



FOSTER PARENT HANDBOOK A RESOURCE GUIDE

**Children's Network of SWFL, LLC
Lee/Charlotte/Collier/Hendry/Glades Counties**

**In Partnership with Lutheran Services Florida, Camelot
Community Care North, One More Child, and 4KIDS**





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Dear Foster Parents:

Thank you for stepping in to care for our community's most vulnerable children during this very difficult time in their young lives. As a foster parent, you are one of the most significant, lifelong influences in the life of a foster child. We are so grateful that you decided to open your heart and home to children in need of the safety and security of a nurturing and loving home while their parents on the issues that brought them to the attention of the Department.

Obtaining a license to operate a foster home is a privilege bestowed upon you by the State of Florida and shows that you have been trusted to care for the community's most vulnerable population. A license is granted to those families whom we believe will provide a safe and loving environment. The approval of your foster care license validates the Department of Children and Families trust that you will provide a safe and nurturing environment for our children in foster care.

Our role at Children's Network of SWFL is to assist and guide you on your foster care journey. We have developed this handbook as a resource to assist you in providing quality care to the children placed in your home.

Once again, our heartfelt "thank you" for your never-ending commitment to our community's most vulnerable children. We look forward to working together to continue making a difference in the lives of children.

*Sincerely,
Lori Feige
Director of Foster Care
Children's Network of SWFL*

Children's Network Mission and Vision

The Children's Network of Southwest Florida, LLC, was created in April 2003 as the Lead Agency for child welfare services in Circuit 20. Children's Network of SWFL is the private, nonprofit lead agency that administers the child welfare system in Lee, Collier, Charlotte, Hendry and Glades Counties. Our mission is to work with the community to protect children and preserve families. Children's Network is responsible for over 1,700 abused and neglected children and delivers a comprehensive local system of care through subcontracts with more than 50 social service agencies. The agency also serves approximately 125 at-risk community children each month in our Diversion Program. Since the agency's founding in 2003, Children's Network of SWFL has worked so that our communities' children are safer, have better access to local resources and are able to have a stable, loving, and secure home environment. Children's Network of SWFL contracts with the Department of Children and Families to oversee the child welfare system in Southwest Florida.

The Children's Network of Southwest Florida reflects important principles:

- **Access** – children and their families will have timely access to appropriate services. Waiting lists and other barriers to access will be identified and removed.
- **Strengths Based** – individualized treatment plans will be strengths and goal oriented, with a solution focus.
- **Individualized Services** – each child or family will receive individualized services in accordance with strengths and needs identified both by the child/family, and through valid professional assessments. Services will be delivered in accordance with case plans.
- **Family-Centered Focus** – service planning will be designed to meet the unique strengths and needs of the child/family and will encourage full participation of the family.
- **Culturally Competent and Respectful Practice** – culturally competent services will be delivered in a manner that respects individual and family needs, cultural differences and special issues. Culturally competent, diverse staff will ensure that all clients receive the services they need and benefit from the services they receive and that any differences in outcomes for populations of different races, religions, ethnicity, gender, physical disability, or other characteristics are identified and addressed.
- **Integration** – interagency planning, resource sharing and service delivery will be linked across the Department of Children and Families and the system of care network providers. Through a shared philosophy, coordinated intake, service

- planning, case management and continuity of service provision, the system of care will appear seamless to the individuals and families served.
- **Effective and Efficient** – children, their families and the community will expect quality services, effective service outcomes and responsible and accountable use of public and private funds. Providers and families will be held accountable for results.
- **Normalized** - children will receive services within the least restrictive environment that is appropriate for their services needs and consistent with their safety needs.
- **Community-Focused** – local planning, management and decision-making will ensure that resources meet unique community needs.
- **Safety Oriented** – crisis and safety plans will be developed for children who are returned to or remaining in their own home.
- **Permanency Driven** – the Children’s Network of Southwest Florida will always strive for a safe reunification of children with their families; however, if reunification is not possible or not a goal of the case planning process, an alternate permanency plan for children and adolescents who are in out-of-home care will be developed in a timely fashion. All children with current goals of long term or permanent foster care will be immediately re-assessed and given a more appropriate goal, including reunification, adoption, and permanent placement with kin under appropriate legal arrangements or independent living

Child Welfare Laws, Administrative Code and Department Policies

Child welfare is driven by many laws, codes, and polices. These help to protect children in different ways. It provides guidance to Child Welfare Professionals in providing the best care and outcomes for the children and families we serve. The below references will provide you with the blueprint of how the system operates and the laws and rules we are guided by in our daily activities and decision-making process of assuring the safety and well-being of the children in our care. All codes and Statutes can be located at:

<https://www.flsenate.gov/laws/statutes>

Chapter 39, Florida Statute

Pertains to judicial proceeding related to children involved in the dependency system

Section 409.175, Florida Statute

Pertains to the state statutory language that governs the licensing of foster homes and child caring agencies.

Chapter 65C-45, Florida Administrative Code

Background Screening Requirements for foster parents/Parent Preparation Pre-service Training /Initial Licensing and Home Study/Continuing Education/Changes During the Licensed Year/Re-Licensing/Standards for Licensed Out-of-Home Caregivers/Terms of a License/Babysitting, Overnight Care/Extended Overnight/Other Supervision Arrangements/Foster Care Referrals and Investigations/Administrative Actions, Appeals, and Closures

Chapter 65C-28, Florida Administrative Code

Contains rules governing case management functions, medical/behavioral health, and Normalcy.

Chapter 65C-30 Florida Administrative Code,

Contains rules governing Placement responsibilities, and permanency goals.

CFOP-Children and Families Operating Procedures

Provides a framework for the implementation of safe and effective child welfare practices.

Starting Your Foster Parent Journey

As you enter the scope of foster care, there will be many rewards and challenges faced in caring for our most vulnerable population. These children need your help; however, you should know that:

- 1) Many of these children have experienced some sort of trauma and the details and extent of the trauma and child's behaviors are not known to us until after the child is placed in your home.
- 2) Because our children have been abused, neglected and/or abandoned, their behavior may not be at all like other children you have parented or have cared for.
- 3) Sometimes, even though you feel children should remain with you, they will be transitioned from your home based on decisions made through the legal process, or the case review process. We as an agency have the responsibility to complete on-going searches for relatives on all cases of children in licensed care throughout the life of the case or until permanency has been achieved. As a part of the professional team we depend on you, and our families to work with relatives who may become a placement option for the child and to assist with a smooth transition to their new home.
- 4) This is very rewarding work that may sometimes be difficult. However, you will make a difference in the life of a child and to that child that means the world.

Teamwork and Partnership for Children

Several important roles of foster parents:

- Participating as a professional member of the team
- Co-parenting with birth parents
- Trauma-sensitive care
- Creating and maintaining normalcy
- Preparing for transitions.

To be an effective partner, members on the team must be able to communicate with mutual respect, even when there is not mutual agreement. Working together and listening to each person's perspective will help to create lasting partnerships that-

- Are well planned and organized.
- We all understand the purpose.
- We respect each other.
- Everyone contributes to the process.
- We each have specific roles that play to our strengths.
- We communicate well with each other.

By understanding behaviors and needs of children and youth, we gain a deeper understanding of the qualities we seek in foster parents, how the team can support foster parents, and how foster parents can be best matched with children and youth.

Foster Parents Role in the Professional Team-Foster parents are key in providing quality care for our children and you have been entrusted to keep them safe until they are reunified or transitioned to another secure alternative placement (i.e., adoptive home. Relative home, non-relative home). When foster parents are regarded as professionals, included as valuable service team members, and receive the support and guidance they need, their ability to assist children and families increases, as does their satisfaction with their role.

Foster parent role as a professional that includes, but are not limited to:

- Providing a safe and caring environment for the child.
- Meeting the child's developmental needs.
- Helping the child stay connected to their family, culture, and identity.
- Being prepared to work as part of a team, including the birth parents, to provide the child with normalcy and trauma-informed care.
- Attending judicial review hearings, Case Planning conferences, and advocating for the child.

A Foster Parent's Support Team and System of Care Partners-The people involved in a foster parent's support team include:

- Internal supports such as immediate/extended family, adult children and backup caregivers
- The Child Welfare Team such as Case Manager and Supervisor, Child Protective Investigator and Supervisor, Family Development Specialists and Supervisors, and Transporters
- Birth Parents, extended birth family
- Foster Parent Support Workers
- Foster Parent Liaisons
- Guardian Ad Litem/Attorney Ad Litem
- Parenting For Success In home behavioral services
- Clinical Services
- Clothing Closet

When a child has been adjudicated, the court has jurisdiction over the child until his/her 18th birthday and/or until the court releases jurisdiction over the child. The child has the right to go to court and should always try to attend. The child can also speak to the judge by telephone or through a letter. The child may include feelings and information in the Judicial Review Report. Court resources for the child include: Court resources for the child include Hearing Your Voice: A Guide to Your Dependency Court Case

<http://www.floridaschildrenfirst.org/wp-content/uploads/HearingYourVoice-Guide-to-your-dependency-court-case.pdf> and What's Happening in Dependency Court? An online guide for Children Going to Court in Florida.

