

# Foster Family Guide Book



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## Introduction

The Sonoma County Human Services Department, Family Youth & Children's Division welcomes you as a resource family for children in our community. Thank you for joining FY&C in our vision that all children have permanent families and successfully transition into adulthood.

Our mission is to ensure the safety and well-being of children and youth by providing families with the resources they need, promoting supportive placements and permanency for children and youth and building community connections that empower all members of the community to support the safety of children.

This guidebook is intended to provide you with basic information about caring for a child placed with your family. It is not a policy manual nor is it a legal document. It should not be used as the sole source of training; rather, this guidebook is your introduction to what it means to be a resource family. We encourage you to use this handbook as an ongoing reference to obtain answers to your questions about being a resource family.

Please note that the information contained in this guidebook is a supplement to the California Resource Family Approval (RFA) Written Directives. For questions regarding the written directives, please contact your RFA social worker.

## Important Phone Numbers

### Medical

Name	Phone Number
Medical Emergencies	911
Poison Control	1-800-222-1222
Kaiser Hospital Santa Rosa	(707) 571-3000
Sutter Hospital Santa Rosa	(707) 576-4000
Memorial Hospital Santa Rosa	(707) 546-3210
Petaluma Valley Hospital	(707) 778-1111
Healdsburg Hospital	(707) 431-6500

### Child Welfare

Name	Phone Number
Family Youth & Children Services	(707) 565-4300 Fax: (707) 565-4399
24 Hr Child Abuse Reporting Hotline	(707) 565-4304
Valley of the Moon Children's Home	(707) 565-6350 Fax: (707) 565-6352
Foster Care Ombudsman	1-877-846-1602

This is not a comprehensive list of emergency contacts or community resources. Please maintain a current emergency plan with numbers specific to your family and home.

## Reporting Suspected Child Abuse and Neglect

Resource parents are mandated reports of child abuse and neglect. If you suspect a child has been abused or neglected, report immediately by calling (707) 565-4304. If you are not sure whether or not to report, then report. Mandated reporters are not expected to investigate suspected child abuse or neglect before making the required report.

## Forms and Websites

Forms described in this guidebook may be available online at [sonomafostercare.com](http://sonomafostercare.com)

In addition, you can locate resources on forms here:

- Licensing:
- Resource Family Approval  
See: <http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-by-Program>

### Other helpful websites:

<a href="http://www.REFPA.org">www.REFPA.org</a>	Redwood Empire Foster Parent Association
<a href="http://www.CSFPA.org">www.CSFPA.org</a>	California State Foster Parent Association
<a href="http://www.nfpaonline.org">www.nfpaonline.org</a>	National Foster Parent Association
<a href="http://www.CDSS.ca.gov">www.CDSS.ca.gov</a>	California Department of Social Services
<a href="http://www.QPI4kids.org">www.QPI4kids.org</a>	Quality Parenting Initiative
<a href="http://www.nbrc.net">www.nbrc.net</a>	North Bay Regional Center
<a href="http://www.advokids.org">www.advokids.org</a>	Advokids- Legal Advocates for CA foster children and youth
<a href="http://www.ifoster.org">www.ifoster.org</a>	Resources for foster youth and caregivers

## About the Human Services Department

The Sonoma County Human Services Department has four divisions: Adult and Aging Services, Economic Assistance, Employment and Training, and Family, Youth, and Children's Services (FY&C).

FY&C staff members help individuals, families and the community ensure the safety and well-being of Sonoma County children and teens. Professionals investigate reports of child abuse, neglect or abandonment and, when needed, provide placement in the compassionate care of resource families or group homes. At-risk children and their families are supported through referral to social services that help their homes be safe, stable, nurturing places. Day or night through the 24-hour hotline, staff respond to reports of abuse and neglect. FYC staff members also train the community about child abuse prevention and mandated reporting.

## About the Probation Department

The Sonoma County Probation Department provides Adult Services and Juvenile Services.

The Probation Department, in conjunction with other partners of the juvenile justice system, works to provide effective intervention and rehabilitation for our community's youth and families. The Juvenile Division benefits from being part of a county that has a history and long-standing culture of building and maintaining collaborative relationships. These relationships result in the sharing of information, increased multi-agency efforts to secure grants and programs, and a healthy utilization of community-based organizations who deliver important services to the probation population throughout the county. The Juvenile Services Division takes pride in its delivery of a strength-based, family-centered approach that provides a variety of intervention programs which include restorative justice, family counseling, gang intervention, substance abuse treatment, and gender-responsive groups. Probation provides structure and accountability while offering support and assistance to those entering the juvenile justice system. Probation Officers serve the Court by preparing pre-dispositional reports outlining the offense, conduct, and individual case issues that support specific targeted sentencing recommendations.

The Juvenile Division's mission is to facilitate and enforce rehabilitative intervention efforts for youth and to provide innovative options for recovery and counseling with the specific purpose of rectifying issues of abuse, addiction, and delinquency.

Children may be placed with resource families by either FY&C or Juvenile Probation. Some children and youth have multi-agency involvement, in which case one agency will take the lead on placement.



## Being a Resource Family

### *What is a Resource Family?*

Resource family is a term that covers any family providing care for children and youth who have been separated from their parents. This includes relative or kinship caregivers, foster caregivers, and adoption and guardianship caregivers. Resource families provide safe, stable, loving families for children and youth involved in the child welfare and probation systems. Some children may need a resource family for a few days, while others will need care for a longer period of time.

The primary goal of out-of-home care is family reunification. Resource families provide stability and support while children and their families work towards reunification.

Resource families will interact with many professionals after a child is placed. These may include:

- Social workers
- Attorneys
- Court Appointed Special Advocate (CASA)
- Tribal representatives
- Juvenile probation officers
- Visitation supervisors (Social Work Assistants)
- Service providers (therapists/mental health staff, educational, medical, etc)
- Caregiver mentors

Additionally, resource families will interact with the child's family, including parents, siblings, and extended family members.

## Child Welfare Worker Job and Responsibilities

Social workers in child welfare have different job titles and responsibilities, and the case will be touched by many social workers over time. In the beginning of the case, it may be transferred several times in a short period of time due to specialized roles.

### **Intake**

Receive phone calls of alleged abuse or neglect, assess the calls based on a Structured Decision Making (SDM) tool, and forwards qualifying reports to supervisors to be assigned for investigation.

### **Emergency Response**

This worker is responsible for investigating alleged child abuse and neglect and making decisions about how to safely maintain a family or if the child or children need to be separated from their parents.

## **TDM/TEAM Facilitator**

Team Decision Making (TDM) Meetings are held to help ensure safety and to inform placement decisions, including separating a child from their family. Together Empowering and Motivating (TEAM) meetings are held to create case plans. The meetings are facilitated by specialized workers (not the case carrying social worker).

## **Voluntary Family Maintenance**

These workers work to preserve families by providing support and case management to families without court involvement.

## **Court Intake**

These workers write the legal petition for cases filed with the court.

## **Court Investigator**

These workers conduct a more in depth investigation for the purposes of writing the jurisdictional/dispositional report (often abbreviated Juris/Dispo).

## **Family Reunification and Family Maintenance**

These workers assist families in achieving the goals necessary to ensure the safety of their children. For court involved cases, they report family progress to the courts every six months.

## **Permanency Placement and Adoptions**

These workers assist children and youth in establishing relationships intended to last a life time (achieving legal permanency through adoption or guardianship) and for transition aged youth they are supported through transitions to adulthood.

## **Resource Family Approval & Placement Specialist**

These workers evaluate relatives, non-related extended family members (NREFMs), and unmatched community members for approval and placement. They explore non-family placement settings when necessary. They work with other social workers on concurrent planning. They approve families, provide ongoing case management, and investigate complaints.

