Buncombe County Health and Human Services – Social Work Services

Child Protection Services Division

Foster Parent Manual

BUNCOMBE COUNTY HHS FOSTER PARENT

Policy and Procedure Manual

We Welcome You:

Our foster care program is designed to meet the needs of children who are temporarily separated from their birth families. It is a partnership effort between community volunteers and Buncombe County Department of Health and Human Services.

This service requires that foster parents are able to provide a safe, nurturing, and stable home environment. It requires understanding that behaviors are an expression of a child's emotions and a symptom of his / her needs.

Foster parents are required to attend GPS-MAPP (Group Preparation and Selection / Model Approach to Partnership in Parenting) trainings. We offer the Policy and Procedures manual to you as a quick home reference that allows you to refer to information as the need may arise.

Why Be A Foster Parent

By: Kelly Sullivan

It's the kind of question that I answer with ease and sometimes even eloquence when asked by others, despite internal doubts. Usually I find simple answers suit others' curiosity the best. Here are my favorites:

It matters – Every day you are making a real and often profound difference in the life of a child

If not me, then who? - I don't see any legions of more competent parents out there begging to do this work. If there was a surplus of great foster homes, I might stop this craziness; but as we know there are not.

Which leads to the next response…

I'm needed – Although the child welfare agency does not send me flowers when I renew my license, I do hear about the days when placement workers go half mad trying to place even moderately difficult kids and I want to help out.

Children are so vulnerable – I can do a good job advocating, protecting, nurturing, and guiding.

It's challenging – Like getting a new job or gearing up for the big game, there is a bit of a rush of excitement about getting a new kid, wondering with a half smile what you've gotten yourself into. It's rewarding to do a good job parenting kids who are usually not so bad as your worst nightmares.

Why not? This is my personal favorite and it's not so flip as it sounds. I actually believe that the most important work that we can do with our lives is to assist others. In the end, I think we should be judged by ourselves and by others, if not my some higher power, according to how much we did for those in need, whether family, friends, or other people's children.

Excerpt of an article from National Advocate, Winter 1995.

National Foster Parent Association Code of Ethics for Foster Parents

Written by the National Foster Parent Association

Preamble

Foster family care for children is based on the theory that no unit in our society other than the family has ever been able to provide the special qualities needed to nurture children to their fullest mental, emotional, and spiritual development. If, for a certain period, a family ceases to provide these special qualities, substitute care must be used. It is recognized that ideally, foster care is temporary in nature.

Persons who provide foster family care must have commitment, compassion, and faith in the dignity and worth of children, recognize and respect the rights of birth parents, and be willing to work with the child-placing agency to develop and carry out a plan for the child.

Foster care is a public trust that requires that the practitioners be dedicated to service for the welfare of children, utilize a recognized body of knowledge about human beings and their interactions, and they be committed to gaining knowledge of community resources which promote the well-being of all without discrimination.

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

Principles

In order to provide quality foster care services, foster parents subscribe to the following principles:

- I regard as my primary obligation the welfare of the child deserved.
- I shall work objectively with the agency in effecting the permanent plan for the child in my care.
- I hold myself responsible for the quality and extent of the services I perform.
- I accept the reluctance of the child to discuss the past.
- I shall keep confidential from unauthorized persons information pertaining to any child placed in my home.

- I shall treat with respect the findings, views, and actions of fellow foster parents, and use appropriate channels, such as foster parent organization, to express my opinions.
- I shall take advantage of available opportunities for education and training designed to upgrade my performance as a foster parent.
- I respect the worth of all individuals regardless of race, religion, sex, or national amnesty in my capacity as a foster parent.
- I accept the responsibility to work toward assuring that ethical standards are adhered to by any individual or organization providing foster care services.
- I shall distinguish clearly in public between my statements and actions as an individual and as a representative of a foster parent organization.

I accept responsibility for working toward the creation and maintenance of conditions within the field of foster family care which enable foster parents to uphold this code.

BUNCOMBE COUNTY HHS

LICENSING AND PLACEMENT SOCIAL WORKERS

- **Foster Home Licensing Staff:** Licensing social workers educate, license and guide people through the process of completing the necessary requirements to foster children in the State of North Carolina. They also coordinate ongoing educational opportunities and create a supportive environment for current foster parents.

  Our Licensing Unit strives for excellence through responsive customer service and individualized ongoing support for those that go the extra mile for kids. Our ultimate goal is to secure and support a safe and quality foster or adoptive home for children in foster care in Buncombe County.

- **Child Placement:** Careful consideration for a placement match is given based on what we know about the child (both what they are good at and what their needs might be) and what we have learned and observed about a foster family's skill set.
  Buncombe County Health and Human Services' Placement Social Workers work with the agency's licensing social workers to place children in need of a foster home placement in the best possible match intended to be the only placement during a child's time in foster care.

- **High Intensity Placement and Lifeline Programs:**
  - **HIP (High Intensity Placement)** foster parents are level 1 foster parents with the desire and enhanced skills to ride out the tough initial placement of a child/children and continue to offer them support here in Buncombe County. The will eventually replace the current specialized foster care program.

    The following are expectations for HIP parents:

    - HIP foster parents have 1 year of experience on fostering or 5 years of experience working with children or parenting.
    - HIP foster parents are required to complete a Trauma Informed Parenting program
    - Additional training opportunities may be requested or required in order to enhance the "tools" foster parents need to better care for the child placed in their home. These trainings may be identified in order to meet a child's

specific medical and/or mental health need (ie; responding to trauma, working with childhood diabetes, Autism, etc.)

- HIP foster parents must present a bi-weekly report on the child, what has gone well, what has been a challenge or what frustrations/issues may be encountered, some ideas around planning solutions to the issues at hand. (see HIP behavior tracking form)
- Home visits with their licensing social worker generally occur once a month for children placed in HIP and when possible in conjunction with the foster care social worker. HIP foster parent/s are required to attend team meetings, and appointments relative to the well-being needs of the child placed in their home.
- HIP foster parents must have at least one parent/caregiver/support person available during crisis for school problems, community problems, etc.
- HIP foster parents will provide consistent supervision, guidance, and modeling within a positive and affirming environment that will allow the child to grow, learn, and meet needs appropriately. HIP foster parents will utilize specific trauma informed tools with children in their homes including Connect before Redirect, Regulate-Relate-Reason, and other trauma informed approaches.
- HIP foster parents provide transportation to all medical and mental health appointments.
- HIP foster parents participate in child-centered efforts in shared parenting to work with birth families, potential adoptive families, and the child's past foster
  families in helping the child maintain healthy connections.

The county will offer the following supports and resources for HIP foster parents:

- Respite as needed/available
- Free trainings
- Mileage reimbursements
- Child care referrals and vouchers as qualified
- Connection to fast and quality mental health assessment and services
- Access to clothing vouchers for new children in care, the foster parent clothing closet and other various material needs as requested.
- Case management support and access to on-call services
- Increased board rates

- **Lifeline** serves a purpose to ensure the child is able to reside somewhere safe and nurturing while social services work to find a more long-term solution, either with a relative, foster care or other placement facility.

It is important to realize that children placed in emergency foster care are often in a very fragile state. They have experienced loss, they will experience grief, and they will

struggle to cope. A good emergency foster care provider is someone who can be patient, provide a stable living environment, be available 24 hours a day, and can help the child feel wanted and loved. Emergency foster care providers should be able and willing to say yes to a child at a moment's notice.

The expectations and supports for a Lifeline foster home are the same as HIP with a few exceptions:

- Lifeline foster parents agree to keep one licensed bed open in their home for a potential crisis placement.
- Lifeline foster parents agree to respond to afterhours calls for placement as able
- Lifeline parents agree to accept placements that may sound bad on paper with the understanding the placement is short term with supports available.
- Assist youth in accessing necessary assessments and evaluations to ensure correct placement is identified.

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MANUAL SECTION A:

Placement

When children are placed in out-of-home care (also called foster care), it is imperative that child welfare agencies find safe, permanent homes for them as quickly as possible. In most circumstances, children can be reunited with their families, but in some cases children find homes with relatives or adoptive families. When helping children and families achieve permanency, child welfare professionals must balance an array of issues, including needs of the child and the family, as well as legal requirements.

- **Achieving & Maintaining Permanency (https://www.childwelfare.gov/topics/permanency/)**

Questions to Ask During a Call for Placement:

The first step to a successful foster care experience for your family and for the child placed in your care is to carefully consider appropriate placements. A good match between the child in care and your family is critical to everyone's success. You have the right to decline a placement if you feel it is not in the best interest of your family or the child.

The following questions are good questions to ask to ensure that you have all the information to make an informed decision about whether or not the child is an appropriate match for your home.

- The child's name, and age.
- Why was the child removed from his family (domestic violence, substance use, mental health issues, neglect, etc.)?
- Does the child have day care or are they in school? If so, where, what grade?
- Will the child need to stay in that school?
- Is the child having problems in school?
- The child's medical history including immunizations, special medical problems, medications, etc.
- Does the child have any special needs such as clothing, food, supervision?
- Are there any behavioral problems?
- What is expected regarding visits with the birth parents?
- Does the child present a threat to other children, animals or self?
- What is the child's previous placement history?
- Does the child have siblings, relatives or other caregivers who may be visiting with the child?
- Has the child been involved with counseling or special education?
- What additional services will this child need?
- Is there any other family information that would be helpful to the care of this child?
- Finally, the child's social worker's name and contact information as well as the placement social worker's name and contact information.

Keep in Mind:

- Know your own limitations in regards to the type of child and issues you can deal with.

- Remember we all need to take time for ourselves. We may even need a break from foster care. Be sure you take it before burnout begins. Talk to your licensing worker and take time out and then come back refreshed!

Some Tips for the First Day:

- Don't expect immediate bonding. This takes time. Bonding may even look different than what you have experienced with your own child.

- Reinforce the positive aspects of the birth family to the child. Help alleviate some of the fears of being in foster care.

- The child will be traumatized and/or in a state of shock. Depending on the time of day, give him / her a chance to calm down. Introduce yourself and tell the child who lives at your home. Show the child where he / she will sleep and where the bathroom is. Give him / her personal items (towels, etc.).

- If you notice anything that appears abnormal (i.e. bruises, skin rashes, burns, temperature, etc.) you should make a record and report it to the child's social worker.

- Introduce the child to your house rules slowly and with sensitivity over time. The child will pick up on your rules by watching other children in the home. Let the child know if there are any really important rules.

- Ask the child how he/she wants to be introduced.

- Ask the child about food likes and dislikes and allergies.

- Ask about activities the child likes.

- Determine if the child needs "alone time," wants to mingle with family members or be involved in any activities. Keep neighbors away until the child is settled.

- Let the child know you are glad he / she came into your life. Remember if the child is removed, you have made a difference in his life.

What now?

- The child's social worker shall have face to face contact with the foster parents within **seven days** of placement and **monthly** thereafter. If it is a two-caregiver foster home, then both foster parents must be seen at least quarterly. There is to be continuous contact and exchange of information between the social worker and the foster parents about matters that affect the child. The foster parents are to be notified of agency Permanency Planning Review meetings (PPAT's) and Child and Family Team meetings. The agency staff must authorize in advance any visits or communications between children in care and their birth parents, other birth relatives, or potential adoptive parents.

Provide and Accept Support:

- Encourage positive attitude toward birth parents.
- Emphasize that the overall goal is to reunify children with their parents.
- Seek support from the child's social worker, your licensing worker, friends, family, and other caregivers.

- After visits, be available to help children deal with and discuss their emotions.

Note: Every situation is different. Please contact your foster care worker if you have any specific concerns.

Shared Parenting:

When the decision is made to place children out of the home and into foster care, it is essential that foster parents develop a partnership with birth parents as facilitated by the social worker. As outlined in the Shared Parenting philosophy, a meeting between the birth parents and foster parents shall occur within a week of placement so as to ensure that the partnership has a strong beginning and is supported by the agency.

It is the agency's expectation and state mandate that foster parents begin engaging with birth parents early around such issues as the child's likes and dislikes, any special needs the child might have that the department had not been aware of upon initial placement, or any other special information that only the birth parent might know. Birth parents, are, after all, the experts on their own children. Discussing things such as favorite toys, foods, and sleep behaviors helps the family remain connected to the routine childcare. When possible and in accordance with court orders and case plans, inviting birth parents to attend meetings with teachers and health care providers helps establish a continuum of care between the parents and the child.

Shared Parenting represents an active alliance among important people in a child's life – birth parents, foster parents, and agency workers. It keeps the family of origin actively involved in their role as parents of their child and cultivates a nurturing relationship between the birth parents and the foster parents. Foster parents can become mentors for the birth family in regard to appropriate parenting.

Shared Parenting Meetings

- The investigative/assessment social worker should facilitate a meeting between the birth parents and foster parents within two weeks of placement to ensure that the partnership has a strong beginning and is supported by the agency.
- The child's social worker should prepare the birth family for what they can expect from this meeting.

