

United For Families Congratulations!

You are a licensed foster parent and a member of a very special and valuable team.

We have all chosen a path *requiring* us to provide love, care and protection to children who may have never experienced it before. We have agreed to care for the most abused and neglected children, those with the most needs and the fewest resources.

You may have decided to become a foster parent because of friends who are providing substitute care for children. That's exciting, because we know we have quality substitute care parents in the district.

While legislators make the laws, you are the person most informed about the needs of abandoned, abused and neglected children. Your voice must be heard. All foster parents are encouraged to become active members of their local Foster Parent Association. As a partner in the care of children, you need to receive updated information regarding care and treatment of children. In doing so, you will share experiences with other foster parents and create that natural support network. You will get the latest information from the State and National Foster Adoptive Parent Associations and have a better understanding of the system of care and the partnership role you will be involved in.

This handbook has been developed to provide information which will help you work with United For Families, the Department of Children and Families, the legal system, and the network of professionals working with us. It is meant as a practical guide, not an all-inclusive policy and procedures manual. We have included the most recent information, but changes are continuous. We will make every effort to send you those changes.

Questions will come up that are not addressed in this guide, we know. Every child is individual and requires individual attention. Please discuss questions you have with United For Families staff and/or the foster parent support staff at Hibiscus Children's Center.

Thank you for opening your hearts and your homes to children in need.

Glossary of Terms

ADD/ADHD	Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
ADM	Alcohol, Drug Abuse, and Mental Health
AIDS	Acquired Immune Deficiency Syndrome
ARS	Adoption & Related Services
CMS	Children's Medical Services
CPI	Children Protective investigator
CPS	Child Protection Services
CPT	Child Protection Team
CRC	Case Review Committee (Now Residential Review Team)
CW/CBC	Child Welfare/Community Based Care Program Office at DCF
DA	District Administrator
DCF	Department of Children and Families
DD	Developmental Disabilities
DOB	Date of Birth
EH	Emotionally Handicapped
EMH	Emotionally & Mentally-Handicapped
EPSDT	Early Periodic Screening & Diagnostic Testing
ES	Emergency Shelter
ESI	Early Service Intervention
FAST	Family Allegation Support Team
FC	Foster Care
FDLE	Florida Department of Law Enforcement
FDLRS	Florida Diagnostic & Learning Resources System
FPA	Foster Parent Association (also see FFPA and NFPA)
FSFAPA	Florida State Foster Adoptive Parent Association
GAL	Guardian Ad Litem
HIV	The virus which leads to AIDS
HMO	Health Maintenance Organization
HRAC	Human Rights Advocacy Committee
ICCP	Intensive Crisis Counseling Program
ICP	Initial Case Plan
ICPC	Interstate Compact for Placement of Children
ICWSIS	Interim Child Welfare Services Information System
IEP	Individual Education Plan
JDC	Juvenile Detention Center
DJJ	Department of Juvenile Justice
JR	Judicial Review
JSP	Juvenile Services Program
MAPP	Model Approach to Partnerships in Parenting
MDT	Multidisciplinary Team
POA	Program Operations Administrator
PDC	Professional Development Center
PS	Protective Services

RRT	Residential Review Team
SED	Severely Emotionally Disturbed
SIDS	Sudden Infant Death Syndrome
SLD	Specific Learning Disability
SSI	Supplemental Security Income
TPR	Termination of Parental Rights
WIC	Women, Infants & Children Program

RIGHTS & RESPONSIBILITIES

When a child is receiving substitute care services from UFF, whether by voluntary placement or by order of the court, it is important that all parties involved understand their respective rights and responsibilities. (See also Attachment I – Bilateral Service Agreement)

The Rights and Responsibilities of Birth and Legal Parents are:

1. To maintain regular contact with the child through visits;
2. To be given information regarding the child's whereabouts and condition, and to give UFF information regarding their whereabouts;
3. To determine the child's religious affiliation;
4. To consent to adoption
5. To consent to all medical treatment unless an emergency precludes notification; that is, unless an emergency requires treatment first, notification later.
6. To consent to the marriage of the child or the child's enlistment in the armed services;
7. To receive notice of and to attend any judicial or administrative review proceedings involving the child;
8. To leave the child an inheritance;
9. To financially support the child;
10. To plan with UFF for the child and to share in making decisions;
11. To know what conditions must be met in order to have the child returned to their care;
12. To receive current information on the child's health, growth, development, adjustment to placement, and changes in placement;
13. To provide emotional support for the child;
14. To keep appointments and respond to communications from UFF;
15. To retain the parental role to the fullest extent possible by such efforts as participating in school conferences and securing medical appointments; immunization records, birth verification, medical and birth history.

The Rights of the Children in Substitute Care are:

1. To be prepared for the initial removal from his/her home and subsequent placements;
2. To be placed in the substitute care setting that can best meet his/her needs;
3. To be placed with his/her sibling if it is in the best interest of all the siblings;
4. To have a healthy lifestyle and maintenance of optimal physical and emotional well-being;
5. To participate in case planning according to his age and ability;
6. To have regular visitation with his/her biological parents, siblings, and other individuals with whom he/she may have a meaningful, positive relationship;
7. To receive honest information regarding all decisions affecting him/her;
8. To have a permanent placement appropriate to his/her need at the earliest possible time;
9. To have a Guardian ad Litem appointed to be an advocate in judicial proceedings in those cases where the child has been abused, neglected or abandoned.
10. To have regular visitation with his/her case manager with the frequency to be determined by the child's legal status (shelter care, minimum of 1 time per week, foster care status minimum of 1 time per month), case plan, individual needs and/or court order.

The Rights and Responsibilities of the Substitute Parent are:

1. To participate in the decision to become a substitute care family and/or to continue in the substitute care program;
2. To evaluate their own capacity to work with a particular child and the problems involved in a child's situation;
3. To prepare their biological/birth children for potential problems that may be associated with fostering other children;
4. To accept a child as a real part of their family and to the extent possible, to help a child fit into their normal routine;
5. To understand a child's problems and help to find solutions;
6. To be supportive in every way possible in helping a child to be reunited with the family when reunification is the goal of the Case Plan;
7. To accept a child's background and maintain a positive attitude toward a child's family;
8. To respect the rights of the family, especially regarding visitation and contacts from them by phone or mail;
9. To cooperate in the visitation plan willingly and with a positive attitude;
10. To NOT be critical of the family whose child is in substitute care in their home and to believe in the family potential for growth and change;
11. To cooperate in the casework plan for the child;
12. To discuss needs, questions and problems with the case manager as they occur, and not allow minor issues to develop into unmanageable situations;
13. To maintain the child care standards required by DCF/UFF: For example, licensing requirements, health and hygiene standards, etc;
14. To be accountable for their work with a child placed in their home. Substitute parents should maintain the Child's Resource Record (CRR), records on the child's progress in school, behavior, special events, etc;
15. To report to UFF incidents of illness or injury to the child, runaway incidents, and any incident which involves law enforcement with any member of the substitute care family
16. To report suspected abuse and neglect to the Florida Abuse Hotline 1-800-962-2873; (1 800 96 ABUSE)
17. To perform routine parenting tasks: For example, enrolling a child in school, arranging and providing transportation for medical appointments (this is done by UFF for children in shelter status), setting appropriate

- behavior limits, and providing consistent, non-punitive guidance and discipline;
18. To fulfill as many parenting roles as possible when a child's own family cannot participate fully: For example, attending banquets, signing report cards, participating in therapy/counseling goals, etc;
 19. To recognize and discuss with the case manager any problems that substitute parenting cause in their personal family life;
 20. To receive honest, clear, and direct communication from UFF;
 21. To be provided with a specific, written description of what they are expected to do;
 22. To have their thoughts and opinions considered objectively;
 23. To refuse to take a child into their home;
 24. To receive cooperation from UFF, especially regarding routine appointments, visitation schedule for the biological family, and visits from the case manager;
 25. To be provided information about all community helping resources;
 26. To be provided training and educational opportunities from UFF;
 27. To keep a child's information confidential.

The Rights and Responsibilities of UFF and the Case Management Agencies are:

1. To secure the most appropriate resource possible based on a careful assessment of the child's individual needs;
2. To prepare the child for the original and any subsequent placements by providing an explanation of why he/she is moving, what the placement plan is, and what may be expected from the placement;
3. To provide day-to-day care which includes the provision of food and shelter, clothing, education, medical care, and emotional support;
4. To keep the child honestly informed of the status of his/her family and their progress in regard to achievement of the permanent plan;
5. To maintain current information on each child's development and adjustment;
6. To facilitate a permanent placement as quickly as possible by providing services to the child as outlined in the Case Plan;
7. To develop an adequate number of substitute care homes;
8. To properly train substitute care parents;
9. To monitor substitute care homes to ensure maintenance of licensing standards and provisions of adequate care for children.

10. Providing the child and parent with supportive services to remediate the problems associated with the child's removal from the family;
11. Participating in planning to help the child and family remediate identified needs;
12. Maintaining a continuous relationship with the child, parents, and substitute parents;

13. Ensuring that the child's physical, emotional, cognitive, social, medical and educational needs are being met and that he/she is making progress in response to the care he/she is receiving;
14. Providing selected and coordinated resources and services necessary to meet the needs of the child and the parents;
15. Facilitating the child's adjustment to the unfamiliar experiences within the substitute care family, school, and community;
16. Preparation of the Case Plan.

17. Participating in the service planning conference and the administrative review and other staffings necessary for planning or reviews;
18. Providing documentation in the case record of services provided to the child and parents, and progress made toward the goal of reunification or toward some other permanent placement;
19. Gathering relevant background information, medical information, and other related information to be used in the preparation of a life book,
20. Reporting to the court the status of the child in substitute care and progress being made to reunite the child with his/her biological family or to place the child for adoption;
21. Placement of the child in the least (most family-like) restrictive setting available, taking into account proximity to the school in which the child was enrolled at the time of the placement, and in close proximity to the parent's home, consistent with the best interests and special needs of the child;
22. Arranging visitation for the child with his/her parents at specified intervals in an effort to maintain an ongoing relationship, and notifying the parent of any changes in visitation privileges;
23. Providing ongoing supervision and support to the substitute care family, ensuring that the family is providing a suitable home environment for the child in care;
24. Notifying the parent of any change in the child's placement. Whenever possible, this notice should be given prior to the change.

LICENSING

Chapter 409 of the Florida Statutes mandates that the United For Families license and set standards for children in foster family homes, emergency shelter homes and family group homes. Section 409.175 (11), Florida Statutes states: "No person, family foster home or child caring agency shall receive a child for continuing full time care or custody unless they have first procured a license from UFF to provide such care...." This requirement does not apply to the following:

- a. A person who is a relative of the child by blood, marriage or adoption;
- b. A person who is a legal guardian;
- c. A person who has received a child from UFF or a child placing agency or intermediary for the purpose of adoption pursuant to Chapter 63, F.S.

1. **What is the difference between licensed family emergency shelter homes, foster homes, and group homes?**

Emergency shelter was designed as a short term "emergency room" piece of the continuum of substitute care. Families licensed as emergency shelter homes agree to be available 24 hours a day to receive children. Children placed in emergency shelter are alleged to be or have been found to be dependent. They either need protection, have no one available to provide care or supervision, or there are no appropriate and/or existing alternatives. Children generally stay in emergency shelter until the protective investigation is finished. Families whose homes are licensed as emergency shelters sign a civil rights agreement.

