



# **Care Provider Manual**

## **February 2023**

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**TFI Family Services, Inc.  
Kansas Foster Care**

**CARE PROVIDER MANUAL AND EXPECTATIONS ACKNOWLEDGEMENT FORM**

**Foster parents must be willing to do the following in order to be successful:**

- Operate according to the Care Provider Manual and Foster Parent Rights and Responsibilities.
- Provide a safe, nurturing and stable place in your home for foster child(ren).
- Provide for all of the child(ren)'s medical, emotional, social, developmental and educational needs. This includes attending appointments and transporting the child(ren) to appointments. It also includes maintaining a flexible schedule when working with different professionals.
- Partner with child(ren)'s birth parents, relatives and professionals through modeling. Support permanency by means of reintegration, adoption, guardianship or placement with relative. This includes transporting and supporting a positive relationship with child(ren)'s family.
- Maintain documentation of child(ren)'s needs and progress throughout their time of care.
- Manage your own emotional, mental and physical needs and have good self-regulation skills.
- Complete required foster parent training: certification and recertification.
- ☐ Provide temporary care to children within the rules and requirements of the state and agency's foster care program as outlined in the Care Provider Manual, Foster Parent Rights and Responsibilities, and the Department of Children and Families (DCF).

**BOUNDARIES:**

- Foster parents are required to maintain appropriate and clear boundaries with foster children and their families at all times. Expectations around appropriate boundaries include the following:
  - Foster parents are to refrain from inappropriate communication with foster children and their families.
  - Foster parents are not to make negative comments regarding foster children in their home or their families.
  - Foster parents are not to make personal promises about the case to foster children or their families.
  - Foster parents are not to ask foster children to keep secrets.
  - Foster parents are to refrain from making sexual innuendoes, racial or sexual epithets, derogatory slurs/jokes, propositions, threats, or suggestive or insulting sounds in the presence of foster children.
  - Foster parents are to refrain from inappropriate physical contact with foster children. Examples of inappropriate physical contact include, but are not limited to, pinching, patting, kissing, fondling, or sexual contact of any kind.

### LIFE BOOK:

- Every child entering foster care shall have a Life Book which will be maintained by foster parents working with the child. Various formats may be used for a Life Book. The birth parents may help put the Life Book together and gather information. There are several resources to assist in the development of a Life Book:
  - The DCF format may be used.
  - Personal scrapbooks, picture albums, or memory books may be developed. A variety of formats are available in local stores.
- All Life Books must contain the following elements:
  - A chronological record of the child's life
  - Developmental milestones
  - Birth family history, descriptions of birth family and relatives
  - Placement record and reasons for moves
  - Information about foster families, description
  - School information
  - Awards and achievements
  - Goals/dreams
  - Daily routine/schedule
- If the child moves (changes placements, reintegrates, moves to adoption, etc.) the Life Book should go with the child.

### PARTNERSHIP DEVELOPMENT PLAN (PDP):

- The Partnership Development Plan is a tool to assist foster parents in strengthening an identified need and promoting the success of foster parents. The plan will identify a need such as more training in a specific area, development of documentation skills, completing reports on time, etc. The plan will also explain why this is a need or concern, and outline an action plan with tasks, timelines, and evaluation methods. The Partnership Development Plan will be developed with and shared with the foster parent. If the foster parent refuses to sign the Partnership Development Plan, it should be noted by the Foster Care Worker (FCW) and discussed with the Supervisor. A Corrective Action Plan (CAP) may be utilized if the Partnership Development Plan is not followed or completed or if a licensing/policy violation has taken place. The Partnership Development Form should be filed in the foster parents file, and a copy given to the foster parent.

### CORRECTIVE ACTION PLAN (CAP):

- The Corrective Action Plan should be used when there is a violation of a licensing regulation or agency policy. The violation may be self-reported, reported by the foster care staff or a result from a DCF investigation. If a foster family fails to comply with or complete the Corrective Action Plan, The Foster

Care Program may choose to withdraw sponsorship of the home. If the foster parent refuses to sign the Corrective Action Plan, the FCW should note this. The Supervisor should review all corrective action plans. The Corrective Action Plan should be completed, filed in the foster parents file, and a copy given to the foster parent.

I, \_\_\_\_\_, acknowledge that I have received a copy of  
(Print care provider's full name)

TFI Family Services, Inc. Care Provider Manual. I agree to read the Manual and to be bound by the policies, practices and rules contained in the Manual.

I understand that:

1. The Manual is prepared for informational purposes only and does not constitute a contract between TFI and its care provider families and should not be construed as such.
2. The policies and information contained in the Manual may be changed or amended at any time by TFI Family Services, Inc. with or without notice.
3. The Manual is the property of TFI Family Services, Inc. and upon termination of my services. I must return said Manual to my Foster Care Worker.

Care Provider's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Care Provider's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

WITNESS:

Agency Official's Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

This Receipt is to be placed in the care provider's file.

**TFI Family Services, Inc.**

**FOSTER PARENT HANDBOOK**

**WELCOME TO TFI!**

**2023**

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## **SECTION I**

# **TFI FAMILY SERVICES, INC. FOSTER CARE AND ADOPTION SERVICES PROGRAM**

Mission Statement

Philosophy of TFI Family Services, Inc.

What You Can Expect from Your Sponsoring Agency

Terms/Definitions

Types of Care and Foster Family Reimbursements

Confidentiality and HIPAA

Bill of Rights for Children in Foster Care

Code of Ethics for Foster Parents

**TFI FAMILY SERVICES, INC.  
FOSTER CARE AND ADOPTION  
SERVICES PROGRAM**

**Mission Statement**

**Devoted to the Strength of Family**

## **PHILOSOPHY**

TFI Family Services, Inc. believes that children learn from their environment and the adults around them. TFI Family Services, Inc. provides a supportive, consistent, structured environment of role models for children, enabling them the opportunity to thrive to their fullest potential.

The purpose of TFI Family Services, Inc. is to provide a caring environment for children who are unable to live with their parents. TFI Family Services, Inc. believes that all children thrive in a family environment, and therefore makes every effort to place all children in foster homes unless a group setting is needed for the child's safety or treatment.

Reasons for each child's placement vary widely. TFI Family Services, Inc. strives to make a positive difference in each child's life by giving that child varied opportunities that facilitate overall growth.

The fundamental belief of TFI Family Services, Inc. is that in order to have a healthy environment for our children, we must facilitate, support, and encourage healthy families and individuals who nurture those children. We support and encourage our staff and foster families to work as professional partners in providing safe, supportive homes for all children in care.

A key goal of our Foster Care Services program is to make a good match between foster parent and foster child at the time of placement. Once the child is placed, we are committed to coordinating all needed services to help the child maintain a healthy, successful placement in the foster home. Making an appropriate initial match and providing support to the foster family and child helps prevent unnecessary moves, which are detrimental to the well-being of children in foster care.

Preventing children from disruption is a team effort accomplished by implementing supports such as respite, mental health services, on-call services, and training offered by TFI Family Services, Inc. to our foster families.

Our foster families are the basis of all we do, and their commitment and dedication to children cannot be measured. The philosophy of our program is that children learn from their environment and the adults around them. As role models, our foster families provide a supportive, consistent, structured environment for children, which enables them the opportunity to achieve their fullest potential. The purpose of the program is to provide services in the least-restrictive, most home-like environment for all children until they can reach their permanency goal.

To achieve our purpose, we believe in taking care of our foster families so they can take care of the children in their care.

# VISION STATEMENT

**To be Nationally Recognized for Excellence  
in Service, Education, and Advocacy to  
Strengthen Families**

# TFI Family Services, Inc.

## Values Statements

1. **Integrity**— We do the right thing. We conduct our business with transparency, honesty, and the highest standards of professional behavior and ethics.
2. **Child Safety**— We believe every child should have a childhood where they are nurtured body, mind, and soul; are safe, protected, and loved; and have hopes, dreams and opportunities.
3. **Acceptance**— We acknowledge and honor the fundamental value and dignity of all individuals. We pledge ourselves to creating and maintaining an environment that respects diverse traditions, faiths, cultures, and experiences.
4. **Leadership**— We have confidence that everyone can make a difference today and contribute to where we go in the future.
5. **Family**— We honor family as each person defines it.
6. **Quality**— We commit to excellence through evidence based practices and innovative service delivery.

## **WHAT YOU CAN EXPECT FROM YOUR SPONSORING AGENCY, TFI FAMILY SERVICES, INC.**

- **A** Foster Care worker will be assigned to your home. If you have children placed in your home, you will receive at least one or two visits per month, depending on the level of care of the youth placed in the foster home.
- **Your** Foster Care Worker will create a family profile that will help placement workers (Admissions) know what types of placements you would like in your home. Your Foster Care Worker will inform you of any restrictions to your profile that the worker may have made.
- **You** will have your phone calls returned and your questions answered by your Foster Care worker. You will be treated with respect and viewed as an important team member in the decision-making process for children placed in your care.
- **You** will have access to 24-hour, 7-day-a-week crisis support from an on-call worker.
- **You** will have the right to refuse any placement or ask for foster child to be moved with appropriate notice. You will have the right to ask that a placement be moved without notice in an emergency, generally defined as the child being a danger to himself/herself or others.
- **You** will receive a monthly “Between Families” newsletter that will include numerous training opportunities.
- **You** will be reimbursed on a twice-monthly schedule.
- **Your** local TFI Family Services, Inc. office will host support meetings for all TFI Family Services, Inc. foster families in the area.
- **Your** worker will provide support during any DCF investigations.
- **You** have the ability to voice any concerns through the agency’s concern/complaint line: 877-942-2239, or through our open-door policy that encourages you to talk to your worker’s supervisor, director, or higher-level management as needed.

## TERMS

Adjudication: Process of court hearing which determines that a child is in need of care or is a juvenile offender.

Aftercare: The period of time after a child achieves permanency (through reintegration, adoption, guardianship/custodianship, or achieving independent living). The contracting agency retains responsibility for the placement and provides services to the family to help make the permanency successful.

AWOL: "Absent Without Leave." When a child has run away, has not returned home on time, or is not where the youth said he/she would be.

CDDO: "Community Developmental Disabilities Organization." CDDO's contract with TFI Family Services, Inc. to provide resource families for children with intellectual/developmental disability and/or other developmental difficulties.

CINC: "Child in Need of Care." CINC means a child has been adjudicated by the courts as a child in need of care because DCF has substantiated abuse or neglect by parents, or parents are unable to control the child.

Contracting Agency: An agency which has a contract or grant with the state to provide family preservation, foster care, or adoption services. Also called Child Welfare Community Based Service Providers (CWCBSP), current foster care contracting agencies include: St. Francis Ministries, KVC, TFI Family Services, Inc., and Cornerstones of Care.

CRS: "Children's Residential Services." This program provides foster homes for children who have been diagnosed with a physical or mental disability (IQ below 70 and has needs in daily living skills or qualifies for SSI benefits). Care providers receive HCBS waiver funding.

DCF (Foster Care and Residential Facility Licensing): "Department for of Children and Families." DCF is responsible for foster home licensure and oversight.

DCF (Prevention and Protection Services): "Department for Children and Families." DCF is the state's child welfare agency and is responsible for all investigations of child abuse or neglect concerns. They also monitor all children in need of care contracts.

EEIF "Educational Enrollment Information Form." This form is completed and forwarded to the school by the child's contracting agency. It contains needed information for the enrollment of a child in foster care.

Emergency Care: Short-term care for children who are in temporary custody and placed in foster care by law enforcement, also called Police Protective Custody or PPC. Usually 72 hours or less, depending on when a court hearing can be scheduled to determine if the child needs to be placed in DCF custody.

Family Foster Care: Traditional foster care, sometimes called satellite care; this is care for children that cannot live with their biological parents and do not have a level of emotional, physical, or behavioral needs that require an advanced level of care.

Family Support Worker: This worker works with the contracting worker to assist the family in meeting the goals of the case plan.

ICPC: "Interstate Compact for the Placement of Children." ICPC is an agreement among all 50 states, designed to coordinate the transfer of children across state lines for the purposes of adoption.

IEP: "Individualized Education Plan." An IEP is a meeting and planning process to ensure that the school is meeting special education needs of a child enrolled in the school.

Independent Living: the process that is started for children in custody to help them achieve the skills needed to live independently when they leave foster care or age out of the system. Assessments are completed on children as young as age four to determine areas of life skills children and youth need to stay on target in achieving independence later in life.

Therapeutic/Intensive/Intensive Plus Foster Care: A type of care that is required for children with extremely special mental and behavioral health needs. These children require a structured home with foster parents that have specialized training.

JO: "Juvenile Offender." The courts have adjudicated a child aged 10 or older as juvenile offender because the child has committed a crime.

KBH: "Kan Be Healthy." A screening done by a physician to open the use of the medical card for services, foster families must keep current for all children in care.

Life Book: A book designed to capture and document the child's life while in out-of-home placement. Items included in the life book can be, but are not limited to, photos of the biological family, foster family photos, school events, report cards, awards, etc.

Permanency Worker: The contracting agency worker, generally a social worker, who manages the case for the biological family and the child, also referred to as Case Manager. This worker is responsible to DCF and the courts to help the child be reintegrated with his/her family. This worker develops the case plan, which includes the goals and objectives that need to be met to get the child back home.

Respite Care: Overnight substitute care for children in foster care. This provides a temporary break for the foster family. Respite care must be provided in a licensed foster home.