- Licensing Social Workers provide initial and ongoing training to the foster parents on what to expect from these meetings.
- These meetings should be limited to the birth parents/or caretakers, a support person for the birth parents, foster parents for the child, Licensing Social Worker, and the child's Social Worker.
- It must be very clear that this meeting is *NOT* to rehash family history or assign blame.
- The initial meeting will be held at DSS. The location of the meeting is open to change during the course of the case. Factors to be considered are safety-related issues, and comfort level of the birth family, foster family, and child.
- The meetings will be facilitated by either a Licensing Social Worker or the child's Social Worker having a clear agenda.
- Subsequent meeting agendas will begin with any questions each parent may have for the other, update on the child, and the suggested use of "Life Books" to guide the remainder of the meeting.
- Only the foster parents' **first** names will be divulged to the birth parent.

The Benefits of Shared Parenting

By encouraging birth and foster parents to share decisions and work together as a team, shared parenting:

- Maintains the birth parent/child relationship.
- Improves the birth parents' self-esteem.
- Helps foster parents form a realistic picture of birth parents' strengths and needs.
- Gives birth and foster parents more information about the child.
- Allows the foster parents to model appropriate behavior and parenting techniques.
- Helps birth parents develop an understanding of the child's needs.
- Facilitates eventual reunification.
- Promotes ongoing support for the family after the child returns home.

Successful Visitations:

Foster parents have a vital role in making visits between birth parents and their children successful. Successful visitations are steps toward family reunification. Social workers, birth parents, children and caregivers must all work together as a team to facilitate these visits.

Foster parents should provide support to the children before and after visits. They can say encouraging words to and about birth parents.

Foster parents will find that frequent visits help to maintain the bond between parent and child.

Visitation between birth parents and children decreases negative feelings and behaviors that children may be displaying. Overall, visitation increases the likeliness that a family will be reunited. A few of the keys to successful visitations are communication, providing and accepting support.

Adapted from Children's Services Practice Notes: For North Carolina's Child Welfare Social Workers, Volume 5, No. 4, August and October 2000.

Request to Move A Child:

In signing the Agency /Foster Parents Agreement, the foster family agrees to work with the Agency to best meet the needs of the child. Should a child placed in your home need to be removed, please make every attempt to adhere to the following guidelines:

- Attempt to resolve the problems prior to the request to move the child.
- Notify the licensing social worker or supervisor and give 10 working days' notice.
- Send personal belongings with the child.
- Contact with the new foster family is encouraged.

We recognize that when a child leaves, it is a very painful experience for both you and the child. However, it is important to remember that all foster families have strengths and needs and it is not our expectation for all children to fit perfectly into every family (though it is our hope!).

Please remember that you are an important part of each child in care's life. Though the social worker may make plans to move the child, your help is always needed in preparing the child for any move. Please utilize your licensing social worker for additional support during this time.

MANUAL SECTION B:

Foster Parent Need to Knows

"I feel that everybody has a gift; fostering is a gift my family has and has been able to share."

-Michelle Burnette, NPR

School Enrollment:

Fostering Connections and ESSA (Elementary and Secondary Education Act) and require that **every child remain in his or her school of origin unless a determination is made that it is not in his or her best interest.**

The decision as to what is in the child's best interests shall take place at a Best Interest Determination Meeting (or "BID meeting"). Scheduling of the BID meeting is the responsibility of the county child welfare social worker. The social worker should collaborate with the local education agency to schedule a BID Meeting within seven days of the child entering custody or a placement change as a part of a CFT meeting. A BID meeting must occur within five school days before a decision is made to change the child's school of origin. The county child welfare agency shall also discuss with the child the purpose of the meeting, prepare the child for the meeting (unless it is determined that the child should not attend), and assist the child in the identification of a supportive adult who the child would like to attend the meeting.

In making the determination as to whether it is in the child's best interest to remain in his or her school of origin, the county child welfare agency and local education agency must consider the appropriateness of the current educational setting and proximity of placement. In addition, the county child welfare agency and local education agency should consider all factors relating to a child's best interest, including:

- Preferences of the child;
- Preferences of the child's parent(s) or education decision maker(s);
- The child's attachment to the school, including meaningful relationships with staff and peers;
- Placement of the child's sibling(s);
- Influence of the school climate on the child, including safety;
- The availability and quality of the services in the school to meet the child's educational and socioemotional needs;
- History of school transfers and how they have impacted the child;

- How the length of the commute would impact the child, based on the child's developmental stage;

Transportation costs should NOT be considered when determining a child's best interest.

The outcome of the BID meeting should be:

- Selection of the school based on the child's best interests,
- Identification of the transportation method (if there is adequate information), and
- Clear tasks for follow up, as needed, including transportation funding, or new enrollment.
- The Department will reimburse foster parents for their travel to and from a child's out of district school OR will arrange transportation services to transport the child daily.

Child Care:

Finding A Center:

Finding a quality child care center that is convenient to your work and home is difficult. Child care centers in our area are typically always full or have a wait list. Depending on the situation, a child may already be established in a day care setting and we try to maintain that connection when possible.

Before a child is placed in your care, it might be helpful to look at the options available to you. A comprehensive list quickly gets outdated so for the sake of accuracy, one has not been included here. However, you may visit http://www.ncchildcare.dhhs.state.nc.us and click on the parents' link as a useful tool in guiding you through the process of choosing a quality center. You may also click on "Search for Child Care" in order to find out specific information about licensed child care centers Near you (you will need to know the name of the center to use this particular research tool).

Childcare Vouchers

Once a foster parent locates a child care center with availability for the child and if both foster

parents work at least 30 hours per week, the social worker should request the child care voucher. If there are any issues, changes or requests associated with the voucher, please contact the child's social worker or your licensing worker.

Medicaid:

Most children in care qualify for Medicaid, which covers medical and dental care, approved therapy or counseling services, optometric needs, and most prescription medications. In making arrangements for these services, it is extremely important to inquire before such services are rendered whether or not the provider accepts Medicaid as payment. If they do not, it will be necessary to find another medical provider or pharmacist who does accept Medicaid.

If the child does not have a current Medicaid card, contact the child's social worker or your licensing social worker for help in accessing this information. Most service providers are able to verify an active Medicaid account simply by looking up the number, child's name and DOB.

If you have an issue with the child's Medicaid or if you have not yet received a card for the child, please contact Beth Ramsey at 828-**250-5618.**

Medical Care:

Consents

All foster parents should be aware that the child's birth parents must give consent for any changes in a child's medical provider, any medical procedure that is not routine, immunizations and certain medications. Though changes in providers are not best practice, some situations do call for such a change. A birth parent must have input and give consent for the child to change to a different medical provider; the matter also must be discussed with the child's team.

If a parent will not give consent or cannot be located to give the consent, the foster care social worker will motion the matter in to court to have the court order approval.

Before you travel out of state, you must obtain a letter that verifies that you are a licensed foster parent, that the child is in the Department's custody and that you have the agency's consent to sign for emergency medical treatment. Your licensing worker or the child's social worker can provide you with this letter when/if needed.

If the child in your care has a medical emergency, please seek medical attention and then contact the child's foster care social worker and your licensing social worker. If the social worker cannot be reached, leave the worker a message and then call the DSS main number **(250-5500)** and ask to speak with either the social worker's supervisor or the Emergency Back Up social worker for foster care.

If a medical emergency occurs after hours and the foster care social worker cannot be reached, call **250-5900** to speak with the social worker on call. Your licensing social worker can also be another point of contact should the child in your care have a medical emergency.

Schedule for Medical Follow Up

https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Health-Care-Standards.aspx

Children in foster care are children with special health care needs.

The American Academy of Pediatrics (AAP) and Child Welfare League of America (CWLA) have published standards for health care for children and teens in foster care. These standards are designed to help professionals from all disciplines understand the complexity of health problems and the quality of care issues in foster care. The standards specify the parameters for high-quality health care, and enable us to improve services and outcomes, as well as create an opportunity to measure the outcomes, provide a framework for child welfare to assess services for children and teens, determine the appropriateness of funding, and provide a foundation for health advocacy.

Children and teens in foster care should be seen early.

- To assess for signs and symptoms of child abuse and neglect
- To assess for presence of acute and chronic illness
- To assess for signs of acute or severe mental health problems

- To monitor adjustment to foster care
- To ensure a child or teen has all necessary medical equipment and medications
- To support and educate parents (foster and birth) and kin

Children and teens in foster care should be seen often upon entry into foster care.

- Health screening visit within **72 hours** of placement
- Comprehensive health admission visit within **30 days of placement**
- Follow-up health visit within **60 to 90 days** of placement

Children and teens in foster care should have an advanced health care schedule.

Because of a high prevalence of health care problems and often multiple transitions that can adversely impact their health and well-being, children and teens in foster care should have an enhanced health care schedule:

- To monitor signs and symptoms of abuse or neglect
- To monitor a child's or teen's adjustment to foster care and visitation
- To ensure a child or teen has all necessary referrals, medical equipment, and medications
- To support and educate parents (foster and birth) and kin

Children and teens in foster care should be seen often while they are in foster care

- **Monthly** for infants from **birth to age 6 months**
- **Every 3 months** for children age **6 to 24 months**
- **Twice a year** for children and teens **between 24 months and 21 years of age**

Children and teens in foster care should have comprehensive evaluations

Within **30 days** of placement, children and teens in foster care should have the following detailed, comprehensive evaluations:

- A mental health evaluation
- A developmental health evaluation if under age 6 years
- An educational evaluation if over age 5 years
- A dental evaluation

Such evaluations can be conducted as part of the comprehensive health assessment by a multi-disciplinary team or through referral to specialists. It is important that they be conducted in a timely manner and information is shared among all the professionals and parents caring for the child or teen. Information from these assessments should be shared with child welfare and the courts to ensure that it is incorporated into permanency planning for the child or teen.

Immunization Schedule

**A child's birth parent(s) must give authorization in advance for any immunizations.*

Birth:	**HepB:** Hepatitis B vaccine; ideally, the first dose is given at birth, but kids not previously immunized can get it at any age.
1–2 months:	**HepB:** Second dose should be administered 1 to 2 months after the first dose.
2 months:	**DTaP:** Diphtheria, tetanus, and acellular pertussis vaccine **Hib:** *Haemophilus influenzae* type b vaccine **IPV:** Inactivated poliovirus vaccine **PCV:** Pneumococcal conjugate vaccine **RV:** Rotavirus vaccine
4 months:	**DTaP** **Hib** **IPV** **PCV** **RV**
6 months:	**DTaP** **Hib:** This third dose may be needed, depending on the brand of vaccine used in previous Hib immunizations.

	PCV **RV:** This third dose may be needed, depending on the brand of vaccine used in previous RV immunizations.
6 months and annually:	**Influenza (Flu):** The flu vaccine is recommended every year for children 6 months and older: • Kids younger than 9 who get the flu vaccine for the first time (or who have only had one dose before July 2016) will get it in two separate doses at least a month apart. • Those younger than 9 who have had at least two doses of flu vaccine previously (in the same or different seasons) will only need one dose. • Kids older than 9 only need one dose. The vaccine is given by injection with a needle (the flu shot). The nasal spray form that was available in the past is not currently recommended because it was not found to be effective enough in recent years.
6–18 months:	**HepB** **IPV**
12–15 months:	**Hib** **MMR:** Measles, mumps, and rubella (German measles) vaccine **PCV** **Chickenpox (varicella)**
12–23 months:	**HepA:** Hepatitis A vaccine; given as two shots at least 6 months apart

15–18 months:	**DTaP**
4–6 years:	**DTaP** **MMR** **IPV** **Varicella**
11–12 years:	**HPV:** Human papillomavirus vaccine, given in two shots over a 6- to 12-month period. It can be given as early as age 9. For teens and young adults ages 15–26, it is given in three shots over 6 months. It's recommended for both girls and boys to prevent genital warts and certain types of cancer. **Tdap:** Tetanus, diphtheria, and pertussis booster. Also recommended during each pregnancy a woman has. **Meningococcal conjugate vaccine:** And a booster dose is recommended at age 16.
16–18 years :	**Meningococcal B vaccine (MenB):** The MenB vaccine *may* be given to kids and teens in two or three doses, depending on the brand. Unlike the meningococcal conjugate vaccine, which is recommended, the MenB vaccine is given at the discretion of the doctor.
Special circumstances:	**HepA** is also recommended for kids 2 years and older and adults who are at high risk for the disease. This includes people who live in, travel to, or adopt children from locations with high rates of hepatitis A; people with clotting disorders; and people with chronic liver disease. The vaccine also can be given to anyone who desires immunity to the disease, and is useful for staff at childcare facilities or schools where they may be at risk of exposure.