## **Foster Home Licensing**

These workers license families, provide ongoing case management and enforce the regulations, and investigate complaints.

## **Program Coordinators (Emergency Foster Homes and Long Term Foster Care)**

Program coordinators provide support and training to licensed foster parents and assist in coordinating placements.

## Case Review

The federal government requires cases to be reviewed locally. The results are reported back to the government. Resource families are contacted as part of this process.

## Relative Coordinator

Attends detention hearings and begins the process of collecting family information, noticing relatives within five degrees of relationship as well as tribes.

## Court Officer

Attends court hearings on behalf of the Department.

## Forensic Interviewers

Interview children and developmentally delayed adults who have experienced sexual abuse. Sometimes interviews are conducted for physical abuse and for witnesses to crimes. All referrals come from law enforcement.

## Caregiver Mentor

The Caregiver Support Program exists to pair some newly approved families with an experienced caregiver to provide additional mentoring. FY&C hopes to expand this program in the near future to serve all caregivers.

# A Brief Overview of a Child's Path in Child Welfare

## Court Process

Child welfare is a court driven process defined by federal and state law. Social workers do not have the authority to detain children from their families without court approval through a series of court hearings with an increasingly high burden of proof. The Department must demonstrate that there is no way to maintain the child safely with a parent or guardian in order to warrant the detention. Once children are detained from their family, there are a number of placement options. The preferred emergency placement is with someone who has a relationship to the child or children. If this is not an option, frequently the children are placed with an Emergency Foster Family or at Valley of the Moon Children's Center. It is best for all children to be placed in a family setting, however, it is especially important for infants and young children due to their developmental stage. Therefore, these children may be placed in an Emergency Foster Family while their older siblings remain at Valley of the Moon. During this time of emergency placement:

- Each child is assessed to gain a better understanding of their strengths and needs. Relative information is gathered and placement options are explored.
- There are court hearings to determine whether the child will become a dependent of the court or return to a parent. If the child is declared a dependent, a case plan will be developed to outline what is necessary for the family to do to eliminate the risks to the

child so the child can safely return home. There are legal timeframes (based on the age of the child) for demonstrating change, and the court reviews cases every six months.

- Parents are typically offered reunification services. At each six month review hearing the court decides to continue services for another six months, terminate services to one or both parents, or return the child/children.
- Please review the court process flowchart in the following pages and direct any questions to your mentor or social worker.

## Caregiver Role in the Court Process

You may contact the social worker and ask to be apprised of any recommendations or court hearings that will or could change the legal status of the child.

Caregivers may attend court hearings. Please discuss attendance with your social worker. If you are unable to attend court but would like to provide information to the court, you may file a JV-290 (Caregiver Information Form). You must submit the original and 8 copies to the Court Clerk's office 7 calendar days before the hearing. All individuals involved in the case will have access to the information you provide in that form. This form is included in the attachments of this guidebook, and it can also be accessed on the Judicial Council website at <http://www.courts.ca.gov/documents/jv290.pdf>

You will not receive a copy of the court report; however, the assigned child welfare worker will provide you with information in the court report that is relevant to help you care for the children placed with your family.

Children often get anxious around court hearing dates. One way to talk about court is to explain that everyone gets a chance to say what they need to say and then the judge makes the decision. A child aged 10 or older has the right to attend the court hearings, however their attorney must agree that attendance is in their best interest. Please discuss the child's wishes with their attorney in advance of the hearing. There are many excellent resources for explaining foster care to children, including the book "Maybe Days: A Book for Children in Foster Care." Please find a list of recommended resources in the attachments of this guidebook.

## Concurrent Planning

The goals of the child welfare system are to ensure the safety, permanency, and wellbeing of children and youth. Permanency must be assessed throughout the case, including at the very beginning. Permanency can be achieved through reunification, adoption, or guardianship. Typically, the first priority is to reunify the child with their parent or guardian. However, Federal law requires concurrent planning: should reunification become impossible, what is the alternate permanent plan for the child? While the court case proceeds and the parents work a reunification case plan, it is in the children's best interests to experience as few placement changes as possible. One of the important roles of the resource family is to facilitate or provide legal permanency for children and youth.

## Limits on Consent for Medical Treatment

In Sonoma County, the court has standing orders allowing for certain medical treatment for children and youth in foster care, including the following:

1. Comprehensive health assessment and physical examination
2. Clinical laboratory tests to evaluate health
3. Immunizations. NO immunizations shall be administered before:
  - a) Making a reasonable attempt to obtain parental or legal guardian consent
  - b) Checking the county immunization registry
  - c) Contacting the child's physician
  - d) Contacting the child's school for records

**If the parent objects to immunizations, no immunizations shall be given without a court order.**

4. Routine medical care based on results of comprehensive health assessment or for treatment of illnesses and injury
5. Routine medical care based on results of comprehensive health assessment or for treatment of illnesses and injury
6. Mental health status evaluation and necessary mental health services
7. Dental assessment and treatment
8. Minors 12 and older may consent for their own medical treatment, including diagnosis and treatment of communicable disease. Minors may consent to medical care related to the prevention or treatment of pregnancy.

The Department must attempt to obtain signed parental consent for non-routine medical care. Without this consent, the Department must request a court order. At the time of placement you will receive an emergency medical consent form. This allows you to access emergency medical treatment for a child or youth if necessary for situations in which there is no time to obtain parental consent or a court order.

Psychotropic medications may only be given to children and youth after the request has been approved and ordered by the court. Psychotropic medications are anything prescribed to treat a child or youth's mental health conditions, even if it is prescribed for off-label use, meaning the medication was originally designed to treat a different medical condition (ie, use of blood pressure medication to treat ADHD). In some cases, the court may allow the parent(s) or guardian to consent to psychotropic medications without court order, however the child welfare worker must be advised of any medications authorized by a parent.

## Information for Caregivers Regarding Psychotropic Medications

1. Foster youth in your care can only take a prescribed psychotropic medication after a parent has consented or the Juvenile Court has ordered.
2. If a physician (psychiatrist, pediatrician, family practice doctor, etc.) prescribes a psychotropic medication for a foster youth, please do two things:
  - a. Ask the doctor to complete a JV-220(A) form. They can find this form on the California Judicial Council website at <http://www.courts.ca.gov/documents/jv220a.pdf>.

- b. Schedule an appointment with the doctor to review the foster youth's psychotropic medication within 30 days of the prescription.
3. Immediately give the JV-220(A) to the foster youth's social worker. The social worker will let you know when the foster youth can begin taking the medication.
4. Advise the social worker of the date the foster youth takes the first dose of the medication.
5. Observe the foster youth's responses and any side-effects while taking the medication. Communicate with the foster youth regularly about how they are feeling taking the medication, if they feel it is helping, if they are having any reactions/side-effects. Communicate this information to the social worker on a regular basis.

## Notice to Caregivers

Senior office assistants in the legal/clerical unit start tracking and sending notices to caregivers after the Jurisdiction/Disposition hearings. For children under three years old, there is a 3 month review hearing. For children over 3, the first notice is for the 6 Month Review Hearing, followed by notices for all subsequent Review Hearings and/or 366.26 Hearings. Notices are sent out 30 days prior to the hearing via First Class Mail. Notices related to continuances, advancements, or additional court dates requested by the Department are sent when the signed document is returned from court.

Placement changes are processed by a placement clerk, another senior office assistant, and that information is provided to the legal clerk. This is not an instantaneous process and therefore notice may be sent to a family no longer caring for the child. It is important to note that notice will not be sent until 30 days before a hearing, so if a child joins your family for a short period of time, you will not receive a notice of hearing.

## Quality Parenting

### Quality Parenting Initiative (QPI)

The Quality Parenting Initiative seeks to strengthen foster care, by focusing on excellent parenting for all children in the child welfare system.

