the child’s foster care team. Together with the foster care worker, you will need to prepare the child for the move from your home back to his/her birth family’s home, to another permanent option, or to another setting.

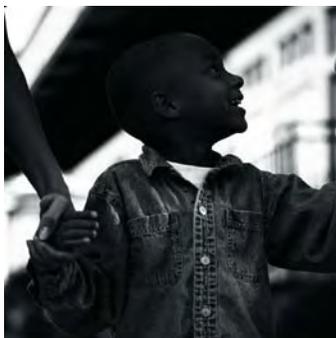
With the child's foster care worker, there are specific activities that you can do to help the foster child handle this transition. Doing these will help decrease the anxiety or confusion the child may feel. Remember that you still may observe changes in the



foster child in the form of new behaviors and new emotional reactions. You may even observe the child doing some things that feel rejecting of you and your family. When this happens, you need to realize that such behavior often is the child's way of coping and trying to feel a sense of control over what is going on.

Read the following guidelines and decide with the child's foster care worker the best ways to ease the transition for you and your foster child.

- ◆ Try to begin discussions of the move with the child soon enough to allow time for adjustment.
- ◆ Give accurate information, at the child's level of understanding, about the reason for the move, the place the child will move to, and the moving process.



- ◆ When reunification with the birth family is

the plan, deal with any unrealistic expectations the child may have about how much his/her family has changed.

- ◆ Give the child some choices about the move as appropriate, such as time of day or what the child will wear. This helps the child feel a sense of control.
- ◆ Organize the child's clothing and other personal items; they go with him/her.
- ◆ Help the child express thoughts and feelings about the move, your family and/or his birth family.
- ◆ Talk with the child about any further relationship he/she may have with you after the move. Remember your right to request continued visitation and realize that it often is good practice to make such requests. When reunification is the plan, continued contact with the child and the birth family may be part of a range of post placement services needed by the child and the birth family. Continued contact also may be in the child's best interest in some cases when an adolescent is moving into an independent-living situation or when a child or adolescent is being adopted. Keep in mind that the appropriateness and extent of continued visitation will be determined on a case-by-case basis.



- ◆ Provide input about other post placement services you think the child and/or the birth family need, such as specialized educational services, financial aid, or mental health counseling.
- ◆ Encourage the child to talk and write about what he/she has learned during the foster care experience, what you have learned, and what the birth family has learned. Use The Life Book for this purpose, as appropriate. Create opportunities to discuss the strengths of everyone involved.



- ◆ Especially if the child or adolescent has formed a bond with the foster care worker, it is important to explain if and how DSS will continue to be involved

in his/her life. Discuss what will change and what will be the same.

- ◆ Try to anticipate what responsibilities the child or adolescent will have in the new situation and discuss these with him/her. If an adolescent is moving into an independent living situation, for example, discuss some of the new, daily responsibilities he/she should anticipate, such as working, cooking, and shopping.



- ◆ In such situations as an older adolescent is beginning to live independently, anticipate that he/she may want contact both with you and with the birth family. In the process of becoming independent, adolescents need and often want a family “base” from which to operate.

## Chapter 4 Special Situations

Sometimes situations occur that need special explanation. The goal of this chapter is to give you information about what to expect to happen if they occur. In these situations it is extremely important to stay in close communication with the child's foster care worker.

### **When a Foster Child Becomes Pregnant**

When a foster child or adolescent becomes pregnant, the safety and well-being of both the foster child and the child to be born must be top priority. It is the responsibility of the foster care worker to ensure that appropriate medical services are provided during the pregnancy. This is also true for mental health services that may be necessary. It also is the worker's responsibility to review the circumstances of the pregnancy and assess if referral to child protective services or another action is needed. The worker arranges a referral to the Area Adoption Office if the foster child expresses an interest in adoption or abortion, although the worker does not counsel the child about the appropriateness of abortion. DSS does not provide consent

for foster children to marry. Such a decision generally is referred for a staffing with all interested parties and considered for court review.



The foster care worker determines with you what the plans for care and placement of the infant will be, including whether the adolescent parent and infant can be placed together.

During the review of the circumstances of the pregnancy, the worker assesses if DSS should obtain custody of the infant through court order. This review includes an assessment of the infant's father's involvement and/or that of his relatives.

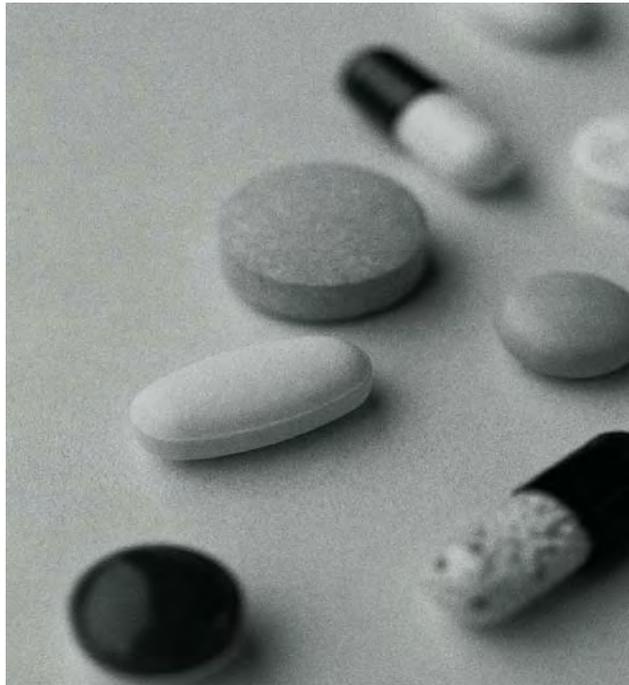
If DSS does not obtain custody, two options exist for increasing resources to the adolescent. First, if the foster adolescent is eligible for certain government funds (called IV-E funds) and in a placement with her infant, the foster care worker can increase the board payment for the foster adolescent by the standard amount for the infant. Second, the

worker can arrange for the foster adolescent parent to apply for financial assistance for the infant.

### **When the Foster Child/ Adolescent Is in a Correctional Facility**

Sometimes a foster child or adolescent needs to be placed in a correctional facility because of his/her behavior.

This might take place while the child or adolescent is in your care. When such a placement occurs, the same procedures for planning, visitation, and monitoring take place as they would in any foster care placement. A difference is that more coordination takes place with the social work staff assigned by the facility. Board payments to you stop during the placement in the facility but begin again if the child returns to your care. As with other changes that the child/adolescent experiences, it is important to make this one as smooth as possible. Work closely with the foster care worker to discuss plans for your own visits and communication with the child. Also remember that this may be a time when you need extra emotional support from friends, relatives, and other foster parents who have experienced something similar.



### **When the Foster Child/ Adolescent Is in a Mental Health or Substance Abuse Facility**

Sometimes a foster child or adolescent must be admitted to a mental health or substance abuse facility for short or long periods of time. When this happens, the foster care worker has additional paperwork to complete and additional professionals to contact.

Communicate closely with the worker about your rights to visitation and communication with the child/adolescent. Also remember that you may need extra emotional support from friends, relatives, and other foster parents who have experienced something similar.

### **When the Birth Parents Are in Prison**

When one or both of the birth parents are in prison, it is more difficult to maintain a bond between the foster child and the parent(s). Although difficult, this should not be thought of as impossible. As is appropriate from the child's permanent plan, ideas should be put into place for keeping the birth parent(s) involved. These could

include letter writing, special visits, helping to prepare for a birthday party, and so on.

### **When the Birth Parents Are in a Mental Health or Substance Abuse Facility**

As with imprisonment, when one or both birth parents is in a mental health or substance abuse facility, it is more difficult to maintain a bond between the foster child and the parent(s). Again, although it is difficult, it should not be considered impossible. As is appropriate from the child's permanent plan, ideas should be put into place for keeping the birth parent(s) involved.



# Resources

## References Used to Prepare This Handbook

The listing of an organization below shall not be construed to imply that DSS endorses all policies or publications of that organization. DSS expressly does not support policies or publications from any organization listed below that oppose or would violate Title VI of the Civil Rights Act of 1964, the Multi-ethnic Placement Act of 1994, and Section 1808 of the Small Business Job Protection Act of 1996 (Removal of Barriers to Inter-ethnic Adoption).