<https://360.articulate.com/review/content/7e796383-a576-49bd->

[a8e02b4a6386a41a/review](#) The child's parents receive services that allow them to work through tasks on their Case Plan to be reunified with their child. They should also be involved in the co-parenting of their child by being made aware of appointments for the child so they can attend, sharing the child's accomplishments, and visiting their child, unless otherwise ordered by the court. In court, they have a right to be represented by or appointed a lawyer. They must be notified about all court hearings and be present at them. Court resources for the parents include: A Parent's Guide to Juvenile Dependency Court. <https://www.flcourts.org/content/download/218184/1975050/dependencybooklet.pdf>

The child's extended family should be allowed to maintain a relationship with the child if it is a safe and healthy relationship. Often a child will have an extended support system which includes friends and community. All these partners can be a helpful part of the team by giving background information and helping keep the child tied to their culture and connections.

The **Child Protective Investigator** is the first responder on the team. It is his/her job to determine if a child(ren) is in immediate danger in their home environment and if they should be removed. The CPI tries to put any support that they can into the home to help prevent separation from their home because the removal of children from their home can be a very traumatic experience. If removal is necessary, the CPI takes the child to a safe place, submits a Shelter Petition to the court and provides the evidence at a Shelter Hearing or Emergency Shelter Hearing within 24 hours.

The **Case Manager** provides and coordinates services in the child's case. They maintain regular contact with the family and must speak to the child alone as part of the home visit process. The Case Manager's primary role is to be the advocate for the child in court and the source for referrals should the child need therapeutic or other related services. The Case Manager attends all hearings and tells the court what kinds of services the child and family needs. The Case Manager prepares most of the reports for the court, including the Judicial Review Report. The Case Manager's responsibilities are to manage ongoing child safety plans and, through ongoing assessment and Case Planning purposeful.

Adoption Specialists match children in foster care available for adoption with families willing to open their homes and hearts to children needing a "forever family". The Adoption Specialists who work for these local agencies are experts in helping a child and family find each other, guiding them through the adoption process, and providing them with information and support.

The **Independent Living Specialist** provides independent living skills training, information and referral services, peer support, employment, housing assistance, benefits assistance, and advocacy. These services are not an alternative to adoption. Independent Living provides services for children in foster care:

Pre-independent Living Services: Life skills training, educational field trips, and conferences. The specific services to be provided to a child shall be determined using a Pre-Independent Living Assessment.

Life Skills Services: Independent living skills training, including training to develop banking and budgeting skills, interviewing skills, parenting skills, time management or

organizational skills, educational support, employment training, and counseling. Children receiving these services should also be provided with information related to social security insurance benefits and public assistance.

Subsidized Independent Living Services: Living arrangements that allow the child to live independently of the daily care and supervision of an adult in a setting that is not required to be licensed.

Foster Care Family Support Workers role is to provide support to our foster parents in helping you to navigate through the child welfare system. Their purpose is to provide support services to foster parents, and to members of the team to assure overall effectiveness in providing services to children.

Foster Parent Liaisons role is to provide guidance and support to Foster Families. The Liaisons are licensed foster parents who can assist in dealing with system barriers through guidance in navigating the system of care, support with school system issues and court-related issues, support through transition with grief and loss, and helping to understand the shared parenting rules and expectations. There are four (4) Liaisons who cover the following areas. The contact numbers for each area:

Ft Myers/Lehigh Acres

239-989-1243

Naples

239-245-4033

Punta Gorda/Pt Charlotte

239-600-0023

Cape Coral/Labelle/Clewiston

239-634-8906

Family Development/Licensing Specialist's role is to be a support for the foster family. Each agency employs Licensing Specialists to work with families in licensing activities. These dedicated staff members are your support system in the licensed care arena. They assist with coordinating services for the children in the home with the Case Manager assigned to them as well as ensuring that the home is meeting all necessary licensing standards. This is the person that the foster parent can call when they need help.

Placement Specialists take all phone calls of children newly coming into licensed care as well as requests for moves and placement changes within licensed care. They analyze information about the family and child to ensure the needs of the child(ren) are being met and placement stability is secured. Placement also facilitates partnership meetings, and placement stability staffing's to address children who are at risk of losing their placement.

Guardian ad Litem (GAL) is usually assigned to a child at the time of arraignment if the court deems one necessary. The GAL works for the child's best interest in court and is an additional resource for the foster parents, birth parents, and the child. However, they do not provide any case management services or transportation.

Children's Legal Services (CLS) attorney files the legal paperwork and is responsible for starting the case about the family and child in court. They present all the facts to the court and talk to the court about the best interests of the child. The parent's attorney provides legal advice and guidance to the parent at every stage of the court process. The child's

attorney (Attorney ad Litem) is appointed by the judge as needed to advocate for the child and represents only the child.

The **judge** decides what is in the best interest of the child and how to keep the child safe. After listening to everyone involved in the case and reading the reports, the judge determines if removal is in the best interest of the child, if the child should be adjudicated, if supervision should be terminated, and if parental rights should be terminated. The judge approves the Case Plan and conducts a judicial review every six months to review the status of the Case Plan until permanency is achieved.

Doctors and therapists' roles are to help determine the physical and mental health of a child and help improve or maintain that health.

Teachers are an important part of the team. Teachers can help with identifying behavioral and developmental problems. By having open communication with the child's teacher, the Foster parent can work together with the child's team to help the child adjust to their new surroundings. If a foster child struggles in school, the teacher is the best person to link the child's team to the help that the child needs in a school setting.

Placements and Beyond

Initial Placement: It's important to understand that healing and resiliency is possible for children who have experienced trauma. By forming healthy relationships with foster parents and professionals, children learn to heal. However, the road to healing and resiliency is a difficult one that begins at the first placement. If foster families don't understand why and how a child typically reacts at placement because of trauma and loss, they may misunderstand the child's behaviors and misinterpret them as problematic or pathological. They may see it as unwillingness on the child's part to cooperate, or as a negative reaction to the foster parents. This blame on the child can result in disruption and additional trauma and loss for the child. Joining a new, safe, welcoming family would seem like a wonderful solution that children would embrace. And yet, sometimes this is not what happens.

Transition to Initial Placement: Children need support to minimize the trauma of the initial placement as well as the trauma they experienced during removal. Support may need to continue after the initial placement, particularly if the change in placement produces more trauma. Through training and partnering, foster parents must be prepared for placement. The Licensing Specialist, Foster Family Support Worker, and Foster Parent Liaisons are available during and after placement as part of the foster parent's team.

The Invisible Suitcase: Children who enter the foster care system typically arrive with at least a few personal belongings: clothes, toys, pictures, etc. Many also arrive with another piece of baggage, one that they are not aware they have: an "invisible suitcase" filled with the beliefs they have about themselves, the people who care for them, and the world in general. For children who have experienced trauma, The invisible suitcase is often filled with overwhelming negative beliefs and expectations. You did not create the invisible suitcase, and the beliefs inside are not personally about you. Understanding its contents is

critical to helping the child to overcome the effects of trauma and establish healthy relationships.

The Invisible Suitcase and Behavior: The negative beliefs and expectations that fill the invisible suitcase permeate every aspect of a child's life. Children who have been through trauma take their invisible suitcases with them to school, into the community, and everywhere they go. They have learned through painful experience that it is not safe to trust or believe in others and that it is best not to give relationships a chance. As a result, children who have experienced trauma often exhibit extremely challenging behaviors and reactions that can be overwhelming for resource parents. These problems may include aggression, outbursts of anger, trouble sleeping, and difficulty concentrating. Very often, the behavior problems that are the most difficult to manage - those that may even threaten the child's placement in your home - come from the invisible suitcase and its impact on relationships.

Child's Information: Foster parents should ask for as much information as possible about the child prior to placement. The Out-of-home team will provide support to foster parents as they gather information on the child. Foster parents are encouraged to develop an information gathering plan to learn about: Food choices, Routines and schedules, Medications, medical conditions, and allergies, known behavioral issues, Important people in the child's life, and Anything else that will help the child feel safe and comfortable.

Develop a welcoming plan: Many foster families have developed special rituals they utilize when children are initially placed in their home. Some of the questions and ideas they have utilized are asking a child about favorite foods, bedtime routines, hobbies, and favorite things to do, create a welcome basket for when they arrive, physically soothe babies and very young children, ask the child if they are hungry or thirsty, show the child around the house and their room when they arrive, show the child where there are snacks that they can have whenever they want, ask the child what they would like to do, ask the child if they take any medications, Create a plan if the child comes in the middle of the night including staying with them awhile, playing soothing CDs, and being available if they need anything.

Answering the child's questions upon placement

Understand that the child(ren) will be suffering fresh trauma because of the investigation, removal, and placement into foster care. The child may be confused, scared and/or emotional, exhibiting any number of unusual emotions or behaviors. Be sensitive to their needs and with your pre-service training in mind, try to look through the eyes of the child to anticipate and respond to their safety and security needs. When the child has questions, give trauma informed and age-appropriate responses, being open and honest as possible. Do not be judgmental towards the child's family in your response. If you do not know the answers or what to say, say so. Tell the child you or he/she can get information from the Case Manager and then please remember to follow up.

