



CHILD FOSTER CARE LICENSING MANUAL

Revised for January 2022

<http://www.westernprairiemn.us>



SELF STUDY / ORIENTATION

Western Prairie Human Services offers a Foster Parent Orientation Manual to all families considering to become licensed to provide child foster care services. Although no amount of training can fully prepare you for every situation, which may come up as a foster family, this manual is designed to provide you with basic information about some of the most common issues and concerns. This information is meant to supplement participation in community workshops, child specific learning or on-line research and training.

Prior to licensure, all providers must have at least 6 hours of Orientation and at least 2 hours of training in Children's Mental Health, 2 hours of Reasonable and Prudent parenting. Annual training must include 1 hour of training on Fetal Alcohol Spectrum Disorders within the first 12 months of licensure and annually after that. Kinship Providers are also required to obtain 6 hours of training within the first 30 days that they provide care. Providers caring for children under age 9 will need to take a Child Passenger Safety Training. Providers caring for children under age 5 will need to take training in Sudden Unexplained Infant Death and Abusive Head Trauma. Those families who are smokers will need to view an online video of the impact of second-hand smoke on children and the requirement for smoke free foster care. Providers must also be trained in Reasonable and Prudent Parenting Standards. A majority of this training is available through the initial licensing meetings and the review of this manual.

CHAPTER 1: INTRODUCTION
CHAPTER 2: LICENSING PROCESS
CHAPTER 3: FINANCIAL INFORMATION
CHAPTER 4: OTHER ASPECTS OF LICENSING
CHAPTER 5: PERMANENCY

Date

Initial

TOPICS FOR DISCUSSION

Information on these items is all located within this 3-ring binder. It is very important that you become familiar with these topics either through Home Visits by the Licensing Worker, Attendance at Workshops or through Independent Study.

- ___ History of Foster Care
- ___ Who are Children in FC
- ___ Qualities
- ___ Whole Family Involvement
- ___ Types of Homes
- ___ Networking
- ___ Applicant Background Studies
- ___ Home Safety & Fire Inspections
- ___ Rates/Northstar/Clothing Allowance
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- ___ Alcohol & Tobacco Use
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- ___ Grievance
- ___ Accepting Placements
- ___ What is Abuse/Neglect
- ___ Sexual Abuse
- ___ Clinical Symposia
- ___ Impact of A/N on Development
- ___ Why Do Children Need FC
- ___ Court Related Terms
- ___ Reporting Child Abuse
- ___ False Allegations
- ___ Discipline Issues
- ___ Attachment
- ___ Difference Between FC & Adoption
- ___ Permanency
- ___ Concurrent Planning
- ___ Visitation
- ___ Natural Parents
- ___ Memory Books
- ___ Working With The Agency
- ___ Agreement Between FP & Agency
- ___ Job Description
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Chapter 1: Introduction to Foster Care

Why Do Children Need Foster Care?

Most children enter foster care as a result of unstable conditions in their own homes. The most frequent of these factors are: physical or mental illness of parents, emotional problems of the children themselves, severe neglect or abuse, abandonment, incarceration, chemical dependency, death or other family problems with which the natural parents feel they are unable to cope.

What Happens to Children Who Enter Foster Care?

For 2013 in MN, 80% of children who left out-of-home care were reunited with their birth parents, primary caregivers or other relatives, or moved to a permanent home with a relative through a transfer of permanent legal and physical custody. Others were adopted or left foster care without the benefits of a permanent family. Some children may have entered and exited from out-of-home care more than once. As part of an effort to preserve children's family connections while children were in foster care, 39% of foster families were relatives of the children they cared for.

The Foster Parent Rule and Law

Please refer to *MN Rules 2960.3000-2960.3330 and the Child Foster Care Licensing Checklist*. This Rule is referred to as the Umbrella Rule and a copy can be found on the Western Prairie Human Services website. The Child Foster Care Licensing Checklist is a summary of Rule and can be easier to understand as an overview. This rule contains all of the laws that apply to the licensing process and practices that foster parents must follow in becoming licensed and after they are licensed. Anything out of compliance with the foster care rule may be reason for the licensing worker to proceed with a negative licensing action against a foster parent. Negative licensing actions are covered at a later point in this manual. When you made the decision to take a child into your home, you also took on the responsibility to familiarize yourself with the rules that regulate foster care.

Who Can Be a Foster Parent?

Foster parents must be at least 21 years of age at the time of licensure. They must be kind, mature, and responsible people with a genuine liking for children. They must possess consistent and healthy methods of handling the lifestyle unique to their own families. They must be comfortable with their own identity to the degree that meeting their own needs does not interfere with their meeting the needs of foster children. They must have optimism, a sense of humor, resiliency, and ability to enjoy life. They must be in touch with their own feelings, be able to express these feelings, and have a capacity to look at themselves realistically as to the kinds of children they can accept and work with. They must have health and vigor to meet the needs of children, have meaningful extended family, neighborhood, cultural and community ties. They must have the ability to deal with anger, sorrow, frustration, conflict, and other emotions in a manner which will build positive interpersonal relationships rather than in a way that could be emotionally or physically destructive to other persons. They must have the ability to give positive guidance, care and training to a child according to his stage of growth, special abilities, and limitations. They must have the ability to discipline in a constructive rather than destructive way and the ability to understand, accept and nurture cultural, spiritual, racial and affectionate ties of the child. Because of violence children have experienced in their family of origin, foster providers must be committed to learning about positive behavior guidance and refraining from the use of corporal punishment. They must be able to accept a child as a member of their own family but also understand the importance of the child's own family. They must be able to work with the agency and other community resources, be willing to

involve themselves in educational opportunities, and be able to work as a team to resolve problems constructively when they arise. They cannot have a criminal record of crimes against persons, crimes involving violence, drugs or alcohol that are disqualifications under the licensing law.

Foster parents may work out of the home or be employed full time. They may or may not have children of their own. They may own or rent their home as long as the provisions discussed later can be met.

You might say that the criteria sound easy and wonder why there is such a shortage of foster families. Not everyone can be a foster parent. It takes a very special kind of person. It takes a very special kind of family. Most often communication between the agency and the foster family is done through one individual, most often the foster mother. However, fostering must be done with a great deal of partnership between the male and female heads of the household as well as all other members of the family. Often times when families first approach the agency to obtain information on fostering, there is one person that may be more interested than the others. Although times are changing, women still take on most of the traditional care giving responsibilities. In today's society, so many of the children that foster parents work with do not have fathers who take active roles in their lives. It should be noted that Foster Fathers especially have an important role. For children who have not had the presence of a father figure in their lives before, a strong model of appropriate adult male behavior is very important.

What about single parents?

Although one parent families can do very well, two parents cannot only share some of the responsibilities but also most often can provide role models of each sex, provide the child with an opportunity to relate to an adult of the opposite sex, and model adult cross sex relationships. Persons without a significant other in their life must have even a stronger commitment as they will be responsible for all of the care giving and need to have a strong support system in order to prevent burnout. At times single parent foster families are an asset, especially to a child who may have had a traumatic experience with an adult. The lack of this other parent figure may give the child an opportunity to heal. If you are applying as a single parent, the licensor will discuss some of these challenges in your first few visits.

What About the Foster Parent's Own Children?

Children of foster parents can also be a strong influence on foster children as they can assist foster children in establishing healthy peer relationships and provide modeling of appropriate behavior. Often families are motivated to do foster care to have a playmate or sibling connection for their own children. While fostering can be a rewarding experience for family members, applicants need to keep in mind that foster children often struggle with social skills and peer interactions, so the impact on and personality of biological children needs to be considered. Once again, foster parenting is a whole family effort. That is why it is so important to include the entire family in the licensing process.

Often times foster parents don't realize the impact that fostering can have on their own family until a placement is made. It will be helpful to assess each of your children's development and personalities to assess what struggles they may have in dealing with foster children. Ask yourself questions about what you want your own children to gain from fostering and ask how you can meet your own child's needs while also meeting the needs of other children.

Your foster care licensor can refer you to resources to help your own children adjust to fostering. Many on-line resources are available that address the impact of foster care on biological children. Please take the time to explore the on-line resource list provided to you by the licensor in your initial packet.

Relative Foster Care Providers - What makes them Unique?

For relatives undergoing the licensing process, the placement of the foster child into their home has often times already been done prior to the first contact with the licensor. At times relatives may have agreed to accept the child into their home with very little opportunity to prepare or think through all the complexities of their situation. Some relatives may have some feelings of regret, having accepted the placement out of a sense of obligation or family commitment. Other relatives may be very appreciative that they have been given consideration rather than have their relative children go to live with strangers.

Relative caregivers often may experience greater amounts of shame and guilt. Relative caregivers often believe that they have failed as parents or family members because their relative's children must be brought into care.

Often relative caregivers experience strong emotions about their situation or the biological parent. Many relative caregivers have reached a time in their lives when they had planned for freedom, relaxation, travel or retirement from family cares. They were looking forward to the leisure years and instead they are again changing diapers and supervising children. Many relative caregivers are conflicted and torn. On one hand they feel cheated, and on the other hand they love the child and want nothing but the best for him/her.

As a relative provider, partnership with the social worker is a must. Sometimes it may feel as though the social workers are coming into your home ordering, commanding, and treating relative caregivers as if they knew little or nothing about caring for the child. Many of the relative caregivers have known the children who are placed in their home since birth and have unique insight into the family's dynamics. In order to establish this partnership, it is very important to fully understand the reasons that your relative's child is needing placement and ask questions and keep in contact with the placement worker if problems arise. It is also important to have open and honest communication and share all relevant information about your family in order to help the workers help your family members repair their lives.

Criticism, blame, and judgment have no place in your ongoing relationship with the child's parents as these attitudes or actions will get in the way of successful reunification, case planning, and maintaining a positive atmosphere for the child.

As relatives have some time limits, they must abide by in order to maintain the placement, relative caretakers may often times feel overwhelmed. The licensor too may have limited time to review this entire manual with you. That is why it is important to maintain regular contact with your relative child's social worker and review the manual carefully, selecting out the most relevant topics to your family situation first.

Federal Legislation requires child protection agencies to conduct a complete and continuous Relative Search at the time of initial placement, while placement is ongoing, and at the time that permanency decisions need to be made for the child. Some relatives may choose not to be a temporary resource for a child but would be in a position to be a permanent resource and vice versa. Relatives have the right to seek Legal Counsel regarding legal resources and options available to them during the time their relative's child is in placement. We encourage families to contact Legal Aid for referrals and educational information. Additional information can be found at www.lawhelpmn.org/issues/family-law/relatives-caring-for-children.

Types of Care

Under the Umbrella Rule, there are four different categories of homes. All have their own unique qualities. Foster homes may also specialize in the type of child that they work with and the length in which a child is

anticipated to be in their home. The “goodness of fit” approach allows children to be matched as closely to a family that can meet their needs and limit additional moves the child may have to make.

Emergency Relative Foster Care: ERFC licenses are no longer issued; however, the process has not changed. An initial inspection is still required and relatives must be provided the application forms. Fingerprint based background studies are now conducted using the DHS Netstudy (see chapter 2) and must complete the application within 10 days of placement.

The ERFC Licensing process is exclusively limited for persons related by blood, marriage, or adoption, or those non-related individuals who have an existing relationship with a child needing placement. This process allows for placement to be made as long as there are no imminent health and safety issues present with the plan for the provider to make progress toward meeting all licensing codes. Under Northstar Care for Children, there are increased needs for relatives to be fully invested in completing the licensing process as the family’s ability to move to permanency and permanency benefits are dependent upon the relative provider being licensed for a full 6 months prior to finalization of the permanency plan. Once licensing codes have been met, a restricted regular license will be issued.

Foster Family Settings: Foster Family Settings are homes where the primary caregiver(s) reside in the home and take on the role of a substitute parent. Foster Family Homes are limited in the number of children that they can have dependent upon the number of children of their own, the foster family’s experience, sleeping space, and the needs of the children in care. There are some exceptions to this as it is usually best for children in sibling groups to be kept together or for a child to return to the home of a caregiver with whom they have been previously acquainted. Through the completion of the home study, a mutual decision is made between the family and the licensing worker regarding the capacity and the types of children which will be best suited to be cared for in that home. This decision is written in the form of a Statement of Intended Use, which outlines the ages, numbers, and needs of children most suited to that home. Foster care rules require an adult/child ratio of 5:1 in order to assure the supervision needs of children are met.

Respite Care: There is no specific type of license class titled Respite. Homes wishing to provide respite must meet all of the same requirements of foster care licensure. Many of our applicants wish to focus their attention on the temporary short term or period needs for placement of children. Respite means that the foster provider cares for children occasionally to give the current caregiver (foster, adoptive, or birth parent) a break from the care giving role or possibly to give the child a break from the caregiver. As many of the children entering the foster care system require a great deal of energy to parent, respite allows for the caregiver to have some time to regain their energy, focus time on themselves or their own family’s needs for a short period of time, or attend meetings, conferences or workshops to help them better their skills. Respite care is usually arranged as a planned event and often times there is the ability to provide for a pre-placement meeting or home visit. Respite placements can be from a few hours to up to two weeks dependent upon the needs of the child and care giving family. Respite care is viewed as a very positive form of foster care and is greatly needed. It is positive because generally the caregiver has requested the service and can cooperatively work with the agency and foster parent in making arrangements for the placement. It is greatly needed as foster parents need to be able to ‘recharge their batteries’ from time to time. Locating competent, quality respite care providers can be challenging as transitioning back and forth between caregivers can be difficult for some of our foster children. Respite care providers who can consistently be available on a planned basis for the child may be asked to provide a routine/preventive type of placement, regardless of whether there are current crises or not (i.e. once per month, every other weekend). This allows the child to also have a positive transition between caregivers and reduces the child’s anxiety that they are being moved because of something they did wrong. Respite also has advantages for newer license holders. It allows them to gain experience in working with foster children but not for any extended length of commitment. It helps them recognize what types, ages, and sexes of children

work best in their home. Respite homes would meet the same capacity criteria as Foster Family homes. NOTE: Respite care is reimbursed differently than foster care. Please refer to Chapter 3.

Treatment Homes: Treatment Homes are able to provide extraordinary care as a result of training, experience, or special skills. These homes care for children with special needs that require specialized skills and understanding. Treatment homes may provide services to children with severe emotional disturbances, developmental disabilities, serious medical conditions, serious behavioral problems, which may include but are not limited to sexual conduct, assaultiveness, or chemical dependency. Prior to licensure for special services, the foster parents would need to have structured opportunities for development of skills necessary to care for a child with a specific need or handicap. This can be achieved with years of experience as a foster provider in addition to extra training hours in working with special needs children. Generally Treatment Homes are licensed by private agencies and their services are contracted by counties focusing on specific goals under what is called the Treatment Plan.

Foster Residence Settings: This category is most commonly referred to as a Corporate Model Foster Home. In a Foster Residence Setting, the caregivers, usually shift staff, do not reside in the home. Often these homes care for 4-5 children with developmental disabilities or related conditions. There are additional requirements for training and recruitment of staff, documentation, and record keeping.

Networking and Foster Parent Associations

We encourage foster parents to get to know one another as you can be a great support to one another. Some counties may have associations or group support meetings, which meet regularly, while others do not. Most providers end up meeting one another informally.

Foster parents are encouraged to network with one another at training opportunities and when sharing care-giving responsibilities for children in their care through respite arrangements and foster parent appreciation evenings. In addition, there is a Minnesota Foster Care Association and a National Foster Parent Association. The National Foster Parent Association describes itself as the only national organization which supports foster parents and remains a consistently strong voice on behalf of all children. The annual memberships are tax deductible. Members receive six bimonthly issues of their newsletter and a large number of resources are available upon request. Foster children and birth/adoptive children of members may also be eligible for assistance with college or vocational training expenses through Scholarship Funds. Members in either the national or state association may also receive discounted rates on training conferences. The resources available through the State Association are very good and we would encourage the participation of all homes in the association.

Attach:

Child Foster Care Licensing Checklist

Child Foster Care Rule

Chapter 2: The licensing process?

Home Study Process:

During the licensing process, the licensing worker will meet with you and your family members to conduct a series of interviews on various topics including your values and attitudes about foster care, working with natural parents, separation and trauma, child development, and discipline. This home study process will generally take 3-4 months. We will discuss the ages and types of children that you and our agency feel you are most suited for. At the completion of the Home Study, we will generate a **Statement of Intended Use**, which will summarize the types of children most suitable for referrals to your home. We will make a thorough inspection of your home for safety (See section titled Home Safety). If your home has certain characteristics, the agency may require you to have an inspection by a State Deputy Fire Marshal (See the section titled Fire Safety). We will send questionnaires to three families that you select to provide a reference for you (See section titled References). From these interviews, a relationship will be established and a Home Study document will be written by the licensing worker and shared with you. This Home Study Document is based on the same requirements necessary for adoption of a child. Thus, if a foster parent chooses to adopt a child they are caring for, they do not have to begin the home study process all over again. This home study will be updated annually.

It seems like there is a lot of time commitment involved!

Yes, there is. Children coming into care need foster parents who are committed and open to learning how best they can meet each child's needs and provide a safe and supportive home for them. Your time is valuable. Even if you decide during the process that foster parenting is not right for you or your family, we hope that through the exploration of the foster parenting roles and responsibilities you gain helpful insight into working with your own family. Becoming a foster family is a huge step so it is important for families to think about what such a step would really mean to them. Caring for a child who wasn't born into your family is a major commitment and a major change in lifestyle.

The licensing process seems rather intrusive.

Do you really have to ask us all kinds of personal questions?

The licensing process may be intimidating to some people. Through your contacts with the licensing worker about personal topics, you may feel vulnerable from time to time. It is perfectly okay to feel this way. There are several reasons why our agency feels it is important to ask all these questions and inspect your home. The most significant reason is that in order for us to place children in your home, our agency needs to get to know you and your family. In order for placements to be successful it is important for the agency and foster family to have a thorough understanding of what each family's strengths and needs are. If anything else, we hope that the licensing study process will help your family assess its own strengths and needs in order to identify how it can grow and be successful, whether or not you decide that fostering is right for you. The information you provide will be used to identify strengths your family possesses and generate discussion about areas which will need more focus on in subsequent licensing visits.