SED: "Severely Emotionally Disturbed" A mental health term used to identify children



with mental health needs that can be addressed by the area mental health centers, with services being covered by the child's Medical Card.

Basic 2: This type of care requires a home that is capable of handling children/youth with greater needs than Basic 1 level of care, but not severe enough to be classified as intensive treatment care.

Sub-contracting Agency: Agencies that provide services under contract with a contracting agency. This can include foster care, adoption, and mental health services as well as other related services.

TIPS-DT: "Trauma Informed Partnering for Safety and Permanence – Deciding Together" Deciding Together is the individualized version of PS-MAPP training. This training is generally done in the family's home and is a seven-week process.

TIPS-MAPP: "Trauma Informed Model Approach to Partnerships in Parenting—Partnering for Safety and Permanence." TIPS-MAPP is the required group training to learn about the needs of children in foster care. TIPS-MAPP is a mutual selection process that allows both the family and trainers to decide if fostering or adopting is right for a family at that point in their lives. TIPS-MAPP is a ten-week group process.

Basic 3: This type of care is a level higher than Basic 1 and 2 but lower than Intensive Foster Care. Additional training is required for those providing this level of care.

## **TYPES OF CARE AND FOSTER FAMILY REQUIREMENTS**

TFI Family Services, Inc. is able to provide care to any child in the state regardless of the child's disability, diagnosis, or label. Foster families and their assigned Foster Care Workers decide the type of care the family is able and willing to provide. These decisions are based on the varying levels of need each child has.

TFI Family Services, Inc. has identified six types of foster care services we currently provide: **Respite, Emergency Foster Care, Basic 1, Basic 2, Basic 3, Intensive Treatment, Intensive Treatment 2, Therapeutic Foster Care, and Children's Residential Services (SFL).**

The levels of service TFI Family Services, Inc. provides care for include: Children In Need of Care under contracting agencies, including adoption; Juvenile Offenders; children diagnosed with intellectual or developmental disabilities; and children not yet adjudicated by the courts.

**TFI Family Services, Inc. Foster Families may only accept placements from TFI Family Services, Inc. All foster parents must agree to the following guidelines when accepting a child into your home:**

**Acceptance of a placement indicates an agreement to meet these standards.**

- Foster Families are required to act as substitute parents and provide transportation to school, medical appointments, mental health appointments, job and extra-curricular activities within a 20-mile, one-way radius of the foster family's home. Foster parents are also asked to provide transportation to home visits, court hearings, and other functions within a 20-mile, one-way radius. Some agencies that place children with TFI Family Services, Inc. foster parents may have different transportation mileage requirements. If a foster family accepts a placement from a subcontracting agency, the family will be required to transport within the guidelines of that agency. Foster families may provide transportation, if available, beyond 20 miles one-way and receive reimbursement for mileage, if approved, by the contracting agency.
- Foster parents agree to participate in the child's case planning and treatment team meetings, as well as to implement the child's treatment plan and case plan tasks in the home.
- Foster parents will obtain permission from the contracting agency before taking the child out of state.
- Foster Parents will enroll children in school timely and ensure they attend regularly. Foster parents will attend any school-related meetings, including but not limited to IEP meetings. Foster parents will work with public schools to obtain free lunches and textbooks when applicable.

- Foster Parents will keep medication logs and personal belongings inventories and ensure Kan Be Healthy screens and dental appointments are kept up-to-date. Life Books, also referred to as Red Books, need to be up to date. Life Books should be in place for each child with ongoing additions made by foster parents and children.
- Foster families must incorporate the child into the family. Foster families must provide as much supervision as needed to ensure the safety of the child. Foster parents must utilize respite as needed.
- Foster families must maintain homeowners and automobile insurance, and understand that TFI Family Services, Inc. is not responsible for damage to a foster parent's home.
- Foster families cannot restrict visitation with the child's family members or any approved contacts, including former foster parents, for any reason.
- Foster families must have an annual physical and a one-time, negative TB test (additional TB testing is required if a foster parent is exposed to TB or is exhibiting symptoms).
- Foster families must agree to, and follow, TFI Family Services, Inc. and DCF's discipline policy, and must meet all licensing standards of DCF & TFI.

The goal is to work toward reintegration with the biological parents or, when that is not possible, to move to adoption or, when age-appropriate, custodianship, or independent living. While in foster care, the children may be served in one of the following types of placements:

**CINC SERVICES:** "Child in Need of Care." Most children in foster care fall into this category. The need for out-of-home care has been determined to be the result of abuse, neglect, or abandonment by the primary caregiver, usually the biological parents. Non-abuse/neglect such as truancy also falls into the category of CINC.

**RESPITE:** This type of care is provided by licensed foster family homes as a service to other foster families who need a break and for many other reasons. A foster family should have an opening that allows them to take the child for a short time period. Foster homes may provide overnight respite in their homes. The foster home's sponsoring child-placing agency must have approved the family foster home to provide respite care and written approval must be on file in the family foster home.

Foster parents are required to notify their Foster Care Worker if they are using or providing respite. If a foster family is providing respite for a foster family sponsored by another child placing agency, they must notify their worker and obtain information from their worker on the procedures the other agency uses for providing, and making payment for, respite care.

Families providing respite care must obtain a minimum of eight hours of training per parent per year to maintain their license.

If the foster family home is providing other types of care, their home visits with their Foster Care Worker will follow the guidelines set for the level of care of the children in their home. If they are only providing respite care, visits will be based on need. Yearly re-licensing of the home will be completed by the family's Foster Care Worker.

**EMERGENCY:** This type of care is often referred to as Police Protective Custody (PPC). These children are placed by law enforcement for emergency care. Emergency care is generally only for up to three business days or until a child goes to court. This type of care is for children who have been removed by the police, from their biological homes, due to abuse or neglect concerns. Children generally come into the home late at night with few belongings.

Foster families usually have little information on these children. Foster parents may not be allowed to utilize daycare for children placed in police protective custody (talk to your foster care worker before signing a child up for daycare) and should keep an assortment of clothing on hand. If the family is willing to take infants, they should be prepared by having the necessary furniture and car seats needed for this type of care.

PPC placements may need long-term placement after the court hearing. Emergency foster families may be considered for longer term placement if the placement area is best for the child on a longer-term basis and if the home has an opening at the time of need for a longer-term placement.

Foster families providing emergency care are required to have a minimum of eight hours of training per parent per year to maintain their license.

Foster Care Workers most likely will not have an opportunity to work with the family and child under these short-term conditions. However, if the family is doing other types of care, the family will need to meet with the Foster Care Worker under the guidelines of that type of care. If the foster parent is only doing emergency care, the Foster Care Worker will still meet with the family to help them maintain their foster care license and to address any issues that may arise. Yearly re-licensing of the home will be completed by the Foster Care Worker.

**Basic 1 Level of Care:** These children comprise the largest group of children in foster care. Many are sibling groups. Foster Families may take up to their maximum license capacity. Exceptions can be granted-for additional placements or for sibling groups. These children are considered to have less intense behaviors than the higher levels of care and are appropriate to place with less experienced foster families.

Basic 1 Care providers must have a minimum of eight hours of training per parent per year to maintain their license.

Basic 1 Care providers must meet with their Foster Care Worker in their home twice

per month for the first month of placement and at least once per month after that. Yearly re-licensing of the resource home will be completed by the Foster Care Worker.

**Basic 2 Family Foster Care:** This level of care requires additional skill and experience beyond meeting the needs of a satellite/family foster care placement. These children have a history of behavior and have generally been in more than one placement.

School and home life are a challenge for these children.

Foster families are allowed to have up to their maximum license capacity. Due to the intensity of behaviors, the Foster Care Worker and family will work together to decide on the appropriate number of specialized placements for the home.

Basic 2 families must each have a minimum of eight hours per parent per year of ongoing training to maintain their license.

Basic 2 Foster Families must agree to meet with their Foster Care worker in the home twice per month. Yearly re-licensing of the home will be completed by the Foster Care Worker.

### **Basic 3 Level of Care:**

This level of care requires additional skill and experience beyond meeting the needs of a satellite/family or specialized foster care placement. Youth with this level of care typically have challenging behaviors. They often have mental health and behavioral challenges. Treatment Families are required to have 12 hours of training per parent per licensing year, 2 of which must be in person. The Foster Care Worker and family will work together to decide the appropriate number of placements for the home.

Treatment Foster Families must agree to meet with their Foster Care Worker at least twice a month. Yearly re-licensing of the foster home will be completed by the Foster Care Worker.

**Intensive 1 and Intensive 2 foster families:** This level of care requires foster families to have advanced training. Exceptions are requested when it is the best interest of the child.

Limitations on the number of children placed in an intensive home are based on the level of supervision and individual attention needed by children. Very often these children are moved to foster care from acute psychiatric hospitalizations or residential facilities.

Intensive foster families may not have a licensed/registered daycare in their home or care for SFL/Children's Residential Services placements. Daycare may be requested but payment is at the discretion of the contractor.

Intensive foster parents are required to have 24 hours of training per parent per licensing year. Families providing this level of care are required to have 12 hours of

training specific to Intensive Treatment Foster Care within six months of the first Intensive treatment placement and to sign a provider agreement listing the expectations of an Intensive Treatment Care Provider.

These families are recommended to have one parent available to meet the daily needs of an intensive youth. Those needs include school meetings, mental health appointments, and other special service appointments.

Intensive families should keep a daily log on their placements. The logs may be brief when there are no incidents or events that warrant an extended log entry.

Intensive foster families must meet with their Foster Care Worker weekly for the first month of the child's placement, then every other week in subsequent months. Families must provide advance notice when they have to reschedule a home visit. The foster parent must also be available for phone contacts on the weeks in between visits. Yearly re-licensing of the resource family home will be completed by the Foster Care Worker.

**CHILDREN'S RESIDENTIAL SERVICES (SFL):** These children have special needs based on intellectual disability, other developmental disabilities, physical disabilities, or both developmental and physical disabilities. These children may or may not be in the custody of DCF. Often, foster parents must obtain special training specific to the needs of the child in their home. Foster families must work with their local CDDO to obtain services and participate in developing the child's plan of care. Children in this program are part of a tier system from 1-5, with Tier 1 having the most needs and Tier 5 having the least. Funding is based on tier level and is provided to foster families to purchase services, such as attendant care, specialized after-school programs, and/or respite services.

Foster Families providing Children's Residential Services may have to adapt their homes for the special needs of the child. Children's Residential service providers must each obtain a minimum of eight hours of training per parent per year to maintain their license. Children's Residential Service providers must meet a minimum of once a month with their Foster Care Services worker. Yearly re-licensing of the home will be completed by your Foster Care Worker.

**J.O. SERVICES:** When foster parents choose to work with juvenile offenders, they are generally providing intensive or treatment services. To provide care for juvenile offenders, foster parents must have ongoing training in topics that relate to working with this population. Children are over the age of ten and are generally teenagers. The umbrella of the Kansas Department of Corrections. Often, the child owes restitution that requires keeping payment records and requiring that the youth obtain employment.

This can mean additional responsibilities in transporting the youth to and from work. It is important for foster parents to understand children placed at this level of service would likely have been charged with a crime if he/she were an adult.

ADOPTION SERVICES: Children in the CINC contract who have had the rights of both parents terminated are eligible for adoption. These children will be in foster homes until they have an identified adoptive resource and move into their adoptive home. Many times, the foster parent becomes the identified adoptive resource. Children remain in foster care until the Adoptive Placement Agreement is signed. The date the Adoption Placement Agreement is signed is the date the child exits the foster care program and as such, foster care reimbursement ceases as of that date. The contracting agency worker assumes the leadership role in planning and service delivery to the adopted child and family once the Adoptive Placement Agreement is signed. Legalization generally follows within a few months of the signing of the Adoptive Placement Agreement. While still in foster care, children with adoption case plan goals can be placed at any level of care based on their needs. Foster Families should notify their Foster Care Worker when the Adoptive Placement Agreement is signed.

**Therapeutic Foster Care**: These foster homes take high level placements from their contracting or non-contracting agency. Therapeutic Foster Homes requires additional training and approval from DCF. Youth placed in these homes are seen once per week and receive on-going therapeutic services. For more information on these types of placements, please review the therapeutic agreement or contact your foster care worker.

## **CONFIDENTIALITY, DISCIPLINE, AND MANDATED REPORTING AGREEMENTS**

### **CONFIDENTIALITY STATEMENT AND HIPAA NOTICE OF PRIVACY PRACTICES – FOSTER PARENTS**

Because of the nature of selecting and providing care to children and youth, foster parents serving the Foster Care Program are asked to review confidential information about prospective placements. Foster parents hereby agree not to reveal, except as provided below, any of this confidential information, or anything about the persons or circumstances disclosed in the information. In addition, after a child or youth is placed with a family, no personal, private or confidential information will be shared except in instances where it is necessary for the treatment for the child/youth and releases of information have been secured as required. Foster parents will share important information about the child/youth's functioning in the foster home with the referring agency staff working with the child, Foster Care Worker, DCF worker, birth parents, and other professionals to meet the treatment goals and the needs of the child/youth.

Foster parents will be given and expected to maintain some material on the child/youth and birth parents. These will be provided by the Foster Care Worker. They will be placed in a 3 ring notebook. This notebook is to be kept in a secure place in the foster home. By secure, we mean that the notebook will be put away, out of plain sight, and not accessible to anyone in the household except the foster parents.

Material that contains information regarding the child/youth and birth parents will always be transported in a secure manner. It will be placed into something that can be closed or fastened such as an envelope, etc.