Family foster homes are those that offer a child a stable environment and set of relationships in a home intended to last indefinitely while a permanent solution is sought. Children are placed in foster homes either at the time they are placed in emergency shelter or when their legal status changes to foster care.

Family group homes are licensed for adolescents ages 12 to 18 only. Families whose homes are licensed as group homes also sign a civil rights agreement.

Reimbursement for Family Emergency Shelter Homes and Foster Homes occurs at the following rates:

Emergency Shelter (per day) \$15/day

Foster Care (monthly)

0-5 Years of Age \$369

6-12 Years of Age \$380

13+ Years of Age \$455

2. What happens after I'm licensed?

You will be assigned a licensing counselor who will assist you with any questions you might have regarding your license. If there are complaints or problems during the licensing period, they will be addressed with you by your licensing counselor.

3. What should I expect at the time of my annual re-licensing?

- a. Timely completion of paperwork sent to you by the licensing counselor
- b. Home consultation with the re-licensing counselor
- c. Sanitation (health) inspection
- d. Fire inspection, if required
- e. Inquiries by licensing counselor to field staff regarding care of the children in your home during the year and your ability to work as a team member
- f. Abuse and law enforcement checks
- g. Verification that each substitute care parent has completed 8 hours of in-service training
- h. Verification that a minimum of two fire drills have been held during the year. The dates of the drills will be requested.

The licensing counselor will use all information gathered to make a recommendation regarding continued licensure.

4. Where can I get the training to meet the eight-(8) hour in-service training requirement, and what kind of training meets the requirement?

Active participation in your local foster parent association is the key to getting the most out of the training requirement. We cannot begin to list all of the possible

resources that may be available in the community. Some of these may require payment to attend. UFF does not reimburse you for the cost of your training.

Any training that teaches you to better meet the needs of children in your career to enhance their safety will meet the training requirement. If you have any questions about whether the training will meet licensing requirements, call your licensing unit for clarification.

If you get training at your job that relates to the care and safety of children you may be able to apply it toward your eight (8) hours. Call your licensing counselor to determine whether or not the training will meet licensing standards.

5. What is the law regarding confidentiality? Who can I share information with?

Confidential information may only be discussed with professionals or other authorized persons who are involved in a child's case plan. Your friends, relatives and neighbors will be naturally curious about the child(ren) placed in your home; you need to explain to them that you appreciate their interest, but that you cannot share information about a child's background, problems, or legal progress of a case. Because children in your care are important to you, it requires some self-discipline not to talk about their problems or backgrounds with unauthorized persons.

During the licensing process, you were asked to sign a statement that you will keep information about clients confidential. Under Chapter 39 of the Florida Statutes, breaking confidentiality is a misdemeanor and punishable by a fine. It is also a licensing violation and could jeopardize your license. Equally important, the children in your care do not need to suffer a loss of trust or privacy by hearing information about them or their families discussed publicly. Remember, be discreet; inquiries can be handled diplomatically.

6. What are the rules on where children who live in my home may sleep?

There must be 50 square feet of living space per child in the bedroom. This would have been ascertained at the time of your initial licensure; however, if you remodel or rearrange, you must be aware of this requirement.

Each child must have their own permanent bed and adequate closet and drawer space. Trundle beds or sleep out couches are not appropriate and can be used ONLY as a temporary arrangement.

Children over the age of three may not share a bedroom with a child of a different sex.

Children may not share a room with an adult (except infants under the age of twelve months). This also includes that teenage children who turn 18 years of age may not share a room with a foster child.

Any arrangement besides the above must be approved by the District Program Office.

7. Are there licensing rules about safety that I need to be aware of?

Most of the rules governing safety should have been discussed with you prior to licensing. You should have already had your home tested for radon gas. St. Lucie and Okeechobee counties are currently exempt from the radon testing requirement.

The following outlines ongoing expectations of safety measures in your home:

- The home must be kept clean and orderly, free from objects, materials, and conditions which are dangerous to children.
- The outside area must be clear of any debris or trash and there should be adequate safe space for children to play. No accumulated junk or trash in the yards.
- Medications, poisonous chemicals and cleaning materials must be in a locked place and not accessible to children.
- Pets must have current vaccinations. Children should not be exposed to aggressive animals who could pose a danger.
- Guns and ammunition must be kept separately and locked at all times.
- There must be working smoke detectors in each sleeping area.
- Fire drills must be held every six months and documented.
- A 2A10BC fire extinguisher must be mounted in the kitchen.
- Alcoholic beverages must be stored out of reach of children or locked.
- The home cannot be heated by unvented gas heaters. All fireplaces or space heaters, and hot surfaces must be shielded against accidental contact.

If your home has burglar bars, you must demonstrate that they can be easily released to allow exit or that other means of exit are easily available from each sleeping area.

These are safety regulations that are included in the licensing rules. Your own instincts and knowledge about safety issues are also necessary to ensure the safety of children in your home.

8. **What if I add a pool or spa to my home or move to a house with a pool?**

Foster Parents who had pools at the time of licensure would have had to meet all the following requirements. If you should add one at a later date or move to a home with a pool, you **MUST** notify your licensing counselor immediately. Drowning is a leading cause of children's deaths. You must also comply with the following:

- All foster parents need to complete a basic water safety course administered by the American Red Cross, YMCA, or other national organization and supervise children in the pool. This should be done **PRIOR** to the completing of your pool.
- All doors and windows leading to the pool area must have bolt locks. The locks must be out of the reach of small children.
- The windows/doors must also have an alarm, key lock, or self closing lock.
- The pool must be enclosed on all four sides. Gates and doors leading to the yard need to be locked at all times. If you have sliding doors leading to the pool area, it is strongly suggested that you install a child safety fence as an added safety feature.
- The pool must be kept clean at all times.
- Swimming pools must be equipped with one of the following life saving devices:
 1. Ring buoy;
 2. Rescue tube; or
 3. Other flotation device with a rope attached which is sufficient in length to cover the area
 4. Pole of sufficient length to cover the area.

Children who do not know how to swim should be given swimming lessons as soon as possible and must wear a flotation device.

9. **What if I have a hot tub at my home?**

The hot tub must have a locked cover. At all times, an adult must accompany children in the hot tub.

10. **What are the laws about children being in car seats or in seat belts?**

Foster Parents are subject to the provisions of Chapter 316.613, Florida Statutes which requires that children up to the age of 4 years of age **MUST** be in a 'crash tested, federally approved' child restraint device. Children must always wear a seat belt or be in a car seat when in a motor vehicle.

Department of Motor Vehicles recommends the following child restraints:

0 - 9 months or 20 pounds:	Infant Carriers
9 months to 4 years (20 - 50 pounds)	Children's Car Seats
4 years and older (over 40 pounds)	Lap Belt
55 inches tall or taller	Lap Belt and Shoulder Belt

However, UFF recommends that you ALWAYS have all children either in car safety seats or in a seat belt whenever you transport them. Don't take risks!

11. Can children in substitute care ride in the back of a pickup truck? On a Motorcycle?

No. Rule 65G13 of the Florida Administrative Code specifically states that substitute parents may not transport children in substitute care in the back of pickup trucks, on motorcycles, or any other method of transportation that would be dangerous to the child.

12. Can a child living in my home ride in a boat?

Discuss your plans to take the child in a boat with your child's case manager. If possible, they should get their parents permission. Adults driving the boat should be experienced boaters who have completed a Coast Guard approved safety course on boating. Children must always wear life preservers. Safety precautions must be followed at all times.

13. What happens if I am accused of neglecting or abusing a child in my home?

If a report of abuse is received regarding a licensed substitute care home, and it meets the criteria for a report, a child protective investigator (CPI) will be assigned to investigate the allegation. The Program licensing unit is also notified and a collateral investigation by a licensing counselor may be conducted to evaluate the situation for licensing violations. This can be a very difficult process for families, even if the allegations are unfounded.

Whenever possible, the child's case manager or your licensing counselor will come with the CPI to talk with you and with the child during the initial investigation. The CPI will assess the information available to determine if the child may remain safely in your home or if he/she should be placed in another licensed home until the investigation is being completed.

If the child is placed in another home, the CPI and the child's counselor will determine if it is appropriate for you to visit the child during the investigation based on the information from the investigation and documentation in the case file. Your home will be placed on administrative hold for placement of additional children until the investigation by the CPI and licensing unit is complete.

A good source of support for you during an investigation are other substitute care providers who have been through investigations of abuse and FAST, Foster Allegations Support Team. FAST is a group of substitute care givers who have been trained through the Florida State Foster Parent Association to give non-judgmental support during an investigation. The FAST coordinator is Patti Kelly, and she can be reached at 1-800-FAST-119. Through her you can obtain the names of local FAST volunteers.

In addition, you are encouraged to connect with other local foster parents to provide support for one another.

14. What happens if I am accused of violating licensing regulations?

If a complaint alleging a licensing violation is received by the Program Licensing unit a licensing counselor is assigned to investigate the allegation. While the investigation is active no additional placements will be allowed to occur in your home. The licensing counselor will discuss the allegation with you, as well as make unannounced and announced visits to your home as part of the investigative process. Collateral information will be gathered, including interviewing with case managers, foster or shelter children, and other pertinent individuals as may be appropriate.

The licensing counselor will seek to complete the licensing investigation in a timely manner. If the allegation is verified, corrective action will be required and a time frame for you to come into compliance will be specified. A continuum of administrative actions may be imposed, from the notation of violation with corrective training recommended, to a written warning, to license suspension, revocation, or a decision to deny re-licensure.

The administrative action taken is based upon the severity of the violation, and any prior occurrences or warnings that had addressed similar violations. You have the right to contest any administrative action taken upon your license. The licensing unit will advise you of this process so that your rights are not abridged.

15. What if I suspect a child has been abused or neglected?

Foster Parents are required to report immediately any suspicions or indications of child abuse or neglect to the Abuse Hotline and to the child's case manager. The number to call is 1-800-962-2873. Your identity is guaranteed, by law, to remain confidential.

16. What could I do to avoid an accusation of abuse or neglect?

Ask for complete information about a child that you are considering for placement. You need information such as this:

- Known details regarding past abuse;
- Known details regarding the effects of the abuse;
- Known details regarding special behaviors towards adults or children which resulted from the abuse;
- Known details regarding the child's medical background.

If the child has been sexually abused, as part of UFF's operating procedures, a Foster Family Safety Contract must go into place (see Attachment II). It is also important to establish some preventative "house rules":

- If possible, give the child his/her own bedroom;
- If the child has abused other children, carefully assess the sleeping arrangements. Can your bedroom be between the bedroom of the perpetrator and that of the other children;
- Have rules about who is allowed in whose bedroom and under what conditions;
- Have rules about using the bathroom and privacy;
- Have a dress code that includes the type of clothing that is acceptable, where it is acceptable, and with whom present;
- Establish common sense rules to guide the expression of affection between the child and others;
- Indicate that secrets between substitute care family members and their foster children are not acceptable;
- Establish guidelines regarding who may be left alone, with whom, for how long, and under what circumstances.

When you have identified a child's special needs, ask for training to deal with the child's needs. If you need assistance or services for your child, communicate with the child's case manager. Request assistance early. It is important to keep UFF informed of successes and problems. Waiting to ask for help can result in the problem becoming more serious and increases the risk of an allegation of abuse. Asking for help is not a sign of inadequacy.