Child Resource Record

The Child Resource Record (CRR) is part of the record keeping required by foster parents. It contains important documents and information relating to the child's history and needs. For initial removals, the information may be lacking or altogether missing upon placement

as the investigator is required by law to appear before the court with completed documentation, whenever possible, within 24 hours. The closer the removal time is to the Shelter Hearing schedule, the less likely the record is to be filled out. The Child Resource Record should include five sections:

1. Consent/Legal Documents (court orders, release of information, custody letter)
2. Medical/Dental/Vision Records (physicals, Medicaid or other insurance information, immunization records)
3. School Information (report cards, IEP/testing results, school-based assessments, or evaluations)
4. Child Information (birth certificate, social security card, pictures of the child and family, list of the child's likes and dislikes)

Every child should come with a letter of care and custody allowing the foster parents to seek medical care and educational services on behalf of the child. As this is an issue of liability and protection for both the child and foster parent, no child should be accepted without a properly completed custody letter with only the correct name of the child(ren) in the home.

Making Placement Work: The contributing factors that lead to placement success include:

Foster Parent/Child Relationship: When the family and child have a good rapport and when they have things in common (shared activities, faith, values, interests), that can be enough to build that relationship that heals.

Foster Parent/Team Relationship: When the foster parents and agency have a strong relationship, this seems to help too. Being an active team member and feeling respected on the team will improve the chances of making placements last.

Foster Parent Self-Awareness: Foster parents cannot give away what they do not have. They cannot promote self-awareness and calm if they cannot gain it for themselves. Children in care will push that button. They will try (unconsciously) to get their foster parents to repeat patterns they grew up with. This can be attempting to split parents, trying to sabotage siblings, and generally testing the strength of your family. Children who have experienced trauma and loss do this to be sure this 'nest' will hold them.

Home Visits: After a child is placed within a foster home, the foster parent(s) will require ongoing support and assessment to meet the needs of the child in their home. The purpose of home visits is to first ensure the child's safety in the home and to ensure the child's needs are being met properly. To ensure the needs of the foster child and family are met, foster parents are required to allow home visits as often as needed to meet the legal needs of a case based on statute and risk to the child. Children in shelter status (prior to adjudication) will be visited by their case manager at least once a week. The case manager will visit the child a minimum of once every 30 days. At least once per quarter, an unannounced visit will be conducted in the home by the child's case manager. The case manager will interview the children outside of your eye and earshot and will need to see the child's room. Family Development/Licensing specialists visit their foster homes at least

once per quarter for compliance and retention and once annually for relicensure. Some of the team members who will be requesting home visits are as follows:

- CPI and/or Case management
- Guardian Ad Litem if one has been appointed
- Licensing Staff
- CBHA Assessors
- Other service providers as needed

Family Visits: With rare exception, familial or parental visits occur at least once weekly. The first parental visit must occur within 72 hours of removal. Families have a right to visit their children and children have a right to visit their siblings unless there is a court order stating otherwise. Visitations and their effect on children in care are often misunderstood. If a foster parent has a concern about visitations and their impact on a child, it should be discussed with the child's Case Manager and therapist, if applicable.

Visits for separated siblings: If a sibling group cannot be placed together a Sibling Visitation Plan will be developed by the case manager in collaboration with the caregivers and siblings, outlining how visitation between siblings will be supported and achieved until placement is secured for all siblings together. Siblings that are separated must have scheduled visitation at least monthly and are encouraged to participate in weekly phone calls unless the visitation compromises the safety or well-being of the child (ren). The case managers, foster parents, and relative/non-relative caregivers should coordinate visits. Both Federal and state law along with best practice dictate that whenever possible, siblings will be placed together in the same home. This is the least traumatic setting for the children, often leading to less challenging behaviors and better outcomes. The agency placement and licensing teams must regularly collaborate in the exploration of available options to reunify sibling groups throughout the life of a case to remain in compliance with the best interests of the children. As a result, foster parents may be asked to accept placement of a child's sibling(s) or be asked to participate in the transition of their foster child into the home where siblings are placed.

Visitation benefits: Regular and frequent visitation between the child and their birth parents is an important part of foster care. It helps provide security for the child, encouragement for the birth parents, and helps maintain and restore the parent/child relationship. Birth parents should be afforded an opportunity to practice the new skills they are developing through their case plan task compliance. The quality of the visits is important to case planning as they provide insight into the progress and needs of the family.

Visitation challenges: Visits should be scheduled for times that the foster parents are available to transport and supervise whenever possible. Visits should be scheduled at a time that is convenient for both foster parent and birth parent. Try to avoid scheduling visits during school, therapies, nap time, mealtime, etc. You want to set the child and family up for success. Visits with their parents often stir up feelings in children which may be acted out in a variety of ways. Acting out does not always mean that visitation is having a negative impact on the child. These behaviors should, however, be shared with the Case Management Team. This information may enhance treatment. Let the child know that you

are aware that visits stir up some feelings and that you are available to talk or listen if they wish. Be careful not to be judgmental of the child or the family in these discussions. The child has a right to his/her feelings, whatever they are. It is important to remember that these feelings may change from visit to visit or over time. Let the child know that his/her feelings are important and should be expressed, but destructive actions are not allowed. Ask what you can do to help. If you have a relationship with the child's family, you may work together to help the child. Keep the child's Case Management Team advised and use them as a resource for assistance. If the child is in therapy, work with the child and his/her therapist to deal with these issues. If the child is not in therapy, discuss the advisability of a referral with their Case Management Team.

Foster Home Capacity and Waivers

Florida has a Rule of Six, meaning the state's expectation is that there should be no more than 6 foster children residing in a foster home. However, a waiver and/or an exception to policy can be granted to add additional children to those homes whose foster parents have shown a willingness and ability to provide for the needs of the family when additional children are placed properly and safely in the home. Together, the licensing and placement teams assess the needs of the children being considered for your home and assess the ability of your family to meet their needs, including enough beds and space. The assessment for a family's capacity or agreed upon maximum number of foster children to be placed, begins during the training and licensing process. You should never be over capacity without proper authorization having been secured by the Placement Coordinator. Following placement, a home visit must be completed within 7 calendar days of the waiver approval. The waiver will be reviewed at 30 and at 90 days for appropriateness. All waivers must be approved by the Department and the Lead Agency prior to the placement of the child in your home.

Foster Home Reports of Potential Violations

A Family Development/Licensing Specialist must assist a foster home's ability to meet minimum standards when it is out of compliance or has a licensing violation.

Some examples of licensing concerns or violations include:

- Negative Case Manager review
- Negative child exit interview
- Other licensing concerns such as refusal of placements or continued requests for removals after placement
- Foster care referral or abuse reports from the Abuse Hotline

These licensing concerns, upon assessment, may generate the need to create a corrective action plan. Note that corrective action plans are created for licensed out-of-home caregivers who can understand and correct the infraction. Corrective action plans are not created for licensed out-of-home caregivers who have previously committed licensing violations and were unable to benefit from remedial efforts. In these cases, the supervising agency shall work with the licensing authority, the Department's legal counsel and lead agency to determine whether action should be taken to suspend, deny or revoke the

license. Foster parents have expectations of themselves, the Child Welfare System, and the children they will parent. The Child Welfare System, children and families also have many expectations of foster parents. To meet these expectations, parents and professionals are expected to continue growing and developing to serve the best needs of children in care.

Foster Care Referrals and Abuse/Neglect Investigations

Despite best efforts, abuse/neglect investigations (assessments) and foster care referrals do happen. The agency has the right to inspect a foster home at any reasonable time and must investigate all complaints and foster care referrals alleging licensing violations.

Family Development/Licensing Specialists must have the skills and knowledge to receive, manage, and respond to concerns in the home. They must be able to assess whether there is reasonable cause to suspect child abuse or neglect in a foster home. If reasonable cause is determined, they should immediately report it to the **Abuse Hotline**. Most foster parents understand that investigations of foster parents are necessary when the allegations rise to the level of abuse/neglect. However, they do express frustration, hurt, confusion, and a reluctance to continue fostering when multiple investigations with no findings are damaging to the children in their homes and to their own families. **Foster Care Referrals and Abuse Reports:**

Foster care referrals do NOT meet the criteria for abuse/neglect investigations. Foster care referrals are “calls to the Abuse Hotline regarding concerns about the care provided in a licensed foster home, group home, or emergency shelter that do not meet the criteria for acceptance of a report of abuse, abandonment, or neglect.

Foster care referrals are not handled by CPIs, but by Licensing Professionals. Foster care referrals are most often licensing violations. Abuse/neglect investigations must meet criteria specified in law and must be handled by CPIs. Abuse Hotline Counselors are trained to ask questions to determine the difference. **Foster Allegation Support Team (F.A.S.T.) 800.327. 8119**

<http://floridafapa.org/fast-allegation-support/> or email fast@floridafapa.org

The goal of the Foster Allegation Support Team (F.A.S.T.) is to provide support to the foster parents when allegations have been, or might be, brought against them. F.A.S.T. provides support without judgment and in an environment which is as nondestructive as possible for the foster parents and their families. **F.A.S.T. encourages foster parents to engage in the following:**

- Call the F.A.S.T. hotline for immediate support.
- Keep good records.
- Insist on giving full input into the investigations.
- Begin a dated, written journal of events and communications
- Request assistance from the department, your Licensing Support Staff, or the Case Manager in explaining to the children what is happening and why.
- Maintain a sense of professionalism and partnership as foster parents.
- Cooperate with the investigation.

