

SHAPING OUR FUTURE TOGETHER



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I. WELCOME

EVERY FAMILY HAS A STORY... WELCOME TO OURS

Dear Wake County Health & Human Services [WCHHS] Child Welfare Foster Parent(s)!

Welcome and congratulations!! You have opened your homes and hearts to love, care for and nurture children in the legal custody of WCHHS. For this, we thank you and stand ready to support you. Fostering is a monumental decision yet you didn't allow the immense amount of paperwork or the unimaginable number of tasks to get in the way of you making it. We commend you for staying the course!

The decision to become foster parents to children that have unfortunately endured trauma and difficult transitions can be an overwhelming yet joyful experience. By venturing on this journey, you have committed to being the loving, nurturing, and supportive person(s) in their lives helping them through their traumatic experience. We look forward to partnering with you to provide care to Wake County's vulnerable children and youth.

Just like your Recruitment & Training/Licensing Team, WCHHS has an ongoing Licensing Team to support you along your journey. Your assigned licensing support staff will be able to answer any questions you have, work with you to create individualized plans to help you maintain your licensure, develop/enhance your parenting skill set, provide training and resources, and most importantly, ensure the safety and well-being of the children in your care.

WCHHS created this handbook as a resource to assist you as you prepare to meet the rewards and challenges of caring for the needs of a foster child(ren). It serves as your first resource for any questions or concerns you may have. In addition, it contains practical information on topics such as healthcare, reasons children come into foster care, how the juvenile court system works, and many other helpful essentials. Other sections in the manual discuss ways your family can welcome a new child(ren) into your home, improve your knowledge of appropriate discipline techniques, successfully navigate and participate in child/parent visits, and more.

We emphasize throughout the manual the importance of a working partnership between you, as the caregiver of a child(ren) in foster care, the child's assigned case manager, your Resource Development case manager, and the child's birth parents, when appropriate. By working together, we can help the child(ren) in your care achieve permanency for a lifetime of happiness and continued growth.

Thank you for joining Team Wake!

Sincerely,



Sheila Donaldson
Child Welfare Co-Director
Prevention, Placement & Permanency Planning



Shanta Nowell
Child Welfare Co-Director
Child Protective & In-Home Services

THE BASIC RIGHTS OF ALL CHILDREN*



- The right to a permanent family that offers a loving, stable, protective environment provided by nurturing, caring adults.
- The right to an adequate standard of living.
- The right to adequate health and medical care.
- The right to the promotion of health and wholesome recreation.
- The right to safe and adequate housing.
- The right to an education that provides preparation for living and earning.
- The right to be a unique person and be protected from the violation of those individual preferences.
- The right to opportunities to prepare for the obligations and responsibilities of parenthood, family life, and citizenship.
- The right to be protected against all forms of neglect, cruelty, abuse, and exploitation.
- The right to maintain meaningful family relationships during and beyond childhood.
- The right to maintain relationships with people who are important to them.

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10A NCAC 70E .1101 CLIENT RIGHTS AND CARE OF CHILDREN

The foster parents shall ensure that each foster child:

1. has clothing to wear that is appropriate to the weather;
2. is allowed to have personal property;
3. is encouraged to express opinions on issues concerning care;
4. is provided care in a manner that recognizes variations in cultural values and traditions;
5. is provided the opportunity for spiritual development and is not denied the right to practice religious beliefs;
6. is not identified in connection with the supervising agency in any way that would bring the child or the child's family embarrassment;
7. is not forced to acknowledge dependency on or gratitude to the foster parents;
8. is encouraged to contact and have telephone conversations with family members, when not contraindicated in the child's visitation and contact plan;
9. is provided training and discipline that is appropriate for the child's age, intelligence, emotional makeup, and experience;
10. is not subjected to cruel or abusive punishment;
11. is not subjected to corporal punishment;
12. is not deprived of a meal or contacts with family for punishment or placed in isolation time-out except when isolation time-out means the removal of a child to an unlocked room or area from which the child is not physically prevented from leaving. The foster parent may use isolation time-out as a behavioral control measure when the foster parent provides it within hearing distance of a foster parent. The length of time alone shall be appropriate to the child's age and development;
13. is not subjected to verbal abuse, threats, or humiliating remarks about himself/herself or his/her families;
14. is provided a daily routine in the home that promotes a positive mental health environment and provides an opportunity for normal activities with time for rest and play;
15. is provided training in good health habits, including proper eating, frequent bathing, and good grooming. Each child shall be provided food with nutritional

content for normal growth and health. Any diets prescribed by a licensed medical provider shall be provided;

16. is provided medical care in accordance with the enhanced schedule for care;
17. of mandatory school age maintains regular school attendance unless the child has been excused by the authorities;
18. is encouraged to participate in neighborhood and group activities, have friends visit the home and visit in the homes of friends;
19. assumes responsibility for himself/herself and household duties in accordance with his/her age, health, and ability. Household tasks shall not interfere with school, sleep, or study periods;
20. is provided opportunities to participate in recreational activities;
21. is not permitted to do any task which is in violation of child labor laws or not appropriate for a child of that age;
22. is provided supervision in accordance with the child's age, intelligence, emotional makeup, and experience; and
23. if less than eight years of age and weighs less than 80 pounds is properly secured in a child passenger restraint system that is approved and installed in a manner authorized by the Commissioner of Motor Vehicles;

Foster parents shall initially and at re-licensure sign a Discipline Agreement that specifically acknowledges their agreement as specified in Subparagraphs (a)(9), (10), (11), (12), and (13) of this Rule, as well as discipline requirements outlined in the out-of-home family services agreement or person-centered plan. The foster parents and the supervising agency shall retain copies of these agreements.

History Note: Authority G.S. 131D-10.1; 131D-10.3; 131D-10.5; 143B-153;

Eff. September 1, 2007.

MY RIGHTS AS A NORTH CAROLINA FOSTER PARENT

1. INFORMATION ABOUT THE CHILD

I have the right to:

- know all relevant information about the child I am asked to keep.
- be informed of any known medical or psychological conditions that the child may have, and any dangerous propensities on the part of the child that could harm my family, my property, or me.
- be provided with a specific description of what is expected of me, by the Department of Human Services, in caring for the child.
- decline a foster care placement.
- receive partnership with the Department of Human Services, especially regarding routine appointments, visits from the Social Worker, and regularly scheduled visits with birth families.
- be involved as a team member in important decisions regarding the child.
- have support from the Social Worker in meeting the needs of the child by provision of the following:
 - receiving pertinent information regarding the child and his/her family.
 - receiving information regarding available resources for meeting the child's special needs.
- reimbursement for the costs of the child's care, according to the rates established by the Department of Human Services

2. RELATIONSHIP WITH THE AGENCY

I have the right to:

- continue my own family patterns and routines.
- have the opportunity to improve my skills through training sessions.
- receive honest, clear, and direct communication from the Department of Human Services.

3. RIGHTS OF BIRTH FAMILIES

Birth parents of a child in foster care have the following rights:

- The right to all parental rights, unless specifically limited through court proceedings.
- The right to be involved in the planning for their child, and to be consulted whenever a change in the plan is being considered.
- The right to know what Wake County Human Services expects them to do before the child is returned home.
- The right to visit the child at the times and places agreed upon with the foster parents and social worker.
- The right to be provided information regarding the child's health, development, progress in school, and behavior while in foster care. Unless there is a specific court order or termination of parental rights, birth parent consent or a court order is needed for treatment or medication related to medical and mental health care. Child welfare can provide consent for routine medical and dental care or

treatment, emergency medical, surgical, psychiatric, psychological, or mental health care or treatment, and testing and evaluation in urgent circumstances.

- The right to have the child receive religious training if required.
- The right to be notified as soon as possible of any serious medical emergency.
- The right to receive notice of and to attend any court action held about the child, or about their parental rights.

4. LEGAL PROCEEDINGS

I have the right to:

- be informed by the Clerk of Court of periodic reviews of my foster child's juvenile case, at least 15 days before each review.
- present, during the reviews, any information that I feel is relevant to the placement and to the child's best interests, so that the court may use that information in forming its opinion.
- be notified by DHS of any agency review team meetings, and to be given the opportunity to attend such agency reviews.
- be notified of and attend the reviews of the adoption plan for my foster child, which follow termination of parental rights or adoption release, and are held every six months. I should be notified of such reviews no more than 30 days and no less than 15 days prior to each review.

5. TERMINATION OF PARENTAL RIGHTS AND ADOPTION

I have the right to:

- petition for termination of parental rights if the child has resided with me for a continuous period of two years or more before I file the petition, or if I have filed a petition to adopt.
- file an adoption petition before the Clerk of Superior Court even if DHS does not support the decision, and even though I signed a foster home agreement which stated I would not seek to adopt the child without DHS consent.

6. ADOPTION ASSISTANCE

I have the right to:

- be informed of my foster child's eligibility for adoption assistance, based on the special needs of the child, if I am to adopt my foster child.





II. BECOMING A FOSTER PARENT

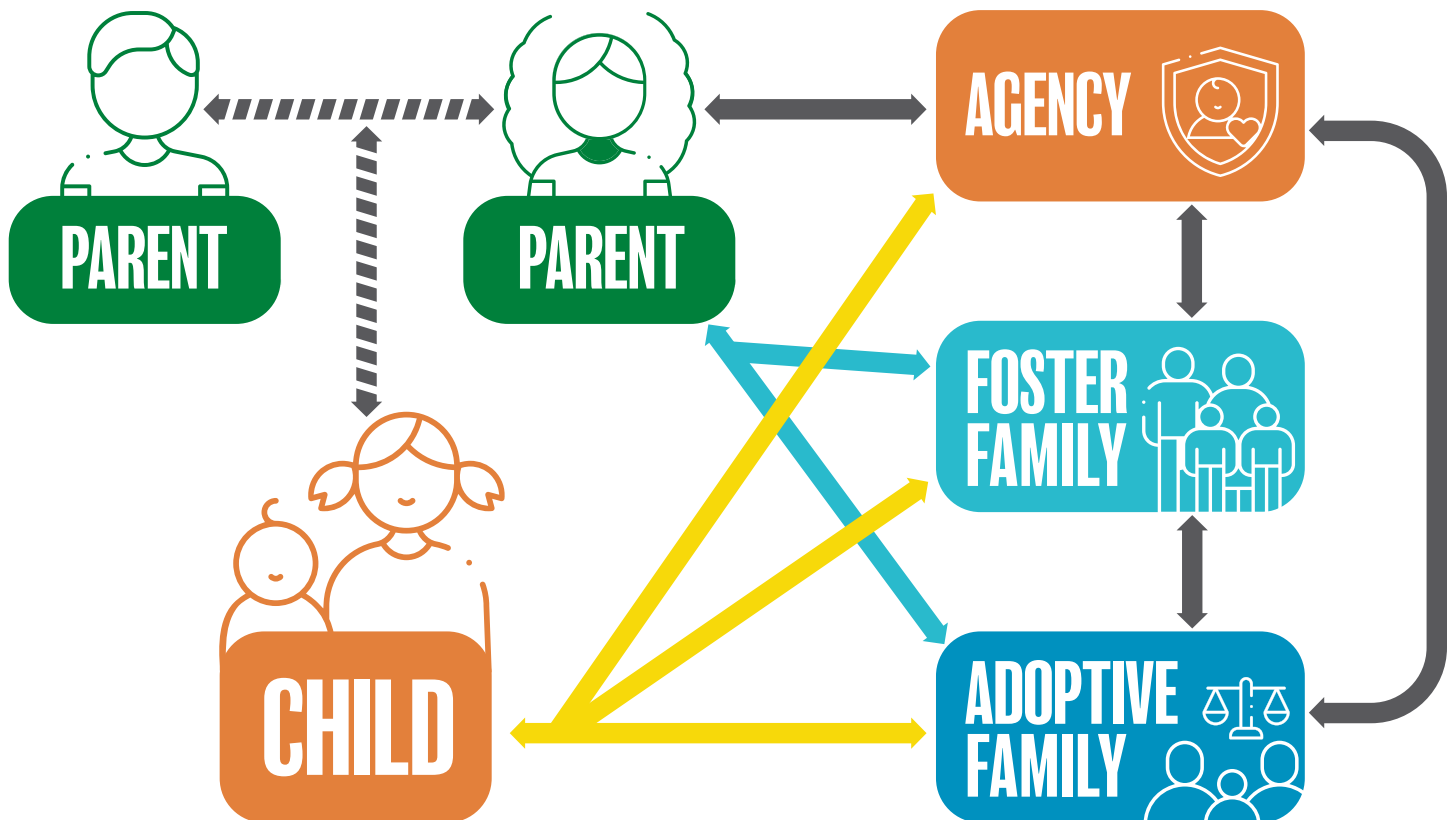
THE GOAL OF FOSTER CARE: FAMILY REUNIFICATION

The primary purpose of foster care is to provide a safe, healthy home in a family setting for a child who must be separated from his/her birth or legal parents. Foster care is designed to be temporary. While children are living in a foster home, a variety of services are offered to the parents of the children to alleviate safety concerns, with the main objective of resolving the issues that led to the child(ren) coming into foster care.

The primary goal of foster care is to work toward birth family reunification and the concurrent plan of establishing permanency for the child. For many children, that will mean returning home to their families. If that's not possible, other long-term plans may be pursued such as custody, guardianship, or adoption.

Foster parents and the agency have the task of working together as a team to meet the needs of the children and their families. Foster parents have the very difficult task of opening their homes and hearts to children in crisis, caring for those children day in and day out, and helping these children move on to permanent homes.

the alliance model of child welfare practice



FOSTER HOME LICENSING AND PLACEMENT

Foster home licenses are issued by the North Carolina Division of Social Services upon recommendation from the county Department of Social Services.

Please remember that fostering is about providing a home to children versus finding a child for your home. As a foster parent, you've volunteered to help if and when needed. While we know that minority children are over-represented in the foster care system, as are school age children and teens, we are unable to predict specific demographics of children needing placement.

STATE OF NORTH CAROLINA STANDARDS FOR LICENSING

a. CRITERIA FOR THE CARE OF CHILDREN IN FOSTER CARE

1. The foster family shall help every child to feel accepted and to develop the conviction that he or she is a worthwhile person. Experiences of play, learning or group activities must be tailored especially for each child. The child shall have objective evidence that he or she is valued as an individual with special circumstances and special needs.
2. The foster family shall give every child the opportunity to express feelings about the past and present situation.
3. Foster parents shall keep all information regarding the child confidential except when information is being shared with team members involved with the child's case.
4. Foster parents shall encourage every child to maintain close relationships with natural family when the responsible agency feels this is in the best interest of the child and appropriate with the permanent plan for the child.
5. Child training and discipline shall be handled by foster parents with kindness and understanding and must be appropriate for the child's age, intelligence, emotional makeup, and past experiences. Physical punishment or consequences designed to shame, degrade, or humiliate or frighten the child will not be used.
6. The daily routine in the foster home shall be such as to promote good mental health and provide an opportunity for enriching activities with time for rest and play.
7. Foster parents shall give each child training in good health habits, including proper eating, frequent bathing, and good grooming. The foster child shall be provided food with appropriate nutritional content for normal growth and health. Any special diets recommended by a physician must be provided to the foster child.
8. Foster parents shall be alert to each child's medical needs and shall adhere to treatment prescribed for the child.
9. In case of sickness or accident, the foster parents shall promptly seek medical treatment and notify the agency (Wake County Human Services) responsible for the care of the child.
10. Foster parents shall see that every child of mandatory school age maintains regular school attendance unless the child has been officially excused by the proper authorities.
11. Foster parents shall give every child the opportunity for normal social relationships

and shall encourage the child to participate in neighborhood and group activities, such as 4-H Clubs, Boy Scouts, school clubs, etc.



12. Foster parents shall give every child the opportunity to assume some responsibility for himself and the household duties in accordance with his age, health, and ability. Household tasks shall not interfere with school, sleep, play or study periods.
13. Foster parents shall permit no child to do any task which is in violation of child labor laws, or not appropriate for a child of that age.
14. Foster parents shall provide supervision for foster children in accordance with each child's age, intelligence, emotional makeup, and past experiences.
15. Every foster parent transporting a child of less than eight years of age or 80lbs, shall have such child properly secured in a child passenger restraint system which is of a type and which is installed in a manner approved by the Commissioner of Motor Vehicles.

2. CAPACITY OF A FOSTER HOME

A family foster home is a place of residence of a family, person, or persons who are licensed to provide full-time foster care to children under the supervision of a county department of social services or a licensed private agency. The following regulations regarding capacity must be met.

- a. No more than five children may be provided care in any foster home at any given time. These five children shall include the foster parents' own children, children placed for foster care, daycare children, or any other children in the home (including periodic babysitting).
- b. No more than five children placed for foster care shall reside in a family foster home at any one time.
- c. Members of the birth family 18 years old and over are not included in the capacity count of children, but physical accommodations in the home must be adequate.

3. FOSTER HOME LAYOUT, BEDROOMS AND SLEEPING ARRANGEMENTS

10A NCAC 70E .1111

- a. Each home shall have a family room to meet the needs of the family including children placed for foster care.
- b. The kitchen shall be large enough for preparation of food and cleaning of dishes. Each home shall have an operable stove and refrigerator as well as dining area large enough to accommodate the family including children placed for foster care.
- c. Bedrooms shall be identified on a floor plan as bedrooms and shall not serve dual functions.
- d. Children shall not be permitted to sleep in an unfinished basement or in an unfinished attic.
- e. Each child shall have his/her own bed. Each bed shall be provided with a supported mattress, two sheets, blanket, bedspread, and be of size to accommodate the child. No day bed, convertible sofa, or other bedding of a temporary nature shall be used for the exclusive sleeping area of the child.

The sleeping room shall not be shared by children of the opposite sex except by children age five and under. The sleeping arrangements shall provide space within the bedroom for the bed and the child's personal possessions. When children share a bedroom, a child under 6 shall not share a room with a child over 12, except when siblings are placed together. No more than four children shall share a room.

- f. Separate and accessible drawer space and closet space for personal belongings and clothing shall be available for each child.
- g. The home shall have indoor, operable sanitary toilet, handwashing, and bathing facilities. Homes shall be designed in a manner that will provide children privacy while bathing, dressing, and using toilet facilities.

History Note: Authority G.S. 131D-10.1; 131D-10.3; 131D-10.5; 143B-153;

Eff. September 1, 2007.

Special note: No child two years of age or older shall share a bedroom with an adult except under special circumstances and with prior approval from Children's Services Branch, Foster Care Standards.

4. DAYCARE AND BABYSITTING SERVICES PROVIDED BY FOSTER PARENTS

With prior approval from the agency, a licensed foster parent may offer licensed daycare from the foster home or provide periodic babysitting services under the following conditions:

- 1. The foster home is not overcrowded according to the definition of capacity for family foster homes (5 children maximum under 18). The in-home daycare (number specified on the in-home daycare license) must be counted in the total capacity for the foster home.
- 2. 10A NCAC 70E .1106, Change # 01-2014: May 1, 2014
- 3. The foster parents continue to meet the criteria for the care of foster children.