	The MMR vaccine can be given to babies as young as 6 months old if they will be traveling internationally. These children should still be given the recommended routine doses at 12–15 months and 4–6 years of age. **The flu vaccine** is especially important for kids who are at risk for health problems from the flu. High-risk groups include, but aren't limited to, kids younger than 5 years old and those with chronic medical conditions, such as asthma, heart problems, sickle cell disease, diabetes, or HIV. **The meningococcal vaccines** can be given to kids as young as 6 weeks old (depending on the type of vaccine) who are at risk of getting a meningococcal infection, such as meningitis. This includes children with certain immune disorders. Kids who live in (or will be traveling to) countries where meningitis is common, or where there is an outbreak, should also receive a vaccine. **Pneumococcal vaccines** also can be given to older kids (age 2 and up) who have conditions that affect their immune systems, such as asplenia or HIV infection, or other conditions, like a cochlear implant, chronic heart disease or chronic lung disease.

http://kidshealth.org/en/parents/immunization-chart.html#

Childhood Dental Care

Dental care should start at birth. Caregivers can clean an infant's gums with a soft, clean cloth. When the first teeth appear, a soft toothbrush can be used as well.

Common Dental Questions

What is "nursing bottle decay?" Nursing bottle decay results when infants or children nurse from a bottle too long and/or sleep with a bottle in their mouths. Bottle liquids, even milk, can cause this decay. This can be prevented by:

- cleaning gums and teeth daily
- putting only milk and water in bottles, and
- weaning children from the bottle by their first birthday.

At what age should children begin seeing a dentist? Children should have their first dental check up around age one. They should see a dentist twice a year for regular dental checks ups.

Since children lose their baby teeth, why do these teeth need to be cared for? Baby (deciduous) teeth provide a foundation for permanent teeth. If children's baby teeth are not cared for resulting in decay, permanent teeth can be damaged. This damage can be time consuming and expensive to fix in the future. Early tooth development also affects a child's ability to eat, chew, swallow, and form speech patterns. In addition, teeth problems can affect a child's confidence and self-esteem.

How do I get dental care for the child in care? Speak with the child's social worker as they may already have an established dentist. If not, then the birth parent should be afforded input and the social worker can provide an appropriate referral.

Respite Care:

Sometimes foster parents have to unexpectedly go out of town or encounter a situation in which they need someone else to care for the child placed in their home for a few days. You may make these arrangements yourself using the guidelines listed in "Babysitting" and the Prudent Parenting Standard on this page. You should ask for assistance from one your licensing social worker or the child's foster care social worker if you do not have your own natural support to help you.

Babysitting:

Foster parents may have someone babysit the child placed in their home for brief periods of time while out of the home. Our agency's guideline is that babysitters be:

- No younger than 18 years old
- Responsible
- Known and trusted by the foster parent, and
- Used as a sitter only for brief periods of time.

Regardless of whom you choose to babysit the child, the responsibility for insuring the child's safety and well-being is yours. Therefore, you should inform your babysitter about the discipline policies and select a mature and responsible individual who can respond to emergency situations and provide quality care for the child.

Make certain that the care provider knows how to contact the child's social worker and the on-call social worker for emergencies.

Extra-Curricular Activities & Vacations:

Foster parents are encouraged to have children in their home participate in all family activities, (including vacations) as well as any activities within the school or community in which the child has an interest.

The **Reasonable & Prudent Parenting Standard** is a federal requirement which gives foster parents the ability to make careful and sensible parental decisions in regard to a child's participation in normal childhood activities such as extracurricular, enrichment, and social activities, and may include overnight activities outside the direct supervision of the caregiver for a period of over 24 hours and up to 72 hours. A guide to identify what activities caregivers have the authority (includes signing permissions/waivers) to give permission for a child or youth's participation without the prior approval of their local child welfare agency or licensing agency is located in the **Appendix on pages 83-90**. It is important to realize this is simply a guide as to who has the

authority to provide permission. It does not automatically mean that every foster child or youth can participate in any of these activities. It does mean that a reasonable & prudent parent standard is applied in making the decision. The standard is applied to each child and youth individually, based on the totality of their situation.

Foster parents should communicate their travel plans to the child's foster care social worker / licensing worker about if those plans will affect the visitation schedule.

Lifebooks:

Within thirty days of placement, a **Life Book** is to be initiated by the social worker and kept up to date by the foster parents as long as the child is in your home. This can either be in the form of an actual book for you to develop along the way or electronically with photos and information stored on an external drive (thumb drive). The child's social worker or your licensing worker can equip you with an external drive. Feel free to contact your licensing worker or Amy Huntsman at 828-250-5792 with any questions.

What is a Lifebook?

Imagine spending a year of your childhood, two years of your childhood, with a different family and never having a record or tangible memory to carry with you.

Lifebooks are tools that can be useful in working with children in out-of-home care and children who have been adopted to record memories and life events that occurred prior to placement as well as when the children were in placement. It is like a storybook that you create that will help your child become aware of his/her past and understand how (s)he came to be a part of your family. Lifebooks can help children retain connections to people who have been important in their lives and may help the children integrate past experiences with their present circumstances in a healthy, constructive manner.

What does DHHS mandate in regards to Lifebooks?

• lifebooks shall be created and maintained for all children who are removed from their homes.

• lifebooks shall reflect as much information as possible from the birth of the child to the present time.

• lifebooks shall contain information that helps a child to know and remember his or her history with details of that history through placement.

• completion and maintenance of the lifebook is a joint responsibility among social worker, foster parent and birth family.

• the lifebook belongs to the child.

• the development of lifebooks shall begin within the first thirty days of placement and shall be continuously maintained.

What are the benefits of Lifebooks?

Benefits for a child include; providing a history for them of where they came from, helps in identifying feelings associated with that history, builds self-esteem, opens doors for exploring questions, and helps to identify gaps and information that a child may desire.

Benefits for a Caregiver/Foster Parent may include; building trust and attachment, an opportunity to get to know the child's interests, identify triggers, identify important people in the child's life.

Benefits for Service Providers includes; clarity around reasons for past moves, information for therapy, strengths and needs of families, helps identify gaps in the child's knowledge of the past.

Benefits for Birth Families includes; helping them understand the child's behaviors, provides for shared parenting, relationship building with the foster family.

Barriers to completing Lifebooks

Time. Time for parents is always the most valuable and treasured asset we have. Time coupled with lack of resources, funding and knowledge has lead us to a place where many lifebooks aren't being created and utilized for our youth in care. In order to assist with this identified barrier, DHHS has purchased digital flash drives for all of our youth in order to store photographs and other document so that they exist for our children later in life.

What do I do with this flash drive?

This digital flash drive should travel with the child to their next placement or forever home. Please download photos from your telephone of the child and experiences, photos of art work, birthday parties, visits, and any other fun things you can think of.

Each flash drive is numbered for identification purposes and is preset with folders you can use to store information. If you are unsure how to use a flash drive and download photos, please request instruction from your social worker.

If you are interested in creating a hard copy lifebook for the youth in your home, DHHS can help with supplies, contact your social worker.

Communication with Children:

- Offer encouragement and support to the children.
- Allow children to express feelings such as anxiety, fear and anger before and after visits.
- Be supportive and encourage open communication of feelings; discuss negative feelings and let the children know it is normal to have those feelings.
- Inform birth parents or social worker of any behavioral changes and what to expect during visits with children.
- Spend extra time with children after visits.
- Provide extra love, support and reassurance after visits.
- Talk to the social worker about any concerns surrounding the visit such as noticed changes in behavior before and after the visit.
- Encourage the children to write a letter or send a card to birth parents.
- Discuss disappointments about the visit, if they occur.

Emergencies:

In the event of a life threatening emergency involving your foster child, first call 911 and secure the emergency help needed. Thereafter, you should contact the child's social worker, your licensing social worker, supervisor or the on call social worker as soon as possible. Other emergencies also include running away, disruptive and uncontrollable behavior, injury, etc.

The on call social worker may be contacted after normal business hours, on weekends, and on holidays by calling either **211 or 250-5900**.

Medication Administration Policy:

B. Medication (10A NCAC 70E .1102)

Foster parents agree to be responsible for the following regarding medication:

(1) General requirements:

(a) Retain the manufacturer's label with expiration dates visible on non-prescription drug containers not dispensed by a pharmacist;

(b) Administer prescription drugs to a child only on the written order of a person authorized by law to prescribe drugs;

(c) Allow prescription medications to be self-administered by children only when authorized in writing by the child's licensed medical provider;

(d) Allow non-prescription medications to be administered to a child taking prescription medications only when authorized by the child's licensed medical provider; allow non-prescription medications to be administered to a child not taking prescription medication, with the authorization of the parents, guardian, legal custodian, or licensed medical provider;

(e) Allow injections to be administered by unlicensed persons who have been trained by a registered nurse, pharmacist, or other legally qualified person;

(f) Immediately record in a Medication Administration Record (MAR) provided by the supervising agency all drugs administered to each child. The MAR shall include the following: child's name; name, strength, and quantity of the drug; instructions for administering the drug; date and time the drug is administered, discontinued, or returned to the supervising agency or the person legally authorized to remove the child from foster care; name or initials of person administering or returning the drug; child requests for changes or clarifications concerning medications; and child's refusal of any drug; and

(g) Follow-up for child requests for changes or clarifications concerning medications with an appointment or consultation with a licensed medical provider.

(2) Medication disposal:

(a) Return prescription medications to the supervising agency or person legally authorized to remove the child from foster care; and

(b) Return discontinued prescription medications to the supervising agency for disposal, in accordance with 10A NCAC 70G .0211(c).

(3) Medication storage:

(a) Store prescription and over-the-counter medications in a locked cabinet in a clean, well-lighted, well-ventilated room other than bathrooms, kitchen, or utility room between 75º F (24° C) and 80º F (26.7° C);
(b) Store medications in a refrigerator, if required, between 36º F (2º C) and 46º F (8º C). If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container within the refrigerator; and
(c) Store prescription medications separately for each child.

(4) Psychotropic medication review:

(a) Arrange for any child receiving psychotropic medications to have their drug regimen reviewed by the child's licensed medical provider at least every six months;
(b) Report the findings of the drug regimen review to the supervising agency; and
(c) Document the drug review in the MAR along with any prescribed changes, if applicable.

(5) Medication errors:

(a) Report drug administration errors or adverse drug reactions immediately to a licensed medical provider or pharmacist; and
(b) Document the drug administered and the drug reaction in the MAR.

A medication administration record form can be found in the Appendix on page 83.

Confidentiality:

Foster parents shall in no way violate within the community the confidential nature of the child's situation or the circumstances of his/her birth parents. Also refer to Agency Foster Parent Agreement that you signed stating you agree to keep matters confidential and to discuss them only with the appropriate agency staff members, or other professionals designated by the agency.

Foster parents who wrongfully release information can lose their foster care license. We do not discuss names of the children or their families or reasons why they are in foster care unless it is appropriate.

When is it appropriate to share confidential information?

Before you reveal any type of personal or confidential information about a child in care or his or her family, you should ask yourself three questions:

1. Does this other person **need to know** this information?
2. Is it in the **best interest** of the child in care or other person to have this information?
3. Does the **law permit** the other person to have this information, or is there a specific professional relationship that obliges that person to preserve the confidentiality of the information.

If the answer to each of these questions is **"yes"** you are probably safe in disclosing the information. If the answer is "no" you probably shouldn't. Follow these three standards:

- **The "Need to Know" Standard:** You should never reveal information just to satisfy someone's curiosity. Share only enough information to serve your purpose.

- **The "Best Interest" Standard:** To decide whether it's in the best interest of the child in care for the other person to have the confidential information, you need to weigh the child's and the family's privacy interests against other interests, such as the safety and therapy needs of the child and others.

- **The "Legal Privilege" Standard:** Generally speaking, you should not reveal confidential information unless a statute specifically authorizes the other person to obtain the information, or unless the other person has a professional relationship that creates a specific legal obligation to preserve the confidentiality of that information. The following professionals have a specific obligation to preserve the confidentiality about your child in care: other foster, adoptive, kinship parents in your support group, physicians who are providing medical care for the child, and social workers and mental health therapists who are providing services for the child.

Social Media and Children in Care:

Can I post pictures of my child in care on social media*?* Yes, however, children in foster care should not be photographed for newspaper articles, Facebook or any other social media outlet, or a publication where the foster child may be identified by naming the child or stating this is a foster child. Profile and timeline pictures should not include pictures of foster children, due to privacy settings. It is important to never reveal personal information about your foster child on the internet as you risk jeopardizing his/her identity, safety, and right to privacy.

Please be mindful of your own account privacy settings. In today's age of technology and connectedness, accessing anyone's personal information is as easy as a click of a couple of buttons. Be diligent in preventing access to information that you would not be willing to voluntarily share. Additionally, licensed foster parents are indeed under a microscope – be mindful of any photos, posts or information that could be perceived as less than complementary.

Damages to Foster Parent Property:

The Department of Social Services is not responsible for damages that a child in care does to a foster parent's personal property.

Situations in which children in foster care have intentionally damaged foster parent's property have been rare; however, foster parents should make reasonable efforts to protect personal belongings and property.

It is a good idea to check with your homeowners insurance company to inquire about policy coverage and notify them that you plan to have children in foster care placed in your home.

Smoking:

Smoking is against the law for minors. Children in foster care are not permitted to smoke. Foster parents are prohibited from buying cigarettes for minors or furnishing cigarettes to minors.