Upon discharge from the foster home, all information regarding the child/youth and birth parents will be returned to the foster care worker or referring agency staff. A child/youth's discharge from the foster home does not relieve the foster parent from abiding by the practices spelled out in this statement and foster parents still need to protect the confidentiality of the child/youth and birth parents even after discharge from their home

Additionally, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) prohibits the sharing of Protected Health Information (PHI) in any form unless certain procedures are followed. PHI is Individually Identifiable Health Information (IIHI), oral or written (paper or electronic), which relates to past, present or future health (physical or mental) conditions, health care or payments. IIHI is any information that connects health data to a specific person, including, name, birth date, social security number, health insurance ID # and Medicare insurance ID #. It is the responsibility of foster parents to protect and safeguard PHI. HIPAA requires that client information be shared on a "need-to-know" basis only with other service providers involved in the children's care and treatment. Information shared or obtained must be what is "minimally necessary" to provide the care and services to children. The wrongful release of confidential information may subject a care provider and sponsoring agency to fines, legal or other disciplinary action. The Foster Care Program protects foster parent information in the same manner



that foster children's information is protected. We maintain all information collected from and about foster parents in a confidential manner.

Signatures below indicate an understanding and acceptance of the above conditions.

## **DISCIPLINE GUIDELINES**

Discipline is an essential part of child rearing and when used positively it contributes to the healthy growth and development of a child and establishes positive patterns of behavior in preparation for adulthood. The objective of discipline is to promote behaviors beneficial to the child's development and welfare and to change and/or eliminate behaviors, which are injurious to his or her well-being. Therefore, we encourage positive discipline as the most important aspect of child rearing practices for children and youth who are placed in the care of TFI Family Services, Inc.

The Foster Care Program believes that discipline is an integral part of healthy parent-child relationships. Although many have confused the concept of discipline with punishment, in the purest sense it really means "to teach." Foster care staff makes the assumption that youth who misbehave have not been consistently taught proper behavior and self-control. We accept the challenge, as foster parents, of being the teachers of acceptable, responsible, situational behaviors. In order to accomplish this mission, foster parents use several strategies such as:

- Create and maintain a secure, safe, pleasant, nurturing, living and learning environment.
- Clearly define expectations. Repeat them frequently.
- Stop behavior immediately that is dangerous to self or others.
- Consequent undesirable behavior in a positive manner. Behavior falling outside of defined limits can be addressed in several ways depending upon the severity and situation.

There are laws that protect adults against actions, which many children must endure and suffer under the guise of discipline. Many children who are in the care of DCF have previously suffered too much physical pain, fear, humiliation, and emotional stress. We cannot perpetuate this when we assume the positive roles in our child-rearing practices of which positive discipline is an essential part. Therefore TFI Family Services, Inc. does not view as positive, acceptable discipline any action administered in a fashion, which may cause any child to suffer physical, psychological or emotional pain; any form of corporal punishment; use of aversive stimuli; withholding nutrition or hydration; forced exercise to eliminate behavior; punitive work assignment; punishment by peers; or group punishment/discipline for individuals. While the foregoing statement is not all-inclusive in terms of unacceptable forms of discipline, it does provide a guideline for the establishment of the following statement of policy.

It shall be the policy of TFI Family Services, Inc. that we not utilize or continue to utilize providers who use disciplinary acts which cause pain such as hitting, beatings, shaking, cursing, threatening, binding, closeting, prolonged isolation, denial of meals, and derogatory remarks about the child or his/her family.

Signatures below indicate agreement to abide by the above Discipline Policy.

### **MANDATED REPORTING**

According to Kansas statute 38-1522, when certain persons have reason to suspect that a child has been injured as a result of physical, mental or emotional abuse or neglect or sexual abuse, the person shall report the matter promptly to the Department for Children and Families (DCF) 1-800-922-5330.

As a provider for children that are in the care and custody of the State of Kansas you are now considered a mandated reporter. You agree to report any of the above-mentioned situations to DCF promptly and complete an incident report that shall be forwarded to the assigned case worker.

The process for reporting suspected abuse or neglect is:

1. You observe a situation that appears to be abusive/neglectful.
2. You promptly call your local DCF office or law enforcement if there is no answer at the local DCF office.
3. The call can be made without giving your name if you wish. All calls are kept confidential.
4. DCF and/or law enforcement will determine if an investigation is required.
5. When reporting an allegation, you may choose to make an anonymous report (not give the agency your name).

Persons who willfully and knowingly fail to report suspected abuse or neglect and/or who prevent or interfere with an investigation involving reported abuse and/or neglect may be subject to class B misdemeanor.

As a provider for a children placed in DCF custody, I, the undersigned agree to abide by the above Mandated Reporter Policy while providing services to any child/ren placed in my home by the Foster Care Program.

\_\_\_\_\_  
Foster Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Care Worker

\_\_\_\_\_  
Date

## **HIPAA AND YOU**

### **Important Information for Foster Families**

#### **1. What is HIPAA?**

- a. HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996.

#### **2. What is the purpose of HIPAA?**

- a. The goal of the law was to prevent arbitrary exclusion with the “pre-existing conditions not covered” clause in insurance policies. Prior to this law, if a person were to change insurance companies or lose their job, they would not be able to get coverage for pre-existing conditions.
- b. The current purpose of HIPAA is to ensure that all persons’ identifying medical information is maintained in a confidential manner while providing enough accessibility that treatment can occur quickly when needed. HIPAA is not only about sharing information but also ensuring that everyone is coding things the same way and that electronic transmittal of information is securely sent over the Internet and maintained secure while accessible to someone’s hard drive.

#### **3. Why do we have to follow HIPAA’s guidelines?**

- a. The natural question is: “That sounds good for health care, but we are a child welfare organization...how are we included in this?” That is a good question, because the initial intent of the law was not to include child welfare, but through the implementation process it became evident that we are bound by these regulations. TFI Family Services, Inc. is considered a covered entity because we directly bill for Medicaid and insurance services and we indirectly bill insurance companies including Medicaid on almost all children in care.
- b. Foster families must be trained as you are considered under HIPAA laws as a ‘business associate’--someone who has an agreement with a covered entity to provide services that can ultimately be billed to insurance companies. As a business associate, you are bound by most all HIPAA laws. All persons must be trained on the privacy aspect of HIPAA requirements. After training, all persons must meet and follow the requirements of the law.

#### **4. Who can you share information with? What type of information can be shared and what consent or authorization is needed?**

- a. All information that we obtain from clients, professionals, or community members whether verbal or written, is considered confidential information. This includes anything and everything in the child’s file (reports, assessments, tools, forms, medical records, educational records, and case notes). There are specific requirements we must meet to share any of this information with any person other than the client.
- b. HIPAA differentiates between the “use” and “disclosure” of information. To “use” information means to share information within the agency, such as discussing information with your spouse To “disclose” information means you are sharing information with other professionals such as therapists, doctors, teachers/counselors, Foster Care Workers, contracting agency/Permanency workers, DCF, and the Court.
- c. We can use or disclose the **minimum necessary** information for the purpose of **treatment, payment, or health care operations (TPO)**.

- i. For Treatment is defined as using or disclosing information to provide the client with services needed and identified in the case plan/treatment plan. Treatment services can include mental health services, drug and alcohol services, housing or domestic services, placement services, vocational services, educational services, and medical services. We must provide the minimum necessary to adequately treat the client. This means we do not share the same information with the school as we do the therapist.
  - ii. For Payment is defined as using or disclosing information for purposes of billing a payee which includes private insurance companies, Medicaid, or DCF/JJA. Resource families will generally not have a need to disclose information regarding payment issues.
  - iii. For Health Care Operations is defined as using or disclosing information to make improvements in services that we provide. This would include things like investigations in your home by DCF.
- d. However, to be able to use or disclose the **minimum necessary information**, foster families must have a signed **consent** to treat the client. The consent must be signed by the legal guardian of the child (this could be DCF or the parent). Foster families will obtain the signed consent through their Foster Care Worker. All youth will have a signed informed consent that will be put in the child's red book. We do not know exactly how other agencies will be meeting this requirement. All biological parents signing the informed consent will be given a copy of the Notice of Privacy Practices which outlines the information which will be shared based on signing of the informed consent.
  - i. If biological parents choose not to sign the informed consent, HIPAA states that we can choose not to serve the client. However, we know we cannot refuse to care for children in custody. In the event that a parent refuses to give informed consent, we must request that DCF sign the informed consent as the child's legal guardian.
  - ii. Clients can later complete the **Limitation on Disclosure of Information Request** form. This form allows clients the opportunity to request that specific information not be shared with specific treatment providers, payees, or other health care operations.
  - iii. If you do not have appropriate consent, you cannot share any information with schools, therapists, etc. You should have a medical consent and could share medical information with doctors/nurses using that consent.
- e. The law allows us to use and disclose information that is considered private for the following reasons whether consent is given or not:
  - i. Reporting suspected abuse or neglect of children
  - ii. Disclosure to governmental agencies responsible for monitoring our licensure and compliance with federal and state laws (DCF investigations)
  - iii. Investigation of a crime or criminal by law enforcement
  - iv. Investigation of a disease or injuries by the health department
  - v. To prevent the serious injury or death of a client or other person where the client has threatened harm to that person
- f. Anything not covered as minimum necessary to treat, bill, or other (TPO) as indicated above requires an Authorization to Release Information. We cannot release to other agencies or obtain from other agencies any information that does not meet the above requirements without a signed release of information. There

are specific requirements that must be met for the authorization to be valid. If all these requirements are not met, we cannot release information to or obtain information from the other agency. Clients must be given a copy of the Authorization to Release Information. The requirements include:

- i. Must identify the specific person (not agency) that information shall be released to,
- ii. Must identify specific person (not agency) that information shall be obtained from,
- iii. Cannot use one authorization to release and obtain information from; if information is to be shared both ways, two authorizations are needed,
- iv. Must identify all information that will be authorized to share,
- v. Must identify a specific purpose for releasing/obtaining information,
- vi. Authorization must have a statement about how authorization can be revoked,
- vii. Must have a start and end date identified for when information can be released or obtained. If authorization is for a one-time purpose, the length of time cannot exceed 90 days. If authorization to release/obtain ongoing information, the length of the time cannot exceed 365 days (one year),
- viii. The client or legal guardian if the client is a minor must sign the authorization.

#### **5. Client Access to Files:**

- a. Children may have access to their case file, including the foster family's file on the child. The child shall ask for access to review the case file in writing to their assigned Foster Care Worker. The Foster Care Director must approve of the information to be reviewed in the case file and will seek direction from the Privacy Officer as needed. TFI Family Services, Inc. shall comply with the client's request within a minimum of 30 days from the date of request. The child must review the information at the TFI Family Services, Inc. office and can only have access to a copy of the file, not the original. The limitations to allowing access to the case file include:
  - i. The client may not view any information regarding another person including siblings, children, or parents, as this information is confidential,
  - ii. The client may not view any information TFI has obtained from a third party source,
  - iii. Information may be extracted from the file that could cause emotional or physical harm to the client or others,
  - iv. Information may be extracted from the file if the client is in process under legal action or jurisdiction.

Clients may also have access to copies of information they have reviewed. The agency may charge the client for the cost of copies and mailing. Clients may not take information to be copied. If information has been approved for client review, he/she may have any of that copied information.

Clients may also request to have information stricken from the record or enter information into the record. If clients want to add information or have information deleted, they must request in writing and present to their worker. The Director must review the request and make a decision to accept or deny the request. The Director may seek direction from the Privacy Officer as needed. The Director will

provide written notification to the client within 30 days of the client presenting the request to the assigned worker. The written notification will be placed in the client's file and, if approved, information can be added or deleted.

## **6. Notice to Privacy Practices:**

- a. Notice to Privacy Practice (NPP) must be shared with all children who receive services from TFI Family Services, Inc. Workers and foster families shall make every attempt to meet the client's privacy request (i.e. not introducing the child as a foster child). Respecting the child's privacy can also be meeting with the client where he or she feels comfortable, and we can attempt to arrange this as best as possible. Some clients may not want to meet with their social worker at school, for example. The NPP will be located in every child handbook which is an attachment to the care provider handbook. The NPP describes more specifically all the information that can be disclosed and used without individual authorization. Foster Families should be very familiar with the NPP as well, so they can explain and give examples to the children in their care.

## **7. What else should you know?**

- a. Around the House/Office:
  - i. Keep all files containing confidential information locked
  - ii. Make sure phone calls are not made where others can hear the content of the conversation
  - iii. Be sure phone messages given do not identify the client or issue
  - iv. Don't use the client's name in a waiting area or elsewhere where it could be overheard by unauthorized persons
  - v. Don't talk over a speaker phone
- b. Faxes
  - i. When sending faxes, call the intended recipient so they know you are about to fax confidential information to them so they can be prepared to receive it.
  - ii. If you have a fax machine in your home where confidential information regarding children is sent, the fax should not be accessible to children and/or plans should be made to assure that all faxes are taken off the machine timely and put in a locked location
- c. Email
  - i. Foster Families cannot email confidential information regarding clients to workers, therapists, biological parents, or schools
  - ii. This includes emails sent from the foster parent's house or work. TFI Family Services, Inc. cannot assure access and privacy on foster families' home or work computers. Types of email correspondence with your worker that are acceptable can include:
    - 1. "I need respite for 3 days from 02/27/23 through 03/01/23." *You didn't indicate any identifying client information*
    - 2. Scheduling monthly home visits over email is acceptable as long as clients' names or other identifying information are not indicated.