Baker, C.B., Burke, R.V., Herron, R.W., & Mott, M.A. (1996). *Rebuilding children's lives*. Boys Town, NE: The Boys Town Press.

Barkley, R.A. (1986). *Defiant children: A clinician's manual for parent training*. New York: Guilford.

Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (1990). *Reclaiming youth at risk: Our hope for the future*. Bloomington, IN: National Education Service.

Child Welfare League of America (1995). *Standards of excellence for family foster care services*. Washington, DC: Author.

Dowd, T., Czyz, J.D., O'Kane, S.E., & Elofson, A. (1994). *Effective skills for child-care workers*. Boys Town, NE: Boys Town Press.

National Crisis Prevention Institute. (1987). *Nonviolent crisis intervention: Participant workbook*. Brookfield, WI: Author.

National Resource Center for Youth Services (1986). *Advanced training course for residential care workers. Manual four: Understanding human development*. Norman, OK: Author.

S.C. Department of Social Services (1995). *Family preservation and child welfare services policy and procedure manual*.

S.C. Department of Social Services & The USC College of General Studies (1983). *Love in the world: A Handbook for foster parents*.

S.C. Department of Social Services & The USC College of Social Work, University of South Carolina (1987). *Foster parent orientation workbook*.



## Foster Parent Association Contacts

The following is a listing of officers and local county presidents within the South Carolina

Foster Parent Association. We encourage you to become active in the association's state and regional activities.

### **Officers of the South Carolina Foster Parent Association**

Toll-free number

(800) 475-7650

Carl Brown, Executive Director

PO Box 39

Elgin, SC 29045

(803) 865-2020

(800) 475-7650

David Walker, President

1011 Walker Circle

Anderson, SC 29621

(864) 261-6946

Loretta McNeal, Vice-President

PO Box 504

Chesterfield, SC 29709

(803) 479-5907 (W)

(803) 623-6277 (H)

Linda Robinson, Secretary

PO Box 3

Beaufort, SC 29901

(843) 521-4490

Dot Kaszkiel, Treasurer

106 Henston Drive

West Columbia, SC 29172

(803) 755-3891



**South Carolina Foster Parent Association  
Local County Presidents  
2005**

**Abbeville County**

Becky Hurd  
109 Calhoun Street  
Abbeville, SC 29620  
(864) 640-4871

**Aiken County**

Shelia Mabry  
1030 Old Ridge Road  
North Augusta, SC 29841  
(803) 613-0589

**Allendale, Bamberg,  
& Barnwell Counties**

Mary Beard  
301 Hadwin Road  
Bamberg, SC 29003  
(803) 245-1621

**Anderson County**

Denise Magaha  
1415 Hilltop Drive  
Anderson, SC 29621  
(864) 226-0122

**Beaufort County**

Henry Robinson  
PO Box 3  
Beaufort, SC 29901  
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**Berkeley County**

Eugene Gaskins  
411 Rick Way  
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**Calhoun County**

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26 Allison Lane  
Orangeburg, SC 29118  
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**Charleston County**

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Charleston, SC 29422  
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**Cherokee County**

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**Chester County**

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Chester, SC 29706  
(803) 385-6443

**Chesterfield County**

Linda Abernathy, co-president  
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Chesterfield SC 29709  
(843) 623-6198

Frankie Powell, co-president  
3631 Hornsboro Road  
Pageland, SC 29728  
(843) 672-5135

**Clarendon County**

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**Colleton County**

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Darlington County

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Lamar, SC 29069  
(843) 326-5458

Dillon County

Gwen McClellan  
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Fork, SC 29543  
(843) 464-7860

Dorchester County

Mike & Lorie Cullison  
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North Charleston, SC 29418  
(843) 207-9316 (h)  
(843) 478-6871 (c)

Edgefield County

No association

Fairfield County

Gloria Parker  
545 Bundrick Road  
Winnsboro, SC 29180  
(803) 635-3939

Florence County

Donnie Lee Shaw  
2110 Poor Farm Road  
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Leila Moore  
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Horry County

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Route #2, Box 515  
Ridgeland, SC 29936  
(843) 726-5598

Kershaw County

Mary Brown  
PO Box 39  
Elgin, SC 29045  
(803) 865-2020

Lancaster County

Mary Stewart  
1538 Beacon Road  
Lancaster, SC 29720  
(803) 286-8485

Laurens County

Tammy Guthrie  
1404 Pennington Road  
Fountain Inn, SC 29644  
(864) 862-7435

Lee County

Sylvia Harris  
6332 Wysacki Road  
Bishopville, SC 29010  
(803) 484-6150

Lexington County

Debbie White  
PO Box 1708  
Lexington, SC 29071  
(803) 951-3411

Marion County

Levone Bell  
PO Box 293  
Mullins, SC 29574  
(843) 464-4553

Marlboro County

Mary Williams  
116 Ellison Street  
Bennettsville, SC 29512  
(843) 479-9546

McCormick County

No association

Newberry County

No association

Oconee County

Karey Bethea  
267 Aqua Trail  
Walhalla, SC 29691  
(864) 718-0177

Orangeburg County

Gloria Green  
866 Foliage Street  
Bowman, SC 29018  
(803) 829-1037

Pickens County

Cynthia Masters  
102 Oakwood Street  
Easley, SC 29642  
(864) 855-6139

Richland County

Lewis Parker, Jr.  
222 Holla Ridge Lane  
Columbia, SC 29229  
(803) 234-4833

Saluda County

No association

Spartanburg County

Mellisa Gravitt  
127 Edwards Store Road  
Lyman, SC 29365  
(864) 415-7874

Sumter County

Gloria Felder  
PO Box 3105  
Sumter, SC 29151  
(803) 469-0954

Union County

No association

Williamsburg County

Dan Outlaw  
512 Third Avenue  
Kingstree, SC 29556  
(843) 355-2181

York County

Tom Goforth  
2330 Southbend Road  
Clover, SC 29710  
(803) 684-2485

## Regional Representatives South Carolina Foster Parents Association

### Counties

#### Region I

Mike and Lori Drew  
6116 Woodfield Circle  
Spartanburg, SC 29303  
(864) 574-1218

Anderson, Cherokee, Pickens, Greenville,  
Oconee, Spartanburg

#### Region II

Dick and Mary Murphy  
423 Cooper Mill Road  
North Augusta, SC 29481  
(803) 279-8659

Abbeville, Aiken, Edgefield, Greenwood, Lau-  
rens, McCormick, Saluda

#### Region III

Pat Young  
114 Young Circle  
Winnsboro, SC 29180  
(803) 635-2966

Chester, Fairfield, Newberry, Lancaster, Lexing-  
ton, Richland, York, Union

Jimmie and Gloria Parker  
545 Bundrick Road  
Winnsboro, SC 29180  
(803)635-3939

#### Region IV

Edell McClain  
PO Box 437  
Lamar, SC 29069  
(843) 326-5458

Chesterfield, Darlington, Dillon, Georgetown,  
Horry, Florence, Marlboro, Marion, Williams-  
burg

Michael Stewart  
1806 Star Bluff Road  
Longs, SC 29568  
(843) 399-9673

#### Region V

Eugene and Barbara Gaskins  
411 Rick Way  
Bonneau, SC 29431  
(843) 565-3855

Beaufort, Berkeley, Charleston, Colleton,  
Dorchester, Hampton, Jasper

#### Region VI

Michael and Rosa Verner  
1390 Capernaum Road  
Bamberg, SC 29003  
(803) 245-6184

Allendale, Barnwell, Bamberg, Calhoun, Claren-  
don, Kershaw, Lee, Orangeburg, Sumter



## Directories of Services

As you care for a foster child, you probably will want to obtain information about a variety of services available in your county and in neighboring counties. Directories of services, **organized by county**, can be obtained by contacting

Ms. Melina Favor, Manager for 211  
United Way of the Midlands  
1800 Main Street  
Columbia, SC 29201  
(803) 790-HELP

Department of Health and Environmental Control  
Bureau of Maternal and Child Health  
Mills/Jarrett Complex  
PO Box 101106  
1751 Calhoun Street  
Columbia, SC 29211

Information about services also can be obtained by calling  
CARE LINE at 1-800-868-0404



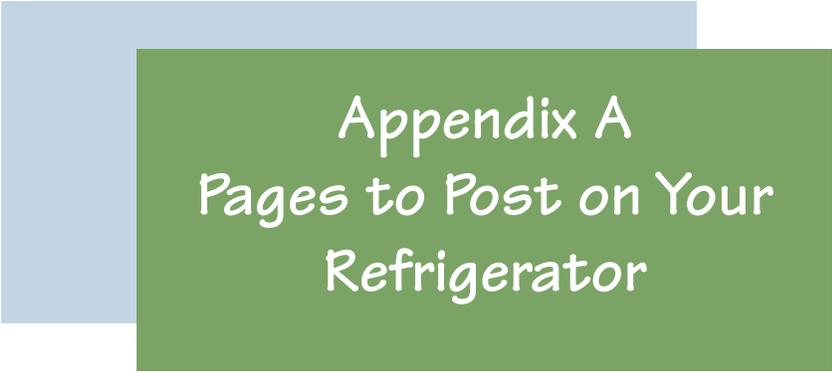
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The title is centered within a dark green rectangular box. To the left of this box is a light blue rectangular shape that overlaps the top-left corner of the green box.