If a licensed foster parent operates or plans to operate a daycare center, the following criteria must be met:

- 1. The foster family living quarters cannot be part of the daycare operation.
- 2. There must be a separate entrance to the daycare operation.
- 3. Adequate staff in addition to the foster parents must be available to provide care for the daycare children.
- 4. The foster parent must continue to meet the criteria for the care of foster children.

**YOU ARE NEVER
ALONE ON THIS
JOURNEY.**



5. FIRE DEPARTMENT INSPECTIONS



All foster homes must be inspected by the fire department. The fire safety requirements developed by the North Carolina Fire Marshal's Association for foster homes are:

FIRE EXTINGUISHER: The fire extinguisher for the residence should be at least 5 pounds and an "ABC" type or larger with a rating not less than 1A. It must be rechargeable and carry the Underwriters Laboratories seal of acceptance. The fire extinguisher must be checked annually and at the time of the fire safety inspection. The extinguisher must be mounted in an accessible location in the residence. It is recommended that the extinguisher be mounted in the kitchen area since the frequency of kitchen fires is higher than in any other area of the home.

EXTENSION CORDS: The use of drop cords and extension cords must be limited to temporary utilization on appliances and equipment. Only the use of extender cords designed for the specific appliance will be accepted. All cords must be UL approved according to its label.

Extension cords are acceptable for use on vacuum cleaners, sweepers, and other household appliances that are designed for temporary use at one time or another.

FIRE EVACUATION PLAN: The fire evacuation plan must be posted in a location obvious to all residents of the house, as well as guests. It is recommended that the evacuation plan be posted next to the phone or on the bulletin board.

The evacuation plan must include the following information:

1. Emergency contacts and/or 911.
2. At least two separate ways out of the house by the safest means.
3. A designated meeting place outside of the house for all residents.

This plan should be practiced at least twice a year by the occupants of the house so that they will be familiar with the procedures involved.

**YOU MIGHT BE TEMPORARY IN THEIR LIVES;
THEY MIGHT BE TEMPORARY IN YOURS.
BUT THERE IS NOTHING TEMPORARY ABOUT
THE LOVE OR THE LESSON.**

TELEPHONE: All foster homes must have a working telephone that remains in the home. Emergency numbers must be posted in an obvious and accessible location.

SMOKE DETECTORS: There must be one smoke detector for each floor or living area as well as a smoke detector outside the bedrooms (or in each bedroom, depending on the age of the home). The detector should be mounted on the ceiling of the residence and free in all directions from lights and ceiling openings. A distance of three feet should be maintained from attic stairwells and ceiling-mounted air return units. The local inspector will be able to assist the occupant of the house with the correct location of the detector. All battery-powered detectors should have the battery charged at least annually or as the manufacturer's recommendations call for. The detector should be marked with a pencil or other erasable marker as to the date of battery change. A smoke detector should be checked at least monthly by using the test button or other means. The local inspector can assist in demonstrating the testing process.

A working smoke alarm in the residence must comply with the following:

- Houses built prior to 1976 must have a battery or electric smoke alarm installed (within ten feet) outside each sleeping area.
- Houses built between 1976 – June 30, 1999 must have electric smoke alarms placed (within ten feet) outside sleeping areas as required by the code in effect at construction time.
- Houses built after June 30, 1999 must have smoke alarms in every sleeping room (within ten feet) outside bedrooms and other areas interconnected as required in the North Carolina Building Code.

CARBON MONOXIDE (CO) DETECTORS shall be installed in homes that use fuel oil products, coal, wood, or gas to heat, cool, cook, and/or operate a hot water heater or gas logs. All-electric homes are the only residences that do not need a carbon monoxide detector.

Make sure the family understands that CO has no smell and is invisible. Press the appropriate button on the carbon monoxide detector to ensure it is functioning properly.

10A NCAC 70E .1108, Change # 01-2014: May 1, 2014

DOORS AND WINDOWS: Doors and windows must open properly and with little effort. This is mandatory for any window or door that will be used as an escape route from the house. Decorative ironwork and/or security bars are not allowed. Double-key deadbolt locks cannot be used on doors that lead in and out of the house.

CHEMICALS/FLAMMABLES: The storage of chemicals and flammables must be done in a safe and proper manner. Gasoline and other flammables must be stored away from electrical equipment and pilot lights. It is recommended that a separate storage area be utilized for the storage of gasoline, etc.

SOURCE OF HEAT:

a. PRIMARY SOURCE OF HEAT

The primary source of heat must conform to state and local codes and ordinances. Homes must have heating/AC or ventilation capacity to maintain a temperature range between 65 – 85 degrees as verified by the thermostat.

b. SECONDARY SOURCE OF HEAT

The manufacturer's guidelines for portable/space heaters must be followed. These units must be used only in living areas and must be extinguished at bedtime and unplugged.

RE-LICENSURE

Foster care licenses are granted for a two-year period. At re-licensure, there must be an assessment of your foster care experiences and a review of your 12 Skills of Successful Fostering. At this time, you will meet with your Licensing Social Worker to discuss your progress or areas of concern. This discussion should help you to recognize your strengths and needs. Utilize this time to honestly evaluate your experiences and constructively discuss problem areas. Other items needed for re-licensure include:

- A new fire safety inspection.
- An updated environmental checklist (completed by Licensing Social Worker).
- Physicals for all members of the household, except foster children.
- TB skin tests or chest x-rays are required at re-licensure if any family member has had a positive reaction to the TB test in the past.
- 20 hours of training completed per foster parent (10 hours per year x 2 years).
- Re-licensure application (completed by Licensing Social Worker, foster parents must sign).

Materials for re-licensure are due 90 days prior to the date the license expires. If the license expires because a foster parent does not submit all necessary forms, the board payment may be ended until all re-licensing materials can be sent to the State Office. Children in foster care are not permitted to reside in unlicensed foster homes, as these homes are deemed illegal; therefore, a foster child may be removed from the home unless a court order specifies that the child may remain in an unlicensed hom



A. TRAINING FOR FOSTER PARENTS

Wake County Department of Human Services sponsors regular in-service training for foster parents. Each foster parent must complete 20 hours of in-service training including CPR and Car Seat & Medication Management training before the expiration of their license. Failure to complete the 20 hours can result in the termination of your license. Please pursue training opportunities throughout the 2-year period rather than wait until your license is about to expire.

B. IF YOU MOVE TO A NEW HOME WHILE FOSTERING

Please let your Licensing Social Worker know in advance when you are planning a change of address. Please consult your licensing worker prior to the move to determine any barriers to maintaining your foster home license – e.g., water hazards. The home must have adequate bedroom space for household members, pass an environmental inspection and have a fire inspection completed.

C. CLOSING A FOSTER HOME

Foster homes may be closed at the request of the foster parent. They may also be closed if Wake County Human Services feels as if the foster parents have not provided a safe or appropriate home for a child in care. If Wake County Human Services should make the decision to close your foster home, you are entitled to be notified in writing. If a foster home has a CPS investigation resulting in a substantiation, the home may be closed; it is up to the discretion of the State Office whether to terminate the license.

D. AUTOMOBILE LIABILITY INSURANCE

As with all North Carolina drivers, foster parents who drive must carry automobile liability insurance. The county recommends coverage of \$50,000 per person, \$100,000 per accident, and \$50,000 for property damage. The requirement to carry automobile insurance is part of the Agency-Foster Parent Agreement Form signed by all foster parents.

E. CHANGES AFFECTING YOUR LICENSE

It is the foster parents' responsibility to keep their Licensing Social Worker informed of any changes in the foster home/household, such as but not limited to:

- New sleeping arrangements.
- Alteration of the physical structure of your home, to make sure that building codes are met, including fire protection with an alarm system.
- Changes in family composition.
- When someone moves in or out of your household (e.g., relatives, boarders, children).
- Frequent visitors and significant others (boyfriend, girlfriend, partner) who stay overnight.
- Changes in employment or income. *Note – The foster family should have a stable income sufficient for their needs without dependency upon board reimbursements. The supervising agency shall discuss the family's income and expenditures and shall document on each licensing application/reapplication that this standard is met. Unemployment, food stamps, Work-first, Section 8, or other public assistance will not be considered as income as these are temporary forms of assistance. Child support will not be considered as income. *
- Changes in contact information including email address, home, cell, or work telephone numbers.
- Any special problems (physical or emotional) your family is experiencing.

III. TEAMWORK



F. THE WAKE COUNTY DEPARTMENT OF HUMAN SERVICES

1. OUR PURPOSE

Wake County Human Services delivers an array of Federal and State mandated programs that provide both economic assistance and social services to the citizens of Wake County. Economic assistance includes direct financial aid for emergency situations, purchase of medical care and food assistance as well as ongoing assistance for certain categorical groups such as families with dependent children and elderly in group care. The social services include:

- protective service programs for both children and infirmed and aged adults
- substitute care programs for children and adults unable to live in their own homes
- adjustment services for families and individuals with psycho/social problems
- in-home services to families in crises; employment and other rehabilitative services
- support services such as child daycare
- licensing activities of substitute care facilities.

The Federal, State, and County governments are involved in financing and administering the social service program under Federal and State laws and regulations.

2. WHO'S WHO AT WAKE COUNTY HUMAN SERVICES

As a foster parent, you will be collaborating with Social Workers from several work units and programs. Work is geographically assigned based on geographic regions in the county.

DESCRIPTION OF CHILD WELFARE FUNCTIONS:

a. FOSTER FAMILY RESOURCE UNIT (FFRU)

This unit is responsible for recruiting, training, and working with foster, adoptive and kinship parents. These Social Workers will provide support, education, and ongoing monitoring of the home, per licensing standards.

b. PERMANENCY PLANNING

This staff focuses on foster care and permanency planning for children, between the ages of 0-21, who are in the legal and physical custody of the department. Permanency Planning provides placement, supervision, and treatment services for reunification and termination of parental rights.

c. LINKS TEAM

This staff provides permanency planning services for youth ages 13 and above. Special emphasis is placed on individual services to youth to ensure that they obtain educational goals and learn skills necessary for self-sufficiency. The LINKS Program (Independent Living Services) is facilitated through the Family and Adolescent Teams and provides a variety of skill development opportunities for youth, as well as training for the foster parents of teens. Aftercare, for youth that age out of foster care, is also provided by this unit.

The PRE-LINKS 4-H Club is a community youth club for foster kids aged 9-12. Within this club, youth

are encouraged to come and participate in all the traditional aspects of 4-H, which include activities around STEAM, leadership, service learning, agriculture, and livestock, just to name a few. The kids will have a place to engage in projects, presentations, and meetings to grow their communication and leadership skills. In addition, this club will provide foster kids with a space to be around other youth who have had similar life experiences and where they can forge friendships and relationships that improve morale and build resiliency. In this club, youth can explore topics of interest, have new experiences, and build lasting social connections. It also provides opportunities as youth progress through 4-H to become involved in local, state, and national opportunities of engagement. These include events such as Teen Retreat, Council, Citizenship Focus, and Congress. This is an agency sponsored initiative- Should this remain?

d. CHILD PROTECTIVE SERVICES INVESTIGATION (CPS)

This staff provides 24-hour intake, accepting information regarding abuse, neglect, or dependency of children. All calls that meet the legal definition of abuse, neglect, or dependency are screened and subsequently investigated.

e. CHILD PROTECTIVE SERVICES IN-HOME TREATMENT

Treatment staff provides ongoing protective services to children and families where abuse, neglect, or dependency has been substantiated (proven true) by an investigative unit. The focus of this unit is to provide services to the family to prevent maltreatment of the children from recurring.

f. ADOPTION RESOURCE TEAM (ART)

The Adoption Resource Team is responsible for adoption subsidies, Interstate Child Placement Compact (ICPC) placements, adoption home studies, filling adoption petitions, and completion. ART is also responsible for post-adoption services.

g. TRANSPORTATION UNIT

Transportation assistance may be available to transport children in foster care to and from visits.

h. MENTAL HEALTH SERVICES

Mental Health Services may be provided by private providers. For children over 4 years of age entering foster care in Wake County, a mental health assessment will occur through Hope Services, or a provider selected by the Wake County Foster Care Social Worker. Crisis intervention can be accessed through Wakebrook or Holly Hill in Wake County. Alliance Behavioral Healthcare can be reached for additional questions at (800) 510-9132. The agency will discuss with you the need for your child to be seen for Mental Health Services. A range of mental health services are available for children and their families including crisis intervention, psychiatric assessment and screening, therapy, in-home assistance, and medication follow-up. The agency will discuss the need for your child to be seen for Mental Health Services with you.

You as a Foster Parent will be critical to the process by reporting on specific behavior, observed problems, school performance, etc. It is important for foster parents to participate in appointments so that they can be given information about medication, behavior management, etc.

3. UNDERSTANDING ROLES

a. THE PERMANENCY SERVICES LICENSING SOCIAL WORKER (PLSW)

All foster homes have an assigned Permanency Services Licensing Social Worker. This worker supervises your home and provides guidance, as well as relicenses your foster home every two years. This Social Worker will visit you quarterly (every three months) at a minimum. Depending on your needs your PLSW may visit your home more frequently. Some of these visits will be unannounced. Your PLSW is available to help you answer questions and to support you during the placement. The PLSW will also be your advocate for the agency and the community, as well as a resource for you as a parent.

b. THE PERMANENCY SERVICES FOSTER CARE SOCIAL WORKER (PFCSW)

The Social Worker is responsible for making permanent plans for the child and will work with the child, birth parents, and foster parents. The child's Social Worker should have contact with the child monthly, at minimum. You should always keep the worker informed about all aspects of a child's adjustment and growth, such as school progress, medical needs, and any behavioral problems or concerns.

The Social Worker will talk to you about the child during home visits and will also want to speak with the child alone. The worker's relationship with the child is often established during this time together. It is important for the child and worker to get to know each other and for the child to trust the worker.

****Do not hesitate to call your child's Social Worker (PFCSW) and your Licensing Social Worker (PLSW) about a problem no matter how small you feel it may be. It's very important that we be made aware of problems as early as possible, so we may assist you before a crisis arises.**

c. VOLUNTEER GUARDIAN AD LITEM PROGRAM (GAL)

A GAL is a court-appointed advocate for children and youth who have been placed in Wake County Human Services' custody due to abuse or neglect. GALs are volunteers who participate in a training course and are supervised by a coordinator. GALs serve a critical function by reporting to the court if reasonable efforts were made to avoid foster care placement, and to reunify children with their families. GALs are there to represent the child's interests separate from the interests of the family and the state. Dependency and delinquency cases traditionally do not have GALs, but one can be assigned with the court's authority.

The GAL is expected to continually monitor his/her case. There will be contact with the foster family to schedule times to see the child and to hear how the child is doing. The frequency of contact will vary depending upon the individual GAL.

d. DUTIES AND AUTHORITY OF A VOLUNTEER GUARDIAN AD LITEM (GAL)

In abuse, neglect, and dependency cases, the duties and responsibilities of the GALs and the attorney advocate are as follows:

- To investigate and determine the facts, the juvenile's needs, and the resources available to meet those needs. To facilitate, when appropriate, the settlement of disputed issues.
- To collect and present to the court all available reports, evaluations, and other information regarding the juvenile, and to appear on the juvenile's behalf at all court hearings.

- To protect and promote the juvenile's best interest.
- To appeal a court order when that is advisable.
- To petition to terminate the parental rights of the juvenile's parents, if appropriate.
- To participate in court reviews of the juvenile's placement, following termination of parental rights.
- To move to be relieved of the duties and the responsibilities imposed by statute, if he/she is unable for any reason to fully perform them.

The judge may authorize the GAL to demand the release of any information or reports, whether confidential, that in the GAL's opinion may be relevant to the case. The judge may also authorize the GAL to accompany the juvenile to court in any criminal action in which the juvenile may be called on to testify in a manner relating to abuse. The judge may order GAL to conduct a follow-up investigation to ensure that court orders are properly executed, and to report to the court when the juvenile's needs are not being met.

e. THE ROLE OF THE WAKE COUNTY HUMAN SERVICES ATTORNEY

The attorneys who represent Wake County Human Services are employed by the County Attorney's Office and are assigned to represent Wake County Human Services. They are responsible for the following: consultation with Social Workers and supervisors in helping to decide when a juvenile petition should be filed, answering any legal questions that Wake County Human Services may have, training staff on legal matters, and representing Wake County Human Services in all court hearings (including handling all adjudications). They also prepare the orders from all hearings and occasionally speak to various groups such as foster parents and GALs.

f. THE ROLE OF THE PARENTS' ATTORNEY

The role of the attorney representing parents in Juvenile Court cases is to protect and promote the integrity of the family unit by advocating for services that will allow a child to be safely returned to his/her family of origin. Children and parents are entitled under Federal and State law to have "reasonable efforts" made to help correct the conditions which caused the children to be removed from the parents' custody. Attorneys for parents seek to maximize the scope and duration of "reasonable efforts," to enhance the likelihood of family reunification. Attorneys for parents try to explain rather than excuse the parents' abusive or neglectful behavior. They work to make certain that the court is presented with a balanced picture of the nature of the family's dysfunction and possibility of treatment. The parents' attorneys appreciate the willingness of foster parents to model appropriate parenting skills for adults who may not have had any exposure to a functioning family.



4. TEAMWORK

Successful fostering must use a teamwork approach that begins with the foster parent, Social Worker, and birth families. It also involves the courts and other professionals.

The National Commission on Family Foster Care recommends that foster parents and social workers share the following responsibilities:

1. Develop an initial, mutual assessment to determine the unique strengths and needs of each infant, child, youth, and family involved.
2. Support the transition of children and youths into care, including support for their families. Support birth parents' efforts for reunification.
3. Involve children, youth, and their families to the fullest extent possible in developing their case plans.
4. Provide emotional support and counseling related to attachment, separation, loss, abuse, and neglect to infants, children, youth, and their families.
5. Share accurate and essential information with the children, youth, and their families about progress toward case plan goals.
6. Provide continuity in the ongoing development of cultural and ethnic identity and ensure cultural sensitivity in services provided.
7. Monitor visits between infants, children, youth, and their families and assist families with reunification when this goal is part of the case plan.
8. Provide ongoing assessment of the strengths and needs of all parties involved.
9. Record service plans, strengths, needs, and progress, and share this information with other team members.
10. Share pertinent psychological, educational, behavioral, police, or judicial information with other team members.
11. Maintain appropriate confidentiality.
12. Provide or arrange for services required by children, youth, and their families, including education, special education, health, mental health, chemical dependency, and related services.
13. Develop interventions necessary to prevent crisis and potential placement disruptions.
14. Manage crises effectively.
15. Advocate for the individual and collective needs of infants, children, youth, and families on the local, state, and national levels.
16. Assist and support children, youth, and their families to assume responsibility for their lives.
17. Support the transition of children and youth from family foster care to parents, relatives, adoptive parents, residential treatment, or independent community living.
18. Work as a team, with mutual respect, to ensure well-defined commensurate rights, responsibilities, rewards, and resources.