## **BILL OF RIGHTS FOR CHILDREN IN FOSTER CARE**

Ratified in Congress Hall, Philadelphia, on Saturday, the Twenty-eighth of April, Nineteen Hundred and Seventy-three: Reaffirmed during the National Focus on Foster Care Conference, Norfolk, Virginia, on Wednesday, the Fourth of May, Nineteen Hundred and Eighty-three.

Even more than for other children, society has a responsibility, along with parents, for the well-being of children in foster care. Citizens are responsible for acting to ensure their welfare.

Every child is endowed with the rights inherently belonging to all children. In addition, because of the temporary or permanent separation from the loss of parents and other family members, the child requires special safeguards, resources, and care.

### **EVERY CHILD IN FOSTER CARE HAS THE INHERENT RIGHT:**

Article the First To be cherished by a family of his own, either his family helped by readily available services and support to reassume his care, or an adoptive family, or by plan, a continuing foster family.

Article the Second To be nurtured by foster parents who have been selected to meet his individual needs, and who are provided services and supports, including specialized education, so that they can grow in their ability to enable the child to reach his potential.

Article the Third To receive sensitive, continuing help in understanding and accepting the reasons for his own family's inability to take care of him, and in developing confidence in his own self-worth.

Article the Fourth To receive continuing, loving care and respect as a unique human being...a child growing in trust in himself and others.

Article the Fifth To grow up in freedom and dignity in a neighborhood of people who accept him with understanding, respect, and friendship.

Article the Sixth To receive help in overcoming deprivation or whatever distortion in his emotional, physical, intellectual, social, and spiritual growth may have resulted from his early experiences.

Article the Seventh To receive education, training, and career guidance to prepare him for a useful and satisfying life.

Article the Eighth To receive preparation for citizenship and parenthood through interaction with foster parents and other adults who are

consistent role models.

- |                   |   |
|-------------------|---|
| Article the Ninth | To be represented by an attorney-at-law in administrative or judicial proceedings with access to fair hearings and court review of decisions, so that his best interests are safeguarded. |
| Article the Tenth | To receive a high quality of child welfare services, including involvement of the natural parents and his own involvement in major decisions that affect his life.                        |



## **CHILDREN'S RIGHTS**

To ensure the rights of children are intact and maintained while placed away from their parents while also ensuring their safety and security as well as the safety of others living with them.

### **Religious Worship**

Children in Foster Care placement shall have the opportunity to practice the religious beliefs of their choice as long as this practice is not harmful to self or others. Foster Parents shall provide opportunity for children to attend the place of worship and practice their beliefs. Specific religious beliefs of Foster Parents shall not be forced upon a child.

### **Privacy of Mail**

Children shall have access to all mail sent to them. Only in rare occasions when court ordered, can the mail from a parent or other person be opened by any person other than the child. When the court orders that all mail from a specific person be monitored, the mail shall go through the Case Manager to be opened and then shared with the child.

It is up to the Case Manager to share this restriction with the Foster Care Worker and Foster Parent. Foster Parents or Workers shall not read any foster child's mail after opened by the child. This mail is considered confidential and up to the child to share with the Worker or Foster Parent. If the Foster Parent is concerned about child's safety (risk of AWOL or self-harm), the Foster Parent must ask permission from Foster Care Worker to read a child's mail for clues. Prior to Foster Care Worker making the decision on reading confidential mail, Foster Care Worker will attempt to contact the Case Manager and jointly make the decision.

### **Privacy of Phone Calls**

Children may have reasonable access to privacy of phone calls and privilege to use the phone. Reasonable access means foster children should be allowed to talk on the phone without anyone else in the home eavesdropping or listening on the other line.

Children (age appropriate) shall be allowed to use the phone to make or accept phone calls. Foster Parents can make reasonable restrictions regarding the use of the phone that include time limitation, number of call received/made, or hours calls are made/accepted. Foster Parents can also take away privilege of using the phone as a consequence; however this restriction shall never include making or receiving phone calls from the foster child's biological parents.

At times, the Case Manager may ask that phone calls be monitored with parents especially if supervised visits are occurring. The Foster Care Worker must have written documentation (case plan, letter etc.) that states the Foster Parent is able to monitor phone calls. The information must include what calls shall be monitored and how calls shall be monitored (listened to on the other line or listening to child's conversation) before Foster Parent monitors any phone calls.

**Privacy from Media**

Children receiving Foster Care Services shall never be identified in the media or other public venues as a foster child. If a child seeks media attention on their own, the assigned Foster Care Worker must explain to the child their right to privacy and not being identified as a foster child. If the child desires continued communication with media, the Worker must notify the Agency's Privacy Officer. The Privacy Officer must have the child sign an acknowledgement stating that he/she has been informed of his/her right to privacy by the Agency.

## **CODE OF ETHICS FOR FOSTER PARENTS**

Homes sponsored by TFI Family Services, Inc. that provide care for children are based on the theory that no unit in our society, other than the family, has ever been able to provide the special qualities needed to nurture children to their fullest mental, emotional, and spiritual development. If, for a certain period, a family ceases to provide these special duties, substitute care must be sued. Foster Parents must have commitment, compassion, and faith in the dignity and worth of children. They must recognize and respect the rights of natural parents, and they must be willing to work with the child placing agency to develop and carry out a plan of care or case plan for the child.

This type of care is a public trust that requires the practitioners be dedicated to service for the welfare of children, that they utilize a recognized body of knowledge about human beings and their interactions, and they be committed to gaining knowledge of community resources which promote the well-being of all without discrimination.

Each foster parent has an obligation to constantly examine, maintain, and improve the practice of providing care to children. They also have an obligation to use and increase their knowledge of providing quality care, and to perform their services with integrity and competence.

### **PRINCIPLES**

1. I regard as my primary obligation the welfare of the child served.
2. I shall work objectively with the agency in maintaining the plan for the child in my care.
3. I hold myself responsible for the quality and extent of the services I perform.
4. I accept the possible reluctance of the child to discuss his or her past.
5. I shall keep confidential from the community information pertaining to any child placed in my home.
6. I shall treat with respect the findings, views, and actions of the fellow care providers, and use appropriate channels (such as a care provider support group) to express my opinions.
7. I shall take advantage of available opportunities for education and training designed to upgrade my performance as a care provider.
8. I shall respect the worth of all individuals regardless of race, religion,

sex, or national ancestry in my capacity as a care provider.

9. I shall accept the responsibility to work toward assuring that ethical standards are adhered to by any individual or organization providing care services.

10. I shall distinguish clearly in public between my statements and actions as an individual and as a representative of a child care organization.

11. I shall accept responsibility for working toward the permanency of children within my foster home and understand that they have the right to stay in contact with biological family and former foster parents as listed in the case plan.

12. I shall make every effort to keep the child in placement in my home. I will request help in managing behaviors, advise my Foster Care Worker of the need for additional services, and use respite in an effort to make the child's placement successful in my home. I shall give at least 30 days' notice when asking for a child to be moved from my home if the child has been in my home for over six months. I will give at least 14 days' notice if the child has been in my home less than six months.

I agree to abide by the Code of Ethics for Resource Parents.

Foster Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Foster Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Foster Care Worker Signature \_\_\_\_\_

Date \_\_\_\_\_

## **SECTION II**

# **HOW TO REACH US**

Grievance Procedure

Concern & Complaint Line

TFI Office Phone & Address List

On-Call/Emergency Information

TFI Family Services, Inc. Website

## **GRIEVANCE PROCEDURE**

### Concerns with TFI Family Services, Inc. Workers and Policies

Any concerns that you, as a foster family, have should be addressed with your assigned Foster Care Services Worker first. Very often, clear communication between the worker and the foster family can clear up concerns between you and the worker. If you are uncomfortable talking directly with your worker, you may contact the area Foster Care Services Supervisor. If that contact does not meet your need, you may contact the Foster Care Services Director and then the Vice-President of Foster Care and Adoption Services.

Another option that is available to you is the Concern/Complaint Line. More information on this option will be presented in the following pages. The phone number for that line is **1-877-942-2239**.

TFI Family Services, Inc. maintains an open-door policy so that foster families can contact anyone who works for the agency, including the CEO. We do ask that you work to resolve your concern first with your worker and then work up through the levels explained in this procedure. Generally, those in the field have a working knowledge of your situation and should be able to resolve your concern in the most expedient manner.

A list of office addresses and phone numbers is included in this section for your benefit.

### Concerns with contracting agencies

When you have a concern about services provided by contracting agencies, you should first talk with your TFI Foster Care Services Worker. Your Foster Care Worker will work as your voice to resolve your concern with other contracting agencies. If your concern involves several departments, you should call the concern and complaint line to voice your concern.

## OFFICE INFORMATION

To locate the TFI office closest to you, please refer to the agency's website ([tfifamily.org](http://tfifamily.org)) for more information and contact information.

## ON-CALL/EMERGENCY INFORMATION

If you have an emergency or crisis situation with your foster child that occurs after normal business hours or on the weekend, your first call should be to our 24-hour Admissions Department. The toll free number is **877-921-4114**. It is a good idea to keep this number in a convenient place where it can be easily accessed, in the event you should have an emergency.

The Admissions staff will assist you with your emergency or crisis situation. If they are unable to assist you with your particular problem, they will contact the on-call worker in your area and have them contact you.

We do ask that you make sure your need is truly an emergency that cannot wait until regular business hours before calling the crisis number.

## **SECTION III**

# **The Roles & Responsibilities of Individuals & Agencies Working With & Caring for the Children in Your Home**

Foster Families

Contracting Agencies

DCF/Juvenile Justice Authority (KDOC)

Courts

Biological Parents' Rights/Handbook



## **FOSTER FAMILY'S ROLE AND RESPONSIBILITY**

The foster parent's main role is the day-to-day care of children placed your home. The importance of that role must not be overlooked when other professionals are making decisions that will impact the life of the foster child in your home. You are an important member and it is vital foster parent's attend case plans and voice your knowledge of the child in your home.

The foster children in your home must be treated like one of your own children. The foster family has the responsibility to measure the impact of their actions on the foster child. The foster child's level of care is determined by the child's behaviors, age, and other factors. Normally, if a child's behavior improves while placed in the foster home, then it is expected the child's level of care will lower at some point. If a decision is made by the foster parent to request that a child be moved, consideration of the impact that decision will have on the child must be addressed, creating the need for as much notice as possible when requesting a move. If you ask for a child to be moved from your home, you will be asked to assist your Foster Care Worker in the completion of a disruption report to provide the most current information to the next care provider. If a child is placed in a foster home for less than 6 months, the home must provide 14 days' notice to their foster care worker. If a child is placed in a foster home for more than 6 months at the time of the disruption, then the family will be expected to provide 30 days' notice to their foster care worker to have the child moved.

At the time of placement, a foster family will be given all available information on the child. Children coming into the system for the first time will have minimal information available to the foster parent. Foster families have the right to expect basic information to be furnished at the time of placement and other information to be given to them within a realistic time frame.

When a child is placed in your home, they will be scored for the appropriate level of care. The referrals submitted through DCF's Care Match determine the level of care for each child. The daily rate you will be reimbursed for the child in your home is determined through the scoring process and will be listed on the placement agreement that requires your signature. It is expected that you will not discuss this information with your foster child. Some contractors do not give notice when the level of care changes. Your Foster Care Worker will notify you when a child's level of care changes. We encourage foster families to keep youth in their homes if/when the child's rate lowers. Children attach to families and movement of foster children based on a rate change is disruptive and generally not in the best interest of the foster child. For families providing intensive care, the plan at the time of placement may be to transition the youth into a less-restrictive home environment when the child's level of care lowers. In that instance, the process for moving the youth should be planned and prepared for.

As a foster parent, you are responsible for the daily care of the child. This includes transporting the child where he/she needs to go, making daycare arrangements, enrolling the child in school, scheduling doctor and dental appointments, and meeting their basic needs. A foster family should be prepared to use their reimbursement payment to pay for

the additional needs of the child that are not covered through medical cards. These needs include special fees for school-related activities and costs associated with participating in sports or other school activities. Flex funds may also be available through Foster Care Services dollars to provide merchandise or services for TFI Family Services, Inc. foster homes when funds through the Reintegration Contracts of any lead contracting agencies are not available or applicable. Foster families must provide nutritious meals, snacks, a safe atmosphere, basic personal needs, religious observance, and allow children to participate in activities consistent with their religion.

Foster families have a responsibility to let their Foster Care Worker know how the child in their home is doing. This is accomplished through home visits, phone calls, and office visits. It is important that you as a foster parent make yourself available for home visits and allow the worker to visit with the child separate from you. Your Foster Care Worker is there as a support to you. However, they also have a role in working with the child to ensure his/her needs are being met.

As a foster family, you should encourage and support visits between the child and his/her biological parents when it is in the best interests of the child. Visitation will be set during case plans. It is expected foster parents participate in Icebreakers with the parents the child was removed from at the time of initial referral. Changes and modifications may occur if approved by the child's Case Manager. If siblings are not placed together in a foster home, families will need to work with the Foster Care Worker and case management team to support sibling visits. Foster parents are encouraged to be role models and examples to the birth parents of children in care and are asked to promote natural parent/child interactions in the least- restrictive setting possible (for example, being willing to transport a child to the birth family home instead of the office or keeping birth parents informed of doctor/dental appointments so that they may attend).