CNSWFL Discipline Policy

Foster parents must discipline children with kindness, consistency, and understanding, and with the purpose of helping the child develop responsibility with self-control. The foster parents must help each child learn that he/she is responsible for his/her behavior by

teaching him the natural and learned consequences of his/her behaviors. Foster parents must use positive methods of discipline, including the following: Rewarding/praising acceptable behavior, Verbal disappointment of the child's behavior, Grounding, restricting the child to the house or yard, or sending the child out of the room and away from the family activity, and Redirecting the child's activity, for example, if a child is playing with a sharp object take the object away, and replace it with a safe toy. Foster parents may assign additional routine home chores as the consequence of misbehavior, although these chores must not involve physical exercise so excessive as to endanger the child's health, or so extensive as to interfere with time set aside for schoolwork, sleeping, or eating. Foster parents must not allow children in care to be subjected to verbal abuse, derogatory remarks about themselves and family members. The foster parents must not subject children to cruel, severe, humiliating, or unusual punishment, for example, to use soap to wash out the mouth, eating hot sauces or pepper, placing in hot water, kneeling on stones, etc. Foster parents must never use corporal punishment of any kind, delegate discipline of a foster child to another child or to an adult not known to the child, must not withhold meals, clothing, or shelter as a form of punishment, must not punish children for bed-wetting or errors that occur during the toilet training process, deny a child contact or visits with his family or threaten to deny or terminate any future or present visits as punishment, must not threaten a child with removal from the home or with a report to authorities as punishment for behavior. Non-compliance with any of the above provisions may result in administrative action by the Department which could include corrective action, suspension, revocation, or denial of further licensure pursuant to Chapter 120, Florida Statutes.

Documentation of Significant Occurrences

Document, document, document. Appropriate documentation can be crucial for many reasons. It can be used to refresh the memory of foster parents if allegations are made by or against them; to document a child's progress or lack of; to identify trends in behaviors; to chronicle the child's life; to provide helpful information to doctors or other service providers; to spot and record allergies, intolerances, or sensory issues; etc. Some suggestions for documentation are:

- a) Keep a daily log of significant occurrences or events including times and what preceded and followed the occurrence, especially behaviors.
- b) Take brief notes outlining a major happening. If something significant occurred at school, day care, or public location, obtain a copy of the incident report. Take photos of injuries and environment as appropriate.
- c) Include details such as special family activities, visitation with the child's family, etc. Take photos for Life Book. Include photos of birth family members.
- d) Note significant health problems; all illnesses or accidents should be reported to the case manager immediately
- e) Note significant emotional/behavioral difficulties and when they occur. *Example:* does the child exhibit these difficulties before or after a visit.
- f) Note any marked change in child's mood, behavior, or relationships.
- g) Note the child's successes and special achievements

h) Note any request you make for service or assistance including the date, person, and outcome

i) Remember to report all incidents to the case management team so they can complete the required incident report. Be sure to document the incident reported, all contacts with the professional team and all follow up.

When to Notify the Agency of Changes

There are many changes that occur within our families each year. There are certain changes that require notification to your licensing team. The following changes need to be reported: **When a licensed out-of-home caregiver makes a formal request to be placed on hold**, the foster parent shall submit a written request to their supervising licensing agency to include the date at which they would like to accept children back into their home. **Law Enforcement Involvement-** family shall report to their supervising licensing agency within 1 business day any household members involvement with law enforcement. Law enforcement involvement includes arrests, incidents of domestic violence, driving infractions, and any local law enforcement response to the home over the course of the licensed year. **Change in marital or relationship status**-family shall report to their supervising licensing agency within 1 business day a change in marital or relationship status, including reconciliation or separation; the unlicensed spouse or partner needs to be fingerprinted prior to moving into the home. The unlicensed spouse or partner shall also attend parent preparation pre-service training if not previously completed within the last 5 years and meet all licensing requirements. The unlicensed spouse or partner shall have 3 months from the date of marriage, moving in together, or reconciliation to complete pre-service training. No new children shall be placed in the home until the application has been completed and approved. **In cases of separation, divorce, or death of a spouse or partner**, the supervising licensing agency shall update the Unified Home Study summary and assess its impact upon the children placed in the home. The Unified Home Study shall summarize the satisfaction of licensing requirements and shall include interviews with the children, if age appropriate, verification of income and expenses, and the remaining caregiver's plan to meet all financial obligations. **The following events within two (2) business days of learning of one of the following events occurring or are likely to occur:** A change in household composition, including plans for changes in sleeping arrangements; A change of physical address; Changes in financial situation, such as bankruptcy, repossessions, and evictions; A physical or mental health issue that impacts the ability to provide care for the child; A change in contact information; A change in employment or significant change in work or school schedule; A significant change is defined as one that impacts the ability to provide care for the child; and; All new household members age 18 and older shall be fingerprinted within two (2) business days of Residence. All household members shall meet the requirements for background screening. **Moving to a new home (Foster Home Relocation):** A License to provide foster care is NOT transferable, meaning it is issued to the identified foster parent(s) and at the identified location. It is understandable that

families may choose to move, however it is important to remember that your license must be transferred within 30 days after moving. The license transfer will require updated inspections and radon testing, a new floor plan, disaster plan and licensing recommendations to reflect capacity and other changes deemed necessary. Contact your Family Development/Licensing Specialist as soon as you learn about your move so they may initiate the transfer process.

Behavioral/Medical Health

HIPAA and Confidentiality

Confidential information about child(ren) in care and/or their family may only be discussed with professionals working with the child or other authorized persons who are involved in a child's case plan. Information should be shared on a need-to-know basis only. Your friends, relatives and neighbors will be naturally curious about the child(ren) placed in your home. You need to explain to them that you appreciate their interest, but that you cannot share information about a child's background, their issues, or the legal progress of a case. Identifying information, including name or photo of a foster child, may not be given to the media. You must be sure that media photographers do not take pictures of your child. **Facebook**- Pictures of foster children may be displayed on your Facebook page; however, they are not to be identified by last name or the fact that they are foster children. Additionally, you must keep your Facebook settings as private as settings allow, viewable only by your Facebook friends. Make a notification ahead of your first placement and at appropriate intervals that others are not to "out" this child as foster children. Remember that once you make a post, it is out of your control. During the licensing process and every year thereafter, you will be asked to sign a HIPAA and **Confidentiality statement**. To maintain confidentiality is a licensing requirement and failure to comply may result in a licensing violation and lead to the loss of a foster home license. Equally important, the children (and their families) in your care do not need to experience a loss of trust or privacy by hearing information about them or their families discussed publicly. If you have any questions about confidentiality and when it is and is not appropriate to divulge confidential information, please consult with your Family Development/Licensing Specialist, Foster Parent Liaisons, or the child's case manager.

It requires self-discipline not to talk about their problems or backgrounds with unauthorized persons, but the dignity and integrity of the child(ren) in your care must be a priority.

Persons with Disabilities Act

It is the procedure of Community Based Care (CBC) to provide services that are in the best interest of the child. It is also the procedure of CBC to meet the placement and service needs of those children who qualify for coverage offered by the Agency for Persons with Disabilities (APD). To qualify for this specialized coverage, children must at a minimum meet one of the following criteria:

a) has been diagnosed as Autistic,

- b) has been diagnosed as having Prayer-Willi Syndrome;
- c) has been diagnosed as having Spina Bifida,
- d) has been diagnosed has having Cerebral Palsy,
- e) has been diagnosed as having mental retardation, or
- f) has been diagnosed as having Down Syndrome.

It is the responsibility of the case manager along with other key team members to make application or this service. The case manager will provide information on your foster child's eligibility and/or receipt of services. For more information:

<https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/ada.pdf>

Medical coverage for foster children

Children in foster care are covered by Medicaid, health insurance provided by the state at no cost. Children should have a Medicaid card or a temporary form authorizing Medicaid when they are placed and should be maintained in the Child's Resource Record. If you do not get this, call the child's Case Management Team.

Sunshine Health Child Welfare Specialty Plan

Generally, Medicaid's Sunshine Health Child Welfare Specialty Plan is the preferred coverage for foster children as it was designed especially with them in mind. Sunshine Health provides personalized healthcare for children in Florida's child welfare system to care for their physical and behavioral health needs. A care coordination team consisting of healthcare providers, community-based care agencies, child welfare providers, and foster, adoptive and biological parents is built around every child to best support his/her individual needs. Specialized programs and services are offered at no cost to every child in the state's child welfare system. This system can at times be difficult to navigate. Further information can be obtained at <https://www.sunshinehealth.com/members/child-welfare-plan/benefitsservices.html>. Additional support and assistance should be sought from your Case Management Team, your Licensing Specialist, and the child's WATCH Nurse.

Child Welfare Specialty Plan Benefits

A table of plan benefits including services, description of services, coverage/limitations, and prior authorization requirements can be found at

<https://www.sunshinehealth.com/members/child-welfareplan/benefits-services.html> .

For Medicaid to cover costs, services must be medically necessary and may require a referral from his or her primary care provider (PCP).

Obtaining the child's Medicaid card

Always ask for the child's card at the time of placement. If it's not available, ask for the Medicaid number; in an emergency, this may be better than nothing at all. You should reasonably expect to have a card (temporary or permanent) delivered to you if you have an immediate need for it. If not, one should be mailed to you upon request. If you have an emergency and need help, call the case management agency. If after hours, please call the after-hours telephone number provided by your Case Management Team.