Tattoos, piercings, haircuts, etc.:

The primary goal of foster care is to provide temporary care until a child can live with his or her birth family again. It is important to remember that even though the birth parents have lost custody of their child, they retain many rights including visitation, support obligations, to give or withhold consent for medical care and medications, marriage, or joining the armed forces.

Written permission must be obtained for ear piercing, tattoos and similar invasive procedures.

Foster parents shall guidance from the child's social worker and /or birth parent before cutting /changing a child's hair style.

Name Changes / Using "other" names:

Under **no** circumstances can a foster parent change a child in foster care's name. It is the expectation that foster parents will address the child by the same name that the birth parents use.

Car Seats/Vehicle Passenger Restraints:

Per SafeKids Worldwide, road injuries are the leading cause of unintentional deaths to children in the United States. Correctly used child safety seats can reduce the risk of death by as much as 71 percent.

Applicable Laws and Guidelines:

G.S. 20-137.1 requires:

(a) every driver transporting one or more passengers of less than 16 years of age shall have such passengers properly secured in a child passenger restraint system or seat belt which meets federal standards applicable at the time of its manufacture.

(b) A child less than eight years of age and less than 80 pounds in weight shall be properly secured in a weight-appropriate child passenger restraint system. In vehicles equipped with an active passenger-side front air bag, if the vehicle has a rear seat, a child less than five years of age and less than 40 pounds in weight shall be properly secured in a rear seat, unless the child restraint system is designed for use with air bags. If no seating position equipped with a lap and shoulder belt to properly secure the weight-appropriate child passenger restraint system is available, a child less than eight years of age and between 40 and 80 pounds may be restrained by a properly fitted lap belt only.

The type of child safety seat needed depends on the child's age and weight.

The American Academy of Pediatrics also recommends:

• All infants and toddlers should ride in a rear-facing car safety seat (CSS) until they are 2 years of age or until they reach the highest weight or height allowed by the manufacturer of their CSS.

• All children 2 years or older, or those younger than 2 years who have outgrown the rear-facing weight or height limit for their CSS, should use a forward-facing CSS with a harness for as long as possible, up to the highest weight or height allowed by the manufacturer of their CSS.

• All children whose weight or height is above the forward-facing limit for their CSS should use a belt-positioning booster seat until the vehicle lap-and-shoulder seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years of age.

• When children are old enough and large enough to use the vehicle seat belt alone, they should always use lap-and-shoulder seat belts for optimal protection.

• All children younger than 13 years should be restrained in the rear seats of vehicles for optimal protection.

Please note that all children aged 8 years old, or up to 80 pounds, must be transported in the back seats of cars. If there are more children than the back seat allows restraints/car seats for, then more than 1 car should be used.

When a child comes in to the Department's custody, the social worker will check out an appropriate loaner car seat for the child's height/weight. These seats may be used by the foster parent for 7 days; they must be returned to either the child's social worker or licensing social worker at that time.

To Summarize:

Age Group	Type of Seat	General Guidelines
Infants & toddlers	• Rear-facing–only • Rear-facing convertible	All infants and toddlers should ride in a **rear-facing seat** until they are at least **2 years of age** or reach the highest weight or height allowed by their car seat manufacturer.
Toddlers & preschoolers	• Convertible • Forward-facing with harness	Children who have outgrown the rear-facing weight or height limit for their convertible seat should use a **forward-facing seat** with a harness for as long as possible, up to the highest weight or height allowed by their car safety seat manufacturer.
School-aged children	• Booster seats	All children whose weight or height exceeds the forward-facing limit for their car safety seat should use a **belt-positioning booster seat** until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are 8 through 12 years of age. All children younger than 13 should ride in the back seat.
Older children	• Seat belts	When children are old enough and large enough for the vehicle seat belt to fi t them correctly, they should always use **lap and shoulder seat belts** for the best protection. All children younger than 13 years should ride in the back seat.

MANUAL SECTION C:

Financial

From the monthly board rate that you receive as a foster parent, you are expected to provide the child with such needs as:

- **Transportation**
- **Babysitting**
- **School supplies, and**
- **Basic living needs (food, clothing hygiene products, baby formula, disposable diapers, shelter, utilities, etc.)**

Monthly Board Rates:

BCHHS family foster homes can expect to receive the following board payment amounts per child in their home each month:

Age 0-5	Ages 6-12	Ages 13-18
$530	**$646**	**$709**

2020 Projected Changes to board rates for Buncombe DHHS foster homes identified for the Lifeline and HIP programs:

	0 to 5	5 to 12	13 to 17
Lifeline Emergency Beds	$50.00/day	$50.00/day	$50.00/day
HIP Foster Placements	$1600.00/month	$1600.00/month	$1600.00/month
Teens	---	---	$1000.00/month

**Board Payment Checks are written no later than the tenth of each month.*

Direct Deposit is also available to our foster parents. Please speak with your licensing social worker to find out how to set this up.

Clothing Vouchers:

When a child first enters foster care, the placement social worker will verify with the case responsible social worker that a clothing voucher is needed. Sometimes children have plenty of clothing and the additional funds are not needed. Children placed in BCHHS foster homes will not receive any further clothing orders after the initial voucher is dispersed.

Age 0-4	Ages 5-12	Ages 13-18
$180	**$240**	**$300**

*Please note that any clothing or items purchased for the child should go with them when the child moves from your home. (Exceptions are clothing that no longer fits which may be kept at the foster home to be used again or donated.)

Ultimately, foster parents are responsible for ensuring the basic needs of children in their care are met at all times and it is the responsibility of the social worker(s) to provide oversight to ensure no child goes without basic clothing.

Other:

DSS may be able to pay for summer camps for children in foster care dependent on donations. DSS will arrange and provide payment for day care and after school costs. Any day care cost above the voucher amount is expected to be paid for by the foster parent from the monthly board payment.

MANUAL SECTION D:

Discipline

Being a parent can be a very challenging yet rewarding experience. We learn by trial and error and by asking others for solutions. We realize that each child is very different. Discipline strategies that are effective with our own children, may not work with children who are in foster care. These children have experienced trauma, abuse, neglect or all three. Managing their behaviors and helping them learn healthy coping skills should be the responsibility of the child's entire team – don't be afraid to ask for help or guidance!

Discipline Policy for Buncombe County Foster Parents:

Discipline is guidance and encouragement parents use to help children learn how to get along with others and to develop self-control. These procedures are for the protection of both the foster child and the foster family.

1).Children look to parents as models of appropriate behavior.

2).Parents should praise children for appropriate behaviors.

3).Parents should provide children with acceptable ways of expressing anger (talking it out, playing with dolls, etc.). For more acceptable ways, talk with your licensing social worker or the foster care worker.

4).Parents should not use meals as a reward or punishment.

5).Parents will use "time-out" for children who are out of control. Length of time out is based on child's age. Isolation for more than an hour is never appropriate.

6).The use of physical force is not allowed. This includes spanking, slapping, pinching, shaking, pulling hair or arms, and jerking. Call your licensing social worker for clarification of physical force.

7).Parents may physically restrain a child only if the child is out of control and hurting himself or others. This is done by holding him without abuse, but with support.

8).Verbal abuse, such as being sarcastic or threatening, is not allowed. Threats about the child or family are inappropriate.

9).Putting anything in the child's mouth, such as soap, pepper, Tabasco, a washcloth, is not allowed.

10).Parents need to be fair and consistent in their methods of discipline for all children.

11).Parents should set discipline limits for children which are appropriate to the child's chronological and developmental age, intelligence, emotional makeup and experience.

12).Parents who feel "out of control" or angry with a child or situation should get another parent to take over. This gives everyone a chance to calm down. Call your foster parent buddy or the child's social worker, or your licensing worker.

If there is a question about any of these procedures, contact your licensing social worker for clarification. Should a foster child's therapist recommend a technique contrary to any of these procedures, call your licensing social worker.

Positive Discipline and some tips:

Positive discipline teaches children in a non-rejecting way to be responsible for their own actions by:

- Emphasizing what the child does right.
- Enjoying and treasuring the positive things about the child.
- Not letting conflicts in some areas ruin relationships.
- Not threatening to end the relationship because of bad behavior.
- Having a good understanding of yourself.
- Being aware of things or times that make you less patient or over reactive.
- Teaching the child that the world is mostly positive, not negative and helping them perceive the positive.

EMPHASIZE	**AVOID**
• Simple, concrete, firm rules with logical consequences and regular routines. • Base your expectations on the child's developmental level, not their chronological age. • Do not personalize problems. Use a neutral, matter of fact, low key, calm approach when following through on consequences for misbehavior. • Emphasize choices. Keep the conflict between the child and the rule, not between you and the child. Make it clear that the child chooses his or her own actions, which leads to particular consequences. • Maintain good eye contact and close proximity when talking to the child, making requests, or giving instructions to the child. • Use humor. Keep things light. • Be patient. Change takes time. Relapses are to be expected.	• Moralizing, lecturing, criticizing, guilt trips, impatience, rage, yelling and physical punishment. • The child may have no moral base on which to build. The child may not be developmentally ready to handle a lot of explanations. • Power struggles play into the child's game of anger and negative self-image. • Physical punishment should never be tolerated because it gives the child the wrong message. Abused children set themselves up for failure and abuse. They feel they deserve to be treated poorly. • Abused children may have trouble with cause and effect thinking. They need informative feedback and a clear understanding of what is expected. They are sensitive to rejection and need the reassurance of safety, stability, and predictability.

Effective Discipline:	**Ineffective Punishment:**
Setting limits and understandable rules for the child. The parents limit and redirect undesirable acts. These limits preserve self-respect of both persons. Restrictions are applied without violence or excessive anger. Feelings are accepted. The child receives a clear definition of acceptable and unacceptable conduct. Both the child and parent feel more secure because they know the limits of permissible action. Limits are stated so that the child knows what constitutes unacceptable behavior and what substitute will be accepted. Parents relate discipline to the behavior, not the person. Discipline maintains child's self-esteem and teaches responsibility. Discipline, whether restriction, deprivation or restitution is reasonable and fair, and its primary purpose is to impress upon the child the impact of undesirable behavior and the importance of desired behavior. (Child may participate in the determination of most effective punishment.) The need to permanently repress undesirable behavior is less important than helping redirect behavior. The child learns acceptable behavior.	The punishment is frequently arbitrary, repressive, humiliating and brutal. Whether verbal, physical or restrictive, the degree of the parent's rage, desire to permanently repress the child's behavior, or need for revenge, and determines the extent of the punishment. Thus, the punishment is primarily an expression of anger and satisfaction from exercising power. The punishment has all the elements of wanting to win. Administered at a time when the child is least able to listen and in words that are most likely to arouse resistance and make him feel no good. Thus, the child reacts to the guilt, humiliation and anger by one means or another, without gaining knowledge of acceptable behavior and increased self-discipline. The type of punishment develops dependency and fear, causing loss of self-esteem. The child learns to avoid further punishment by whatever means is expedient.

For more tips / techniques for working with children who have experienced trauma, talk with your licensing social worker about attending a trauma specific training such as RPC (Resource Parent Curriculum) or ARC (Attachment, Regulation Competency). Also, do not hesitate to consult the child's foster care social worker, mental health provider or child and family team for any behavioral or discipline concerns or issues.

MANUAL SECTION E:

Abuse Investigations & Licensed Homes

Research indicates that foster families are more likely to be accused of abuse than people in the general population. However, being informed about the investigative process can help lessen the stress and frustration an investigation might bring.

CPS Investigations of Foster Homes:

All Social Services are mandated by law to investigate every report involving protective services to children, including allegations against foster parents. There shall be an assessment of risk of harm to the child by the child's social worker. Before completion of an investigation, a child will be removed only when an assessment indicates the risk of further harm to the child supersedes the positive strengths of that child's relationship to the foster family.

Another county will be assigned to conduct the investigation of the foster home. The foster parents are notified by Buncombe County that a Child Protective Services report on their home has been received. A Buncombe County investigator comes to your home to notify you and make an initial safety plan. You may also be told which county will be conducting the investigation.

The investigating county will share details of the report with the agency. Documentation absent of identifying information about the child will also be placed in the foster parent's file and will be limited to the immediate assessment of risk of harm, the ability of the foster parents to care for the child, and the outcome of the investigative assessment.

Licensing social workers are there to be a support to families during an investigation. They can help explain the process and process the foster family's feelings and frustrations around what is happening. Unfortunately, licensing social workers are not able to discuss the allegations within the report or any specific information about the investigation. Additionally, the state of North Carolina does not provide legal representation for foster parents against whom allegations of abuse have been raised.

The following precautions may be helpful in reducing the stress associated with these allegations:

1. **Recognize Stress –** Learn to say no to the placement of children whose problems are beyond your abilities. Seek help to find alternative ways of coping with difficult children.
2. **Learn and Understand Agency Policy –** Know what the agency policies are regarding discipline, emergencies, and investigating allegations of abuse and misconduct.
3. **Require Specific Information about the Child Before Placement** – Find out what has happened to the child and how the child has responded before you agree to this placement.
4. **Discuss the Child's Grievances –** Take the child's complaints seriously.
5. **Keep the Caseworker Informed –** Notify the social worker of any particular problems that could lead to misunderstanding between the child, agency, and the foster family.
6. **Keep Good Records and Document Unusual Events –** Put everything in writing! Journal, journal, journal!