Documentation of significant occurrences during placement can not only help in case planning but can be very helpful during an investigation. Some suggestions for documentation are these:

- Keep a daily log.
- Take brief notes outlining a major happening.
- Include details such as special family activities, visitation with the child's family, etc.
- Note significant health problems.
- Note significant emotional/behavioral difficulties and when they occur. (For example, does the child exhibit these difficulties before or after a visit?)
- Note any marked change in child's mood, behavior, or relationships.
- Note the child's success and special achievements.
- Describe any situation, including discipline where it is believed the child might misunderstand the behavior/relationship or intent of the substitute family.
- Note any request you make for service or assistance including the date, person, etc.

It has been suggested by some members of the Foster Parent Association that you keep these records in a safe place for a number of years in case of potential lawsuit by children in substitute care.

17. What are some acceptable forms of discipline for children in substitute care?

The purpose of discipline is educational and rational. It focuses on deterring unacceptable behavior by encouraging the child to develop internal controls. Substitute parents are expected to define rules, which establish limits and types

of acceptable behavior. These rules must be clearly explained to each child, and equally applied to all children.

The preferred method to help children manage behaviors is to use pro-active parenting. The tools learned in MAPP - Avoid Coercive Behaviors and Stay Close - are the beginning of your behavior management program. Additional training is available in positive parenting through the Professional Develop Center. Contact your case manager for future dates. All foster parents are encouraged to attend at the earliest opportunity.

18. **What forms of discipline are not allowed?**

As a part of the licensing process to become a substitute care parent, you signed an agreement not to use corporal punishment. Here are some examples of punishment which may not be used with children in substitute care:

- a. Any Physical punishment:
 - Physically hitting the child in any way
 - spanking,
 - slapping,
 - pinching,
 - shaking,
 - hair pulling,
 - hand tapping.
- b. Withholding food, clothing, or shelter.
- c. Derogatory, or critical remarks, such as,
 - name-calling
 - shaming ridiculing

 - humiliating, and
 - swearing at a child.
- d. "Time Out" in unlighted, locked, poorly ventilated, or cramped areas.

- e. "Time Out" periods may not exceed:
- Five minutes for children under five years old,
 - Fifteen minutes for children ages six to eleven, and
 - Thirty minutes for children 12 and over.

Try not to use the child's bedroom for "time out." The bedroom is where the child should feel safe and good, it should not be used as a place for punishment.

- f. Denial of visitation or phone contact with birth parents, siblings, or the child's case manager.
- g. Cruel and unusual punishments such as hot pepper sauce or soap to curb swearing. Threats of removal from home.
- h. Excessive chores that:
- endanger a child's health, and
 - interfere with time needed for eating, sleeping, doing homework, and relaxing.

19. **Agency Policy on use of Physical Punishment**

Disciplinary policies are outlined in the Rules of the State of Florida. The United For Families develop the Rules by authority given in Florida Administrative Code 65C-13.

Discipline is a training process through which the child develops the self-control, self-reliance and orderly conduct necessary for them to assume responsibilities, making daily living decisions and live according to accepted levels of social behavior. The purpose of discipline is educational and rational. It focuses on deterring unacceptable behavior by encouraging the child to develop internal controls. Substitute parents are expected to define rules, which establish limits and types of acceptable behavior. These rules must be clearly explained to each child and applied equally to all children.

Prohibited disciplinary practices include:

- group punishments of misbehavior of individuals;
- withholding of meals, mail or family visits;
- hitting a child with an object;
- spanking a child;
- physical, sexual, emotional and verbal abuse;
- humiliating or degrading punishment which subjects the child to ridicule;
- being placed in a locked room; and,
- delegation of authority for punishment to other children or persons not known to the child.

The use of isolation shall be used only for short periods of time as a therapeutic measure when a child's behavior is temporarily out of control. Such periods of isolation shall be observed and supervised by the substitute parent to ensure the safety of the child.

Examples of Positive Methods of Discipline

- Reinforcing acceptable behavior, for example, (depending on the age and the likes and dislikes of the child), honest praise, special privileges and treats, extra hugs and kisses, additional time spent with the child, and stars or smiley faces on a door or bulletin board.
- Verbal disapproval of the child's behavior, never the child. For example, "I don't like ball throwing in the house."
- Loss of privileges. For example, if the ball throwing continues in the example above then take the ball away and restrict the child from watching television, participating in a special event, or playing with a specific toy.
- Grounding (restricting the child to the house or yard) or sending the child out of the room and away from the family activity.
- Redirecting the child's activity. For example, if a child is playing with a sharp object, take the object away and replace it with a safe toy.

20. What happens if I use a form of discipline that is not allowed?

If you should utilize a form of discipline which has not been approved, it will result in an investigation by a licensing counselor and a child protective investigator, especially if the allegation includes excessive force, injury, or unusual methods.

21. What if acceptable forms of discipline are not effective?

Contact your counselor and discuss your observations with them. They should provide assistance.

PLACEMENT

1. **Who will contact me to place children in my home?**

An agent of United For Families will call you to discuss possible placements in your home. UFF has Intake & Placement Specialists responsible for making placements. During weekends, holidays, and after normal work hours (8:00 am to 5:00 pm) an Intake & Placement Specialist is “on call” to make emergency placements.

2. **Will all of the information about a child be given to me when I take a child into my home?**

All known information about the reasons the child were brought into care and their physical, emotional, developmental, educational and behavioral status should be shared with you. However, when children first enter foster care, UFF may have only very limited information to share.

You should be prepared to ask questions that you wish to have answered. Sometimes after a child is placed in your home, you may learn information that the case manager does not know. Please share information that you think may be important to the child's case. (Example: Family information, information about abuse, etc.) You may want to talk to the child's most recent substitute parent for their input on the child's behavior, strengths, and needs.

3. **Are children placed in homes of similar culture?**

Whenever possible, children are placed in homes of similar culture. If this is not possible, efforts are made to place children with families who are sensitive to heritage and will help the child maintain and continue to develop a sense of identity, which is tied to the birth heritage.

4. **When are brothers and sisters placed in the same home and when are they separated?**

In accordance with Chapter 39.001 (1) (b) 4(k) F.S. UFF is required to make every possible effort, when two or more children in care are siblings, to place the siblings in the same home; and in the event of permanent placement of the siblings, to place them in the same adoptive home or, if the siblings are separated, to keep them in contact with each other. Sometimes, due to lack of bed space or behavior problems, it is necessary to separate siblings. Even when siblings must be separated, the law requires visitation and the continued effort to find a permanent placement for all of the siblings.

5. **If I am licensed for a certain number of children, can more children than that ever be placed in my home?**

Yes. A waiver and/or an exception to policy can be granted to allow this in certain situations. You should never be over capacity without the proper authorization having been secured by the Intake & Placement Specialist.

The Intake & Placement Specialist must obtain permission by their supervisor to temporarily waive capacity or other licensing standards prior to making an emergency placement. Be sure to advise the UFF placement office if your home is at your licensed capacity, or if you already have two children under 2 years of age, to ensure the Intake & Placement Specialist has obtained necessary emergency approval. The Intake & Placement Specialist and Supervisor will reevaluate the waiver during the next workday.

6. What if a child placed in my home has head lice?

It is a good practice to keep medication for treatment on hand. The local health departments have good brochures on the treatment of head lice. If a child in shelter status is placed in your home with head lice, UFF will reimburse you for the cost of the initial treatment. Subsequent treatments should be obtained by prescription or from the health department (sometimes they will disburse the shampoo for free).

7. What if a child who is in shelter status is placed in my home and needs clothes?

You should first contact your support worker at Hibiscus Children's Center. Hibiscus staff will facilitate getting clothing for the child. If you do not have a support worker assigned, please contact the UFF case manager assigned to the child or the UFF placement office to ask about a clothing voucher.

8. If a child placed in my home needs clothing immediately, can I buy the clothing and expect to be paid back?

You should always check with the child's case manager or your Hibiscus support worker first as the child may have gotten a voucher in a previous placement. If children have gotten a clothing voucher or received their clothing allowance and are placed in your home with no clothes or no wearable clothes, contact the child's case manager.

9. What if a foster child placed in my home needs clothing?

Foster children receive an initial clothing allowance and a yearly clothing allowance after they have been in substitute care for six months. The rates are as follows:

Initial Clothing Allowance

Age 0 - 12	\$50.00
Age 12+	\$70.00

Annual Clothing Allowance

Age 0 - 4	\$ 200.00 per child
Age 5+	\$ 300.00 per child

Monthly Clothing Allotment from Board Rate

Age 0 - 4	\$35.00 per child
Age 6 - 12	\$36.00 per child
Age 12+	\$43.00 per child

10. What am I supposed to give the child from the board rate I receive?

In addition to meeting the child's day-to-day needs for food, clothing, shelter, socialization and education, the board rate includes funds for the child's allowance and incidentals at the following rates:

Allowance	Age 0 - 5 \$ 10.00	Age 6 - 12 \$ 10.00	Age 12+ \$ 12.00
Incidentals	\$ 8.00	\$ 9.00	\$ 11.00
Clothes	\$ 35.00	\$ 36.00	\$43.00
Totals	\$53.00	\$55.00	\$66.00

(Note: Incidental money is not for regular hygiene products such as shampoo, crème rinse, soap, toothpaste, toothbrushes, lotion, feminine hygiene products, razor blades, laundry detergent, or other normal daily personal care items. It is for extras (incidentals) that are specific to the child's personal tastes such as nail polish, special hair care products, perfumes, etc.)

11. Should I keep receipts for the clothing and incidentals I purchase for my foster child?

Yes, you should keep receipts. It is always best practice to have a record of expenditures.

12. What can I expect to come with the child?

Each child should come with a Child Resource Record. All of the information that belongs in the record may not be available at the time of placement, especially if the child is in shelter status; at a minimum you should receive the following:

- the child's name and birth date (if known)
- the reason for placement
- documentation authorizing placement
- medical information (request the names of the child's physician and dentist)
- medication if available or directions on how to secure it
- worker's name and telephone number (supervisors also)
- on-call information for evenings and weekends
- Medicaid Card (temporary or permanent)

13. **How do I answer the child's questions about being in substitute care?**

Give age-appropriate responses and be honest (always the best approach). Do not be judgmental towards the child's family in your response. If you do not know the answers, say so. Tell the child you or he/she can get that information from the case manager and follow up on that promise.

14. **What is a Life Book?**

The Life Book is a combination of a story, diary, and a scrapbook. It is an important collection of the child's history that helps the child with his/her identity. The best time to begin a Life Book is when a child comes into the child welfare system.

Any available information about the child's birth family, family history, and developmental information should be collected. During the child's stay in your home, his/her history should be recorded. This can be done with drawings and artwork done by the child, pictures, written recordings of events, keeping medical information and copies of school programs and report cards.

Be sure to include pictures of your home and family. You will be doing your child(ren) a great service if you take the time to develop a Life Book for them. UFF has training on Life Books.

15. **Can I have a child in my home baptized or confirmed?**

Only if the child's birth parents have given written permission.

If you have a relationship with the child's parents, you can make a mutual decision to pursue this goal. ***If the parents do not agree, you must not have the child baptized or confirmed.*** The child's case manager may be able to help. Be sure to discuss your plans with him/her.

16. What if the child is of a different religion and wants to attend a church or synagogue of his/her own religion?

It is important to a child's identity to preserve their heritage whenever possible. One of your responsibilities as a substitute parent is to give your child the opportunity to participate in the faith they or their birth family request.

17. Can I include a child in substitute care in my family's religious activities?

Yes, however, a child should not be forced into attendance. Babysitting should be obtained for a child who does not choose to attend religious activities with you.