When parents can't care for their children, the foster or relative family must be able to provide the loving, committed, skilled care that the children need, while working effectively with the system to achieve the best possible permanency option for those children. Both the caregiver's parenting skills and the system's policies and practices should be based on child development research, information and tools.

QPI is an effort to rebrand foster care, not simply by changing a logo or an advertisement, but by changing the expectations of and support for foster parents and other caregivers. The key elements of the process are defining the expectations of caregivers, clearly articulating these expectations (the brand statement) and then aligning the system so that those goals can become a reality. When these changes are accomplished, the new brand becomes the basis for developing communication materials and designing integrated recruitment, training and retention systems.

When QPI is successful, caregivers have a voice, not only in issues that affect the children they are caring for, but also in the way the system treats children and families. Caregivers, agency staff and birth parents work as a team to support children and youth. Caregivers receive the support and training they need to work with children and families and know what is expected as well as what to expect. Systems are then able to select and retain enough excellent caregivers to meet the needs of each child for a home and family.

Communities, including California, participating in QPI have formed a network that shares information and ideas about how to improve parenting, recruit and retain excellent families. They develop policies and practices that are based on current child research to support skilled loving parenting. The California and Florida QPI websites are excellent resources for recorded trainings: [www.qpicalifornia.org/](http://www.qpicalifornia.org/) and [www.qpiflorida.org](http://www.qpiflorida.org)

A central tool in the QPI process is the Partnership Plan.

## Partnership Plan

### *California Partnership Plan for Children in Out-of-Home Care Teamwork, Respect, Nurturing, Strong Families*

All of us are responsible for the well-being of children in the custody of child welfare agencies. The children's caregivers along with the California Department of Social Services, county child welfare agencies, private foster family agencies, and contractors and staffs of these agencies undertake this responsibility in partnership, aware that none of us can succeed by ourselves.

Children need normal childhoods as well as loving and skillful parenting that honor their loyalty to their biological family and their need to develop and maintain permanent lifelong connections. The purpose of this document is to articulate a common understanding of the values, principles, and relationships necessary to fulfill this responsibility. The following commitments are embraced by all of us. This document in no way substitutes for or waives statutes or rules; however, we will attempt to apply these laws and regulations in a manner consistent with this agreement.

## Caregivers and Agency Staff Work Together as Respected Partners

1. Caregivers and child welfare agency staff will work together in a respectful partnership to ensure that the care we provide to our children supports their healthy development and gives them the best possible opportunity for success.
2. Caregivers, the family and agency staff will conduct themselves in a professional manner, will share all relevant information promptly, and will respect the privacy and confidentiality of all information related to the child and his or her family.
3. Caregivers, the family, and agency staff will participate in developing the plan for the child and family, and all members of the team will work together to implement this plan. Caregivers will participate in all team meetings and court hearings (including review and post-permanency hearings) related to the child's care and future plans. Agency staff will support and facilitate caregiver participation through timely notification, an inclusive process, and the provision of alternative methods of participation for caregivers who cannot be physically present.

4. The Agency will honor and respect the caregiver's right to take a time-limited break from accepting the placement of children into their family without fear of adverse consequence from the agency.
5. Caregivers will work in partnership with agency staff to obtain and maintain records that are important to the child's well-being including, medical records, school records, photographs, and records of special events and achievements.

## Nurturing Children and Youth

1. Excellent parenting is an expectation of caregivers. Caregivers will provide and agency staff will support excellent parenting. Excellent parenting includes:
  - a loving commitment to the child and the child's safety and well-being;
  - equal participation of the child in family life;
  - awareness of the impact of trauma on behavior;
  - respect for the child's individuality, including likes and dislikes;
  - appropriate supervision;
  - positive, constructive methods of discipline;
  - involvement of the child in the community;
  - a commitment to enable the child to lead a *normal life*;
  - encouragement of the child's strengths; and
  - providing opportunities to develop the child's interests and skills.
2. Agency staff will provide caregivers with all available information in a timely manner to assist them in determining whether they are able to appropriately care for the child. Children will be placed only with caregivers who have the ability and willingness to accept responsibility for caring for the child in light of the child's culture, religion and ethnicity, physical and psychological needs, sexual orientation, gender identification and expression, family relationships, and any special circumstances affecting the child's care. Agency staff will assist them in obtaining the support, training, and skills necessary for the care of the child.
3. Caregivers must be willing and able to learn about, be respectful of and support the child's connections to his/her religion, culture, and ethnicity.
4. Agency staff will provide caregivers with information on expectations for excellent parenting. Caregivers will have access to and be expected to take advantage of all training they need to improve their skills in parenting children who have experienced trauma due to neglect, abuse, or separation from home; to meet these children's special needs; and to work effectively with child welfare agencies, the courts, biological families, the schools, and other community and governmental agencies.
5. Agency staff will provide caregivers with the services and support they need to enable them to provide quality care for the child. Caregivers will be expected to identify, communicate, and seek out their needs without fear of judgment or retaliation.
6. Caregivers will fully incorporate the child/youth into their family, including equal participation in family activities such as vacations, holiday celebrations, and community activities. Agency staff will support families in overcoming barriers to full participation in family life and activities.
7. Once the caregiver accepts the responsibility of caring for the child, the child will remain with the caregiver unless:
  - the caregiver is clearly unable to care for him/her safely or legally;
  - the child and his/her family of origin are reunified;
  - the child is to be placed with a relative or non-relative extended family member;



- the child is being placed in a legally permanent home in accordance with the case plan or court order; or
  - the removal is demonstrated to be in the child's best interest as determined through consultation with agency staff and other resource partners.
8. If the child/youth must leave the caregiver's home for one of the above reasons and in the absence of an unforeseeable emergency, the transition will be accomplished according to a plan developed jointly between the caregiver and agency staff. The development of the plan should involve cooperation and sharing of information among all persons involved. This transition will respect the child's developmental stage, psychological needs and relationship to the caregiver family, ensure they have all their belongings, and allow for a gradual transition from the caregiver's home, and, if possible, for continued contact with the caregiver after the child leaves.

## Supporting Families

1. When the plan for the child includes reunification, caregivers and agency staff will work together to support that plan and to provide continuity for the child by assisting the biological parents in improving their ability to care for and protect their child, including as appropriate, participation in medical/related care, school, and other important activities. Agency staff will support caregivers in the reunification process, respect their input, and will not *retaliate* against them as a result of this advocacy.
2. When the plan for the child includes adoption, relative placement, or a move to a new foster family, with the support of the agency, the existing and the prospective caregiver will work together, with the support of the agency, to facilitate a smooth transition by sharing information about the needs, experiences and preferences of the child. To provide continuity for the child, prospective families are encouraged to participate in medical/related care, school, and other important activities. Continued contact between the child and the initial foster family is encouraged as long as it is in the child's best interest. The transition plan from foster care to adoption or relative home shall focus on meeting the developmental and other needs of the child.
3. Caregivers will respect and support the child's ties to family (parents, siblings, extended family members), and other significant relationships, and will assist the child in maintaining these relationships through facilitating appropriate visitation and other forms of communication in accordance with the case plan. Agency staff will provide caregivers with the information, guidance, training, and support necessary for fulfilling this responsibility.

## Strengthening Communities

1. Caregivers will advocate for children with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. Agency staff will support them in doing so, respect their input and will not *retaliate* against them as a result of this advocacy.
2. Caregivers will participate fully in the child's medical, psychological, and dental care, including:
  - identifying doctors and needed specialists;
  - scheduling regular and necessary appointments;
  - accompanying children to appointments;
  - sharing information with medical, psychological and dental professionals as needed to provide care to the child and as permitted by law;

- supporting and comforting children during and after visits; and
- implementing any needed follow-up care in the home.