Application and Applicant Background Study:

Initially there is a great deal of paperwork. In order to begin, we must have a completed **License Application Form**. Next, we must complete an **Applicant Background Study**. This study includes a criminal, child protection and adult protection background study into everyone 13 years of age or older that is a member of the household or who will have a significant relationship or contact with any foster child. The study we will be looking for records of substantiated child abuse or neglect, crimes against persons, and crimes involving substance abuse. Not all crimes that are committed are factors in whether or not an individual can become licensed; however, the applicant should be prepared to share with the licensor information about his or her involvement with the legal system. In the Homestudy we will explore what you learned from such life experiences and if or how you can use that experience to your benefit when working with children and families experiencing their own difficulties. If you have questions about something that may be revealed upon the conduction of the licensing study, please feel free to speak to the licensor privately.

The Department of Human Services using the Netstudy 2.0 Program will conduct all applicant background studies. The Adam Walsh Child Protection and Safety Act of 2006 now requires applicants for child foster care and adoption to undergo a fingerpint-based FBI background study. Information about how to obtain the fingerprints will be provided in the background study packets.

Physical Health and Other Facts About Your Family:

In addition to a criminal check, we will also ask for a statement from you regarding your family's overall health. This statement must indicate that family members are receiving all necessary care and do not pose a risk to a child's health and are physically able to provide care. Any physical limitations to providing care must be explained. This will include a statement that adult household members have been free of chemical use problems for the past two years. The **Individual Fact Sheet** must be completed for all adults 18 years and older who will be residing in the home. Additional information regarding an applicant's physical, mental and chemical health may be requested as part of the licensing process.

Disqualification Process:

All information gathered at initial licensing is looked at and decided upon if any disqualification factors exist. If a disqualification factor exists, you will be notified in writing. If you believe Department of Human Services (DHS) has mistaken you for someone else or that you would not pose a risk or harm to a foster child, you will have the right to submit a written request for reconsideration to the Commissioner by submission to the licensing worker. DHS will decide whether or not to set aside the disqualification or grant a variance to the disqualification. A 'set aside' means that the disqualification does not affect your ability to become licensed and you would then proceed with the licensing process. A variance means that DHS will place some limitations on your licensure such as the requirement that you remain law abiding, complete any obligations of probation, complete treatment, obtain training etc., and allow you to finish the licensing process with those conditions. DHS will respond to your request for reconsideration by answering in writing to you. If DHS does not set aside the disqualification, the licensing worker will recommend that your application be denied. If DHS denies it, you will have the right to appeal that decision. An administrative law judge would hear the appeal. The law judge will make a recommendation to DHS within 30 days. DHS will consider all the information and make a final decision within 90 days. If you have proceeded through the licensing process and no disqualifications are found, you will receive a letter of clearance from DHS. At the time that all documents and necessary meeting have been completed, the social worker will recommend licensure to DHS, and DHS will issue your license. At any time after licensure, the licensing worker may find a disqualification factor regarding your license and will begin the negative licensing action process. You will always be informed of this process in writing.

References

On the Application for Foster Care Licensure, there is a spot for providing three persons for whom we may contact for references. These individuals are sent a questionnaire form which asks about their relationship to you, their observations of your interaction with children, their observations about your lifestyle, and general ability to provide a safe, nurturing environment for foster children. The information provided by individuals you list as references cannot be shared directly with you. If concerns are expressed by your references, we will incorporate further discussion of those areas of concern into the overall licensing process.

Confidentiality/Data Privacy:

Because you will share a great deal of information about yourself and your family with the licensor or other persons during licensing meetings, it is important to bring up the need for confidentiality and mandated reporting as it applies to you as a foster care applicant. Much of what you share about yourself and your family during the licensing process is very personal. Many people who express an interest in becoming foster parents have had significant life experiences that have shaped them into the individuals they are today. These experiences may be factors in why they are considering caring for foster children. If there is something about you that you are concerned about sharing, we challenge you to internally evaluate what it is about that information which makes you feel uncomfortable and talk to your licensor about your concerns.

There are certain things about you as a licensed provider that will become public information. Information such as your name, address, phone number, and type of licensure is among the information that is public information. Additionally, information regarding the findings of any licensing complaints or Substantiated Maltreatment Determinations involving licensed providers is also public information.

Many foster parents are concerned about birth parents having access to their names, addresses, and phone numbers. This information is required to be provided to parents unless there is evidence to show that by doing so it would present danger to the child or foster parents. The placing worker will advise you if there are any concerns about safety. Foster parents today are encouraged to take an active role in the child's life including developing a relationship with the birth parents, thus, birth parents and foster parents will likely communicate at times face to face and over the phone. Birth parents that have reassurance that their child is in a safe environment are better able to focus on correcting the problems that led to their child's placement.

Information that is revealed by a member of the foster family which indicates that there may be child abuse or neglect that has occurred would have to be reported by the licensor to the child protection unit. This does not happen very often but it is important for you to be aware of how the information that is shared with the agency may be used. The Privacy **Rights Form** outlines your rights and whom we can share information with. Even though a married couple may be applying for licensure together, information about the applicant's spouse is considered private information and cannot be shared with the other spouse unless permission is given to do so.

Mandated Reporting During the Licensing Process:

We encourage you to discuss issues of the Rule requirements and interpretations during the licensing process. Sometimes applicants wish to discuss particular experiences or problems. If an applicant provides information about a serious licensing violation or child abuse/neglect concern, we may be obligated to follow up on that information because we work with children and their families. Because of our work, the licensors are required to report any information that we have indicating that we have reason to believe that a child has been subjected to abuse or neglect or that a violation has occurred in a licensed home. The person revealing this information may also be asked to make an additional report. Often times good discussion can be achieved by use of general statements such as, 'What would you do if...' or 'I once knew a child who....' More information on mandated reporting is included in this manual.

What do I need to do to my home in order to become licensed?

One frustration for prospective foster parents is that they may have to make some renovations to their homes in order to become licensed for foster care. Making these improvements does not guarantee that you will be recommended for licensure or receive foster placements either. Unfortunately, Western Prairie Human Services does not offer financial assistance to applicants to make these modifications. As a provider, you may be surprised by the amount of support you would receive from friends, family, church, and organizations through which you may have involvement. Many providers have been able to make necessary upgrades to their homes to meet the licensing codes by using a bit of creativity and calling in favors to friends and other connections.

Home Safety

Most of the safety precautions that are outlined in the foster care licensing rules are very generalized. The inspection of your home for safety is not to say that your home would not provide a generally safe place for your family; however, we become comfortable in our established routines and often times we let the safety of our own family slide. Children who have grown up in your home are familiar with your household rules and you as caregivers are familiar with your own child's curiosity and ability to recognize and respond to dangerous situations. You may know little about the child coming into care. He or she may either be younger or older than your own children and as such there may be a need to re-evaluate your home and some of your household rules. The licensor will go through the **Home Safety Checklist** with you and make a list of the things that you will have to do to modify your home before you can become licensed.

The **Home Safety Checklist** is general tools that you can use to identify what types of things you would have to do to your home in order to meet the minimal licensing safety standards. During one of your early visits with the licensor, the licensor will review this Home Safety Checklist with your family. Any deficiencies in minimal standards would need to be corrected before a regular foster care license could be issued. After this licensing visit some applicants realize that the modifications that they would need to make to their home are costly or time consuming. They may question if becoming licensed is worth all the hassle. Most providers would say 'Yes.' Again, the requirements are for general safety. If it is not considered safe for a foster child, is it safe for your own family? Certainly, we all want to provide a safe environment for our families to live, but we may not have planned to make investments of home improvements at this time. Again, if you have concerns about the cost or time commitment involved in making any modifications to your home, please talk to the licensor about your concerns.

Some topics that will be discussed will focus on some of the issues for safety that may be unique to foster children. You will be asked to consider how you store and use certain items such as alcohol, firearms, medications, and knives may be examined more carefully and you may be requested to secure these items in a different manner. You also need to consider how you will deal with computer/internet access and storage of any media you have in your home having sexual or violent content. This is not to scare you. It is to protect both you and the child. Often times, children entering in foster care have difficulty coping with their family situation in one way or another. Some children may be prone to depression or other harmful or self-injurious behaviors. Although you cannot kid-proof your home 100%, you need consider this when going through your home to assess its safety.

Water Testing

It is required that providers with private wells obtain a water test for Nitrates and Coliform Bacteria on an annual basis. Nitrates in water are especially dangerous to infants and pregnant women. It can cause what is known as 'Blue Baby Syndrome.' This is a condition where the blood is starved of oxygen thus turning extremities such as fingers, toes, and lips blue in color. High levels of Nitrates can cause brain damage in infants due to the oxygen starvation of the brain. Nitrates can come from overuse of fertilizers, failing septic systems, or feedlots that are not properly designed. Coliform bacteria come from human and animal waste and are an indication that surface contamination has somehow gotten into your water system and thus disease-causing bacteria such as E-Coli, Hepatitis, or other fecal transmitted bacteria could also be present. The presence of Coliform bacteria may also be a sign of a failing septic system. Costs vary between \$30-\$40 and is available through the company below via prepaid postage packaging or any other state certified laboratory.

Applicants are responsible for the cost of their own well water testing. Your licensor can provide you with a list of certified well water labs.

Emergency Procedures

At the time of licensure, foster parents are required to complete an **Emergency Procedures Plan**. This plan includes a floor plan showing evacuation route, fire extinguisher locations, and smoke detector locations, meeting locations, as well as information specifically addressing the needs of any child whose behavior increases the risk of having a fire. There will be a copy of this Emergency Procedures Plan included in this packet. A copy is to be posted within your home and a copy to be returned to the agency for your file.

Code Red Weather Warning

The Local County Sheriff's Office has recently signed on with **Emergency Communications Network**, providers of **CodeRED**. Emergency Communications Network Inc. (ECN) provides a high-speed notification capable of reaching thousands of citizens in minutes. ECN's sophisticated network enables local government officials to communicate time-sensitive, personalized messages via voice, email and text messaging. CodeRed Weather Warning provides automated alerts to citizens in the path of severe weather just moments after a warning has been issued by the National Weather Service. **CodeRED** Weather Warning is an opt-in only weather warning product that taps into the National Weather Service's Storm Based Warnings and automatically alerts affected citizens.

The **CodeRED** system provides the County Sheriff's Office the ability to quickly deliver messages to targeted areas or the entire county. This no-charge service will allow message recipients to easily identify calls coming through the system. Message recipient's Caller ID will read Emergency Communications Network or 866-419-5000 for **CodeRED** calls, and for **CodeRED** Weather Warning calls, either Emergency Communications Network or the number 800-566-9780 will appear on Caller ID displays.

Fire Inspections and County Policy

If your home has free-standing solid fuel burning stove or fireplace, if it is a mobile home, if it has a bedroom for a foster child located in a room 50% or more below ground level, if applicant wishes to have a capacity of 4 or more children, or if it is part of an apartment unit or duplex, the agency may request a Fire Marshall inspection of the residence. The cost for this inspection is \$50. Each county has a different policy regarding the cost for the inspection. Most of the costs involved in the licensing process will be for upgrading your home to existing fire codes. About 6-8 weeks after the initial request form is submitted, the State Deputy Fire Marshal from the Minnesota Department of Safety will contact you to schedule an appointment for an inspection. The inspection should take about 30-60 minutes. The Fire Marshall will be looking for fire hazards within your home.

Special Note for Applicants Who Rent:

If you rent the residence in which you will be providing foster care, the State Deputy Fire Marshal requires that you obtain written permission from the owner of the dwelling for an inspection to be conducted. The owner of the property would have to be present at the time of the inspection. This is necessary as the landlord is obligated to make any renovations needed whether or not the applicant follows through with the license. If you rent the home that you live in, please contact the licensor to request the **Landlord Permission Form**.

CHAPTER 3: FINANCIAL INFORMATION

NORTHSTAR CARE FOR CHILDREN Updated 2021

Northstar Care for Children was approved by the 2013 MN Legislature and consolidates and simplifies three child welfare programs, Family Foster Care, Relative Custody Assistance and Adoption Assistance with a unified benefit structure.

There are three main components to Northstar

- Each component lines up with a legal status.
- **Northstar Foster Care Benefits** for young people in family foster home and extended foster care – supervised independent living.
- **Northstar Kinship Assistance** for eligible young people *in foster care* who undergo a transfer of permanent legal and physical custody to a relative.
- **Northstar Adoption Assistance** for eligible young people *in foster care* who are adopted.

Goal of Northstar

There is a strong emphasis on providing permanency for the oldest children in foster care and moving all children who cannot be reunified into a permanent family. In Minnesota, we need to do better moving our older children into permanent situations and building more permanent connections for our foster youth who will be aging out of foster care. Every year 450 youth age out of foster care. Of those 450 youth, 150 will end up homeless. The goal is that 100 of those can find permanency.

Prior to Northstar, when a child moved from a foster care setting to a permanency setting, that transition resulted in nearly 40%-70% cut of financial resources for the caregiving family. The financial support is considered a “child’s benefit” paid to the caregiver.

With Northstar, we hope to reduce the financial barriers caused by reductions in the child’s benefit when a child moves from Foster Care into a permanent legal status and barriers for minority children and sibling groups. It unifies benefits for children age 5 and younger as well, although the benefits are not uniform by using the same rating tool for each program.

- The definition of relative means a person related to the child by blood, marriage, or adoption, or an individual who is an important friend with whom the child has resided or had significant contact. For an Indian child, relative includes members of the extended family as defined by the law or custom of the Indian child's tribe
- This can mean a child’s foster parent.

Northstar is designed so that local agencies will not have increased costs as more state and federal funding sources will be used to cover the costs of out of home placements and permanency arrangements for children. Prior to Northstar, when a child enters foster care and is placed through Emergency Relative Foster Care Licensing with a relative, the cost of the placement until the relative becomes licensed, is 100% funded by county taxpayer dollars. Once the relative became licensed, the county could begin to access State and Federal dollars to share in the out of home placement costs. Under Northstar, the State and Federal government will have a larger share of cost sharing from the beginning. The previous Relative Custody Assistance Program was also “Means Tested”, meaning that the amount of benefit that the relative caregiver received was calculated based on caregiver’s income. Northstar Kinship Assistance is not means tested.

There is a strong emphasis on moving relatives through the full foster care licensing process in a timely manner as permanency benefits are tied to completing the licensing process.

MAPCY –

Minnesota Assessment of Parenting for Children & Youth

The MAPCY assessment tool basics:

- The MAPCY assessment shifts the focus away from how “sick” the young person is by looking at parenting, not services needed for the child.
- Shifts from difficulties to child’s well-being, development, safety and permanency.
- Considers the extra care, attention, and impact on the family required to parent the child.
- Does not determine a rate based on the child’s medical diagnosis or mental health diagnosis.
- Recognizes the young person’s improvements and supports the extra care and attention to sustain them.
- Values the caregiver’s efforts in assisting the development of the young person’s identity, cultural connections, and major developmental tasks.
- Follows the child from family foster home to permanency through the use of the MAPCY.

Three Main Benefits

For most young people, there are three main benefits:

1. **Medical Assistance**
2. **Monthly Basic Payment** (based on age)
3. **Monthly Supplemental Difficulty of Care Payment** (determined by the MAPCY)

Medical Assistance

- Most young people on Northstar Care for Children will qualify for Medical Assistance
- A small number of “at risk” children on Northstar Adoption Assistance receive MA but no monthly benefit (Level A)

A child with “at-risk” only status:

- Is at risk of developing a disability and has no other special need
- Will be at Level A
- Will get Medical Assistance but is not eligible for a monthly payment, basic or supplemental
- Can be reassessed using the assessment tool if a disability manifests later, in which case the Adoption Assistance Agreement will be renegotiated.
- There is no “at-risk” equivalent for Northstar Kinship Assistance.

Monthly Basic Payment July 1, 2023

Other than the at-risk children, all young people on Northstar Care receive a *Monthly Basic Payment* based on their age.

Northstar Care Monthly Basic Payment Rates	All Foster Care and entering permanency ages 6+	Entering permanency ages birth-5	Daily Basic Rate	Alternate Daily Basic Rate (children 0-5 entering permanency)
Basic: Ages 0-5	710	\$355	\$23.34	\$11.67
Basic: Ages 6-12	\$841	\$421	\$27.65	\$13.84
Basic: Ages 13+	\$994	\$497	\$32.68	\$16.34

What does the Monthly Basic Payment Cover?

- Food
- Clothing
- Shelter
- Daily Supervision
- School Supplies
- Personal Incidentals
- Supporting to the child's transportation to home to preserve connections
- Reasonable travel to remain in the school enrolled at the time of placement.

In the past we have had a rate breakdown recommendation in which we have recommended setting aside

- ✓ \$80/month for transportation,
- ✓ \$75-\$85/month for clothing
- ✓ A varying amount for allowance dependent on age ranging between \$18-\$40/month.

At \$75/month for clothing that equals \$900/year for clothing needs and at \$2/gallon gas currently \$80 would get a 20 MPG car about 800 miles of transportation not including any additional value calculated into the Supplemental Difficulty of Care Payment under Child Domain E: Preserving Connections.

Monthly Supplemental Difficulty of Care Payment

- Each level = \$111 except A and B
- Most young people on Northstar Care also receive a monthly *Supplemental Difficulty of Care* payment based on their current MAPCY Assessment Level.
- As with legacy Foster Care DOC, this gets translated into a daily rate which can be used for partial month payments.
- At age 6, there is an automatic increase.
- Adding the Basic and Supplemental Difficulty of Care together yields the total monthly benefit.
- Only 5% of children in MN will qualify for an extraordinary rate levels M-Q. Rates at this level must be approved by DHS.