18. Can I take my child on a trip with me?

If you are planning a trip and want to take your child with you, you should discuss your plans with the child's case manager early. The rules vary depending on the legal status of the child.

For shelter children you will need a court order to travel out of district or out of state. You may travel within the state of Florida with children in foster care status, but out-of-state travel requires a court order. A good working relationship between you and the child's birth family can help facilitate your travel plans.

19. Can I alter (e.g., cut, perm, color) a child's hair?

These decisions and responsibilities should remain with the child's birth parents whenever possible. If the child is in foster care, the case manager may be able to ask the parents permission, or can advise you. You should never drastically alter the child's hairstyle without the parent's permission.

You should not cut the hair of a child in shelter status unless it is medically necessary to treat head lice or other scalp problems. When placements last for an extended period of time, a light trim to keep hair at the same length is allowed. You must first obtain written permission from the child's parent or the case manager.

20. What if a child causes deliberate damage to a person or to property while in my care?

Report the incident at once to the child's case manager. If appropriate, the case worker will give you a Claim for Restitution Form (402 Claim) which can be submitted for consideration of payment to the State Institutions Claims Fund. In order to access the Institutional Claims Fund, you will first need to submit your claim to your homeowner's or renter's insurance. The fund will not pay for losses covered by personal insurance. It will, however, pay the insurance deductible. Be sure to submit the following with your claim:

- a. Written estimates or receipts for repair or replacement costs,
- b. All related medical bills, and receipts for related costs,
- c. A physician's statement of diagnosis, if applicable,
- d. Any official reports documenting the incident,
- e. Names, addresses and phone numbers of all witnesses and people involved with incident.

Claims are generally limited to \$1,000.00. For damages over \$1,000.00 not reimbursed by insurance or the fund, you may contact your state legislative representative and ask them to submit a legislative claims bill on your behalf.

21. What do I do if a child runs away?

Call the police department to make a missing persons report. Be prepared to provide the date of birth and social security number of the child, a physical description, including his/her clothing, and provide a picture if requested. If it is during working hours, call your local police or sheriff's office, then contact the Intake & Placement Specialist, the case manager and/or protective investigator. After working hours, call the on call number for case management.

Children run away for many reasons, but rarely is this behavior directed at the substitute parents so please do not take it personally. The case manager may want to return the child to your home when he/she is found. This can be a frustrating experience for substitute parents, so discuss your feelings with the child, your support worker and/or the case manager.

Try to understand a child's running away as a symptom of other problems or strong emotions, not as rejection or that the placement isn't working. While the child is absent from the home, board payment may continue for up to two weeks if the plan is to replace the child in your home.

22. What do I do if a child in my home is arrested?

Call the child's case manager or the protective investigator to report the incident. This can be a frustrating and sometimes embarrassing experience for substitute providers. As was discussed in the previous question, try not to take this personally. It is very probable that this is a symptom of other problems and deep emotions, not a rejection of you or a reflection of your failure. While the child is absent from the home, board payments may continue for up to two weeks if the plan is to place the child again in your home. When the child returns to your home, they will need your assistance in fulfilling any requirements imposed on them by the delinquency system (e.g., community control, restitution, etc.).

23. What do I do if a child dies in my home?

Call 911 for emergency assistance, then call the child's case manager or the on-call number. The child's case manager will notify the birth family and complete a Critical Incident Report.

24. What do I do if I need to talk to a case manager or supervisor after working hours (AFTER 5pm and on weekends/holidays)?

Please contact the on-call number for your county (See Attachment III – Staff Directories)

25. Who do I contact if I want a child removed from my home?

Bring this problem to the attention of the Hibiscus support worker and case manager as soon as there are issues that make you even consider having the child moved. The support worker and case manager may be able to bring additional resources to your home that will help the situation.

Ask yourself if there are any services that would help you to make this placement successful. If so, discuss them with your support worker and case manager. If the placement doesn't improve, at least two weeks before you want the child moved, contact the support worker to request the move.

The support worker will contact the UFF placement office to request a placement. You may wish to contact the placement office as well as you will be best able to give information that will be helpful in making an appropriate placement. Every effort should be made to avoid abrupt, unplanned moves as they are very detrimental to the child.

26. What should I send with a child who is moving from my home?

At a minimum, all clothing, toys and personal belongings purchased with clothing allowance and board payment should go with the child in a duffle bag or suitcase (*please avoid using garbage bags*) as well as any gifts the child received while in your home. If you have gathered material for a Life Book or put one together, please send this with the child. The child's up to date Child Resource Record should go with the child. The Medicaid card, any current medication, instructions, and the name and telephone number of the child's physician should go with the child. Some substitute parents write down the child's schedule, likes, dislikes, fears, etc., as a help to the child and the next caretaker (even if it is the birth parents).

27. What if we don't agree with the course a child's case is taking?

If you and the case manager cannot reach an understanding, contact the unit supervisor. You may want to arrange a meeting between the case manager, the unit supervisor and you to discuss and help resolve your differences. If the

problem cannot be resolved at this level, you may request an administrative review.

28. My substitute care child is being moved to another home, can I take the child to the new home?

Your participation in the move may be beneficial to the child, depending on the circumstances surrounding the move. Discuss your thoughts with the child's case manager to determine what will be in the child's best interest. If you do assist in the move, coordinate the time with the child's case manager, as they are required to visit the new placement on the date of the move.

29. What if a reporter wants to interview me or a child in substitute care?

You have a right to be interviewed and photographed by the media. You must be very careful to guard the identity and confidentiality of any child in your care. You may ask someone from UFF to be with you during the interview if you wish. You have the right to terminate the interview at any time if you are uncomfortable with any questions you are asked.

You must contact the child's case manager to determine if an interview with the child is appropriate. Children in shelter or foster care should never be pushed to be interviewed. Their names, identifying photographs, and background histories are not to be shared. UFF may give permission on children for whom parental rights have been terminated.

You may wish to contact UFF if you have any questions about media contact. That telephone number is: (772) 398-2920.

30. Should I apply for Supplemental Security Income (SSI) for a child in substitute care?

UFF case manager will apply for SSI for children who may be eligible. If you apply and receive SSI for a child, you will be asked to repay it. If UFF receives SSI for a child, a portion of the benefit is used for the child's board and the remainder is put into a trust fund.

If your child has special needs or desires, you may contact the child's case manager to determine if use of the funds for the item is appropriate. These needs can include clothing, recreation, therapeutic equipment, home furnishings, personal needs, and some miscellaneous items such as magazine subscriptions, televisions, computers, bicycles, etc. Any items purchased with the child's money belong to the child and go with the child when he/she leaves your home. The SSI trust fund is to be used to supplement the child's special needs.

VISITATION

1. **Who can I expect to visit my home?**

- UFF case managers
- DCF protective investigators
- Hibiscus foster care support workers
- Guardian Ad Litem, if one has been appointed
- Staff from service providers (e.g., Suncoast Mental Health, New Horizons of the Treasure Coast, St. Mary's Children's Services, Tri-County Tec, etc.).

2. **How often will a case manager be visiting children placed in my home?**

Children in shelter status should be seen by a case manager in your home at a minimum of one time per week.

Children in foster care status should be seen by a foster care counselor in your home a minimum of one time per month. If the child is visited in the school or at a visit, you should still be visited by a counselor once a month.

If your home has been approved to receive a waiver to exceed your licensed capacity or a licensing standard associated with the placement of a child, a plan may be developed to address the needs of the child and capacity issues.

3. **What do I do if a child's UFF case manager is not visiting the child in my home?**

Visitation is one of the services the case manager provides to children and substitute families. Call the case manager to ask when the next visit is scheduled. Speak to the unit supervisor if you have concerns about the visitation pattern for a child in your home. If a case manager does not make a visit in a calendar month, please call 1-800-FLA-FIND.

4. **Should I keep a record of visits by case management staff and the Guardian Ad Litem (GAL)?**

Yes, each visitor should sign the visitation log. If you don't have a visitation log, please contact Hibiscus and request a copy of the form. Be sure to have the visitor sign their name and date of their visit.

5. **Do the children in my home have to visit their parents?**

Yes, unless there is a court order that says visits do not have to occur. Parents have a legal right to visit their children. If you have a concern about the effect of visitation on a child, discuss your concern with the child's case manager and/or therapist.

6. Can I arrange for a child in my home to visit with a sibling in another home?

Yes, you can arrange for visitation. You should check with the children's case manager before you arrange visits. If visits are approved, you are encouraged to help the children see each other.

7. Can I allow family members to have contact with the child in my home?

This is a case by case decision that must be made with the child's case manager. Together you can decide what types of contact can occur (e.g., telephone calls, letters, and visits).

8. Do I have to meet the parents of a child placed in my home?

While it is not required, it can be very helpful to the child and the child's family for the child's parents to have contact and interaction with you. You should discuss the family situation with the child's case manager before you make a decision.

9. My child is often upset and acts up before and after visits. Is this unusual?

Not at all. Visits with their parents often stir up feelings in children, which may be acted out in a variety of ways.

10. How can I help my child deal with these feelings?

Let the child know that you are aware that visits might stir up some feelings and that you are available to talk or listen if they wish. Be careful not to be judgmental of the child or the family in these discussions. The child has a right to his/her feelings, whatever they are. It is important to remember that these feelings may change from visit to visit or over time.

11. What if a child's behavior becomes unacceptable before or after a visit?

Let the child know that his feelings are important and should be expressed, but destructive actions are not allowed. Ask what you can do to help. If you have a relationship with the child's family, you may work together to help the child.

Keep the child's case manager advised and use him/her as a resource for assistance. If the child is in therapy, work with the child and his/her therapist to deal with these issues. If the child is not in therapy, discuss the advisability of a referral with his/her case manager.

12. **What are the benefits of visitation?**

Visitation between the child and his/her birth parents are an important part of substitute care. It helps provide security for the child, encouragement for the birth parents, and helps maintain and restore the parent/child relationship.

The quality of the visits is important to case planning as they provide insight into the progress and needs of the family.

13. **What if a parent or stranger shows up and wants to take the child away from our home?**

First, try to determine the identity of the stranger. You are not allowed to release a child to anyone without the child's case manager's permission. If it is the child's parent, try to explain reasonably why you cannot allow an unscheduled visit.

Handle the situation in the least traumatic manner for the child.

If the parent or stranger refuses to leave, you have the right to call the police. **Be sure to report any incidents to the child's case manager.**

HEALTH

1. **Does my child have medical coverage?**

Yes, almost all children in substitute care are covered by Medicaid. Children should have a Medicaid card or a temporary form authorizing Medicaid when they are placed in substitute care. If you do not get this, call the child's case manager. If they are not on Medicaid, UFF is responsible for their medical expenses.

2. **What is Medicaid'?**

Medicaid is health insurance provided by the state. Medicaid offers a system of managed health care coverage through a Medicaid HMO or the MediPass program. Managed care emphasizes preventive health care, detecting health problems early and health education. Enrollment with MediPass or a Medicaid HMO is mandatory. A person enrolled with MediPass or a Medicaid HMO selects a primary care physician that provides the general care and makes referrals to specialists as needed.

3. **Who decides if a child is to be followed by a MediPass provider or Medicaid HMO?**

This decision should be made by the child's case manager as it is sometimes more helpful to choose one over the other, especially if a child has mental health needs. The Medicaid office can give you information regarding both plans. You may reach them at (561) 881-5080 (HMO). If a provider within either managed care plan is not selected, one will be selected for you. It is very important to discuss these options with your case manager. Always be aware of what plan you belong to and who your provider is.