A. INVESTIGATIONS OF ABUSE AND NEGLECT

At times, Wake County Human Services also receive complaints of abuse and neglect against foster parents. In these situations, the North Carolina Division of Social Services (the State Office) has issued a policy that states investigation of such complaints cannot be investigated by the local department of social services. The reason for this policy is to protect all parties involved and to ensure an objective evaluation. You will be notified by your worker if a report is received, and a safety assessment will be completed with you. A protective services worker from another county will be assigned to conduct an investigation and assessment of the report. If a report of abuse and/or neglect is substantiated, the foster home can be closed, and all children in foster care will likely be moved.

A protective services investigation is a difficult experience for everyone involved. Your workers cannot discuss the investigation except to confirm that an investigation will be done. Because workers cannot talk about the situation, foster parents may feel that staff are not supportive when protective service allegations are made. Nevertheless, your workers should continue to speak with you about other ongoing foster care matters, and your workers can listen to you share possible anxiety related to the investigation.

It is important to remember that children who are in foster care may be demanding and bring extra stress to the foster family. The children may even “look for” abuse because they have been abused and may relate that to being loved. If you find yourself on the verge of hurting a child in some way, please contact the child’s Social Worker immediately regarding your concerns. Abuse does occur in foster homes, and we must try to prevent it.

B. PERMANENCY PLANNING

The principle behind permanency is that children and youth have the need and right to grow up in a legally recognized family that intends to provide long-term care, consistency, and lifetime relationships.

C. PERMANENCY PLANNING REVIEW MEETINGS (PPR)

Permanency Planning Meetings are held during the first 60 days, then 90 days, then every six months at Wake County Human Services to discuss with birth parents how their child(ren) is (are) doing in foster care, progress on changing the conditions that caused their child(ren) to come into care, and the plans for their child(ren) for the coming six months.

Foster parents will receive notice of these meetings and are encouraged to attend. YOU have valuable information to share about the child(ren) and attending these meetings will help you stay up to date on permanency planning activities.

D. FAMILY COURT/PLANNING CONFERENCES/COURT REVIEWS

Family Court is a program designed to address the needs of families involved in the court system. In Family Court, one judge is assigned to follow the case, and a case coordinator tracks the cases and may provide information. Court reviews are held at a minimum of every six months on children in foster care. Foster parents may be asked for information on the child for the report that is written for the court. Foster parents are invited to attend court proceedings, and occasionally, foster parents may be asked to participate in court hearings. Foster children over the age of 12 years old also receive notice of hearings.

E. PERMANENCY PLANNING/COURT HEARING

Within 12 months of the date of placement, a permanency planning hearing shall be conducted by the court to develop a plan to achieve a safe, permanent home for the child, within a reasonable period. The judge may designate another required review hearing as the permanency planning hearing.

With regard to a child's sense of time, it is critical to move toward permanence as quickly as possible. It is at this hearing that the court sanctions a permanent plan and charges the agency with making reasonable efforts to achieve that plan.

The permanent plan may be to:

- Continue to work toward reunification of the children with his/her/their birth parent,
- Place the children in the custody of a suitable relative, or
- Proceed with the termination of parental rights so that the children can be adopted by another caregiver.

F. CHILD & FAMILY TEAM MEETING (CFT)

CFT is a meeting with the therapist, social worker, case manager, GAL, case providers, birth parents, any other relevant professional associated with the case, and/or person invited by the child and family. The purpose of the meeting is to discuss the progress the child is making, issues at hand, other services needed, and the future of the child. CFTs are held every 60 or 90 days, as needed, or as requested.

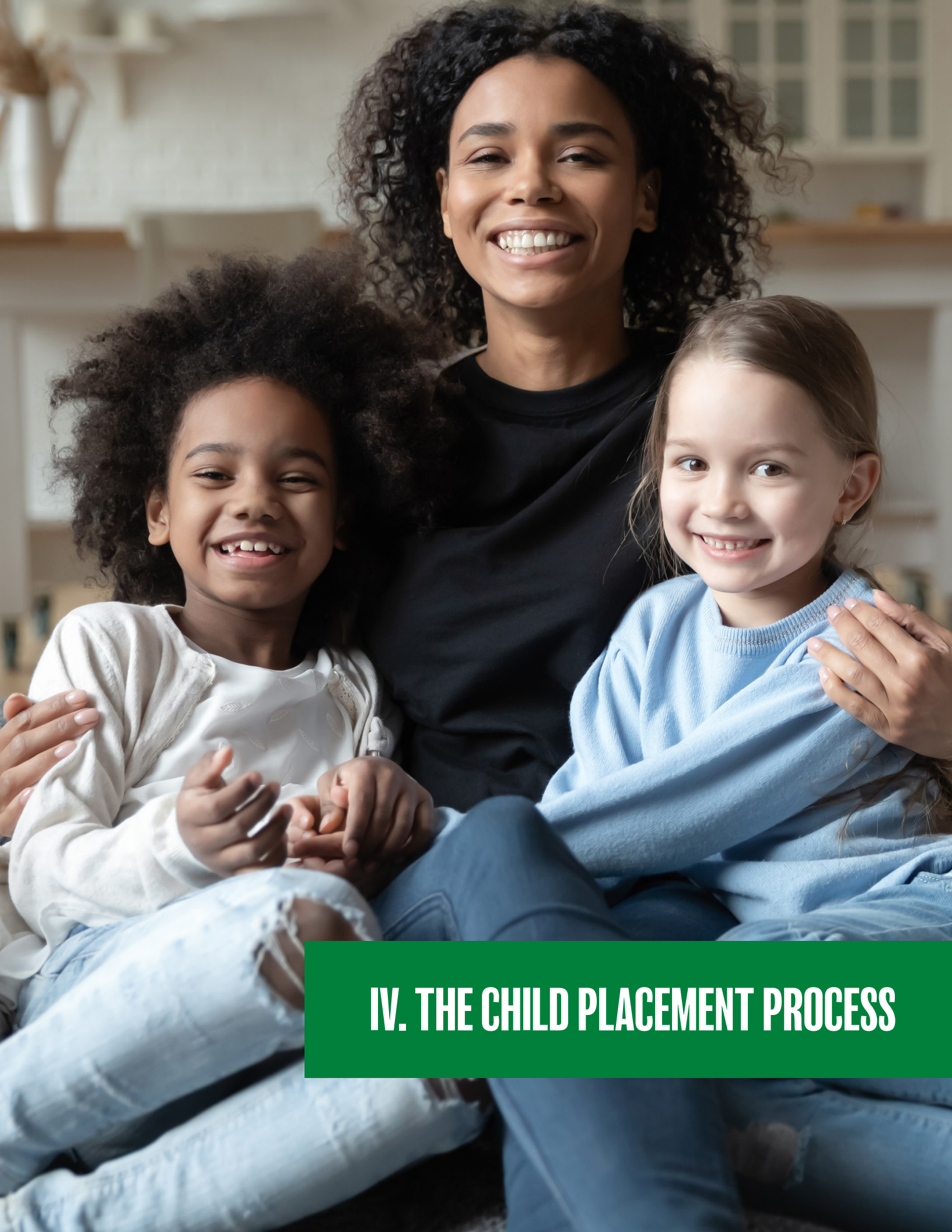
G. AGENCY/FOSTER PARENT AGREEMENT

Included in the appendix is a copy of the agreement that you and the Licensing Social Worker will review and sign each time you renew your license.

H. GRIEVANCES

Occasionally, a situation may occur where foster parents might disagree with Wake County Human Services' Social Workers about the case plan for a child in their home or have concerns about a particular child or situation.

As with most business concerns, Wake County Human Services follows a "chain of command" in its organization. If your concern is related to a decision made by an individual Social Worker, then you are encouraged to first meet with the worker to discuss the problem. If you continue to have questions, you can request a meeting with the worker and the supervisor of the worker. If the problem still has not been resolved, you may then ask the worker to schedule an administrative review with the Program Manager



IV. THE CHILD PLACEMENT PROCESS

A. PREPARATION FOR PLACEMENT

The placement of a child away from his/her family is a serious responsibility. All resources within the birth family should be exhausted first. In most cases, a decision-making meeting involving a pre-petition team will be held with the parents and family to discuss options to prevent custody and placement. The Placement Team is then notified to find a suitable foster home placement for the child(ren). The child's social worker will present the background information available to the Placement Team and answer questions to locate the best placement for the child. A staff meeting, which can include the placement worker, the child's social worker and additional team members, is also held to discuss the best placement for the child.

Updated and accurate information about our licensed families is crucial when making this important placement decision, as well as:

- Lifestyle of the foster family.
- Number and ages of other children in the foster home.
- Needs of the other children in the foster home.
- Skills and experience of foster parents.

In emergency situations, or when we have fewer foster home vacancies, we may not be able to consider and accommodate all these factors.

B. PRE-PLACEMENT VISITS

If possible, visits between the child and prospective foster parents should occur prior to the child's placement. This ideally minimizes the shock of the move for the child and gives your family more information about the child. You are not obligated to accept a placement just because a visit has been made. In most situations, pre-placement visits are not possible.

C. QUESTIONS TO ASK ABOUT A PLACEMENT

Foster parents often wish that they had asked more questions prior to accepting a child into their home. Please remember that there will be times, particularly in emergency situations, when the Social Worker will not have answers to all your questions. The checklist of questions below is designed to assist you in your discussion with the social worker.

1. How old is the child? Date of birth? Developmental age?
2. Why is the child in foster care?
3. Was the child in a previous foster home? Where? Why does the child need a new placement? Would it be possible for me to contact the previous foster family?
4. What is the plan for the child? Expected length of placement?
5. Will there be pre-placement visits?
6. Will the parents be visiting? Where? When? How often?
7. Are there siblings? Where are they? How old are they? Is there visitation for them?
8. What school has the child been attending? What grade is the child in? Are there any school problems I need to know about?

9. Where are the child's school records? Do you have the papers I need to register him/her in school?
10. What is the religious background of the child and the level of importance in the child's life?
11. Is the child in good health? Allergies, immunizations, medications, and dental care?
Does the child take any medication?
12. Does the child have any behavior problems or school problems?
13. Is the child angry, upset, verbal, or withdrawn at this time?
14. What is the phone number of the child's social worker?
15. And when appropriate....
Is the child sexually active?
Does the child use birth control?
Does the child smoke? Use drugs or alcohol?

D. FOSTER CARE PLACEMENT FORMS

When a child is placed in your home, the child's social worker may give you some foster care forms that you might need for the care of your foster child. These forms may include:

1. School Enrollment Form
2. WIC Letter
3. Medicaid Eligibility Letter
4. Custody Verification Letter



**WE DO NOT NEED
TO KNOW THE
BEGINNING OF A
CHILD'S STORY
TO CHANGE THE
ENDING.**

E. HELPING A CHILD ADJUST TO YOUR HOME

Separation from family can be very difficult for children entering foster care. As foster parents, you will have the very challenging job of helping the children adjust to a new home and helping him/her express and acknowledge their feelings of abandonment, anger, and grief.

Below are some hints that might assist you in working with a child during the early days of a placement:

- Keep things low-key. Avoid extra social demands and settle down to a regular routine as soon as possible.
- Respect the child's feelings about their family and do not probe. Let the child know that you are there if he/she wants to talk and give the child permission to express feelings.
- Respect the child's loyalty to his/her own home. Criticism of the child's parents may damage the child's self-confidence and will also hurt your relationship with the child.
- Try to be sensitive to the child's presence. Most of us do not like to hear our personal lives being discussed by others with others without our consent.
- Avoid the label "foster child." This is a child who will be staying with you for a while, a child who is in foster care, but not a "foster child."
- Avoid threats and frustrating situations. Telling the child, "I'll send you home," or "I'll call your worker" can be frightening to a child who has lost everything.
- Discuss a few important rules early in the placement and add others gradually: too many rules, in the beginning, can be overwhelming and will most likely be forgotten. Do not assume that a child knows what is expected in your home. Take the time to explain your routine. Rules regarding cleanliness, table manners, and so on vary from home to home and need to be discussed.
- Allow a child to keep his/her possessions. Old toys and clothing may represent pieces of the child's past and may be familiar and comforting.

F. DEFINITION OF TERMS

According to the North Carolina Juvenile Code (N.C.G.S. 7A517):

ABUSED JUVENILE: Child whose parent or other person responsible for his care:

1. Inflicts and allows to be inflicted a physical injury by other than accidental means which causes or creates a substantial risk of death, disfigurement, impairment of physical health or impairment of function of any bodily organ;
- or
2. Creates or allows to be created a substantial risk of physical injury by other than accidental means which would be likely to cause death, disfigurement, impairment of physical health or impairment of function of any bodily organ;

or

3. Commits, permits, or encourages the commission of vaginal intercourse, any sexual act, the obscene or pornographic photographing, filming, or depicting of a child in those acts for commercial or non-commercial usage, or any other offense against public morality and decency provided for in Article 26, Chapter 14, by, with, or upon a juvenile in violation of law; commits, permits or encourages any act of prostitution with or by the juvenile;

or

4. Creates or allows to be created serious emotional damage to the child and refuses to permit, provide for, or participate in treatment. Severe emotional damage is evidenced by a child's severe anxiety, depression, withdrawal, or aggressive behavior toward himself or others;

or

5. Encourages, directs, or approves of delinquent acts involving moral turpitude committed by a juvenile.

DEPENDENT JUVENILE: Child in need of placement or assistance because he has no parent, guardian, or custodian responsible for his care or supervision or whose parent, guardian, or custodian is unable to provide for his care or supervision.

NEGLECTED JUVENILE: A juvenile who does not receive proper care, supervision, or discipline from his parent, guardian, custodian, or caretaker; or who has been abandoned; or is not provided necessary medical care or lives in an environment injurious to his welfare; or who has been placed for care or adoption in violation of law.

G. SEQUENCE OF COURT HEARINGS AFTER A CHILD IS PLACED IN FOSTER CARE

CHILD PLACEMENT CONFERENCE:

All players are brought to a meeting, within two to three days of filing the petition, to talk about issues that brought children to care, possible relative placements, medical issues of children, case plan for the parents of children, and visitation plans. Foster parents are encouraged to attend.

NON-SECURE HEARING:

The initial hearing must, by law, be held within two to three working days of the child being taken into DHS' custody. At this hearing, the court hears evidence of harm or risk of harm that may have resulted from leaving the child in the home. If, after hearing from all parties, the court determines that the child must remain in foster care, the adjudicatory hearing is scheduled. If anyone objects to the child remaining in foster care, hearings may be held every seven days until adjudication.

ADJUDICATION AND DISPOSITION:

The court determines by reason of clear and convincing evidence whether the child is abused, neglected, or dependent. The court states what the parent must accomplish to alleviate the problems which led to the child being adjudicated abused, neglected, or dependent, and how the case plan is to be implemented. A review hearing is scheduled.

PERMANENCY PLANNING REVIEW:

The court holds periodic review hearings to monitor the progress being made on the case. Foster parent presence is requested at the hearings, or they may submit a written report regarding the child. Information in the report should be restricted to facts and observations. Review hearings also assess placement and visitation arrangements. Permanency plan needs to happen within 12-15 months. The purpose is to establish the long-term plan for child, i.e., legal custody, adoption, or reunification.

H. MULTIPLE RESPONSE APPROACH TO CHILD PROTECTION (MRS)

WHAT IS MULTIPLE RESPONSE:

Human Services is required by law to investigate reports of suspected child abuse and neglect, and to provide services to protect children.

Multiple Response allows Human Services to choose between two approaches based on the kind of child protection issue reported

THE INVESTIGATIVE ASSESSMENT APPROACH:

An investigative assessment is similar to the traditional Child Protective Services response. Children are usually interviewed first, and law enforcement may be asked to assist.

An investigative assessment will be used for all reports of child abuse and selected reports of child neglect.

THE FAMILY ASSESSMENT APPROACH:

Most reports of child neglect will be responded to with a family assessment designed to:

- Assure children are safe.
- Work in partnership with parents to identify family needs.
- Avoid negative labels for parents.

Although family assessments are not voluntary, they are intended to promote collaboration between Human Services and the family.

A Social Worker will typically begin a family assessment by contacting a parent to arrange a visit. Frequently, the Social Worker will talk to parents and children together, and parents will be offered the opportunity to participate in interviews with other professionals.

THE CASE DECISION:

An investigative assessment determines if allegations will be “substantiated” and if protective services will be required.

A family assessment will result in one of three findings:

- Services needed
- Services recommended
- No services needed

Parents “substantiated” of abusing or neglecting a child after an investigative assessment, will be reported to a state registry. Parents are not reported to a state registry after a family assessment.

Human Services tries to complete both types of assessments within 30 to 45 days.

SAFETY FIRST:

If a child is determined to be unsafe, if a family declines to participate in an assessment, or if a family refuses needed or required services, Human Services may:

- Begin an investigative assessment.
- Ask the juvenile court to intervene.
- Place the child with relatives or in foster care.

RIGHTS OF THE FAMILY:

Whether Human Services conducts an investigative assessment or a family assessment, the family has important rights:

- To be treated with dignity and respect.
- To have a Social Worker respond in a timely manner.
- To know the extent and limits of Human Services’ legal authority.
- To know what Human Services expects from the family, and what the family can expect from Human Services.



V. CARING FOR A CHILD

A. NATIONAL FOSTER PARENT ASSOCIATION CODE OF ETHICS

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

PRINCIPLES:

1. I regard as my primary obligation the welfare of the child served.
2. I shall work objectively with the agency in effecting the plan for the child in my care.
3. I hold myself responsible for the quality and extent of the services I perform.
4. I accept the reluctance of the child to discuss his or her past.
5. I shall keep confidential from the community information pertaining to any child placed in my home.
6. I treat with respect the findings, views, and actions of fellow foster parents, and use appropriate channels, such as foster parent organizations, to express my opinions.
7. I shall take advantage of available opportunities for education and training designed to upgrade my performance as a foster parent.
8. I respect the worth of all individuals regardless of race, religion, sex, or national ancestry in my capacity as a foster parent.
9. I accept the responsibility to work toward assuring ethical standards are adhered to by an individual or organization providing foster care services.
10. I shall distinguish clearly in public between my statements and actions as an individual and as a representative of a foster parent organization.
11. I accept responsibility for working toward the creation and maintenance of conditions within the field of foster care that enable foster parents to uphold the principles of this code.

B. CONFIDENTIALITY

Children in foster care and their birth parents are clients of Wake County Human Services. According to State and Federal laws, all Department of Social Services' client records are confidential, and can only be discussed with the appropriate agency staff or other professionals designated by the agency. This means that you are not free to share any information about your child and his/her family without first speaking with the Social Worker. This information is given to you to help you understand and help the children in your care. Some people such as doctors and teachers may need to have special information about a child. The Social Worker can help you decide when it is appropriate to share.

C. PHOTOGRAPHING/FILMING CHILDREN

Children in the custody of Wake County Human Services may not be photographed or filmed for use in newsletters, media presentations, social media (e.g., Facebook, Instagram, etc.), or any electronic correspondence without signed consent in advance from the Child Placement Program Manager.