Supplemental Level Rates

The supplemental level payment rates determined by the MAPCY assessment for children who are eligible for Northstar Care for Children benefits, including those placed in unlicensed supervised independent living settings, **effective July 1, 2023** are as follows:

Revised Northstar Care Supplemental Rate Table Supplemental (MAPCY) Level	Monthly Supplemental Rate	Alternate Monthly Supplemental Rate	Daily Supplemental Rate	Alternate Daily Supplemental Rate
Level B	\$ 0	\$ 0	\$ 0.00	\$ 0.00
Level C	\$112	\$ 56	\$3.68	\$1.84
Level D	\$224	\$112	\$7.36	\$3.68
Level E	\$336	\$168	\$11.05	\$5.52
Level F	\$448	\$224	\$14.73	\$7.36
Level G	\$560	\$280	\$18.41	\$9.21
Level H	\$672	\$336	\$22.09	\$11.05
Level I	\$784	\$392	\$25.78	\$12.89
Level J	\$896	\$448	\$29.46	\$14.73
Level K	\$1008	\$504	\$33.14	\$16.57

Level L	\$1120	\$560	\$36.82	\$18.41
Level M	\$1232	\$616	\$40.50	\$20.25
Level N	\$1344	\$672	\$44.19	\$21.09
Level O	\$1456	\$728	\$47.87	\$23.93
Level P	\$1568	\$784	\$51.55	\$25.78
Level Q	\$1680	\$840	\$55.23	\$27.62

Uniform Benefits for Those Age 6 and Above

- Northstar Care unifies benefits and makes them uniform for young people who are 6 and older.
- If a young person 6 or older who is in Northstar Foster Care is eligible for Northstar Kinship Assistance or Northstar Adoption Assistance, then if they stay with the same caregiver(s) they get the same benefits when their legal status changes.

Pre-School Entry Alternate Rate

- Northstar Care unifies benefits but does *not* make them uniform for young people who achieve permanency at age 5 or younger.
- If a young person in Northstar Foster Care is eligible for Northstar Kinship Assistance or Northstar Adoption Assistance and staying with the same caregiver(s), they will get half of their foster care benefits when their legal status changes. This was one of the compromises made to get Northstar Care through.
- Minnesota has not had much difficulty getting the younger children to permanency.
- This *Pre-school Entry Alternate Rate* is higher than they would have gotten under legacy Relative Custody Assistance (RCA) or legacy Adoption Assistance, but it is not uniform.

MAPCY ASSESSMENT TOOLS

- Child 0-12
- Youth 13-21
- Extended Foster Care-Supervised Independent Living (EFC-SIL) ages 18-21

MAPCY DOMAINS for Child and Youth

- Placement Experience
- Dynamics in the Caregiver's Home
- Supervision, Guidance and Structure
- Mental Health, Physical Health and Development
- Preserving Connections
- Developing Identity
- Education
- Child Care

MAPCY DOMAINS for EFC/SIL

- Transportation to Preserve Connections
- Transportation to Work/School
- Communication
- Young Parents
- Child Care for Young Parents

PAYMENTS

- The MAPCY calculation is completely done on the computer using the program established by DHS.
- There is no way for workers to anticipate ahead of time what a child's rate will be.
- When the assessment is done, it must be approved by an agency – designated approver
- Payment cannot be made until a MAPCY has been approved
- Children with extraordinary needs must be approved by DHS
- There is a default **Emergency Rate** (Level D) that is available to counties and tribes without a MAPCY, but only for the initial 30 days.
 - If after completion of the MAPCY, the rate is higher than a level D, the higher rate will become retroactive to the date of initial placement. If the rate is lower than a level D, the new rate will take effect the date the MAPCY was approved.
- MAPCY reassessment must be completed within 30 days of the following events:
 - 6 months after initial assessment
 - Change of placement location
 - At the request of the legally or financially responsible agency
 - At the request of the commissioner of human services
 - At the request of the caregiver
- The caregiver will be notified in writing of the assessment and ratings
- Multiple payments may be necessary based on timing of payments and completion of MAPCY.
- Payments will still be processed through the agency with the use of the Voucher claim form. Blank vouchers will be available and preprinted vouchers can be emailed or mailed to providers.
- Vouchers are due the 5th of each month. Payments will be processed on the 3rd Tuesday of the month. The same as it is presently.
- The rates are effective July 1, 2017 and will be reviewed annually thereafter. These rates will continue to be based on the Department of Agriculture Estimates of the Cost of Raising a Child.

Childcare

- Northstar allows for child care expenses to be calculated into the overall rate, but it is not equal to the amount of child care expenses.
- Because Northstar is supplemented by State and Federal Funds, by utilizing the child care supplement built into the MAPCY, we can have a greater State and Federal match for child care costs.
- For PreNorthstar children, child care costs will continue as they are presently. When a child moves from foster care to permanency and a MAPCY is completed, it will trigger a change in how child care is paid.
- On page 17 of the Child Domains H:
 - Child Care A=No need
 - Child Care B=1 increased level =\$100
 - Child Care C=2 increased levels=\$200
 - Child Care D=3 increased levels=\$300
 - Child Care E=4 increased levels=\$400

DHS found great differences from county to county regarding whether or not agencies were providing assistance to foster providers to cover the costs of child care. Administration in Western Prairie Human Services has continued to be supportive of foster families who have employment outside the home. At this time the agency has made a decision not to change the way that we have been reimbursing for child care. When workers are completing the MAPCY, they will be checking Box A. **HOWEVER**, families moving to permanency will need to plan for changes.

Clothing Inventory:

Often times when children are placed in foster care, there is little time for planning or packing. Children coming from homes experiencing neglect may have clothes that are ill-fitting or soiled or they may be in need additional items. Children coming into foster care may be eligible for an initial clothing allowance. (See below. Western Prairie Human Services asks providers to first complete a written **Clothing Inventory** on each child coming into care. This inventory is used as a tool for the foster family and the agency worker to identify the child's needs and come to an understanding of what the budget for the initial clothing allowance for the child will be. It is VERY helpful when the providers maintain this record and review it with the placement worker shortly after the initial placement. Often times some clothing that the child is able to obtain from the home is unusable. Before discarding these items, it is important to inventory them as well and discuss or even offer those items to the worker for observation in order to come to agreement on the child's true clothing needs. Before making purchases of clothing, discuss a spending limit with the case worker and whether the child is eligible for an initial clothing allowance. When providers have children coming and going from visitation, this clothing inventory is at times an important tool in identifying what the child has and where those items are being kept.

Initial Clothing Allowance: At times foster families need to be able to draw on their resources and patience to get through the first initial days of placement when it comes to clothing issues. Before the family and the agency come to agreement on the budget, we need to identify the anticipated length of placement or what clothing may be able to be obtained from the child's home so that we are making reasonable budgetary decisions. Often times after the initial placement is made, the social worker, along with the cooperation of the child's parent, can obtain additional items of clothing from the child's residence. Once those initial decisions are made, the worker and foster family will agree upon the spending limits. Clothing allowances are not guaranteed for every child who comes into care. **Initial allowance must be used within the first sixty days of the child's initial placement into foster care. Purchases that are not preauthorized with the worker may not be reimbursed to you!**

A Special Note about Initial Clothing Allowances: If the child is coming to your home from another out-of-home placement and that child has been at that other provider for more than 60 days, we cannot issue an additional clothing allowance! It is reasonable to expect that the first provider should have provided for the child's basic clothing needs or had been issued a clothing allowance. All children grow and change over the course of the year; thus it is possible that the child may have in his/her possession clothing which no longer fits when they are moving from one foster home to another. Again, refer to the clothing inventory worksheet to develop a list of items that the child does have. Refer also to the **Suggested Foster Care Maintenance** handout, which recommends families set aside money each month for the child's ongoing clothing needs.

PLEASE NOTE: Only in the most significant of cases has a full maximum clothing allowance been authorized.

The MAXIMUM rates effective July 2017, are as follows:

Ages 0-4 \$650 Ages 6-12 \$770 Ages 13-20 \$910

The placing worker must preauthorize Initial purchases in order to be sure it will be reimbursed to you

Together you and the child's social worker will set an estimated spending limit. The foster parent may then purchase the clothing items and request reimbursement using a county voucher. Foster parents are encouraged to include the child in clothing purchases when applicable.

If you are being licensed for a specific age group or sex of child, you may wish to have a few items of clothing on hand to help you get by for the first few days as the time of placement can be a very upsetting and confusing time for a child making shopping difficult at times. The worker may approve an initial package of diapers but purchases of diapers following the initial placement would be expected to come out of the cost of care reimbursement. If you have concerns, please discuss this with the child's caseworker.

Sufficient and adequate clothing is important to how a child sees him or herself and develops a sense of personal responsibility. The child's clothing and personal possessions may have a direct relationship to his or her feelings of self-worth and dignity. They may represent how much he or she is valued by those responsible for his or her care. The amount and kind of clothing and other personal items should be related to the child's age, individual needs, family, and community standards. The child should be able to purchase or help with the purchasing of clothing and other items according to their age and development. Initial clothing allowances may be necessary for the child to obtain seasonal or larger ticket items such as shoes, jackets, and boots. This does not mean that foster children's wardrobe must consist entirely of name brand fashions. Clothing can be purchased at thrift stores, garage sales, and obtained from friends or family. Modeling sensible and cost-effective purchasing techniques is most applicable as this is a skill that the child can acquire and use later in life. However, the child's self-esteem and need for acceptance by others should not be compromised or downplayed.

If you make purchases for the foster child, please keep your receipt and turn it into your placement worker.

Income Taxes

Foster Care payments you receive from a state, political subdivision, or tax-exempt child -placement agency for providing care to a qualified foster individual in your home are not included in your income. However, income payments received from care giving may be taxable in homes where there is a high rate of turnover in the year (more than 10 children) or if you are paid by a placement agency to maintain space in your home for foster care individuals or respite care services. A foster child must live with you as a member of your household the entire year to qualify as your dependent. For this test, a foster child is one who is in your care that you care for as your own child. It does not matter how the child became a member of the household. You cannot claim an exemption for a child who is not your dependent. For more information on tax preparation, please see your tax

preparer or contact the IRS at 1-800-829-1040

Completion of Reimbursement Forms

In order to receive reimbursement for the cost of care provided to children, foster parents must complete a reimbursement form referred to as a **Voucher**. An example of one of these forms and how to complete one is included in this packet. Vouchers must be submitted to the agency **no later than the 5th day** of the month. Reimbursement checks are issued on the 3rd Tuesday of each month. Therefore, if you have a child in placement from January 15-20th, you will submit the claim form by February 5 but will not receive reimbursement for the cost of care until February 17. Receipts for clothing or other approved expenses may also be claimed on this form by attaching the receipt to the voucher. You may obtain additional claim vouchers by speaking to the caseworker.

Attachments:

Voucher and Voucher Examples

MA Mileage Reimbursement

MAPCY

- Child
- Youth
- Extended FC

Chapter 4: Other Aspects of Licensing & Foster Care

Equipment:

Foster parents are responsible for providing items such as bedding, beds, bottles, cribs, high chairs, dressers, car seats etc. depending on what age of child they and the licensor have agreed would be best suited for their home.

Foster parents can obtain these items on their own or already have them on hand. We encourage foster providers to gain support from extended family, friends, church, and community to help them meet some of these needs. Our agency has a very limited supply of items on hand that we loan to foster parents. When considering foster care, the foster family should evaluate what they have on hand and what they may need if a child comes into care in their home.

Please understand that we are responsible for the safety of the children that come into care and that the equipment must be deemed safe by the licensor in order to be used. For families considering caring for infants and toddlers, ALL drop-sided cribs have been recalled and can no longer be used in licensed homes. Portable and full size cribs must be clean and have a firm, well-fitted mattress. All other used equipment obtained should be examined carefully and families are strongly recommended to contact the Consumer Product Safety Commission at www.cspc.gov for recall and safety information.

Transportation/Travel:

A foster child may be transported only if the child is fastened in a safety seat, seat belt, or harness appropriate to the child's age and weight and the restraint installed and used in accordance with the manufacturer's instructions. MN 169.685 requires every motor vehicle operator transporting a child who is both under the age of 8 and shorter than 4'9" to use a child passenger restraint system. Any vehicle operated by the provider for transportation of foster children must be licensed and the driver shall hold a current, valid drivers license. Please do not leave foster children unattended in a vehicle for any length of time.

Car Seat Use

If you are at all able to locate a car seat of your own, please do so, depending upon the age preference at your home. When considering the purchase of a car seat for a foster child, please be very careful. Car seats come in many styles, not all of which are appropriate for every child. Models must meet current safety guidelines. If getting a second-hand car seat or using one that you have on hand, please contact the manufacturer to verify whether that particular seat has been subject to any recalls. If recalled, do not use it. Please refer to www.safekids.org for answers to your installation questions.

Child Passenger Safety Training

If you are a provider who intends to care for children age 9 and under, **you are required to attend a three hour Safety Restraint Training class prior to transporting a foster child.** A certified trainer must provide this course. This training will include proper car seat installation and proper use of safety restraints in your own personal vehicles. It will be important to attend these opportunities when they are provided to you as they are often only available once every few months locally.

Out of State Travel

If your family has plans to travel out of the state (More than just a quick trip to Fargo, Sioux Falls etc.) you **must** get preauthorization from the child's caseworker before doing so. Use of Public Transportation

Often times our agency workers and foster parents need the assistance of other persons to meet the transportation needs of our foster children. We frequently utilize the services of Rainbow Rider to get foster children back and forth to visitation, counseling appointments, and school. Rainbow Rider has both bus and individual volunteer driver services that can be utilized.

Visitation and other Transportation

A percentage of reimbursement, which is intended to help foster parents meet their expenses for transporting foster children to these various commitments, is calculated into the basic foster care rate. **(Refer to Suggested Maintenance Rate in Chapter 3.)** We realize that in some situations scheduling or distance does not make it feasible for foster parents to do this job. At times the worker has considered additional transportation needs into the child's **Difficulty of Care Rating**. Other times it is considered as part of routine transportation while still other times a per-trip agreement is made. If you have a special circumstance which requires you to provide a great deal of transportation for a foster child outside of what might be considered reasonable, please speak to your foster child's caseworker about additional reimbursement.

Medical Assistance Reimbursed Mileage (Please read carefully) **Effective June 4, 2014**

If a foster child is in need of transportation to a medical appointment, the mileage may be reimbursable to foster parents through the child's Medical Assistance coverage. This may help foster parents meet the costs of transportation for a foster child to specialists located in other communities. Medical Assistance eligible clients no longer need to prior authorize for medical mileage to the closest provider within 30 mile radius from Western Prairie Human Services for regular medical services and 60 mile radius from Grant or Pope County for specialty medical services. If your foster child will be using Rainbow Rider for their transportation, they need to inform Rainbow Rider of their Medical Assistance eligibility when setting up their medical rides. To be reimbursed you will need to complete the attached the Mileage Reimbursement Form, have a physician's signature and turn it in to Western Prairie Human Services within 30 days. Foster parents will be reimbursed at the Federal Reimbursement Rate per mile. This governmental rate may be adjusted annually. If you are providing relative foster care, you will need to inform the financial worker that you are providing foster care for the child in order to receive the higher rate as this can be overlooked if otherwise not identified.

Preauthorization is required when the trip does not fall into the 60 mile radius mentioned before or the agency has determined access transportation has been misused. To receive preauthorization, please call your child's

Driving Motorized Vehicles

The issue of teenagers driving in foster care has been debated time and time again. There are many concerns about issues of safety, financial responsibility, and liability. In 2010, Legislation was passed by the MN Legislature allowing foster parents the right to provide consent for a teen to obtain a MN Driver's License. While nothing states that a foster parent must allow a child in their care to drive, the legislation gives the foster parents the ability to determine whether they feel the child has the maturity and skills to have this privilege, whether or not they have the agency or birth family's consent. Western Prairie Human Services has approved children in foster care be allowed to drive as long as the child has a license and the foster parent or the child's parent gives permission for the child to drive. The child must be covered by insurance, through their parent, foster parent, or their own insurance. The foster parent is responsible for verifying that the child has a valid driver's license; and if the child is covered under the birth parent's insurance, the foster parents are expected to obtain verification of coverage. Furthermore, the child must be able to pay for expenses associated with the use of their car. Except for Driver's Training Education, SELF Funds are not available for car expenses (i.e. car purchase, maintenance, repairs, gas).

Although each child's situation needs to be addressed individually, driving is viewed by this agency as a privilege and not a right. We recommend a teen's use of motor vehicles be limited and privileges be progressive based on their level of responsibility, confidence, and demonstrated competency. We recommend that driving be considered only for children who have demonstrated responsibility, decision-making skills, and positive behavior. Some things that need to be taken into consideration include the child's past and present chemical use, criminal behavior, and school performance. Foster providers are expected to notify the case manager of any moving violations, accidents or other pertinent information related to the foster child's operation of motorized vehicles.

This agency also cautions foster providers to use judgment and be within the limits of law when allowing foster children to operate snowmobiles, four wheelers, boats, or any other motorized vehicle that requires a licensed driver. Again, the agency believes this is a risk foster parents are assuming when allowing a child to operate a motorized vehicle. Again, most foster children do not drive while in care. We strongly encourage providers to meet with the child's case manager and birth parents to address the driving privileges and responsibilities and to obtain support from all parties before pursuing it. Driving privileges can be included for teenagers as part of an **Independent Living Plan**.

SELF PROGRAM FOR ADOLESCENTS: Updated January 2015

The SELF Program (Support for Emancipation and Living Functionally) is funded by the Chafee Foster Care Independence Act of 1999. Through the Department of Human Services SELF Program, funds are made available to counties and non-profit agencies to develop and conduct services designed to help youth who have been in out-of-home placement prepare for the transition to independent living, prevent homelessness and welfare dependency. SELF-funds are being awarded to counties on a competitive basis through an application process. 2015 eligibility includes:

- Youth under state guardianship or permanent custody to the agency who are expected to remain in placement until age 18 or older. These are the youth of highest priority.
- Youth ages 14-20 who are in a county or tribal caseload and are in an out of home placement for at least 30 consecutive days.

- Youth ages 14-20 who have a developmental disability and have experienced at least 30 days of consecutive out of home placement after age 14 and are anticipated to be capable of living independently in the community.
- Youth ages 14-20 with a delinquency adjudication who are on a county social services caseload and have experienced an out of home placement in a non-secure facility for at least 30 consecutive days after age 14.
- Youth may continue to receive SELF funded services up to age 21.