4. **Can I put my foster child on my insurance policy?**

Contact your insurance carrier. You will, however, be responsible for any medical charges that come under your policy.

5. **Are children placed in substitute care checked for medical problems prior to placement?**

Within seventy-two hours of initial placement by UFF, all children are required to receive a Child Health Checkup (f/k/a Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT) exam. If the protective investigator felt immediate medical attention or an examination was needed prior to placement, this will have occurred. If you see any indications that the medical treatment is needed after placement, you must contact the primary care provider your child is enrolled with for any health concerns.

Upon placement, look for the names of doctors or dentists already treating the child. Records and continuity of treatment will not only be helpful, but also prevent duplication of services.

6. Should I sign papers giving permission to treat a child or accepting responsibility for payment?

No, this is not a liability that you should assume. For routine treatment give the medical provider a copy of the court order or placement authorization form, authorizing treatment, or the medical consent form signed by the child's parent and the child's Medicaid card. For any non-routine medical procedures such as surgery, circumcision, or HLV/AIDS testing, notify the child's case manager in advance so they can get the parents consent or a court order. If the medical provider wants additional authorization, contact the child's case manager.

7. What do I do if I don't have a Medicaid card for a child who needs treatment?

Always ask for the child's card at the time of placement. If it is not available, ask for the Medicaid number. You should reasonably expect to have a card (temporary or permanent) delivered to you if you have an immediate need for it.

However, you ***do not need the Medicaid card to access treatment From the primary care provider.*** If you have an emergency and need help, you may call the case manager during work hours or the on-call number after hours.

If your child has an emergency, go immediately to the emergency room. Your primary care doctor should be notified. If it is not an emergency, ***you must contact the primary care doctor first before you access any other health care services.***

8. Who should take my child to appointments?

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

9. Can I use Medicaid transportation to take the children to the doctor or counseling?

If your child is on Medicaid and has an appointment with the Medicaid provider, you can contact the Medicaid transportation provider 24 hours in advance to arrange for transportation. Medicaid transportation will only be provided if no other resources are available.

You may contact the transportation provider at the following numbers:

Community Transit - 879-1287 in St. Lucie County
Community Coach - 283-1814 in Martin County
Community Coach -569-0903 in Indian River County

10. **Where can I take my child to the doctor?**

You must contact the primary care doctor with whom your child is enrolled. If you are not sure who your child is enrolled with, you may call the Medicaid office at (561) 881-5080. Remember that ***it is not necessary to have the Medicaid card to access treatment from the child's primary care provider.***

You will need to bring the child's Medicaid card, Health Care Provider Form, or court order authorizing routine medical treatment or the medical consent form signed by the birth parents.

11. **What tests and examinations are provided by the Child Health Checkup (f/k/a Early Periodic Screening & Diagnostic Testing (EPSDT))?**

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

Child Health Checkup services include treatment or referral for problems detected in the screening. It is your responsibility, in conjunction with UFF, to arrange for follow-up on medical, visual, hearing, or dental care if recommended.

12. **After the initial health checkup exam, what is the schedule for subsequent exams?**

- a. 2 months of age
- b. 4 months of age
- c. 6 months of age
- d. 12 months/1 year of age
- e. 15 months of age
- f. 18 months of age
- g. once every year from age 2 years
- h. once every 3 years from age 6 until child turns 21

This schedule coincides with the immunization schedule. If required by a child's particular needs, screenings may be scheduled more frequently or at different intervals.

13. **Does Medicaid cover dental services?**

Yes, the Medicaid Children's Dental program pays for basic services to eligible children through the calendar month of their twenty-first birthday.

Covered services include:

- a. diagnostic services such as exams, x-rays;
- b. preventive services such as cleaning, fluoride treatments, instruction in oral hygiene,
- c. space management therapy;
- d. restorative services such as fillings, crown restorations;
- e. endodontics, including root and canal therapy;
- f. periodontal treatment;
- g. prosthodontics and dental repairs;
- h. oral surgery;

- i. limited orthodontic treatment;
- j. sealants; and
- k. emergency services.

14. What if my child has a hearing problem?

The Medicaid Hearing Services Program includes a hearing evaluation, diagnostic testing, and procedures necessary to certify an individual for a hearing aid and repairs. Medicaid will pay for one hearing aid, earmold, evaluation and dispensing every three years. Binaural Aids (two hearing aids) or specialized aids require prior authorization. Medicaid does not cover replacement batteries.

15. Does Medicaid cover eye exams?

The Medicaid Visual Services Program includes an initial visual examination, eyeglasses, fitting, dispensing, and adjustment of eyeglasses and repair services. Medicaid can pay for one pair of eyeglasses every two years. However, when medically necessary, a second pair may be obtained within the two year period. Contact lenses can be provided when medically necessary.

16. What drug services/prescriptions will Medicaid pay for?

Medicaid can pay for almost all prescription drugs and some non-prescription products. Your pharmacy will know what Medicaid covers. You may also contact the Medicaid office if you have questions on coverage limitations. Prescriptions are unlimited for children. You should use the same pharmacy each month. However, if you must use two pharmacies during the same month, tell the second pharmacist that you have been to another pharmacy so they can coordinate claims.

17. What do I do if the physician asks me questions that I cannot answer concerning the medical history of the child?

Make a note of the questions which you cannot answer and contact your case manager. She/he may be able to get the answers for you. If the child has a parental visitation coming up soon, you may want to ask the parent these questions yourself or have them sign a release so the doctor can get a copy of the child's health records.

18. I think my child needs counseling. What do I do?

It is not uncommon for children who have experienced the kinds of losses children in foster care have had to need help dealing with their feelings. Call your child's UFF case manager to discuss your concerns. Together you can decide what kind of a referral or assistance is needed.

19. What if a child in my care needs emergency medical help?

In all cases involving a life-threatening illness or injury, get the child to emergency medical treatment first (call 911 if needed) then contact the child's case manager or the on-call supervisor. If it is not a life-threatening situation, you must first contact the primary care doctor the child is enrolled with. The primary care doctor will direct you and provide the medical care as deemed appropriate. In either case, if you have the card, you should take the child's Medicaid card with you as well as a copy of the child's court order.

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

20. What if a child in my home tries to commit suicide or needs emergency counseling?

Call 911 if a child threatens or attempts to commit suicide. Notify your child's case manager immediately if a child is very depressed or talks about suicide, even indirectly. Emergency counseling may be necessary and can be arranged through the child's case manager.

CHILD CARE & RESPITE CARE

1. I need child care for a child placed in my home; how do I arrange for this and who pays for it?

If regular childcare is to be provided in your home, the selected individual must meet the following criteria:

- a. Must be 18 years or older;
- b. Comply with all background screening requirements, (i.e. Abuse history, affidavit of good moral character, local law enforcement clearance; and fingerprinting.
- c. Must meet the approval of UFF case manager.

The foster parent or the child's case manager must review the agency's policies and practices with the selected provider before he/she begins to provide child care. The discussion should include the following:

- a. Period of time service is to be provided;
- b. Child's needs and schedule;
- c. Discipline policy; and
- d. Telephone numbers to reach the substitute care provider, the counselor, and the on-call supervisor (evenings and weekends) and the child's physician.

You will be responsible for the cost of in-your-home childcare.

Out-of-home child care for children in substitute care must be provided in a licensed, day care home or facility, which has subcontracted with one of the central agencies with whom UFF contracts. The School Readiness Coalition coordinates child care in District 15.

Check with your child's case manager to see if child care funding is available. Foster children are eligible to receive child care funding if both foster parents work or if child care is recommended by a therapist or other professional for therapeutic reasons. If this criterion is met, and funds are available, the case manager will make the referral. If funding is not available or both foster parents do not work, then you may be responsible for the child care costs.

2. Can I get reimbursed for paying a baby-sitter to take care of a substitute care child(ren) in my home?

UFF will reimburse substitute care providers at the rate of \$5.00 per hour for babysitting expenses while you receive your mandatory eight (8) hours of training for licensing. UFF will not pay for babysitting for additional training hours, nor can UFF pay for babysitting for daily activities or recreational activities. Receipts

should be submitted to Hibiscus support/licensing worker and to the UFF Eligibility Determination Specialist.

3. Who can I use as a baby-sitter?

An adult or a responsible teenager aged 16 or over who is known to you and/or the community and has demonstrated the maturity and ability to provide reliable services. Call your support/licensing worker with the name, age and address of the baby-sitter for a background check. The substitute parent must review the agency's policies and practices with the baby-sitter before the service is provided. The discussion should include the following:

- a. Period of time service is to be provided;
- b. Child's needs and schedule;
- c. Discipline policy; and
- d. Telephone numbers to reach the substitute care provider, the case manager, and the on-call supervisor (evenings and weekends) and the child's physician.

4. Can a child in substitute care baby-sit another child in substitute care or a child in the community?

Discuss with the child's case manager before making a decision. The same criteria as outlined in question no. 3 would apply to a foster child baby-sitting another foster child. In addition, the background and current history of each child should be considered in making this decision. If your foster child is asked to baby-sit a child in the community, you should discuss this with the child's case manager and together determine whether your child has demonstrated the maturity and ability to provide reliable services.

Children in emergency shelter status should not be left in care-taking positions as they are in need of increased supervision themselves.

5. Can I be licensed as a substitute care home and provide child care in my home

No. State law does not allow dual licensing as child care and substitute foster care at this time.

6. Are there childcare programs available during the summer?

The community offers a variety of programs for children in the summertime. Local city recreation programs may be good resources for you.

UFF tries, as funds are available, to make summer camp available to children between the ages of 5-13 and up to age 17 if the child has documented special needs.

Be sure to let your child's case manager know early that you will need a summer program so he/she can try to help you get a scholarship for the child. Some recreational programs will offer scholarships or reduced rates for our children. Remember that foster children's income is "none" when filling out financial aid forms. If there are no scholarships available, you will be responsible for the cost of enrolling your child in a summer program. Summer programs are also available through the subsidized program.

7. What is respite care?

Respite care is intended to provide substitute parents some personal time away from the demands of providing substitute care. Substitute caregivers are given a total of (12) twelve days a year of respite. While on respite you continue to receive board payment for the children currently in your home.

Respite must be used within the fiscal year it is accrued. Fiscal years run from July 1 to June 30 of each year.

8. Whose responsibility is it to find a respite care provider?

Ultimately it is your responsibility to find a respite provider. UFF will try to assist you if needed and if two weeks notice is given. You should never place a child in another substitute care home without going through the UFF placement office.

9. Who can provide respite care?

- a. Licensed substitute care parents in your home or theirs. If you plan to ask for respite care in another licensed substitute care home, be sure to notify the placement office at least two weeks before you need placement. The placement office will attempt to find a respite placement for you.
- b. Adult family members and friends may also provide respite care in your home after they have been background screened. (Contact your support/licensing worker to initiate background screening.)

If the respite care provider has not attended MAPP training, the support/licensing worker will provide an orientation which covers protocol for handling emergencies, confidentiality, UFF's discipline policy, and an overview of substitute care.

Respite care providers must be given the following written information for each child in their care:

- a. Phone numbers for a 24-hour response from case management staff;

- b. Medical authorization;
- c. Physician(s) name(s) and phone number(s);
- d. School; and
- e. Medicaid Number.