# Appendix A Pages to Post on Your Refrigerator

## **Important Phone Numbers**

Prepared through coordination of State Foster Parents Association Presidents and SCDSS.

## **Foster Child's Bill of Rights**

## **Standards of Care**

## **Basic Principles of Behavior Management**

## **Time-Out**



# Important Phone Numbers



DSS Caseworker(s), Licensing Worker, & Supervisor

\_\_\_\_\_  
\_\_\_\_\_

DSS After-Hours Emergency \_\_\_\_\_



DSS County Director \_\_\_\_\_

County Foster Parent Association President \_\_\_\_\_

State Association 1-800-475-7650 or 803-865-2020

School \_\_\_\_\_  
\_\_\_\_\_

Guardian ad Litem Coordinator \_\_\_\_\_

Foster Care Review Board Coordinator (FCRB) \_\_\_\_\_

Doctor(s), Dentist(s) *(coordinate with caseworker for Medicaid providers)*

\_\_\_\_\_  
\_\_\_\_\_

Counselor \_\_\_\_\_

Recreation Department \_\_\_\_\_

Pro-Parents \_\_\_\_\_

**Other** *(For day care providers accepting ABC vouchers or after school programs, contact DSS caseworker or refer to listings from local foster parent association or handbooks.)*

\_\_\_\_\_

**Foster Children's Helpline 1-888-722-2580**



## South Carolina Foster Child's Bill of Rights

### I have the right to:

1. Be treated as a normal and important human being.
2. Be cared for with love and affection.
3. Be provided adequate food, shelter and clothing.
4. Be heard and involved with the decisions of my life.
5. Be informed about and have involvement with my birth family and siblings, including the right to reject visits or contacts.
6. Complete information and direct answers to my questions about choices, services and decisions.
7. Reasonable access to my caseworker or a person in the agency who can make decisions on my behalf.
8. Express my opinion and have it treated respectfully.
9. Request the support and services that I need.
10. Individualized care and attention based on my unique skills and goals.
11. Ongoing contact with significant people in my life such as teachers, friends, my personal supports and relatives.
12. Access to my case record to help me meet my goals.
13. Personal property, personal space and my privacy.
14. Be notified of changes that affect my permanence, safety, stability or well-being.
15. Practice my own religion.
16. Know what is expected of me in my foster placement.
17. Be cared for without regard to race, color, national origin, sex, religion, and disability
18. Caretakers who are interested in me and will support my involvement in social and school activities.
19. Have goals.
20. A plan for my future and the support I need to accomplish it.

DSS Form 30163 (JAN 01)



## The South Carolina Standards of Care

This section addresses standards of care to be maintained by foster families. Failure to comply with one or more of these standards of care may result in removal of foster children from the home and revocation of the foster home license.

1. The child's daily routine shall be planned to promote the development of good health habits.
2. Each child shall be provided with adequate health and hygiene aids.
3. Space for a child's possessions shall be provided.
4. The foster family home shall be able to comfortably accommodate a foster child as well as their own family.
  - a) Each child in care shall be provided with his or her own bed and storage space, however same sex siblings may be allowed to share a bed or storage.
  - b) No child may routinely share a bed or a bedroom with an adult and except for a child under one year of age, a child must not share a bedroom with an adult unless SCDSS or the child placing agency staff document extenuating circumstances exist.
  - c) Children of opposite sex sleeping in the same bed must be limited to siblings under the age of four years. Children of opposite sex sleeping in the same room must be limited to children under the age of four years.
  - d) Children shall sleep within calling distance of an adult member of the family, with no child sleeping in a detached building, unfinished attic or basement, stairway, hall, or room commonly used for other than bedroom purposes.
  - e) No biological children of the foster family shall be displaced and made to occupy





sleeping quarters prohibited in (b) and (c) and (d) above because of a foster child being placed in the home.

f) The top level of bunk beds shall not be used for children under the age of six years of age.

5. If deemed appropriate by SCDSS or the child placing agency, the foster family will cooperate in assuring that foster children are able to maintain regular contact with their birth parents, siblings, and other significant relatives.

6. Unless advised otherwise by the responsible agency, each foster child shall be prepared by foster parents to eventually leave the home.

7. Foster parents shall follow instructions and suggestions of providers of medical and health related services. If receiving medication, a child's prescription shall be filled on a timely basis and medications will be administered as prescribed, and otherwise be kept secured.

8. Foster parents shall obtain emergency medical treatment immediately as need arises, and shall notify SCDSS and child placing agency staff, no later than 24 hours of receiving such care.

a) If the primary source of payment for medical care is Medicaid, foster parents must ensure that the child's card is accessible at all times.

b) Foster parents should contact SCDSS for coordination of any elective or non-emergency surgical procedures as far in advance of the procedure(s) as possible.

c) Any injuries sustained by a foster child must be reported as they occur and no later than 24 hours of incident.

9. Foster parents are responsible for notifying SCDSS and child placing agency staff as soon as possible when a critical incident has occurred such as:

a) Death of any child in the home;

b) Attempted suicide by the child;

- c) Child is caught with a weapon or illegal substance;
  - d) Child is charged with a juvenile or adult offense;
  - e) Child is placed on homebound schooling or is suspended or expelled from school;
  - f) Child has left the home without permission and has not returned.
10. Religious education shall be in accordance with the expressed wishes of the natural parents, if such wishes are expressed.
  11. The use of corporal punishment as a form of discipline is prohibited.
  12. Tasks which are assigned to foster children shall be appropriate to the ability of the child, similar to responsibilities assigned to other children, and geared toward teaching personal responsibility.
  13. Foster parents must assist older foster adolescent in their care in learning skills that are necessary for successful independent living.
  14. Varied recreational activities shall be available to each child.
  15. Infants and children shall not be left without competent supervision.
  16. Foster parents, in conjunction with SCDSS, shall keep a life book/scrapbook on each foster child placed in their home. Children's records and reports shall be kept confidential and shall be returned to SCDSS when a foster child leaves the foster home.
  17. Firearms and any ammunition shall be kept in a locked storage container except when being legally carried upon the foster parent's person; being used for educational, recreational, or defense of self or property purposes by the foster parent; or being cleaned by the foster parent.
  18. Foster parents must be able to secure/supervise access to in ground or above ground swimming pools and maintain adequate supervision during periods of swimming.



## Standards of Care, continued

19. Fire escape plans must be developed, posted and routine drills conducted.
20. A plan for how the family will respond and travel in the event of disaster (e.g. a hurricane evacuation) must be developed and shared with SCDSS or child placing agency.
21. All pets must be kept current with rabies vaccinations and proof of such provided. Pets must not pose a safety concern. SCDSS or the child placing agency will determine what constitutes a safety concern.
22. Applicants and current licensed families must make themselves reasonably available on an ongoing basis to SCDSS or the child placing agency for statutorily required contacts or other contacts SCDSS or the child placing agency deems necessary. SCDSS or the child placing agency has the right to make unannounced visits, and talk to any foster child on an as needed basis.
23. Board payments shall be utilized but not limited to reimbursement for a foster child's board, school expenses, food, clothing, incidentals, minor medical needs and other expenses.
24. A foster home shall not provide full time care for more than five (5) children, including the foster parents' own children and/or other children who are household members unless SCDSS or the child placing agency is keeping siblings together or making an adoptive placement or the placement has been court ordered.