Agency staff will support and facilitate this participation. Caregivers and agency staff will share information with each other about the child's health and well-being.

3. Caregivers will support the child's school success through activities, including:
  - participating in school activities and meetings, including IEP (Individualized Education Plan) meetings, back to school nights and other school events;
  - assisting with school assignments;
  - accessing and supporting tutoring;
  - meeting with teachers, including teacher conferences;
  - coordinating school transportation;
  - working with the biological parent as educational rights holder or educational representative or surrogate if one has been appointed;
  - encouraging and supporting the child's participation in extra-curricular activities; and
  - Agency staff will support and facilitate this participation. Caregivers and agency staff will share information with each other about child's progress and needs, academic performance, behavioral functioning and issues regarding school placement.
4. Caregivers will provide developmentally appropriate opportunities to allow children and youth to learn and practice life skills and have hands-on experiences in preparation for transition to adulthood, including:
  - participation in family decisions;
  - routine age appropriate household activities and chores;
  - conflict resolution;
  - money management and financial planning;
  - assistance with job and career exploration/development;
  - assistance with higher education and financial aid exploration/processes;
  - obtaining housing;
  - obtaining legal documents; and
  - support the youth in accessing and taking advantage of agency and community resources.

## Icebreaker Meetings

Caregivers, children, and parents benefit when there is contact/communication between birth and foster parents. Caregivers benefit since they are able to obtain specific information from the birth parent, that will allow them to better understand the needs of the child(ren). Studies show children will do better in their placement, have better emotional development, do better in school, and are more likely to successfully return home if there is contact between the parent and the foster parent. Parents are able to feel more at ease about their child's safety, well-being and placement.

- Studies show children are more successful in their placement, emotionally, in school, and when returning home if there is positive contact between their parents and caretakers.
- Foster parents are more successful when they know specific information regarding the child in their care; likes, dislikes, sleeping patterns, fears, and cultural traditions.

## Icebreaker Discussion Points

Icebreaker meetings should be facilitated by a child welfare worker soon after placement, preferably prior to the first visit. Even if you are a relative or know the parents or guardian, entering into a child welfare case changes the nature of your relationship and an icebreaker meeting should occur. These are general guidelines, each family and situation are different.

- Introduce yourselves by first name, while considering your family's own confidentiality. You may share information about your background and family, but please do not provide your contact information or other identifying information.
- Discuss issues pertinent to the care of the child (medical history, likes/dislikes, sleeping patterns, siblings and other important people the child might mention, school and performance, IEPs, cultural interests/activities, birth history, breastfeeding, allergies, prenatal care, APGAR scores, religion, fears, items that the child might be especially attached to)
- Discuss how to communicate in the future (should there be future meetings, during drop off and pick up, journaling events, etc.)
- What to do when you disagree on an issue
- What do you do if you happen to see each other in the community?
- What to think when the child wants to call the foster parent mom or dad?
- Special limitations: For the wellbeing of the child, the foster parent is prohibited from lending money, offering rides, allowing any increases to visitation without approval from the social worker, and there cannot be any secrets or confidential information withheld from the social worker.
- Ask the parent about how they feel about providing a family picture for the child to bring home to the foster home
- If willing, please offer to take a picture of the child and birth parent together for the child's lifebook.

## Confidentiality and Information Sharing

California law requires child welfare social workers to share information regarding children and youth with caregivers. Being well informed allows you to meet the needs of children in care and allows you to be better prepared to manage challenges. Social workers must share information about the child's educational, medical, dental, and mental health history and needs at the time of placement or within certain timeframes. Information about relatives, including siblings, with whom the child may have contact and visits should be provided to you as well. Some information about the parents or family may be protected by law, and cannot be shared without their consent.

Caregivers are entrusted with this sensitive information and it must be protected unless someone needs to know in order to meet the child's needs. Resource families may provide information regarding the child or youth to others in order to secure care, supervision, or education of the child, unless prohibited by court order.

ALL COUNTY INFORMATION NOTICE NO: I-05-14

## Transition Planning for Children in Care

When children need to move from one placement to another, either due to reunification or to facilitate permanency for the child, the move should be carefully planned. That is called a transition. The children with whom we work have experienced significant trauma, often including the trauma of an abrupt removal from a primary care provider when that child initially enters foster care. While this may be unavoidable, we recognize that children deserve better. Our goal is to provide transitions that are sensitive, thoughtful, and well planned to lessen the trauma experienced by the child. Additionally, we recognize that all children have important relationships that should be nurtured and maintained during and after a transition. There is a template for a written plan to guide transition planning and implementation.

### Mission Statement

We are committed to transitioning all children in a thoughtful, planned and attachment focused manner that is child centered and takes into account the child's individual needs. This means that transitions may look different for different children even if those children are in the same family. We value the experience and wisdom of all involved and will strive to create a transition plan that takes into consideration everyone's input. We understand that the final transition plan will be developed by the team. We believe and expect that the individualized nature of transitioning will require flexibility to make changes as they become necessary and in the child's best interest. We value the process of transition and are committed to learning from all experiences to improve the transitioning experience for children.

### Recommendations for Successful Transitions

- The **adults set the tone** for how the child will respond to and understand the transition. All parties should treat each other with respect and cooperation. If disagreements arise these should be dealt with away from the child in a collegial manner that continues to put the best interest of the child first.
- All families have valuable information. It's beneficial for the social worker to have a conversation with the sending and receiving family separately about expectations and transition needs before the initial transition meeting takes place.
- All children shall have a written transition plan (see attached samples) that includes a designated transition coordinator and that individual's contact information.
- Transitions should always be child-centered and allow for flexibility based on the age, emotional needs, and developmental needs of the child. Adjustments to the transition plan should be based on the child's best interest.
- Whenever possible, transition visits should begin in the home of the child's current placement, where the child is most comfortable. This helps the new family to become familiar with the routines and patterns of the child before the child has visits in the receiving family's home.
- The sending family should provide written information to the receiving family on the child's schedule, routines, likes and dislikes, and other information that will help the child acclimate to their new home. This helps the receiving family create familiar experiences in their home that will help the child adjust.
- Receiving family should strive to maintain a child's existing routine in the new home during and immediately following the transition as the child adjusts to the new

environment. This can include keeping a similar schedule, using the same brand of diapers/formula, having familiar foods available, maintaining expectations and discipline techniques, keeping the same naptime/bedtime, etc.

- It can be helpful to use a transitional object (e.g., blanket, toy, stuffed animal) to help the child bring something familiar and comforting into the receiving family's home. For infants, it can also be helpful for the receiving family to provide something that smells like their home to meet the infant's sensory needs and assist in making the new home seem familiar.
- When moving a child, the child's belongings should always be packed with respect in suitcases, duffle bags, totes, or boxes. Garbage bags should never be used to transport their belongings.
- Anticipate that children may regress during the transition (e.g., changes in sleep patterns, toilet training, eating habits, aggressive behavior, anger, sadness). This is a normal response to dealing with the stress and uncertainty of change.
- Reverse transition visits (the sending family visiting the child in the receiving family's home after the placement change, and/or the child returning to the prior placement for a brief visit) should be used when possible to help the child and both families grieve, celebrate, and/or adjust to the placement change and achieve closure.
- An ice breaker meeting should be considered with every placement change to allow the birth parents and receiving family to meet and discuss the child.

## Reasonable and Prudent Parent Standard (RPPS)

Historically, children in foster care have not always been afforded the same opportunities as children who are not in foster care. To the greatest extent possible, children in out-of-home care should be offered as "normal" an environment as possible. The Reasonable and Prudent Parent Standard (RPPS) allows caregivers certain discretion in making decisions about supervision and access to chemicals and medications. RPPS assumes the caregiver is making decisions with their best judgment and the best interests of the child in mind. RPPS cannot be applied without knowing the child well and weighing the risk of a particular situation with the child's characteristics (including development).