72-hour medical requirement (EPSDT)

Within seventy-two hours of initial placement, all children are required to receive an Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT)/Well-Child Check-up. If the protective investigator felt immediate medical attention or an examination was needed prior to placement, this requirement would have occurred. If you see any indications that medical treatment is needed after placement, do not hesitate to act in the child's best interest. **Tests and examinations provided by EPSDT/Well-Child Check-ups**

- a. Health/Development History
- b. Physical Assessment
- c. Height, Weight, Growth Assessment
- d. Developmental Assessment
- e. Speech Assessment
- f. Referral to a Dentist
- g. Nutritional Assessment
- h. Vision Assessment
- i. Hearing Assessment
- j. Immunization(s) (shots) and
- k. Laboratory Tests

EPSDT/Well-Child Check-up services also include treatment or referral for problems detected in the screening. It is your responsibility, in conjunction with the agency, to arrange for follow-up on medical, visual, hearing, or dental care if recommended.

Schedule for subsequent well-child check ups

- a. 2 months of age
- b. 4 months of age
- c. 6 months of age
- d. 9 months of age
- e. 12 months/1 year of age
- f. 15 months of age
- g. 18 months of age
- h. once every year from age 2 years – 21 years

Immunizations follow a similar schedule. If required by a child's needs, screening may be scheduled more frequently or at different intervals.

Severe illness or death of child in care

The foster parent should call 911 for medical and law enforcement assistance at the first sign of an emergency. Children who are known to be medically fragile are generally staffed into Medical Foster Care. Medical foster parents are specially trained to provide for the medical needs of these children. Like any child, however, those in traditional foster care are vulnerable to accident, hidden disease, sudden onset illness, allergy, substance abuse, or self-injurious behavior up to and including suicide. To help eliminate or reduce risk of death or injury, foster parents should always adhere to all policy and procedure as specified in statute, administrative code, and operating procedure as learned in preservice training and during the licensure process. After the crisis is over and the safety of all is addressed, the foster parent should immediately notify the child's case manager, supervisor or other management staff of the case management agency serving

the child. The on-call emergency number should be utilized if after hours, weekend, or holiday. The child's Case Management Team will complete an incident report and notify the birth family

Transporting the child(ren) to appointments

Whenever possible, foster parents should take the child to appointments. You are the person with whom the child is comfortable, and you have the information the service provider will need. Be sure to maintain a medical log in the child's resource record.

Psychotropic Medications

Psychotropic medication training is required of all foster parents. Psychotropic medications may not be given to a child without the birth parent's informed consent or a court order. These medications alter the brain's chemistry and must be taken very seriously by all team members. Effective advocacy for the children is crucial. Children are not to be taken off any psychotropic medication without the physician's involvement. A medication log is to be maintained in the child's resource record.

Caregiver Involvement:

The child's caregiver must make every effort to attend medical appointments and obtain information about medications, possible side effects, and other information. Caregivers do not have the authority to provide express and informed consent for psychotropic medication. However, nothing in this policy prohibits caregivers from expressing their concerns regarding prescribing psychotropic medication to children.

If the caregiver is unable to attend, the child's appointment should be rescheduled to allow attendance. If the appointment cannot be rescheduled, the dependency case manager shall attend the appointment and convey the information to the caregiver.

The child's medical history

Birth parents should be encouraged to attend medical appointments and can provide child's medical history. The Child's Resource Record should be brought to all medical, dental, and therapeutic appointments. Make a note of the questions which you cannot answer and contact the birth parent and/or the child's Case Management Team as necessary and available. Your Case Management Team can have the parent sign a release so the doctor can get a copy of the child's health records.

Counseling needs and referrals

It is not uncommon for children who have experienced the kinds of losses children in foster care have had, to need professional intervention to help deal with their feelings. Many children will have a therapist assigned at some point. If you are concerned about the level of intensity of care the child is receiving, you should contact the Case Manager and/or supervisor. Together you can decide what kind of a referral or additional assistance is needed.

Medical emergencies

In all cases involving a life-threatening illness or injury, get the child to emergency medical treatment first (call 911 if needed), then contact the child's Case Manager or the on-call supervisor. If it is not a life-threatening situation, transport the child to an appropriate medical facility. In either case, take the child's Medicaid card and/or number with you as well as a copy of the child's court order, then call the Case Management Team. Do not sign

any forms authorizing treatment, consenting to surgery, or assuming financial responsibility. An emergency court order may be necessary if the child's parents are not available to sign for treatment. In dire emergencies, the hospital can obtain permission by telephone from a judge. The Case Management Team whom you have contacted will assist with the necessary arrangements.

Suicidal ideation and attempts

Notify your child's Case Management Team immediately if a child is very depressed or talks about suicide, even indirectly. If a child makes a serious suicide attempt, or you think they may, emergency counseling or medical attention may be necessary. Call **911** if you think the situation is potentially life threatening. If you feel it is not, contact the on-call Case Manager or supervisor for assistance. Follow the same procedures discussed above for medical emergencies. Again, do not sign any forms. Case Managers must assist with obtaining birth parent's written consent or they must get consent through the court if birth parents refuse to sign.

Medications

It is important to know as much as you can about any medication that your child is taking. You should ask your child's doctor questions about the proper use of the medication. The best questions to ask are:

- What is the proper dose and how often should it be taken?
- Should the medication be given with meals or on an empty stomach?
- What time(s) of day should the medication be given?
- What should I do if a medication is not taken on time?
- How late is too late to give a missed dose?
- Are follow-up visits required for this medication?
- What possible side effects should I look for?
- Are there any allergic reaction warning signs?
- Is there a "Drug Information Sheet" I can have?

Safe storage of medications

Florida Administrative Code requires all medications be locked up and away from children. Even medication requiring refrigeration must be locked in a child proof container. It is critical to preventing death or serious injury. Medications must be given only under adult supervision. Medication must remain in the container in which it was dispensed with the child's name, dosage, and other medical information. The agency will provide you with a medication log and all medications given to the child must be logged and provided to your case manager at each visit.

Ensure child swallows his/her medication.

Children have been known to hide, give away, or even sell their medications. To make sure your child takes his/her medication, follow these easy steps:

- a. Give the child a glass of water to take with the medication.
- b. Watch the child take the medication and drink the water.
- c. Have the child open his/her mouth and lift his/her tongue to make sure the medication was swallowed.

d. Talk with the child for a few minutes to make sure the medication was swallowed.

Medication logs

It is necessary to document all medications your child is taking including over the counter medications. If your foster child gets sick, a doctor will need to know what medications your child has taken, at what times, and how often. These also include topical medications, ointments, etc. Written records will ensure that you can provide the most accurate and up-to-date information. Ultimately, this helps the child receive the best care possible.

Medication logs are to be maintained daily and collected by the child's case management team monthly for submission to the courts.

Never give a foster child prescription medication that is not prescribed to him/her

It is illegal to give one person's prescription medication to another person, even if the prescriptions are the same. In addition, substituting medications may cause your child to have a bad reaction and become very ill. If a prescription runs out, get a refill from a 24-hour pharmacy. If it's not possible to get a refill, contact the child's doctor immediately for further instructions.

Over the counter (OTC) medications

In lieu of written permission from a parent, the shelter court order is sufficient documentation to authorize a foster parent to dispense OTC medications if they are used as intended and at proper dosage. If you have questions regarding appropriate doses and the frequency of use, please consult with the child's pediatrician. This is especially relevant if the child is on any prescribed medications as some combinations of OTC and prescribed medications can be deadly. Another precaution you should take is to verify drug interactions with the pharmacist. All prescriptions come with a drug interaction warning that should be read and understood before leaving the pharmacy. As with all psychotropic and prescribed medications, please document when you dispense OTC medications by noting the medication name, dosage, day, and time on the Medication Tracking Log.

Education

Determining your school district

Federal and state law require foster children to remain in their school of origin whenever possible to avoid unnecessary losses due to their removal.

Registration of foster children

Usually, the child's foster parent assumes this parenting responsibility. However, under special conditions, it may be appropriate for the child's Investigator or Case Manager to register the child. If

the child's birth parents are actively involved with the child and can participate, they should be asked to accompany either the foster parent or the staff member in registering the child in school. If the birth parent is unavailable, the child's foster parent usually assumes the responsibility. If the foster parent has a conflict that makes them unable, assistance should be requested from the investigator or Case Management Team if assigned.

What you will need at registration

You will need proof of your residency, a Custody Form or Court Order, health information, and the child's birth certificate, if available, unless the child has already been enrolled in a Florida school. If problems are encountered, talk with the registrar first and then ask to speak to the principal if necessary. Call the child's investigator or Case Manager if problems persist.

Physicals and Immunizations

A physical exam and immunizations are required before the child can start school. If the child had a school physical anywhere in Florida during the school year and this can be documented, another physical is not needed. Information regarding the child's immunization status should first be sought from the birth family if they are available. If the child has been enrolled in the Florida school system, information regarding immunizations should be available on the school's computer system.

Disclosure of the child's foster care status

It is important for the school's office and the child's teacher to know that the child has experienced trauma and has been placed in foster care for his/her safety. This will help them to be aware of possible safety issues and know not to release the child to his/her parents. This will also help them to understand the child's behaviors and plan to meet the child's needs. Do not assume that the teacher has been trained in trauma or trauma's impact on the brain and behavior. Information about who can or cannot pick up the child, and who can or cannot visit the child while at school, must be provided and should be clearly noted on the child's record.