- a) No more than two (2) infants (age birth to one year) shall be placed in the same foster home without prior approval from SCDSS or child placing agency management staff.
- b) No foster home shall exceed the number of children stipulated on their issued license without permission from SCDSS or child placing agency staff.
- c) No foster home shall accept children referred by another public or private source without obtaining the permission of SCDSS or child placing agency staff prior to the actual placement.

25. When a home is licensed to provide care for an unmarried mother, a plan for medical and hospital

care, as well as appropriate protection from community stresses associated with pregnancy, must be made.

26. Applicants or current foster families must advise SCDSS or the child placing agency staff prior to opening a day care or other home based business in the home.

27. No unrelated lodger or boarder shall be allowed to move into a foster home without the agency's concurrence. Foster children may be placed or remain in a foster home where there is an unrelated lodger or boarder or roommate after necessary safety checks have been made and written concurrence obtained by SCDSS or the child placing agency. Anyone over the age of eighteen years and living in the home must undergo fingerprinting, SLED, and CPS check. (Sex Offender checks for all household members 12 years and older). If children are already in placement, an affidavit must be submitted by the household member confirming there is no record. The license must be amended to a Standard with Temporary Waiver until the results of the submitted checks have been received.

28. Foster parents shall transport children in accordance with state public safety laws.





## Chart 3. Basic Principles of Behavior Management

- ◆ Remember that to discipline a child is to teach a child.
  - Teach the correct behavior while getting rid of the inappropriate behavior.
  - Teach the reason(s) the correct behavior is important to the child's growth rather than simply as a way to get a reward.
  - Teach correct behavior by explaining the values about life that are important to you.
- ◆ Physical discipline such as spanking or slapping is not allowed. (See Form 2 in Appendix B.) There are many effective alternatives to spanking.
- ◆ Realize that most children want to behave in ways that meet the approval of adults. Many foster children have not had consistent and stable enough relationships for them to receive adult approval consistently. They want your approval, although they sometimes may not seem to want it.
- ◆ Be aware of what you are feeling. Calm yourself down if you are angry. Disciplining a child while you are angry will only create more problems and make the child angry.
- ◆ Do not expect major changes to occur in a short amount of time.
- ◆ Don't give up on a technique if it does not work right away. Try it again.
- ◆ Show respect for the child. Ask yourself, "Am I managing behavior in a way that shows respect for the child?"
- ◆ Build the child's self-esteem. Ask yourself, "Am I managing behavior in a way that builds the child's self-esteem?"
- ◆ Accept the child but not the behavior. Never say to the child that he/she is "bad" or make negative comments about the child's family.
- ◆ Put limits on the behavior of children and adolescents; they need limits to feel secure.



## Proactive Strategies

Now we are ready to look at certain ways of preventing and managing inappropriate behavior. The following are good, appropriate **proactive strategies**.

### Establishing and enforcing rules

It is important for you to establish and enforce fair rules. Your foster child may test those rules by breaking them to see what your reaction will be. Through his/her behavior, the child is asking “Will you really impose the consequence that you said you would? What can and can’t I do?” Testing the rules is normal. When you set and enforce rules, remember:

- **Be clear!** The child must understand what the rule is, who it is for, the behavior involved, and the consequences for breaking the rule.
- **Be consistent!** Impose the same consequence every time the rule is broken.
- **Follow through immediately!** Give the consequence immediately after the rule is broken.
- **Stay calm!** Enforce rules calmly but in a firm voice. Sometimes it helps to **tell the child he/she has a choice:** Either to follow the rule (and something good will happen) or to break the rule (and a consequence will happen).
- **Breaking a rule is not always “bad” behavior.** Remember that

many foster children do not have histories of relationships in which they have been taught how important rules are.

### Effective praise

There are times when we get so caught up in managing poor behavior that we forget the many good things children do or say. Instead of “catching them when they’re bad,” we can use effective praise to “catch them being good.”

Effective praise is a powerful tool that can be used to strengthen good behavior. There are four steps to using effective praise:

1. **Be enthusiastic**, genuine, and specific.
2. **Describe the behavior**—tell the child exactly what it was that was so good.
3. **Give a rationale**—tell the child why the behavior is good.
4. **Ask for understanding**—ask the child if he/she understands what you are saying.

Effective praise is powerful and easy to use. By focusing on positive behaviors, your time with your foster child becomes more pleasant. Also, praising your foster child helps to improve his/her self-esteem.

### Preventive teaching

There are certain skills that your foster child may be lacking. For example, he/she may not know how to greet guests who come

to visit. You can use preventive teaching to help the child learn the proper skills to use in future social situations. Preventive teaching involves five steps:

1. **Give initial praise;** use an opening statement to praise the child.
2. **Explain** the skill and give some examples.
3. **Describe and demonstrate** the skill.
4. **Practice** the skill together.
5. **Give feedback.**

Also, preventive teaching

- is to be used at a neutral time when no poor behavior is occurring;
- is a good relationship builder;
- can be used to teach any new skill;
- takes only a few minutes.

### Family meetings

Another effective proactive strategy is the family meeting. During these meetings family members are encouraged to talk about concerns or worries they have about such things as rules, routines, chores, or per-

sonal issues with other family members. In this way potential difficulties are discussed before they become major problems. Family meetings

- should occur about once a week at the same time each week;
- should focus on positive things that family members have done as well as things that could be changed;
- should be conducted in a way that gives all family members the right to speak or not to speak; and
- should be guided by the rule that you, as the foster parent, have the final say in decisions.

Despite all the proactive strategies you may have used, there will be times when your foster child behaves inappropriately. When this occurs, you must be ready to take some action to stop the misbehavior and teach an alternative behavior.

## Reactive Strategies

There are a number of **reactive strategies** you can use once the behavior has occurred.

### Planned ignoring

There are some minor nuisance behaviors, such as whining, that will eventually stop if they are simply ignored. However, because these poor behaviors “worked” for the child in the past (i.e., he/she got attention), they may initially increase when you begin to ignore them. Therefore, if you are going to use planned ignoring, it is important to use it **every time that particular behavior occurs**. There are four parts to planned ignoring. Once a nuisance behavior begins,

- Do not look at the child.
- Do not say anything to the child.
- Do not touch the child. You may even leave the room to avoid giving physical attention to the child.
- Praise the child once the behavior has stopped and appropriate behavior has begun.

### Precision commands

Sometimes when children misbehave it is because they didn’t quite understand what the adult was asking them to do. It is important that you give clear, concise precision commands when you ask your foster child to do something. When giving a precision command,

- Be sure that you mean the command and are willing to follow the task through to completion.
- Present the command as a direct statement, not as a question or a favor.
- Use a clear, firm voice while making eye contact.
- Give only one command at a time.
- Make sure there are no competing distractions when giving the command—for instance, the TV.
- Have the child repeat the command to make sure he/she understands.
- If necessary, set a time limit for completion of the task.
- If the child does not comply in five seconds, give a warning and wait five seconds; if the child still does not comply, use time-out (see page 131).
- **Remember to praise the child once the task is begun!**

### Cueing

Your foster child sometimes will need reminders to act appropriately. Cueing can be used to signal the child to do the correct behavior just before the action is expected, instead of waiting until it is performed incorrectly. The cue is a signal that is arranged privately with the child beforehand. The cue can be either physical or verbal. For example, you may arrange with your foster child that you will tap his/her shoulder

when you see behavior that is too loud at the dinner table.

### Problem-solving

With older, more verbal children you can teach new, more appropriate behaviors by helping them to problem-solve. When a misbehavior occurs, you help your foster child problem-solve by following these guidelines:

- Talk about the child's needs and feelings.
- Talk about your needs and feelings. Ask the child to think of a better way. If not, suggest an alternative behavior.
- Both of you think of as many better behaviors as you can.
- Decide which behavior is best by looking at the consequences of each.
- Make a plan together about how, when, and where the child will try the new behavior.

### Contracting

A useful strategy to use with children over 8 years of age is contracting. This strategy involves writing up a contract between you and your foster child. The agreement states what rewards will occur if the child performs specific appropriate behaviors. When making a contract, it is important to involve the child/adolescent in the process. Sit down and come to an agreement about the behavior and rewards. Do not make up a contract and simply hand it over to be signed! When making a contract,

- Decide everything with the child or adolescent.
- Put the agreement in writing.
- Write clearly.
- Be specific about what the child is to do; be specific about what the rewards will be and when they will be given.
- Sign and date the contract, and be sure everybody has a copy.
- If the child does not perform the behaviors in the contract, then do not give the reward. Do not punish the child.