7. **Empower the Child –** Get the child involved in activities that bolster their self-esteem, confidence and feeling of control such as: self-defense, martial arts, acting, gymnastics, sports, etc. Teach the child appropriate problem solving and communication skills. Separate the past and present discussions. Discuss safety and prevention information and strategies such as "NO, GO, TELL."
8. **Communicate Clearly About Actions and Intents: Particularly About Touch.**
9. **DO NOT Use Physical Punishment.**
10. **Be Sensitive** to situations in which foster parents are left alone with children of the **opposite** gender and / or older children.

CHILD PROTECTIVE SERVICES

INVESTIGATIVE ASSESSMENT

BUNCOMBE COUNTY HEALTH & HUMAN SERVICES
BUNCOMBECOUNTY.ORG/HHS

WHAT IS THE PURPOSE OF THE INVESTIGATIVE ASSESSMENT?

N.C. law requires that local county departments of social services ensure children's safety in their homes. A child protective services investigative assessment determines whether abuse or neglect has occurred and whether other services may be needed to help the family.

WHAT CAN I EXPECT?

Buncombe County Health and Human Services social work staff knows that family members are experts on their family. As the investigation takes place, we seek to balance risk while answering 4 questions:

1. What are we worried about in relation to the child and the family? (Has there been Harm to the child/ children and are there worries for the future which we call Danger?)
2. What is working well in the family? (Which we call Strengths and Existing Safety)
3. What needs to happen to make sure the child is safe in the future? (Which we call Safety Goals and Safety Planning
4. How safe is the child, from zero (very dangerous for the child) to ten (the child is safe)?

There are different tools that may be used in gathering information from children including 3 Houses, Safety House, and a Words and Pictures explanation of what happened.

NEXT STEPS:

- INTERVIEWS with each child living in your home must occur. These interviews will be done privately between the child and a HHS social worker. The social worker has the right to interview the child without your permission or presence.

- You will be informed as quickly as possible of what was reported to HHS and that your child has been interviewed. You should be interviewed the same day your child was seen unless other arrangements are made between you and the social worker.
- A social worker will complete a safety assessment with you regarding any concerns that have been found. This safety assessment might be about child supervision, placing your child with relatives, or the type of discipline you use in your home.
- Medical and/or mental health evaluations may be requested to assist the social worker with the investigation.
- State law requires that other professionals such as teachers, counselors, and doctors be contacted for information if they have knowledge of a family's situation. This information will only be used to assist the social worker with the investigative assessment.
- State law requires that a visit be made to any home that your child(ren) reside in. It also requires that EVERYONE living in your home be interviewed.
- You will be notified of the case decision, IN WRITING, at the end of the investigative assessment. The assessment should be completed in 30 days, unless the social worker is unable to gather the needed information in that time frame.

CLIENT'S RIGHTS AND RESPONSIBILITIES

As A Client Your Family Has The Right:

1. To be treated with dignity, respect, and courtesy.
2. To know HHS's legal authority and right to intervene.
3. To know any possible action which HHS might take, including asking for court intervention.
4. To know HHS's expectations of your family, along with what you can expect from HHS.
5. Phone calls to HHS should be returned within one working day.

AFTER HOURS EMERGENCY

OR

MAKE A REPORT

(828) 250-5900

MANUAL SECTION F:

Communication Meetings Partnership

Using teams is critical in providing family centered community support to children and families at risk. Teams and agency plans must comply with agency mandates and court orders and respect the safety of the child, the birth family, foster family, and community. The team process promotes concurrent planning for permanency within a year as well as a single, stable foster care placement for children who cannot remain safely with their birth family.

Child and Family Teams:

WHAT IS A CHILD AND FAMILY TEAM MEETING?

A Child and Family Team Meeting **(CFT)** is a meeting where family members and their community supports come together to create, implement and update a plan with the child, youth and family. The plan builds on the strengths of the child, youth and family and addresses their needs.

The meeting is family centered because families are the most important resource for their kids. Families will be asked to help develop the "purpose" for the meeting and can request a personal opening or closing to the meeting. The meeting focus should always be the child and their needs. As the child's foster parent, you should come to the meetings prepared to talk about any updates on the child such as recent medical, dental, therapeutic appointments, progress in school, behaviors at daycare, school or at home, the child's extracurricular activities and/or any other relevant information about the child in your care.

At each CFT, the goal is to complete the "purpose" of the meeting. The family has input and can present ideas; however, the Department representative might share some things that are non-negotiable due to safety reasons. A CFT may be complete, for example, when the service agreement is developed, when a decision is made on where the child will live. Since the goal of the meeting is to address the needs of the children, if they are old enough, the children should have input about decisions that match up to their age, development, and situation. For example, a parent or social worker might ask for a child's input before the meeting. In other cases, the children attend the meeting with their parents.

For the Children:	For the parents:
Transportation	Substance abuse treatment
Early Intervention Testing (CDSA)	Mental Health Treatment
Parental and sibling visits	Bus passes
Mental health services	Domestic Violence Services for both victim and batterer
Primary Care Physician and dental provider	Visits with the children
Education	Court
Independent Living Skills (teens in care)	Shared Parenting Meetings

Foster Care social workers identify and make referrals to community service providers to meet the child and birth parents' needs, to meet the goals in the Family Services Agreement and to comply with state and federal mandates. These services include but are not limited to:
A copy of the meeting notes will be given to everyone who attends the meeting; however, the birth parent's case plan will only be distributed to meeting participants with their permission. We encourage you to talk to your licensing social worker about how you can best be included, how to prepare and what to expect.

WHEN DO I HAVE A CFT?

- **Custody Transfer Meeting CFT:** These meetings are held when the case transfers from the previous social worker to the foster care social worker. At this meeting, the case history and or child behaviors and needs will be discussed as well as the out of home family services agreement.
- Within **30 days** of entering the custody of the county child welfare agency;
- Within **90 days** of entering the custody of the county child welfare agency;
- Every **3 months** thereafter throughout the life of the case; and
- When there is a change in the plan or family circumstance and it is necessary to reconvene the team to discuss the case.

Permanency Planning Review Meetings:

Permanency Planning Review Meetings are open, non-adversarial forums for focusing on casework practice and planning. The PPR process allows:

- each party involved to have input into service needs of the child and family;
- to document progress of the parents in improving the conditions that led to county child welfare agency custody;
- to develop the most appropriate permanent plan; and to ensure permanency is achieved for every child.

The PPR process also ensures the plan that is developed will be followed regardless of changes in child welfare staff. In addition, disagreements can be addressed prior to court hearings, helping each party to understand the position of the others, and thus providing the opportunity for informed negotiation.

Permanency Planning Review meetings are held:

- within 60 days of the child coming into agency custody or placement

responsibility; and
- every 3 months thereafter throughout the life of the case; and
- When there is a change in the plan or family circumstance and it is necessary to review the case.

PPRs and CFTs can be held to:

- Make a plan to address the identified needs and create a Family Service Agreement.
- To review the progress that is being made on a family's case plan.
- Establish a visitation schedule between birth parents and their children.
- To make a plan to close a case.

Treatment team meetings: These meetings are held any time and at the request of anyone involved with the team. Treatment team meetings can be held for the purposes of meeting mental health provider requirements or simply to update team members in between the above mandated cft schedule.

WHO LEADS A CFT?

CFTs are typically led by a neutral facilitator who has previous knowledge of a case, is not an employee of the agency and is present solely to guide the meeting. They do not make decisions and do not take anyone's side during the meeting.

Partnership and Communication:

Addressing Foster Parent/Agency Partnership and Communication

1.) When the child's Social Worker has cause for concern or has questions regarding foster parent's behavior, actions, or statements, the social worker should:
   - Discuss the issue with the foster parent for clarification. (In most cases, the social worker and the foster parent should be able to clarify or resolve the issue.)
   - Give the family's licensing social worker feedback on the resolution so that the licensing worker can support / reinforce the result.

2.) In the event that the issue is not resolved between the social worker and foster parent, then the

social worker and licensing social worker should brainstorm a plan of response. Both social workers will document the issue raised and the plan of response in the child specific record and the licensing record.

3.) The social workers may be unable to come to an agreement on a viable plan of resolution. In this event:

- The social worker, licensing social worker and their respective supervisors will meet to discuss the issue and develop a strategy for resolution.
- The group will document the strategy for resolution and who will address the issue with the foster parent.
- If necessary, the group will invite the foster parent to meet to discuss the issue in order to arrive at a resolution.

*This process will also apply when it is the licensing social worker that has the initial concern as it may relate to a specific child.

Example areas of concern may include, but are not limited to:

- Family's failure to work in partnership with the agency.
- Questionable discipline techniques.
- Marital/relationship discord between foster parents that appears to be effecting the child(ren) in care.
- Poor hygiene or physical care of the child(ren) in care.
- Questionable maintenance or cleanliness of the foster home.
- Failure to keep or to have the child ready for appointments, i.e. child's therapy, medical, visitation, etc.
- Educational concerns i.e. child's homework consistently not completed.
- Foster parent has needs (either temporary or ongoing) that surpass typical strengths present for most foster families.
- Inappropriate contact with the birth family.
- Negative or demeaning statements about or to the foster child(ren).
- Insensitivity to child's culture.

- Breach of confidentiality.
- Questionable supervision.
- Failure to partner with the Child and Family Team decision making process.

**If any concern crosses over into abuse, neglect, or dependency, a report must be made immediately. This takes precedence over the aforementioned procedures.*

4.) If the preceding steps fail to resolve the issues, then the Supervisors will arrange a meeting with all parties and a Program Manager with an objective facilitator to assist the team process.

NOTE: If there is a pattern of concerning behaviors or actions by the foster parent, the licensing social worker and his/her supervisor will meet with the foster parents to discuss concerns and develop a Partnership Development Plan.

Dealing with Issues, Problems and Concerns

Foster Parents can also have needs when they are not being treated as partners or do not get a response to a question in a timely manner. The following guidelines should help in these situations.

Helpful Tips:

- When you leave a voice mail for a social worker, please state your need clearly and ask for a response if you need one. If you are just supplying information and do not need a response, please specify. E-mail is great too and easier for some!
- When you start working with a new social worker ask what form of communication is best for them. Would they prefer contact by e-mail, phone, text, etc?
- If your phone call is not returned within an appropriate amount of time (24 to 48 hours) it is appropriate to contact the social worker's supervisor.

Steps to Take if you have a Grievance:

- Talk with the child's social worker about the issue. Enlist the help of the licensing social worker at any time.

- If you are still concerned about communication or the child's needs, next contact the social worker's supervisor and the licensing social worker if you have not already done so.
- When calling a supervisor, please be specific in communicating the issue at hand.

In the event of a conflict or a disagreement with an agency or worker decision always follow the chain of command (starting with the immediate social worker). If you do not feel that your issue has been sufficiently addressed, then feel free to follow the appropriate channels in the chain of command until you feel that your issue has been resolved.

MANUAL SECTION G:

Court & Permanency Planning

TPR
Relinquishment
Adoption
Assisted Guardianship

Child Protective Services social workers from Social Services Agencies primarily work toward two goals – protecting children and helping families to achieve permanency for their children. The Agency provides services that assist in providing safe homes for children.

How the Social Services System Works:

Families involved with the Agency are assigned a team of workers, including a social worker who helps in providing support and referrals that assist with family needs. Social Workers will contact foster parents regularly to discuss the health, daycare, and well-being of the child in their care. Social workers will help in arranging visits with siblings, parents, and other family members.

Social Services helps to facilitate relationships between a child, parent, and other individuals or organizations involved in the care of the child. If foster parents have questions about services or resources for the child in care, they should contact their social worker.

Pre-Custody Staffing – This meeting is held with birth parents, Agency staff members, foster parents, relative caregivers, and representatives from other agencies who work with the family. The goal of the meeting is often to prevent children from being removed from the birth parents' home. In cases where children are already removed, the goal is to prevent or remove any obstacles that keep families from being reunited.

How Juvenile Court Works

Buncombe County Department of Social Services and the juvenile courts are partners in serving the best interest of children who are in the custody or placement responsibility of the agency. They focus on the need of the children – not the guilt or innocence of the parents.

When Social Services decides that children are not safe in their parents' home, the agency will petition the court for custody of children. The agency's petition will list children as abused, neglected, or dependent. **Non-secure custody** can be granted to Social Services after the petition has been filed if the court believes the children are in immediate danger. If non-secure custody is granted, children will be placed in foster care or with a relative. Parents have the right to their own attorney and a case plan outlining what needs to be done to decrease or eliminate the factors that brought the child into the Department's custody.

A **First Appearance Hearing** will be scheduled within 48 hours. Parents, their attorney, a social worker, the agency attorney, and GAL (a volunteer who represents the child's voice in court) will be present at Day One Hearing. When a petition for neglect or abuse is filed in the court for a child, a GAL is always appointed to the child by a judge.