There are no firm age restrictions on when children and youth can be left without supervision because readiness varies from child to child. A child's developmental level, history, and behavior should be considered before making a decision to leave a child without supervision. A child must always have access to a telephone and the family emergency procedures.

There are no firm age restrictions on when children and youth can have access to medications or cleaning supplies because readiness varies from child to child. Based on a child's developmental level and life history, a caregiver can make an informed decision about whether or not a child should have access to these items.

## Care and Supervision

Caregivers have options about the kinds of babysitters and child care that can be accessed. For regular childcare, such as when you're at work during the week, children must be in a licensed childcare setting. On a case by case basis, when it is determined to be in the child's best interests, a child welfare worker could approve an alternative arrangement for child care, as long as they include it in the child's Needs and Services Plan.

### Occasional short-term babysitter

1. Time limit—less than 24 hours, on an occasional basis
2. Apply reasonable and prudent parent standard
3. Can be under 18 years old, but consider maturity, experience and ability to provide care and supervision
4. The caregiver shall ensure that babysitter knows how to contact the caregiver in case of emergency

### Alternative caregiver

1. Over 24 hours absence requires an alternative caregiver
2. Utilize Reasonable and Prudent Parent Standard in choosing caregiver who:
3. Is age of 18 years or over
4. Has obtained background clearances
5. Is willing and able to meet child's needs and comply with regulations
6. Care and supervision to occur in FFH
7. The caregiver needs to provide info re: child's special needs, medication, emergency contacts, etc.
8. Provide verbal/written notice to SW of planned absence from the home and include dates, name of caregiver, and emergency contact info.
9. The caregiver must obtain approval from SW for absences >72 hours.

### Respite care

Time limit—72 hours or less

1. Care must be provided by licensed, approved or certified caregiver
2. This is not for routine ongoing child care and is to be pre-arranged

### Leaving child alone without adult supervision

Time limit—occasional basis, does not include overnight

1. Utilize Reasonable and Prudent Parent Standard in deciding whether child/youth can safely be left home alone. Under RFA, the child must be at least 10 years old.
2. The caregiver needs to provide emergency phone contacts and child/youth must be familiar with emergency procedures

## Visitation

Visitation, or family time, is a very important part of a child welfare case. Children have a right to see their parents, and quality frequent visitation is a predictor of successful reunification. The court will order a certain visitation schedule for the children, and the department and caregivers need to ensure the visits occur. Visits may never be withheld as punishment for bad behavior. Often, children struggle behaviorally before or after visits with family members—this is common and to be expected. Here are some commonly asked questions about visits and their answers:

### *How do I know when the visits are?*

After a child is placed with you, a social work assistant will contact you to set up a visitation schedule. The first visit after a child is separated from their family must happen within 72 hours.

### *Is my schedule considered when the social work assistant is arranging visitation with the parent?*

Yes. The social work assistant makes every effort to make visits convenient for the caregivers. However, the birth parents' schedule and the Department's visitation room availability are also considered.

### *What happens if the child does not want to visit their parent?*

The caregiver is expected to encourage but not force a child to visit. If you have a child in your family who does not want to visit their parent, please notify the social worker as soon as possible. The social worker will in turn notify the Social Worker Assistant Unit.

### *Where do the visits end if they are at CPS?*

All visits end in the visitation rooms and not in the lobby. The birth parents are allowed to accompany their child(ren) to the caregivers' car only if the caregiver is in agreement with it and the social worker approves it.

### *What do I do if the child is sick?*

If the child is too sick to visit, please call the social work assistant as soon as possible so the visit can be rescheduled. If the child had a fever, 24 hours should pass before they are brought to the office.

### *Can I run errands while the child is visiting?*

If you will not be available during the visit, please communicate this with the social work assistant and provide them with a cell phone so they can reach you. If a visit ends early or a parent does not show up, the social work assistant will call the caregiver to notify them. It is better for the child if you are nearby so you can pick the child up quickly. However, if that is not possible, the social work assistant will stay with the child until you return.

### *What if the parent does not show up regularly?*

If a parent misses three visits in a row, all visits are cancelled until they meet with the social worker. If a parent inconsistently misses visits, please discuss your concerns with the social worker and the social work assistant so an alternate arrangement can be made. Every effort is made in trying to make it comfortable for the child and their caregivers.

### *Will I be required to bring my child to visit their parent in jail?*

Yes, but a social work assistant schedules the appointment and supervises the visit. All jail visits are once a week for 30 minutes. Visits at the jail are scheduled through a contact visit officer and that officer provides the Department with what appointments they have available. There are height and age restrictions to contact visitation—children over 12 or 42 inches may visit their parents, but in a no-contact visit through a glass divider.

## Health

Children and youth in foster care receive full scope Medi-Cal. Each child entering foster care will receive a brief medical screening at the time they are separated from their parents, but they must receive a more comprehensive medical exam within 30 days of placement. The Public Health Nurses (PHN) will send a reminder once the placement paperwork is received, but you may schedule it sooner. The CHDP (Children’s Health and Disability Prevention Program) exams are an essential part of making sure foster children and youth have their medical and developmental needs met. The timing of these exams is based on age of the child. The PHN is a valuable resource in assisting you in meeting the children’s needs.

## Education

There are strict laws governing foster youth’s educational rights. Foster children and youth have the right to remain in their school of origin, unless it is in their best interests to change schools.

### Educational rights

In most cases, parents retain educational rights. This means they maintain the legal right to make educational decisions for the child. Only the court can transfer educational rights to someone else. In some circumstances, the child’s social worker may talk with you about assuming educational rights for a child. Even if you do not have educational rights, you are expected to maintain an active role in a child’s education. This includes transporting the child to school, assisting with homework, meeting with teachers, and participating in IEP meetings as necessary.

### Education Liaison

A valuable resource with the Sonoma County Office of Education (SCOE) and FY&C, the education liaison works with youth, families, resource families, social workers, attorneys, and schools on a variety of issues. This work includes working to obtain the optimal educational placement for children, to maintain them in their neighborhood schools, and to provide any other support services children and youth need to stay in school and complete their education.



## Communication

The child welfare agency relies on caregivers to provide accurate, timely information about the children living in out of home care. To avoid communication problems, it is helpful for you to work out with your mentor and your social worker what form of communication will work best for you.

### Email

If you agree with either your social worker or mentor that the best form of communication is through e-mail, you may use e-mail to send information about that child with certain restrictions. Caregivers will sign an e-mail confidentiality agreement at the beginning of each placement.

Here are the guidelines for using e-mail:

- Only use the initials of the child in the e-mail and in any attachments to the e-mail.
- If you have more than one child in your home with the same initials, you should include the age of the child along with the initials (e.g., Joe Smith- Age 3 is JS3 and Joyce Smith- Age 5 is JS5)
- Adults identified in the e-mail and its attachments should only be referred to by their relationship to the child (e.g., caregiver, bio mother, maternal grandmother, mentor, etc.).

If the information that you need to get to the social worker has to contain identifying information please do not email it. This information should either be faxed to (707) 565-4399 or sent by mail to P.O. Box 1539 Santa Rosa, CA 95403. You may also drop it off at the office.

If you don't have internet or an email account it is important that the child's social worker and the placement social worker know this because some information is shared via email such as upcoming trainings.

### Text Messages

Texting is often a quick and easy way to communicate with your mentor or social worker. The same policies regarding confidentiality in emails apply to text messages.

### Telephone

Whenever possible, call your mentor first about non-urgent questions. Social worker best practice is to return phone calls within 2 business days of receiving your call. Keep in mind that some social workers are on four day a week schedule and may not be working on Monday or Friday. If you reach a voicemail box please leave a detailed message that explains what your need is and how quickly you need a response. State clearly what is wanted or needed, a good time to return the call, and the best number to reach you. If you have a question, state it clearly so that the answer can be left on an answering machine to avoid phone tag with your social worker or mentor.