A sample contract appears on the next page. The sample is written for a foster parent and a foster child, but while you look at the contract remember that a contract can be written between many different people. For example, a student can sign a contract with a teacher or a coach, and siblings who are not getting along well can sign a contract with each other. Contracts also can be developed by more than two people.

## Chart 4. A Sample Behavioral Contract

Date \_\_\_\_\_

This is an agreement between \_\_\_\_\_ and \_\_\_\_\_  
Child/Adolescent's Name Foster Parent's Name

This contract begins on \_\_\_\_\_ and ends on \_\_\_\_\_  
Date Date

It will be reviewed on \_\_\_\_\_  
Date

The terms of the agreement are:

Child/Adolescent will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Foster parent will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If \_\_\_\_\_ fulfills terms of this contract, an agreed-upon  
(name of child/adolescent)

award of \_\_\_\_\_  
\_\_\_\_\_

will be awarded.

Child or Adolescent's Signature \_\_\_\_\_

Foster Parent's Signature \_\_\_\_\_

Witness \_\_\_\_\_

## Response cost

This is a fancy word for the loss of a reward when a certain number of unacceptable behaviors occurs. For example, let's say your foster child constantly runs in the house. This is a danger both to the child and to other family members. To reduce this behavior you try the response cost procedure. This is done by

- assigning a specific number of points to the child, perhaps 10;
- saying to the child, "You have 10 points. Every time you run in the house, you will lose one point. If you have six or more points left by 7 PM tonight, you get to stay up an extra 30 minutes;"
- keeping track of the number of points by posting them on the refrigerator—each time the behavior occurs, cross off a point and tell the child the point has been lost;
- remembering to praise the child for walking in the house;
- remembering it is best to start slowly—on the first day the child may need only six points to get the reward, but on the next day, seven may be needed, eight the next, and so on.

## Time-out

When used correctly, time-out is one of the most effective approaches to dealing with a young child's problem behaviors, especially when the child is not doing as he/she is

told (noncompliance). Time-out involves isolating the child for a few minutes after the occurrence of misbehavior. Time-out is intended to give the child a chance to calm down, relax, and think about some alternative behaviors. It is not to be used as a punishment or to "get back" at a child who has misbehaved.

### The steps to follow in time-out are as follows:

1. Give a command in a firm but calm voice.
2. After you have given the command, count to five to yourself.
3. If the child does not comply, make eye contact, use a firm voice, and say "If you don't do what I asked, then you are going to sit in that chair."
4. Count to five to yourself again.
5. If within five seconds the child has not started to do as you asked, hold the child gently by the wrist or arm and say, "You did not do as I asked, so now you must sit in the time-out chair." Take the child directly to the chair. The child should not be allowed to get a drink, go to the bathroom, etc. Your voice should be loud and firm but not angry.
6. Put the child in the time-out chair and say, "You are to stay there until I tell you to get up." Tell the child **once** that you are not coming back until he or she is quiet.

7. Do not talk to or argue with the child. Go back to what you were doing, but keep an eye on what the child is doing. When the child has been quiet for a minimum amount of time, say, “Are you ready to do as I asked?”
8. Do not make the child stay in time-out for too long. The right amount of time is about one to two minutes per year of age. (One minute is appropriate for mild misbehavior, two minutes for more serious misbehavior). Thus, a child who is 8 years old should be in time-out for a minimum of eight minutes and a maximum of 16 minutes. Time-out is effective when these time limits are respected.
9. If the behavior can be corrected in some way (e.g., giving back a toy that was taken), then the child should be expected to correct it. If the behavior cannot be corrected (e.g., swearing), you should require the child to state that he/she will not do it again.
10. The child is expected to do what he/she was supposed to do before time-out started. Say in a neutral tone, “That’s good.”
11. Praise the next appropriate behavior that you see.

#### Points to remember about time-out:

- After the child has been in time-out for the right period of time, do not go to the child until he/she is **quiet for about 30 seconds**. When you first begin to use time-out, this may take several minutes to an hour or more.
- After the child has been quiet for a few moments, he/she must **agree to do what was originally asked**. If the child does not agree to perform the task, tell the child to sit there until you give permission to leave. The child must then be in time-out again for a minimum time period, remain quiet, and agree to do what was asked. The child is not to leave the chair until you see compliance with your original request.
- The first few times you use time-out will be difficult. Because children are upset and angry, they often will spend 30 minutes to a few hours beyond their minimum time because they are not yet quiet. However, **with each use of time-out, your child will become quieter much sooner**.
- The **chair should be located** in an area where you can see the child as you go about your business. Most parents have used a corner of the kitchen, an entrance area, the end of a long hallway, or a laundry room (if it is not isolated from the rest of the

house). The chair should be straight-backed and placed in a corner away from the wall so the child cannot kick the wall. No toys, books, TV, or radio should be available to the child while sitting in the chair.

- If the child **leaves the chair without permission**, then say firmly, “You cannot leave the chair without my permission.” Guide the child back to the chair.
- Remember to **stay calm and use a calm voice** throughout the time-out procedure.

### Verbal de-escalation

This is a fancy word for talking to a child or adolescent in a way to help him/her **calm down**. It is important to use a calm voice whenever you discipline; but this one is especially important and helpful for adolescents and older children when they tend to become angry more frequently. Although getting angry is normal, it is how we handle anger that is important. Remember, you are modeling behavior. **If you get angry and yell, it gives the child permission to do the same.** To keep an interaction from becoming a confrontation and keeping a confrontation from getting out of hand, try to keep these things in mind:

- Develop and use an effective way of calming yourself and remaining calm.
- Be empathic. This means to let the child/adolescent know you understand and accept his/her feelings.

This does not mean you agree with the behavior!

- Reflect to the child what he/she is feeling. For example, say things such as, “I can understand why you’re mad right now.”
- Clarify what the child is trying to say to you. For example, say “I think you’re trying to say \_\_\_\_\_. Is that right?”
- Use “I” statements instead of “you” statements. For example, instead of saying “You didn’t come home on time again!,” try saying “I get worried when I have to wait up late.” “I” statements do not accuse and do not put children on the defensive.

### Knowing how to stay calm

All parents become angry with their children and must be able to recognize the warning signals that this is happening. Like all children, foster children will find ways to “push the button” that makes you angry. Some foster children are especially skilled at provoking anger in adults because they are angry about their own life experiences and have not been taught appropriate ways of managing their feelings. Thus, your foster child may show just the amount of sarcasm, defiance, or rebelliousness that makes it difficult for you to stay calm. Some common warning signals of anger are tensing muscles, sweating, speaking faster and louder, feeling flushed, grinding teeth, pounding heart, quivering lips, ringing ears, trembling

or shaking, and clenching fists. **Identify your own warning signals** and what you can do to stay calm before saying or doing something you regret. For example, instead of saying something out of anger or frustration, use the “**take five**” rule and tell yourself to take five minutes to think about what is happening. Simply leaving the scene also can help, but often you will be unable to leave the situation. If you cannot leave, **monitor your own actions**. It is important to **train yourself to use a calm voice and use appropriate language**. Professionals from the programs at Girls and Boys Town, in Omaha, Nebraska, tell foster parents to **stand an arm’s length away from the foster child, match the foster child’s general posture (i.e., standing or sitting), and maintain a nonconfrontational appearance (don’t point fingers, clench your**

**fists, or put your hands on your hips)**. If you do say or do something you regret later, be sure to apologize to the child and tell him/her what you should have done differently. This is good modeling for the child.

## Time-Out

Time-out gives the child a chance to calm down.

1. Give a firm command and stay calm.
2. Count to five and look for compliance.  
If the child does not comply, then
3. Make eye contact and repeat command.
4. Stay calm. Count to five again.  
If the child does not comply, then
5. Gently take child to chair and explain reason for time-out.

## Remember

Do not talk to or argue with the child.

Do not make the child stay in time-out too long (one to two minutes per year of age).