Youth meet with their social worker to develop an Independent Living Plan. The Independent Living Plan focuses on the development of plans covering the areas of Employment, Transportation, Money Management, Social Skills, Housing, Health Care, Education, and Maintaining Connections with Family and Community.

Flexibility is the hallmark of the SELF Program. Creative use of funds is encouraged so that individual needs can be met. Services must promote development of life skills and successful transition into adulthood and may include room and board expenses for youth who age out of substitute care at age 18.

Some things that SELF funding can be used for may include: Purchase of bicycles or bus passes, help for payment of drivers education, ACT/SAT tests, college application fees, deposits for rent and utilities, lessons, uniforms for work, obtain furnishings for apartments, extra-curricular activities, camps and more! There are very few limitations other than the dollar amount each county may choose to provide to individual youth. As mentioned above, flexibility is the best part of the program.

If you care for an eligible youth, speak to your child's social worker about creative ideas you may have which would benefit your youth.

Youth are also eligible to apply for up to \$5,000 grant money to attend post-secondary education programs called **Education and Training Vouchers (ETV)**. These funds are awarded above and beyond what their standard college financial aid award is and can be used for educational related expenses including tuition, books, housing, transportation, childcare, and other personal needs based on the development of an individualized budget. Applications are available on line at www.mn.gov/dhs/etv or by contacting the Minnesota Department of Human Services at 651-2431-4663 and asking for the Adolescent Services Department.

Extended Foster Care Benefits:

Six months prior to the 18th birthday of a youth in foster care under Chapter 260C or 260D, counties are required to advise youth, their parent or legal guardian, and foster parents of the availability of continued foster care benefits up to age 21. If a youth does not wish to remain in extended foster care, a personalized transition plan must be developed and executed during the 90-day period immediately prior to the discharge. Youth who are not able to return home or otherwise achieve permanency prior to age 18 and who desire to continue in foster care past age 18 must meet at least one of the following conditions on an ongoing basis.

A youth must be:

- Completing secondary education or a program leading to an equivalent credential
- Enrolled in an institution that provides postsecondary or vocational education
- Participating in a program or activity designed to promote or remove barriers to employment

- Employed for at least 80 hours per month, or
- Incapable of doing any of the activities described above due to a medical condition.

Youth ages 18 – 21 may continue in a traditional foster care setting or in a supervised setting where they are living independently. The particular foster care setting, including supervised independent living settings, for youth shall be selected based on their best interest and an individual determination of their needs. A significant part of selecting the placement setting is the assessment of a youth's needs, goals, and their personal preference.

Agencies have an opportunity to develop a range of supervised independent living settings for youth. These may range from apartments, dorms, host homes, or other innovative ideas that meet a youth's need for supervision and support as they move toward independent. Supervised independent living settings are not required to be licensed, but ensuring appropriate supervision, minimally one face-to-face visit each month, is required for youth living in these settings.

All youth in extended foster care remain eligible for foster care maintenance payments. The process and items covered in the foster care maintenance payment remains the same as a foster child of any age, consistent with Minnesota Rules, parts 9560.0650 to 9560.0670. The foster care maintenance payment includes the basic foster care maintenance and the assessed difficulty of care rate. Difficulty of care is a supplement in addition to the basic maintenance payment for children with special needs due to existing mental, physical or emotional disabilities who require additional supervision or assistance in behavior management, activities of daily living, management of medical needs or interactions with their birth family and community. All youth, including those in supervised independent living settings, must be assessed for difficulty of care payments. In cases where a foster youth is a parent placed with their child in the same foster home, facility or supervised independent living setting, the foster care maintenance payment must be assessed to cover the cost of the youth's child.

Payments must be made through a foster parent, child placement agency, or a child care institution. For youth age 18 or older living independently in a supervised setting, there may be no direct caregiver providing food, clothing, shelter, daily supervision, school supplies, personal incidentals, or reasonable travel for home visits or school stability. In those situations, the agency may pay all or part of the foster care maintenance payment directly to the youth. This flexibility to pay all or part of the maintenance payment allows the agency to help individual youth adjust to independent living and learn to budget and pay bills.

Under certain conditions, youth over age 18 may request to return to care after they have been discharged from placement. The request to return to care should be made to the county or tribal social service agency that was responsible for a youth's placement and care immediately prior to their discharge.

Youth who left foster care while under state guardianship as dependent or neglected must be allowed to return to care if they commit to meet one of the required conditions. Other youth previously in placement under Chapter 260C or 260D of Minnesota Statutes in the six consecutive months prior to their 18th birthday or who were discharged while on runaway status after age 15 may return to care between the ages of 18 and 21 to the extent funds are available. The ability of youth who were under tribal care and responsibility at discharge to return to extended care is dependent on a tribe's code and practice.

Youth approved to return to care need to sign a voluntary placement agreement with the responsible agency, authorizing the placement.

Social workers have responsibility to collaborate with youth to create a case plan for extended care. A case plan includes the out-of-home placement plan and an independent living plan. The case plan should reflect the agency's ongoing duty to make reasonable efforts to implement a plan for supports and services for independent living related to a youth's employment, vocational, education, social, or maturational needs, and to finalize the agreed-upon permanency plan with the youth. If a youth's continuation in extended foster care is due to incapacity to participate in school, employment, or vocational training due to a medical condition, the social

worker must regularly update the case plan to include written information that addresses the medical condition(s) and the youth's incapacity.

Reasonable efforts to finalize an agreed-upon permanency plan include working with youth to ensure that foster care is the best legal arrangement for them, and assisting them in building life-long relationships with family, siblings, and other caring, safe and supportive individuals.

The Fostering Connections to Success and Increasing Adoption Act of 2008 requires that for youth who will be discharged from foster care at age 18 or older, the caseworker develop a personalized transition plan, as directed by the youth. The transition plan must be developed and executed during the 90-day period immediately prior to the date a youth will be discharged. The transition plan must be as detailed as the youth may elect, and include specific options on housing, health insurance, and education, local opportunities for mentors and continuing support services, work force supports, and employment services. The agency must also provide the youth with appropriate contact information if they need more information or need help with a crisis situation through age 21.

The Patient Protection and Affordable Care Act [P.L. 111-148] further amends transition plan requirements. Effective October 1, 2010, a youth's transition plan must also include information on the importance of designating someone to make health care treatment decisions on behalf of a youth in foster care if the youth is unable to do so and does not have or want a relative who would otherwise be designated under state law to make such decisions. Youth also must be given information about how to execute a health care power of attorney, health care proxy, or other similar documents recognized under state law.

In Minnesota, the procedure for designation of health care treatment decisions is called a health care directive, governed by Minnesota Statutes, Chapter 145C. If a youth wants to pursue a health care directive, a suggested form is available in Minnesota Statutes, section 145C.16.

Child care

Foster children placed by Western Prairie Human Services are eligible for the Child Care Subsidy Program. This means that Foster Parents do not incur expenses for the child's care during their working hours. In order for a child care provider to receive subsidy payment, they must be a licensed provider.

It is most helpful if a foster family can have tentative arrangements made with a provider prior to any foster placements being received. Often children need to be placed in a home with little advance notice and as such, foster parents have little time to conduct a lengthy search for a Child Care provider. Foster Parents often find that Child Care Centers are able to meet the needs of availability on a drop-in basis.

Some children who come into foster care may have never been in a child care setting before creating additional new adjustments for that child. When selecting a provider, keep in mind the fact that foster children may have more difficulty adjusting to another new care giver and are likely to have some challenging behaviors. It is important to choose carefully a provider who has a lot of patience, understanding, experience, and positive behavior guidance to maximize the child's ability to a successful child care experience.

As not every provider is right for every family, it is up to the foster provider to ultimately locate a provider that is comfortable to them; however, the arrangements for supervision of children must be approved by the caseworker. When locating a provider, you must also notify the caseworker of your decisions. The caseworker or licensor may have suggestions of providers to contact. **Child Care Aware at www.childcareaware.org and Child Care Resource and Referral at www.c2r2.org** are services available to families seeking care. The County's child care licensor can provide you with a complete list of all the licensed Child Care homes within the county and these services can assist providers in narrowing the list down based on availability. You may

also find it helpful to speak to the county Child Care Licensor regarding any past complaints or corrective orders a Child Care Provider has received to help you narrow down the list more.

Once a provider is selected, notify the caseworker. **The caseworker must then authorize payment to that provider for services as our county may not be able to abide by the terms of the providers payment contract and thus the worker and childcare provider will need to communicate directly about this issue!** The provider simply completes the claim forms the same way he/she would for any other family receiving a county day care subsidy. Children 3-4 years of age may also be eligible for Head Start programs. Consult with your caseworker regarding this service for your foster child.

Respite Care:

Respite Care may be available for a foster child during the foster parent's non-working hours for the purpose of giving the foster providers or current caregivers a needed break. Foster providers utilize respite care so they can attend their own family functions, training seminars, or just to have a break from the high demands the foster child's behavior is placing on them. Respite providers must be approved by the agency. There may be a few licensed foster homes specifically interested in providing respite care. Other foster homes may be available on a case-by-case basis. At times we have utilized the services of licensed child care providers and other approved individuals. Requests for respite services ideally should be made at least 72 hours in advance so that transitions can be made smoothly. Often times respite arrangements also include a pre-placement visit between the respite provider and the child. This provides an opportunity for the child to become acquainted with the respite home and for the respite provider to have an opportunity to ask questions about the child's needs. If licensed, you may be asked from time to time if you would be available to provide respite to a child. Usually respite care is done for children who are already in the foster care system; however, sometimes respite care is offered to families experiencing stressors as an effort to keep the family together. In most respite situations, arrangements are made openly between the family needing respite and the respite provider. A social worker may assist in locating a respite home or with transportation needs.

The frequency and duration of the respite care is determined on a case-by-case basis between the foster family and the child's case worker. Again, due to our limited availability of foster homes, respite requests should be discussed with the child's caseworker as soon as possible when the need arises.

Respite providers are compensated the same Difficulty of Care rate that the regular foster home is being provided at that time. For children not currently in care, a rate needs to be discussed between yourself and the placement worker. When approached with the discussion of respite, be sure to ask questions about the child's level of need so that you can make an informed agreement about the cost for care.

Over the years, our policy for reimbursement of respite care has changed many times. Sometimes the foster providers make an agreement to exchange their respite time with one another with neither provider claiming reimbursement. Sometimes the regular foster parent pays the respite foster parent directly in cash and sometimes it is agreed that both foster parents will claim full reimbursement + DOC for that child for the dates of respite with the respite provider indicating on their voucher that the service was respite care rather than foster care. This prevents questions on our agency's auditing for double payments for services. Prior to arranging the respite time, both foster parents should be instructed from the child's caseworker what the arrangements for payment will be.

Remember--if you are providing respite care, it is taxable income.

Schools:

School frequently impacts heavily on a child's total development. It is important to maintain cooperative relationships with the school systems and school personnel. Upon placement of a school-age child into your home, clarify with the social worker where the child is registered. School authorities and transportation personnel should be aware of the change in the child's residence.

At times, it maybe necessary for you to be an advocate for your foster child within the school setting. If you feel that the child's educational needs are not being met, visit with the Social Worker as a school conference may be appropriate. It is important to keep in contact with your child's school system as the child's success may be influenced by the interest you show. Attendance at the high school level can be particularly important for future roles, education, and employment. Children with special learning needs require an **Individual Education Plan (I.E.P.)**. The parents, guardian, social worker, and foster parents should all be involved in the development of such a plan.

Foster children are eligible for free lunches through the school.

In order to qualify, the foster parents should obtain an application for reduced rates from their public school or print this form from the website **DHS-6384-ENG**. If questions arise, please call the agency.

Enrollment of a foster child in a private school would require the permission of the natural parent, which would need to be obtained through the child's social worker. Even though payment for tuition and books is not available through the County, some schools may waive the tuition if they are aware of the child's foster care status.

Pets:

Sometimes pets have difficulty adjusting to the addition of family members. Please protect not only your pet but also children in care from being harmed. Young children or children who have come from abusive backgrounds have aggressive tendencies, poor impulse control, and anger may both intentionally or unintentionally harm animals. Dogs and cats must have rabies shots kept current at all times. You will be asked to provide verification of your pets rabies vaccination at the time of licensure and relicensure. If a foster child is bitten by an animal or receive a scratch that breaks the skin, please notify the child's case worker as well as the licenser.

Nutrition/Feeding/Hygiene:

Children coming from abusive or neglectful homes often times lack the foundations of good nutrition and hygiene. It is important that foster children be fed well-rounded daily meals in order for them to grow physically and intellectually. Your family will be setting examples of routine, manners, the practice of good hygiene every day. It is important for children to have exposure to proper nutrition and hygiene. Some will continue to use the routines they become accustomed to while in your home once they return to their own home.

Hand washing before meal preparation, after toileting, and before meals are the basic foundations of hygiene. Regular bathing and washing of hair and clothing is also necessary. Encourage children to participate in the family routines and chores. Teaching children skills of independence such as basic meal preparation and doing laundry is very valuable.

You may find that some children are not accustomed to eating well-rounded meals and snacks. Encourage them to experiment with new foods but don't force them to eat. Some children may not be used to eating at a table as

a family unit or the proper use of utensils. Again, we encourage you to encourage the children and to experiment and make mealtime pleasurable. For feeding practices of infants, we recommend consulting a pediatrician for the most up-to-date information as when to start solids and use of formula. Due to the significant need for infants to develop health attachment, bottle propping is not allowed. Again use feeding time as a time to hold, snuggle, develop eye contact, and talk to the infant.

If you have questions or concerns about your foster child's nutrition or hygiene, please contact the child's caseworker or the licensor. Your local Extension Office and the Public Health Clinic are both excellent resources regarding nutrition and hygiene for children of all ages. Please speak to your child's caseworker about eligibility for the WIC program.

Some children entering into foster care may also come from homes where the lack of hygiene has led to problems such as head lice. As you can imagine, when head lice is brought into a foster home undetected, it can create a lot of problems. It is a good idea to have on hand some head lice treatment products just in case. Try to be as tactful as you can when approaching this issue as the discovery of head lice and how it is handled can cause a great deal of shame or embarrassment for a child. Use caution but do not give the child a feeling that they or their belongings are 'at fault' or 'dirty' or 'not worth keeping' as these messages are very devastating to a child already in crisis. If lice is detected, consult with a public health nurse for measures to treat the child and the environment.

You may also wish to have some extras of toothbrushes, combs, and other personal hygiene products on hand for those children that arrive at times when it is not convenient to go out shopping right away.

Some children may have hair that is unkempt or dirty or poorly managed. It often times is the response of well-intentioned foster parents to 'scrub the kid up a bit so he/she can feel good about him/herself' or 'fit in and not stand out.' Often time's emphasis placed on 'giving the child a make-over' gives just the opposite outcome. The child may feel unaccepted for who he/she is as he/she is if the changes are too dramatic too soon. Haircuts often times create feelings of hurt and anger by the parents if they are unable to take part in the planning for that event.

Approvals for Children in Placement:

Applying Reasonable and Prudent Parenting Training

In 2016 the MN Department of Human Services enacted new legislation in response to Federal requirements that requires all CFC providers and applicants to be trained on Reasonable and Prudent Parenting Standards. In the past, children in out of home placement have not been able to participate at times in activities in the same way as their peers due to challenges in their living situations. This policy is to attempt to remove barriers to participation. Foster parents and designated residential facility staff are given more responsibility for the day to day decision making for the child and are permitted to apply the Reasonable and Prudent Parent Standard to allow a foster child's participation in extracurricular, social and cultural activities typical for a child's age, or are developmentally appropriate.

Using the application of Reasonable and Prudent Parent Standards, the child's or youth's activities caregivers may approve the child's participation in activities of normal childhood. Responsible social service and child-placing agencies shall support a foster child or youth's **emotional** and **developmental** growth by permitting them to participate in activities or events that are generally accepted as suitable for children/youth of the same chronological age, or developmentally appropriate for a child, as required by Minnesota Statutes, section 260.212, subd 14. County/tribal agency case managers are encouraged to include a child/youth's activities or interests in the case plan.

The Reasonable and Prudent Parenting training will address why supporting age appropriate activities is

important, what it means for foster families, what are the social and extracurricular childhood activities that can be approved by foster parents as caregivers and how the law addresses liability concerns.

Foster children need to be able to experience the same social, emotional and cognitive well-being as those not in foster care. Social and emotional bonds, cultural connections, assets development and skill building are achieved through participation in activities and children are taught important life-long development and social skills. Trauma that foster children may have experienced may be mitigated by participating in activities that help them feel "Normal". Participation in activities also provides foster children opportunity to practice skills in a protected environment, build relationships and contributes to successful transitions to adulthood. The child's Out of Home Placement Plan and Independent Living Plan will provide opportunity to discuss the child's interest, cultural considerations and activities available in the community, school and foster home. It also allows for the wishes of the child's parent to be considered as one of the goals of foster care is to keep the birth parents as involved in their child's life as possible.

Issues that do not require caregiver consent, but often create strain in the foster provider/birth parent relationship seem to focus around Haircuts, School Photos, Vacations with the Foster Family and the Child's participation in Religious Activities. It is never appropriate for a foster provider to consent for a child to receive a Religious Sacrament such as Communion or Baptism without consultation with the child's worker and the birth parent. We strongly caution against foster families providing consent for permanent decisions such as piercings or tattoos.

Medical Care:

Children placed in foster care are eligible for medical assistance. It can take up to 1-2 months before a foster family actually receives an MA card. This is because the child's parent and social worker must complete a new application form for that child. If medical services are needed prior to the issuance of a MA card, your child's case worker should be able to provide you either with the MA number to use or assist in arranging for services.

Some children continue to be covered through a parent's private insurance plan in addition to MA. If the service provider has questions or concerns about the child's coverage, we recommend that the service provider contact the child's caseworker directly. If you are having difficulty locating a provider who accepts medical assistance, we recommend again consulting with the child's caseworker.

All children coming into placement must complete a physical, dental and vision screening within the first 30 days of placement. This will help identify any areas needing further attention. We recommend that a physician who already has knowledge of that child see the child. You may not be able to answer all the questions regarding the child's past medical history. This process of scheduling appointments may be teamed with the child's caseworker.