Visits with biological parents typically occur weekly. They may be supervised, unsupervised, or monitored. Supervised visits between a worker or other approved individual (examples could be a doctor during a medical visit, or the resource parent at the park) is present during the entire interaction between the parent and child. Unsupervised visits mean that the parent and child can interact with one another for pre-determined periods of time without the presence of workers or other professionals. Monitored visits mean that a worker or other professional periodically checks in unannounced during the visit to monitor the situation. As a family works toward reintegration, visits/interactions become longer, often moving toward overnight or weekends and holidays. As the family prepares to have the children move back into their home, a 30-day trial home placement may occur. Generally, these children do not come back into care. Visits are set by the case management team.

Whenever possible, you should work with and communicate with your foster child's biological parents. There are many advantages to collaborating with your foster child's birth family. Foster children have the opportunity to see their biological and foster families working together toward a mutual goal of reintegration into the biological home. This can often lessen the tension between the birth family and foster home as birth families become aware that foster families are not trying to replace them as parents. If

you have questions about the level of contact allowed between the child in your home and their biological family, you should contact your assigned Foster Care Worker.

## **CONTRACTING AGENCY'S RESPONSIBILITIES**

The contracting agencies are responsible for recommending to the court that the child return to his/her family. Contracting agency workers develop and implement case plans with input from foster families, biological parents, the child, Foster Care Workers, DCF, and other individuals involved with the child. They have the responsibility for ensuring the case plan is carried out and assigning tasks to others (foster parent, child, family, therapist, Foster Care Worker, etc.) that assist in meeting the goals of the case plan.

On the next page you will find a map that indicates who the contractors are for the four regions in Kansas. It is also important to note that there are also contracts for Family Preservation in the State of Kansas. Because TFI Family Services, Inc. is a subcontractor with both contracting agencies in the state, you may find that you have children from both agencies in your foster home. At the time of placement, you will be told which agency is responsible for the child's case management.

Contracting agencies have a placement agreement with TFI Family Services, Inc. to place the child in a TFI foster family home. TFI then has a placement agreement with the foster family to care for the child. The daily rate that you will receive as a foster parent will be listed on the placement agreement that you sign.

All information about the child should go through your TFI Family Services, Inc. Foster Care Worker. This means that information from the foster family should go through the Foster Care Worker to the contracting agency, and information from the contracting agency should go through the Foster Care Worker to the foster family. The contracting agency workers are not responsible for meeting with the foster parents—only the child. The contracting worker is required to meet monthly with the child and the preference is that the meeting occurs in the child's placement. It is the responsibility of TFI Family Services, Inc. Foster Care Workers to meet with and support you as a foster parent.

Each contracting agency has different procedures and policies regarding the following services. Please check with your worker to find out the specifics on the following types of services or needs:

- Daycare
- Mental Health
- Transportation

## **KANSAS DCF REGIONS AND CONTRACTING AGENCIES**

<b>Area 1</b>	<b>Western Kansas – Saint Francis Ministries</b>
<b>Area 2</b>	<b>North Central Kansas – Saint Francis Ministries</b>
<b>Area 3</b>	<b>Topeka and North – KVC Kansas</b>
<b>Area 4</b>	<b>Southeastern Kansas – TFI Family Services</b>
<b>Area 5</b>	<b>Kansas City, KS – Cornerstones of Care</b>
<b>Area 6</b>	<b>Olathe and Lawrence – KVC Kansas</b>
<b>Area 7</b>	<b>Wichita – Saint Francis Ministries</b>
<b>Area 8</b>	<b>South Central KS – TFI Family Services</b>

## DEPARTMENT FOR CHILDREN AND FAMILIES

DCF is responsible for investigating all abuse and neglect concerns reported to them. When a child is in foster care and the concern is against a foster family, DCF decides whether to investigate the complaint.

DCF is also responsible for the administration and monitoring of the Reintegration Contractors. They monitor what the contracting agencies do with the family and child to ensure that court orders are being followed and that the best interests of the child are being met by conducting regular audits of the contracting agencies.

In 2015, DCF became the designated state authority for the licensure and regulation of Family Foster Homes and 24/7 residential facilities for children under 6 years of age, with the exception of PRTFS (which is regulated by KDADS).

### Courts

The Juvenile Judges in the State of Kansas have the authority to rule on the care and services of children in out-of-home placement. The judge has the final ruling on the permanency of a child. The judge can decide to return the child home or terminate parental rights. Judges make rulings after receiving recommendations from the contracting agencies, the foster families, and others who have important information regarding the child and family. The judge may subpoena any person involved with the care of the child to testify in court. This can include foster parents.

Foster families are encouraged to write an independent report to the court regarding the child's care. The report should discuss recommendations about the type of care and services the child needs as well as information on how the child is doing in the foster home and in school. The report may also include recommendations about visitation with parents and possible reintegration plans. The report should not only state the foster parents' opinions but should give specific examples that support the foster parents' recommendations. Foster families can work with their Foster Care Worker on the report, but the foster family must send the report to the court themselves. It is also important to note that, while your court report goes directly to the judge, it does not remain confidential and is shared with the child's Guardian ad Litem (attorney), the attorney for the birth parents, and with the State's attorney.

You should receive notification of upcoming court dates for children in your home. Court hearings are usually set for every six months. It is best to note during the case plan when the court day will be so that you can send in your report at least two weeks ahead of the hearing.

In the section of your manual named *Care Provider Responsibilities and Paperwork* (Section 5), you will find a copy of a court report form. Please make blank copies and use this when you are writing to the court. Please let your Foster Care Worker know when you complete a report to the court so your worker can make a note of it for their file.

## **BIOLOGICAL PARENTS' RIGHTS**

Parents of children in foster care shall have the following rights:

1. To be treated as individuals who have all the rights guaranteed to them as citizens of the United States and their state.
2. To maintain custody of their child unless it has been demonstrated that this would jeopardize the child's health and welfare.
3. To be provided with opportunities to demonstrate their capacity to provide a suitable home for their child, and to regain custody of their child as quickly as possible, when regaining custody is consistent with the health and welfare needs of the child.
4. To receive proper and adequate notice regarding any grievance or legal proceedings concerning their child.
5. To participate in planning for their child, to receive a copy of the case plan, and to receive notice of any formal review of their child's case plan.
6. To receive services in accordance with the case plan, assistance in overcoming the conditions which led to the removal of their child, and if return of their child to their custody is not feasible, to receive help in adjusting to an alternative permanent plan for their child.
7. To visit and communicate with their child within reasonable guidelines as set by the service plan and by the court.
8. To have their cultural, religious, ethnic, or racial heritage respected as a plan for them and their child is developed.
9. To receive an explicit written description of the expectations they must meet in order to have their child returned home, and of the services the agency will provide to help them meet those expectations.
10. To have information maintained by the agency about them, within a framework of agency guidelines, which takes into consideration others' rights to privacy and provides an opportunity to correct errors contained in those records.

American Public Welfare Association. Standards for Foster Family Services Systems for Public Agencies. For Children's Bureau, Administration for Children, Youth, and Families, Department of Health, Education and Welfare. DHEW Publication No. (OHDS) 79-30231.

## **SECTION IV**

# **PROVIDING CARE FOR CHILDREN**

Placements/Matching Children & Families

Questions to Ask Prior to Accepting Placement

Placement Agreement Form

Adoption Home Study Process



## MATCHING FOSTER PARENTS AND CHILDREN

When you become a TFI foster parent, you are assigned a Foster Care Worker who will work with and support you and the children placed in your home. A large part of a successful placement is making a good match at the time of placement. Your worker will get input from you to fill out a **Foster Parent Profile**. Your family profile will contain basic information on how to reach you if there is a possible for your home. The profile will also list the ages and sex of your biological children living with you, along with your preferences regarding age and gender of children you are interested in taking through foster care. If there are specific behaviors that you do not feel comfortable with, or if you have specific skills that would benefit certain types of children, these are listed on the profile, as well. The more accepting you can be in working with kids who have behaviors, and the more flexible you are on gender and age of children you would like placed in your home, the more referrals for placement you are likely to receive.

If there are restrictions on your home, those will be noted. You have the right to expect that restrictions placed on your profile will be discussed with you prior to placement on the profile. Your profile will also note if you have a child your home prohibits the placement of certain other types of children. For example, if you have a sexually aggressive teen girl in placement, your home may be restricted from taking teen boys while that child is in your home.

Once your profile is complete, it will be entered into our matching program ECAP. When IPD (Admissions) Staff is looking for a placement, they will pull up all available homes that meet the child needs of the child. Based on several other factors, including location and ability to keep siblings together, they will call the best “match” family first. If there is no response, Admission must move on to find a placement. Placement of children who are moving from one foster home to another often allows enough time to wait for a family to call back. It is important that we have all the contact information that allow us to try and contact you immediately if there is a child in need of placement.

When you are called with a referral, you will be given all known information to help you decide about taking the placement. You may only accept placements when the call comes from TFI Family Services, Inc.’s IPD Department. Generally, IPD Staff will make a follow-up call to you to make final arrangements even though your Foster Care Worker may have already given you all the referral information regarding the child. If agencies other than TFI Family Services, Inc. contact you directly for regular foster care placements, please direct them to call TFI’s Admissions Department at **877-921-4114**. Per DCF regulations all children placed in your home must be approved by your sponsoring agency TFI.

In this section, you will find a list of questions you should ask when Admissions calls you regarding a possible placement. This list is just a guide to help you, if there are other questions you would like to ask, feel free to add them to your list. You also have the right to speak to your Foster Care Worker or their Supervisor about the match before accepting placement if he or she is available.

When a child is placed in your home, you should receive basic information with your child. If this is a new referral, the basic information includes a medical card, any medications the child is taking, medical consent form, and other basics. If the youth is moving from another placement to your home, you should receive a Placement Notebook and other information. The information sent on a child moving from one placement to another may be slightly different based on what the referring agency's procedures are.

At the time of placement or shortly after, you will receive a **placement agreement** with the child's name, date-of-birth, contracting agency, level of care, and reimbursement rate information filled in. If you do not believe the reimbursement rate listed on the placement agreement is what was agreed on when you accepted the placement, or if you have other questions about the placement agreement, please contact your assigned Foster Care Worker as soon as possible.

Sometimes when a child is first placed, not all information is known about the child. Depending on the behavior of a child, you may ask for the child to be re-scored to make sure that he or she is at the correct level of care. It is important that you report all behaviors, both positive and negative, to your Foster Care Worker during monthly visits as this information is used during the re-scoring process. Each contracting agency has different procedures regarding rescoring level of care.

If a good match did not occur and you must ask for a child to be removed from your home, we ask that you give as much notice as possible. If the child has been in placement for six months or more, both parties (agency and foster parent) must give 30 days notice before a child is moved, unless there is an emergency safety situation. If a child has been in the home less than six months, we require that you give 14 days notice to allow time to locate an appropriate match. Children may be moved the same day if an emergency safety situation exists. Possible reasons for emergency removal include DCF investigation that warrants removal due to possible safety concerns, foster family requests the move due to the child being a danger to him/herself or others, and unexpected situations such as accidents or serious illness of the foster parent. Moving is traumatic for the child each time it occurs, so it is important to make moves as planned and orderly as possible.

When a good match occurs, the hope is that the child will stay with you until he/she achieves permanency. "Permanency" may mean going home, being adopted or moving into Independent Living.

## **QUESTIONS TO ASK PRIOR TO ACCEPTING PLACEMENT OF A CHILD**

1. HOW MANY PLACEMENTS HAS THE CHILD HAD BEFORE?
2. WHAT KIND OF MEDICATION DOES THE CHILD TAKE, IF ANY?  
(What is the medication for? When the child arrives: when was the medication last taken? How many pills are left? Is there a refill on this medication.)
3. DOES THE CHILD HAVE AN IEP AND, IF SO, WHAT TYPE? WHAT GRADE IN SCHOOL IS THE CHILD?
4. WHAT TYPE OF VISITATION DOES THE CHILD HAVE (i.e. supervised, unsupervised, weekend, day pass, etc.) HOW OFTEN? Where?
5. WHAT ARE THE CHILD'S CULTURAL AND RELIGIOUS NEEDS?  
(i.e. what church, if any, does the child prefer to attend?)
6. TEENAGERS: PROMISCUOUS, SMOKING, DRUG/ALCOHOL USAGE, RUNNING, PHYSICAL OR VERBAL AGGRESSION, STEALING?
7. DOES THE CHILD HAVE ANY ALLERGIES? (i.e. food allergies, medication allergies, pet allergies, asthma)
8. WHY IS THE CHILD IN CUSTODY?
9. WHAT IS THE EXPECTED LENGTH OF PLACEMENT?
10. HAS THE CHILD(REN) BEEN IN CUSTODY BEFORE? IF SO, WHY?
11. WHAT IS THE CASE PLAN GOAL (reintegration, OPPLA, and/or adoption)?
12. ALERTS: IS THE CHILD A FIRE STARTER OR DOES HE/SHE HAVE DEVELOPMENTALLY INAPPROPRIATE SEXUAL BOUNDARIES OR A HISTORY OF SEXUALLY ACTING OUT?
13. BEHAVIORS TOWARD YOUNGER OR OLDER CHILDREN?  
(i.e. if this child is not getting along well with other children in the home, are they going to get along in my home? Is the child a threat or danger to younger children?)
14. ASK YOURSELF THIS: DO I HAVE THE LICENSE CAPACITY? IF NOT, CAN I GET AN EXCEPTION? Always discuss this with your foster care worker.
15. IF THE YOUTH HAS A BABY—WHO GETS VISITATION WITH THE INFANT? IS THE INFANT IN DCF CUSTODY, TOO? WHAT ASSISTANCE IS AVAILABLE TO HELP WITH THE INFANT?