10. How much is respite payment?

Respite providers receive \$11.00 per day per child. Payment is calculated from night to night. If the child does not spend the night with the respite provider, the provider does not receive payment for that day.

11. How does the respite care provider get paid?

Please contact United For Families regarding respite provider care payments:

Eligibility Determination Unit 772-398-2920

In general, respite payment goes directly to the respite care provider if they are licensed substitute caregivers. Income earned by respite care providers is considered taxable income. If they are not licensed substitute caregivers, payment goes to you, and you pay the provider. Payment should be received within one month of the respite period.

12. Can I take my child to another foster home and pick them up for respite care?

Yes, as long as the child's case manager knows and approves the arrangements and the placement office has approved the placement.

SCHOOL

1. **How do I know which school my child will be attending?**

You can call student services at your county's school district administrative office. The school your child will attend is determined by your address.

2. **Does the child have to change schools when he/she moves in with my family?**

The child may have to change schools if you live in a different school zone. If you and the child's case manager agree that the child should remain in the same school, your case manager will apply for a Special Attendance Permit (SAP) from the principal of the school for which the child is zoned.

However, you will most likely be responsible for transportation to and from school if you get the special permit.

3. **Who registers the child for school, the child's case manager or me?**

This is usually a joint effort between the child's case manager and you. If the child's birth parents are actively involved with the child and can participate, they may be asked by the case manager to accompany either the substitute parent or the case manager to register the child in school.

If the birth parent is not actively involved or is unavailable to do this, you will usually assume the responsibility of enrolling the child.

If you have a conflict that prohibits you from completing your part of the registration, the case manager will complete the registration process if necessary.

4. **What do I do in order to register my child for school?**

If the child has never been registered for school, you will need a proof of your residency, health information, and the child's birth certificate, if available.

If the child has previously been enrolled in a Florida school, a records transfer will be necessary.

Your case manager will assist you by obtaining the address of the previous school.

5. **What do I do if I have a problem with registration?**

Contact your case manager if registration is problematic. UFF will intercede in the child's behalf to assure registration is not delayed unnecessarily.

6. Are physical examinations and immunizations required to enter my child in school?

Yes, a physical examination is required before the child can start kindergarten and middle school. Evidence of required immunizations is also required at the above grade levels and prior to the beginning of high school.

If the child had a documented school physical examination anywhere in Florida during the school year, the additional physical examination is not needed.

7. How do I know if my child has been immunized?

This information should be located in the Child Resource Record (CRR), which accompanied the child's placement in your home. If the immunization record is not included, the child's case manager should be notified so that a search can be initiated.

8. Should I tell the school the child is in substitute care?

No, the case manager will advise the school regarding the legal status of the child. UFF feels this information is important for the school's administrative office and the child's teacher to know. This will help them to be aware of possible safety issues and know not to release the child to his/her parents. This will also help the school to understand the child's behaviors and plan to meet the child's needs.

The case manager will provide information about who can or cannot pick up the child, or visit the child while at school. This will be clearly noted on the child's record.

9. Is my child eligible for the free lunch program?

Yes, you may apply for this program at the school where your child attends. Eligibility is based on income. The income for our children is considered "zero" for this program.

10. Who should attend the school conferences and school activities?

As the parent responsible for the day-to-day care of the child, you should actively participate in these events. The child's case manager will often attend school conferences whenever possible. The child's birth parents should also be included if appropriate. Be sure to check with the child's case manager prior to advising the child's family regarding school conferences and activities.

11. Can I sign permission slips for my child to attend local field trips?

Whenever possible, the birth parent(s) should sign for permission for the child to attend field trips. If this is not possible, the child's case manager may sign permission slips for local field trips such as trips to museums, libraries, etc. Out-of-state trips or field trips that are out of the realm of traditional learning experiences will require parental permission or a court order. If a short turnaround makes signature by the birth parent or case manager improbable, substitute parents may then sign. It is preferable, however, to let the case manager incur the liability if the birth parent is unavailable.

12. Do I have to pay for my child's significant school memorabilia, such as class portraits, yearbooks, class rings, caps and gowns, or prom night expenses?

It does get expensive. Using the allowance/incidental dollars may help defray the costs of such items. To help defray some or all of these expenses, you may request that the child's case manager check to see if the child has a trust fund account and access the child's trust money to pay for these important school functions or records.

Children 16 years and older should be involved in the Independent Living program. The program will assist a child in planning for and working toward the coverage of such expenses. This is a part of the child's history - we want you to help preserve it. If the child's parents are taking an active role in the child's life, invite them to share the cost and share the pictures. You might share a picture with them even if they are only minimally involved.

13. What if my child gets sick, injured, or is suspended from school?

When you register your child for school be sure to include emergency contact information so you can be reached. The school will call you. Arrange medical treatment if needed. If the child needs to stay home, you need to make arrangements to stay home with the child. Be sure to keep your case manager informed.

14. What if my teenager does not want to go to school?

The legal age for "dropping out" of school is sixteen (16), but all high schools now have programs for children who are thinking about quitting. If you are having problems with your child and feel they are thinking about quitting school, please contact your child's school counselor. They want to help. Quitting school is a serious decision.

Be sure to keep your child's case manager involved in helping you and your child explore options like vocational training, graduate equivalency diploma (GED), full time employment, etc.

15. My child has special needs and may not be able to learn in a traditional classroom setting. What should I do?

Contact your child's school counselor and case manager. Placement in exceptional student programs for children with Specific Learning Disabilities (SLD), Severely Emotionally Disturbed (SED), and Emotionally Handicap (EH, Educable Mentally Handicapped, Trainable Mentally Handicapped, Physically Handicapped) is possible. Testing may be necessary. The school system is equipped to help you and the case manager (and birth family, if possible) make an informed decision about the best placement for the child.

16. What is Florida Diagnostic and Learning Resources System (FDLRS)?

This is a program that provides support to exceptional student education programs. FDLRS provides screening for children ages 3 to 5 years who may have problems with speech, hearing, motor coordination, concepts, behavior and vision. Older children who may qualify for special education programs are also eligible for services.

The contact telephone numbers for FDLRS: 772-429-4585

17. Are there special programs for children with developmental delays?

There is an array of services for children with developmental delays/disabilities in the community. If you suspect that your child has significant delays, discuss your observations with the child's case manager so you can formulate a plan to meet the child's needs. Children aged 0-3 who are at risk for developmental delay/disability can be screened for services by Developmental Evaluation and Intervention (DEL).

Children aged three and older can be screened for services by Developmental Disabilities. To obtain additional information regarding the screening process, please contact your case manager.

All preschool programs in each county must provide not only for children functioning within the standard norm, but also for developmentally delayed and at-risk children.

There are, of course, providers that specialize only for pre-school care for developmentally delayed and at-risk children. These programs offer extensive intervention programs for the developmentally delayed and at-risk children to help them to reach for their maximum potential.

For school aged children the school system offers a wide array of programs for children with special needs. Contact student services at your local school board administration office to determine which program will best serve your child's needs.

18. What if I need child care services or before/after school child care?

Every effort will be made to accommodate the needs of substitute parents and children regarding the need for day care. These needs should be carefully considered at the time of placement.

Check with your child's case manager or school to find out what after school programs are available and the cost.

19. Are funds available to help pay for my child's summer camp programs?

Summer vacation times are nearly always a difficult period for parents, especially working parents; and substitute care parents are no exception. Many foster children need consistent supervision and structure to assure their safety and help improve self-esteem issues.

Contact your child's case manager to determine if there are programs sponsored by UFF for the summer available, or if summer discounts or scholarships are available in your county.

20. Can I home-school a child in substitute care?

While you may choose to home-school your own children, children in care and custody should attend public or private accredited schools. If you have a situation that you think may require an exception, you may discuss this with your child's case manager. They will have to request an exception in order for this to be allowed.

TEENS

1. **What is the Independent Living Program?**

The Independent Living Program is a program designed to ensure that all foster care youth ages fifteen and older attain the basic skills needed to live independently upon leaving the system.

The Independent Living Program accomplishes this through assessments, training, classes, and resources made available to the youth. Children who reside in family substitute care homes or group homes may benefit from this program.

2. **What is the Subsidized Independent Living Program?**

Subsidized Independent Living is one component of the Independent Living Program that enables some foster care youth to be subsidized in their first apartment or independent, unlicensed setting.

To receive this subsidy, the youth must be in school full-time, earn \$100.00 per month, maintain a 'C' (grade point average of 2.0) average, have good school attendance, and have a savings program. Youth cannot cohabit, violate laws, and must have been stable in their previous foster home placement for six months. Exceptions to these requirements can be considered on a case-by-case basis by the Independent Living Coordinator.

3. **What is the role of the Independent Living Coordinator?**

The Independent Living Coordinator's responsibility is to make sure all youth are assessed for basic life skills levels of functioning and to guarantee that all youth receive the necessary training. The coordinator also screens and accepts applicants into the Independent Living Program and monitors their progress.

4. **How do we contact the Independent Living Coordinator?**

All youth should be referred to the Independent Living Program at age sixteen by their case manager. The Independent Living Coordinator is available to conduct training for foster parents or other interested parties and can be reached at Children's Home Society at 772-489-5601.

5. **Do all children 16 and over have to participate in the Independent Living Program?**

All foster children at age sixteen are referred and accepted into the Independent Living Program. The amount of participation is based on their needs and desires.

6. Do children have to leave foster care when they turn eighteen?

Foster care services may be continued for youth 18 through 21 years of age as long as the following conditions are met:

- a. Continuous enrollment in high school, in a program leading to a high school equivalency diploma, a full time vocational educational program, a post-secondary vocational technical educational program, full time enrollment in a junior college program, or full time enrollment in a college or university.
- b. The child is in care and custody in foster care status prior to turning 18.
- c. A minimum of at least a 2.0 grade point average must be maintained.

7. How are student fees for vocational school or college paid?

The student should apply for financial aid. If financial aid is denied, undergraduate fees for college classes may be waived. Your child's case manager and/or the Independent Living Coordinator may be good resources to explore available options.

8. Can my foster teenager get a driver's license?

UFF is not able to authorize a minor to get a drivers license. The Florida Division of Drivers Licenses allows a "responsible adult" to sign authorization for minors who are not in the custody of either parent. The minor's birth parents are able to sign consent and should be asked first if the child wishes to get a drivers license. If substitute parents are willing to obtain the necessary insurance protection, they may authorize the minor to get a drivers license. By signing for the minor to get a license, you are assuming responsibility for the minor's activities as a driver. You should consider carefully and discuss this decision with the child's case manager before taking action.

9. Can a child in substitute care get a job?

Older children should be encouraged to work part-time in order to gain work skills and to gradually prepare for independence. Discuss the child's interests and plans with his/her case manager. If a child in emergency shelter expresses an interest in getting a job, you may discuss this with the protective investigator who will have a perspective on safety issues and long-term plans.

10. **Can my teenager (or any age child) spend the night at a friend's house?**

Children in emergency shelter status can only do this with the protective investigator's permission. Children in foster care status may spend the night with friends, however, parental discretion should be used.

Evaluate the situation as you would for your own child by asking and evaluating questions such as the following:

- Will the parents be home?
- What are the plans for the evening?
- When will the child be home?
- What is the address and phone number?

If your child has behaviors such as sexual acting out or explosive behaviors, you will have to give additional consideration. Do not put unsuspecting children or families at risk. Whenever possible, we suggest you have your children's friends to your home instead. You must advise the child's case manager of any plans for the child to be away from your home.