D. DISCIPLINE

The purpose of discipline is to help a child understand the positive and negative consequences of his/her actions. We want to teach children to become more responsible and help them develop the self-control and self-reliance they need to control their own behavior with respect to the trauma: abuse and neglect that they may have suffered.

A joint discussion between you and the child's Social Worker may be helpful when discussing an appropriate discipline plan for a child. A discussion should take place at the time of the initial placement as well as during the child's stay in your home. Some guidelines to help you determine effective discipline for a child include:

- The child's age and level of social, intellectual, and emotional maturity. Discipline should always be appropriate to the child's age, developmental level, and trauma history.
- Take the time to explain to the child the reason for the disciplinary action.
- Establish definite limits and guidelines for the child's behavior and tell the child what consequences he/she will need to assume for inappropriate behavior.
- Talk to the child about areas of need and listen to what the child is feeling.

For a foster parent, there are acceptable, unacceptable, and prohibited ways of disciplining the children in your care.

ACCEPTED METHODS OF DISCIPLINE

Some ideas about discipline techniques you might consider helpful include (but are not limited to) the following:

a. NATURAL CONSEQUENCES:

Allowing the child to experience the results of his or her behavior by not intervening, e.g.: if Susie forgets her softball glove, she will be unable to try out for the team. Of course, natural consequences that jeopardize a child's safety are inappropriate.

b. LOGICAL CONSEQUENCES:

Imposing consequences as directly related as possible to the appropriate behavior, e.g.: if Sam breaks the window, he can do extra chores to earn the money to pay for the window.

c. ENCOURAGEMENT/PRAISE:

Identify specific behavior and strengths that encourage the child to develop and increase self-esteem, e.g.: "That model car looks great! I like the color you chose. You did a job you can be proud of!"

d. POSITIVE COMMUNICATION:

Using language in positive terms to describe what you want, rather than what you don't want, e.g.: "Walk around the pool" rather than "Stop that running!"

e. **ACTIVE LISTENING:**

Listening with understanding, clarifying the statement, and then responding to the feelings, e.g.: “It sounds like your teacher really scolded you in class. You must have felt embarrassed.”

f. **“I” MESSAGE:**

Communicating by phrasing in the first person, e.g.: “I feel worried and upset when I don’t know where my children are.”

g. **INCENTIVES/REWARD/MOTIVATIONS:**

Providing short-term incentives to help the child focus on desired behavior, e.g.: if his “job list” is done, he can go for ice cream Saturday. (The younger the child, the shorter period before a reward should be given.)

h. **CONTRACTING:**

Negotiating with the child to create a written mutual agreement that provides incentives to help the child, particularly an older one, focus on a desired behavior. E.g. If Tom passes with at least a “C” average, he will have more time for recreation next semester.

i. **REDIRECTING:**

Substituting an unacceptable behavior for an acceptable one. E.g. “Carol, you can’t play with Bob’s stereo, but let’s go find your crayons and paper so that you can make a picture.”

j. **ROLE MODELING:**

Showing by example, the behavior one wants from the child. If one shows respect for the child’s property and privacy, the child will learn to respect the property and privacy of others.

k. **TIME OUT/TIME IN:**

Removing the child from a situation and/or privilege, usually for one minute per year of the child’s age. A specific chair or place in the room should be designated for the child as a “time out” place.

l. **REMOVING PRIVILEGES:**

Losing a privilege related to unacceptable behavior. The loss should be of short-term duration. Losing use of the phone, time with friends or TV, etc. could be used, depending on what is important to the child.

PROHIBITED DISCIPLINARY PRACTICES

Discipline shall be prescribed, administered, and supervised only by adults. Such responsibility shall never be delegated to children. The following practices are not acceptable methods of disciplining children in foster care. If used, they may lead to an investigation by Wake County or Human Services and may result in your home being closed as a foster home. This is not an exhaustive list of the inappropriate methods of discipline:

- a. All forms of physical discipline are prohibited (hitting a child with an object or hand, pulling hair, twisting an ear, pinching, shaking, yanking, kicking, biting, etc.).
- b. Children may not be restrained as a form of discipline.
- c. Group punishment for the misbehavior of one individual child.
- d. Withholding of meals, mail, or family visits.
- e. Punishment which humiliates, shames, or makes fun of a child.
- f. Foster parents may not place a child in a locked room or otherwise isolate a child for long periods of time.
- g. Only licensed foster parents may discipline the child. Other children are not permitted to discipline youth in foster care.
- h. Washing a child's mouth with soap, hot sauce, or hot peppers, or forcing the child to ingest anything unpleasant or distasteful.
- i. Forcing the child to engage in a painful activity such as standing on one foot for a long period of time, kneeling, or standing erect with his/her nose against the wall.
- j. Assignment of extremely strenuous exercise or work.
- k. Foster parents shall not punish children for bed-wetting or other actions related to toilet training.
- l. Ridiculing, humiliating, or demeaning a child verbally. Do not make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
- m. Frightening a child by making threatening remarks about terrible consequences (such as telling a child the devil is in them).
- n. Do not criticize, make fun of, or belittle the child(ren)'s parents' ethnicity, culture, political affiliation, religion, etc.
- o. Do not shame or punish children when bathroom accidents occur.
- p. Do not leave children alone, unattended, or without supervision.

E. PROMOTING THE IDENTITY OF THE CHILD

As a foster parent, you will have the responsibility to help the child in your home develop a good self-image and have positive feelings about his/her past, present, and future. It is important that you be aware that a child's identity is closely related to things a child brings with him such as personal items, hairstyles, piercings, choices in clothing, names/nicknames, and religious preferences. What may seem to the foster parent like an innocent change in any of these areas, could imply to the child that his/her identity is not acceptable and needs to be changed.

F. A LIFE BOOK

The state requires that every child have a Life Book. The role of foster parents is very important in initiating and maintaining the Life Book for every child under their care. The children's social worker at Wake County Human Services will provide you with a Life Book kit to help you start this process.

A child's past is a part of who they are, and links with the past help give children a sense of their own history and identity. Children in foster care who have lived in a variety of homes often lose much of their personal history. One of the best tools we have for helping a child piece together his/her life is a Life Book. This is a book which you and the child can make together to provide a way for him/her to understand events in the past and to record the child's stay in your home.

Here is a list of some of the information you might want to include in a Life Book:

- Medical information (injuries, hospitalizations, illnesses, etc.);
- Information you may have about the child before he/she came to live with you (photos of parents or siblings, a photo of the child's previous school, etc.);
- Favorite birthday and holiday gifts, as well as ways the child celebrated holidays;
- Favorite activities;
- Photos of friends, pets, teachers, etc.;
- Pictures of your family and relatives, and the child's family and relatives;
- Pictures the child has drawn;
- Schoolwork;
- Names of teachers, report cards, and school photos;
- Special trips or vacations;
- Developmental milestones such as the date of the first tooth, or when the child began walking or talking, etc.;
- Birth certificate;
- Cultural heritage information.

There is no right or wrong way to create a Life Book. You can use a photo album, scrapbook, or loose-leaf notebook. It is important to remember that this is the child's book and he/she should be included in developing it. We recommend that the foster child (if age appropriate) participate in making and building his/her Life Book. The child should also determine who to share their Life Book with.

The Life Book should go with the child when he/she moves on to another placement – it is **not** a memento for the foster family to keep. The foster parents may keep photocopies of the child's Life Book pages, if the child has given permission to do so.



F. CUSTOMS, HOLIDAYS, AND RELIGION

1. BIRTHDAYS AND HOLIDAYS

Birthdays of the children should be observed within the foster family, even if the child's birth family choose to celebrate the occasion with the child as well. This is important to children, and important for the child's self-image. Even if the child has only been with your family for a short time, taking the time to celebrate with a cake, and perhaps a few special gifts will help the child feel important and valued.

Foster parents should be sensitive to observations of religious holidays and other events that are culturally specific and hold importance for each individual child. For example, Christmas is an important day for many children. Even if a child will be spending Christmas with a family member or relatives, there should also be a special celebration in the foster home.

Any and all gifts should be given to a child with no strings attached. The gift should be for the child and should be taken with the child when he/she leaves your home.

2. RELIGION

All children in foster care should have the opportunity to voluntarily practice their religion. When the child and the foster family are of different faiths, it is important that this be discussed with the Social Worker. Generally, if the child is young enough, he/she will attend church with the foster family. If the child is older, he/she should be involved in the decision making as to what church he/she will attend, if any. A child may not be baptized or christened without the consent of his/her birth parents or the Child Placement Program Manager.

G. USING A BABYSITTER & PRUDENT PARENTING GUIDELINES

Leaving children in foster care in the care of others (besides the foster family members) requires careful thought and good judgment. Both the foster parents and the agency are responsible to assure that the children are always appropriately supervised. Everyone wants the children to have as normal a family life as possible. This may mean that the child will sometimes be briefly supervised by relatives of the foster family or another approved adult. It is important that foster parents discuss these plans with the child's worker and/or individualized decisions be made. Length of time, special needs of the child, and how well the foster parents know the proposed caretaker are all important factors to consider. Supervision should be provided by an adult person, over the age of 21. Your licensing social worker or the child's social worker must complete background checks on the individuals that you have chosen to provide childcare for your foster children prior to them babysitting. If approved, babysitters intend to watch children in their home rather than in the foster home, the child's Foster Care Social Worker may first require an inspection of that home.

In many cases, foster parents can arrange daytime care with their own extended family or close friends, much the way parents would with their own children. These plans need to be discussed with and approved by the child's worker ahead of time; otherwise, your Licensing Social Worker may make respite arrangements with other foster parents (see below).

The reasonable and prudent parent standard can be used with foster children to determine if they can participate in extracurricular, enrichment, cultural and social activities. The decision should consider the child's health, safety and best interests while supporting their emotional, social, and developmental growth.

Applying the Reasonable and Prudent Parent Standard:

1. Is this activity reasonable and age-appropriate?
2. Are there any foreseeable hazards?
3. How does this activity promote social development?
4. How does this activity normalize the experience of foster care?
5. Will this activity violate a court order, juvenile justice order, a safety plan, a case plan, or a treatment plan or person-centered plan (PCP)?
6. Will this activity violate any policy or agreement of my licensing agency or the child's custodial agency?
7. If appropriate, have I received consultation from my case worker and/or the child's caseworker?
8. If able and appropriate, have I consulted with this child's birth parents about their thoughts and feelings about their child participating in this particular activity?
9. Will the timing of this activity interfere with a sibling or parental visitation, counseling appointment, or doctor's appointment?
10. Who will be attending the activity?
11. Would I allow my birth or adopted child to participate in this activity?
12. How well do I know this child?
13. Is there anything from this child's history (e.g. running away, truancy) that would indicate he may be triggered by this activity?
14. Does this child have any concerns about participating in this activity?
15. Has this child shown maturity in decision making that is appropriate for his age and ability?
16. Does this child understand parental expectations regarding curfew, approval for last minutes changes to the plan and the consequences for not complying with the expectations?
17. Does this child know who to call in case of an emergency?
18. Does this child understand his medical needs and is he able to tell others how to help him if necessary?
19. Can this child protect himself?
20. When in doubt, refer to number 7.

Adapted from Florida's Caregiver Guide to Normalcy



H. RESPITE CARE

Overnight respite should only be provided in a licensed foster home with prior knowledge of your Licensing Social Worker. There may be times when foster parents briefly require substitute care for the child. Respite care is an arrangement requiring sensitivity by all parties involved with the child. Because children in care often do not easily trust adults and may not adjust well to changes in living conditions, staying with another foster family, even for a night or two, can be frightening for the child. Staff recognize that the demands of caring for children can at times be exhausting for foster parents; therefore, even a short respite can be of great help to refresh foster parents in resuming their ongoing foster care responsibilities.

Respite needs should be planned as much in advance as possible. There are times when virtually all available foster homes are full, and respite is difficult to arrange and therefore becomes a frustrating experience for both the foster parents and workers. It is essential for foster parents and workers to routinely communicate about needs. Efforts can then hopefully be made to reduce the demands on foster families that lead to respite placements for the children.

Respite Care Guidelines:

Respite care is to relieve stress in the foster family and for emergency situations. Respite care is not to be used to punish children or to make them appreciate your home more. It should not be used to exclude a child from enjoying a family activity or vacation, or to deal with problems resulting from foster parent work schedules. It is also not available after foster children move into adoptive placement status.

Due to the increased number of children who are being placed in foster care and the shortage of respite resources, further guidelines have been established.

1. Notify the child's worker and your Licensing Social Worker of your request for respite.
2. Barring any emergencies, workers need at least a minimum of two weeks' notice to arrange for respite care.
3. The standard for respite is for your Licensing Social Worker to arrange up to twelve days per year for your family. We will accommodate your needs as much as possible and evaluate unusual situations on an individual basis.
4. Arrangements between two foster families to provide respite for each other must first include a notification to the Foster Care Social Worker and Licensing Social Worker.
5. Due to a child's sensitivity to moving, arrangements for respite should be made with regularity among one or two foster families during their stay with you. We do not want to place the child with an unfamiliar family each time a respite is requested.
6. The foster family requesting respite is responsible for transporting the foster child to and from the respite family.
7. Be sure the Licensing Social Worker knows how to contact you in case of an emergency while you are gone.



RESPITE DO'S

Do remember to leave a car seat for all children under age eight or 80 lbs with the respite family. This is North Carolina law and all little ones need to ride in car seats. (NO EXCEPTIONS!)

- Do leave the child's Medicaid card with the respite family. We all know that sudden earaches, accidents, and other emergencies do occur on weekends. Do leave the child's medication in the original container.
- Do send along a written schedule or an information sheet about your child. Please don't rely on a Social Worker or the child to pass this information on verbally. While particularly important for young children, information about bedtime routines, curfews, allergies, bed wetting, and likes and dislikes is helpful for children of all ages. Let the respite family know the child's bedtime routine. Do they need a blanket or pacifier? Use a nightlight? This information will help your child and will make his/her stay more pleasant.
- Do send along a favorite toy, storybook, or baby blanket.
- Do send enough clothes, formula, and diapers. Ask if the respite family is planning to attend church or other special events, and if so, don't forget to pack appropriate clothes.
- Do send spending money with older children. Although the respite family is responsible for meals, the child should have money for video games, entertainment, extra snacks, and so on.
- Do call the respite family to arrange the details of the visit as soon as possible. Please do not leave this to do at the last minute. Do pick the child up from respite care at the time you promised.
- Do notify the respite family about any scheduled birth family visits that have been arranged.

RESPITE CARE REIMBURSEMENT

Foster parents need to keep a record of respite care that they provide for other children. At the end of the month, you will need to send in the record to your Licensing Social Worker. It is very important to remember that you must send in a record of the respite you provided to be reimbursed.

I. SCHOOL AND EDUCATION

EVERY STUDENT SUCCESS ACT (ESSA) POLICY

As foster parents, you will have the responsibility of enrolling a child in school. Wake County Human Services does not reimburse for private school tuition and does not permit home schooling. Any enrollment outside of the Wake County Public School system will require approval from the Wake County Social Worker. Information such as previous school records and immunization records should be obtained from the child's Social Worker. When the child needs a special school or class, the child's worker will assist you with making plans for enrolling the child and obtaining the appropriate placement.

ESSA requires both Wake County Human Services and Wake County Public School System (WCPSS) to collaborate to ensure that school changes are minimized, and that children in care who do change schools are promptly enrolled. When a school aged child has a placement change, the Wake County Human Services Social Worker and WCPSS Social Worker will have a Best Interest Determination (BID) meeting to determine if the child can continue attending the school of origin. If the child can continue attending their previous school, the school must arrange transportation, within 60 miles of the school.

If a school change is deemed necessary, as foster parents, you will have the responsibility of enrolling a child in school. ESSA removes barriers to enrollment which provides provisions for youth to have educational stability. The Wake County Human Services Social Worker will complete the DSS 5135 Immediate Enrollment Form and the Social Worker or the foster parent delivers the Immediate Enrollment Form to the new school within one business day.

This form allows students to begin attending classes within one day. Any enrollment outside of the Wake County Public School system will require approval from the Wake County Social Worker.

A change in schools can be a frightening experience for a child. We encourage you to visit the new school with the child and to be involved with him/her in school activities. You may be asked by Wake County Public School staff to sign the child's Individual Education Plan (IEP) as a surrogate parent. Surrogate parents are appointed only when there is no birth parent available, or when it is ordered by the court. In general, birth parents are encouraged to participate in IEP design; however, in case of the absence of a birth parent, some schools will allow foster parents to be surrogate parents. You must be certified by the school to act as a surrogate. Check with your local school and the child's social worker. The school has the ability to assign a surrogate parent for the IEP meetings, or the meetings can be rescheduled until one is assigned. Your presence at these important meetings is essential. All children designated as "exceptional" will have an IEP, which can be shared with you.

Many of the children entering foster care have school-related problems and need remedial work. It will take extra time on your part to help the child "catch up." Encourage your children to take part in extracurricular activities at school, and help the child develop good study habits at home. Your involvement in school activities will be important to the child, and your involvement in arranging school conferences and attending meetings is important.

If a child is suspended, you will need to have an appropriate plan of supervision, as you would for your own child. We know that this can be difficult, especially for working foster parents. Your alternative childcare plans need to be discussed during licensure and written into your case record.

There may be times when foster parents and workers need to be creative in deciding upon appropriate supervision of a suspended child. However, the plan should generally be established and confirmed with your Licensing Social Worker when you become a foster parent, rather than when a child is suspended.

Being proactive can prevent the foster parent and the child's social worker from having to respond to an unplanned crisis. If a child is suspended, foster parents need to notify the child's social worker of the suspension.

1. REGISTERING A NEW CHILD IN SCHOOL

To register a child, you will need the following:

- a. A letter from the child's Social Worker, notifying the school that the child is in the legal custody of DHS and has been placed in your home.
- b. Documentation of where you live to prove eligibility to enroll the child in this school. The foster parent's driver's license and a utility bill, or other document, showing the foster home address will be required.

2. ATTENDANCE

All school aged children are required to attend school, per North Carolina law.

The student verifies an early dismissal or all day or partial day absence by bringing a parent signed note of explanation for the absence to the teacher responsible for that student's daily attendance.

3. IMMUNIZATION

All students must show acceptable proof that they have been immunized against childhood diseases. For the appropriate documentation, contact the child's Social Worker. If your child was seen through the Children's Health and Development Program (CHDP), a copy of the immunization record is provided at that visit and included in your child's notebook.

4. MEALS

School-age children in care are eligible for free breakfast and lunch. Foster parents can get the application form from the child's school.

5. CASE INFORMATION ABOUT FOSTER CHILDREN

The only information about a foster child's case that should be shared with a teacher, is the fact that the child is in the legal custody of DHS. Any other information is confidential and should be cleared with the child's Social Worker before sharing it with school personnel.