16. WHY DOES THE YOUTH NEED A NEW PLACEMENT?
17. WHAT IS THE YOUTH'S CURRENT LEVEL OF CARE?
18. IS THE YOUTH APPROVED FOR SELF-CARE TIME?

## **ADOPTION HOME STUDY PROCESS**

Families providing foster care are often interested in adoption, as well. Sometimes, foster homes are providing foster care to a child who later becomes available for adoption and the family would like to be a permanent resource for that child. Additionally, relative and kinship placements often end up becoming a permanent resource for a child through adoption.

When a child is in need of an adoptive resource, and families express an interest in adopting that child, a child-specific home study will be requested by the child's Case Management Team. Depending on the contracting agency, the home study will either be assigned to a Foster Care Worker or a worker from the contracting agency to complete for each family expressing interest in the child. The time line for completion of a child-specific home study is 60 days.

Foster Care Workers will gather information and assess the potential adoptive family through several methods. Those include paperwork the family must complete, face-to-face interviews in the family's home, and collateral contacts (such as reference letters, background checks, and employment verification). Areas that are assessed include the family members' own history, current and historical stability of relationships, finances, health, overall strengths and needs the family has (and any plans to address needs), any safety or health hazards regarding the home, and the family's ability to parent a child with any behaviors, medical needs, or educational needs the child they are interested in may have.

The information gathered through these methods will be included in the written home study. Once the home study is written, it must be read and signed off on by the potential adoptive family, as well as the Foster Care Services worker's supervisor. A copy of the signed home study is then forwarded to the child's contracting agency for inclusion in a Best Interest Staffing. The original home study is kept in the family's adoption file.

Adoption home studies are updated if there are changes within the family that need to be noted prior to inclusion in a Best Interest Staffing or if it has been more than 1 year since it was written. Keep your Foster Care Worker informed of any possible changes that would require an updated home study.

## **SECTION V**

# **Foster Family Responsibilities and Paperwork**

Logs/Incident Report Instructions

Foster Parent Report to the Court information

Foster Family Report to the Court Form

Clothing Needs Instructions

Personal Belongings procedure

Personal Belongings Inventory

Transportation/Mileage Reimbursement Instructions

Mileage Reimbursement Form

Day Care Instructions

Day Care Provider Form

General Information:

- Supervision of Children in Your Home

- Independent Living/Life Skills information

- Kan-Be-Healthy information

- Life Books

- School information

Placement Tracking Instructions

Placement Tracker Form

## DAILY LOGS/INCIDENT REPORT FORMS

Foster families providing intensive care are required to keep logs daily. These logs should note behaviors and issues that are addressed within the foster home. These logs may be brief if it is an “average day” but should be more specific than “Timmy had a good day.” What made Timmy’s day good? If there has been an issue or concern, or something very positive, you should take the time to provide a more extensive log entry. Please include the following information: who was involved, where and when did the event take place, what was the situation, and how was it addressed or resolved? Please feel free to add other information you believe is important.

Foster parents who provide other types of care should log any accidents or incidents that would be of concern to the agency or to the biological parents. These logs can be very helpful if there are alleged charges of abuse or neglect. For example, if your foster child falls from his bike and bruises his arm the day before a home visit, it is helpful to log the incident so that any questions about the bruising and how it happened can be answered with the supporting documentation. The logs should be maintained in the child’s Placement Notebook.

**Incident Report Forms** (a copy of this form is included in this section) should be filled out when there is a serious situation that has occurred with a child placed in your home. While we refer to these situations with three different terminologies; critical, significant, and unusual incidents our agency expectation of foster parents is that they will report the incidents all the same. If during business hours Foster Parents should call their Foster Care worker, if unable to reach their foster worker or the incident occurs outside of normal business hours foster parent is to call the on-call number at 1-877-921- 4114 to report the situation immediately and then complete the form and send it to your Foster Care Worker by the next working day. A copy of the form should be kept on file in the family foster home as well. An email to your Foster Care Worker will satisfy the requirement for written notification but will need to be printed and kept on file in the youth’s notebook.

### CRITICAL INCIDENTS

- Foster Child Death
- Foster Child Near Death
- Foster Child has been placed by a physician in serious or critical condition
- Foster Child who attempted suicide
- Death of resident of the family foster home
- Foster pater with criminal proceedings related to abuse or neglect
- Incident Which May Draw Public, Legislative or Media Attention

### SIGNIFICANT INCIDENT

- Injury/Accident/Illness of a foster child requiring hospitalization or professional medical attention

- Foster child is missing or has runaway
- Foster child has been arrested for a juvenile offense
- Foster child has attempted suicide
- Foster child has screened for acute care
- Any sexual contact between youth
- Foster child safety was seriously compromised
- Safety of environment
- Motorized vehicle accident involving any child in foster care
- Fire damage or other damage to the dwelling or damage to the property that affects the structure of the dwelling or the safety of the child in foster care

### UNUSUAL INCIDENT

- Alleged abuse or neglect
- Law Enforcement Contact
- Aggressive or assaulting behaviors
- Drug or alcohol involvement by the child
- Restraint of a foster child
- Injury/Accident/Illness of Resource parent requiring hospitalization or professional medical attention
- DCF PPS or Licensing Complaint Investigation
- Any resident of the foster home has an infectious or contagious disease
- Breach of Privacy or Confidentiality
- Medication/Pharmacy errors

The above are situations that require calls to your Foster Care Worker or the after-hours crisis line. In situations where a child has run away, in addition to notifying your Foster Care Worker, you should also notify local law enforcement.



The officer will want the following information:

- Child's full name
- Age/Date-of-birth
- Current picture
- When (time) the child was last seen
- Places the child may have gone
- Description of clothing the child was wearing
- Any identifying marks

If you have to involve law enforcement, please ask for a report number from the officer.

For additional guidance regarding any of the above situations, you should contact your Foster Care Worker or the emergency after hour's crisis line.

## INCIDENT REPORT FOSTER CARE AND ADOPTION SERVICES

Name of Youth:

Person Making Report:

D.O.B.:

Date of Incident:

Time of Incident:

Date and Name of Staff Notified Verbally:

Type of Incident (Check one or more): These events must be reported to TFI immediately with a written report submitted by the next working day and a copy kept on file in the foster home.

### Medical

- ☐ Injury of Youth
- ☐ Injury of Staff
- ☐ Vehicle Accident
- ☐ Contagious Disease
- ☐ Medication Problem/Error
- ☐ Ingestion of Drug/  
Harmful Substance
- ☐ Hospitalization
  - ☐ Emergency
  - ☐ Planned

### Social/Legal

- ☐ Legal Problem
- ☐ Police Involvement  
of any kind
- ☐ Youth Runaway/Missing
- ☐ Severe Behavior Problem
- ☐ Property Damage
- ☐ Neglect or Abuse
- ☐ Use/Possession of a Weapon

### Other

- ☐ Excessive Absenteeism
- ☐ Sexual Assault or  
experimentation
- ☐ Possible Violation of  
Youth Rights
- ☐ Physical Restraint Used
- ☐ DCF/~~KDHE~~ Complaint  
Investigation
- ☐ Death of child or other  
resident of home
- ☐ Other
- ☐ Vehicular or Biohazard  
Accident

Describe the Incident (what happened, when, where, how was situation handled, including who was notified of the incident)?

Has this particular incident occurred with youth previously?

What are your follow-up plans and suggestions?

Signature: \_\_\_\_\_ Date of Report:

## **FOSTER FAMILY REPORT TO THE COURT**

Foster families have the right to submit a report to the court informing them of the progress, adjustment, and condition of children residing in the resource home. The court report form is included in this section.

Although not a requirement, foster families are encouraged to submit a report to the court every six months. This gives you the opportunity to have direct feedback to the court on the status of the child residing in your home.

Foster Parent reports to the court are not confidential and are available to all parties and interested parties in the child's case (i.e. the parents' attorneys, grandparents' attorneys if applicable, the State, etc.).

For information regarding which court/judge to send reports to, please contact your Foster Care Worker.

## Foster Parent Report to the Court

**Re: Child Name:** \_\_\_\_\_  
**Court Case Number:** \_\_\_\_\_

### To: Foster Parents

Thank you for your service as a foster parent. The court recognizes that foster parents are an essential part of the Kansas child welfare system. Kansas law allows foster parents to provide information to the court concerning the child(ren) in their care:

“The secretary shall notify the foster parent or parents that the foster parent or parents have a right to submit a report. Copies of the report shall be available to the parties and interested parties. The report written by foster parents shall be on a form created and provided by the Kansas Department for Children and Families (DCF).” K.S.A. 38-2261.

When children have been placed by the court in the custody of the Department for Children and Families (DCF) for out of home placement, DCF contracts with child placing agencies to provide services to children and their families. As a part of the DCF/provider contracts child placing agencies are responsible to notify the foster parents and parents of upcoming hearings.

Kansas law also requires that foster parents have a right to be heard at each permanency hearing which includes permanency hearings conducted by a Citizen Review Board. The right to be heard may be done by attending the permanency hearing and/or submitting the foster parent court report. If you choose to submit a report to the court, please use the attached report form.

The following is the name of the Judge and the address of the court to which the report may be sent (unless otherwise directed by the court). If the name or address changes, the updated information will be provided to you. Notice of the hearing dates will be provided at the previous hearing or by first class mail.

Name of Judge/Recipient: \_\_\_\_\_

Address of Court: \_\_\_\_\_

We hope you will take advantage of this opportunity to communicate your thoughts with the court.

Sincerely yours,

(This form supersedes Appendix 6B REV 1/07)

Child's Name:	
Foster Parent Name(s):	
Date of Report:	
Child's Case Manager:	

**Child's Progress:**

The child's progress described below occurred during the following timeframe:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Please circle the word which best describes the child's progress:

1. Child's adjustment in the home:

excellent    good    satisfactory    needs improvement

2. Child's interaction with foster parents and family members:

excellent    good    satisfactory    needs improvement

3. Child's interaction with others:

excellent    good    satisfactory    needs improvement

4. Child's respect for property:

excellent    good    satisfactory    needs improvement

5. Physical condition of the child:

excellent    good    satisfactory    needs improvement

6. Emotional condition of the child:

excellent    good    satisfactory    needs improvement

7. School status of child – attach a copy of the school report and/or grade cards to this report:

(This form supersedes Appendix 6B REV 1/07)

## Foster Parent Report to the Court

<b>School District:</b>						
Grades:	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Attendance:	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Behavior:	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor

8. Describe the frequency of interactions, and any significant events which have occurred with the child's Case Management Team. Members should include but are not limited to parents of the child, DCF, Guardian *ad litem*, and CASA:

Person	Relationship to the child	Type of Interaction	Frequency of Interactions	Outcome of Interactions

9. Does the child have opportunities to engage in on-going age or developmentally appropriate activities such as sports, music programs, and community organizations? ☐ Yes ☐ No

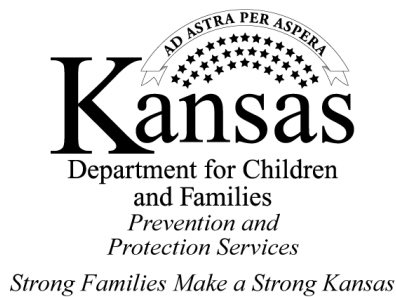
Provide a list of the opportunities:

1	
2	
3	
4	
5	

10. Please comment on your assessment/observation regarding the overall adjustment, progress, and condition of the child:

11. Please comment on your assessment/observations regarding any concerns and progress regarding the parents/caregivers of the child.

12. Do you have any special concerns or comments with regard to the child not addressed by this form? Please specify.



(This form supersedes Appendix 6B REV 1/07)

## **CLOTHING NEEDS**

Foster parents/placement providers are expected to purchase clothing from the child's daily reimbursement rate. If the child does not have ample clothing or if clothing becomes worn out or is outgrown, it is the responsibility of the foster parents/placement providers to address the clothing needs of the child.

Placement providers will be required to complete a clothing inventory for each child at the beginning and end of placement. Foster families and placement providers receiving payment for the care of children in the child welfare contract will ensure said child will have clothing that is appropriate for the current season, child's age and size, current style, activities and personal cultural taste. It is the expectation all children will have seasonally appropriate clothing and undergarments and shoes. As per DCF requirements these items will be considered the personal property of the child and move with the child when they leave. The sponsoring agency will be held accountable for assuring that all of the child's possessions transfer with the child.

Case Management Providers do not provide a clothing allowance or vouchers since these expenses are included in the daily rates paid by DCF. However, if there are circumstances addressing special clothing challenges, Foster Parents will work through their sponsoring agency to ensure the child's needs are met. An authorization for clothing will be considered once Case Management Providers has the initial clothing inventory and an explanation of need. Any reimbursement for clothing expenses must be pre-authorized by the Case Management Providers to purchase of clothing.



## PERSONAL BELONGINGS OF YOUTH IN FOSTER CARE

In order to ensure that youth in the care of TFI Family Services, Inc. maintain possession of their personal belongings throughout their time in care, especially through placement changes, all TFI Family Services, Inc. care providers are asked to complete a **Personal Belongings Inventory Form** on each youth placed in their home within 24 hours of placement.