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## Appendix B DSS Documents

### List of Forms included in this appendix

1. Form 1531 (AUG 80) Foster Parent Contract (2 pages)
2. Form 30219 (Oct 03) Discipline Agreement
3. Form 3023 (Jun 97) Notice of Meeting of the Foster Care Review Board (1 page)
4. Form 3035 (Jun 97) Foster Child Progress Report (2 pages)
5. Form Ltr. 2612 (Jul 93) Inv Confidential memorandum for criminal records check (1 page)
6. Sample court notice of hearing in family court (1 page)
7. DSS Health and Education Passport (8 sides)
8. Form 3075 (Jan 01) Foster Parent Loss/Claim Form (2 pages)



FOSTER PARENT CONTRACT

AGREEMENT MADE \_\_\_\_\_ (DATE) BETWEEN THE \_\_\_\_\_ COUNTY DEPARTMENT OF SOCIAL SERVICES HEREIN REFERRED TO AS THE AGENCY, AND \_\_\_\_\_ AND \_\_\_\_\_, BOTH OF \_\_\_\_\_, SOUTH CAROLINA, HEREIN REFERRED TO AS FOSTER PARENTS,

RECITALS

A. AGENCY HAS LEGAL CUSTODY OF CHILD(REN) AND/OR A VOLUNTARY PLACEMENT AGREEMENT SIGNED BY THE NATURAL PARENTS OR GUARDIANS OF A CHILD(REN) AND DESIRES TO PLACE A CHILD(REN) FOR AN INDEFINITE PERIOD OF TIME WITH FOSTER PARENTS.

B. FOSTER PARENTS DESIRE TO TEMPORARILY CARE FOR A CHILD BY PROVIDING A HOME ENVIRONMENT FOR A CHILD.

IN CONSIDERATION OF THEIR MUTUAL COVENANTS, THE PARTIES AGREE AS FOLLOWS:

AGENCY SHALL PLACE \_\_\_\_\_, A \_\_\_\_\_ CHILD, BORN \_\_\_\_\_, \_\_\_\_\_, WITH FOSTER PARENTS FOR AN INDEFINITE PERIOD OF TIME, SUBJECT TO THE RESTRICTIONS AND LIMITATIONS BELOW.

FOSTER PARENTS SHALL REAR, SUPPORT, AND CARE FOR THE ABOVE-NAMED CHILD AND PROVIDE THE CHILD WITH AN OPPORTUNITY FOR AN ADEQUATE EDUCATION. UNLESS OTHERWISE SPECIFIED, AGENCY SHALL REIMBURSE FOSTER PARENTS AT THE ESTABLISHED BOARD RATE WHICH MAY VARY ACCORDING TO THE AGE OF THE CHILD DURING THE PERIOD THAT THE CHILD IS IN FOSTER PARENTS' CARE.

AGENCY MAY AT ITS OPTION AND FOLLOWING THE PROVISION OF A TEN DAY NOTICE OR SIGNED WAIVER REGAIN PHYSICAL CUSTODY OF THE MINOR CHILD, WITH ALL OF THE CHILD'S CLOTHING AND BELONGINGS, PRESENTLY OWNED OR HEREAFTER ACQUIRED, WHEREVER THE CHILD MAY BE, AT ANY TIME THE AGENCY DETERMINES THAT SUCH REMOVAL IS IN THE CHILD'S BEST INTEREST. FOSTER PARENTS MAY EXERCISE THE RIGHT TO APPEAL THIS ACTION THROUGH THE ESTABLISHED AGENCY ADMINISTRATIVE PROCEDURES. SHOULD FOSTER PARENTS FIND IT NECESSARY TO ASK FOR THE REMOVAL OF A FOSTER CHILD FROM THEIR HOME, AMPLE NOTICE TO THE AGENCY SHOULD BE PROVIDED.

THE CHILD SHALL BE PERMITTED TO ENTER, LEAVE AND ENJOY THE HOME OF FOSTER PARENTS AS THOUGH THE CHILD WERE THEIR NATURAL CHILD UNLESS THIS AGREEMENT SHALL BECOME VOID BY MUTUAL CONSENT OR SHALL BE DECLARED VOID BY AGENCY,

FOSTER PARENTS WILL NOT MAKE ANY ARRANGEMENTS OF ANY KIND WITH ANY PARENT, GUARDIAN, INSTITUTION, FOSTER CARE REVIEW BOARD, OR OTHER ENTITY WITH REGARD TO THE CARE, PLANNING FOR, OR CUSTODY OF THE MINOR CHILD NOR WILL FOSTER PARENTS DISCLOSE ANY INFORMATION ABOUT THE CHILD, HIS/HER PARENTS, RELATIVES, ETC., WITHOUT WRITTEN PERMISSION OF THE AGENCY. THE AGENCY SHALL HAVE ACCESS TO THE HOME OF THE FOSTER PARENTS AT ANY TIME THE MINOR CHILD IS IN THE CARE OF FOSTER PARENTS. THE FOSTER PARENTS SHALL HAVE ACCESS TO AGENCY CONSULTATION AT ANY TIME DURING THIS TENURE.

FOSTER PARENTS WILL NOT, WITHOUT AGENCY APPROVAL, KEEP ANY OTHER CHILD EXCEPT THEIR OWN OTHER THAN ON A VISITING BASIS WHILE CARING FOR FOSTER CHILDREN PLACED BY THE DEPARTMENT OF SOCIAL SERVICES. FOSTER PARENTS MUST DISCUSS PLANS AND RECEIVE AUTHORIZATION TO TAKE THE CHILD FROM THE COUNTY FOR TRIPS, VISITS, VACATIONS, ETC., PRIOR TO THE ACTUAL PLANNED TRIP. KNOWLEDGE OF THE WHEREABOUTS OF THE CHILD WILL BE AVAILABLE TO THE DEPARTMENT AT ALL TIMES.

SHOULD A FOSTER CHILD BE FREED FOR ADOPTION AND/OR FOSTER PARENTS BE DESIROUS OF ADOPTING SAID MINOR CHILD, FOSTER PARENTS WILL MAKE APPLICATION THROUGH THE COUNTY DEPARTMENT OF SOCIAL SERVICES WITHOUT DELAY AND THE AGENCY AGREES TO COMMENCE EVALUATIVE PROCEDURES IN COMPLIANCE WITH AGENCY POLICIES AND TO ADVISE FOSTER PARENTS OF THEIR DECISION WITHOUT DELAY. SUCH DECISION SHALL BE BINDING UPON ALL PARTIES. SHOULD A FOSTER PARENT BE DESIROUS OF ADOPTING SAID CHILD, THEIR APPLICATION WILL BE CONSIDERED ALONG WITH OTHER ADOPTIVE COUPLES. THE FINAL DECISION SHALL BE MADE BY THE AGENCY IN ACCORDANCE WITH THE BEST INTEREST OF THE CHILD.

IN WITNESS WHERE OF, THE PARTIES HAVE EXECUTED THIS AGREEMENT ON THE DAY AND YEAR FIRST ABOVE WRITTEN AT \_\_\_\_\_, SOUTH CAROLINA.

\_\_\_\_\_  
SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
(DATE)

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

\_\_\_\_\_  
(DATE)

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

\_\_\_\_\_  
(DATE)

**South Carolina Department of Social Services  
DISCIPLINE AGREEMENT**

I understand that discipline of any child placed in my home by the Department of Social Services must comply with the following guidelines:

**All discipline must be reasonable in manner, moderate in degree and responsibly related to the child's understanding and need.**

Discipline should be constructive or educational in nature (e.g. withdrawal of privileges).

Cruel, inhumane and inappropriate discipline is prohibited. This would include but not necessarily be limited to the following: head shaving or any other dehumanizing or degrading act; prolonged/frequent depriving of food or serving foster children meals which are not as nutritionally adequate as those served to other family members or requiring children to be isolated from other family members when eating; deprivation of mail; slapping or shaking; a pattern of threats of removal from the home as punishment; disciplining a child for a medical or psychological problem over which he/she has no control (e.g. bed-wetting, stuttering, etc.).

**The use of corporal punishment is prohibited.**

I further understand that all foster/adoptive homes are subject to South Carolina laws relating to child abuse and neglect.

I agree that I will discipline any child placed in my home by the Department of Social Services in accordance with these guidelines.