Free lunch programs

You may apply for this program at the school your child attends. Eligibility is based on the child's income. Income for this form for children in foster care is zero.

Attending school conferences and activities

Under normalcy, foster parents should actively participate in school events. The child's birth parents should also be included, whenever possible.

IEPs and 504 Plans

The Individualized Educational Plan (IEP) is a plan or program developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives specialized instruction and related services. The 504 Plan is a plan developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning environment. There are subtle but important differences. Not all students who have disabilities require specialized instruction. For students with disabilities who do require specialized instruction, the [Individuals with Disabilities Education Act \(IDEA\)](#) controls the procedural requirements, and an IEP is developed. The IDEA process is more involved than that of [Section 504 of the Rehabilitation Act](#) and requires documentation of measurable growth. For students with disabilities who do not require specialized instruction but need the assurance that they will receive equal access

to public education and services, a document is created to outline their specific accessibility requirements. Students with 504 Plans do not require specialized instruction, but, like the IEP, a 504 Plan should be updated annually to ensure that the student is receiving the most effective accommodations for his/her specific circumstances.

Sickness, injury, or suspensions

At registration, emergency contact information for both foster parents and case management team must be provided. Upon notification, medical treatment must be made as appropriate and necessary. If the child needs to remain home, arrangement to stay with the child must be made by either a foster parent or a trusted and competent babysitter. Be sure to keep your Case Management Team informed.

Teenagers refusing to attend school

The legal age for “dropping out” is sixteen, but some school districts now have programs for children who are thinking about quitting. If you are having problems with your child and feel he/she is thinking about quitting school, please call the Drop Out Prevention Program. They want to help. Quitting school is a serious decision. The child’s parents must be involved in decision making on behalf of the educational planning of their child. The entire team youth, case manager, GAL, parent, and foster parent should be involved in helping you and your child explore options like vocational training, GED, full time employment, etc.

Florida Diagnostic Learning Resource System (FDLRS)

This is a program that provides support to exceptional student education programs. FDLRS provides screening for children ages 3 to 5 years who may have problems with speech, hearing, motor coordination, concepts, behavior and/or vision. Older children who may qualify for special education programs are also eligible for services. Learn more at <http://www.fdlrs.org/>

Developmental delays

There are special services for children with developmental delays/disabilities in the community. If you suspect that your child has significant delays, discuss your observations with the child’s Case Management Team so you can formulate a plan to meet the child’s needs and receive appropriate referrals.

Educational Surrogacy

Children in care may not have a consistent adult to advocate for educational services and support educational goals the way a parent typically would. For children with (or suspected of having) disabilities, the need for an educational decision-maker is even more acute because federal law specifies that only certain individuals can act as a “parent” to make special education decisions. The individuals with Disabilities Education Act (AIDEA@) allows Dependency Courts to determine the educational decision-maker for children under their jurisdiction with, or suspected of having, a disability. Not having a legally authorized educational decision-maker can hold up evaluations and appropriate special education services. One study found that the education and transition plans of youth with disabilities in care were lower quality than their peers, and youth in foster care were less likely to have

an advocate (family member, foster parent, or educational surrogate) present at their education planning meetings. In addition, confusion results when the custodian or caseworker can sign consents for school activities but may not hold parent status for purposes of IDEA. Typically, it is preferred that the child's GAL be the child's educational surrogate, if needed, due to their specialized training in advocacy.

Day care

Out-of-home daycare for children in foster care is subsidized through the Early Learning Coalition. The Case Manager or Placement Specialist will make the initial referral for children upon removal and placement. A list of licensed and approved daycares is available through ELC online or upon request. If you have any questions or concerns regarding day care, please contact your assigned Family Development/ Licensing Specialist.

Respite

Foster Parents/families are entitled to 12 respite days per year, beginning July 1. Respite days do not have to be taken all at once. They are not cumulative from one year to the next. Respite should be requested as soon as you know you will need it. The request must be made two weeks in advance. The Placement Coordinator will arrange for respite placement and notify the foster parent.

Independent Living

Children's Network provides Independent Living Services to youth and young adults in out of home care. The responsibility of preparing youth for adulthood is the responsibility of all parties involved with the youth. Caregivers are essential in this effort. Florida Statute outlines that Caregivers, with a child between 13 and 17 years of age, are responsible for ensuring the child learns and masters independent living skills. Statute further states that the Caregiver must be aware of the requirements and benefits of the Road-to-Independence Program. It is the Coalition's job to partner with the Caregivers to ensure independent living skills are being provided and report to the court on the youth's progress. Youth in care can be provided with a Daniel Memorial Assessment. This assessment provides a base line of youth's life skills knowledge (money management, personal care/hygiene, nutrition, personal safety, housing, etc.). This assessment will outline a Life Skills Plan that will outline the areas the youth need to work on, and it will provide recommended activities to help build these skills. Florida Statute outlines that caregivers will participate in developing the case plan for the child and his or her family and work with others involved in his or her care to implement this plan. This participation includes the Caregiver's involvement in all team meetings or court hearings related to the child's care. At the age of 16 youth will be provided with the My Pathway to Success Plan. This plan is also referred to as the Transition Plan. The Transition Plan outlines the youth's plan for their future and the goals they would like to achieve. The Plan is a youth driven document that the youth complete with supportive adults assisting the youth as needed. At the age of 16.5 a rough draft of this plan will be secured by Children's Network. At the age of 17 a formal Independent Living staffing will be set with the youth. The purpose of this staffing is to formalize the Transition Plan, outline how the plan can be achieved, and review the available resources/services available to the youth. Our goal is ensuring that every youth successfully transitions into adulthood. A follow up Independent Living staffing

will be held prior to the youth turning 18 to review the My Pathway to Success Plan and finalize the transition into adulthood. The state of Florida has several programs available to young adults post 18. For those youth aging out in the Care and Custody of the Department they may qualify for Extended Foster Care (the continuation of the young adult being in the Care and Custody of the Department) or Aftercare (a bridge program designed to assist youth with stabilizing and bridging into one of the other post 18 programs). Youth aging out in the Care and Custody of the Department or those achieving permanency after the age of 16 may qualify for the Postsecondary Educational Services & Support program. This program is an educational stipend intended to offset the cost of youth attending/securing post-secondary education. Each program has its own unique criteria and eligibility for these programs will be confirmed at the Independent Living Staffings. Extended Foster Care can assist young adults 18 up to the age of 21 (up to the age of 22 with youth with a documented disability). Aftercare and Postsecondary Educational Support Services can assist young adults 18 up to the age of 23. It should also be noted that most youth aging out may qualify for the Tuition Wavier. This waiver allows any tuition or fees to be waived up till the age of 28 if the youth is attending a post-secondary Florida Public School. Eligibility for the wavier will be confirmed at the Independent Living Staffings.

Extended Foster Care

Senate Bill 1036, the Nancy C. Detert Common Sense and Compassion Independent Living Act," was signed into law on June 24th, 2013. Effective January 1, 2014, current and former foster youth will have a variety of independent living services available to support their success. "My Future, My Choice? Is the theme for this program because it gives youth a variety of eligibility options which allow them to remain foster care until 21, or 22 if they have a documented disability. Extended Foster Care will provide young adults with case management services, judicial oversight of their progress toward independence, and room and board, as well as any other services they need to provide them with a sound platform for success as independent adults. Youth who previously would age-out of licensed care at age 18 can now to opt to stay in while finishing school or gaining work skills and experience. Participants must be 18-21 years of age to enroll or re-enroll and must have turned 18 years old while in licensed foster care. Additionally, applicant must be involved in one of the following activities:

- Finishing high school or completing G.E.D.
- Enrolled in post-secondary education
- Working at least 80 hours/month
- Participating in a job skills program
- Unable to participate in one of the above full time due to a documented disability
- Participate in transition planning and case planning, agree to meet regularly with IL case manager and grant them access to records and living environment

Extended Foster Care gives participants the opportunity for consistency in their lives and access to an array of services and supports while they continue their academic career, maintain employment, or participate in activities that remove barriers to their employment. Furthermore, young adults have the option to leave and re-enter EFC if they meet the

eligibility requirements. With continued case management services, long term placements, and services to promote personal growth and independence, Extended Foster Care participants have a platform for progress and success.

Normalcy

Normalcy refers to a renewed philosophy or initiative within the foster care system with the express goal of allowing children in care to experience the “normal” childhood activities and opportunities that those in the community enjoy daily. Normalcy is the right for ALL YOUTH in licensed out-of-home care the opportunity for normal growth and development; to include age-appropriate activities, responsibilities, and life skills.

Florida Statute 409.1451 – Agency Responsibilities include:

- Providing youth the opportunities to participate in life skills in their foster home placement and communities being reasonable and appropriate for their ages and taking into consideration any special needs they have.
- Providing services to build life skills and increase ability to live independently and become self sufficient.
- Support opportunities for participation in age-appropriate activities.
- Working closely with youth to set early achievement and career goals for educational employment experiences.

“Let Kids be Kids” Law

The “Let Kids be Kids” law went into effect July 1, 2013. This law recognizes the importance of allowing children in foster care the ability to take part in everyday activities, without the unnecessary involvement of case managers, provider agencies or the court system. The “Reasonable and Prudent Parent” standard incorporated in the law allows foster parents to give foster children permission to do daily, age appropriate, activities such as joining a school athletic team, getting a driver’s license, or going to the beach with friends.