**SOMETIMES, OUR WORK AS
CAREGIVERS IS NOT FOR THE
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J. WORKING WITH TEENS

1. INDEPENDENT LIVING PROGRAM

In an effort to provide youth in foster care with the skills and resources necessary to function as successful adults, Wake County Human Services' Foster Care Program offers participation in the "LINKS" (Independent Living Program) to its youth ages 13 through 21. Because these youth do not typically have traditional support systems as they enter young adulthood, intensive services are needed to prepare them for their transition from adolescence to adulthood. In order to carry out these tasks, the program offers the following:

- Foster parents are expected to provide transportation and participate, as requested, in the LINKS program with teens.
- Educational instruction that addresses career and educational planning; job readiness skills and work ethics; vocational training; basic living skills (banking, food management and nutrition, housekeeping, personal hygiene, health education, etc.); parenting; legal issues; voter registration; sex education; drug and alcohol education; post-secondary education; and housing.
- Referrals to counseling (individual/group) to address anger management and grief and loss associated with foster care placement.
- The "LINKS" Program offers a wide range of support services and is ongoing throughout the year. The "LINKS" Program also sponsors events/activities throughout the school year that allow eligible youth to be involved in various activities, and be exposed to an alternative learning environment, in which they will be able to gain additional knowledge of the resources available to them as they become more independent. These activities promote the development of healthy peer relationships, positive self-esteem, team-building skills, as well as allow interactive learning/activity in the community.

- One of the most important components of the program is the assessment of the youth's needs. Each youth receives an assessment of their current skills and abilities. The assessment allows the Independent Living Team to build an individual plan for the youth. Each youth will assist the agency in identifying adults whom they would like to have on their "team." The child's social worker, mental health worker, foster parent(s), birth parent(s), extended family, and/or mentor(s) are all people who would be on the youth's team. As the youth develops his/her goals, adults are then designated to assist the youth in goal achievement. Since foster parents spend the most time with the youth, their participation in team meetings is crucial to the team's success as it serves as a motivator to the youth. WCHS also sees it as a foster parent's obligation to work with the "LINKS" program and the youth's treatment team in providing direct service and instruction in the home and in the community. It is essential that all foster parents play a key role in teaching daily life skills to youth.
- Some highlights of the "LINKS" Program include a celebration for high school and college graduates at the end of the school year. At the graduation ceremony, GED recipients and high school and college graduates are recognized and given a cash award. The purpose of this ceremony is to acknowledge the educational success of our youth, given the life circumstances that they have endured. Also, it is an effort to motivate other youth to complete high school and further their educational career: to see that all things are possible.
- All youth in foster care, ages 13 through 21, are eligible for "LINKS" (Independent Living) services.
- Youth in the 18-21 age range, who have aged out of foster care, are offered a support group enabling them to network, learn from each other, and continue a positive relationship with the agency.
- The "LINKS" program offers foster parents of teens an opportunity to participate in groups/programming with the "LINKS" youth to allow direct interaction between teens and their parents. The group also offers support, problem-solving, education and in-service training, and the opportunity for foster parents to share their experiences assisting youth in their homes with achieving independence. A small stipend is available for foster parents who work in the program with teens, 16 and older.

Youth in Wake County custody have the opportunity to open a joint bank account with their Wake County foster parent at the State Employees Credit Union. Learning how to manage money and the importance of banking are prime independent living skills. This arrangement will also enable the foster parent to access other Credit Union services. Let your child's worker know about any account that you may open with the youth and be prepared to share information with the Social Worker about the account at any time.

- It is important for foster parents to be present at the events planned for parents and youth. It is "expected" that foster parents support youth by providing transportation for them, both to and from these and other events. WCHS has an obligation to provide services to promote youth success in being self-sufficient upon reaching the age of majority.

2. PART-TIME AND SUMMER JOBS

Part-time and summer employment is encouraged and should be discussed with the child's social worker. Youth should be expected to assume responsibilities compatible with their age. If a child is considering work that may be potentially dangerous (for example, operating machinery), this should first be discussed with the child's social worker.

A critical component of employment is making sure that youth have the required documents (birth certificate & social security card) so that they can obtain a North Carolina State ID. This will be a valuable tool needed for check cashing and conducting other key personal business.

A worker's permit can be applied for on the website: <http://www.dol.state.nc.us/wh/ycertif.htm>

North Carolina law states that each child who is employed must receive pay for their work. This paycheck must be issued directly to the child in the child's own name. Money earned is to be spent as the child wishes (with some supervision) and for the child's own present and future needs. In order to encourage him/her to spend his/her money wisely, make advanced plans with your child.

It is recommended that youth who are working open a bank account.

3. DRIVER'S LICENSES

The Department can sign for youth to obtain learner's permits, which will enable teens to take Driver's Ed and learn driving skills. In rare instances, exceptions to the license policy will be considered (such as when it is required for maintaining employment). Any exception must be reviewed by the Child Placement Program Manager for approval. Many youths seek to obtain a car on their own as they reach age 18. If you desire to assist the youth with this purchase or in their attainment of vehicle insurance, the youth and the foster parent assume this responsibility.

The TRIP pilot program encouraged each county to provide monetary incentives to caregivers for assisting youth to obtain their driver's licenses.

4. SMOKING POLICY

As per North Carolina law, adults may not purchase cigarettes for youth under the age of 18. It is also illegal for individuals under the age of 18 to purchase or smoke cigarettes.

If you accept a child in your home who smokes, be willing to work on this behavior as a treatment issue.

5. DATING

Dating should be optional for youth ages 15 and older, and their emotional development should always be considered. The child's social worker can help develop a plan for dating that is agreeable for you, the social worker, and the teen. At times, the opinion of the birth parent may also be taken into consideration. Dating is an important step for youth to take and for a family to support. As youth reach this milestone, remember to be mindful of whom they are dating, and take necessary steps to ensure the youth's safety. For instance, obtain information about the other youth such as full name, age, where they live, if they attend school together, if the youth has a valid driver's license/insurance. Also, ask to meet the youth or their parents and obtain phone numbers, etc.

6. BIRTH CONTROL AND PREGNANCY

Wake County staff offer birth control information, as appropriate, for male and female youth. Birth control pills and Depo shots are two common methods prescribed for young women. It is expected that foster parents will continue to work with their children on good choices and what is best for their health and future.

Youth in foster care will need foster parents to support their use of a method of birth control that is right for them, which can include birth control pills, condoms, and/or abstinence. Your child's social worker and your Licensing Social Worker will be glad to talk with you about choices and concerns.



7. POSSESSION OF DRUGS, ALCOHOL, AND/OR OTHER PROHIBITED SUBSTANCES

If a foster parent discovers that a child placed in their home has in their possession any illegal substance, the foster parent should contact the police immediately to discuss/determine what course of action needs to be taken. The child's worker needs to be contacted immediately, as well as the Licensing Social Worker. In consultation with the child's Social Worker, the police will determine the level of intervention necessary, depending on the circumstances of the incident.

8. GANG ACTIVITY

Suspected gang activity should be reported to Social Workers. Evidence of suspected involvement would include:

- Clothing
- Language
- Behavior such as gang sign

9. BODY PIERCING, TATTOOS, AND HAIRSTYLE GUIDELINES

Foster parents are not allowed to permit a child under the age of 18 to get tattoos, body piercings, and/or unusual hairstyles (e.g., hair coloring, unusual haircuts, etc.) without the consent of the birth parent. If this becomes an issue in the foster home, discuss this with the child's social worker. It is recommended to ask before a haircut! If you discover that the youth has altered his/her appearance without permission, please notify the social worker immediately.

10. CELL PHONES AND ELECTRONIC DEVICES FOR FOSTER CHILDREN

Children placed in Wake County Human Services' foster homes are not permitted to have cell phones. If a child enters the foster home with a cell phone, the foster parent and/or the child's worker will make arrangements for the cell phone to be held by the birth parent or the child's worker while the child is residing in the foster home. Any requests for exceptions to this rule will be made to the child's worker, the child, and family team. Clear guidelines around the cellphone use will need to be developed to minimize conflicts in the home, school, and with other peers.

Wake County Human Services will not assume financial responsibility for cell phone contracts. If a cell phone exception is made, it is recommended that a prepaid cell phone be used to minimize the potential for a large bill.

11. INTERNET SAFETY & CELL PHONE GUIDELINES

Computer/Internet Access

Youth may be allowed to have reasonable computer/internet access for educational or entertainment purposes. It is expected that discussion around this use and guidelines will occur with the foster parent

and the Social Worker (and parents if applicable). Access to a computer/internet should also be determined by the youth's history and should be monitored to ensure appropriate use and interaction with others. Be sure to conduct periodic checks of your PC and lock websites from access as appropriate.

Home Phone Use

Wake County supports youth maintaining connections. Youth may be allowed to use the home phone to facilitate phone contact with parents and extended family. Scheduling should occur with the Social Worker as appropriate. Phone contact with family should not be withheld as a form of punishment. There are many ways to allow youth to have access to family without presenting additional issues within the household. In some cases, SKYPE, Facetime, and other forms of virtual contact are used for communication.

Cable/Satellite Access

Youth may be allowed to have reasonable cable/satellite access for educational or entertainment purposes. Access should also be determined by the youth's history and should be monitored to ensure appropriate use. Be sure to lock adult channels from access and authorization to purchase channels/movies only as appropriate. Wake County will not bear any financial responsibility for bills incurred due to unauthorized use by youth.

12. VOLUNTARY PLACEMENT AGREEMENTS (VPA) FOR YOUTH AGES 18 AND OVER "CARS": Contractual Agreement for Continuing Residential Support

Young adults who have aged out of foster care at 18 years of age are eligible to enter a Voluntary Placement Agreement with Wake County via the Extended Foster Care (18-21) Program. Young adults must meet at least one of the following criteria:

- Enrolled in high school or a program leading to an equivalent credential; or
- Enrolled in an institution that provides postsecondary or vocational education; or
- Participating in a program or activity designed to promote or remove barriers to employment; or
- Employed for at least 80 hours per month; or
- Incapable of completing the educational or employment requirements due to a medical condition or a disability.

The young adult must also:

- Be 18 years of age, but not yet 21 years of age
- Agree to abide by the provisions of the Voluntary Placement Agreement
- Agree to reside in an approved placement

CONTACTS:

Kimberly Gibson, LINKS Coordinator
Kimberly.gibson@wakegov.com
(919)212-7856 (office)
(919)210-7863 (mobile)
New fax #?

Tamra Sanchez, Permanency Services Supervisor
Foster Care 18-21 & LINKS Program
Tamra.Sanchez@wakegov.com
(919)212-7674 (office)
(919)208-0155 (mobile)
New fax #

VI. WORKING WITH BIRTH FAMILIES



A. AN INTRODUCTION TO SHARED PARENTING

The state of North Carolina, in conjunction with the Federal Government, has adopted a shared parenting model of foster care. Wake County Human Services requires shared parenting and includes a shared parenting framework and principles in daily practice.

1. FRAMEWORK OF SHARED PARENTING:

Shared parenting represents an active alliance among the important people in the child's life: birth parents, foster parents, and agency workers. Recognizing that the connection between parents and their children is the single most powerful relationship upon which to preserve or rebuild families, shared parenting emphasizes establishing an alliance with parents to protect their children, rather than simply an alliance with children to protect them from their parents.

Within the shared parenting framework, child welfare staff and foster parents work as a team. As with any effective team, players have different roles, responsibilities, and tasks, but each team member has the same goal. In this case, the goal is to preserve or rebuild the family around the long-term welfare of the child. This requires team members to form a partnership or positive alliance with the birth parents, always seeking to keep parents focused on the welfare of the child.

Historically, child welfare agencies have primarily emphasized their mission of child protection; therefore, the agency's primary helping alliance has been with the child. The purpose of this alliance is to ensure that the child's needs of nurturance and safety are met. Since the main threat to child safety is generally parental behavior, the alliance seeks to shield the child from risk created by the parents. While the intended benefits of safety are real, both the child and the parents may tend to experience the intervention as reducing emotional and physical safety, rather than increasing it.

2. SHARED PARENTING EMPHASIZES FOSTER PARENTS AS SUPPORT, NOT SUBSTITUTES:

Abbreviated time frames mandated by legislation, such as the Adoption and Safe Families Act (ASFA), increase the urgency for foster parents and birth parents to begin working together quickly, whenever possible. ASFA was designed to refocus child welfare agencies on the issues of safety, well-being, and more timely permanence for children. In addition to placing children on a fast track to permanency, ASFA significantly changed the foster parent role.

In the shared parenting framework, foster parents play vital roles of supplementing and supporting birth families rather than substituting for them. Therefore, foster parents need explicitly defined social contracts with birth families. Foster parents must be prepared to care for a child independently, while emotionally and psychologically sharing the child with others.

B. SHARED PARENTING - SIX PRINCIPLES OF PARTNERSHIP

1. EVERYONE DESIRES RESPECT:

This principle is based on the idea that all people have worth and recognizes everyone's rights to self-determination and to make their own decisions about their lives. Acceptance of this principle leads one to treat clients with respect and to honor their opinions and worldview. True partnership is impossible without mutual respect.

2. EVERYONE NEEDS TO BE HEARD:

This principle is based on Covey's "seek first to understand" and is accomplished primarily through empathic listening. While empathic listening looks very much like active or reflective listening, what differentiates it is the listener's motivation.

Active and reflective listening are techniques that are often used to manage or manipulate someone's behavior so that the listener can advance his own agenda. Empathic listening is motivated by the listener's desire to truly understand someone's point of view—to enter someone's frame of reference—without a personal agenda. When one feels heard and understood, defensiveness and resistance are unnecessary, and solutions can be sought.

3. EVERYONE HAS STRENGTHS:

This principle recognizes that all people have many resources, past successes, abilities, talents, dreams, etc. that provide the raw material for solutions and future success. As "helpers" we become involved with people because of their problems. These problems then become a filter that obscures our ability to see strengths. Acceptance of this principle doesn't mean that one ignores or minimizes problems. It means that one works hard to identify strengths as well as problems so that the helper and the client have a more balanced, accurate, and hopeful picture.

4. JUDGMENTS CAN WAIT:

This principle recognizes that once a judgment is made, one's tendency is to stop gathering new information or to interpret considering the prior judgment. Therefore, since a helper's judgments can have an immense impact on a client's life, it is only fair to delay judgment as long as possible, then to hold it lightly, while remaining open to new information and opportunities to change one's mind. Acceptance of this principle does not mean that decisions regarding safety cannot be made quickly; it simply requires that ultimate judgments be very well considered.

5. PARTNERS SHARE POWER:

This principle is based on the premise that power differentials create obstacles to partnership. Since society confers power upon the helper, it is the helper's responsibility to create a partnership with a client, especially those who appear hostile, resistant, etc. Clients do not owe us their cooperation; we must earn it.

6. PARTNERSHIP IS A PROCESS:

This principle recognizes that each of the six principles is part of a greater whole. While each has its merit, all are necessary for partnership. Each principle supports and strengthens the others. In addition, this principle acknowledges that consistently putting the principles into practice is hard. Acceptance of the principles is not enough; it requires intention and attention to practice the principles.

Source: Bringing It All Back-Home Study Center. (2002) Partners in Change: A New Perspective on Child Protective Services (curriculum). Morganton, North Carolina; Author.



IT TAKES A VILLAGE

C. SHARED PARENTING TIPS FOR FOSTER PARENTS

1. Live by the six principles of partnership!
2. The goal is to meet each partner's needs in partnership together. (Trust should increase/ attachments should increase/nurturing relationships for the child should increase).
"It takes a village to raise a child" – African Proverb
3. Face your fears and identify needs!
4. Become an effective partner:
 - Know your role with the child (to teach, train and nurture), birth parent, and staff (to educate, communicate and be a role model and mentor).
 - Practice the five languages of love (words of affirmation, spending quality time, gifts, acts of service, and physical touch).
 - Be a positive, grace-giving, flexible person.
5. Have crucial talks at other crucial times in the case (when unsupervised visits start, after reunification, before adoption, etc.). Develop a crisis plan together and decide how you will communicate with the team should conflicts occur.
6. Know the children: You will lose children if you push birth parents out of their lives. In every foster child is a "birth parent void" that they will fill with a relationship with their real parent or create a "fantasy parent." The more questions you leave in a child's mind about their birth parents, the more preoccupied they become with getting/creating answers. Many foster children "live with ghosts" regarding their birth families.

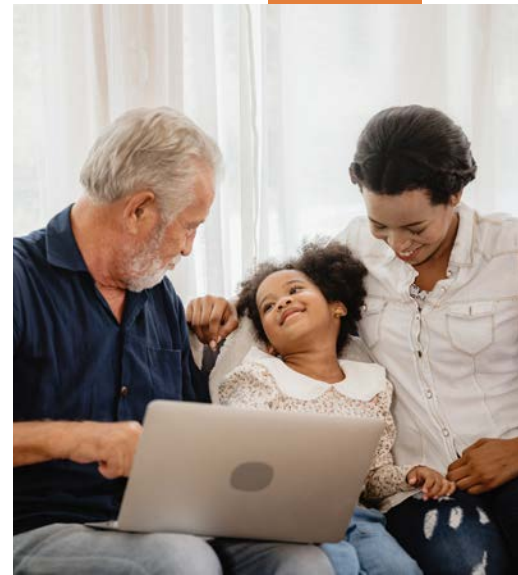
D. FOSTER PARENTS BRIDGING THE GAP OF SEPARATION BETWEEN CHILDREN AND THEIR BIRTH FAMILIES (A CONTINUUM OF CONTACT): *Please be sure to first consult with the child's Social Worker before engaging with family members to ensure compliance with court orders.*

1. SUPPORT:

- Exchange letters with the child's family via Social Worker
- Call the child's parent on the phone
- Request pictures of the child's family to display in the child's room
- Give parents pictures of the child
- Share copies of homework and report cards with family
- Have a positive view of the child's family
- Talk openly with the child about family
- Send snacks/activities for visits
- Encourage parent's progress
- Dress the child in clean, well-fitting clothes for visits
 - Overdressing children for visits can be offensive to parents that cannot provide expensive clothing for their children
- Share monthly progress reports with birth parent(s)
- Foster parent host/arrange sibling visits
- Brag to parent(s) about children
- Request cultural information from birth parent(s)

2. HELP:

- Transport child to visits
- Talk with parents at visits
- Encourage parents to phone the child
- Meet the child's family at the time of placement
- Present with a non-threatening attitude
- Refer to the child as "your child" when speaking to birth parents, to acknowledge that the child is the birth parent's child
- Share parenting information
- Attend reviews, staffing and team meetings
- Help birth parents find community resources
- Encourage/reassure reunification
- Share the child's life book with parents
- Attend trainings to learn how to work directly with birth parents
- Learn about, understand, and respect the birth parents' culture



3. TEACH:

- Take the child to the parent's home
- Pick up the child from the parent's home
- Serve as the birth parent's mentor without imposing your values
- Review/discuss the child's visits with parents
- Give parents verbal progress reports
- Invite parents to come to appointments, e.g., medical, dental, school, etc.
- Transport birth parents to meetings when appropriate
- Invite the child's family to attend school programs, when appropriate
- Assist in planning the child's return to the birth home

4. PARTICIPATE:

- Welcome parents into your home with prior approval of child's social worker
- Attend parenting classes with parents
- Arrange family visits with parents
- Serve as a support to the family following reunification
- Provide respite care
- Include birth parents in farewell activities

E. YOUR RESPONSIBILITIES TO THE BIRTH FAMILY

A very important job for foster parents is to support the ties between the child and his/her birth family. It is necessary for you to recognize and accept the strong feelings a child may have toward his/her family members. You can help a child by:

- Encouraging and supporting visitation with parents, siblings, and other family members.
- Sharing records of the child's accomplishments such as school papers, awards, photos, etc. with birth parents.
- Asking birth parents about the child's likes and dislikes, and food and sleep habits.
- Having the child send birthday and holiday cards with a photo and a small gift or remembrance.