Please ask the caseworker to help you obtain as much information about the child's medical needs/history as soon as possible. Sometimes it is beneficial to have the child's parent participate in these exams for this reason. Please discuss this with the child's caseworker, as every situation is different.

Whenever a foster child requires medical or dental treatment due to an accident (whether it be in your home or elsewhere), notify the child's case worker or other agency personnel immediately. This allows the worker to document the child's injury and notify the child's parent. **In the case of emergency or surgical care, you must contact the social worker, or supervisor as foster parents do not have the authority to give this consent.** Similarly foster parents cannot sign consent for non-routine medical care and evaluations. Please discuss your agency's own policy with your child's worker.

Foster parents must be responsible for administering medication to the children in care. If there is a child on medication, especially for a mental health issue, it is recommended that foster parents chart the administration of these medications. Medications must be given according to the manufacturer's instructions or prescription label.

Emergencies

Foster providers must have available first aid supplies for emergencies.

It is recommended that each foster provider have a kit, which contains the following supplies:

- Bandages
- Tape
- Scissors
- Sterile Compress
- Mild Liquid Soap or Alcohol or other antibacterial cleanser for cleaning wounds
- Ice Bag or Cold Pack
- Thermometer
- Syrup of Ipecac. You must ask a pharmacist for this over the counter.
- A First Aid Manual
- Eye Protection
- Disposable gloves
- Disposable bags

Universal Precautions

All children and adults are capable of transmitting viruses and are also susceptible to infections from certain viruses and bacteria. When caring for any child in your home, the following Universal Precautions are recommended:

- Always wash hands thoroughly with warm water and soap immediately after having contact with blood or bodily fluids (saliva, urine, stool or vomit). Regular soap is adequate.
- Wash dishes in hot soapy water or in the dishwasher, if you have one. It is not necessary to keep a high-risk child's dishes separate.
- You may wash clothing with other family laundry in the washing machine or by hand, using hot soapy water.
- Do not allow family members to share toothbrushes
- Avoid placing your fingers in any child's mouth. Also discourage other adults and children from doing this
- Toys that have been in any child's mouth should not be shared with other children. Wash plastic toys that have been soiled with bodily fluids in hot soapy water. Wash stuffed toys in the washing machine or in hot soapy water.
- Place soiled diapers in a diaper pail lined with a plastic bag. Keep these in an area where small children do not have access to them. Securely tie the bag and dispose of with other household trash.
- Clean any surfaces containing bodily fluid spills with one (1) part bleach to (10) parts water.
- You do not have to wear gloves for diaper changing unless there is diarrhea (blood may be present) or a bleeding diaper rash. Remember to wash hands before and after diapering.
- Wear disposable latex gloves to prevent possible exposure to blood-borne viruses when cleaning bodily fluid spills containing blood or if your hands have cuts, abrasions, or a rash. Place the gloves and cleaning materials in a plastic bag, tie securely, and dispose of with other household trash.

Special Information about Infant Care

When a license holder is placing an infant (a child under age 12 months) to sleep, the license holder **must** place the infant on the infant's back, unless the license holder has documentation from the infant's parent directing an alternative sleeping position for the infant. A provider may allow an infant who independently rolls over on its stomach after being placed to sleep on its back to remain sleeping on its stomach **if** the infant is at least 6 months old or the license holder has a signed statement from the parent that the infant regularly rolls over at home. The parent directive must be on a form approved by the commissioner and must include a statement that the parent or legal guardian has read the information provided by the Minnesota Sudden Unexplained Infant Death Center, related to the risk of SUID and the importance of placing an infant or child on its back to sleep to reduce the risk of SUID, formerly known as SIDS. If an infant falls asleep before being placed in a crib, e.g. in a stroller, car seat, carrier, while being held, the infant must be moved to a crib as soon as practicable—but until then, the infant must be kept within the sight of the license holder, and not be in a position where the infant's airway may be blocked or the infant's face is covered. The license holder **must** place the infant in a crib on their back, directly on a firm mattress with a fitted crib sheet that fits tightly on the mattress and overlaps the mattress so it cannot be dislodged by pulling on the corner of the sheet. The license holder **must not** place pillows, quilts, comforters, sheepskin, pillow-like stuffed toys, or other soft products in the crib with the infant. The requirements of this section apply to license holders serving infants up to and including 12 months of age. All cribs with drop sides are recalled and **cannot** be used in licensed homes.

SUDDEN UNEXPECTED INFANT DEATH (SUID) and Abusive Head Trauma (AHT) Training Requirement

Minnesota Statutes, section 245A.144 and 245A.1445, requires child foster care providers to document that before caring for children through 5 years of age, staff persons, caregivers, and helpers have received training on reducing the risk of sudden unexpected infant death (SUID) and abusive head trauma(AHT). This training may be provided as part of orientation or in-service training. The training must be at least one hour in length (for both topics combines) and must be completed once every five years. The training must be approved by the licensing agency and fulfills, in part, the training required under Minnesota Rules, part 2960.3070.

Recently the term SIDS, Sudden Infant Death Syndrome, was changed to SUID. The reason being is that a majority of unexplained deaths of infants are preventable as there has been a high correlation between improper sleep space and infant deaths. The term SUID includes other types of sleep related deaths such as children suffocating between cushions on a couch, from caregiver co-sleeping leading to suffocation and improper safe sleep spaces that cause deaths for young children. Foster providers of young children may find themselves at times overcome with exhaustion when caring for a young child or simply the opportunity to snuggle a young child as they are rocked to sleep causes the provider to drift off. This can lead to accidental suffocation of the child. Thus is so very, very important that providers understand that the safest place for a baby to sleep is in a crib or port crib which meets code and safety requirements.

In all cases, when a license holder is placing an infant to sleep, the license holder must place the infant on the infant's back, unless the license holder has documentation from the infant's parent directing an alternative sleeping position. This parent directive must be on a form approved by DHS and must include a statement that the parent or legal guardian has read the information provided by the MN SIDS Center related to the risk of SUID and the importance of placing an infant or child on the back to sleep for the reduction of SUID. The license holder must place the infant in a crib directly on a firm mattress with a fitted crib sheet that fits tightly on the mattress and overlaps the mattress so it cannot be dislodged by pulling on the corner of the sheet. The license holder must not place pillows, quilts, comforters, sheepskin, pillow-like stuffed toys or other soft

products in the crib with the infant. This requirement applies to license holders serving infants up to and including 12 months of age. Best practice is always for the provider to make periodic checks on a young child during nap times and if an infant has rolled over onto his/her stomach, to roll the child back over onto his/her back. It is required for providers at the soonest convenience to move a child from a swing, car seat, bouncy chair or stroller to a crib or port crib.

DHS has approved the following series of videos listed on the next page to meet the SUID component for a free self-study option for child foster providers. All three videos must be viewed to meet the SUID training requirement. Total time to view the videos is approximately 23 minutes.

Please Note: The videos below include portrayals of infant sleep environments in private, non-licensed homes that are not subject to the requirements of Minnesota Statutes, section 245A.1435. Licensed providers must comply with statutory safe sleep requirements when sleeping infants including nothing in the crib except for an infant's pacifier. In addition, attachments or modifications to the crib are prohibited.

ABUSIVE HEAD TRAUMA (AHT) Training requirement

All Child Foster Care Providers who care for children 5 years of age or younger must complete education on reducing the risk of Abusive Head Trauma (AHT) in young children. This terminology was once called Shaken Baby Syndrome. The same was changed as it implied that only infants are at risk of injury as a result of abusive trauma to the head. Hitting, cuffing, slapping, shaking and other abusive rough handling of a child by caregivers can cause permanent injury or death to a child of any age, but children under 5 years of age are at greater risk. As a foster care provider, you may provide care for young children who will push you to the limits of your patience and children entering foster care are at greater risk for being re-abused by their foster caregivers because they can be harder children to console, redirect behavior and may have needs which lead them to be more demanding of energy, time and supervision than children who have not experienced trauma. Abusive Head Trauma is 100% preventable and should never, ever happen to a child in foster care at the hands of foster parents. It is important for foster providers to know their limits, practice good self-care and to know how to remove themselves from stressful parenting situations. How a caregiver reacts to a child's crying or tantruming may change the course of a child's life in seconds.

At the same time, it is important for foster providers to recognize the signs and symptoms of AHT in young children so that immediate attention can be given to a child who may have been a victim of further abuse while in the birth parent home, during visitation or while in a child care setting.

This training can be obtained through independent study provided through your licensor or can be obtained at various websites at various costs. This training must be renewed every 5 years.

SUID Video

The Department of Human Services has approved the following series of videos to meet the SUID component when individuals are not receiving face-to-face, classroom, or online SUID training. All videos must be viewed to meet the SUID training requirement.

Please Note: The videos below include portrayals of infant sleep environments in private, non-licensed, homes that are not subject to the requirements of Minnesota Statutes, section 245A.1435. Licensed child care providers must comply with statutory safe sleep requirements when sleeping infants including nothing in the crib except for an infant's pacifier. In addition, attachments or modifications to the crib are prohibited.

1. <https://www.youtube.com/watch?v=JNWBSZZm3no&list=UUJDCgrMI0B2Og4ZdeOOrnFA&feature=c4-overview> Produced by Hennepin County Produced by Hennepin County (4:17)
2. <http://vimeo.com/51317716> Produced by Eastern Virginia Medical School (5:50)
3. <https://www.youtube.com/watch?v=X0YshwsmZUc> Produced by Dakota County (6:28)

AHT Video

The Department of Human Services has approved the following series of videos to meet the AHT component when license holders are not receiving face-to-face, classroom, or online AHT training. All videos must be viewed to meet the AHT training requirement.

1. <http://ctf4kids.org/2011/10/new-educational-videos-released-on-shaken-baby-and-safe-sleep-awareness/> Never Shake (7:48)
2. <https://www.youtube.com/watch?v=THhFoYk7U40> The Doctors (1:48)
3. https://www.youtube.com/watch?v=_t9vH6tqwxg&feature=player_embedded Forever Shaken (33:17)

EAGER TO LEARN option

<https://www.eagertolearn.org/CourseSchedule/CourseDetails/3005>

Anytime Learning online trainings are self-paced courses designed to give students the flexibility to learn on their own time and at their own speed. Students follow interactive presentations that feature an easy-to-use control panel with audio and video support. Learning checkpoints and quizzes throughout Anytime Learning presentations help students stay engaged and reinforce the information. **Anytime Learning courses appear with "ATL" in the title on the registration page of Eager-to-Learn.** YOU MUST COMPLETE THIS COURSE BEFORE THE DEADLINE PROVIDED IN ORDER TO RECEIVE A CERTIFICATE

Sudden Unexpected Infant Death. The training curriculum will address state regulations and national recommendations

to reduce Sudden Unexpected Infant Death (SUID) including SIDS, suffocation, and other sleep related infant deaths. Safe sleep environments will be discussed, as well as consequences of non-compliance with state regulations. \$5

Abusive Head Trauma. The training curriculum will address the symptoms and consequences of abusive head trauma; identify risk factors for abusive head trauma; identify strategies to use when frustrated and stressed; review mandatory child abuse and neglect reporting. \$5

SWADDLING INFANTS

Another note is that placing a swaddled infant down to sleep in a licensed setting is not recommended for an infant of any age and is prohibited for any infant who has begun to roll over independently. If a provider wishes to swaddle an infant, they must obtain consent from the agency (guardian) and/or the parent. In those instances, the license holder may place the infant who has not yet begun to roll over on its own down to sleep in a crib, on their back, in a one piece sleeper equipped with an attached system “wing style” that fastens securely **ONLY** across the upper torso, with no constriction of the hips or legs to create a swaddle. It is highly recommended that prior to use the license holder have the licenser, case manager or public health nurse observe the “wing sleepers” and sign the swaddling consent form.

CHILD PASSENGER RESTRAINT TRAINING 245A.18, Subd. 1 & 2

Minnesota Statutes, section 245A.18, subd. 2, requires child foster care programs that serve a child or children under nine years of age to document that before a license holder, staff person, caregiver, or helper transports a child or children under age nine in a motor vehicle, the person transporting the child must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles. This training may be used to meet initial or ongoing training requirements; the training must be at least three hours in length; and the training must be repeated at least once every five years. At a minimum, the training must address the proper use of child restraint systems based on the child’s size, weight, and age, and the proper installation of a car seat or booster, seat in the motor vehicle used by the license holder to transport the child or children. The training must be provided by individuals who are certified and approved by the Department of Public Safety, Office of Traffic Safety. (Effective January 1, 2006.)

Foster Providers caring for children under age 9 must also obtain training on Child Passenger Safety. Courses are available across MN but must be provided by a certified trainer.

If you have questions regarding this, please call your Child Foster Care Licenser.

Immunizations:

Children entering Foster Care may be behind on their childhood immunizations. It is important that all children be kept up to date on their shots. Enrollment of a foster child into a school or childcare setting may be difficult without an immunization record. Ask the child’s caseworker for a copy of the child’s immunization record as soon as possible. If the child is behind on routine immunizations, the caseworker and parent **must** be consulted so a plan can be made for the child to be brought up to date. Sometimes locating the immunization records can be frustrating and time consuming but should not be overlooked. If there is a problem enrolling a child due to insufficient immunization information, please speak to the child’s caseworker and he/she may be able to assist in the child’s enrollment with an agreement by our agency to provide the facility with that information as soon as it becomes available.

Religious Instruction for the Foster Child:

The child and his natural family are ultimately responsible for determining the types of religious activities in which the child will participate. If they have strong feelings, which may cause difficulties because they differ from the foster family's ideas, a plan should be developed which respects both families' preferences. In the busy lives that foster parents have, this issue is sometimes overlooked and a foster child is allowed to or is expected to participate in religious activities with the foster family on the presumption that the birth family won't object. Religious participation cannot be forced on any child. Older children especially should be allowed provide input regarding this matter. For supervision reasons, it may be necessary to develop a plan for the child's care and supervision if a child refuses to participate. If a child or their natural family desires them to attend services of a different religion from the foster family, attempts should be made by the approval of the child's case worker to provide this. If the child cannot attend alone, perhaps the clergyman can locate a family in the congregation who is willing to volunteer to pick up the child for religious activities. Such a family may be very good for the child in helping him or her establish identity and prove self-worth; but again, it should be discussed with the foster child's case worker at the time of placement. **Due to the sensitive nature of religion and the strong emotional and strong feelings associated with those religious beliefs and practices that, birth parents must consent to a foster child's participation in the receipt of any religious sacrament or other significant religious ceremony i.e. baptism, communion, confirmation, becoming a member.** If you have questions about your foster child's religious instruction, please consult with your case manager and/or the birth family!

Alcohol Use by Your Own Family:

As foster parents, you are not restricted from consuming alcohol. The agency does not intend to define the foster family's social life. However, witnessing drinking gets difficult for some foster children who have experienced physical or sexual abuse or neglect due to an intoxicated parent. Most of the time you will know the specifics of the foster child's background prior to the placement. If no information has been given to you with regard to the child's background as it pertains to alcohol, **ask for it**. You need this information so you may plan appropriately. If the agency views a foster parent's drinking at home as detrimental to the child, you, of course, should not plan to drink in front of the foster child. Again, asking questions is the easiest way to help you plan for the child.

As everyone handles chemical use differently in their homes, each family will need to develop their own **Chemical Use Policy** for their home. This policy must at a minimum address that it is not acceptable for individuals having direct responsibility for care and supervision of children from being under the influence of chemicals to the point that it will impair their ability to provide that care or supervision. This includes alcohol, illegal drugs as well as prescription medication which could impair their ability to provide care.

When completing the Home Safety Checklist consider where your family stores its alcoholic beverages and your family's thoughts about alcohol use and how this may affect foster children. Regardless of the child's age, it is recommended that alcohol be stored in a secure or highly supervised area. Many families store various bottles of alcohol in cabinets and closets. If you choose not to secure the storage location, it is strongly advised that foster parents should have an awareness of what types and what quantities of alcohol they have on hand so that they can monitor if any is missing. It is fairly natural for adolescents to sneak into the parents' alcohol for the purpose of experimentation, but it can be quite dangerous as well. If ever you have suspicions that your foster child has been consuming alcohol or using other chemicals, first remove the chemicals to a safe location and contact the child's case worker.

Tobacco Use by Your Own Family:

As of July 1, 2014, child foster care homes must be smoke free per MN 260C.215, Subd. 4, 6 & 9.

Preventing exposure to secondhand smoke for children in foster care.

A child in foster care shall not be exposed to any type of secondhand smoke in the following settings:

- (1) a licensed foster home or any space connected to the home, including a garage, porch, deck, or similar space;
 - (2) all outdoor areas on the premises of the home when a foster child is present; and
 - (3) a motor vehicle in which a foster child is transported.
- (b) The home study required in subdivision 4, clause (5), must include a plan to maintain a smoke-free environment for foster children.
- (c) If a foster parent fails to provide a smoke-free environment for a foster child, the child-placing agency must ask the foster parent to comply with a plan that includes training on the health risks of exposure to secondhand smoke. If the agency determines that the foster parent is unable to provide a smoke-free environment and that the home environment constitutes a health risk to a foster child, the agency must reassess whether the placement is based on the child's best interests consistent with section 260C.212, subdivision 2.
- (d) Nothing in this subdivision shall delay the placement of a child with a relative, consistent with section 245A.035, unless the relative is unable to provide for the immediate health needs of the individual child.
- (e) Nothing in this subdivision shall be interpreted to interfere with traditional or spiritual Native American or religious ceremonies involving the use of tobacco.

Families who have previously smoked inside the residence will be asked to cease this practice immediately. Families who have previously smoked in their attached garages, on their decks, on their porches and in their vehicles will be asked to discontinue this practice as well and remove themselves from smoking in/on any place attached to the home or within the presence of foster children. While we understand that this may be frustrating, the statute allows for the foster family and the licensing agency to develop a plan together of how to come into compliance. This plan would include having the foster parents obtain training on the health risks of exposure to second hand smoke.

Families where there is a smoker in the home will be required to provide evidence that they have viewed the Smoke Free Foster Care Video located at the Western Prairie Human Services website.