The inventory should be updated each time the youth receives new personal property during his/her time in placement and should also be completed on the day the youth leaves the home for all planned moves and disruptions with notice. The foster parent and youth should both sign the form when possible. The completed form needs to be kept in the youth's red book and forwarded to the next placement with the youth or to the child's case manager. Foster Care Workers may make a copy of the form from the youth's red book if needed.

For unplanned, or emergency, moves from TFI Foster homes, the foster parent needs to make every effort to get the youth's belongings to the Foster Care Worker, Case Manager, or placement setting when applicable within 48 working hours of the youth leaving the home. The Foster Care Worker assigned to the home the youth is leaving will be responsible for coordinating the delivery of the youth's belongings to the youth's new placement if the new placement is a TFI Foster home or to the case manager if the new placement is a non TFI home (ie: shelter, relative or other agency foster home).

## PERSONAL BELONGINGS INVENTORY

### FOSTER CARE SERVICES

**NOTE:** Please complete this form on the first and last day of placement. Also, add belongings to this form as the child receives them.

Youth's Name: \_\_\_\_\_

Page\_\_of\_\_

Date of Placement:\_\_\_\_\_

Date of Move: \_\_\_\_\_

[illegible]

Foster Parent

---

Youth (If appropriate)

## PERSONAL BELONGINGS INVENTORY, cont'd

Youth's Name: \_\_\_\_\_

Page      of     [illegible]

Foster Parent

---

Youth (If appropriate)

## TRANSPORTATION/MILEAGE

Children in your home may have many different types of appointments that you as the child's foster parent will help schedule and provide transportation to and from. It is the expectation that you will provide transportation for the child in your home to appointments less than 20 miles one way from your home. Your daily reimbursement rate is used partly to reimburse you for the expense of getting the child to and from these appointments.

There are times when you may volunteer, or be asked to transport a child further than 20 miles one way. In those cases, you may receive reimbursement for your mileage using the following guidelines. All criteria must be met to receive reimbursement.

- You are transporting a child to a visit, court hearing, case plan, or case plan activity.
- The transportation request must be authorized prior to the transport occurring. The Foster Care Worker should provide you with the authorization before the transport occurs.
- Each contracting agency has different policies regarding transportation reimbursement.

Neither TFI Family Services, Inc. nor the contracting agencies will reimburse any medical transportation that can be paid through the youth's medical card (such as doctor or dental appointments). Please get with your Foster Care Worker to obtain the phone number to call to request payment for transportation services through the medical card.

**\*\*Please be aware that each contracting agency has rules for authorization and payment of mileage reimbursement. Please contact your Foster Care Worker for specific mileage reimbursement procedures for children in your home.**

**MILEAGE REIMBURSEMENT FORM**  
**FOSTER CARE AND ADOPTION SERVICES**

Foster Family's Name: \_\_\_\_\_

FC Agency: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Month: \_\_\_\_\_

Date of Transport	Return to Start Y/N	Location Transported From	Location Transported To	All Miles Driven	Reason for Transport	Authorization Code #

Foster Parent's Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

## **DAYCARE**

### **Daycare for DCF Licensed Foster Homes**

All foster parents wishing to utilize daycare services paid for by DCF will need to first apply for assistance through DCF's Foster Care Child Care Application Website found at <http://www.dcf.ks.gov/services/PPS/Pages/foster-care-transition.aspx> or Appendix X.

This application can also be provided by your assigned foster care worker. Foster Parents should try to find a KDHE approved daycare that accepts the DCF subsidy, which will cover the daycare costs. If the cost is more than the DCF subsidy approves or if there are no KDHE daycares available, the FCW can help the Foster Parent complete the exception process to see if DCF would approve additional financial support.

After each Licensed Foster home completes the Child Care Application, they need to provide it to their foster care worker to submit to DCF.

## **GENERAL INFORMATION**

### **SUPERVISION OF CHILDREN IN YOUR HOME**

As a foster parent, you are required to provide constant supervision for every child under 12 years of age in your home. This means that a child under 12 years of age may not stay at home alone for any amount of time.

If you are providing intensive treatment care for a child, you may not leave the child unsupervised at all, regardless of the age of the child. Intensive treatment children cannot be left at unstructured events without adult supervision. Example: you cannot leave the child at the Boys and Girls Club all day or drop the child off at a football game for the evening.

Teens who are Basic 1, 2 or 3 levels of care may be able to handle these similar situations, but you should first talk to your Foster Care Worker about the structure needed for each individual child. A self-care plan must be on file in the home and approved by the child's case manager and your child placing agency in order for a child age 12 and over to have any unsupervised time.

You may have someone "baby-sit" a child in your home. Any alternative caregivers must have KBI and CANIS (Child Abuse and Neglect Information Systems) background checks completed and on file in TFI Family Services, Inc. care provider licensing file. This background check form is the DCF FCL002 to add alternative caregivers.

Individuals supervising children during the day while you are at work outside the home must be a licensed daycare or child care center.

Care providers who provide Children's Residential Services (formerly SFL) and who have short- or long-term absences from the home must follow the plan of care guidelines for providing appropriate levels of supervision for your child.

If you would like to use respite care, you must give your Foster Care Worker as much notice as possible. Respite cannot be guaranteed if the Foster Care Worker is not given enough notice to locate a respite home provider. You will normally be asked to pay the respite care provider directly for the care they provide the child in your home. If you have questions regarding payment options for respite care, please contact your Foster Care Worker.

### **INDEPENDENT LIVING/LIFE SKILLS**

All children/youth age four and older, who are in DCF custody and in out of home placement, are assessed for life skills and developmental milestones. These assessments help determine what services the child needs in order to develop his or her independent living skills and are updated annually. The services identified will be included on the child's case plan as tasks to be completed.

The contracting agency is responsible for either teaching, or coordinating the delivery of, life skills services as determined by the assessments indicated above. However, as a foster parent, you are also involved in the teaching of life skills. Areas that are assessed include the following:

- Communication
- Daily living
  - Home life
  - Self care
  - Work and study habits
  - Social relationships
  - Housing and money management
  - Career planning
  - Work life

As a foster parent, you will be responsible for helping to provide services in these areas. Many of these services you will provide to the youth during their day-to-day lives in your home. Your Foster Care Worker can assist you with these tasks and will ask you for updates on the child's progress in the assigned areas during monthly home visits.

### **KAN-BE-HEALTHY:**

All children must have a Kan-Be-Healthy (KBH) screening and dental exam scheduled within 72 hours of their initial placement in foster care. This screening date is vital for using medical, dental, and mental health services that can be billed to the medical card. From the exam, future needs will be identified and referrals, if needed, will be given by the examining doctors. The current date of the KBH and the due date are on the medical card that is sent to each foster parent. All children age 3 and older in foster care are required to have a dental exam every 6 months.

As a foster parent, you are responsible for making an appointment to renew or set up the KBH screening. KBH schedules are as follows: 1, 2, 4, 6, 9, 12, 15, and 18 months, and every year after that for children ages two to 18. Your Foster Care Worker can assist you in making the appointment if needed and will also ask for updates regarding the child's KBH, dental, and vision exams during monthly visits.

As a foster parent, it is your responsibility to document in the child's Red Book any medical appointments and/or illnesses the child had, and to obtain a copy of the KBH screening form to keep in the Red Book. Your Foster Care Worker will also need a copy of the child's KBH, dental, and eye examinations for the child's file.

### **LIFE BOOKS**

All children in foster homes should be working with their resource parents on a Life Book. Your Foster Care Worker will provide you with a format, but you may adapt this to meet the needs of the child in your home. You are encouraged to include photographs of the child's biological family, foster family, school events, and other important events in the Life Book. Other items that can be included are souvenirs from events, copies of grade cards, journals, and anything else that will provide documentation of the events in the life of a child in foster care.



During your home visits, your Foster Care Worker will ask for updates on the progress of the child's Life Book. Life Books can be sent with the child during birth family visitation to allow birth parents to work on the Life Book with their child and must be forwarded with the child if he/she leaves your home.

## **SCHOOL INFORMATION**

As a foster care provider, you are expected to enroll children in your home in public school. The child's Case Manager is responsible for ensuring the school has an updated copy of the child's Educational Enrollment Information Form (EEIF) and it is the school's responsibility to obtain educational records from previous schools. Most schools will waive tuition/school fees for children in foster care, but foster families are expected to utilize their daily reimbursement to pay for activity fees (for example art supplies, sports fees, etc.). If you need assistance with enrolling a child in your home in school, please contact your Foster Care Worker.

Copies of children's school records, including grade cards, letters from the school, incident reports/behaviors charts, etc. should be maintained in the child's Red Book. Your Foster Care Worker will request copies of this information from you. You are also encouraged to provide the child's birth parents with copies of the child's grade cards and school papers whenever possible.

## **PLACEMENT TRACKING**

Your foster home license must be renewed annually and one of the forms that has to be completed is a list of all the children who were in your home for the year, their date-of-birth, sex, date they were placed and left, and what their contracting agency was. During the year, you may have several children come and go from your home, making it difficult to keep track of these pieces of information. While the information can be pulled together from various sources, the process can be made much easier if you will keep track throughout the year on the form included on the following page.

Foster Parent: \_\_\_\_\_

[illegible]

## **SECTION VI**

# **Medical & Emergency Requirements/Forms**

Universal Precautions Procedure

Medication Disbursement instructions

Medication Record form

Permission to Disburse Over-the-Counter Medication form

Medical Records

Medical Procedures

Tornado Safety Procedure

Fire Safety Procedure

Fire Drill and Tornado Drill form

## **UNIVERSAL PRECAUTIONS**

All foster parents and staff should use universal precautions when caring for a sick or injured child, as well as providing day-to-day hygiene care. This procedure is to protect the caregivers from the possible spread illnesses

All caregivers and staff must maintain medical records related to exposure to contagious and infectious diseases.

Some universal precautions include the following:

- Use protective barriers such as latex gloves, gowns, masks, and eyewear when cleaning up feces, blood, or other possible contaminants.
- Disinfect surfaces with a 7:1 water to bleach solution (7 parts water to 1 part bleach).
- Wash hands thoroughly with antibacterial soap and water after providing care and prior to meal preparation.

The only way to determine if someone has an infectious disease is through medical testing, therefore all persons should be treated using these precautions.

## MEDICATION DISBURSEMENT

A licensed physician must prescribe all medications given to children in foster care, including over-the-counter medication. Permission to dispense over-the-counter medication is obtained by having the physician fill out the **Permission to Disburse Over-the-Counter Medication** form (included). For medication prescribed for psychiatric purposes, a board-certified psychiatrist is responsible for overseeing medication management. TFI Family Services, Inc. will not take verbal orders to administer medication.

All prescription medication must be kept in the prescribing bottle. The bottle must be labeled with the name of the person the medication is for, the dosage and name of the medication, the name of the prescribing physician, the expiration date, and the number or code identifying the written order as applicable.

It is highly recommended that the child have a physical examination within 30 days of placement in the foster home. At this time, the physician should be informed of all medications the child is taking. At that time, the foster parents can have the physician sign the permission to disburse over-the-counter medications, if needed and applicable.

When medication is prescribed and/or administered, we must have the written, informed consent of the individual or his/her legal guardian.??? Information must be presented that fully explains the benefits, risks, and alternatives, and use of all medication must be documented by the foster parents. The **medication record** (included) must be completed at the time the medication is given, and a copy should be maintained in the child's Red/Green/purple or blue book.

Using the documentation will enable you to contribute to discussions with medical professionals, case workers, and other professions by providing information on observations and knowledge of the child's medical profile while in your home. Agency staff will ensure that they have requested any needed test to determine the impact of the medication on the children being served. If you have concerns with this, please discuss this with your Foster Care Worker.

Any child may refuse medical treatment or medication unless court ordered. The agency will inform the child of the consequences of refusal. If a child is frequently refusing medication or treatment a safety plan must be created.

# Medication Log

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Allergies: \_\_\_\_\_ Month \_\_\_\_\_

Prescription medication- The administrator initials the box and records the time (indicating am or pm) under the appropriate day of the month for each dose given that day. If a dosage is changed by a child's physician, missed, refused, or given by an administrator that is not the foster parents or a substitute caregiver listed on the Licensed and Approved Family Foster Home Survey Instrument please mark the log appropriately.

Administered	Initial & time
Missed/ refused	M
Changed	C
Other caregiver	O

[illegible][illegible][illegible]



[illegible]

# Medication Log

Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ Gender: \_\_\_\_\_ Allergies: \_\_\_\_\_ Month \_\_\_\_\_

## Over the Counter or other PRN Medications

Date:	Time:	Medication:	Dosage:	Route given:	Purpose:	Signature:

## Changes in behavior or adverse reactions

Date:	Time:	Medication:	Dosage:	Route Given:	Purpose:	Comments:

## Missed medication, changed by physician or administered away from the home

Date:	Time:	Medication:	Comments:	Signature:

## Each administrator must sign and initial

Signature of Administrators:	Initials:	Signature of Administrators:	Initials:

# PERMISSION TO DISBURSE OVER THE COUNTER MEDICATIONS

## Foster Care and Adoption Services

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Resource Parent Completes Questions 1 & 2

1. List all known allergies to medication that this child has:

2. List all medications child is currently taking:

### Physician/Nurse completes question 3 & 4

3. The undersigned physician give the resource parent authorization to give the above named child the following over the counter medications as needed:

<u>Over the Counter Drug</u>	<u>Reason for Disbursement</u>
------------------------------	--------------------------------

4. Other instructions or comments by physician.

The resource parent understands that if the child takes different or more prescription medications that this release is void and another authorization will be needed.