A GAL's (Guardian Ad Litem) role is to focus on the children's rights and needs. GALs have access to most records concerning children, including Social Services, school, hospital, and psychological records. GAL's may be trained volunteers or attorneys. The GAL program has an attorney who represents them in court.

Pre-Trial – This meeting is held before a court hearing and may include the social worker, the birth parent's attorney, foster parent, relative caregiver, Guardian Ad Litem (GAL) and an Agency lawyer. Concerns about the case are discussed before the court hearing.

Court hearings / Reviews – A number of court hearings occur during the life of a case. The first hearing is held within seven days after a judge approves a non-secure custody order. This order is issued when a child is in immediate danger and needs to be removed from the home for protection.

At the **Seven-Day Hearing or Non-Secure Hearing** a judge decides whether a child returns home or remains in Agency custody.

The next hearing is the **Adjudication Hearing** where the judge hears from the birth parent, Agency, and GAL and then determines if the children have been abused or neglected.

A **Dispositional Hearing** also takes place either at the time of the adjudicatory hearing or at another date. At the dispositional hearing the judge decides what is going to happen to a family in terms of the decision that was made at the adjudication. The parents are ordered to follow the Case Plan and the Agency is ordered to assure that appropriate reviews are provided.

The **Permanency Planning Hearing (PPH) / Review Hearing** is held within the first 12 months of a case. The hearing goal is to develop and achieve a safe, permanent home for children within a

reasonable period of time. These review hearings are held within 60 days of a child's entry into care, again within 90 days of the first review and then every six months thereafter. At these hearings, the judge reviews reports from BCHHS, the GAL's office, and the parent's attorneys in order to gauge parents' progress toward reunification with their children and if the goal is reasonably achievable within the next six months.

Revised March 8, 2017

Foster Parent Court Correspondence /Reports:

NC law provides that the court shall consider information from any foster parent or pre-adoptive parent providing care for a child in any review hearing [GS 7B-906(c)] and at any Permanency Planning Review hearing [GS 7B-907(b)]. The primary purpose of these laws is for the court to receive information about a child that will aid in reaching an informed and intelligent decision regarding what is in the child's best interests.

It does not mean that the foster parent or pre-adoptive parent is a "party" to the case. The foster parent is licensed by DSS and is therefore an arm of DSS. However, the foster parent has the right to be heard. The following is an outline regarding the manner in which foster parents may submit correspondence/reports to the judge as well as specifics regarding the content therein.

- Correspondence/reports should be completed and given to the child's foster care social worker or your licensing social worker the Monday prior to calendar call. Letters need to be vetted by the foster care social worker, supervisor and attorney before submitting to the court.

- If a foster parent wishes to attend a court hearing and speak with a judge, then the foster parent should speak with their licensing social worker about this request in order for the DSS attorney to have knowledge and be able to present that request to the court. The DSS attorney can advise the court that the foster parent would like to speak to the judge, and the judge may grant this request depending on the type of hearing that is scheduled.

*Please note that each hearing is scheduled for a particular day with multiple other hearings. Each case is not given a specific time and may be heard at any point on the hearing date. Additionally, it is

not uncommon for cases to be continued for a myriad of reasons that are beyond the Department's control. As such, addressing the court through a letter or other written document may be preferable for foster parents with time constraints.

- Sending these reports to anyone other than the foster care social worker or your licensing worker is not appropriate.

- Reports should be succinct and typed. Letters/correspondence should be dated and signed.

- If a foster parent writes a court report/correspondence, he/she will need to be prepared for possible mandated appearance or subpoena in court, not just from the judge or DSS attorney, but also from any of the attorneys involved. A foster parent should be able to back up any statements about a child in their home with specific examples, "He seems to be depressed as evidenced by…."

- The reports/correspondence should be unbiased, accurate, clearly worded, concise and to the point.

- Judges value the information from foster parents, such as the child's condition upon arrival in the foster home, the child's apparent needs, what the foster parents have done to help meet the child's needs, the child's progress or lack thereof in foster care, and any problems new or old the child is experiencing at the time of the report.

- The foster parents should not make recommendations for any type of action in their correspondence/report. The proper channels for this type of advocacy is the agency review meeting or Child and Family Team Meeting. It is the foster care social worker's responsibility and duty to report recommendations and opinions of the Child and Family team to the court.

- The report/correspondence should never attack any parties working with the child – "just the facts."

- Foster parents should refrain in a report/correspondence about wanting to adopt a child, if reunification remains the plan. The DSS attorney will ask for that feedback directly during the proper course of the hearings. Doing this could allow a defense attorney to question their motives and accuse them of sabotaging reunification.

- The correspondence/report is NOT to make negative comments about the birth family, social worker, therapist, guardian ad litem, or any other adult involved with the case, it should center on the foster parent's direct observations of the child.

- Please note that all reports/correspondence submitted to the court become part of the court file, and birth family, their attorneys, and the guardian ad litem will all receive copies. Conceivably, a child could also have access to the file after reaching adulthood.

- Foster Parents may not have copies of any court reports, like other child or family specific documents the department is not allowed to release them.

Permanency Planning Options:

Permanency gives a child:

- A family intended to last a lifetime.
- A family where he or she can grow and develop physically, socially, emotionally, intellectually, and morally.
- A healthy, reliable place to live.

It is the intention that the work done with the child, the family, the community, and the agencies involved will achieve permanence for the child in a timely manner. The Department is mandated to achieve permanence within 12 months, however, due to various extenuating circumstances; this is not always accomplished within that period.

There are four possible permanent plan goals:

Reunification: the return of the child to the biological parents or caretaker from whom the child was removed. In most cases, reunification is the primary permanent resolution sought, and reasonable efforts to reunify the child with the parent are demonstrated and documented.

Adoption: the legal transfer of ongoing parental responsibilities for the child from his or her birth parent to adoptive parents.

Legal guardianship is a judicially created relationship between a child and adult, which is intended to be permanent and is evidenced by the transfer to the caretaker of the following parental rights with respect to the child: protection, education, care and control of the person, custody of the person, and decision making.

Legal custody is another permanency option for children, although legal custody does not have the same level of security as adoption or guardianship. Custody may be terminated on the basis of a change in circumstances, regardless of the fitness of the guardian. The judge can order legal custody of a child to a relative, foster parent, or other adult person deemed suitable by the court. Legal custody has most of the same advantages and disadvantages as legal guardianship. The specific rights and responsibilities of a legal custodian, however, are defined by the court order rather than being fully defined in law. The custodian must show the court order to prove their right to act in a parental role.

These options are considered and addressed from the beginning of the case and are continuously evaluated for appropriateness and relevance.

Termination of Parental Rights (TPR):

Parental rights are the legal obligations and responsibilities that apply to the parent of a child, which can include having physical custody of the child, caring for the child, providing food and shelter, consenting for medical care and protecting the child from harm. If a parent fails to meet their

parental responsibilities, it can result in an involuntary termination of parental rights. When there is an open foster care case and efforts to reunify a child with their parents have been unsuccessful and there are no options for guardianship, a plan change will be recommended. In the case of the agency changing the plan to adoption internally, DSS then asks the Court to change the plan at the next court hearing.

- After the Court changes the plan to adoption, DSS has 60 days to file a Termination of Parental Rights (TPR) petition.

- Once a TPR petition has been filed, then it is to be served on the parents. If the parent's whereabouts are unknown, then a diligent search must be done and the Court must approve DSS to legally publish in the newspapers on the parents. Once publication starts, it takes about 45 days to complete.

- After parents are served or publication is complete, then a TPR trial date will be set at the next Court review. Depending on how complicated the TPR trial will be depends on when the case is actually heard.

- Once the TPR trial is done and TPR is granted, then the birth parents have 30 days from the date the TPR judgment is signed to file an appeal.

Appeals:

A birth family has 30 days from the time the TPR judgment is signed to file an appeal notice. From the time the notice of an appeal is filed, the time frame for the court to make a final decision in these cases is about 18 months.

Relinquishment:

Birth families may sign a relinquishment at any point during the life of an case. By doing so, they are voluntarily relinquishing their own parental rights to their child(ren).

Birth parents must submit notification to the Department in writing within 7 calendar days from the time they relinquished in order to overturn their decision.

Adoption:

Adoption can bring great joys and rewards, but it is also a long-term commitment that must not be entered into lightly. Each child deserves a "forever" family, one that is willing to be there for them every day, with equal measures of love and discipline. It may take time to win their trust. Many children require regular medical attention or counseling. Parenting one of these children can be hard work, but for the right family with a lot of love, the rewards can be tremendous.*

The **Adoption and Safe Families Act** of 1/1/99, requires states to begin proceedings to terminate parental rights (TPR) in the following situations:

- For children who have been in foster care for 12 of the last 22 months.
- When a court has determined a child to be an abandoned infant.
- In cases where a parent has committed murder or voluntary manslaughter of another child or a felony assault that has resulted in serious bodily injury to the child or another child.

Exceptions can be made to these requirements if:

- The child is in the care of a relative
- There is a compelling reason why filing for TPR is not in the best interest of the child.
- DSS did not provide the child's family services deemed necessary to return the child to a safe home.

NC State Division of Social Services policy gives foster parents preference when adopting a child that has been in their home for six months.

Some children in care will never go back to their birth family. We are committed to the principle that every one of these children deserves a "forever family". We have the firm belief that a safe, permanent, and nurturing home can be found for any child who needs one. We also firmly believe

that we are responsible for enabling this. Adoption Services are designed to find permanent homes for children and to provide support to the families who adopt them.

*Information excerpted from: http://www.dhhs.state.nc.us/dss/adopt/steps.html#educate; http://www.dhhs.state.nc.us/dss/adoption/index.htm

Steps to Foster Parent Adoptions:

NC State Division of Social Services policy gives foster parents preference when adopting a child that has been in their home for six months, absent appropriate family members who can provide permanence for a child.

When a child's plan begins to move towards adoption and the foster family wishes to be considered as an adoptive placement, the foster parents or the child's social worker may request a Pre-Placement Assessment (PPA) which should be completed within 90 days of the request.

Foster parents who wish to adopt must also work with their licensing social worker in order to submit the necessary paperwork for the Responsible Individuals List (RIL Check) and adoptive parent fingerprint clearance letter.

The PPA is the total collection of information designed to document and consolidate the entire preparation and selection process for each adoptive family.

The information in the PPA shall be developed mutually with the prospective adoptive family. As part this process, the agency is required by law to include the following in the PPA regarding the foster parents who wish to adopt:

- Age and date of birth, nationality, race, or ethnicity, and any religious preference
- Marital and family status and history, including the presence of any children born or adopted by the individual and any other children in the household;
- Physical and mental health, including any addiction to alcohol or drugs;
- Educational and employment history and any special skills;
- Property and income, and current financial information provided by the individual;

- Reason for wanting to adopt;
- Any previous request for an assessment or involvement in an adoptive placement and the outcome of the assessment of placement;
- Whether the individual has ever been a respondent in a domestic violence proceeding or a proceeding concerning a minor who was allegedly abused, dependent, neglected, abandoned, or delinquent, and the outcome of the proceeding;
- Whether the individual has ever been convicted of a crime other than a minor traffic violation;
- Any other fact or circumstance that may be relevant to a determination of the individual's suitability to be an adoptive parent, including the quality of the environment in the home and the functioning of any children in the household.

Adoption Committee

Once a PPA is completed by the Licensing Social Worker and approved by the Licensing Social Work Supervisor, the Licensing Social Worker will present the PPA to the Adoption Committee for approval. Adoption Committee meets twice per month, if needed, on 1st and 3rd Tuesday of the month. The committee reserves the right to approve or decline Assessments or request additional information for any PPA. Adoption Committee is comprised of members of Department of Social Services and other community agencies.

Adoption Assistance/Post Adoption Support

Many children available for adoption are eligible for monthly maintenance payments, medical benefits, and other services. Adoption Assistance maybe available for children whose status and special needs meet certain criteria. Children who are considered special needs include children with physical, mental, developmental, and emotional disabilities as well as sibling groups, older children, and children of color. The agency determines individual eligibility based on specific criteria. The agency then collaborates with adoptive parents to meet needs through an Adoption Assistance Agreement. If eligible, the monthly adoption assistance payment in North Carolina is computed on a graduated level based on the age of the child and is as follows:

$475.00 for children 0-5

$581.00 for children 6-12

$634.00 for children 13-18

Adoption is a lifelong process. The State of North Carolina contracts with Children's Home Society to provide a wealth of support services to adoptees, adoptive families, and birth parents. These post adoption services help children and families overcome issues that may arise from their experiences with adoption.

Anika Copney coordinates all adoption assistance payments and benefits and makes referrals for post adoption support services. She can be reached at 828-250- 5963.

Guardianship Assistance Program (GAP):

What is GAP?