\_\_\_\_\_

Parent/Caregiver

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Caregiver

\_\_\_\_\_

Date



South Carolina  
County Department of Social Services  
**NOTICE OF MEETING OF THE FOSTER CARE REVIEW BOARD**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

The purpose of this letter is to make you aware that \_\_\_\_\_'s placement  
in foster care will be reviewed by the Children's Foster Care Review Board on \_\_\_\_\_  
at \_\_\_\_\_.  
Name of Child(ren) Date Location

The purpose of the Review Board System is to review all children in foster care on a six months basis to ensure that a permanent plan is achieved as soon as possible.

- As a parent you have the right, as established by policy, to attend and participate in this meeting and to bring your attorney and/or an advocate if you desire. If you are represented by an attorney, please show this letter to your attorney.
- As a Guardian ad Litem or service provider for this case, you are invited to attend and participate in this meeting. We request that if you will not be able to attend that you submit a brief written report to the County Department of Social Services that can be shared with the Review Board or contact the child's social service worker to share information.
- As a foster parent, you are strongly encouraged to attend and participate in this review hearing. If you are not able to attend you must complete the Foster Child Progress Report and directly return it to the Foster Care Review Board at least three (3) days prior to the scheduled review hearing. The mailing address is: Office of the Governor, Division of Foster Care Review, 1205 Pendleton Street/Room 436, Columbia, S.C. 29201.
- If you are the child whose case is going to be reviewed, please contact your social service worker to discuss if you would like to attend and speak to all the members of the Review Board or meet only with the chairperson and your worker.

Please let us know as soon as possible if you will attend the review and who you will bring by writing or calling your Department of Social Services' worker at the following address and telephone number. If you choose not to attend, you will be notified of the recommendations that the Foster Care Review Board makes to our agency.

Sincerely,

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Social Services Worker

\_\_\_\_\_  
Social Services Supervisor

cc: Children's Foster Care Review Board

DSS Form 3023 (JUN 97) CFAS Edition of FEB 91 is obsolete.



South Carolina Department of Social Services  
\* **FOSTER CHILD PROGRESS REPORT**

Name of County: \_\_\_\_\_

Name of Foster Child: \_\_\_\_\_

Name of Child's Caseworker: \_\_\_\_\_

I. Child's Health: (Check one)  Excellent  Good  Fair  Poor

A. Has the child had any major health problems or hospitalizations during the past six (6) months?  Yes  No

If yes, explain: \_\_\_\_\_

B. Does the child currently take medication?  Yes  No If yes, the list name(s) of the medication(s).

C. Does the child have current health problems?  Yes  No If yes, explain: \_\_\_\_\_

II. School Progress: (Check one)  Excellent  Good  Fair  Poor

A. What grade is the child in? \_\_\_\_\_ grade

B. Grades: (Check one)  Excellent  Good  Fair  Poor

C. Behavior at School: (Check one)  Excellent  Good  Fair  Poor

If behavior is fair or poor, please explain: \_\_\_\_\_

III. Behavior at Home: (Check one)  Excellent  Good  Fair  Poor

A. If behavior is noted as fair or poor, please explain: \_\_\_\_\_

B. Does the child receive therapy for behavior problem(s)?  Yes  No

If yes, name of the therapist: \_\_\_\_\_

C. Child's adjustment to your home: (Check one)  Excellent  Good  Fair  Poor

If adjustment is noted as fair or poor, please explain: \_\_\_\_\_

IV. Visitation:

A. Does the caseworker visit with the foster child in your home?  Yes  No

B. Are you satisfied with the caseworker's visit?  Yes  No

If no, please explain: \_\_\_\_\_

DSS Form 3035 (JUN 97)

V. Permanent Placement Plan:

A. What is your understanding of the permanent plan for this child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. If the child becomes eligible for adoption, are you interested in adopting?  Yes  No

VI. Additional Services:

Are there additional services which are needed by the foster child or by you as the foster parent?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

VII. Comments and/or Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

**Please complete and return this form directly to:**

Office of the Governor  
Division of Foster Care Review Board  
1205 Pendleton Street/Room 436  
Columbia, S.C. 29201

**\* A separate progress report should be completed for each child.**

South Carolina Department of Social Services

P.O. Box 1520 • Columbia, South Carolina 29202

Date: \_\_\_\_\_

CONFIDENTIAL

PLEASE SUBMIT IN DUPLICATE AND COMPLETE ALL BLANKS TO AVOID RETURN AND DELAY.

MEMORANDUM

To: Special Agent in Charge of Investigation Support Management  
Office of Investigation

Thru: \_\_\_\_\_ Authorized Signature From: \_\_\_\_\_ Requester  
\_\_\_\_\_  
Division/Office/Unit Name Division/Office/Unit

Subject: Request for Criminal Background Check

Reason: \_\_\_\_\_

This portion is to be filled out by applicant only.

Request that a criminal background check of the files of the South Carolina Law Enforcement Division be made for the following person:

\_\_\_\_\_  
Last Name Middle Initial First Name  
\_\_\_\_\_  
Social Security Number (When Social Security Number is used as search criteria; signature must be affixed below.)  
\_\_\_\_\_  
Sex Race Date of Birth

Have you ever been convicted of a crime?  Yes  No If yes, where \_\_\_\_\_  
and when \_\_\_\_\_? City, State  
Date

I understand that the above information will be used to conduct a criminal records check and I give my permission for a criminal records check to be done through the South Carolina Law Enforcement Division or any other law enforcement agency.

Search Results:

No Record Found \_\_\_\_\_ Signature  
 Record Found (See Attached) \_\_\_\_\_ Date

Any criminal history information received is confidential and is not to be disseminated or used for other than the reason requested.

DSS Form 2612 (MAY 98) Edition of JUL 93 is obsolete.



STATE OF SOUTH CAROLINA	)	IN THE FAMILY COURT
	)	
COUNTY OF	)	JUDICIAL CIRCUIT
	)	9 –DR-
South Carolina Department of	)	
Social Services,	)	
	)	
Plaintiff	)	
vs.	)	NOTICE
	)	[\$20-7-645]
Defendant	)	
	)	
In the interests of:	)	
	)	
	)	
A minor under the age of 18.	)	
	)	
	)	

TO:[CHOOSE/SEE\*\*]

A hearing concerning [child’s name] will be held on at , at the Family County located at in , South Carolina. You have the right to appear in order to address the court at this hearing. The purpose of this hearing is

---

Name  
Attorney for plaintiff  
Address  
Phone  
Fax  
S.C. Bar No.

, South Carolina

,20 .

*[The notice must be sent to the following people if providing care to the child at the time of the hearing, NOT prior placement or prospective placements.]*

- \*\* -Foster parents
- Preadoptive parents
- Relatives providing care



**CONFIDENTIAL**  
**SOUTH CAROLINA DEPARTMENT**  
**OF**  
**SOCIAL SERVICES**

**EDUCATION AND HEALTH**  
**PASSPORT**



**Instructions to Foster Parents**

Please keep and maintain this Education and Health Passport while this child is in your care. Information should be updated regularly.

Items to be included in the pockets of the passport may include the child's:

- Educational grades
- School records
- Medicaid Card
- Social Security Card
- Birth Certificate
- Immunization Records

Take this *Passport* and your *foster parent contract* to all school meetings and medical/dental visits pertaining to the child. Remind teachers and school personnel, doctors, dentists, mental health care providers, vision care providers, and other health care providers to add or correct information on the form after each visit. Please share updated Passport with your caseworker at your next meeting. When the child leaves your care, this Passport must accompany the child.

If you have any questions, please contact your child's Caseworker.

Thank you for keeping your foster child's confidential education and medical records organized.