If you have an urgent matter and your call has not been returned you can call the social worker's supervisor or call the front desk (707) 565-4300 and ask to speak to the Social Worker or Supervisor of the Day.

## Avoid Telephone Tag: How to Leave a Message for a Social Worker

State clearly what is wanted/needed, a good time to return the call and the best number to reach you. If you have a question, state it clearly so that the answer can be left on an answering machine to avoid phone tag.

EX: "Hi this is Paula Peters and I am calling regarding Jane Smith. I want to know if she can go on an outing to San Francisco on Jan 1<sup>st</sup> with her class. Please call me back at 707-777-7777 and the best time to reach me would be from 5-7 PM. If you can't reach me, please just leave the answer on my message machine."

This provides the social worker with enough information to make a decision about the child leaving the county and they can just leave a message with the answer if they are unable to reach you.

EX: "Hi, this is Paula Peters, I am calling in regards to Jane Smith, I have been trying to get her an appointment with the health clinic but it is taking a long time. I am concerned about her health it appears that she is getting worse. I would appreciate a call back as soon as possible at (707) 777-7777".

This message informs the social worker of what is going on and that you need to speak with them as soon as possible and why.

## Conversations in the Lobby

The lobby is a public area and confidentiality for the resource family, the child, and the parents cannot be ensured. It is generally encouraged for caregivers to talk with parents during the visitation exchange with youth in the lobby, but please avoid sensitive or private information. Below is a list of guidelines to follow regarding such conversations:

### *Appropriate*

- Pleasantries
- How the youth is doing, ie.
- If they have had good day or a challenging day
- If they have eaten before the visit

### *Things to avoid*

- Direction that the case is going
- Parental progress on their case plan
- Last names of the caregiver, phone numbers or addresses
- Special medical or developmental concerns of the youth

## Children's Records

The following forms or items must be kept together in files for each child placed with your family. Please maintain these records separately from records for your license or your home. These records are confidential and should be stored securely. Children's records should be retained for a period of two years after the placement ends. If a child or youth transitions to a new family or returns home, the caregiver should assist the family in obtaining the appropriate records and documentation of the child's history. Beyond the required forms, caregivers are historians of children's lives. Please keep photos, artwork, and school work to document this period of a child's life.

## Agency-Foster Parent Agreement (SOC 156)

Please review this form thoroughly. This form is outside the control of the RFA program and therefore it does not reflect the Reasonable Prudent Parent Standard in terms of supervision. *In the "Special Permissions" section, the limits on supervision no longer apply.* Supervision is based on RPPS—you must know your youth's needs very well and work out what is appropriate for time left alone. **Foster children may never be left alone overnight.** Non-minor dependents have different rules.

### Written Plan (LIC 625-Appraisal/Needs and Services Plan OR County Case Plan)

The Needs and Services Plan is a living document, meaning it can be changed at any time. By signing this plan you agree to meet the child's needs as written. If you're doing something additional to meet the child's needs, you can request to have the plan updated. The plan should be updated every six months and provided to you by a social worker.

## Health and Education Passport

Completing and submitting health contact forms to the Public Health Nurses ensures complete and accurate information about the child's health and dental treatment history is available for the SW, current and future families, and the child themselves

Keeping track of the child's educational history and developmental needs allows child welfare to better meet the needs of children and prevent them from slipping through the cracks

## Emergency Medical Consent

For treatment in EMERGENCY situations that would otherwise require a court order. Remember, if one of these emergency situations arise please notify the SW and complete an Unusual Incident Report. For non-emergencies, you must consult with a SW and there needs to be a court order for administering psychotropic medication (including to treat ADHD, depression, etc) and general anesthesia (for surgery or procedures of any kind, including dental).

## Itemized inventory list of cash resources, personal property, and valuables

Use whatever method works for you to document and track the belongings a child came in with and what they accumulate during their time with your family.

### Proof that Personal Rights were discussed with child

The Children's Personal Rights are critical and should be explained to children in an age appropriate fashion and signed by the child if appropriate.

#### Additional Records, as Applicable:

- Transitional Independent Living Plan (TILP), if applicable
- Progress reports and/or report cards from school
- Medical services received while in care
- Immunization records

## Commonly Used Forms and Explanations

### Health Contact Form (HSD 127)

The Health Contact Form is used to communicate important health information to the Public Health Nurses (PHN). The Health Contact Form is also how information is added to the Health and Education Passport and CWS/CMS.

### Weekly (HSD 1243) or Monthly (HSD 1241) Reports

One of the important aspects of your role as a caregiver is keeping accurate, specific, and up-to-date records on each of your foster children. Caregivers are expected to document the daily behavior they observe, especially early on in the case. Weekly or Monthly reports go to program coordinators and the child's social worker. They are a way of organizing the day to day events of a child's life and communicating them to the SW. They are not a substitute for direct communication about emergency or urgent needs.

### Unusual Incident/Injury Report

The Unusual Incident Report is used for you to report to the RFA unit anything that is/was a threat to the health and safety of children in care. Most typically it is used to report emergency room visits or hospitalizations. It is also used to report damage to your physical home (earthquake, kitchen fire, etc), car accidents, children who run away, and any time of alleged abuse. Please let the RFA unit, the child's SW, and the program coordinator (if applicable) know of any incidents as soon as it is safe and reasonable to do so (by next working day) and then follow up with sending the form to the RFA unit.

# Emergencies and Urgent Concerns

## Serious Injury or Illness

- CALL 911 **Immediately!** USE CPR AS APPROPRIATE UNTIL HELP ARRIVES.
- As soon as medical help has arrived, notify your child's social worker. If unavailable, call the CPS hotline 565-4304 or VMCH 565-6350. The child's social worker will then be notified. If the child is transported to the hospital make sure to bring the child's medical consent form.
- If a child requires surgery or anesthesia for any medical/dental procedure consent must be provided by a child's parent or legal guardian or by court order. The social worker is responsible for getting medical consents for the child's care and getting copies to the caregiver. In the case of medical emergency and no social worker or parent/legal guardian is available physicians may act on an emergency basis. Non-life threatening situations are not considered emergencies for the purposes of consent.
- Please keep the agency updated on what is happening as soon as it is convenient for you to call. Report the incident to the RFA unit Worker by telephone or email and complete the Unusual Incident Report and submit it to the RFA unit.

## Runaway/Abduction Procedures

- a) Call Valley of the Moon 565-6350 immediately and speak with the shift supervisor. Establish who will file a runaway/missing persons report with law enforcement, you or Valley of the Moon.
- b) If you call in the report be sure you call your local law enforcement jurisdiction. Please call the NON-EMERGENCY number if the child has run away and the EMERGENCY number if the child has been abducted.
- c) Call the police EMERGENCY number when the child is believed to be in imminent danger, e.g., suicidal, possible victim of kidnap, or unable, for a variety of reasons, to protect themselves from danger.
- d) Give the police a brief physical description of the child, especially the color and type of clothing the child was wearing. Provide any information about the child's likely destination.
- e) Be sure to get a police case number and pass this number on to the social worker. If the police refuse to give you a case number, call Valley of the Moon and allow them to intervene.

## Unusual Marks and Injuries

If you observe bruises or scars on the child that were not documented in the medical clearance, notify the assigned social worker and the placement social worker and document the marks. Consider taking a photo of the mark or injury as long as that doesn't invade the privacy of the child.

If in doubt about whether the injury needs a doctor's care, take the child for a medical evaluation for the protection of the child and your family. Please write all medical information on the Unusual Incident Report) form and have the medical provider fill out the Health Contact Form

(HSD 127). Send the Unusual Incident Report to your RFA worker. Send the health contact form to the Public Health Nurse. Send copies of both forms to the child's social worker.