Use of Chemicals by a Foster Child

It is against the law for persons under the age to use them. A good number of adolescents coming into care have both used alcohol and tobacco products and illegal drugs. Although you may not be able to prevent them from using chemicals when they are not in your direct care, you will need to establish some general guidelines and consider methods in which you can guide those children into making good choices about their actions. If you suspect that a child in your care has used chemicals while in care, you **need** to report this to the child's case worker. Use of cigarettes is generally frowned upon as well, but a little more tolerated. If accepting a child into your home who has a history of chemical use or who smokes, you should speak to the child's social worker about both the agency's expectation for use by the child as well as your own expectations for that child's behavior.

TRAINING:

Why do foster parents need training?

Most of us receive no training to become natural parents. What is different about becoming a foster parent? Although there are many similarities, there are also many differences. Foster parents are more restricted in the decisions they can make for the children in their care and have certain responsibilities that other parents do not. Also, foster parents take many different types of children and work with them for a relatively short time. These children come from a wide variety of backgrounds and are most often very different from the children foster parents have themselves. Most of these children will return to their natural families or move on to another situation. Foster parents must cooperate with a number of other professionals about the well being of the child including the social services agency. For these reasons, it is helpful for you to approach the idea of foster parenting as a job. Foster parents are viewed as a part of a professional team, planning and providing for the children in their care. Many people find the idea of fostering as a job makes them uncomfortable. They feel it takes away from the emotional concern and intimate care most foster families are able to bring to fostering. Also, foster parents work twenty-four hours a day, seven days a week, and receive minimal compensation for their services. Yet those who are unable to see some relationship between their work with children and a job usually run into some difficulties with the agency, with the natural families of their foster children, or with the children themselves. By viewing fostering as a job, it is easier to talk about the duties and responsibilities foster parents have and what they can and cannot expect from the agency for which they work. Refer to the **Agreement Between Foster Parents and the Agency.**

Training is available through many different resources as well as through individualized self-study. Technical Colleges and Universities, school districts, community education and early childhood family education programs all hold workshops that may be helpful to foster families in their work with children. If you provide services to a child with special needs such as a learning disability, ADHD or developmental delays, additional training and support opportunities may be available through support services such as the **Windmill Project.** As

a foster parent you may also receive from time-to-time information on training at the Regional, State or National level. **Pre-Foster/Pre-Adoptive Training** is available through the **Department of Human Services** as well as many private child-placing agencies and is usually free of charge or very reasonable rates. If you have the opportunity to attend one of these trainings, it is highly encouraged. As each foster parent's needs and placements are different, training opportunities may be somewhat limited for specific areas of interest to providers. Therefore, providers are encouraged to locate resources (books, videos etc.) obtained directly from the agency or other lending libraries that are specific to the challenges that they as a foster family are facing. **Online resources** are also available. Try www.fosterparentstest.com or other web-resources.

If you have an interest in a particular topic, which would improve your ability to work with a specific child, please contact either the child's case worker or the licensing worker and request information on that topic.

Every foster parent shall participate in a minimum of 12 hours of training related to foster care annually.

Training opportunities shall include, but not be limited to:

Child and adolescent development	Communication skills
Child specific	Therapist or IEP
Methods of discipline	Roles and relationships in foster care
Community services for children	Constructive problem solving
Case Plan Meeting	Human sexuality
Working with natural parents	First aid and safety
Trauma of separation	

All foster parents caring for children under age 5, must complete a one-hour course in **Sudden Unexpected Infant Death Syndrome (SUID) and Abusive Head Trauma (AHT)**. All providers caring for children age 9 and under must complete a course in **Child and Restraint Systems** presented by a certified trainer. Training on these specific topics must be done once every 5 years. Additionally, all applicants and licensed providers are required to have specified courses in **Children's Mental Health** and **FASD**. Your licensing worker will notify you when these training opportunities are available. **As these workshops are required; your participation is very important.**

The foster parent must keep track of his/her training. A **TRAINING Record** form is attached. This form will be collected from the foster parent by the licenser at the time that the foster care license is renewed. If a foster parent has a question about whether a certain book, video or presentation can be credited toward the annual training requirements, please contact the licenser.

It is noted that when a foster care provider has not completed the required annual training at the time of relicensure, no further placements may be made to that home until the provider has complied with the training requirements. The licensing will be restricted to the children currently placed in that home.

Privacy, Use of Technology and Your Protection:

Most foster homes are limited somewhat to the space that they have to accommodate foster children. Sleeping arrangements that may seem very suitable for the foster families own children may not be appropriate for foster children. In order to protect both the foster child and foster family, the foster child is given his or her own bed for sleeping. This reduces the risk of sexual exploration between children and also reduces the risk of creating problems or confusion for the foster child, which may lead to an allegation of sexual abuse by a foster parent.

Exposure of a foster child to things that we may take for granted such as sleeping in the nude, bathroom privacy, and sexually explicit media i.e. videos, magazines and computer images may have a negative impact on the child. If the child has experienced sexual abuse or other loose sexual boundaries in his/her own family, lack of privacy may be traumatic, confusing or create problems for the foster family. Please discuss the needs for privacy with each child's social worker.

Computers and use of technology such as cell phones are becoming part of our everyday routines. Some foster youth lack impulse control and maturity to be able to manage technology in a safe and appropriate way. We

strongly recommend that foster parents place parental controls on personal computers and provide supervision and ongoing monitoring of the use of technology in the home in order to protect the foster child from risk taking behavior and to protect the foster family from damage to these devices.

Confidentiality/Data Privacy/Social Networks/Facebook:

Foster families usually receive from the agency a large amount of information about the child in care and the child's family. Foster parents need a good deal of information, which might be considered confidential if they are to work effectively with the child. As part of the professional team working with a child, they have a right to this information.

You have a professional responsibility to protect the child and his family by making sure they never share this information with others except those who must also need the information to do their jobs effectively.

It is not always easy to decide what kinds of information should be shared with whom. Most foster families are excited when they get a phone call from the agency inquiring about a placement. Some foster parents may feel so excited that they want to tell the whole world! In the foster parents' excitement and enthusiasm, it is sometimes easy for them to forget about the rights of privacy of the child and his/her family. How many times have you run into a situation where you meet a total stranger and later find out that they also know your neighbor? In rural communities when families are experiencing difficulties, it is not uncommon for many people to be aware of it. Foster parents will come into contact with a lot of different people--your relatives, your neighbors, your schools, your day care providers, your church, attorneys, therapists, and other foster parents. Also, the people you are close to have an interest in your foster child and that you are providing care for the child. The child's family background and reason for placement need to be kept confidential. This is difficult to do because people naturally share information with family and friends, e.g. the child's name and age and/or school he is attending. The rest of the child's case information cannot be shared due to privacy laws. Ask the child's case manager when specific questions come up about the child's personal information.

It is also important for foster parents to make certain their own children understand the necessity of not discussing information except name and age of the foster children outside their immediate family. You might want to have them practice a short answer, too, such as 'I can't say' or 'Ask my Mom or Dad.' Frequent reminders may be necessary if your child is talkative.

With the increase of use of the Internet, we must also address the issue of a foster child's privacy. Foster providers are prohibited from posting any information (including photos) about a foster child or a foster child's family on a personal Blog, Facebook, My Space, Snapchat, Instagram or other social networking media. Item 14 under the "Agency May Expect the Foster Parent to" section of the Foster Parent Agreement Form says that foster parents agree to "keep information about the child and child's family confidential and discuss it only with appropriate agency staff members and other professionals designated by the agency." MN Rule 2960.3010, Subp. 5 discusses basic services which includes a foster child's basic need for privacy. In some cases, licensing sanctions have been issued when it has been determined that a child's privacy has been violated. If you need to question if something has been posted inappropriately, please take the post down.

The only acceptable way for a licensed provider to post any information and/or pictures regarding persons served by their program is to obtain WRITTEN permission from a parent, or guardian. Even if the provider uses 'assumed names' to attempt to avoid others from recognizing the individual or child.

If a provider insists on using these sites, DHS recommends the following guidelines be followed:

- Even with written permission, proceed with caution in posting pictures and information. The information is now public and may be accessed by anyone for any reason.

- Supervision of children and the provision of services to children should never be less than the standard required because of excessive computer use by the license holder or those responsible for the child's care and supervision.

In some cases, DHS has issued licensing sanctions when it has been determined that these privacy needs have been violated.

Additional information:

Foster parents need to begin to recognize their responsibility in this area as well when communicating with other individuals also think about what is being said and what will go into the child's record. Any specific types of information prejudice the people around the child or effect their behavior toward the child; for instance, when taking a child to a medical doctor for his or her first check-up, it is appropriate to advise the doctor all that is known about the child's immunizations, previous illnesses, accidents, abuse (if any), allergies, etc., developmental information, if known, or which may be significant, and where earlier medical records may be obtained. It is not necessary to tell the physician about the child's background unless there is a reason to feel that it would affect his or her physical development. When taking a child to a medical doctor for a specific illness, it is appropriate to advise the physician of specific symptoms, when they occurred, the frequency and severity and any previous or similar situation including temperatures, rash, vomiting, diarrhea, soreness or aches, problems with eating, sleeping, or drowsiness. Most of the time, unless the child is very young or ill, the foster parents should encourage the child to answer the doctor's questions and make sure the doctor reassures the child and explains the treatment. Discussion that would embarrass the child or cause needless worry should only be undertaken when the child is not there. Most of the times, the foster parent's appropriate handling of medical conferences models for the child the kind of information, which is appropriate to share with the physician, and the kinds of response one expects from the doctor.

Typically foster care providers meet with the child's teacher at least twice a year for routine reports and as often as necessary if there are problems. Foster parents should not advise a teacher anything about the child's background. It is appropriate for the foster parent to advise the child's case worker about all areas of the child's school progress. If you as a foster provider do not feel that the schools plan is in the best interest for the child or if the school needs to know more about the child's background or natural family or if the school is not providing adequate services to the child, then it is appropriate to speak to the child's case worker about your concerns so that they may communicate with the school through the Signed Consent and Release for Information.

Please notify your child's caseworker of any scheduled conferences so that they may also attend and encourage maximum participation of the birth parents.

One key source of support for foster parents includes other foster families. Networking between foster families can be a very effective in providing mutual support by the sharing of experiences, discussing problems, suggesting and evaluating solutions and sharing the joys and benefits of fostering. However, information that the foster parents should share with other foster parents about a specific child should also be limited. Again, it is important to be sure that the other foster parents have a need to know the information or are likely to be of help as opposed to gossip. If you have questions about communication with other foster parents about a specific child please refer your questions to your child's caseworker.

Therapy:

Often times a portion of the child's case plan includes for the child to receive individual or family therapy. This is recommended when the child's emotional development is at a stand still or behaviors, which cannot be tolerated (even temporarily), cannot be controlled, when the child's fears, anxiety or anger is interfering with other activities. Therapy may also be used as a tool to assist the child in adjusting to separation from his or her natural family and understanding the dynamics of his or her family. Foster parents can assist the child throughout the process of their receipt of therapy by talking with a therapist about the ways that they can help the child. However, foster parents should not expect the therapist to tell them what the child has said during therapy sessions.

Gifts to Foster Children:

Because foster parents are giving people, they frequently like to provide foster children with gifts such as bicycles, dolls, sports equipment and so on. A foster parent's generosity depends upon his or her own circumstances. Foster parents are not encouraged to provide these extra gifts, but the gifts are not discouraged either. It is important to make sure the foster children realize that the gift is their gift and can be taken with them when they leave no matter what the circumstance is. If the gift is for all children in the home and is to remain in the home, let the foster child know this. It is important that foster children have some toys of their own and are not always playing with or having to share other children's toys. This will give the foster child a sense of belonging and develop better relationships among all the children in the home.

Many a well-meaning foster parent has encountered a critical response from a birth parent upon the child receiving gifts, even when the gifts are inexpensive. Many a birth parent has threatened their child with statements such as 'I will send you to a foster home and then you will begin to realize how good you have it.' Often times the reaction from the child is the opposite and the child is very comfortable in the foster home. This can be very threatening to the birth parents. They may have feelings of insecurity that the foster parents, though well meaning, are out to 'buy their child's love.' Please understand that when a birth parent loses control of their lives, they may make attempts to find control where they can. Often times this control manifests itself in the form of criticism about the providers choices in purchases made for the child. The parent's insecurity is justified, as many birth parents are not able to provide their child with 'the stuff' that you as a provider have to offer.

Sometimes foster parents feel a great deal of compassion for the child's situation and fall into the trap of 'buying stuff' for the child in a sense, to make up for what the child has previously gone without. A wise foster parent soon recognizes that there is no way that 'stuff' will make up for familial abuse, neglect and separation. A wise foster provider will also recognize that for children it is not the 'stuff,' which is important, but rather the love, understanding and security that the providers are able to give them.

Remember, if parents were able to provide for the basic needs of their family, were effective communicators, and good problem solvers, we probably wouldn't have their children in care.

Foster Provider Liability:

If you are a foster provider in the State of Minnesota licensed by the Department of Human Services, approved by a tribal government or the Department of Corrections, you are automatically covered by the group liability policy. The Minnesota Joint Underwriting Association does not know the names of each foster provider, only that if they fit the above definition, they are considered an insured for the policy. Basically, anything that you are legally obligated to pay is the result of your activities as a foster provider is covered. This includes but is not limited to injury to someone not living in the foster providers home by a foster child or adult, property damage done to some else's property caused by a foster child or adult, injury to the foster child or adult by the alleged negligent care by the foster provider. In case you are accused of injuring someone or damaging something because you are a foster provider, the Minnesota Joint Underwriters Association provides attorneys for your defense at their cost. Your obligation is to cooperate with them.

The limits of coverage are \$1,500,000 per incident and the policy will pay up to \$3,000,000 in one year. These limits are for each foster home. Basic exclusions to the policy include injury to the foster provider or member of the foster providers family; damage to any property that is owned by, rented to, or leased by the provider (such damage may be covered under your home owners policy); dishonest, fraudulent, criminal or malicious acts; any injury or property damage resulting from the operation or use of a motor vehicle; bodily injury arising out of or resulting from sexual abuse of a minor. If something should happen that you might be liable for, it is your duty to notify the Minnesota Joint Underwriting Association. They would rather know about hundreds of incidents that don't turn into lawsuits than miss one thing that does. First, follow the procedures of incident reporting from your county and include the MJUA on your list of people to notify. Never be reluctant to give anyone the MJUA name or phone number. They would prefer to talk to people and address the problem directly. The Minnesota Joint Underwriting Association will need a written report of the incident but would also appreciate a phone call as well.

If you have a question as to whether something is covered, please call as it can save a lot of worry and may solve a problem before it becomes larger. If you have questions about coverage or need to report a claim, contact, MJUA, at 1-800-552-0013 OR 952-641-0262 OFFICE 952-641-0274 FAX .
MINNESOTA JOINT UNDERWRITING ASSOCIATION
12400 PORTLAND AVE S STE 190
BURNSVILLE MN 55337.

Please contact your homeowner's insurance agent for information regarding what coverage you have and don't have when you become a child foster care provider. For a copy of the MJUA policy, contact the MJUA at the phone number listed above.

Grievance Procedures with the Agency:

Foster care providers are valued participants in the team, which strives to meet the needs of the child in placement. Through the team process, the foster care provider has the opportunity to participate in the planning and service, which is provided to achieve the goals in the child's placement plan.

As team members, foster care providers for children are invited to attend administrative reviews and they are asked to provide information or observations regarding the needs of the children in care. Information provided by foster care providers is included and considered in the agency decision-making process. In many cases the foster care provider helps to improve the relationship between the child and the parent to facilitate early reunification.

Foster care providers may disagree with decisions made by agency personnel. Foster care providers may be unhappy with services or guidance received from an agency representative. Many concerns are resolved informally when foster care providers discuss issues with the placing social worker and/or the licensing social worker. The worker's immediate supervisors are also available to discuss and resolve concerns. This information process allows team members to discuss and resolve many disagreements. The opportunity to resolve concerns is welcomed by the agency. If you feel our concern is still not resolved, please put the concern in writing and turn in to the agency.

Grievances within the Foster Home:

The foster provider must work with the licensing agency to develop written complaint and grievance procedures for foster children and their parents. The agency or the license holder must inform that child and parents about these procedures and upon request give the child or the child's parent a copy of the procedures and any forms needed to complain or grieve. The license holder must notify the placing agency and licensing agency about a written complaint or grievance and the resolution of that issue. You and your licensing worker will work to develop a policy within your home. An example of a **Grievance Policy** is enclosed.

DISCIPLINE

Law prohibits corporal punishment of foster children. Use of the following types of punishment is not allowed: any type of physical discipline such as spanking, hitting, grabbing, pinching, biting or kicking. Any type of degrading or humiliating punishment including the punishment in the presence of others, deprivation of meals, deprivation of monetary allowances, deprivation of visits to and/or from the parents, deprivation of contact with the placement worker or threat of removal from the foster home. The purpose of discipline is to teach children to get along as responsible members of a family and a community. Discipline is an essential aspect of child rearing and should be viewed as a positive learning experience so that children will develop acceptable patterns of behavior and rules of conduct as well as understanding of personal responsibility. It is important for a foster parent to remember that the foster children may come from families in which there were not consistent rules or standards of behavior. Fairness to every child in the household, foster or non-foster, is the basic ingredient of all discipline. Special discipline problems should be discussed with the placement worker as soon as they arrive.

Many people, at some time, have felt that physical punishment (hitting, spanking, slapping, biting, pinching, shaking) has been an effective way to make a child stop a certain behavior.

Some people feel physical punishment can be effective because they were raised with physical punishment and turned out to be healthy, happy and responsible individuals. Some people feel that it is effective to use physical punishment with children because it usually stops the behavior immediately by getting the child's attention. It also makes the parents feel better because they are angry and by expressing their anger in a physical way, they are able to get the message across to the child that they are angry and disapprove of the behavior of the child.