UFF requires a background screening for any adult who will be supervising a child in care and custody overnight. Be prepared to give the child's case manager the name, birth date, and social security number of all adults in the home.

Remember, as much as we wish to allow children in substitute care to have a normal lifestyle, we are charged with the care and protection of other people's children and must do what is necessary to ensure their safety. Communicate your plans to the case manager so you can work together to meet your child's needs.

11. **Is there an age at which children in substitute care can be at home when I am not?**

There is no legal age at which this can or cannot occur. Children in substitute care need more structure and supervision than other kids. Always make this decision with the assistance of the child's case manager.

If the child's history, behavior or age does not suggest he/she may be left unsupervised, then they cannot. You need to carefully evaluate their maturity and ability to be left unsupervised for brief periods of time. Children in emergency shelter status should not be left unsupervised.

12. **Can children in substitute care date?**

Children who are in foster care status may date. However, parental discretion must be used and appropriate rules and boundaries must be set. Think it through. Does it make sense? Is it safe?

Children who are in emergency shelter status need to be supervised by an approved adult due to their legal status. Discuss your child's plan with the protective investigator.

13. What if my teen shows signs of drug or alcohol abuse?

Teens who have experienced abuse or neglect may be at risk for experimenting with drugs and alcohol as a means of dealing with their feelings about their experience. Be aware of the warning signs of drug and alcohol use. Communicate with your teen and his/her case manager. Ask for help. Counseling and/or treatment may be needed.

14. My child is sexually active; can she be put on birth control?

A doctor can prescribe birth control pills for a minor. If your child is sexually active, you may want to discuss choices with the child. The child's case manager should be advised of these issues.

If the child is a sexual abuse victim, he or she may need help in learning to make healthy choices regarding their sexuality. Counseling may be in order.

If a child chooses to remain sexually active, they should be helped to make informed choices about birth control and safe sex practices. The child's birth parent(s) may be included in these discussions when possible.

The health department provides free testing for sexually transmitted diseases and HIV/AIDS. Any child sixteen years of age or older can have this done without parental consent or accompaniment. If a prescription is needed, it can be filled at the health department free of charge.

If the child is in emergency shelter status, discuss your concerns with the protective investigator. They can explore the concerns with the child's family and assist in making appropriate decisions.

15. My substitute care child is pregnant. What now?

First, the child must be offered medical services to ensure her ongoing health and that of her unborn child. The child's parent(s) should be informed of the pregnancy unless extreme circumstances convince UFF that this is not indicated.

The expectant mother should not be coerced, persuaded to, or encouraged to terminate or to maintain the pregnancy. The decision lies entirely between the child and her doctor.

If she wishes to consult with clergy or other people whose opinions she values, her case manager will assist her. If a pregnant girl desires an abortion for reasons other than life-endangering circumstances, she must make arrangements for the abortion, including payment arrangements, independent of UFF.

16. What if my substitute care child wants to get married?

Section 741.0405, Florida Statutes, states that when someone under the age of 18, but at least 16 years of age, wants to be married, the County Clerk or judge must have on file "*the written consent of the parents or guardian of such minor to the marriage.*"

Because a foster child is in UFF's custody does not mean that UFF is his/her guardian and has the right to consent to his/her marriage.

Only a parent or legally appointed guardian has the right to consent to the marriage of the child. They can do this even if the child is in custody. The child's status as a dependent child would be terminated at the time of the marriage, along with UFF's legal custody.

17. What happens when my teenager has her baby?

Throughout the child's pregnancy, choices should be explored and plans made for the birth of the child.

If the mother decides to place the baby for adoption, plans should be worked out with an appropriate agency.

If the mother chooses to keep the baby, placement of the mother and child should be in the same substitute home or bonding facility, unless there are concerns for the baby's safety. In that case, legal action may be initiated.

Voluntary foster care may be explored if the mother has not demonstrated sufficient maturity and stability to care for the baby.

You are responsible to help the mother learn the skills to safely parent her child and utilize the board payment to provide for the child's day-to-day needs. The infant's cost of care can be included in the mother's board payment.

The infant is also potentially eligible for Medicaid. Your teen's case manager will work closely with you and the youngster to make appropriate plans.

18. What about school and my expectant or new teenage mother?

Encourage the teenager to continue in school. The public school system has special programs for expectant teens and their babies.

19. What can (should) I do if my teen shows a sexual interest in the same sex?

Because of their experiences, some children may be confused about their sexual identification or choose an alternative lifestyle. If you or your child needs to discuss feelings on sexuality, there are resources available.

Be careful to remain non-judgmental, as the child's sense of identity and self-worth is especially vulnerable at this time. Contact your child's case manager for appropriate referrals.

LEGAL ISSUES

1. What is my liability as a substitute care parent?

The Risk Management Trust Fund provides general liability coverage for allegations of negligence made against substitute parents while acting within the scope of their responsibilities pursuant to s.409.175(14)(a), Florida Statutes. Abuse and/or any action committed “willfully and wantonly” and/or outside the course and scope of their responsibilities would not be covered.

2. Can I purchase additional liability coverage?

A prepaid legal insurance policy is available for a reasonably priced yearly premium through the Florida State Foster Adoptive Parent Association. Contact the president of your local association or your UFF foster parent liaison for further information.

3. What are my rights as a substitute care parent?

Please refer to the Rights & Responsibilities section of this handbook.

4. How does the Dependency System work and how am I involved during the legal process?

The following is the time line for the dependency legal process:

Action	Time Frame
Abuse Investigation results in removal; Detention Hearing within 24 hours. Child should attend if age appropriate; substitute care parent may attend.	Within 24 hours
Dependency petition filed.	Within 21 days
Arraignment held within 7 days of filing the dependency petition.	Within 28 days
Adjudicator Hearing within 30 days of arraignment.	Within 30 days
Within 60 days of removal, prepare Initial Case Plan, including tasks for substitute care giver (can be extended for additional days by the Court)	Within 60 days
Disposition Hearing. 15 days from arraignment. If parent consents, or	30 days

30 days following the Adjudication hearing.

The Case Plan is prepared within 30 days of removal. 30 days

It is to be accepted by the Court within an additional 30 days. An extension not to exceed 30 days may be granted for good cause shown. Substitute care givers can sign Case Plan. 60 days

Judicial Review within six (6) months of removal to determine the progress being made on the Case Plan and assess the child's placement. 6 months*

Second Judicial Review to occur six (6) months from Initial Judicial Review (just document reasons child cannot return home or be referred for adoption planning to establish that this is an extraordinary case and the child should remain in foster care). 12 months*

Subsequent Judicial Reviews

Children under 13 every six(6) months

Children 13 and over at least annually

Administrative Reviews can be used for children over 13 who have been in care eighteen (18) months*

Termination of Parental Rights When approved by the Court

Substitute care givers are encouraged to attend judicial review hearings and administrative reviews. You should receive a copy of the Judicial Review Social Summary and a Notice of Hearing or Administrative Review. The child should be present at the Review Hearing unless age inappropriate.

- If court and UFF establish a formal agreement, Administrative Reviews are allowed for children in foster care. Notice to all parties must be provided. Administrative Reviews are not allowed for the first review.
- A review before the judge must occur at least every 12 months.

5. **What is a Case Plan?**

To ensure that a permanent home is found for children in foster care, whether it be reunification, placement of the child into an adoptive home or independent living, legislation requires that a case plan be developed for every child in care. The case plan is considered a binding document and is reviewed periodically (judicial reviews) by the Court.

Previously called Performance Agreements or Permanent Placement Plans, these are the documents that are filed with the court that outline the problems which led to the child being placed in care and identify the tasks that must be completed in order for the child to be returned to the parent(s) custody.

The Case Plan is a document negotiated between the child's case manager and parent(s) or prepared by the case manager when the parent will not or cannot participate in the preparation of the Case Plan. Parents must substantially comply with the terms of their Case Plan in order for their child(ren) to be returned to their custody.

6. **What happens if the parent does not substantially comply with the Case Plan?**

If no relatives have been located who are willing or able to provide a safe, stable home for the child, the agency will notify the Court they intend to initiate Termination of Parental Rights so that an appropriate permanency solution can be sought for the child.

7. **What happens if the parent does substantially comply with the Case Plan?**

Throughout the course of the plan, the child's case manager will maintain contact with the parent, child, substitute parent, and service providers to monitor all parties' progress and compliance with the plan. As the problems are resolved and it appears that the child may be able to return home, plans are formulated to make a smooth transition. A staffing may be held for input, planning and recommendations. Before children under the age of twelve are returned home, an in-house reunification staffing is held. Substitute caregivers are requested to provide written input for this staffing.

Contact and visitation with birth family may increase. A court hearing is held to request a change of custody if UFF has determined that the child can now be safe at home. Substitute parents should be invited to the hearings. If the child is returned to his/her birth family, the agency provides after care supervision for a minimum of six (6) months.

8. How does UFF decide if a child can be placed with relatives?

Beginning at the time of the Abuse Investigation, and continuing throughout the time the child is in substitute care, the agency will attempt to locate a child's relatives. If relatives are located who are willing to be considered for placement, a Home Study, including a background check, is done. If the relative is in another state, this is accomplished through an agreement called the Interstate Compact for the Placement of Children (ICPC). This agreement provides guidelines for placing children across state lines. The Home Study will include a recommendation from the other state (Or District within the State of Florida). This information is used to decide if the child will be placed with relatives. If the child is placed with relatives, the agency provides after care supervision for a minimum of six (6) months.

If a significant emotional tie exists between substitute parents and a child, this will be taken into consideration during planning for the child's placement.

9. When will UFF consider Termination of Parental Rights?

All children in substitute care should be staffed within eleven months from removal to ensure goal-directed planning, which will prevent children from drifting indefinitely in substitute care. Update staffings will occur thereafter every three or six months (depending on ease complexities).

A child will be considered for Termination of Parental Rights and subsequent planning when one of the following conditions exists:

- a. Voluntary Relinquishment: A parent may voluntarily execute a written surrender of the child and also Consent to the entry of a court order giving custody of the child to UFF or agency.
- b. Abandonment: These are cases in which the identity or whereabouts of the child's parent(s) are unknown and cannot be ascertained by diligent search within 60 days.
- c. Severe or Continuing Abuse or Neglect: These are cases in which the parent has engaged in conduct towards the child or towards other children that demonstrates the continuing involvement of the parent in the parent-child relationship threatens the life or well-being of the child regardless of the provision of services. Provision of services is evidenced by having had services provided through a previous case plan or other offer of services in the nature of a case plan from a child welfare agency.
- d. Egregious Abuse: These are cases in which the parent has engaged in egregious conduct that endangers the life, health or safety of a child or sibling, or the parent has had the opportunity or capability to prevent egregious conduct towards the child and has knowingly failed to do so. A case plan need not be offered to the parent, and the

petition for termination may be filed at any time before an agreement or plan has been accepted by the court. 'Egregious abuse' means any conduct of the parent that is deplorable, flagrant, or outrageous by a normal standard of conduct. Such abuse may include an act or omission that occurred only once but was of such intensity, magnitude or severity as to endanger the life of the child.

- e. Abuse, Neglect or Abandonment: These are cases in which after a Case Plan has been entered into by the parent, the child is subsequently abused, neglected, or abandoned for six months or more. The failure of a parent to substantially comply with the agreement or plan may constitute evidence of abuse, neglect or abandonment.