All these things will help the birth parents feel they are a part of the child's life. Every chance to do so gives them dignity and brings them closer to becoming a family again.

F. VISITS BETWEEN CHILDREN AND THEIR PARENTS

Birth parents have the right to visit their children while they are in foster care. Social workers are required by state and federal regulations to work out a signed visitation agreement with parents, and to encourage visits to take place. All arrangements for visits should be planned and approved by the Social Worker. Social workers have the responsibility of coordinating the time and appropriate place for visits. Until deemed unnecessary, they are also responsible for supervising visits, unless a designee has been appointed. Visits may take place at Wake County Human Services' offices, parks, or in other age appropriate locations. The exact number of visits will depend upon the child's needs, age, and circumstances.

Foster parents are under no obligation to accept unplanned visits by birth parents, nor is a child to leave your home to visit parents or family members without prior planning. Simply explain to the parents that they must make visiting arrangements through the Social Worker.

Visits are important for both the child and his/her family. There is generally a strong emotional involvement between the child and parent, and visits may be upsetting as they remind children of the separation loss they have experienced. After a visit, children may regress to difficult behavior such as bed wetting, tantrums, and/or withdrawal. Despite these problems, visits are important because they help children maintain ties with their family and are an essential part of treatment for a child. You can help a child by offering reassurance after a visit and a time to express strong feelings. The child needs to know that you will continue to care for him/her, and that he/she can share his/her hurt and confused feelings with you.

It is sometimes difficult for birth parents to have their children living with another family. If differences arise between you and the child's family, we will try to help resolve them. In most cases, it is best for foster parents not to become involved in the personal problems of the child's birth family. However, we have seen that foster parents can provide good role modeling for birth parents without judgment or imposing their own values. We encourage this involvement and suggest that you talk about it with the child's Social Worker, who can set up an introductory meeting between you and the birth parents.

G. VISITS BETWEEN SIBLINGS

Sometimes siblings in foster care may live in different foster homes. It is the responsibility of the Social Worker to arrange for regular visits between siblings who are placed in different homes. The relationship between a child and his/her brothers and sisters is very important, and you should encourage these visits. Please try to take advantage of regularly scheduled social opportunities for siblings placed in different homes to visit one another. Also, foster parents are asked and expected to transport their foster children to see their siblings residing in different foster homes. You are also expected to arrange those visits with the other foster family with the Social Worker's prior approval of said visitation.

H. PARENT AND FOSTER PARENT INTRODUCTION MEETINGS

PURPOSE:

To nurture a supportive relationship between parents of children in foster care and their child's foster parents as information about the child is shared. This meeting is the first step in the development of a partnership between the caretakers of the child in foster care.

WHEN TO SCHEDULE:

These meetings should occur within two weeks of the child's placement in foster care. Optimal times for an introductory meeting are when both parties are likely to be present, such as when the Initial Placement Conference takes place or prior to the child's first visit with the parent.

WHO SCHEDULES:

Introduction meetings are scheduled by the foster care social worker provided the case is transferred into a foster care unit per agency protocol. If an investigator does not immediately transfer the case, they would be responsible for the introduction meeting as well as other foster care related work.

WHO PARTICIPATES:

Introduction meetings are facilitated by the Child Welfare Social Worker responsible for placement. In attendance should be the parents of the child in foster care and their child's foster parents. Children in foster care could be included, if their attendance would enhance the meeting and be in their best interest.

PREPARING FOR THE MEETING:

Prior to the meeting, it is important for the Social Worker to speak privately with both the parents and foster parents about how the other are likely to react to the interaction. Additionally, any issue that is likely to alarm either the parent or the birth parent should be discussed prior to the meeting. An example of this would be if the child's race were different from the foster parents. It is important to know prior to the meeting the level of contact that the birth and foster family is willing to initially accept. It is not likely that most parents or foster parents would be comfortable exchanging telephone numbers until a relationship has been developed. It is important for the Social Worker to clarify that exchanging telephone numbers is not expected at the introduction meeting.

Both the parents and foster parents should be prepared for what to expect during the meeting, and they should be informed that the discussion should center on the needs of the child. The parents, as experts on the child's likes and dislikes, should be empowered to share this information with the foster parents. Foster parents should be encouraged to ask questions about the child's routines and preferences. The foster parent's Licensing Social Worker should be informed of the introduction meeting date as they may desire to call the foster parent and provide support.

BUILDING ON GREAT INTRODUCTION MEETINGS:

- "How do we take care of your children while they are in our care?"
- "What would make a difference for you?"
- "I appreciate this about you."
- "I need your help with..."
- "Can I have a picture of you for their room?"
- "What does your child like to be called? What do you like to be called?"
- "What is your child's favorite food? What does your child like to do for fun?"
- "What do you want your child to call me?"
- "Any direction regarding haircuts? Piercing? Holidays? Visits with siblings?"
- "Can we set up a regular communication time? What about phone calls?"

FACILITATING THE MEETING:

During the meeting, the Social Worker will set ground rules, establish the purpose of the meeting, and facilitate discussion concerning the child in foster care. Foster Parents should bring a list of possible issues that may need to be discussed given the child's age and developmental level.

POSSIBLE ISSUES TO ADDRESS AT INTRODUCTION MEETINGS

- What foods does the child like?
- What are the child's favorite toys?
- What things scare or frighten the child?
- Does the child sleep with the light on or off?
- How is the child doing in school?
- How has the child's behavior been managed in the past?
- How has the child been disciplined? What did or did not work?
- What is the child's relationship with his/her siblings like?
- Does the child have certain routines around bedtime?
- What is the child's likes and dislikes?
- What are the child's favorite hobbies or activities?
- What is the child's favorite TV show, cartoon, book, musical group, movie, or ice cream?
- What does the parent see as special about the child?
- Does the child have clothing needs?
- How will the child visit? Who transports, who, where, and when?

FOLLOWING THE MEETING:

The Social Worker should discuss and process impressions of the meeting from both the foster parent and birth parent. A telephone call to the Guardian ad Litem is recommended as they would likely want some information about the meeting.





VII. WHEN A CHILD MOVES

A. WHY DO CHILDREN MOVE

Children in foster care may move from your home for a variety of reasons. Some of these are:

- To return to their birth family.
- The foster family situation has changed, and foster parents are unable to continue caring for the child (divorce, moving out of state, illness, etc.).
- The child's behavioral and emotional needs are beyond what can be accommodated in a non-level foster care setting, i.e. the child needs to be in a more structured setting, such as a therapeutic foster home, group home, or residential setting.
- The foster family is unable to meet the special needs of the child.
- The Social Worker decides that the placement is not the most appropriate place for a child. For example, the child may be moved so that he or she can be with siblings.
- The child moves on to live independently.

B. HELPING A CHILD MOVE

No matter what the situation surrounding the move of a child, the highest priority should be placed on the well-being of the child. Separation is a very traumatic experience for children, and you will need to work closely with the Social Worker to help prepare the child by explaining the reasons for the move, and helping the child deal with his/her conflicting feelings about the change. When a child returns home or moves to another foster home, this should be preceded by pre-placement visits. You and the Social Worker will be very involved in this moving process and will want to work together closely to ensure its success.

Separation can also be very difficult for foster parents. A positive attitude is important, and you should always remember that your verbal and non-verbal behavior will convey feelings to the child. Remember, to be a foster parent, you need to be able to love and let go.

Your interest in a child who left your home is understandable, and if possible, the Social Worker will keep you informed of the child's progress. It may be possible to have some continued contact with the child depending on the circumstances. You can discuss this with the Social Worker.

Children should move with all their possessions including toys, gifts, and their clothing. If a child in your home moves, be sure all clothing and belongings including toys, pictures, and Lifebook are packed for them. This is a minimal list, and is not fully inclusive of the number of a child's possessions who has been in a home for several years.

C. WHEN YOU ASK TO HAVE A CHILD MOVED

The steps in ending a placement should be carefully planned, no matter what the circumstance. Foster parents need to make every effort not to insist on the immediate removal of a child from the home, except for the most compelling reasons. Sudden movement from your home can be just as confusing and damaging to a child as was the original separation from his/her family.

If you are experiencing problems in caring for a child, you should be in close communication with the child's social worker and your Licensing Social Worker. Together you can possibly try other solutions to work with the

child. If you continue to feel as though you cannot parent the child, then immediately notify Wake County Human Services so that we can begin making other plans. We ask that you keep the child in your home until we can make other arrangements, and we will need a minimum of two weeks' notice.

If a child is leaving at your request, you will need to work extra hard so that you do not convey to the child that he/she is a bad person, or that he/she is being punished for negative behavior. Instead, try to tell the child the move is being made so that he/she will be able to receive the additional help and support he/she needs. A positive attitude is especially important. Try to understand the child's feelings currently and make the remainder of his/her stay with you as positive as possible.

D. CHILD & FAMILY TEAM MEETINGS (CFT)

1. What is a Child & Family Team Meeting?

Team Decision Making (TDM) helps ensure that everyone who plays a role in the child's life has a voice in deciding the most appropriate plan for the child and their family. The focus is the safety and needs of the child.

2. When is a Child & Family Team Meeting Necessary?

A CFT meeting will be held when:

- The Social Worker and supervisor have concerns about a child's well-being, the risk to his/her safety, and the possible need to be removed from the home.
- A child is in foster care and a change in their current placement is required or requested.
- A child in foster care is being considered for reunification with their family, adoption or custody with relatives, or court-approved caretakers.

3. Who Can Attend the Meeting?

The family and anyone they feel will be supportive to them including relatives, community representatives, friends, neighbors, etc. Other attendees can include their Social Worker, a supervisor, service providers, foster parents, the Guardian ad Litem, and the CFT facilitator.

4. The Primary Goal of Child & Family Team Meetings Shall Be:

- To meet the child(ren)'s individual needs
- To keep siblings together whenever possible
- To maintain the child(ren) in their community or family of origin
- To make decisions that support the goal of permanency and reduce the length of stay in care
- To stabilize, preserve, and support placements, when appropriate, and to reduce the number of moves.

5. What Happens at a Child & Family Team Meeting?

- A trained facilitator guides the meeting.
- The Social Worker explains the situation and offers recommendations.
- Participants are asked to identify family strengths and needs.
- Participants identify options for placements that would ensure the child's safety and well-being.
- Participants brainstorm strategies and agree to support a final action plan.

- Birth parents get a chance to talk to the foster parents, relatives, or other caregivers caring for their child(ren).
- Birth parents are expected to give input in developing a plan and should be treated respectfully by all participants.
- Birth parents are encouraged to share information about the child, such as the child's likes, dislikes, eating habits, favorite toys, and activities, etc.
- If the child is in foster care, foster parents get a chance to discuss concerns, and to identify what support(s) they may need to maintain the child in their home.

CFT meetings usually last one to two hours and can be scheduled within a day or two by the Social Worker in accordance with the availability of the family and other participants.

6. What Are the Values of Child & Family Team Meetings?

- A group can be more effective in decision-making than an individual.
- Families are the experts on their own families.
- When families are respectfully included in the decision-making process, they are capable of identifying and taking part in addressing their needs.
- Members of the family's own community add value to the process by serving as natural allies to the family, and experts on the community's resources.

7. Where is the Child & Family Team Meeting Held?

Ideally, CFT meetings may be held in the community. When it is not possible for a CFT to be held in the community, the meetings will be held at one of the Wake County Human Services' sites.

CFT Meetings will not exceed two hours. CFT Meetings can be combined with PPATs, mental health TTM (Treatment Team Meetings) meetings, and adoption staffing's when advanced notice is given to the facilitator. *NOTE: As foster parents, your attendance is critical to this meeting process, to share with the team, the strengths, concerns, and needs your foster child may be presenting. You can also participate in identifying the services needed for your foster child and be part of the possible placement recommendation.*

E. ADVANCE NOTICE OF MOVES

The amount of prior notice foster parents may receive when a child must be moved varies according to the situation. Adoptions are usually planned, and there will be pre-placement visit. Infants moving into an adoptive home may move in less than a week, while older children may need pre-placement visits extended for a month or longer.

Moving children should be individualized and should be planned. The children need to be prepared for what to expect in a new foster or adoptive placement. They may also need time to deal with the loss of the foster family. The worker and foster parents need to communicate well to assess the special needs of the child. Workers also need to be sensitive to how foster parents may feel about a move, even though the timing of the move must be made based on what is best for the child.

Sudden moves for children are difficult, but they sometimes do occur. In court hearings, the judge can order a child to be immediately removed from foster care and returned home. In some situations, when a foster family is investigated for protective services allegations, the children in care may also be immediately moved.



VIII. FOSTER PARENT ADOPTIONS

WAKE COUNTY DEPARTMENT OF HUMAN SERVICES' ADOPTION PHILOSOPHY



“Adoption is the method provided by law to establish the legal relationship of parent and child between persons who are not so related by birth, with the same mutual rights and obligations that exist between children and their birth parent. The primary purpose of adoption is to help children whose parents are incapable of assuming or continuing parental responsibilities to become part of a new family.”* Adoption is a unique experience for all involved.

We believe that:

- Every child has the right to a permanent family that can meet his/her individual needs.
- There is an adoptive family available for every child.
- Adoption is a lifelong process, not just an event.
- Adoption forever links the birth and adoptive families through the child, who is shared by both.
- It is necessary for all to acknowledge and respect the connections the child has with the birth and adoptive families, other significant people, and cultural, ethnic, and racial heritage.
- Every child is entitled to live with his/her siblings in the same family.
- Every child has a right to remain in his/her current family for adoption unless there is clear evidence that this would be contrary to the child’s welfare.
- Adoption requires preparation and ongoing education and support for all parties to the adoption, including the child, the birth family, the adoptive family, the current caretaker, and others of significance to the child.

**Quoted from the North Carolina Division of Social Services Family Services Manual, Adoption Services, and in part taken from the Standards for Adoption Services of the Child Welfare League of America.*

A. TERMINATION OF PARENTAL RIGHTS/PERMANENCY PLANNING

The goal of child welfare is to keep families together: reunification with birth family whenever possible is our priority. Although many children in foster care can return to their birth families, there are times when parents are incapable of assuming or continuing parental responsibilities for a child. In these cases, adoption may become the case plan for a child. The decision to terminate a parent’s rights is made by Wake County Human Services and the court and involves a complete legal process.

B. ADOPTION POLICY AND PRACTICE

1. Selection of Adoptive Family

The goal of the adoption selection process is to identify a family that is likely to meet the child’s lifelong needs. The selection of an adoptive family for a specific child is guided by law, policy, and best practices.

The selection of adoptive parents for a child is the responsibility of the child’s agency and is made by an adoption committee. In some cases, selection may be made from several adoptive applicant families, all of

whom have had a complete and approved adoptive assessment that indicates their abilities to provide for the needs of a child or children similar to the one for whom the particular selection is being made. All such assessments must focus on the child's needs and on the applicants' ability to meet those needs.

In selecting prospective adoptive parents, Wake County Human Services determines if there are placement options that enable the child to remain in a familiar environment. If interested in adopting the child, foster parents are assessed as adoptive resources for the child. Strong consideration is given to placement with the foster parents, considering the length of time the child has been in the home, the depth and degree of bonding that has occurred, and the child's ability to move from the home and form satisfactory attachments in another home with another family. Unless it can be documented that placement with the current caretakers is contrary to the child's welfare and best interests, this is often the recommended placement decision.

Relatives must also be considered. The agency is required by law to notify relatives that a child is in custody and to consider them for placement unless the Court finds that such notification is not in the child's best interests. This obligation remains throughout the entire case, even when the relatives come in late to the process.

The policy also requires that every effort should be made to place siblings together. It is our responsibility to do everything we can to preserve these relationships, not sever them. Children in foster care have already endured terrible losses, and separation from siblings who share a common history is a devastating, ultimately isolating loss. It is important to remember:

- Children from dysfunctional homes may have stronger ties to their siblings than to their parents. The children learn to trust one another when they think they cannot trust adults. They may feel as though they have nothing but one another. Taking away a brother or sister is devastating and will increase their distrust of everyone else.
- Mental health experts say the significance and power of the sibling relationship are longer lasting and more influential than any others, including those with parents, spouses, or children. When the relationship is severed, the fallout may last a lifetime.
- Though sibling relationships may be strong at times and weak at others, a person's personal identity is interwoven with his or her siblings. Siblings give each other a core sense of who they are and where they come from.
- Siblings can help each other process the past and remember experiences.
- Separation from siblings teaches children to walk away from problems rather than resolve them.
- Separation from siblings teaches children that family relationships are not important.

2. Wake County Human Services Adoption Process

- a. When the child's case plan is changed to adoption, the Adoption Resource Team (ART) is notified and assigned the case to an Adoption Social Worker who is responsible for managing a variety of adoption work
- b. The child's Social Worker informs the foster family when the child's plan changes to adoption or TPR is scheduled.
- c. The child's Social Worker begins the process of obtaining relinquishments from the parents and/or

scheduling the TPR. Legal clearance must be completed before an adoptive placement is made.

- d. The ART Social Worker schedules an Initial Planning Staffing meeting. Foster parents who are interested in adopting are welcome to attend. If unable to attend, foster parents should let the Social Worker know they would like to apply to be considered for the adoption of the child. The ART Social Worker will provide the application packet to the foster family to complete and return within 30 days.
- e. Following receipt of the completed application packet, the ART Social Worker, within a 60-day time frame completes an Adoption Pre-Placement Assessment (PPA) and staffs for disposition with the ART Supervisor.

NOTE: PPA approval only confirms that the family meets eligibility criteria as an adoptive resource. It is not a decision to place the foster child for adoption with the family. The foster family will be notified of the Adoption Committee's decision when a selection has been made

- f. The child's Social Worker schedules any necessary evaluations to provide documentation for adoption assistance requests.
- g. The Adoption Resource Team assigns the Child Profile for completion. The foster parent will be contacted to give input regarding the child's current development and routines
- h. The child becomes free for adoption either by relinquishments of the parent(s), or through TPR action (court order signed) and the expiration of the appeal period.
- i. The child's worker informs the Licensing Social Worker, the foster family, and the child that the child is legally cleared for adoption. Responsibility for case management services may transfer to the ART Social Worker following the child becoming legally clear.
- j. The Adoption Resource Team schedules an Adoption Placement/Adoption Assistance staffing meeting. During the meeting, the team discusses the child's strengths, needs, and services; the Adoption Assistance Worker provides information regarding the child's eligibility for benefits and the Post Adoption Social Worker presents information about services and support available following adoption. If the family and team agree regarding moving forward with adoption, an adoption placement date is set and steps to finalization are outlined.
- k. The prospective adoptive parents will sign Petitions to Adopt in triplicate for each child. The ART Social Worker is responsible for compiling the paperwork required for the adoption and taking it to the Clerk's office. Petition filing fees are reimbursable through non-recurring adoption costs.
- l. The Clerk of Court reviews the adoption file and may request additional or amended documents. The time to issue the final decree will depend on the Clerk of Court's workload.
- m. The Clerk of Court mails the final order of adoption. One copy is sent to the adoptive family, one to Wake County Human Services.
- n. The adoption file is sent to the State Office to be indexed.
- o. After receiving notice that the adoption has been indexed, the adoptive parents can send for a new birth certificate.