Pre-existing Court Orders

A caregiver’s decisions regarding normalcy activities cannot be contrary to a pre-existing court. For example, if there is court ordered visitation with the child’s parents on Saturdays, a normalcy activity planned or approved by the caregiver would not trump or take precedence over an existing court order for Saturday visitation.

Key points for foster parents:

- Fully promote normalcy for each child.
- Encourage and give permission to the child, dependent on his or her age and maturity level, to engage and participate in appropriate social and extracurricular activities to promote social development, obtain employment, have contact with family members, and have access to phone usage, have reasonable curfews, and travel with other youth or adults.
- Allow the child to participate in social media without supervision if permission has been given from the caregiver.

- Permit the child to take part in overnight or planned outings which support recreation and normal life experiences if the licensed caregiver has determined the outing to be safe and appropriate.
- Notify the case manager of overnight stays exceeding one night, prior to the event occurring.
- Be sensitive to the input of the child's parent as to the types of activities they would like their child to participate in, and whenever possible, include them in the decision making.
- Background screening is not necessary for a child to participate in normal school or community activities and outings, such as school field trips, dating, scout campouts, and activities with friends, families, school, and church groups.

Participation in Childhood Activities

Participation in these types of activities is important to the child's well-being, not only emotionally, but in developing valuable life-coping skills. The caregivers, rather than caseworkers, DCF or the Court, can now make decisions regarding activities in which foster children may participate – removing obstacles and red tape.

Caregiver Making the Decisions

A caregiver can now make the same decisions regarding a foster child's participation in childhood activities as any other "reasonably prudent parents" would make for their own child. Although caregivers may consult with case managers and others prior to making decisions regarding activities in which their foster children participate, it is ultimately the caregiver's decision. The Department, therapists, CBC staff, the GAL, other caregivers, and case managers may offer advice to support the caregiver in making decisions as a reasonable prudent parent; however, they may not make the decisions for caregivers.

Normalcy and foster youth at home alone

Safety for our foster children is always our first concern. This naturally leads to the question of supervision, for which there is no clear-cut answer, i.e., when is it OK to leave a child home alone. As a responsible parent to your own children, we know you can understand that the choices you make for supervision depend on the child's maturity level and not necessarily only on chronological age. Together, you will develop an agreement works best for the youth in your home. It should be well understood by both foster parent and teen what the foster family expects of the youth and what the youth expects of the foster family. This includes house rules and privileges. The emphasis of this agreement is for our youth to integrate into your home and have the same expectations and privileges that biological children would have.

Regarding youth who may have been recently removed from their home and are in emergency shelter status, even greater thought should be taken as to when to leave a youth unsupervised. This is because their lives have recently been in upheaval, and we know less about them and their maturity level. Again, this is a judgment call requiring reasonable and prudent parenting.

Foster Youth and dating

It is very natural for foster teens to want to date; that's a part of normal growing up. Our responsibility is to help a teen make good judgments about where they are going and who they are with. Help guide your teen with appropriate boundaries and limits, as you

would with your own children. And don't be afraid to say "no" if you believe a situation is not in your teen's best interest. Remember to always discuss with and take into consideration the wishes of the birth parents. As with the question about supervision, it is important to remember that youth recently removed from their home and in emergency shelter status are at higher risk.

Foster Youth and alcohol or illegal drug use

Teens who have experienced abuse or neglect are at a higher risk for experimenting with drugs and alcohol as a means of dealing with their feelings about their experience. Be aware of the warning signs of drug and alcohol use. Ask for help. Counseling and/or treatment may be needed. Please ensure that your licensing specialist is notified of this matter for additional assistance, resources, or system navigation. For more information:

<https://drugfree.org/article/spotting-drug-use/>

Foster Youth and birth control

You cannot make the choice for the child alone. Birth control is a subject which is best discussed openly with all children and youth, especially those in foster care since they may be struggling with attachment issues and may choose to be sexually active as a way of meeting that need. As a team, all play an important role in giving your foster teen access to concrete information and helping to lead him/her toward making safe and healthy choices. Your foster teen's physician may prescribe birth control pills and the child's birth parents should be involved in these discussions including providing written permission for the medication (if rights have not been terminated) which should be incorporated in the court record and dependency file. Neither a foster parent nor case manager can authorize this without the parent's consent or a court order. The Health Department is a source of information, services, and prescriptions. Again, your role as family teacher is to support your foster teen and stay in close contact with your case management team to ensure information is being shared so appropriate services can be accessed.

Foster Youth and LGBTQ+

Youth who become involved with the Child Welfare System come from all sorts of diverse backgrounds. We have an obligation to treat all youth equally, therefore, it is important to understand the youth that are a part of the LGBTQ community. They often face all sorts of difficult issues in society – harassment, isolation, hate, and violence. Approximately 5-10% of the general population identify as LGBTQ. Adolescents who identify as LGBTQ are estimated to make up a higher, disproportionate share of the foster care and delinquency populations. All youth require a safe home and social support to mature and develop the skills needed to transition to adulthood. Among lesbian, gay, bisexual, transgender, questioning, or other diverse identities. (LGBTQ+) youth, having affirming families and friends is associated with improved mental health and better child welfare outcomes. For more information: [Supporting Your LGBTQ Youth: A Guide for Foster Parents \(childwelfare.gov\)](#)

Babysitter Policy for Foster Parents

Foster Parents are given enhanced responsibility as prudent parents to make decisions regarding who is appropriate to act as substitute caregivers in the foster parent's absence. Some rules for babysitters are a matter of state law: Foster Parents should use the

Reasonable and Prudent Parent standard when choosing babysitters for children placed in their care. Foster Parents will ensure:

- (1) Babysitter is suitable and appropriate for the age, developmental level, and behaviors of the child.
- (2) Babysitter receives guidance on managing emergencies, including telephone numbers for themselves, child welfare professionals, and physicians.
- (3) Discipline and confidentiality policies for the child have been fully explained.
- (4) Water safety precautions have been explained
- (5) Babysitters shall be at least sixteen years of age or older except for youth aged 14-15 who have completed a recognized babysitting course, preapproved by CN.
- (6) Babysitting is permitted in a non-licensed setting (the babysitter's home). However, the foster parent must be familiar with and approve of the environment. It is a foster parent's responsibility to ensure that the environment is safe, free from hazards, and appropriate for the child's age and developmental level. Special attention must be paid to water hazards and medication/chemical storage.
- (7) Backgrounds will need to be initiated if there is an emergency which requires a foster parent to be gone for more than three (3) nights. If the babysitter is utilized due to unexpected circumstances, background screening will need to be initiated within one (1) business day.

Finances

Board Rate

The board rate is for room and board, food, school supplies, incidentals, clothing, allowance, etc. Because it is a reimbursement, you should receive a check for the care you provided your child by the fifteenth of the month for the preceding month.

Mileage

Mileage is provided at the rate of \$0.445/mile for the following:

- All Medical, Dental, Mental Health, Eye care visits, Script pick up
- All Legal meetings, i.e., Court, Judicial Reviews, Staffings
- All court ordered visits, i.e., Parents, Grandparents, Siblings, other family member
- Initial WIC interview and all follow up reviews
- Any trip that is court ordered we will pay mileage for transportation.
- We will pay mileage if you **take** a child from another foster home for respite and must pick up the child or take the child back to the foster home.
- We do reimburse for tolls, but must have original receipts (copies accepted, but I may request the original to verify date or amount)

We **do not** pay mileage for the following, unless there are special circumstances and only then with prior approval:

- School and Daycare transport unless special placement or with prior approval from The Director of Foster Care with Childrens Network and done at time of placement.
- Any recreational trips, shopping, regular daily trip that you and your family would make.

Property damage by foster child

Report the incident at once to the child's Case Management Team. If appropriate, the Team will give you a Claim for Restitution Form that can be submitted for consideration of payment. Claims are generally limited to \$1,000.00 for damages. Please be advised that cash and other non-traceable information that are stolen may not be approved by the fund. We ask that special care and diligence in securing these items are put in effect. If a child damages your home, your case manager should be contacted immediately, and an incident report completed. State Institution Claim Form
[http://myfloridalegal.com/webfiles.nsf/WF/RMAS-97RKPT/\\$file/402-Claim-Form.pdf](http://myfloridalegal.com/webfiles.nsf/WF/RMAS-97RKPT/$file/402-Claim-Form.pdf)

Media

Reporters

You must contact your Family development/Licensing Specialist to determine if you can allow the reporter access to the child. Also include the child's case manager and supervisor for input to determine if an interview with the child is appropriate. Foster parents may not give permission for a child to be interviewed. Their names, identifying information, photographs, and background histories are not to be shared. Children's Network may give permission for children for whom parental rights have been terminated. Foster parents have a right to be interviewed and photographed by the media. You must be very careful

to guard the identity and confidentiality of any child in your care.

You have the right to terminate the interview at any time if you are uncomfortable with any questions you are asked.