The purpose of the Guardianship Assistance Program (GAP) is to make funds available for the financial support of youth who are determined to be:

- In a permanent family setting;
- Eligible for legal guardianship; and,
- Otherwise unlikely to obtain permanency

GAP will reimburse for room and board at the same rate as the foster care board rates in accordance with N.C.G.S. 108A-49.1

Benefits of GAP:

- Promotes a sense of belonging; helps youth stay connected to family and to their culture
- Increases stability and continuity
- Prevents youth from remaining in foster care when reunification and adoption are not appropriate permanency options
- Reduces agency supervision and intervention in children's lives once they are in a permanent family
- Does not require termination of parental rights for youth who have relationships with parents who cannot care for them
- Provides relatives and kin with assistance to care permanently for youth

GAP Eligibility

Court

- Determines that reunification and adoption are not appropriate permanency options

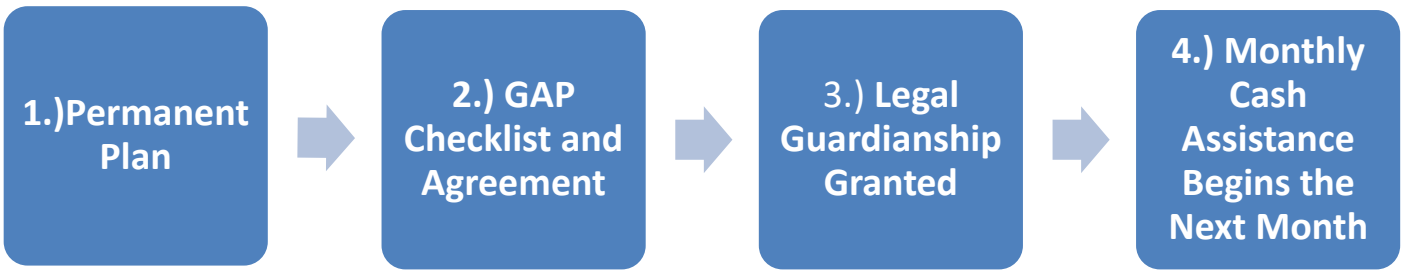
Young Person

- Has been placed in a licensed home for a minimum of 6 months
- Is in the placement responsibility of a county child welfare agency at the time of entry into GAP
- At least 14 years of age, but not older than 18 years of age
- Demonstrates a strong attachment to the prospective legal guardian and has been consulted about the arrangement

Prospective Guardian

- Has a strong commitment to caring permanently for the youth
- Has entered into a guardianship assistance agreement with the county child welfare agency prior to the order granting legal guardianship

GAP Timeline:



Guardianship Assistance Policy can be found in The North Carolina Division of Social Services Child Welfare Services Manual: Chapter XIII – Child Welfare Funding Manual - Section 1700. https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-78/man/Section%201700.pdf

GAP information found in this manual courtesy of http://ncacdss.org/wp-content/uploads/GAP-Overview-CSC_FINAL-Erin-Baluyot.pdf

MANUAL SECTION H:

Licensing

The Licensing Social Worker assigned to guide you through the initial licensing process is essentially "your family's social worker." The licensing social worker will continuously monitor the licensed foster family home for compliance with the State Standards and Procedures for Licensure. As it is an expectation for foster parents to work in partnership with all agency staff, the licensing social worker will also address any partnership or any other concerns that may arise so as to ensure that foster parents are working in compliance with agency expectations and State standards.

Supervision and Support:

Per North Carolina state licensing standards, the licensing social worker shall make a minimum of one supervisory face to face contact every quarter. At least one visit shall be made in the foster parent's home every 6 months. Each foster parent in the home shall be seen at least every 6 months. The time between visits shall not exceed 90 days. You must immediately notify your licensing social worker of any changes of persons living in your household or changes in employment, address or telephone number.

Consultation is available as needed for support and problem solving. The licensing social worker is also available to attend Child and Family Team meetings as requested by the foster parent or by the foster care social worker. The Licensing Social Worker can also help to bridge any communication gaps foster parents may experience within the agency. Please feel free to call the licensing social worker assigned to you for any needs that you may have.

Licensing Requirements and Rules:

Physicals

Each foster parent and all members of the household must complete a physical at initial licensing as well as renewal. Costs for these physical exams is ultimately the responsibility of the foster parent applicant, though the agency can reimburse the foster parent applicant up to $35 per person on a case by case basis.

Environmental Conditions Checklist

The Licensing Social Worker will perform an environmental conditions checklist which includes the Following items:

- The home and yard shall be maintained and repaired so that they are not hazardous to children in care.
- Windows and doors used for ventilation shall be screened.

- The kitchen shall be equipped with an operable stove and refrigerator, running water and eating, cooking, and drinking utensils to accommodate the household members. The eating, cooking and drinking utensils shall be cleaned and stored after each use.
- Household equipment and furniture shall be in good repair.
- Flammable and poisonous substances, medications and cleaning materials shall be stored out of the reach of children placed for foster care.
- Explosive materials, ammunition and firearms shall be stored in separately locked places.
- Documentation that household pets have been vaccinated for rabies shall be maintained by the foster parents.
- Comfort Zone: Each home shall have heating, air cooling or ventilating capability to maintain a comfort range between 65 and 85 degrees F.
- Rooms including toilets, baths, and kitchens in family foster homes licensed for the first time after July 18, 2002 without operable windows must have mechanical ventilation to the outside.

Living, Kitchen, and Dining Areas

Each home shall have a family room and a dining area to meet the needs of the family including children placed in foster care. The kitchen shall be large enough for the preparation of food and cleaning of dishes.

Bedrooms

- Bedrooms shall be clearly identified on a floor plan and shall not serve dual functions.
- Children shall not be permitted to sleep in an unfinished basement or an unfinished attic.

Sleeping arrangements:

- Each child shall have his own bed except: i. siblings of same sex may share a double bed; ii. two children of the same sex and near the same age may at the discretion of the foster parents and agency share a double bed, but only if the children so desire.

- Each bed shall be provided with a comfortable mattress, proper support, two sheets, blanket, and bedspread, and be of a size to accommodate the child.

- No day bed, convertible sofa, or other bedding of a temporary nature shall be used except for temporary care of up to two weeks.
- Sleeping room shall not be shared by children of opposite sex except children age five and under may share a room.
- Sleeping arrangements shall be such that space is provided within the bedroom for the bed, the child's personal possessions and for a reasonable degree of privacy.
- When children share a bedroom, a child under six shall not share a room with a child over 12, except when siblings are being placed together. No more than 4 children shall share a room.

Storage

Separate and accessible drawer space for personal belongings and sufficient closet space for indoor and outdoor clothing shall be available for each child.

Bathrooms

The home shall have indoor, operable, sanitary toilet and hand washing and bathing facilities. Homes shall be designed in a manner that will provide children privacy while bathing, dressing, and using toilet facilities.

Fire Extinguishers

The Foster Home rules require that a working, mounted "ABC" fire extinguisher(s), with a rating not less than 1-A installed and readily available in the residence. This information is printed on a label on the side of the extinguisher or on the box. All extinguishers must be checked by a fire extinguisher company and be properly tagged annually.

Extension Cords

The Foster Home rules require that extension cords be factory listed. They must not be substituted for permanent wiring. The Fire Marshal will not accept any cord that has been altered, spliced, or repaired by individuals. The cords ***should not*** run through doorways, under rugs or flooring, through holes in walls or span across nails or ceilings. These cords ***should not*** be used on large appliances. When multiple plugs are needed, approved power bars with circuit switches or resets ***should*** be used instead of drop cords or multiple plug adapters.

Evacuation Plans

Evacuation plans should be clearly drawn and *discussed* with all foster family members in the home, including children in foster care.

Telephones

The Foster Home rules require a working telephone. (Note that cell phones fulfill this requirement within the county; the city of Asheville requires a land line phone.)

Smoke Detectors

- Batteries in smoke detectors should be changed twice a year.
- Detectors should be cleaned or vacuumed on a regular basis. Dust causes malfunctions.
- Be sure batteries "snap in place" when installed.

Locks

The Foster Home rules state that double key dead bolt locks are not to be used on any egress doors. Single Key deadbolts with a switch device on the inside to unlock the deadbolt are permissible.

Recommendation: Do not use the slide chain or slide dead bolt locks due to difficulty in reaching and unlocking these latches quickly. The N.C. Fire Code does not permit these on public buildings.

Doors and Windows

Doors and windows in rooms used for sleeping must open properly with little effort. (Hook latches or separate locking devices will not be approved). No obstacles, including furnishings, shall obstruct ability to access flight through the window.

Hallways, Doorways, Ramps, Entrances, and Corridors

Any loose materials, bulk storage or large furniture in these areas can slow or prevent escape in an emergency. Please try to clean out and reduce papers, old magazines, toys, and clothes. All of these can be highly combustible.

Safeguarding Water Hazards

Swimming pools on the property of the foster home must be enclosed by a fence at least 48 inches high with a locked gate or by a fence at least 48 inches high with a locked gate around the yard and exterior space of the home while providing play space for children. Access to water in above ground swimming pools shall be prevented by locking and securing the ladder in place or storing the ladder in a place inaccessible to the children.

Water hazards such as beaches, rivers, lakes, streams, etc. that are directly connected to the foster home must be enclosed by a fence at least 48 inches high with a locked gate or by a fence at least 48 inches high with a locked gate around the yard and exterior space of the home while providing play space for children.

If a fence surrounds a pool or hazard, the pool or the hazard may not be accessed directly from the house. If the fence joins the house, then an additional gateway must separate the pool area from the house. It is not acceptable to block a designated egress door to limit access to a pool. The egress door must be accessible for immediate exit and the pool must be protected behind a fence.

Other Areas of Concern

Our agency is committed to keeping children safe and must ensure safety for children at all times.

- Secondhand smoke is the smoke that burns off the end of a cigarette and actually contains more harmful substances than the smoke inhaled by the smoker. Because children cannot choose to leave a smoke-filled environment, their exposure makes them especially vulnerable to risk. Infants and children who are exposed to secondhand smoke have an increased risk of developing frequent colds, asthma, chronic coughs, ear infections, high blood pressure, and learning/behavioral problems later in childhood. As many as 300,000 children are diagnosed with bronchitis and pneumonia each year due to secondhand smoke (Am. Cancer Society).

Foster parents shall not smoke in the presence of any foster child. This includes in the home or in any vehicle with a child.

- Fuel containers (especially for gasoline) and fueled equipment, such as mowers and weed eaters, should be stored in outside storage areas whenever possible. Connected garages and basements should be used only as a last resort. All fuels should be stored in approved containers, preferably metal safety cans with vented pour valves. All fuels should be stored in areas away from furnaces, washing machines, hot water heaters, and similar electrical or mechanical equipment that could cause a spark or flame.

Pets

Dogs and cats four months or older must be immunized for rabies. The first rabies shot is good for one year; then rabies immunizations are required every three years thereafter. Any pet that has had a lapse in rabies vaccinations will have to start over with a 1-year Rabies Vaccine. This is to provide the best protection for our furry and human friends!

License Renewal:

The steps for initial licensing and re-licensing are essentially the same though more time is spent evaluating the home and family for the original license. The following documents are necessary for renewal of the foster home license and must be provided every other year. The licensing social worker will visit you in your home in order to complete these forms with you.

- Fire Inspection
- Physical form for each family member (dated anytime within the last year)
- Medical History Form for each family member
- Agency Agreement
- Discipline Policy
- Record of training (20 hours during the two year period); **see below for more information*
- Renewed First Aid and CPR training certificates (online training is not acceptable) **see below for more information*
- Renewal application (filled out jointly between you and the licensing social worker)
- Environmental Conditions Checklist
- Foster Parent Criteria Statement Signed

- Local Criminal Record Checks
- Foster Parent Financial Statement
- Medication Administration Record Training page signed
- Online Blood Borne Pathogens renewal completed
- Safe Sleep Agreement Signed
- Current Pet vaccines

Along with this paperwork, the licensing social worker completes a renewal summary that assesses your family's strengths and needs and ability to provide care for the children in the home. The social worker must also provide a description of services and supports provided to the you and also illustrate how you have been a part of the permanency planning team for the child(ren) in their care.

In order to ensure that the foster home license does not lapse and/or there is no interruption in the foster care board payment, foster parents shall have their renewal paperwork completed and turned in to the licensing worker **no less than one month** prior to the license expiration date.

All relicensing materials must be submitted at one time. If materials are submitted after the family foster home license expires, a license, if approved, will be issued effective the date the licensing materials are received by the licensing authority.

Training Requirements:

Required training for all foster parents:

- Infant, Child, and Adult CPR
- First Aid
- Medication Administration Training
- Universal Precautions
- Shared Parenting

The Department offers foster parent CPR and First Aid training the first Saturday of each month.

Foster parents are responsible for signing up for the training that best fits their schedule and then providing their licensing social worker with the CPR/First Aid certification card. If a foster parent already possesses current CPR/First Aid training through their employers, etc., then the foster parents should provide a copy of their certification card to the licensing social worker to be kept in the foster home licensing file.

Training opportunities are announced in the Buncombe County Foster Parent E-Newsletter which is emailed to foster parents each month. Foster parents are also informed of community, online and department sponsored trainings via the foster parent distribution email list.

