



Medical and Educational Components

Presented by

Foster Home Licensing Team

Permanency Planning- Social Work



Legal Basis

Foster care services, including medical and educational services, are provided in compliance with the statutory requirements of federal and state laws. Federal and state law is intended to provide protections for children in foster care, who need safety and permanency, and for their families to ensure that their legal rights are maintained.

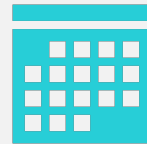


Medical Components

Required Mandates



Within 7 calendar days of placement:
Initial Physical Examination



Within 30 calendar days of placement:
30-Day Comprehensive Visit; Child's
social worker provides a copy of the
child's health history form



Within 60 to 90 days of placement: A
follow-up health visit (best practice but
not mandatory)



Required Mandates Continued

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/teens in foster care should have an enhanced health care schedule to monitor for all the items mentioned above.

- Infants from birth to age 6 months must have child well-checks completed monthly.
- Children age 6 to 24 months must have child well-checks completed every 3 months (quarterly).
- Children and teens between 24 months and 21 years of age must have child well-checks completed twice a year. One of those checks must be a yearly physical.
- Routine dental check-ups must occur every six months.
- Routine eye exams must occur yearly.

The child's social worker must provide a well-visit health form to a foster parent/kinship provider to take it with them to the child's well-check.



Preservation of Medical Home

Whenever possible, the child's connections and relationships with health care professionals should be maintained. This is especially true if the child has a previously established medical home. If the child comes into care without these connections, a medical home for the child should be established and maintained. Any change of the child's medical home must have parental consent.

Authorization for Healthcare Services

Unless the court orders otherwise, county child welfare agencies have the authority to arrange for, provide, or consent to the following:

- Routine medical and dental care and treatment, including but not limited to treatment for common pediatric illnesses and injuries that require prompt intervention
- Emergency medical, surgical, psychiatric, psychological, or mental health care or treatment
- Testing and evaluation in exigent circumstances

Upon the child entering custody and/or changing placements, a placement provider should receive an authorization to seek routine medical and emergency care.



The Department must obtain authorization from the birth parent to consent to the following...



- Prescriptions for psychotropic medications
- Participation in clinical trials
- Immunizations when it is known that the parent has a bona fide religious objection to the standard schedule of immunizations
- Child medical evaluations not otherwise authorized by the court
- Surgical, medical, or dental procedures or tests that require informed consent
- Psychiatric, psychological, or mental health care or treatment that requires informed consent

NOTE: The court may authorize the director to provide consent after a hearing at which the court finds by clear and convincing evidence that the care, treatment, or evaluation requested is in the juvenile's best interest.





Attendance Matters

Every student. Every day.

Educational Components School Attendance Policy

County child welfare agencies must ensure every child in foster care, who has attained the minimum age for compulsory school attendance under state law, is enrolled as a full-time elementary or secondary school student or has completed secondary school.





Legal Basis

ESSA and Fostering Connections Act

The Every Student Succeeds Act (ESSA) (P.L.114-95) reauthorized the 1965 Elementary and Secondary Education Act (ESEA) and includes new provisions that promote educational stability for children in foster care.

Effective December 10, 2016, these provisions complement those in the Fostering Connections Act and require state educational agencies and local educational agencies to work with child welfare agencies to ensure the educational stability of children in foster care. In particular 42 U.S.C. 671(a)(30) and 42 U.S.C. 675(1)(G) require both county child welfare agencies and local education agencies to collaborate to ensure school changes are minimized, and children in care who do change schools are promptly enrolled. ESSA also removed “awaiting foster care placement” from the McKinney Vento Act definition of homeless.

ESSA requires assurances that children enroll or remain in their school of origin unless a determination is made that it is not in their best interest. That determination must be based on all factors relating to the child’s best interest, including consideration of the appropriateness of the current educational setting, and the proximity to the school in which the child is enrolled at the time of the foster care placement.



School Stability and Enrollment



Every child in the custody of a North Carolina county child welfare services agency must have a plan for educational stability. The plan must address:

- School stability:
 - A child must remain in their school of origin upon entering the custody of a county child welfare services agency or experiencing a placement change, or
 - Best Interest Determination meeting must occur before a child changes school;
- School enrollment must be completed in a timely manner;
- Educational needs and services:
 - A child's ongoing educational needs must be reviewed at least every 90 days
 - Services to address a child's educational needs must be provided in a timely manner



Best Interest Determination Meeting (BID)

- Upon entering custody or upon placement change, a Best Interest Determination (BID) meeting must occur to determine what school the child will attend. Until the BID meeting occurs, a child must remain in their school.
- Foster parents should make themselves available to attend the BID meeting. If a foster cannot attend in person, they are encouraged to participate by phone.



BID Meeting

Continued

The following factors must be considered related to the child's best interest:

- Preferences of the child
- Preferences of the child's parent(s) or education decision maker(s)
- The child's attachments to the school
- Placement of the child's sibling(s)
- Influence of the school climate on the child, including safety
- Availability of quality services to meet the child's needs
- History of school transfers and how it impacted the child
- The length of the commute and how it will impact the child
- Whether the child is receiving special education services and whether those will be available at the school transfer
- Whether the child is receiving language services and the availability of those of services in the other school



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





<https://www.surveymonkey.com/r/RX223P2>

Please copy and paste in your browser to take the quiz.



Thank you for your participation!

This training was made with specific state mandates and Buncombe County policy targeted. Some policies may differ dependent on licensing agency and county of placement origin. Please check in with your agency if this training could count as part of your ongoing in-service training hours.