## Sexual and Physical Behavior

Some children who come into care may have a family history of poor sexual or physical boundaries. They may have observed or been a victim of sexual or physical assault. If you have a child in your home that is acting out sexually or physically with another child, you should:

1. Calmly separate the children immediately and provide nonjudgmental, non-blaming emotional support for the children.
2. Obtain appropriate medical care for any injuries. If there is any doubt as to whether medical care is needed, call your program coordinator, social worker or Valley of the Moon.
3. Report the incident to the assigned Social Worker, your program coordinator, and RFA worker by phone or email within 24 hours.
4. Report the incident to the RFA worker. Complete the Unusual Incident Report and send a copy to the assigned social worker
5. Fill out a Suspected Child Abuse Report (SCAR) if necessary. You can fill out the form electronically at [http://ag.ca.gov/childabuse/pdf/ss\\_8572.pdf](http://ag.ca.gov/childabuse/pdf/ss_8572.pdf) or it is included in the attachments.

## Disclosures of Abuse or Neglect

- Remain calm and listen to the child without judgment or negative reaction.
- Validate the child's feelings and say you are glad they told you.
- Do not interrogate or ask any leading questions.
- Reassure the child that what happened was not their fault.
- Be honest about your obligation to report and tell them the next steps.
- Report to the social worker what you were told as soon as possible. If there is an immediate protection issue and it is after hours call the CPS Hotline or VMCH

## Disaster Preparedness

Some disasters may require evacuation while some may require you to shelter in place. It is estimated that only 7% of families are prepared for disasters—preparedness includes having a plan and practicing it as well as having the necessary supplies to manage each type of disaster. We can anticipate we will experience earthquakes, seasonal rains/floods/mudslides, and wildfires based on our geographic location and factors such as climate change. Other threats may be less predictable or obvious but should be prepared for.

Consider different scenarios: what would you do in a disaster at home? At work? If your children are at school?

You can find disaster preparedness resources at:

- [www.ready.gov](http://www.ready.gov)
- [www.bt.cdc.gov](http://www.bt.cdc.gov)
- [www.noaawatch.gov](http://www.noaawatch.gov)
- [www.fema.gov](http://www.fema.gov)
- [www.redcross.org](http://www.redcross.org)

Check out both local and national resources for preparedness and planning, and pick the guide that fits your family best. You have to use it for it to work! Store copies of your plan in different places and share with a trusted friend or family member. As part of your planning, identify a friend or family member who lives out of the area that everyone would contact if you are separated. Provide that person's contact information to the RFA unit and keep the information up to date.

Federal law mandates that all child welfare agencies have a disaster plan in place to address issues such as keeping in contact with foster families during and after a disaster. During a disaster that impacts Sonoma County:

- All Sonoma County employees can be recalled to assist in a disaster
- The Emergency Operations Center (EOC) is the County center for emergency management
- Valley of the Moon will continue operations to care for current residents as well as accept displaced children who have been separated from their families due to injury/death
- Essential employees will continue to respond to new reports of child abuse/neglect while also responding to disaster needs
- The FY&C Director is responsible for establishing a command center and directing staff, including potentially sending Social Workers to hospitals and shelters to identify the location of dependent children and caregivers
- Non-essential staff who can safely report to work will do so at their next regularly scheduled work day unless otherwise instructed.
- Child welfare social workers are responsible for contacting caregivers for each of their cases and reporting the status of each child and family to their supervisor. Supervisors report up to the director.
- Social Workers are required to document status of each child in the case record (even if your family was not displaced or impacted).
- FY&C has a responsibility to balance disaster response and normal emergency functions with communicating the status of children to their families.
- If the Apollo or Valley of the Moon Children's Home buildings are impacted, staff will be operating from alternate locations
- Social workers may not have access to physical files or computers
- Social workers themselves may be impacted and unable to report to work
- Phones and networks may be down, slowing response

## What to communicate in case of a disaster

AS SOON AS YOU ARE SAFELY ABLE TO: Email or text (most efficient for groups, phones may not work) the child's social worker and the social worker's supervisor. Include WHERE you are, HOW LONG you will be there, WHAT your immediate needs are, HOW the child is doing, and if

there were any INJURIES, DEATHS, or PROPERTY DAMAGE. Please include the RFA unit as well regarding any serious unusual incidents, property damage, or deaths. If you have contact information for a child's family members, please consider contacting them to alleviate fear and uncertainty. If you are displaced and go to a shelter, identify yourself as a foster family to appropriate staff.

## Please plan ahead

- Do you have important phone numbers and email addresses stored in your phone? You're likely to have that with you.
- Tip: Save PDF documents on your phone in the Kindle App, Evernote, Dropbox, or other application so you don't have to rely on data coverage to access them.
- Use something like CamScan or Scannable to use your phone's camera to scan documents into your phone
- You may be the only one with a child's important mementos and keepsakes. How can these memories be preserved?
- Do you have the basic supplies for sheltering in place and evacuating?

## Keep updated on local emergencies by signing up for Nixle

Nixle is a platform for law enforcement agencies to share information about public safety issues immediately, usually through text message. You can register at [www.nixle.com](http://www.nixle.com) and select your local jurisdictions and instantly being receiving text updates. This is invaluable during weather events and emergencies: know immediately about accidents and road closures.

## Special considerations for foster children and youth

Emergencies can cause interruptions in services and education for children and youth. Consider storing scanned copies of essential documents securely on "the cloud" so you can access them even if you cannot access your home or the child's case record. Dropbox offers smartphone applications, but you must create a good password and always password protect your phone if you store sensitive information on it. Make sure "Find my iphone" is active so you can disable your phone if it is missing. Dropbox also allows you to log in from any computer. Another option is storing a password protected thumb drive outside your home, such as at work. If you utilize electronic storage methods please have a plan for destroying these records when they are no longer needed. Consider storing the placement agreement, emergency medical consents, and contact information for service providers and family members in case of an emergency.

Because children in foster care have already experienced traumas, please approach preparedness in an age appropriate, calm manner. Even drills can be traumatic for children. Being displaced can cause additional, compounded trauma for foster youth. For young children, Sesame Street offers parent toolkits for emergency preparedness, including phone applications and videos. Sesame Street also has resources for after the disaster, including specific guides for earthquake, fire, and flood.



## Complaints against Caregivers

Caregivers should be aware that it is possible to experience allegations of abuse or neglect. It is the responsibility of the child welfare agency to ensure children and youth who have been separated from their families are safe in out-of-home care. The law requires allegations to be investigated.

While there is no way to avoid an allegation of child abuse or neglect, there are ways to minimize the risk. Please ask questions about the child prior to placement to help ensure you can provide the level of care to meet the child's needs. Please remember to report unusual incidents to the social worker and RFA worker. Training about the impact of trauma on development is important to understanding the experiences of children and youth as well as their motivations for making false allegations, which while uncommon do occur.

In the event that an investigation is opened, please work closely with the agency on the investigation and provide all the information requested. It is important not to isolate yourself. Reaching out to support groups and more experienced caregivers may provide you with ideas on how others may have coped with the same situation.

### *What is a complaint?*

*Anything* that alleges a violation of the RFA Written Directives. By law, these must be investigated by an RFA worker.

### *What isn't a complaint?*

Any concerns that do *not* allege a violation of the RFA Written Directives. These are frequently described as "placement issues." Additionally, some allegations are not accepted as a complaint when a preliminary investigation proves the allegations are without basis. Self disclosures are not taken as complaints.