RESOURCES

COMMON ACRONYMS USED IN FOSTER CARE

ADJ	Adjudication
ADS	Affidavit of Diligent Search
APPLA	Another Permanent Planned Living Arrangement
AR	Abuse Report
ASFA	Adoptions and Safe Families Act
CBC	Community Based Care
CBHA	Comprehensive Behavioral Health Assessment
CFOP	Children and Families Operating Procedures
CLS	Children's Legal Services
CM	Case Manager
CMO	Case Management Organization
CMS	Children's Medical Services
CPI	Child Protective Investigator
CPT	Child Protection Team
CSU	Crisis Stabilization Unit
DCF	Department of Children and Families
DD	Developmental Disabilities
DJJ	Department of Juvenile Justice
EFC	Extended Foster Care
EH	Environmental Home Inspection
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
FAC,	Rule Florida Administrative Code
FAHIS	Florida Abuse Hotline Information System
FAST	Foster Allegations Support Team
FDLE	Florida Department of Law Enforcement
FDS/LC	Family Development Specialist/Licensing Counselor
FSFN	Florida Safe Family Network
FSW	Family Support Worker
FTF	Face-to-face
GAL	Guardian Ad Litem
ICPC	Interstate Compact on the Placement of Children
ILP	Independent Living Program
JAC	Juvenile Assessment Center
JR/JRSSR	Judicial Review Social Study Report
HLOC	Higher Level of Care
MDT	Multidisciplinary Team
OCS	Out of County Services
OOHC	Out-of-Home/Out-of-home Care
SIPP	Residential Placement

Agencies Offices and On-Call After Hours Contact Information

The below contact are to assist our families in the event you need to reach someone from our Case Management Organizations after hours-

Lutheran Services Case Management: 4150 Ford Street Ext. Fort Myers FL (Lee County)- (239) 461-7640

Lutheran Services ON CALL 5pm-8am Monday-Friday, and always on weekends, and Holidays-(239) 989-2927

Camelot North Case Management: 19621 Cochran Blvd, Port Charlotte, FL (Charlotte County)- (941) 613-3870

Camelot North ON CALL 5pm-8am Monday-Friday, and always on weekends, and Holidays-(239) 940-1943

Camelot South Case Management: 2606 Horseshoe Drive, Naples, FL (Collier County)- (239) 213-4100

Camelot South Case Management: 750 South 5th Street, Immokalee, FL (Collier County)- (239) 657-281

Camelot South Case Management: 825 E. Cowboy Way, LaBelle, FL (Hendry/Glades County)- (863) 675-3549

Camelot South ON CALL 5pm-8am Monday-Friday, and always on weekends, and Holidays-(239) 464-0128 (Naples) (239) 940-6069 (Immokalee/LaBelle)

Children's Network Case Management: 4150 Ford Street Ext. Fort Myers FL (Lee County)- (239) 461-7640

Children's Network Case Management: 2232 Altamont Avenue, Fort Myers FL (Lee County) (239) 226-1524

Children's Network Case Management: 2503 Del Prado Blvd. 3rd Floor, Cape Coral FL (Lee County) -(239) (239) 242-5999

Children's Network Case Management: 21175 Olean Blvd, Port Charlotte, FL (Charlotte County)- (941) 613-3870

Children's Network ON CALL 5pm-8am Monday-Friday, and always on weekends, and Holidays-(239) 980-1562

Specialty Position	CWCM Duties Performed
Nurse Care Coordinator (239) 425-6336	<p>The nurses assist with facilitating medical and dental continuity of care for children in out of home care. Assisting with finding medical and dental specialists, obtaining medical records, prescription issues, finding resources, and educating caregivers. They assist with the medical neglect cases, as shorten the time frames that these children get medical attention.</p>
Child Health Care Coordinator (239) 461-8962	<p>This position is responsible for overseeing that children remain covered by Medicaid and assists in the day to day issues of coverages. Having access to the Medicaid system and having built relationships within the insurance companies that service our area, this position is able to address insurance matters quickly. This position also assists with pharmacy issues, locating primary care providers and switching a child's insurance if necessary.</p>
Child Benefits Coordinator (239) 461-8953	<p>This position is the point of contact for Social Security disability and survivor benefits, as well as, Master Trust coordination. They work closely with the case managers, GALs, and caregivers to guide them through withdrawal requests, fee waivers, and expenditure of children's master trusts appropriately, in accordance to Social Security rules or regulations.</p>
Psychotropic Medication Specialist (239) 242-5974	<p>This position reviews all children newly placed in out of home care to see if the child is currently taking psychotropic medication. If so, the staff coordinates a medication management appointment with the parent to get a medical report from the doctor and signed consent from the parent. If consent is not possible the staff gathers the information necessary to facilitate a court order.</p>
Behavioral Health Coordinator/Clinical Services Specialist (239) 226-2905	<p>These positions provide support for Case Managers who need direction or assistance in overcoming barriers to children on their case load who need mental health services.</p>



CREATING A LIFEBOOK

Material to put in a Life Book may include:

- Birth certificate
- Weight, height, special medical information
- Picture of the hospital
- Child's Family Information
- Pictures of child's family
- Names, birth dates of parents
- Genogram (a visual map displaying family history and patterns)
- Names, birth dates of siblings, and where they are
- Physical description of parents, especially pictures of parents and siblings
- Occupational/educational information about birth parents
- Information about extended family member
- Placement Information
- Pictures of foster family or families
- List of Resource Homes (name, location of Resource Homes)
- Names of other children in Resource Homes to whom child was especially close
- Names of caseworkers
- Pictures of caseworkers to whom child was especially close Maryland Resource Parent Manual Medical Information
- List of clinics, hospitals etc., where child received care (surgery, etc.)
- Immunization record
- Medical information that might be needed by the child when growing up, or as an adult
- Height/weight changes
- Loss of teeth
- First words, first steps, etc.
- Names of schools • Pictures of schools, friends, and teachers
- Report cards, school activities Religious Information
- Places of worship child attended
- Confirmation, baptism, and other similar records, papers and other material from Sunday School
- Pictures of child at different stages of development
- Stories about the child from parents, Resource parents, and caseworkers
- Accomplishments, awards, special skills, likes and dislikes Although it is best to start collecting information when the child is first placed, it is never too late

Sunshine Health Key Contacts and Important Phone Numbers

Sunshine Health provides a 24-hour help line to respond to requests for prior authorization. In addition, Sunshine Health staff is available Monday through Friday from 8 a.m. to 8 p.m. Eastern to answer provider questions and respond to provider complaints, emergencies and notifications. After regular business hours, the provider services line is answered by an automated system. The line can provide callers with information about operating hours and instructions on how to verify enrollment for a member with an emergency or urgent medical condition. The Sunshine Health MMA, SMI, LTC and CWSP Provider Manual 10 © 2024 Sunshine Health SH_7578 requirement that Sunshine Health provides information to providers about how to verify enrollment shall not be construed to mean that the provider must obtain verification before providing emergency services and care.

The following are key services that you may have questions about and the phone number and website for that service:

Service Phone Number Provider Services 1-844-477-8313

Medical or behavioral health authorizations 1-844-477-8313

Formulary or prior authorization questions 1-866-399-0928

Acaria Health Specialty Pharmacy 1-855-535-1815

Advanced imaging 1-866-214-2569

Arranging covered transportation for Medicaid and Child Welfare Specialty Plan members 1-877-659-8420

Arranging covered transportation for Serious Mental Illness members 1-877-659-8412

Arranging covered transportation for Long Term Care and Comprehensive Long-Term Care members <https://www.sunshinehealth.com/members/medicaid/benefits-services/member-services.html>

LOCAL AGENCY NUMBERS

WIC Program: <https://www.floridahealth.gov/programs-and-services/wic/wic-program-info.html>

Abuse Hotline: 1-800-962-2873

Local School ESSA Contacts: Renee Rebhan Homeless Education & Foster Care Liaison 941-255-7480 ext. 35 renee.rebhan@yourcharlotteschools.net/Hemlal Kafle District Liaison for Homeless Education & Foster Care Exceptional Education & Student Support Services 239-377-0544 kafleh@collierschools.com/Vivian Bennett Director, Exceptional Student Education 863-946-3798 vivian.bennett@glades-schools.org/Dr. Angie Staley Director of Exceptional Student Education & Student Services 863-674-4164 staleya@hendry-schools.net/Scott Hollenbeck School Social Worker & Foster Care Liaison Office: 239-337-8522 Cell: 239-888-4163 scotth@leeschools.net

United Way:

211 is a United Way program that provides free information and referral to human/social service agencies within Lee, Hendry, Glades and Okeechobee Counties.

<http://www.211.org>

Local Health Departments:

Florida Department of Health in Collier County-3339 Tamiami Trl E Ste 145

Naples, FL 34112-5361

Phone: [\(239\) 252-8200](tel:(239)252-8200)

Florida Department of Health in Charlotte County-1100 Loveland Blvd

Port Charlotte, FL 33980-1802

Phone: [\(941\) 624-7200](tel:(941)624-7200)

Florida Department of Health in Lee County-2295 Victoria Ave Ste 206

Fort Myers, FL 33901-3866

Phone: [\(239\) 332-9501](tel:(239)332-9501)

Glades County Health Department-PO BOX 489

Moore Haven, FL 33471-6206

Phone: [\(863\) 946-0707](tel:(863)946-0707)

Hendry County Health Department-PO BOX 70

Labelle, FL 33975-0070

Phone: [\(863\) 674-4041](tel:(863)674-4041)