C. CONTINUED PAYMENTS

Board payments and/or daycare funding for foster parents adopting their foster child(ren) usually can continue for the child being adopted until finalization. Daycare expenses are not covered after the adoption is final. After the adoption is final, the child(ren) will receive adoption assistance, **if he or she qualifies for it.**

D. ADOPTION ASSISTANCE

Adoption assistance is available to reduce financial barriers that may prevent the adoption of children with special needs who live in foster care. **Not all children are eligible for adoption subsidies.** Talk to your worker in this regard.

There are four categories of adoption assistance.

Monthly cash payments

If the child is eligible, adoption assistance is available in the form of monthly cash payments paid directly to the child's adoptive parents.

The monthly cash payment rates for adoption assistance are:

- \$475.00/monthly for ages 0-5 years,
- \$581.00/monthly for ages 6-12 years,
- \$634.00/monthly for ages 13-18 years.

5. Vendor payments

If the child is eligible, up to \$2,400.00 per fiscal year can be requested for payment or reimbursement for pre-approved treatments or services that are not covered by Medicaid and that address a pre-existing condition.

Eligibility for vendor payment benefits from adoption assistance may be determined prior to adoptive placement or at any time during the child's minority. The medical, mental, or emotional condition, congenital problem, birth injury or other problem must be determined to be pre-existing at the time of the child's adoptive placement.

6. Non-recurring adoption costs

One-time only reimbursement of expenses related to adoption. Examples would include attorney fees, medical exam fees, transportation, food, and/or lodging expenses, if applicable. The reimbursement limit for this assistance is \$2,000.00 per child.

7. Medicaid

Medicaid is available for most special needs children who receive adoption assistance in North Carolina. One category of Medicaid does consider the child's income, such as death benefits.

ADOPTION ASSISTANCE BEGINS THE MONTH FOLLOWING THE MONTH IN WHICH THE FINAL ORDER OF ADOPTION IS ISSUED.

IX. FINANCIAL INFORMATION



A. FOSTER CARE BOARD REIMBURSEMENT

Each month you will receive payment in an amount set by Human Services, which will help reimburse you for the expenses involved in caring for children placed in your home. These expenses include such things as food, clothing, toys, recreation, transportation, and allowances. This amount is also meant to include personal hygiene products appropriate for the age and sex of the youth, as well as personal need expenses for haircuts and/or monthly hair salon visits.

Foster care payment rates vary according to the age of the child.

The foster care board payment is usually deposited by the 15th of each month and represents reimbursement for expenses of the previous month. If a child is placed in your home in the middle of the month or leaves in the middle of the month, the board stipend is prorated accordingly. The stipend includes the first day a child is with you but does not cover the last day.

1. REFUND OF OVERPAYMENTS

Although we try to be accurate, there are times when there is an overpayment in the amount of the board check. It is our policy to subtract the amount of the overpayment from the following month's check to the foster family. However, if a subsequent check is not due, the foster parents are responsible for repaying the agency. Any overpayment that is not repaid may be referred for fraud investigation.

2. SSI, SOCIAL SECURITY, AND VETERAN'S ADMINISTRATION BENEFITS

Children in foster care sometimes may be eligible for social security benefits, death benefits, veteran's benefits, child support, etc. It is the responsibility of the Wake County Department of Human Services, as legal custodian, to apply for these benefits on behalf of the child. When benefits are received, they are required by policy to be used to cover expenses incurred for the child, such as monthly board, annual clothing allowances, etc. Additional money is deposited in a trust account administered by the department to be used to meet the child's needs. Foster parents should contact their Social Worker if they have questions regarding a child's possible eligibility for benefits.

3. THE EFFECTS OF THE MONTHLY REIMBURSEMENTS ON TAXES

The board payments made to a foster parent are considered reimbursement for expenses for the child, and they cannot be included as income for the family: this money is not taxable for federal income tax purposes.

Children in foster care cannot be considered dependents of the foster family. Tax laws vary from year to year; thus, it would be advisable that you contact your local Internal Revenue Service before filling out your income tax return.

4. DIRECT DEPOSIT

Wake County foster parents can request direct deposit of their foster care board check. An e-mail address is necessary to make a direct deposit. Check with your Licensing Social Worker.

B. INSURANCE

It isn't necessary for foster parents to purchase insurance for a child since his/her medical needs will be met through Medicaid, county funds, or the child's personal resources. Foster parents should not add foster youth to their personal health insurance.

C. EMERGENCY CLOTHING VOUCHER

Emergency clothing vouchers are issued, as needed, when a child first enters foster care. The emergency vouchers are generally only issued for children who come into care with little clothing. The "minimal basic clothing list" (which can be found in the last section of the handbook) can be used as a guide when making purchases.

D. ALLOWANCES

Children in foster care are to be given an allowance based on the child's age and needs. Money for the allowance will come from the board check. Please see the last section of the manual for the recommended scale.

E. DAYCARE AND AFTER-SCHOOL CARE

Financial assistance, for day care and after-school care expenses, is available for children in foster care with working foster parents only. This assistance can be used for Wake County Human Services approved day care centers. Arrangements will be made through your child's worker. Assistance for day care is also based on the foster parents' work schedule.

F. FREE LUNCH PROGRAM

All children in foster care are eligible for free school lunches. To apply for this, you must complete the lunch application form that your child will bring home from school. It is not necessary to list your household members on the application form. All you need to do is check the section of the application form marked "foster child." In order to receive free lunches, the form must be returned to the school. Call your child's school if you have any questions about this.

G. SUMMER CAMP

Children are encouraged to attend summer camp. Wake County Human Services has scholarships available for children to attend certain camps, funds permitting. Applications do need to be made early. You are encouraged to discuss summer camp plans with the child's social worker well in advance.

H. DAMAGE TO THE FOSTER HOME

Wake County Human Services is unable to assume responsibility for the wear and tear to your home, and damage to your home or property which occurs as a result of your being a foster parent. Unusual situations can be discussed on a case by case basis with your Social Worker. You are expected to have appropriate coverage through your renter's or homeowner's insurance policy.

X. EMERGENCY



EMERGENCIES



Emergency Preparedness is an integral part of being a foster parent and helps you know how to respond to emergency situations in an appropriate manner. Please take time to review this section and discuss any questions with your Licensing Social Worker. As a part of your training, your licensing social worker will discuss with you how to prepare for an emergency and together you will complete the Emergency Plan Checklist included at the end of this section. In this section, you will also find a Family Communication Emergency Plan form.

A. WHAT IS AN EMERGENCY?

A serious, unexpected, and often dangerous situation requiring immediate action.

B. WHO TO CONTACT IN CASE OF AN EMERGENCY?

1. DAYTIME EMERGENCIES

As soon as it is feasible to do so, notify Wake County Human Services (WCHS) by the following: (1) the child's Social Worker (2) the unit supervisor (if the child's Social Worker is not available) (3) your Licensing Social Worker (4) The Wake County Human Services Child Protective Services On-Call Supervisor who can be contacted by calling 911 and asking for the On-Call Supervisor.

2. AFTER-HOUR EMERGENCIES

In the event of an after-hour emergency (5:15 pm until 8:15 am), WCHS Foster Parents should contact the on-call number at **919-418-5448** to speak with the On-Call Licensing Social Worker. This number is to be used for **Emergencies Only** (things that cannot wait until the next business day). You may also call **911** and ask to be connected to the Child Welfare On-call Supervisor.

C. TYPES OF EMERGENCIES

1. CHILD PROTECTIVE SERVICES REPORT

When the matter reported could possibly rise to the level of a CPS Report, the On-call Licensing Social Worker will gather the details and call the Child Welfare On-call Supervisor to make them aware of the report. The Licensing On-call Social Worker will then complete a CPS Intake Report and email it to the Child Welfare On-call Social Worker and copy the two Licensing Supervisors. The Licensing On-call Social Worker will remain available by phone to clarify and answer any questions about the CPS report. The Licensing On-call Social Worker will consult with the Licensing On-call Social Work Supervisor as needed to discuss the incident and to determine the most appropriate course of action.

2. MEDICAL & MENTAL HEALTH

a. ACUTE ILLNESS: PHYSICAL HEALTH

In case of a child's sudden illness or accident requiring attention, take the child to a physician or to the Emergency Department of a hospital for treatment. If hospitalization is required, be sure to inform the hospital that the patient is a foster child. The hospital will also need to be shown the child's Medicaid card and be given the name of the agency and Social Worker.

Notify the agency as soon as possible. Social Workers also need to be informed of both serious and less acute physical/mental problems and accidents as soon as possible. Use your judgment, but in most cases, you can wait until normal working hours to report minor accidents (such as a broken arm) and medical problems.

b. SURGERY

If an operation is required, foster parents may neither sign the operative consent nor consent for anesthesia. It will become necessary for Wake County Human Services to become involved. If no DHS administrator can be reached in the case of an emergency, two physicians in agreement with each other can authorize emergency surgery care.

c. ACUTE ILLNESS: MENTAL HEALTH

The Mental Health Services Access Center is open for children or adults needing mental health services 24 hours a day, 7 days a week. The center will schedule emergencies on the same day. Emergency situations include youth who are at risk of hurting themselves or others. To access mental health services at WakeBrook Behavioral Health Facility located at 111 Sunnybrook Road, Raleigh, NC 27610, call 984-974-4800 (open 24 hours).

Please contact the child's foster care social worker as soon as possible when a mental health need arises. **Never leave a child alone who is at risk of harming themselves or others.**

d. MEDICAL CONSENT FOR TREATMENT

As the foster parent you are to notify the physician, nurse, or hospital staff that the child is in foster care and that consent to treat must be obtained from Wake County Human Services.

Advise the Medical Provider to call 911 and speak to the Child Welfare On-call Supervisor who will seek consent from the On-call Program Manager.

D. RUNAWAY

When a child runs away, the child's Social Worker or Unit Supervisor must be notified immediately. A Missing Person's Report should be filed with the police/sheriff within 24 hours. A pickup order should also be filed.

E. SCHOOL

If the child gets into serious trouble at school, the child's Social Worker or Unit Supervisor must be notified immediately.

F. ATTEMPT TO KIDNAP/KIDNAPPING

If anyone, including the child's parents, tries to take the child from your home without agency permission, 911 should be contacted immediately and the child's Social Worker or Unit Supervisor must be notified as soon as possible.

G. WHEN A CHILD BREAKS THE LAW

It is expected that any knowledge of illegal activity by the child will be reported to the Police. It is also required that the child's Social Worker or Unit Supervisor be notified. The agency does not provide bond

assistance for a youth who may be jailed. If an attorney is necessary, he, she, or they will be appointed by the court through the regular judicial proceedings for indigent persons.



H. EVACUATION

1. Plan to Evacuate

Many kinds of emergencies can cause you to have to evacuate. Examples include natural disasters such as fire, flood, tornado, hurricane, etc., and man-made disasters such as gas leaks, oil spills, radiation, terrorism, etc. In some cases, you may have a day or two to prepare while other situations might call for an immediate evacuation. Planning is vital in ensuring that you can evacuate quickly and safely no matter what the circumstances.

2. Before an Evacuation

Learn the types of disasters that are likely in your community and the local emergency, evacuation, and shelter plans for each specific disaster.

- Plan how you will leave and where you will go if you are advised to evacuate.
- Check with local officials about what shelter spaces are available for this year. The coronavirus may have altered your community's plans.
- If you evacuate to a community shelter, follow the latest guidelines from the Centers for Disease Control and Prevention (CDC) for protecting yourself and your family from possible coronavirus: people over 2 years old should use a cloth facial covering while at these facilities.
 - Be prepared to take cleaning items with you like cloth face coverings, soap, hand sanitizer, disinfecting wipes or general household cleaning supplies to disinfect surfaces.
 - Maintain at least 6 feet of space between you and people who aren't in your immediate family.
- Identify several places you could go in an emergency such as a friend's home in another town or a motel. Choose destinations in different directions so that you have options during an emergency.
- If needed, identify a place to stay that will accept pets. Most public shelters allow only service animals.
- Be familiar with alternate routes and other means of transportation out of your area.
- Always follow the instructions of local officials and remember that your evacuation route may be on foot depending on the type of disaster.
- Come up with a family/household plan to stay in touch in case you become separated. Have a meeting place and update it depending on the circumstance.
- Assemble supplies that are ready for evacuation. Prepare a "go-bag" you can carry when you evacuate on foot or public transportation and supplies for traveling longer distances if you have a car.
- If you have a car:
 - Keep a full tank of gas if an evacuation seems likely. Keep a half tank of gas in it at all times in case of an unexpected need to evacuate. Gas stations may be closed during emergencies and unable to pump gas during power outages. Plan to take one car per family to reduce congestion and delay.
 - Make sure you have a portable emergency kit in the car.
- If you do not have a car, plan how you will leave. Decide with family, friends, or your local emergency management office to see what resources may be available.

3. After an Evacuation

- If you evacuated, check with local officials both where you're staying and back home before you travel.
- If you are returning to disaster-affected areas after significant events, prepare for disruptions to daily activities. Remember that returning home before storm debris is cleared is dangerous.
- Let friends and family know before you leave and when you arrive.
- Charge devices and consider getting backup batteries in case of power-outages.
- Fill up your gas tank and consider downloading a fuel app to check for outages along your route.
- Bring supplies such as water and non-perishable food for the car ride.
- Avoid downed power or utility lines. They could be live with deadly voltage. Stay away and report them immediately to your power or utility company.
- Only use generators outside and away from your home. NEVER run a generator inside a home or garage or connect it to your home's electrical system.





XI. HEALTH AND SAFETY

A. MEDICAL AND DENTAL CARE

Foster parents are expected to provide for a child's routine medical and dental needs. This includes routine immunizations for children. Many children who enter care are behind in medical and dental checkups and may need your help in getting their checkups current.

1. INITIAL MEDICAL EXAMINATION/CHILDREN'S HEALTH AND DEVELOPMENT PROGRAM (CHDP)

This program will assess the medical, dental, mental health/behavioral and developmental status of children entering foster care. The interdisciplinary team of CHDP will create an individualized plan of care to address specific needs in health, development, behavior, mental health, ongoing medical case management and available services for Wake County foster children ages 0-18.

Services include:

- An initial health screening, shortly after entering out-of-home care, will be made available to identify any immediate medical, urgent medical health, or dental needs. You will be contacted if your child is being seen by this program. The coordinator can be reached at (919) 212-8361.
- A comprehensive health assessment, within a month of placement, which includes gathering and reviewing all past medical records, school/childcare information, immunization status, etc. This will typically occur as part of your CHDP visit.
- A developmental assessment will occur as part of the CHDP visit for children 6 years and under.
- A mental health assessment for children older than 4 years who will be seen by Hope Services.
- A plan of care to include identification of a medical home, special health needs, specific behavior/developmental concerns, and assistance for families in securing needed referrals.

Know who your medical home will be for your child and bring any medication the child has been provided to the CHDP visit.

Bring any forms required for daycare, school, or your Social Worker at the time of the visit to the CHDP provider.

2. MEDICAID

Most children in foster care are eligible for Medicaid to meet their medical and dental needs. The Medicaid identification card will be sent to you and will cover most needs. There will be a delay between the time a child is placed with you, and your receipt of the Medicaid card, since it takes approximately four weeks to process the Medicaid application. If this should happen and the physician will not see your child without a card, you will need to contact the child's Social Worker so that the worker can make alternative arrangements for care.

Some physicians and dentists do not accept Medicaid; therefore, it is important to inquire in advance when making an appointment. Your child's Social Worker should be able to help you locate a Medicaid provider in your area. Always remember to bring the child's Medicaid card with you when taking the child for treatment.

Medicaid covers hospital inpatient and outpatient care, physician services, prescription medicines, eye care, and dental care. It sometimes covers orthodontia (braces), but it may not cover all expenses. Foster parents are not responsible for medical expenses. If you find that medical needs of the children are not being met, speak to the child's social worker about this.

Your child (>5 years) will be referred to CCWJC, Community Care of Wake Johnston Counties, if they are seen through CHDP. A case worker with CCWJC will be helping to manage the ongoing medical needs of your child.

3. FILLING A PRESCRIPTION

Medicaid pays for most prescriptions. In the event that a prescription is needed and there is no Medicaid card yet available, you can ask the child's Social Worker to arrange to obtain the medication via agency resources.

4. MEDICATION ADMINISTRATION FACTS TO FOLLOW

Making sure that children have proper medical care is mandated by government regulations in Child Welfare. If children must take medication, prescribed or over the counter, parents and agency child welfare staff must take its administration seriously.

Since 2002, the foster parenting standards require that foster parents keep a written log of all medications that they give a child in their care. Agency staff has always needed to keep this information in the child's record, and now there is a licensing standard to help the child's worker get this information monthly. Keeping this medication log makes you a valuable part of the child's team. With it, you are documenting the effect medications have on the child, whether or not the child is improving on the medication, how his/her behavior is being affected, and/or the medication's effects on his/her daily life. Your attention to this task is important and appreciated.

Your Licensing Social Worker will be training you on how to fill out the log, and the child's social worker will be responsible to get the log from you monthly. Your Licensing Social Worker will be checking in with you about how it is going, asking to see the log, and supporting you as you get used to doing this for the agency. The child's social worker is the person to speak with about the medicine, refilling the prescriptions, the effect of the medication, etc.

Having a secure storage place for the medicines in your home is a requirement. Each foster home will need to have its own lockbox for personal medication. If there are multiple children in the home taking medications, the medicines should be kept in separate, marked zip lock bags inside the lockbox. You may choose to put a lock on a cabinet instead. Even over-the-counter drugs, e.g., aspirin and cough medicine must also be locked up. If the medication needs refrigeration, then there will also need to be a lock box in the refrigerator as well. Please discuss your own plan of how to keep your medications safe from the children so that you will be in charge. These requirements are now a part of foster home licensing standards for every child placement agency in North Carolina.