10. What happens if the child in my home does not return to his/her birth family and becomes free for adoption?

If the child is a special needs child, the United For Families or a child placing agency will attempt to place the child for adoption. If the child does not meet special needs criteria, a child placing agency will have the responsibility of placing the child for adoption.

A special needs child is defined as follows:

1. A child who has established significant emotional ties with his/her foster parents, or
2. A child who meets one or more of the following criteria:
 - a. Eight years of age or older.
 - b. Mentally retarded.
 - c. Physically or emotionally handicapped.
 - d. Black or racially mixed parentage, because they continue to be over represented and wait longer for appropriate homes.
 - e. A member of a sibling group of any age, provided two or more members of the group remain together for purposes of adoption.

11. Are there conditions under which I would not be allowed to adopt a child who is living in my home?

For foster children who become free for adoption, the placement of choice is with the substitute parents with whom they are living, except in the following situations:

- a. The foster child does not want to be adopted by the substitute parents.
- b. The substitute parents do not want to adopt the child.

- c. The substitute parents want to adopt a child, but not his/her siblings who are also available for adoption, and it is in the best interest of the sibling group to be placed together.

Note. No child will be denied an adoptive home. However, in order to keep a sibling group together, homes willing to accept the group will generally be given preference over one that will not.

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A special needs child is defined as follows:

1. A child who has established significant emotional ties with his/her foster parent

or
2. A child who meets one or more of the following criteria:
 - a. Eight years of age or older.
 - b. Mentally retarded.
 - c. Physically or emotionally handicapped.
 - d. Black or racially mixed parentage, because they continue to be over represented and wait longer for appropriate homes.
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13. Are there conditions under which I would not be allowed to adopt a child who is living in my home?

For foster children who become free for adoption, the placement of choice is with the substitute parents with whom they are living, except in the following situations:

- a. The foster child does not want to be adopted by the substitute parents.
- b. The substitute parents do not want to adopt the child.

- c. The substitute parents want to adopt a child, but not his/her siblings who are also available for adoption, and it is in the best interest of the sibling group to be placed together.

Note: No child will be denied an adoptive home, however, in order to keep a sibling group together homes willing to accept the group will generally be given preference over one who will not.

14. Who decides if I can adopt a foster child who lives with me?

UFF staff makes decisions regarding adoptions. The case manager working with you and the child will share your interest in adoption at the staffing conference, at which time the plan to pursue Termination of Parental Rights for the child is addressed.

If the decision is that the substitute care parents request is not in the best interest of the child or the substitute care parents, the case manager will try to help the substitute care parents understand that adoption would not be in the best interest for them or the child.

When there is serious conflict between UFF staff and the substitute care parents regarding the decision to pursue a substitute care adoption study, the case will be referred to UFF Management Team for consultation.

15. What if a child, whose parents' rights have been terminated, does not want to be adopted?

The child's age, history, emotional and mental health will be taken into consideration in planning for permanency. This decision will be discussed with the child by his/her foster care counselor and possibly an adoptions counselor.

16. How can I help to prepare a child for adoption?

Children who have an ability to attach emotionally to one family can be helped attach to another. Be a safe, stable, trustworthy anchor to your child during his/her stay with you. If the child has special needs or behavior problems, give them the help they need to achieve their potential. Be honest with the child. If you do not plan to adopt, help the child remain informed about the plans for his/her future. Keep a Life Book so the child will have a record of his/her life. When an adoptive family is found, help the child to make the transition. If possible meet the family and help the child to see that you think it is a good thing for them to have a family of their own. A planned, orderly move through substitute care is possible with good teamwork. Enlist the help of the child's counselor and/or therapist if needed.

17. What is a Guardian Ad Litem (GAL)?

Many children in C&F custody are represented before the court by a Guardian Ad Litem. A Guardian Ad Litem (GAL) is a court appointed, specially trained, volunteer who serves as an officer of the court to ensure that the best interest and

wishes of the child are represented at legal proceedings. A GAL investigates abuse allegations independently of C&F, monitors services provided, and makes recommendations to the court. The GAL has the right to interview the child they represent and to be involved in making major decisions which affect the child. Ask your child's counselor if a GAL has been appointed to the case. The number for the GAL office in the District is: (772) 785-5804.

VOUCHERING

1. **When can I expect to be reimbursed for the care of a foster or shelter child in my home?**

Checks for shelter and foster care services you provided are mailed on or about the 10th of the month for the preceding month. The calculation of your check will be determined at the end of the month of service to provide a more accurate representation of the children in your home during the month. You can expect to receive your check by the 15th of the month following the month of service.

2. **Where do the checks I receive for foster or shelter children placed in my home come from?**

The UFF Eligibility Determination Unit processes vouchers and forwards the information to our contracted Administrative Services Organization. The Administrative Services Organization located in Orlando, Florida, will issue and mail the check to your mailing address on file with UFF.

3. **Who do I call if my check is wrong or if I have a question about my check?**

The Hibiscus support worker may be able to assist you: THE SUPPORT WORKER IS THE FIRST PERSON YOU SHOULD GO TO WITH QUESTIONS.

You may call the Eligibility Determination office at 398-2920 if you have determined that there is a problem. The eligibility staff in that office processes monthly board checks, respite, clothing and baby-sitting reimbursements.

4. **When can I claim mileage?**

Submit a copy of your mileage each month to the case manager. You should record your beginning and ending odometer reading, destination, purpose. See Attachment IV for a sample form and a blank to use if you need to submit mileage.

5. **How and to whom do I submit my mileage?**

In accordance with Chapter 409.175 (14)(d) F.S., any foster parent participating in the required 8 hours of in-service training shall be reimbursed for travel mileage at the current state reimbursement rate. Mileage reimbursement for travel expenditures not identified within the statute above must be submitted to UFF for prior approval. (See Attachment V)

6. Do I have to pay taxes on the money I receive for children in substitute care?

If you receive qualified foster care payments during the year for caring for a qualified foster child, you do not have to include the payments in your income. However, if you receive such payments, you may not claim the child as a dependent. The payments you receive are to reimburse you for the expenses you incur on behalf of UFF, who is responsible for the foster child.

If you find that expenses you incur to care for foster children are more than payments you receive, you may take a charitable contribution for the excess expenses on Schedule A (Form 1040) if you itemize deductions. To claim a charitable contribution, you should keep adequate records of the income and expenses for your foster care placements.

Payment made directly by UFF for respite services you provided is considered taxable income and is reported to the Internal Revenue Service (IRS).

FOSTER PARENT ASSOCIATIONS

1. What is the Foster Parent Association (FPA)?

The FPA is a membership group open to all substitute care providers and adoptive parents. It is a support group that encourages comradeship between members. There are organized associations at the national, state and local levels.

2. When and where does the Foster Parent Association meet?

The associations meet on a monthly basis within each of the counties. Please contact Hibiscus Children's Center (772-334-9311) for dates, times and locations of meetings within your county

The Florida State Foster Adoptive Parent Association can be joined by local associations or individual members. The state association has training opportunities and various committees which can lobby for changes and improvements. Contact your local association for information on joining the state association.

3. What kinds of things does the FPA do?

- a. Provide mutual support and share experience in problem solving.
- b. Works collectively to improve conditions and develop resources for children in substitute care.
- c. Develop better communication between substitute parents and UFF.
- d. Educate the public and the media about the needs of children in substitute care.
- e. Provide in-service training for members.
- f. Advocate for substitute parents and children.

4. What can I do to organize a Foster Parent Association in my county if one is not active?

Contact UFF for information about Foster Parent Associations in the district for assistance in organizing an association.

5. Does the Foster Parent Association have any activities or services for the children in foster care?

Each chapter of the Foster Parent Association is independent of the other. In order to find out what services or activities the Foster Parent Association in your area provides, contact your association officers or attend one of the monthly meetings.

6. Do I have to have substitute care children in my home in order to join the Foster Parent Association?

No. The Foster Parent Association is not limited to families with shelter and foster children. Adoptive families and families, including those who have not yet had children placed in their home, are welcome to join.

WOMEN, INFANTS & CHILDREN PROGRAM (WIC)

1. What is WIC?

The acronym WIC stands for Women, Infants, and Children Supplemental Nutrition Program. WIC is a government program that's been funded since 1974 and administered by the Department of Health, through 46 health departments and two universities in the state of Florida.

WIC's purpose is to serve as an adjunct to health care, to prevent occurrence of nutrition and health problems, and to improve the nutrition and health status of pregnant women, women who just had a baby, and infants and children up to five years of age.

2. Specifically, what services does WIC provide?

Women and infants/children who qualify for WIC receive:

- checks for about an average of \$35.00 worth of food per month
- nutrition education
- referrals to health care and social service agencies

3. How do you qualify for WIC?

You have to be an infant or child under the age of five, a pregnant woman, or a woman who just had a baby. You have to meet certain income guidelines. You have to have a nutrition or health risk. In the instance of a foster child, WIC considers the foster child as a family of one, and his/her income is the amount the state is paying the family for this child. The WIC program has a large range of risk criteria, and many individuals qualify for WIC because they are not eating well.

4. What do I need to bring to the WIC office when registering home?

The child's Medicaid card and the Placement Form which shows that the child was placed in your home.

5. How do I apply for WIC?

Call the WIC clinic nearest you, and make an appointment.

6. What stores accept WIC checks?

All major food stores accept WIC checks. You will be given information on who accepts WIC once your child is enrolled. Be sure to bring your WIC identification card with you when cashing your WIC checks.

7. What foods can I buy with the WIC checks?

The back of the WIC check has the complete list of WIC-approved foods. These supplemental foods include iron-fortified artificial baby milk (infant formula), milk, cheese, eggs, iron-fortified cereals, fruit or vegetable juices rich in vitamin C, and dried peas and beans or peanut butter.

The front of your WIC check tells you the types of food and amount you can buy with your WIC check.

8. What happens if I lose the WIC checks?

Notify your WIC office at once. Unfortunately, WIC checks cannot be replaced.

9. What is re-certification?

Re-certification is the WIC office's way to monitor the nutritional progress of your child. Re-certification is required at age one (1) year and then every six (6) months thereafter.

The WIC office will notify you one month prior to your re-certification date that you need to be re-certified. Re-certification requires the child's height, weight and hemoglobin to be checked. You can have this done at the health UFF where you pick up your WIC checks, or if you take your child to a private doctor or other health care facility, the WIC office will give you a referral form for your doctor to fill out with the necessary information.

10. What if my foster child was already enrolled in the WIC program by his/her family?

When you call the WIC office to set up your initial appointment, they will be able to tell you if the child has previously been enrolled in WIC. If the child's family has picked up the WIC checks prior to him/her being placed in your home, you will not be able to get new WIC checks for him/her until one month after the last pick up date.

11. Am I the only one who can pick up WIC checks?

When you sign up for WIC, you are asked to assign another person, in addition to yourself, to pick up your WIC checks. It is best to use another member of your family. Only persons over the age of eighteen (18) are eligible.

HURRICANE PREPAREDNESS

Your family should prepare for the hurricane season before it arrives in order to ensure the safety of your family and children in your care.

If a storm is near, please listen to local TV and radio for evacuation information. Each county has a disaster preparedness policy. Please discuss with your licensing counselor the policy used in their county. Keep a list of phone and beeper numbers of UFF staff who can assist you. It is essential that UFF be kept informed as to your safety, location and any needs you might have.

As you prepare to protect your valuables or pack them to take with you; please remember your foster care child(ren)'s pictures and life books. These items may be their only link to past personal history.