For a child who may have been abused or neglected or exposed to violence in his or her home physical punishment can be frightening. Other children who have been abused may respond to physical punishment by seeming numb to pain and as such it may seem like the child has to be hit or spanked harder and harder in order to get a response from the child. Some children may also seem to derive pleasure or relief from spankings as they may have learned throughout life that it is the only way to get attention from their parents or care givers. Some parent will indicate that spanking is a way that they have shown that they care about their child and his or her behavior and as such the child may associate physical discipline with a display of affection. Foster children

may work hard at getting foster parents to show their attention the same way that their birth family did. Foster parents may not know that a child has been physically or sexually abused until after the child is placed with them.

Physical punishment models aggressive behavior. It teaches children that the use of force by a larger person or person in authority is appropriate. We do not often see an adult using physical discipline with a child who is bigger than the adult, nor do we often see a smaller child hitting a bigger child.

ISSUES SURROUNDING LICENSING RULE COMPLAINTS and INVESTIGATIONS/PUBLIC INFORMATION

(MN STATUE 13.46 WELFARE DATA. Subd. 4.Licensing data)

As a licensed provider much of the information contained in your file becomes public information. This information such as your name, address, and telephone number may be made available to persons inquiring to our agency seeking services so that they may contact you. Other information contained within the file is also public information. This information may be provided to callers or workers upon their request.

Listed below is information that is open to the public:

- Name, address, telephone number
- Date of receipt of completed application
- Dates of licensure, previous license history
- Licensed Capacity, Class of License
- Type of Client Preferred
- Type of Dwelling
- Name and relationship of other family members
- Withdrawn and Denied application information including: name, city and county, type of license, dates of commissioner's receipt of initial application and completed application, date of withdrawal of application. Additionally, if denied, the date of denial, nature of basis for denial, and status of any appeal.
- Variances granted
- Number of reported serious injuries or deaths of individuals in the licensed program
- Record of training and education in child development
- Status of an appeal of a complaint, licensing violation, substantiated maltreatment, or negative action
- Type of Negative Action taken
- Negative Action Order
- Whether a fine has been paid
- Correction Orders (with any private info redacted)
- Existence and status of complaints
- Following any appeal: findings of fact, conclusions of law, and commissioner's final order
- Settlement Agreement
- Substance and investigative findings of resolved complaints with private data redacted
- Once licensing sanction or denial is issued, the identity of licensee as substantiated perpetrator of maltreatment is public if the licensing sanction or denial is based on the maltreatment
- Once licensing sanction or denial is issued, the identity of the license holder as a disqualified individual is public if the

licensing sanction or denial is based on the disqualification

- The identity of disqualified individual and reasons for the disqualification are public if the disqualification is set aside for a child care center or family child care program
- The identity of a disqualified individual, the reasons for the disqualification, and the terms of the variance are public if a variance is granted for a child care center or a family child care program
- The identity of the disqualified individual, the reasons for the disqualification, and the terms of the variance are public if a disqualification is set aside or a variance is granted for any 15-year disqualification, EXCEPT those for relative child foster care programs

If the agency received information about that a possible licensing violation exists, it is the duty of the agency to investigate to assure that providers are operating within the law. We must investigate the matter by making inspections of the home, interviewing the provider and/or making other contacts with collaterals, including parents of children receiving care in the home. Remind yourself that this is procedural. This is what the agency must do.

HOW DOES THE AGENCY LEARN ABOUT POSSIBLE VIOLATIONS?

There are many ways that our agency becomes alerted to possible non-compliance, including, but not limited to complaints made by parents of children or other individuals, in the community observations during re-licensing visits and through telephone or face-to-face contacts between the licensor and the provider, Guardian Ad Litem, ongoing case workers, or other mandated reporters working with the children or their families.

THERE ARE SEVERAL TYPES OF ACTION, WHICH MAY BE TAKEN IF A PROVIDER IS FOUND TO BE IN VIOLATION OF A LICENSING LAW.

The most common is a **corrective order**. A corrective order is similar to a "fix-it ticket" in which the provider is notified in writing that they have been cited for a violation and have a certain number of days to provide evidence that the violation has been corrected. A corrective order may be issued if the violation does not eminently endanger the health, safety or rights of persons served by the program. A corrective order may be issued if the violation is not serious or chronic and can be corrected within a reasonable amount of time.

Another system is also in place allowing the licensing agency to issue fines for violations of licensing laws. Fines range from \$100 to \$1000 and are generally imposed when the issuance of correction orders haven't brought about the necessary changes.

Numerous corrective orders issued for recurring problems, repetitive fines, or violations that are serious, chronic or endanger the immediate health or safety of children may lead to a **negative licensing action** being taken on the provider's license. Negative actions include **suspension, revocation, denial or making a license conditional**.

With a conditional license a provider may have to obtain extra training, provide records of enrollments or may have limits placed on their ability to operate. Under a suspension providers must discontinue providing all care during the specified suspension period. A revocation of the license would mean that future applications for licensure would be denied until a certain amount of time passed and there is no longer a danger to the health or safety of children served in the home.

If a negative action is ever taken against a provider's license and if the provider does not appeal or request reconsideration of the action; the action is not reversed on appeal or reconsideration, or if the license holder or household member has a disqualification that has not been set aside, the provider or applicant will not be allowed to provide services (MN 245A.03 Subd 2b (1998) and 112). Continued operation of a home in violation of this provision is a misdemeanor pursuant to MN 245A.03, Subd. 3.

Child protection authorities or law enforcement may also investigate some licensing violations, such as neglect, lack of supervision or child maltreatment. Very serious violations may lead to criminal charges.

WHAT DO I NEED TO KNOW ABOUT MY RIGHTS WITH REGARD TO INVESTIGATIONS AND NEGATIVE ACTIONS?

Minnesota Statutes 245A.04, Subd. 5 gives the licensing agency authority to have access to the physical plant and grounds where the program is provided, documents, and persons served by the program and staff upon request during an investigation of rule violations or allegations of maltreatment. The license holder must allow the access and allow the licensing agency to photocopy, photograph or make audio or video recordings during the inspection. Failure of an applicant or license holder to allow the right of access is cause for the licensing agency to recommend denial of the application or recommend suspension or revocation of a license.

Minnesota Statutes 245A.07, Subd.3 reads that the commissioner may suspend, revoke, make conditional or deny license if the applicant or license holder knowingly withholds relevant information from or gives false or misleading information to the commissioner in connection with an application for a license or during an investigation.

There are measures in place to allow for contesting or requesting reconsideration of negative licensing actions and correction orders.

Accepting Placements

Occasionally a foster family will receive a phone call from an agency other than the county in which you are licensed, from another foster parent, or a parent from another county. This call may also be from an agency closely associated with Social Services such as the Probation Office or Law Enforcement. The caller may request permission for placing a child into your home. It may appear alright, but you need to tell the caller to simply submit the request through the agency. This is necessary so that the child can be matched with a family that can best meet his or her needs. Sometimes there may be problems having children of different sexes or problems in the same foster home. We need to be able to assure the safety of the foster family as well as any children living in or entering into the foster home.

Whenever you are accepting a child into placement in your home, ask questions, lots of questions. You may find it helpful to devise a brief questionnaire that you keep near your phone so that you are sure to ask for everything that you will need to help your family make a good decision of whether or not the child will work in your home.

Relicensing:

The relicensing of foster homes takes place following the first year of licensure and every two years thereafter. The licensing social worker makes a visit to the foster home to evaluate with the foster parents the experiences of the past year(s). Some items that will be discussed include: The relationship between the foster parents and the agency, adequacy of foster payments, general health of the foster family, expression of the foster family about continuing to provide foster care, their educational experiences as they relate to parenting skills, and any other concerns. In addition, the family will also have to complete a new application form, Individual Fact Sheets, Home Safety Checklist, Training Record, and turn in documentation of Fire and Storm Drills.

Chapter 5: Permanency & Relationships with the Natural Parents & the Agency (9545.0210, Subp. 6 & 9545.0100, 9545.0220)

What Does it Take to Place a Child in Foster Care?

The decision that a child can be maintained in the child's own home, or that placement is necessary, should be determined by the ability of the parents to deal with their problems, and their capacity to utilize help. Often the family court is involved in making these decisions. Before a decision is made to obtain an out of home placement for a child, all factors in the family situation must be carefully weighed and the pros and cons or separating the family unit must be taken into consideration. Separating a family sets up three related responses.

First, the parents feel a sense of failure and loss and they fear the changes that may be brought about by this loss. Second, the children experience fear of loss of their home and family and fear of the unknown future. Also, the reaction of persons outside the family, relatives, friends, members of the community, are often very negative. The child's anxiety about being separated from the family usually includes feelings of helplessness, rage, distrust and worthlessness, all of which inevitably reflect on the child's self-concept.

For the parent, the fear of losing the child usually includes the fear of losing the child's love. This fear is not totally unrealistic since the parent has been unable to provide for the child and probably has experienced more than the usual negative feelings between parent and child. Also, the parent's wish and need to be rid of the stress of the child's care usually produces guilt and a feeling of failure. In addition, the parents experience anxiety about the unknown future of their life without the child and fear of never being able to reunite the family. Removal of a child from the natural family is a serious matter and should always occur with a plan in mind for both the child and the child's family.

Once the decision to place a child in foster care is made, it is done through either a voluntary placement agreement or through court action.

WHAT IS THE GOAL OF FOSTER CARE?

Foster care is never seen as a permanent solution for a child unless all other resources have been found unsuitable or unavailable. The idea that every child is entitled to a stable family situation where they will be cared for until adulthood with people who respect his identity, make them feel worthwhile, and provide them with roots once they have reached adulthood is called **permanency**. Permanency for children in foster care means finding a safe and stable home in a timely manner. By achieving timely permanency, children experience fewer attachment-related difficulties than children who linger foster care after separation from their parents.

In making permanent plans for a child, some outcomes are more desirable than others. Some applicants for foster care may have very strong feelings about what they feel is the most desirable outcome for a child. It is okay to feel this way, but these feelings will need to be explored during the licensing process because foster parents must be willing to accept the fact that research has shown time and time again that children benefit most from being with their own family. Intense efforts need to be made by social service agencies and the court to locate and explore family members and/or significant others who may be able to provide care for children coming into care. This is required by law.

The process of simultaneously developing two permanency plans for children is called **Concurrent Permanency Planning**. One plan is made for safe re-unification with a parent and an alternative plan for obtaining a permanent placement away from the child's parents with a **resource family** is also developed if they cannot safely return to their home. A **Resource Family** can be relatives or foster families who actively

support children and children's parent's efforts to reunify but who are also committed to becoming a permanent family for the children they care for, if safe reunification is not possible.

What is the desirability of outcomes of foster care?

1. Return to natural parents
2. Return to other relatives
3. Adoption
4. Permanent foster care
5. Independent living
6. Institutionalization

Why is return to the natural parents seen as the most desirable outcome?

1. The family has a legal right to raise their child, if they are able to do so.
2. The child has strong feelings about his family.
3. The child identifies with his family.
4. The child has a right to learn about and know about himself through his family.
5. Most families are able to change and learn to cope if they have sufficient help.

Unless it is demonstrated in a court of law, families have the right to raise their children and make decisions about them. Only when it can be shown the family's neglect or abuse of the child is extreme and unlikely to change can the court terminate parental rights.

Why is permanent foster care one of the least desirable objectives?

Licensing regulations for foster families mean that they must stop fostering if their family situation changes or if they have to move. The foster family's commitment is not usually sufficient to really guarantee permanency for the child. Often, foster care ceases at age 18, yet young adults need a home to come back to, parents to give them a wedding, grandparents for their children etc. Parenting relationships do not end when a young adult reaches age 18.

Even when a child is in permanent foster care, most decisions about the child are still made by the agency or the natural parent. Examples of these decisions include: visiting out of state, overnight camping trips, buying a car, joining the armed forces, receiving medical treatment.

Important Court & Agency Related Terms:

Parental Rights & Responsibilities

Parents are the natural guardians of their minor children and they have a right to care, custody control, and the power to make major decisions affecting their minor child's life such as consenting to medical care, adoption, marriage and the enlistment in the armed services. On the other hand, parents have certain responsibilities for their child. They have the duty to protect and support the child, provide food, shelter, clothing, medical care and education. When parents recognize they are unable to uphold their responsibilities, they might request a voluntary foster care placement. When a child is placed in foster care, all parental rights remain intact.

In some instances, the court is petitioned to find a **child in need of protection or services (CHIPS)**. Minnesota Statutes, Sec. 260.015 sub. 2(a).

Protective Supervision

The child is placed in its own home under supervision of the local social service agency. A service plan is developed with the family to address the targeted problem areas. All parental rights remain intact.

Guardian Ad Litem

The guardian ad litem is a person appointed by the court to represent the best interests of a child who is a party to or involved in judicial proceedings, including neglect, dependency, termination of parental rights, custody court proceedings, or in any other proceeding where the child's interests are at stake and not otherwise protected.

The primary functions of a guardian ad litem are:

1. To advise the court throughout the court action concerning the child's best interests;
2. To advocate (not necessary legal advocacy) for the child's best interests on any issues that significantly affect the child's welfare as a result of any primary or secondary involvement relating to the court proceedings.

Voluntary Placement

Parents acknowledge they are unable to care for a child and agree the child be placed in foster care. All parental rights remain intact.

Legal Custody (260.15 Subd 8)

Legal custody means the right to the care, custody and control of a child who has been taken from a parent by the court in accordance with the provisions of Section 250.185, 260.191 or 260.241. The county social service agency usually has legal and physical custody of children in foster care placement.

Termination of Parental Rights (TPR) (260.241)

A separate petition may request termination of parental rights, in which all rights, powers, privileges, immunities, duties and obligations, including any rights to custody, control, visitation or support existing between the child and parent shall be severed and terminated and the parent shall have no standing to appear at any further legal proceeding concerning the child. Minnesota Statute 260.221, subdivision 1 indicates Grounds for Termination of Parental Rights.

Visitation:

Visitation is absolutely necessary. Given individual case differences, circumstances will vary from highly structured to unsupervised. The child's placement plan will specify visitation details. All changes must be approved by the child's caseworker.

Sometimes visitation causes disruptions for children. There can be increased behavioral problems or reverting to old behaviors, emotional outbursts and /or overall confusion. Let the child know you are open to listening- but do not force communication. Avoid judging the parent. A good statement might be, "I know you miss your mom/dad and want to be with him/her. She/he is working on some problems and until you can live with her/him, we're going to take care of you and keep you safe". Document and inform the child's social worker of the child's demeanor following visits.

Natural Parents:

Let us try to place ourselves in the position of the natural parent. It is very difficult for natural parents to be objective about something as painfully personal as losing custody of their children and having them placed in foster homes. The natural parent realizes that there are some obvious positives to foster home placement: The children are in a stable home environment and there is parental supervision. The children are participating in activities sometimes not possible at home. There is training-good habits are being developed and there is routine and order. Chances are good that the child's school attendance; study habits and school performance are also improved.

There are also problems: some natural parents feel a sense of guilt that their child is in a foster home. The children are now part of a different lifestyle. One mother describing the mental anguish of visiting her child in a foster home stated, sometimes a failure to visit frequently is not an indication that you don't care, but that you care too much. As a parent, you would like to avoid the pain of the visit. The child might not eagerly anticipate the emotional upheaval of the visit. The routine of the foster home is also disturbed and not all foster parents are completely receptive to the contact between parents and children. It is distinctly possible that the children might reject the natural parent.

Natural parents have been known to make rather unrealistic promises to their children. It is pretty difficult to deny a child hope, even if the situation seems to be bleak. Parental pride can often get in the way of them being able to admit that I had no home, no money and no definite time when I would have sufficient emotional and financial resources for getting these things .

Often time's very young children in time begin to refer to any caregiver as "Mommy" or "Daddy", especially if the foster family has children of their own who refer to them in that way. Hearing your child call someone else "Mommy" or "Daddy" can be very hurtful to a parent. Sometimes they perceive that good intentioned foster parents are trying to "win" their child's affections and steal them from them. Some parents believe that the foster parents really just want to "steal" their child and make him/her their own. Many foster parents feel very strongly that when the children are under their care, they are their own children. Sometimes foster parents feel intense anger and disgust toward the natural parents for many different reasons. In these situations it is helpful to speak to the parents about how much the child misses them, reassuring them that you too have an invested interest in their child and will be taking good care of him or her. Some parents and foster parents can come to agreements about what "title" each of them should use such as "Mommy Jane" or just allowing the child to refer to the foster parent on a first name basis. It is best to follow the child's own cues and again provide reassurance to the parent that you could never take their place.

The most successful placements seem to be when the foster parents and natural parents are able to directly communicate with one another with mutual respect and boundaries. Whenever possible, the natural parents should be allowed to participate in the decision-making process regarding their child. This includes seeking their input on haircuts, medical appointments, school programs and conferences. If there are any questions about your contacts with the natural parents, you should consult the child's caseworker.

Foster Parents and Court

Foster parents often have children in their homes who are involved with the justice system. Foster parents are given notice of court hearings and trials. However, when emergency placements are made or there has been a crisis that requires court review, foster parents need to understand that there could be very short notice given of when the hearing will take place.

Usually the child's Social Worker will attend the hearing. Some Judges expect the foster parents to be present at the hearings, while others do not. As a foster parent, you have a right to participate in the hearing, whether or

not you are asked to be present. Although foster parents are usually not a party to the case, foster parents' observations are valuable, and they should expect to be involved in representing the interests of their foster children. An important part of being a foster parent is advocating for the child. Foster children need their best interests represented not only at school or at the doctor's office, but in the courtroom, as well. For the foster parent, court hearings may be opportunities to gain new information. Case Managers get busy and might not remember to tell the foster parents every new development in the child's case. The Case Manager might omit mentioning something not out of neglect but because it simply doesn't seem important. As long as the child is in the agency's custody, the Social Worker has the ultimate responsibility to be in court with the child, but it is often helpful if the person who is parenting the child can be present to answer some of the court's questions and is usually encouraged. If a foster parent wishes to attend a court hearing or plan to attend, they need to communicate this to the Social Worker, whether or not their presence is requested or asked.