Both parents must complete the required ten hours of training during their licensing year. In addition to traditional classroom training, you may complete webinars, online training, watch approved videos, or read approved books.

The licensing social worker will request updates on foster parent training hours during quarterly contacts so as to keep foster parents reminded of the need to earn and document their training hours. The following are the training point guidelines for Buncombe County foster parents:

ACTIVITY	POINT VALUE	REQUIREMENT
FORMAL TRAINING (i.e. Classroom training)	1 Hour of Class = 1 Point	A minimum of **3 points** per year must be earned this way. ***You may get all of your points this way.***
EVENT (i.e. Child and Family Team meetings, court, therapy sessions)	1 Event = 1 Point	Up to **3 points** per year can be earned this way.
MEDIA (i.e. Books, videos, CDs, tapes, etc.)	1 Book = 1 Point 1 Video = 1 Point 1 CD Set = 1 Point 1 Tape Set = 1 Point	Up to **4 points** per year can be earned this way.

MANUAL SECTION I:

Resources

Important Phone Numbers:

Provides 24 hour routine and emergency services - **911**

After hour and weekend contact for social workers - **250-5900** or **211**

Child Protective Services Intake Number (to make a report) – **250-5900**

DSS Main Number – **250-5500**

Asheville Police Department - **259-5910**

Buncombe County Schools - **232-5000**

Buncombe County Sheriff - **255-5000**

Guardian Ad Litem Office - **251-6130**

Magistrate's Office – **250-4690**

Mission Hospitals - **213-1111**

WIC Office - **250-5000**

(40 Coxe Avenue, Asheville, NC 28801)

Programs and Services:

NC LINKS

NC LINKS helps teenagers make a successful transition from foster care to self-sufficiency. Older youth and young adults who have experienced extended time in foster care are at increased risk of negative consequences once they leave care, such as dropping out of school, unplanned parenthood, high rates of untreated illness, homelessness, criminal activity, depression, and suicide. In order to help these youth and young adults have better outcomes, the NC LINKS program provides services to all 16 to 18 and to those young adults who are voluntarily in care between the ages of 18 and 21, as well as to young adults who aged out of foster care at age 18. For the purposes of this policy, "foster care" means that the youth was in DSS custody as a minor and lived either in a licensed foster care facility or lived with a relative (not the removal home). County Departments of Social Services are required to offer LINKS services to these two populations if they have eligible youth or

young adults who are or were in their custody. Counties are encouraged to provide services to youth in foster care ages 13 through 15 and to youth and young adults who were discharged from their custody as teens but prior to their 18th birthday.

In order for a youth or young adult to receive LINKS services or funding, he or she must be a willing and active participant in the assessment, planning, and service implementation processes. Youth and young adults who refuse services may later change their minds so long as they are eligible. The NC LINKS program is comprised of several elements:

- An assessment of the youth's strengths and needs.
- A plan that is based on the assessment and that includes the youth's interests, goals, and responsibilities for fulfilling the plan.
- Services outlined in the plan that are directed at achieving good outcomes with that youth.

For questions about the LINKS program or to access LINKS services for a youth in your care, please contact **Kat Dunster at 828-620-0544** or **Amy Huntsman at 828-250-5642**.

W.I.C. Program

Children in foster care ages birth to 5-years may qualify for the Women, Infants, and Children (W.I.C.) Program provided through the Buncombe County Health Center. This program provides infant formula and other nutritious foods for babies and children free of charge.

To apply for the WIC, Program, first contact your licensing worker or placement coordinator to request a WIC referral. Than contact the Buncombe County Health Center at **250-5000** and let them know you are a foster parent calling to make an appointment for a child in foster care.

Frequently Asked Questions:

Q: How do I have regular communication with a social worker?

A: Set up a regular time to call. If you still have trouble, contact the social worker's supervisor.

Q: What if the child has behaviors that are more difficult than expected and I don't feel capable of caring for him /her?

A: Talk with your licensing worker and the child's foster care worker and describe the child's behavior. Find out about training that can help you meet the needs of the child. Use the service plan to outline agreed upon consequences for certain outburst or behaviors. If these methods fail, follow agency procedures to request to move the child.

Q: If I have concerns or issues with the social worker, who should I contact for help with conflict resolution?

A: Contact the Social Worker Supervisor – always follow the chain of command.

Q: Can I take a break from foster care?

A: Yes. Talk to your licensing worker to arrange respite care. Let your worker know of your intentions.

Q: How long is the average child in foster care?

A: Last year, the average length of stay in foster care was 10.2 months. However, a child may be in your home for a few weeks, months or even years depending on the needs of the child and his/her birth parents participation in their treatment program.

Q: What if a child in care won't go to church with my family.

A: Arrange to have relief care during that time for the child.

Q: Who can I use to baby-sit?

A: A responsible babysitter no younger than 18 years old or another foster parent.

Q: Who can transport the child placed in my home?

A: The foster parents or other members of the foster family, the assigned social worker or other social services staff or contracted employee or business. If you do not know the worker, always ask for identification.

Q: How do I get respite care?

A: Call your licensing worker or the child's social worker and arrangements can be made with another licensed foster family. Foster parents may also utilize their natural supports

who they feel are responsible for baby-sitting or respite opportunities lasting up to 72 hours per the Prudent Parenting Standard.

Q: Can both parents work?

A: Yes. Day Care and After School vouchers are available for child care during typical work hours.

Q: Can I adopt?

A: After all birth family or any other identified individuals have been ruled out as a possibility, foster families will be considered for adoption. A Pre-Placement Assessment must first be completed and presented to the Adoption Committee before a foster family can proceed with adoption.

Q: Can I give the child in care a haircut?

A: No. Permission for haircuts must be obtained from the birth parents.

Q: What if I need to reach the worker after hours?

A: Call 828-250-5900 to speak with the social worker on call.

Many of the decisions regarding a child's care are shared with the social worker. The same applies to other situations such as medical appointments. It is very important that foster parents keep the social worker informed on a regular basis regarding the child's problems, progress, and needs.

MANUAL SECTION I:

Appendix

Child Activity Category	Examples of normal Childhood Activities caregivers can approve independently	Examples of childhood activities the local child welfare agency or licensing agency must approve or obtain a court order
(Local child welfare agency or licensing agency approval or new court order is needed any time an activity is in conflict with any court order or supervision/safety plan)		
1. Family Recreation	• Movies • Community Events such as concert, fair, food truck rodeo • Family Events • Camping • Hiking • Biking using a helmet • Other sporting activities using appropriate protective gear • Amusement park • Fishing (must follow NC General Statute Chapter 113: Any one over age 16 must have a license)	• Any of these events or activities lasting over 72 hours • Target Practice (gun, bow and arrow, cross bow at either formal range or private property) must have local child welfare agency approval and be supervised by adult age 18 or over, abiding by all laws.
2. Water Activities (Children must be closely supervised and use appropriate safety equipment for water activities)	• Structured water activities with trained professional guides and /or lifeguards: river tubing, river rafting, water amusement park, swimming at community recreation pool. • Unstructured water activities with adult supervision: boating wearing a life jacket, swimming	• Any of these events or activities lasting over 72 hours

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3. **Hunting (using gun, bow and arrow)**		Must have local child welfare agency approval, should have biological parent approval and would require the following: • Child/youth must take the NC Hunter's Safety Class • Supervision by a person at least 18 years old or over, who has also taken the above safety course • Documentation that the requirements are met are provided to the local child welfare agency in advance
4. **Social/Extra-curricular activities**	• Camps • Field Trips • School related activities such as football games, dances • Church activities that are social • Youth Organization activities such as Scouts • Attending sports activities • Community activities • Social activities with peers such as dating, skateboarding, playing in a garage band, etc • Spending the night away from the caregiver's home	• Any of these events or activities lasting more than 72 hours • Target Practice (gun, bow and arrow, cross bow at either formal range or private property) must have local child welfare agency approval and be supervised by adult age 18 or over, abiding by all laws. • Playing on a sports team such as school football would require both the birth parents' approval and the local child welfare agency approval

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5. **Motorized Activities**	Children and caregivers must comply with all laws and use appropriate protective/safety gear. Any safety courses that are required or available to operate any of the vehicles/equipment listed must be taken. Children riding in a motorized vehicle with an adult properly licensed if required including but not limited to: • Snowmobile • All-terrain vehicle • Jet ski • Tractor • Golf cart • Scooter • Go-carts • Utility vehicle • Motorcycle State laws must be followed regarding operating motorized equipment or vehicle including but not limited to: • Snowmobile	• Children may not be a passenger on a lawnmower.

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	• All-terrain vehicle (must be 8 years of age to operate and anyone less than 12 years of age may not operate an engine capacity of 70 cubic centimeter displacement or greater; no one less than 16 may operate an engine capacity of 90 cubic centimeter displacement or greater and NO ONE under 16 may operate unless they are under the continuous visual supervision of a person 18 years or older per NC § 20-171.15) • Jet ski (may be 14 years of age with boating safety certification, otherwise must be 16 or older- NC § 75A-13.3) • Tractor (must be 15 to operate NC § 20-10) • Golf cart (must be 16 to operate NC § 153A-245) • Scooter/Moped (No one under age 16 may operate a moped and no license is required NC § 20-10.1)	

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	• Go-carts • Utility vehicle • Lawn mower may not be operated by anyone below age 12 • Motorcycle (No one under 16 may acquire a license or learner's permit. No one less than 18 may drive a motorcycle with a passenger. NC § 20-7)	

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6. **Driving**	The following persons can be the required second signature for a youth's permit or license: • Youth's parent or guardian • A person approved by the parent or guardian • A person approved by the Division • Specifically for children in custody: Guardian ad litem or attorney advocate; a case worker; or someone else identified by the court of jurisdiction The youth who is 16 or older may acquire insurance and is responsible for the premium and any damages caused by the youth's negligence. This does not preclude a foster parent from adding a youth to their insurance. A driver's permit is required to "practice" driving in NC and cannot be obtained prior to age 15.	

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(Local child welfare agency or licensing agency approval or new court order is needed any time an activity is in conflict with any court order or supervision/safety plan)		
7. Travel	All travel within the United States less than 72 hours	• All travel more than 72 hours • All travel outside the country
8. Employment/Babysitting	Youth 14 years and older and following NC § 95-25.5. • Interview for employment • Continuation of current employment • Does not interfere with school *Sexually aggressive and physically assaultive youth may not babysit other children	Youth is 13 years or younger
9. Religious Participation	Attend or Not attend a religious service of the child's choice	Notify worker when the child and the biological parent and/or foster parent choices are in conflict.
10. Cell Phone		This is a collaborative decision between the placement provider, the local child welfare agency worker, and the youth.

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(Local child welfare agency or licensing agency approval or new court order is needed any time an activity is in conflict with any court order or supervision/safety plan)		
11. Child's Appearance	• Interventions requiring medical treatment for lice and ring worm	• When the child and biological parent choices are in conflict such as with perms, color, style, relaxers, etc. • Ear piercings must include biological parent in decision • Permanent or significant changes including but not limited to: ○ Piercing (Per NC § 14-400 it is illegal for anyone under 18 to receive a piercing (other than the ears) without consent of custodial parent or guardian. ○ Tattoos (Per NC § 14-400 it is illegal for anyone under 18 to receive a tattoo.)
12. Leaving child home alone		• The issue of being left alone (in any situation) needs to be discussed and agreed upon in CFT.

*Adapted from Washington State Caregiver Guidelines for Foster Childhood Activities

BUNCOMBE COUNTY
FOSTER PARENT IN-SERVICE
TRAINING RECORD

Name:

Renewal Date:

Topic	Date	Training Period & Location (example: 12pm – 2pm – DSS)

Topics can include: Child and Family Team meetings, Workshops, Support Groups, Literature & Videos, Trainings, Counseling sessions with child. Remember to include a brief summary of videos that you have watched and literature you have completed.

Your hours can be gathered as follows, for each foster parent and each year:

Up to 3 hours/points of books & videos.

Up to 3 hours/points of court, Child & Family Team meetings, doctor appts, and counseling sessions.

4 or greater hours/points of trainings such as support groups, workshops or mandatory trainings.

Foster Child Medication Administration Record (MAR)

Month & Year: ______________________________

Codes: H=Given at Home S=Given at School Page____of_____

Child's Name: ______________________________ R=Child Refused X=Dose not given

Medication	Time to be given	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start date: End Date:																																
Prescribed by:	For:																Known Side Effects:															
Start date: End Date:																																
Prescribed by:	For:																Known Side Effects:															
Start date: End Date:																																
Prescribed by:	For:																Known Side Effects:															
Start date: End Date:																																
Prescribed by:	For:																Known Side Effects:															

TAKE CHILD'S CURRENT MAR & OBSERVATION LOG WITH YOU EVERY TIME YOU VISIT A DOCTOR (PEDIATRICIAN, PSYCHIATRIST, SPECIALIST)

Date submitted to DSS:______________ Foster Parent Sig:___________________________ Date DSS Rec'd:_____________ Social Wrk Sig:_________________________________

Buncombe County Health and Human Services
Foster Parent Policy and Procedure Manual
Revised 6/2020