*[SC DSS complies with the requirements of the Health Insurance Portability & Accountability (HIPAA) Act of 1996.]*

**CHILD'S INFORMATION**

**CHILD'S NAME**

\_\_\_\_\_  
**LAST**                      **FIRST**                      **MIDDLE**

**NAME ALSO KNOWN BY**

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_      **Male** **Female**  
**DOB (Mo/Da/Yr)**      **AGE**      **GENDER**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**  
*(Insert copy of card in pocket below)*

\_\_\_\_\_  
**CHILD'S DSS CASE NUMBER**

\_\_\_\_\_  
**MEDICAID ELIGIBLE?**

\_\_\_\_\_  
**MEDICAID NUMBER**

**ETHNICITY**

- Caucasian
- African American
- Hispanic
- Native American
- Other

**PRIMARY LANGUAGE**

- ENGLISH
- SPANISH
- OTHER

**DSS OFFICE RESPONSIBLE FOR THIS CHILD:**

\_\_\_\_\_

\_\_\_\_\_

**STREET ADDRESS**

\_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

\_\_\_\_\_

**CASEWORKER**

\_\_\_\_\_

**TELEPHONE**

\_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **FAX** \_\_\_\_\_

**PLEASE INSERT CHILD'S**  
**MEDICAID/SOCIAL SECURITY**  
**CARDS IN THIS POCKET**

**EDUCATION INFORMATION**

<b>HOME SCHOOL NAME</b> <i>(Before DSS Foster Care Placement)</i>	
<b>HOME SCHOOL DISTRICT</b> <i>(Before DSS Foster Care Placement)</i>	
<b>CURRENT SCHOOL DISTRICT</b>	
<b>SCHOOL NAME</b>	
<b>SCHOOL ADDRESS</b>	
<b>SCHOOL PHONE</b>	
<b>DATE OF ENROLLMENT</b>	
<b>END DATE OF ENROLLMENT</b>	
<b>CURRENT GRADE</b>	

**GRADE LEVEL PERFORMANCE**

- ABOVE GRADE
- AT GRADE
- BELOW GRADE
- SPECIAL EDUCATION *(see next page)*

**COMMENTS:**

---



---



---



---

**SCHOOL RECORDS:**

*(May include but is not limited to transcripts, attendance reports, psychologicals, and any records which are considered confidential.)*

- INCLUDED
- REQUESTED
- NOT REQUESTED

**Requested Date:**     \_\_\_/\_\_\_/\_\_\_  
Month     Day     Year  
*(Records must be transferred within three days of request.)*

**Person contacted about record transfer:**  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
*(Name) (Phone)*

**Please insert school documents**  
*(e.g., report cards, teacher's notes, school appointments, vacation and test schedules/scores) in this panel.*

**EDUCATION INFORMATION (con't)**

**IMMEDIATE EDUCATION NEEDS**

**Briefly Describe:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPECIAL EDUCATION/BEHAVIORAL ISSUES?**

YES      NO

**Briefly Describe:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HAS CHILD BEEN DETERMINED ELIGIBLE FOR SPECIAL EDUCATIONAL SERVICES?**

**Individualized Education Plan (IEP):** YES      NO

**504 Accommodation:** YES      NO

**SENSITIVE SCHOOL INFORMATION ON FILE?**  
*(e.g., Disciplinary record, teacher's comments, etc.)*

YES      NO

**HAS DSS TERMINATED PARENTAL RIGHTS?**

YES      NO      UNKNOWN

**DOES DSS HAVE EDUCATIONAL RIGHTS FOR THIS CHILD THROUGH A COURT ORDER?**

YES      NO      UNKNOWN

**IS DSS PROVIDING INDEPENDENT LIVING SERVICES FOR THIS CHILD?**

YES      NO      UNKNOWN

**ARE TRANSITION SERVICES BEING PROVIDED AS PART OF THE CHILD'S EDUCATION PROGRAM?**

YES      NO      UNKNOWN

## CURRENT HEALTH INFORMATION

**\*\*ALERTS\*\***

### ALLERGIES

DESCRIPTION (Include medication, foods, etc.):

### IMMEDIATE HEALTH CARE NEEDS

DOES CHILD HAVE HEALTH CONDITION (S) REQUIRING IMMEDIATE ATTENTION?

YES  NO  UNKNOWN

(Please specify what steps are being taken to determine the child's health condition.)

DOES THE CHILD HAVE A LIFE-THREATENING HEALTH CONDITION?

YES  NO  UNKNOWN

DOES CHILD HAVE A COMMUNICABLE DISEASE?

YES  NO  UNKNOWN

DOES CHILD HAVE ASTHMA?

YES  NO  UNKNOWN

MEDICATION:

PRESCRIBED MEDICATIONS?

YES  NO

Name of Medication	Doctor's Name

MEDICATION COMMENTS/INSTRUCTIONS:

[SC DSS complies with the requirements of the Health Insurance Portability & Accountability (HIPAA) Act of 1996.]

**SC DSS Confidential Information**

Date this page completed: \_\_\_/\_\_\_/\_\_\_

5

## PRIMARY HEALTH CONCERNS

DESCRIPTION (Primary health concerns, if any):

ARE IMMUNIZATIONS UP TO DATE?

YES  NO

(Please insert official immunization records in this panel of the passport.)

SENSITIVE HEALTH INFORMATION ON FILE?

YES  NO

DEVELOPMENTAL/FUNCTIONAL LIMITATIONS

- VISUAL IMPAIRMENT
- SPECIAL DIET REQUIRED
- DEVELOPMENTALLY DELAYED
- HEARING IMPAIRMENT
- NEUROLOGICAL IMPAIRMENT
- NON AMBULATORY
- SPEECH IMPAIRMENT
- MEDICAL EQUIPMENT REQUIRED
- EMOTIONAL PROBLEM (S)
- BEHAVIORAL PROBLEM (S)
- OTHER (DESCRIBE)

PHYSICIAN OR CURRENT HEALTH SERVICE PROVIDER (S) AND PHONES

NAME \_\_\_\_\_

- MEDICAL
  - THERAPIST
  - DENTIST
  - OTHER
- PHONE \_\_\_\_\_

NAME \_\_\_\_\_

- MEDICAL
  - THERAPIST
  - DENTIST
  - OTHER
- PHONE \_\_\_\_\_

[SC DSS complies with the requirements of the Health Insurance Portability & Accountability (HIPAA) Act of 1996.]

**SC DSS Confidential Information**

Date this page completed: \_\_\_/\_\_\_/\_\_\_

6



**South Carolina Department of Social Services**  
**FOSTER PARENT LOSS/CLAIM FORM**

Send to: Insurance Coordinator  
Division of Human Services  
1535 Confederate Avenue/Room 224  
Columbia, S.C. 29201  
or FAX to 803-898-7171

Name of Foster Parent: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Name of Foster Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Incident and Property Damage: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

**A. Accident Report**

1. Location: \_\_\_\_\_

2. Description of Incident and Property Damage or Injury: (Include all known circumstances) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Role of Foster Parent(s): \_\_\_\_\_

4. Role of Foster Child: \_\_\_\_\_

5. Role of Others: (If any) \_\_\_\_\_

**B. Witnesses to Incident**

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Telephone: Home: \_\_\_\_\_

Office: \_\_\_\_\_ Office: \_\_\_\_\_

3. Who was supervising the child at time of incident? \_\_\_\_\_

**C. Description of Property Damage**

1. Name of Property: \_\_\_\_\_

2. Date Purchased: \_\_\_\_\_ Amount Paid: (Attach receipt if available) \_\_\_\_\_

Receipt Attached?  Yes  No

3. Model/Identification Number: \_\_\_\_\_

4. Describe Damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Parts Needed to Repair Item and Costs:

Part Name/I.D.:	Estimated Cost:
a. _____	_____
b. _____	_____
c. _____	_____

6. Estimate of Labor Costs to Repair Item: (Attach copy of estimate) \_\_\_\_\_

7. Repair/Replacement Estimates Attached?  Yes  No

8. Amount of Loss or Damage Claimed: \_\_\_\_\_

9. Owner of Property Damaged or Injured Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Office: \_\_\_\_\_

**D. Insurance Data**

1. Was the item covered by insurance?  Yes  No

If yes, Name of Insurance Company: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number of Agent: \_\_\_\_\_

Amount of Deductible, if any: \_\_\_\_\_

2. Do you have homeowners insurance?  Yes  No

If yes, Name of Insurance Company: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number of Agent: \_\_\_\_\_

**I, the undersigned, have completed or caused to be completed the above information. All information furnished is true to my knowledge.**

Signature of Claimant: \_\_\_\_\_

Social Security Number of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

**County Office Use Only**

County Name: \_\_\_\_\_ County Number: \_\_\_\_\_

Foster Care Worker Investigating the Claim: \_\_\_\_\_

Telephone Number of Worker: \_\_\_\_\_

**State Office Use Only**

Date Received: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Claim Returned for Additional Information:  Yes  No Date: \_\_\_\_\_

Claim Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

By: Official: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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