Most foster children are assigned a Guardian Ad Litem (see paragraph above) to report to the court what they feel is in the child's best interest. Prior to a court hearing, the GAL may have contact with the foster parent and ask their opinions regarding the child's welfare and ask for information about the child's care needs. It is appropriate for a foster parent to share this information with the GAL. The child's GAL will also be present at the hearing. Depending on the child's age, the child may also be appointed legal counsel separate from the agency or the parents. If foster parents have questions regarding information that is appropriate to share with a lawyer or a GAL, they should consult with the Social Worker.

At the beginning of the hearing, the Judge will ask all those present to identify themselves and their role in the case. If a foster parent attends a court hearing, it is possible that the Judge may ask them to share their observations or opinions. At times foster parents are asked to present formal testimony in court proceedings as it is believed that the foster parent can provide valuable information about children in their care. Although judges have the responsibility to make decisions about children, they can only make good decisions if they receive good information. If as a foster parent you receive a subpoena related to a child who is or has been in your care, immediately contact the social Worker of the Social Worker's Supervisor. A subpoena can be issued by any attorney involved in a particular case and that failure to respond to a subpoena could result in the issuance of a warrant, so never ignore a subpoena. Generally foster parents are not considered a Party to the hearing. This means that they do not have the right to be represented by counsel, cross examine witnesses or present evidence. In cases that are approaching Permanency and a foster parent wants to be considered as a permanency resource for the child, they may choose at that time to seek independent legal counsel regarding their rights and responsibilities and input regarding becoming a Party to the case.

There are a few things a foster parent can do to make the most of court appearances. Foster parents may need to be attentive and assertive to stay informed about court dates and times. They may need to speak up and ask for information. If attending court, they should plan to arrive at least 15 minutes early but also be prepared to wait; courts are busy and there are often long delays. Foster parents should not bring their own children to the court hearings. Situations vary whether or not a child's presence is needed or wanted at court, generally dependent upon the child's age and maturity. Foster parents should dress and act professionally and role model this behavior for children who will be attending. They should bring records along that they can refer to regarding factual information about appointments, visitations, school records and the child's progress, keeping in mind that they may be asked to submit a copy of this factual information for the official court record. If asked questions, foster parents should speak slowly, clearly and give answers out loud using professional language.

Refer to the Judge as “Your Honor”. They should be clear, complete, factual in response to questions and avoid being hostile to or against the birth family.

Many foster parents are reluctant to attend hearings or supply information as they have a challenging role in maintaining neutrality with the birth family. It can be easy for a birth family to perceive that the foster parent’s appearance in court symbolizes alliance with the agency against them. Although this can be an uncomfortable spot to be in, foster parents have the opportunity through participation in the court process to demonstrate their role in supporting the case plan goals and their attempts to work with the birth family on achieving these goals.

Court is hugely important to children in foster care. It is where decisions about their lives are made. Children may feel scared and uncomfortable about being in the courthouse, talking in front of Judges, lawyers, People they don’t know, but especially in front of their parents. Memories of their abuse or neglect may rise to the surface. As foster parents often have built a trusting relationship with the child, they can provide a vital supportive role by attending the hearings with the child. Providing reassurance to the child that anxiety is normal and with the social worker’s input, foster parents can answer the questions the child has about the purpose and result of the court hearings. Foster parents are often in the best position to support the child during or after a court hearing when difficult discussions are being made and if for some reason it is determined that the child should not be present for certain parts of the hearing, the foster provider can provide supervision to the child which in turn allows the social worker to focus on participation in the hearing. Foster parents can also help the child be prepared for court by anticipating long wait times and the need for quiet sitting activities.

Building and Saving Memories

(Adapted from “Caring and Sharing Your Home” Newsletter, - published by the Maine Foster Parent Association)

It is important for all children to be able, as adults, to look back over the lives and remember. We all reflect from time to time on certain memories of our growing-up years and most of us can recall who was with us, where, and approximately when. For children whose home lives have been disrupted with multiple moves, often with multiple families, those memories become very mixed up. It becomes very difficult to remember with whom, what and where events took place. It is suggested that the foster parents save “kid stuff” (by stuff refers to art projects, photos they cherish, awards, school papers, certificates of achievement, etc.) By dating and writing names on these things, they can become a significant part of the child’s life history. We encourage foster parents to take lots and lots of photos, pictures of their then best friend, their favorite toy or pet, and of birth family visits will be invaluable in filling in gaps for kids over time.

A Life Book is an account of a child’s life in words, pictures, photographs and documents made by the child with the help of trusted adults. A Life Book helps connect children and their families to past and present family life experiences in order to prepare them for the future. It becomes a therapeutic tool to give children not only a record of where and from whom they come but a process to replace fantasy or self-blaming explanations for why they are in placement with a new story based on real information and events. A formalized Life Book can be obtained from contacting the child’s caseworker. A Life Book will contain more in depth information regarding the child’s family history, family tree, and information about the decisions about the child in the court system. Life Books are often used for children who appear to be entering a phase of termination of parental rights or adoption. However, a scrapbook or “Life Box” can be invaluable.

As foster parents, your job is to help the foster child reunify with his birth family or move on to a permanent family. You have the ultimate job of helping the child move into adulthood. The youngsters who move most successfully into young adulthood are those who have the best sense of their own worth. Memories help

enhance good self-esteem and help children see where they have been and prepare them for the future. It does take time to record and collect these items; but without the special attention and thought that would go into this, this phase of the child's life may go unrecorded and the information may be irretrievable at a later date. Some foster families have expressed some anxiety about whether or not they would include photos in the child's collection of the foster family. This must be an individual choice; however, visual reminders often recall memories. You as a foster family must decide what memories you would wish the foster child to take along with them of yourself, your home and your own family. If you have questions or concerns about what type of things to save on behalf of the foster child, you are encouraged to consult with your foster child's caseworker.

Even if a child has only been in your care for a short while, you no doubt will impact their lives. During the time the child is in care the parents will also miss out on many important events. It is recommended that foster parents maintain a record of significant events in the child's life while in foster care that can be taken with the child when going on to other placements or returning home.

There are many different "Life Book" scrapbooks that are available for foster care but even a "life box" or other container can be a valuable record for the child. Things, such as: report cards, photos, school papers, trinkets and other memorabilia as all items that can have significant meaning to a child. Without these things, the child may not have any records or memories of their life with you or their life away from their parents. Once no longer in placement some of this information will be no longer accessible to the child.

Special memories like documents of an infant's milestones i.e. first steps or a child's first haircut, may be events a parent misses out on without the extra attention you give to recording these events.

Often foster parents become frustrated with the child's parents when the parent misses out on the experience of their child achieving these milestones. It is natural for foster parents to feel angry. Some even say, if they wouldn't have hit their child they would have been able to see these milestones themselves.

Unfortunately some parents do miss out on these important times in their child's lives, usually not because they want to, but most often because they simply are struggling to meet their own needs at that time. It may be helpful if the providers recognize that these records are for the benefit of the child.

Working with the Agency

The social worker and the foster parents are both professional members of team to provide service for a child. Their jobs are different but each can only succeed through mutual respect and cooperation with the other. A number of things the foster parents can do to maintain a good relationship with the child's case workers include:

- * Setting aside time for adequate visitation.
- * Be honest and straightforward with concerns.
- * Discuss positives as well as negatives.
- * Respect the caseworkers skills and responsibilities.
- * Giving the caseworker appropriate information to help him/her make good decisions for the child.
- * Ask appropriate questions.
- * Keeping good records.
- * Be supportive.
- * Make suggestions.

In working people things don't going always go as they should. Some of the problems the foster parents sometimes have with case workers include:

- Poor communication.
- Disagreement on how to handle the child.

- Disagreement on planning for the child.
- Disagreement on the services the child needs.
- Disagreement on the role of the natural parents.
- Lack of medical cards or other important documents.
- Disagreements on who should take the child to the doctor's office, talk to the teachers, etc.
- Disagreement on moving the child from the foster home and fear of the power the agency has to remove the children or revoke their foster care license.

When meeting with the child's case worker:

The foster parents should be prepared to discuss the progress of the child, good and bad things, where there has been growth, where things have gone wrong, what exactly have been the specific goals for the child over the last few weeks, what are their immediate goals for the next few weeks, how will they be working with the child to accomplish these goals. Items needing to be mentioned includes self-care such as: sleeping, toileting, dressing, eating, relationships (such as goes with the foster parents, natural parents and other children), school work, medical care, fear, anger, anxiety (and the way that these emotions are handled), chores, visits from or with the natural parents and the child's reactions, and support services the foster family needs to be able to do their job for the child. Mutually, the foster parents should expect the worker to report or discuss with the foster parent the plans for the child, changes in the plan, the way the plan has been implemented and any special arrangements which have been made, court dates, other things that may result in a change for the child, information about the child or his family which helps explain behaviors which may be of concern for the foster family. Some foster parents have found it helpful to make a list of the things that they want to report and questions that they have as time goes on as the case worker may not always be available to answer your immediate questions at the time that you are thinking of them. The foster care licensing worker can also be a resource person for the foster parents in guiding the foster family through their experiences of foster care and providing them support and resource information to help them provide care for the child to the best of their ability.

Refer to Agreement Between the Foster Parents and the Agency

Statement of Intended Use

General Information Sheet

MAPCY

We have included a copy of the most recent DHS Bulletin regarding Northstar Care (which includes foster care) payments. This Bulletin is updated annually and new rates come out each July. Below is the summarized version of a few key points. Feel free to talk to the Social Worker involved with the placement if you have questions on the MAPCY and payment rates.

When a child goes into placement the clock starts ticking for the social worker to get the MAPCY completed. This is required by the state for us to determine how much the foster parent will be paid and what things will be included in the payment. **Mileage** that will be driven by the foster parent for visits and school is calculated into the MAPCY rate.

Child care is a common question that comes up. If you will be requiring daycare for the child placed with you then this will be factored into your MAPCY. You will be responsible to pay the daycare provider. Once your MAPCY is complete we can determine the amount per day that is included in that rate for daycare. We take that daily supplemental amount multiplied by the number of days in that month and that is the amount you must cover for daycare (because you will be paid a higher rate to 'cover' these costs) IF you end up paying more for daycare than is built into your rate, then please provide us documents showing these expenses were incurred and paid by you and the county will reimburse you any amount over what was built into your rate for the month.

An **initial clothing** allowance is allowed so that foster parents can be reimbursed if initial clothing is needed for the child that has been placed with them. The clothing purchase has to take place within the first 60 days of placement and cannot exceed the basic payment rate for the child's age group. Please check with the social worker before making these purchases. To be reimbursed we just need your signed receipts turned in. If you have multiple children with you, please note which items were for which child.

PAYMENT

Western Prairie Human Services is only able to cut checks once per month. All payments need to go through our county board for approval prior to payment. The board meets on the third Tuesday of each month. This is the day that payments will be approved and checks will be mailed.

In order for us to follow all required pre-payment procedures and processes, we require all forms for payment be turned in **by the 5th** of the month (in order to be paid on the third Friday of that same month).

Enclosed you will find a blank **voucher**. This will be for your first payment. Please turn it in by the 5th of the following month. The service vendor is you, the client is the child, then enter the service start date and end date- and units will be the number of overnights. The rate may not be determined yet, depending on many factors- including placement date. You may check with the social worker or one of our fiscal staff to see if that has been completed yet, and what dates which rate will be effective. If you'd prefer to wait until that is determined you may, OR you can turn the voucher in and we will fill it in as soon as we hear. This is our attempt to simplify a complicated process, and get our foster parents paid as quickly as we can. Each month you receive a check there will be a voucher enclosed to turn in the following month.

If you ever have questions regarding payment, please feel free to contact one of our Fiscal Staff: - 320-634-7755

Additional Information

***WIC** is a free health and nutrition program that provides healthy foods and nutrition information to keep children under age five healthy. All foster care children under the age of 5 are automatically eligible for WIC. Please first call the social worker and they will send a letter and court documents to Public Health, then you will be able to call at Public Health (218-685-8295) to set up an appointment.

***Students in foster care are categorically eligible for free school meals**

EMERGENCY PREPAREDNESS AND RESPONSE PLAN

PROGRAM INFORMATION:

DATE: _____

Provider name: _____ License NUMBER: _____

Program Address: _____ Program Phone Number: _____

Emergency contact name: _____ PHONE NUMBER: _____

Number of Foster Kids: _____

EMERGENCY CONTACT INFORMATION:

Program	Name	Phone	
Medical Emergency		911	
Police		911	
Fire		911	
Hospital			
Poison Control		800-222-1222	
Insurance			
Out-of-area contact person			
Near evacuation site contact			
Far evacuation site contact			
Foster Care licensor		218-685-8200 320-634-7755	
Child Protection Services M-F from 8-4		218-685-8200 320-634-7755	
<ul style="list-style-type: none"> IF the foster child’s worker is unavailable, ask to speak to the intake worker 			
<ul style="list-style-type: none"> After hours call the Sheriff Department, tell them it’s an emergency with your Foster child and leave your number and ask to have the on call Social Worker 		218-685-8280 320-634-5411	
Children’s Mental Health Crisis Response		701-364-0431	

CHILD FOSTER CARE CAPACITY CHART

Minnesota Rules 2960.3030

Things to consider:

One adult to five children

Maximum of six (6) foster children

Maximum of eight (8) children total

I. CAPACITY: When determining the capacity for the foster home, first determine the number of adults being licensed, since one adult is required for each five children. For example, a single parent with two (2) children could have a maximum capacity of three (3) foster children. When there are two adults on the license, the maximum is eight (8) children. Subtract the number of the applicant/license holder's own children to determine the maximum capacity.

When there is ONE ADULT: Number of own children	Maximum licensed capacity *	Total number of children
4	1	5
3	2	5
2	3	5
1	4	5
0	5	5

CHILD FOSTER CARE

Respite and Substitute Care for Family Settings

Minnesota Rules, part 2960.3090

Minnesota Statutes, section 245A.144; 245A.175; & 245A.18

DEFINITIONS & REQUIREMENTS SUBSTITUTE CARE

LONG-TERM SUBSTITUTE

CAREGIVER

* Minnesota Statutes, section 245C.04, subd. 1 (g) (1) requires that a new background study must be submitted through NETStudy when an individual returns to a position requiring a BGS following an absence of 120 or more consecutive days.

Temporary care of foster children **inside the foster home** by someone other than the foster parent **for overnight or longer** Long-term substitute care means **more than 72 hours** of continuous care for a foster child.

Qualifications: a substitute caregiver must:

- ✓ Be at **least 18** years of age
- ✓ Have a completed background study

If providing **more than 30 cumulative days** of substitute care in a 12-month period:

- (1) Submit a signed statement of good health and be physically able to care for foster children; and
 - (2) Have at least **6** hours of training or **20** hours of experience caring for children with needs specific to the child being cared for; and
- ✓ Provide documentation of medical equipment training on the equipment used to care for the foster child

Children's Mental Health Training – required prior to caring for foster children

Fetal Alcohol Spectrum Disorders Training – annual training must

include one hour of training on fetal alcohol spectrum disorders
Sudden Unexpected Infant Death (SUID) & Abusive Head Trauma (AHT) Training – required prior to caring for foster children through age five
Child Passenger Restraint Training – required prior to transporting foster children under age nine

SHORT-TERM SUBSTITUTE CAREGIVER

(Not required to have a background study unless it is anticipated that they will become a long-term substitute caregiver).

Short-term substitute care means **less than 72 hours** of continuous care for a foster child.

- ✓ Does not have to meet the requirements of a long-term substitute caregiver

- ✓ The foster parent and the placing agency must agree the short-term substitute caregiver is able to meet the needs of the foster child

- ✓ Must provide documentation of medical equipment training on the equipment used to care for the foster child from an appropriate training source

SUID & AHT Training – required prior to caring for foster children through age five
Child Passenger Restraint Training – required prior to transporting foster children under age nine

RESPITE CARE

NOTICE REQUIREMENTS

Temporary care of *foster children* in a **licensed** foster home **other than the foster home the child was placed in**
Non-emergency situations: License holder, parent, and placing agency must agree on respite care and substitute care arrangements within **10** working days prior to the use of such care or agree on respite care according to an ongoing written agreement. License holder must notify the placing agency when respite or long-term substitute care is being provided
Emergency situations: License holder must notify the placing agency of the emergency ASAP

SELF STUDY QUESTIONNAIRE for Smoke Free Foster Care

If there is an identified a smoker residing in the home, you are required to view the following 20 minute video produced by the MN Department of Human Services.

In MN all child foster care homes must be smoke free and prevent second hand exposure to children per MN 260C.215, Subd. 4, 6 & 9. This includes inside the home as well as any space connected to the home, including a garage, porch, deck, or similar space; all outdoor areas on the premises of the home when a foster child is present; and in a motor vehicle in which a foster child is transported. If a foster parent fails to provide a smoke-free environment for a foster child, the child-placing agency must ask the foster parent to comply with a plan that includes training on the health risks of exposure to second-hand smoke.

<https://www.youtube.com/watch?v=v-Xck1nLS70&feature=youtu.be>

Another link to the video.

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_180707

Name: _____

Date(s) Material was Reviewed: _____

Describe how smoking is presently permitted in your home/on the property. Please include if at this time you have self-imposed limits of where smoking is allowed.

If you have children presently placed in the home, please describe how the child's exposure to second hand smoke is currently limited.

After viewing the video, please outline a proposed plan for providing a smoke free environment. Please note what changes you are willing/able to make immediately versus those changes which you are willing/able to make over time.

Signature: _____ Date: _____

Child Foster Care Caregiver Training Records

Name: _____

Address: _____

Date m/dd/yr	Number of Training HRS	Description of Training
Initial Mandatory Training	Foster-Care- Licensing *Mandatory training	http://www.co.grant.mn.us/502/Child-Foster-Care-Licensing Following link to complete all the training requirements
		Children's Mental Health (CMH) Training
		Normalcy and Reasonable and Prudent Parent Standard Training
		Fetal Alcohol Spectrum Disorders Training
		Sudden Unexpected Infant Death Syndrome (SUID) & Abusive Head Trauma (AHT)
		Car Seat Training
		Completed Orientation Manual

Training Requirement Met? ___ Yes ___ No

Caregiver

Date

Licensing Worker

Date

Each foster parent must participate in a minimum of 12 hours annually of training related to foster care.