OTHER FACTS TO FOLLOW:

- a. You cannot make a child take his/her medication. If the child refuses to take his/her medication, your responsibility is to call the child's social worker right away. Leave a voice mail, if prompted. The child's social worker will then call the case manager, if the child has one, or discuss calling the doctor for further instruction from the medical professionals. You should get the prescription explanation sheets from the doctor or the pharmacy so that you know what the side effects are and what happens if a dose is missed.
- b. If you make a medication administration mistake, call the Social Worker, case manager, doctor, or psychiatrist, as a missed dose could cause serious side effects.
- c. Administer medication in front of the child and watch them take it. Most children are very cooperative in taking their medications, but if you think they may be trying to keep it in their mouth instead of swallowing, ask them a question to get them to talk. This is a way to verify if this is the case.
- d. Each medication, prescription or non-prescription, will need a separate log. If the medication is non-prescription, then a running log may continue (until you fill out the sheet, even if it takes a month or more) e.g., if you are occasionally administering cough medicine over a period of months, vs. daily.
- e. Each month, it will be necessary to fill out the log for prescription drugs and turn it in whether it is a complete sheet or not.
- f. When a child goes to spend the night with anyone, the log will still need to be filled out. You can ask the person who is giving the medicine to write it on a sheet of paper, and then you can transfer the information to the log.
- g. Each new bottle of medicine will have a new prescription number. That also means that a new log must be started.
- h. Some drugs have addictive properties, and therefore will have to be monitored by a medical professional, with your observations included. Some drugs cannot be refilled until this evaluation is done.
- i. Non-prescription drugs must be approved by a doctor, if a child is taking prescription drugs. This is to assure there are no side effects from mixing the medications.
- j. If the child must take the medicine at home and school, the pharmacy, not the foster parent, must divide the medicine between the two settings. You must deliver the medicine to the school, not the child.
- k. If the child is hospitalized and the medications are changed, the child will need to see a doctor within 30 days. This will be discussed and planned before the child is discharged.
- l. With medications, there are six-month reviews planned where parents and staff are invited to talk about the effects and to see if there need to be any changes.
- m. When a child moves, the medications must be given to the Social Worker.
- n. When a child stops taking a medication, the bottles need to be given back to the Social Worker with the log. It is no longer permissible to flush the medicine down the toilet.

Questions about this new process are welcome. Please speak freely with your child's social worker and your Licensing Social Worker.

5. DENTAL CARE

It is agency policy for children over one year of age to have a dental examination every six months. It is best to try and arrange for a dental exam as soon as possible after placement. Again, it is necessary to remember that not all dentists accept Medicaid. Discuss any special dental needs (such as orthodontic services) with your child's Social Worker. You can also contact your Licensing Social Worker.

B. HIV (AIDS) TESTING

Some foster/adoptive parents ask about the possibility of a foster/adoptive child carrying the HIV (AIDS) virus. Children coming from identified high-risk backgrounds are being tested for the HIV virus when they come into care. In the great majority of cases, the test results are negative. However, if the test is positive and the child carries the virus, caregivers should follow the guidelines on the following pages. They should also be used while awaiting test results.

It is important to note that current research clearly indicates normal family life for HIV-infected children does not pose a health risk to other family members. However, since accidents and unusual medical situations sometimes occur in the home, these guidelines are useful in dealing with HIV as well as many other contagious illnesses to which children are susceptible.

C. HEALTH CARE GUIDELINES

Like any parents, foster and adoptive parents should use good judgment in health care practices with children. Because of the neglect and abuse experienced by many foster children prior to placement, they occasionally come into care with some illness. Young children in particular may be susceptible to certain illnesses. We encourage you to read the accompanying handouts regarding communicable disease control and common child-rearing practices, and to carry out the recommendations in caring for all children. These are called **Universal Healthcare Guidelines**.

It is important that families with whom children are placed by Wake County Human Services practice good health habits. These precautions will help protect both the foster and adoptive family, as well as the children placed in the families' care.

- HAND WASHING

Hands should be washed with soap and water before and after changing diapers, preparing or eating food, cleaning or caring for minor cuts and abrasions, or contact with one's own bodily fluid. (COVID Statement?) With COVID-19, hand washing is particularly important to prevent the spread of germs.

- GLOVES

Disposable gloves need to be worn in the following situations only:

- When handling secretions, excretions, blood, or blood products
- When handling diapers, linen, or clothing soiled with urine, stool, vomitus, or blood
- When assisting females with vaginal bleeding
- If caregiver has a break in the skin or their hands
- When treating cuts, bites, nosebleeds, insect bites, or burns

When gloves are removed, wash hands thoroughly. Remember, gloves are not necessary for general care such as bathing of intact skin, assisting with ambulation (movement), or feeding. Casual contact never requires gloves. Touch is therapeutic so use it as often as possible.

- MASKS

Masks are not routinely necessary, but are recommended in the following situations:

- When a person is coughing profusely and is not able to cover his/her mouth
- When the care giver has an upper or lower respiratory infection
- Masks are generally used to protect patients, not others

- MEDICAL EQUIPMENT

Ideally, disposable equipment should be used; however, that isn't always possible. All equipment should be thoroughly cleaned with hot soapy water to remove bodily fluids and then disinfected.

- THERMOMETERS

Wash with warm soapy water, then soak in 10% isopropyl alcohol for ten minutes between uses.

- EATING UTENSILS

Place in dishwasher using normal cycle and heat dry. If there is no dishwasher, use hot soapy water (must wear gloves) and air dry. Disinfectants are not necessary.

- PERSONAL CARE ITEMS

Toothbrushes, razor blades, towels, wash clothes, and any medical equipment should not be used by anyone else. Razor blades should be disposed of carefully.

- GENERAL CLEANING INSTRUCTIONS

Kitchen and bathroom facilities can be shared with others. Normal sanitary practices in any household will prevent the growth of fungi and bacteria that may potentially cause illness. These include:

- Cleaning kitchen counters with scouring powder to remove food particles.
- Cleaning the inside of a refrigerator with soap and water to control mold
- Mopping bathroom floor at least weekly and cleaning up spills. Bleach 1:10 strength (one-part Clorox to nine parts water) can be used to disinfect the bathroom and shower floors. Bleach solutions can also be used in the sink. Any spills of body fluids or waste (blood, urine, stool, vomitus, etc.) should be cleaned up before disinfecting the area and/or surface with bleach solution.
- Sponges used to clean the floor, or any bodily fluid-spills **SHOULD NOT BE USED TO WASH DISHES OR CLEAN FOOD PREPARATION AREAS**. Mop water should **NOT** be poured down the sink where food is prepared. **DO NOT** wash sponges used to clean up spills at sinks where food preparation occurs. Sponges and mops can be disinfected by soaking in 1:10 bleach solution for five minutes (any longer may disintegrate sponge).

- Dishes may be shared with others provided they are washed in HOT soapy water. Water temperature should be hot enough to require gloves. A disinfectant does not need to be used.
- Since unpasteurized milk and milk products have been associated with Salmonella infections in the past, these should not be included in the diet.
- Pets – gloves should be used when cleaning bird cages (Psittacosis) and cat litter boxes (Toxoplasmosis). Pregnant women should not clean bird cages or litter boxes.
- Keep living quarters well ventilated. Airborne diseases are less likely to be a problem when diluted by lots of air.
- Everyone who coughs or sneezes should cover his mouth or nose with tissues or handkerchiefs.



- COMMON CHILD REARING PRACTICES AND COMMUNICABLE DISEASE PRECAUTIONS

BOTTLE FEEDING¹: Always wash your hands before handling baby bottles or feeding a baby. If you use disposable plastic bottle liners and ready-to-use formula, you still need to make sure the nipples are clean. Scrub them in hot, soapy water, then rinse to get rid of all traces of soap. Some experts recommend boiling them for 5 minutes. Always wash and thoroughly rinse and dry the top of the formula can before you open it. Make sure the can opener, mixing cups, jars, spoons, and other equipment are clean. You don't need to boil the bottles. You can put them, along with mixing cups and other equipment used to prepare formula, in a dishwasher that uses heated water and has a hot drying cycle. Or you can wash the bottles in hot, soapy water and rinse thoroughly. This alone should kill most germs. Bottles and nipples are not to be shared with others. .

MAINTENANCE OF FEEDING SUPPLIES: Do not feed your child with your fingers or hands. Use utensils and maintain separate, smaller ones for the child. Wash all utensils with hot, sudsy water followed by thorough rinsing and drying. Dishwashers are okay.

DIAPER CARE: Wash your hands before and after changing diapers. Disposable diapers should be placed in plastic bags and tied securely. Gloves should be used if contact with feces cannot be avoided when changing diapers and cleaning the diaper area. This precaution is usually necessary only in the presence of diarrhea with loose, watery stools. Putting powder inside the gloves will make it easier to put them on and may increase your comfort while wearing them.

HUGGING AND HOLDING: Hugging and holding are important to the development of children. There is no risk of disease transmission. Hug them often.

PREVENTION OF SKIN RASHES: Regular baths, proper drying, and use of lotions to prevent dryness or irritations are all important. Keep the tub free of detergents that might cause dermatitis or irritations. Protect child(ren) from both sun and wind burns. Use Vaseline on the skin in cold weather, and shield the child from the sun. If a child has a cold, wash their face and hands more frequently.

CARE OF NAILS AND FEET: Infants' nails should be cut straight across and kept short to avoid infection or in-growing, and to minimize scratching. Dry feet after bath to prevent fungal infections which like to grow in dampness. Observe feet for irritations from shoes and possible skin allergies to shoes.

PACIFIERS: Disinfect daily by boiling pacifiers in water for at least five minutes.

DROOLING: Use a cloth or tissue to wipe off drool. Keep skin clean from saliva. Wash hands after handling saliva.

LAUNDRY: Wash child's clothing with warm or hot water and regular laundry soap. Diapers used during burping, and sheets which may be soiled (though not visibly) by saliva, urine, or stool should be washed and rinsed thoroughly.

TOYS:	Toys should be kept clean.
SICK FAMILY MEMBERS:	Try to prevent children from visiting with others who are sick with acute infections such as tonsillitis or bronchitis. Common colds in members of the family will occur, and transmission cannot always be avoided. However, if you or other members of the family develop other contagious diseases, contact your physician about ways to prevent the spread. It is important to arrange beforehand to have an alternative caretaker if, because of illness or any other reason, you cannot care for the child.
SUMMARY:	When you first read these procedures, they may seem difficult and overwhelming. However, they represent good health care for normal infants and children. We ask that you work with us to prevent the spread of communicable diseases and protect both our foster children and your family.

D. RECORD KEEPING

It is your responsibility to keep records about a child's illness, allergies, names of doctors seen, medications, etc. This information should be shared with your child's Social Worker during visits. When a child leaves your home, these records should be given to the social worker. Please see the last section of this manual for more detailed information about medical record keeping.

E. GUN SAFETY

The decision to own a handgun assumes that you are prepared to undertake full-time responsibility for your weapon's safety and security. You must protect against misuse of the handgun by anyone who is unqualified to handle the weapon. In particular, you must secure your handgun from theft and misuse by children.

Handgun owners must be aware that safe and secure storage is one of the most important responsibilities that you can assume. Guns and ammunition must be stored and locked in separate locations. Please remember that a new child coming into your home is not necessarily familiar with gun and safety rules.

DO NOT TAKE A CHANCE WITH A CHILD'S LIFE.

F. HOME SAFETY

How safe is your home? With the exception of car accidents, most fatal accidents happen when babies and children are in their own homes. Injuries are highest between the time a baby begins crawling and the early toddler years. Foster parents (especially when called unexpectedly) may not have baby proofed their homes. It is especially important to take the time right away to make sure your home is safe.

1. IN THE KITCHEN

- Place detergents, cleaning supplies, and insect poisons on a high shelf.
- Make sure that pot handles are toward the back of the stove when cooking, so a baby cannot reach them to pull over him/herself.
- Do not allow the cords of electrical appliances to hang down, as a little one can pull them on top of him/herself.
- After mopping the floor, empty buckets of water right away, as babies may drown in even a few inches of water.

2. LIVING ROOM

- Make sure you do not have furniture with sharp edges. Coffee tables, for instance, send 70,000 babies to emergency rooms each year!.
- Cover unused electrical outlets with outlet covers, and don't run extension cords across the floor in areas where children will be walking.
- Avoid placing furniture near windows so that your child won't be tempted to climb to a windowsill.
- Remove or tie up cords from drapes or blinds which can cause strangulation.
- Mark patio doors with decals at toddler height to prevent little ones from running into the glass.
- Put a lock on a cabinet where liquor is stored. Liquor is a poison and can seriously harm a young child.

3. BATHROOM

- Make sure all medications are locked and out of the reach of children.
- They need to be stored elsewhere as tots can climb onto the sink and get into the medicine cabinet.
- Never leave a baby in the tub unsupervised, even if only for a moment, and never trust a sibling to watch a baby in the tub.



4. MEDICATION ADMINISTRATION AND STORAGE

A. Medication Administration:

- a. Retain the manufacturer's label with expiration dates clearly visible on non-prescription drug containers not dispensed by a pharmacist.
- b. Administer prescription drugs to a child only on the written order of a person authorized by law to prescribe drugs.
- c. Allow prescription medications to be self-administered by children only when authorized in writing by the child's physician.
- d. Allow non-prescription medications to be administered to a child not on prescription medication, with the authorization of the legal custodian.
- e. Allow medications, including injections, to be administered only by licensed persons or by unlicensed persons trained by a registered nurse, pharmacist, or other legally qualified person and privileged to prepare and administer medications
- f. Immediately record after administration in a Medication Administration Record (MAR) all drugs administered to, discontinued, and disposed of regarding each child. Document medications at the times of discontinuation or disposal. The MAR is to include the following:
 - Child's name
 - Name, strength, and quantity of the drug
 - Instructions for administering the drug
 - Date and time the drug is administered, discontinued, or disposed of
 - Name or initials of person administering or disposing of the drug
 - Child's requests for medication changes or checks
 - Child's refusal of any drug

- g. Follow up child's requests for medication changes or checks with an appointment or consultation with a physician.

B. Medication Disposal:

Return controlled substances to the agency.

C. Medication Storage:

- a. Store medications in a securely locked cabinet in a clean, well-lighted, ventilated room between 59° and 86° F.
- b. If required, store medications in a refrigerator between 36° and 46°F. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container.
- c. Store prescription medication separately for each child.
- d. If approved by a physician for a child to self-administer medication, then store it in a manner that is inaccessible to non-approved children.

D. Medication Review:

- a. If the child receives psychotropic drugs, coordinate review by the child's physician of each child's drug regimen at least every six months.
- b. Report the findings of the drug regimen review to the agency.
- c. Document the drug review in the MAR along with corrective action.

E. Medication Errors:

- a. Report drug administration errors or significant adverse drug reactions immediately to a physician or pharmacist. An adverse drug reaction is significant based on its severity, frequency, magnitude, or duration.
- b. Document the drug administered and the drug reaction in the MAR.

5. YARD

- Do not allow young children to operate power tools or be around power tools when someone else is using them.
- Always watch children carefully in and around water – even wading pools.
- Store lawn chemicals in a safe spot.
- Evaluate your yard for safety hazards on an ongoing basis while you are a licensed foster home.
- Your Licensing Social Worker may note uncut grass, broken or sharp articles, or other hazards that may cause injury while a child is at play.

6. SMOKING IN YOUR HOME

Babies and young children breathe more rapidly than adults. Because of this higher breathing rate, they inhale more air and more pollution in comparison to their total body weight. One source of pollution forced on young children is cigarette smoke from adults who smoke in the home.

One major study discovered that in their first year, babies of parents who smoke at home have a much higher incidence of lung disease, specifically bronchitis and pneumonia, than babies with non-smoking parents.

A study of the lung function of children, aged five to nine, showed an adverse reaction in the small airways of children who had smoking parents compared with parents who were non-smokers. Parents who smoke at home can aggravate symptoms in children with asthma and even trigger asthma episodes. Children who breathe second-hand smoke have more ear infections and are also more likely to suffer from pneumonia and other lung diseases.

What if you smoke?

NEVER SMOKE AROUND CHILDREN. Remember many of the infants in foster care have respiratory ailments that could be aggravated by cigarette smoke.

If you smoke, please smoke outdoors.

EVERY CHILD DESERVES A CHAMPION — AN ADULT WHO WILL NEVER GIVE UP ON THEM, WHO UNDERSTANDS THE POWER OF CONNECTION AND INSISTS THAT THEY BECOME THE BEST THEY CAN POSSIBLY BE.



A photograph of a woman and two children inside a car. The woman is leaning into the car from the open rear hatch, smiling and interacting with a young child seated in a car seat. Another child is visible in the foreground, looking towards the woman. The car's interior, including the sunroof and rear window, is visible. The background shows a bright, sunny outdoor scene with trees.

XII. TRANSPORTATION AND AND TRAVEL

A. FOSTER PARENT'S RESPONSIBILITY TO TRANSPORT CHILDREN

Foster parents are responsible for providing routine transportation for the children in their care, as you would for your own children. This includes transportation to medical appointments, visits, and to and from school, if necessary. Contact the social worker for help in transporting the child only when you have an unusual circumstance that keeps you from being able to drive a child and no other arrangements can be made.

Foster parents who drive are required to have a valid driver's license and current liability insurance. Children under the age of eight or 80 pounds must be in an approved car seat, and all passengers should use seat belts.

B. REIMBURSEMENT OF TRAVEL

If **budget allows**, travel expenses may sometimes be reimbursed when you provide transportation for a child in your care. Examples of such travel are regular therapy, medical treatment, maintaining school continuity (transporting to a school out of district), and driving a child to and from visits with birth family members (if across town or out of county).

Examples of travel for which you would not be reimbursed are routine transportation to and from school, daycare, routine doctor visits, social activities, shopping, and vacations. Travel expenses are reimbursed at a flat rate per mile. To request reimbursement of travel expenses, you will need to discuss the specific situation with the social worker ahead of time. If mileage can be reimbursed, the foster parents must complete a foster parent mileage request form and submit it at the end of the month when the transportation occurs.

C. OUT-OF-TOWN TRIPS

Foster parents are encouraged to include the child placed in your home in your vacation plans and outings. These trips provide opportunities for enrichment and help the child feel as though they are an important part of your family.

As a team member, you will need to include the social worker in your planning of vacations, as a courtesy to the worker and birth parents, and to avoid legal complications. Wake County Human Services is responsible for knowing where the children in foster care are at all times due to our responsibility to the court system.

Children's Medicaid cards, placement letter, and Permission to Travel letter should be carried whenever traveling. You will need to notify your social worker when the following travel plans are being made:

D. TRAVELING IN STATE



When planning to travel in state for over three nights, you will need to contact the child's Social Worker to let him/her know your plans and an address where you can be reached. If you will be away for more than three nights, you will need to obtain a written Permission to Travel form from your child's Social Worker. This form is used to authorize the child to travel with your family, to verify legal custody of the child, and to ensure that you will be able to obtain emergency medical treatment for the child. Be sure to always travel with the Medicaid card for the child, and if possible, get emergency care from a public hospital.

In the event of a natural disaster in your area (e.g., hurricane, tornado, etc.), please check in with your Licensing Social Worker by phone, as soon as you are able.

E. CAR SEATS

PLEASE REMEMBER...NO EXCEPTIONS! Children under age eight or 80 lbs. must be in car seats. All youth in care must use seat belts. When determining when/if a child needs a booster or car seat please refer to NC Safe Kids (800-634-7854 or www.ncsafekids.org) or visit your local fire department for car seat assistance.