### *What is the process?*

1. The complaint is logged and allegations are recorded
2. The complaint is assigned to an RFA worker other than the one who completed the approval
3. The assigned RFA worker will begin to investigate prior to visiting your home. This can be through file reviews, interviews of witnesses, interviews of the child or youth, etc.
4. The RFA worker has 10 calendar days from the date the complaint is received to notice the Resource Family of the investigation. This, and all complaint visits, are unannounced. If after multiple unannounced attempts, the RFA worker can call to inquire about your schedule without providing specifics or stating there is a complaint. This visit may be delayed at the request of law enforcement. Each complaint visit will be documented on an RFA 9099 form.
5. It may take several visits to thoroughly investigate the complaint and issue findings. If it is not possible to interview the caregivers during the 10 day visit, the initial 9099 will not have specific allegations.
6. The investigating RFA worker has 60 days from the initial complaint visit to finalize the investigation. Findings must be approved by a supervisor in advance. Findings are issued in person on an RFA 9099.
7. If a complaint is inconclusive or unfounded there will be no corrective action plan.

8. If a complaint is substantiated, deficiencies will be cited for each violation of the Written Directives and a corrective action plan will be developed jointly between the caregiver and the RFA worker
9. For serious or repeat violations, there may be further action taken by the approval agency. This could include an informal meeting, a non-compliance conference, or administrative action. Administrative actions are the steps necessary to present a case in an Administrative hearing, and include the RFA worker compiling a Statement of Facts to be delivered to the State Legal Division to pursue rescission of the resource family approval. Administrative action is collaboration between the Statewide Program Office, the County, and the Legal Division.

### *What happens after the complaint is finalized?*

Substantiated and Inconclusive findings are filed in the public portion of the resource family file. Unfounded findings are filed in the confidential portion of the resource family file. Complaint findings are shared with the placement agencies.

### *What if I disagree with the findings?*

You have appeal rights. Within ten days you may write a letter of appeal to the RFA Supervisor. The RFA Supervisor has ten days to respond to your request for a review of the findings.

## Definitions:

**Deficiency:** any failure to comply with any provision of the Community Care Facilities Act beginning with Health and Safety Code section 1500 or regulations adopted by the Department pursuant to the Act

**Serious deficiency:** any failure to comply with Resource Family Approval requirements that presents an immediate or substantial threat to the physical health, mental health, or safety of any child or nonminor dependent in a home.

**Substantiated:** means that an investigation concluded that based on a preponderance of the evidence, meaning that it is more likely than not, an allegation in a complaint occurred.

**Inconclusive:** although the allegation may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred

**Unfounded:** the allegation is false, could not have happened, or is without a reasonable basis

## Caregiver Support

In order to help facilitate ongoing support, the county will host support groups throughout the month for licensed and approved caregivers. There will be child care provided in most cases. These meetings will be a time when you, along with other caregivers, can get together and seek support from your peers and from the facilitator. The content of these meetings are confidential.

These meetings offer a consistent way to connect to the community. Other caregivers often provide a level of support that has proven to be one of the single most important factors in preventing caregiver burnout. Active participation in these groups is imperative.

## Training

Caregivers are required to complete a minimum of 8 hours of training annually, and an additional 4 hours to participate in either the Emergency Foster Home or Long Term Foster Care programs. The mandatory training hours must include a component of Reasonable and Prudent Parent Standard or normalizing children's experiences, a component from the required pre-approval training topics, and any training required by the placing county in order to meet the specific needs of the child. The Santa Rosa Junior College offers quarterly conferences that cover required training topics as well as provide the opportunity to broaden your knowledge and skills. Some training is available online as well.

## Caregiver Support Program

Sonoma County Family, Youth and Children Services, in partnership with the Redwood Empire Foster Parent Association, recognizes the importance of supporting caregivers providing out of home care for children in our community.

In an effort to support caregivers and families, we have created a mentor program that will utilize experienced caregivers as a support network for families. A mentor may be assigned to your family at the time of approval and will provide ongoing support for up to one year with the time frame extended as necessary. Your mentor will call you to introduce themselves and set up a time to meet with you in person and explain the program in more detail.

### *Role of the Mentor:*

- To provide guidance, education and support to caregivers, including contact upon placement of new child(ren) and assist in advocating for specific needs
- To assist in the development of skills that will result in the ability to navigate the system of care and provide support and guidance with child welfare system and court related issues
- To assist in finding the appropriate resources based on the needs of the family and child(ren)
- To provide support in working with a child(ren)'s behaviors
- To assist the family in partnering with the biological parents consistent with the case plan and permanency goal for children in care
- To offer support during transitions
- To offer support to caregivers through the adoption process
- To model and coach supportive communication and positive working relationships between caregivers, social workers and others in the system of care

Reach out to your mentor for support often. Caring for children in out of home care is a challenge and in order to be successful, it is important that you take care of yourselves. If you find yourself frustrated with the system or struggling with an issue it is essential to reach out to others. DO NOT wait to contact your peers or mentor for support and/or advice. As a community we are committed to supporting the stability of children in your care.

## Self Care

Preventing burnout is extremely important. Raising children is a challenge and in order to be successful, it is important that you take care of yourselves. If you find yourself frustrated with the system or struggling with an issue it is essential to reach out to others. DO NOT wait to reach out to your peers or mentor for support and/or advice. As a community we are committed to supporting the stability of children in your care.

## Whom To Call and What To Report

<i>Situation</i>	<i>Child's Worker</i>	<i>RFA Worker</i>	<i>Mentor</i>	<i>Other</i>
Questions about the system		X	X	
Behavior issues	X	X	X	Therapist
School problems	X		X	Ed. Liaison
Visits between the child and his/her family	X		X	
Clothing needs of child		X	X	
Difficulty with parent or guardian	X		X	
Child transitions out of your home (call ASAP)				VMCH
Emergency medical care needed (after hours, call 911)				Hospital ER
Critical incident such as serious injury or illness, death, suicide attempt (call ASAP)	X	X	X	CPS hotline
Suspected abuse (call ASAP) (FAX Unusual Incident Report to ALL)	X	X	X	
Medi-Cal Card				PHN/EW
Insurance –third party liability claims or Medi-Cal payment				PHN/EW
Serious illness of a caregiver or other family member (call ASAP)	X	X	X	
Absence of either caregiver due to death, divorce, illness or separation (call ASAP)		X		
Moving (call ASAP)	X	X		EW
Relative or other person moving in with you. Call ASAP to set up Live Scan.		X		
Structural changes or significant damage to your home		X		
Reimbursement Check late, lost, incorrect, or stolen				EW
Respite care needs (call ASAP). <u>Notify</u> child's Social Worker when child is in respite	x	X	X	
Travel out of state with foster child may require a Court Order. Please give as much notice as possible (call ASAP).	X			
Travel out of USA with foster child. Requires a Court Order; give as much notice as possible (call ASAP).	X			
Vacation (call ASAP)	X	X		
Training requirements for caregivers		X	X	

## Glossary of Acronyms and Terms

- CASA: Court Appointed Special Advocate
- CCL: Community Care Licensing
- CDSS: California Department of Social Services
- CHDP Exam: Child Health and Disability Prevention Exam
- CWS/CMS: The California statewide database for child welfare service/case management services. This is where information about the children and the legal case is entered.
- EFH: Emergency Foster Home. Families who participate in this program primarily care for children age 0-5 on an emergency basis while relatives and other caregivers are assessed for more permanent placement.
- EW: Eligibility Worker. Each child is assigned a Foster Care EW who processes payments and Medi-Cal.
- PHN: Public Health Nurse.
- RFA: Resource Family Approval
- RPPS: Reasonable and Prudent Parent Standard. Characterized by careful and sensible parental decisions that maintain the child's health, safety, and best interests.
- SW: Social Worker
- VOM or VOMCH: Valley of the Moon Children's Center, the Sonoma County temporary shelter for children and youth