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

## MEDICAL RECORDS

It is the policy of TFI Family Services, Inc. and DCF that care providers keep updated medical records on file for each child placed in their home. These records should be maintained in the child's Red/Blue/Purple or Green Book and follow the child throughout his/her placements while in custody.

Medical records that should be maintained in the child's file include:

- Daily Medication logs
- Medical treatment documented on the State of Kansas' *Medical Care for Children* form. This form must accompany the child on every medical visit. ?? is this a thing.
- Dental treatment documented on the State of Kansas' *Continuous Dental Record for Children*. This form should accompany children on every dental visit.
- Over-the-Counter medication permission signed by the physician.
- Medical consent form
- Current Medical Card
- Documentation and warning of any allergies to medication or food.
- Emergency medical procedures for health needs such as asthma, severe allergic reactions, seizures, diabetes, etc.
- Prescription medication information, including potential side effects.

## **MEDICAL PROCEDURES**

### Emergency Procedures

When a medical emergency arises, it is the foster parent's responsibility to ensure that the necessary medical care is obtained. When you are uncertain about whether emergency care is needed, it is always safer to side with obtaining care rather than waiting.

The first action care providers need to take with a medical emergency is to get to the hospital in the quickest and safest manner possible. After reaching the hospital with the medical card and medical consent, and you have completed all necessary paperwork, contact your TFI Family Services, Inc. Foster Care Worker, or the after-hours emergency number.

The Foster Care worker will notify the contracting agency worker within the required timelines depending on the agency.

When the emergency is over, you will need to fill out an incident report.

### Non-emergency Procedures

Children can receive general care from doctors with the medical consent and medical card.

If you have to take a child to the doctor for any reason other than a routine Can Be Healthy appointment, you need to notify your Foster Care Worker immediately so a critical incident can be completed.

Any time a child has to have in-patient or out-patient procedures performed, the child requires special medical consent. This consent has to be signed by the parent or contracting agency representative. It is best to get the consent form from the doctor at least two weeks prior to the procedure to ensure enough time to get the consent signed.

### Psychiatric Needs

When a youth is placed in your home and you feel he or she needs counseling, you should first talk with your Foster Care Worker. The worker will talk with the child's contracting case manager about approval for services and who the mental health provider would be. The contracting case manager will arrange the initial appointment and will notify you and/or your assigned Foster Care Worker of the date and time the mental health provider has given them. Subsequent appointments are your responsibility to schedule and maintain.

If a child is placed in your home and is already receiving mental health services, you

should contact your Foster Care Worker to find out when the next scheduled appointment is, or if the youth is going to have to change mental health providers due to relocating.

When a youth comes to your home with prescribed medications, you should continue to administer those medications as directed by the instructions on the bottle indicate. You should never discontinue any medication without first discussing the child's behavior with the Physician/psychiatrist overseeing the management of the medication. If you believe the child's medication needs to be re-evaluated, please notify your Foster Care Worker so they can take steps to coordinate a medication evaluation. Foster parents should attend the child's medication evaluation to provide information about the child's behaviors/medical condition. The Physician/psychiatrist may request that you keep specific logs on the child (example, hours slept, changes in behavior, etc.).

If a child who is supposed to be taking psychotropic or other prescription medications arrives at your home without their medication, please contact your Foster Care Worker as soon as possible. Your worker will coordinate with the child's case manager to obtain the medication from the previous placement, or attempt to get new medication prescribed.

If you have questions regarding a child's mental health needs, please contact your Foster Care Worker.

## **TORNADO SAFETY**

Foster parents will be responsible for conducting and documenting tornado drills monthly between April and September.

In the event of a tornado, care providers should ensure that everyone else has taken cover before they go to shelter. Foster parents must use common sense in any given situation to keep everyone as safe as possible.

The following procedure should be taught to the children in your home and used during drills, and in the case of an actual tornado warning. However, not all steps will be possible for all children in care and not all steps will be logical in certain situations.

- Open windows? I don't think this is recommended anymore.
- Wear coat and shoes
- Grab a blanket, if possible
- Go to designated shelter without running or pushing
- Listen for foster parents' instructions
- Do not leave the shelter until instructed

Foster parents who have a child in their home who uses a wheelchair must have a plan established for that child. If the shelter is in the basement and the foster parents cannot safely get the child to the basement, an alternate plan must be available. An inner hallway or a room without windows are options.

Foster parents must have a plan or escape route posted in their house.

## **FIRE SAFETY**

Foster parents are responsible for conducting and documenting fire drills once a month and, in the event of a fire, should ensure that everyone else in the home has taken cover before they leave the home. Foster parents must use common sense in any given situation to keep everyone as safe as possible.

The following procedure should be taught to the children and used in drills and in the case of an actual fire. However, not all steps will be possible for all children in care and not all steps will be logical in certain situations. Foster parents must use good judgment in these situations:

- Wear coat and shoes
- Close doors after ensuring everyone is out of the house
- Listen to care providers instructions
- Exit through the closest door or window
- Once outside the home, stand together in a designated place at least 100 feet away from the house.

Foster parents who have a child in their home who uses a wheel chair must have a plan established for that child.

Foster parents must have a plan or escape route posted in the home.



# FIRE DRILL RECORD

## FOSTER CARE & ADOPTION SERVICES

### FIRE DRILL RECORD

Month	Date	Time	Comments and notes	Signature
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

### TORNADO DRILL RECORD

Month	Date	Time	Comments and notes	Signature
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

Care Provider Signature \_\_\_\_\_

## SECTION VII

# **PAPERWORK COMPLETED BY YOUR FOSTER CARE WORKER (WITH INPUT FROM YOU)**

**\*\*Please note that the forms in this section are not completed by you. They are included for your information and are completed by your Foster Worker, with input from you\*\***

Disruption Reports (procedure)

Disruption Report form

Monthly Report (procedure)

Monthly Report Form/Logs

## DISRUPTION REPORT PROCEDURES

When a foster family asks that a child be removed from their home it is called a disruption. When a child disrupts, the goal of the Foster Care Worker is to try and prevent the child from having to move by problem-solving and providing services to you and the child in the home. If preventing the disruption is not possible, there is a need to document what did not work with the placement and to use that information to find a new placement that will meet the child's needs. Using the **disruption report** (included) completed by the Foster Care Worker, those finding placement will have the most current information regarding the child's strengths and needs and what needs to be different in the next placement to make it successful.

Your Foster Care Worker will need to fill out this form with your assistance right away, so that the information will be available to those placing the child as soon as possible. Most likely, your Foster Care Worker will complete the form with you over the phone. As you work with your Foster Care Worker, think about what kind of information you would want the next foster family to know in order to be successful with this child. The disruption report should include those things you found to work well with the child in managing behavior, as well as interventions you attempted that were not successful. It is also important to note things the child does well. Your input on the child's strengths and needs can be very valuable to the next family.

It is also important that you contact your Foster Care Worker as soon as you start experiencing difficulties that you believe may lead to the child disrupting from your home. Identifying problems sooner can provide you and your worker an opportunity to problem-solve before the situation reaches a critical stage, and may help prevent the disruption from occurring at all.

## DISRUPTION REPORT FOSTER CARE & ADOPTION SERVICES

Date Notice Given:

Date Placement Needed:

Child's Name:

Gender:

Age/DOB: --

Grade: IEP:

School Name:

Case Manager:

Support Worker:

Office:

Assigned FC Worker:

Office/Agency:

Foster Family:

Length of Placement:

Reason for Disruption: (mark **only** one)

- ☐ Child's Behavior     ☐ AWOL     ☐ School Issues     ☐ Medical     ☐ Lack of Services  
☐ Not following Rules     ☐ Foster Parent Discontinued Fostering (allegations, move, adopted, etc.)

Describe specific reason for requesting move:

Work accomplished in an attempt to save this placement (services provided);

### What services are already *in place* at the time of notice?

- ☐ Minimum required visits     ☐ Regular phone contact (frequency?):  
☐ Mental health services (describe):  
☐ Respite (frequency?):  
☐ Behavior-Management Plan     ☐ Safety Plan  
☐ One-on-one interaction with both child and family during visits  
☐ Additional formal training for resource parent (describe): Other  
☐ (describe):

### What services are *in process* at the time of notice?

- ☐ Increased phone contact (frequency?):  
☐ Increased visits (frequency?):  
☐ Mental health services (describe):  
☐ Behavior-Management Plan     ☐ Safety Plan     ☐ Acute Screen     ☐ PRTF Screen  
☐ Other (describe):

### What services were offered the day of notice?

- ☐ Support via phone     ☐ Face-to-face visit with family     ☐ Face-to-face visit with child  
☐ Respite     ☐ Behavior-Management Plan     ☐ Safety Plan  
☐ Mental health services (describe):  
☐ Therapist involvement     ☐ Acute Screen     ☐ PRTF Screen

- ☐ Re-scored
- ☐ Staffed with FC and Child Welfare Contractor (CWC) Supervisors (result):
- ☐ Additional formal training for resource parent (describe):
- ☐ Disruption report completed with the resource parent via phone

Describe specifically what the child needs to prevent future disruptions (services needed):

Describe the reason a needed services was not provided or offered at time of notice (MH services not available, lack of respite, etc.)

Describe strengths of the child:

Is child taking psychotropic medication:

If yes, list:

Behaviors	Yes/No	Date Last Occurred	Comments
Fire Starter			
Homicidal threat/action			
Physically Aggressive			
Verbally Aggressive			
Sexually Active/Aggressive			
Drug/Alcohol Use			
Gets along with other children			
Gets along with animals			
Physical Disabilities			
Self-Mutilation			
Parental Conflict			
Suicide ideation or attempts			
AWOL			
Medical Problems			

FC Worker Signature:

Date of Report:

Date CWC was notified:

Date Report forwarded to CWC:

## MONTHLY REPORTS/LOGS

Each month, your Foster Care Worker is responsible for completing a **monthly report** (copy included) that is forwarded to the child's contracting case manager. The report is completed based on information your worker obtains during visits with you and the child(ren) in your home, as well as the worker's contact with others regarding the child's case, and should be a summary of the child's progress and well-being for that month. Additionally, each call and visit that a worker has with you, the child, the child's school, therapist, and other professionals is logged.

The monthly report addresses all aspects of the child's care. This includes services provided such as therapy, medical/dental appointments, educational services and progress, life skills, and contacts the child has with their biological family, the Foster Care Worker, crisis calls, and critical incidents.

The report also addresses the child's progress on his/her Life Book and a summary of the child's behavior, progress in the foster home, and overall well-being. It is very important that you tell your Foster Care Worker about behaviors and issues that are going on in your home. Copies of these reports are often used when scoring a child to determine level of care. If the reports do not list any issues or behaviors, it is difficult to support a Foster Family's contention that the child should not re-score at a lower level of care, or that a child should be at a higher level of care.

# **SECTION VIII**

## **LICENSING**

TFI Licensing Responsibilities & Regulations

TIPS-MAPP

Confidentiality, Discipline, and Mandated Reporting Agreements

Abuse/Neglect Reports and Investigations

Corrective Action Plans

TFI Withdrawal of Sponsorship/Appeal Process

Training Credits

Training Verification form

## **LICENSING RESPONSIBILITIES & REGULATIONS**

TFI sponsors foster homes licensed by the Department for Children and Families (DCF) is the only agency that can decide to take a license away from a foster family for reasons of non-compliance or abuse/neglect.

TFI has a Child Placing license through DCF that allows us to place children in licensed foster homes sponsored by TFI Family Services, Inc. TFI has the right to decide to sponsor or not sponsor a foster home. Each year, TFI will re-license foster homes that have met DCF requirements for re-licensing. TFI is responsible for conducting the re-licensure prior to the expiration date. You will receive paperwork from your Foster Care Worker that you must complete and provide to your Foster Care Worker at the time of your re-licensing. Your Foster Care Worker has paperwork to complete, as well, and a walk-through of your home will be done each year. It is your responsibility to ensure you have the required number of training hours prior to your renewal date (additional information regarding training is included in this section).

Compliance Checks will be completed by your worker each time they are in your home for a visit. Compliance Checks involves the worker viewing all areas of the home including bedrooms and identifying any areas that need correction to be compliant with DCF regulations. This is done as a support to your home to provide documentation for your file that your foster home has followed regulations throughout the licensing year. It is also helpful for identifying any licensing concerns in order that they may be remedied.

TFI may decide to end the sponsorship of a home based on DCF, or internal agency concerns. TFI requires that foster parents work with the agency in a positive, constructive manner. If a foster family cannot work professionally with the agency, we may choose to withdraw sponsorship. Foster families may transfer to another Child Placing Agency that agrees to accept sponsorship of the home.

TFI will work to problem-solve with the foster home. It is our agency's goal to provide quality services to foster homes and to see that they are happy with the agency. When possible, Corrective Action Plans will be developed with the family to avoid withdrawing sponsorship of the home.

DCF's licensing regulations can be found here: [Regulations - Foster Care Licensing \(ks.gov\)](https://www.dcf.ks.gov/Child-Placing/Regulations-Foster-Care-Licensing)



**CONFIDENTIALITY, DISCIPLINE, AND MANDATED REPORTING AGREEMENTS**

**CONFIDENTIALITY STATEMENT AND HIPAA NOTICE OF PRIVACY  
PRACTICES – FOSTER PARENTS**

Because of the nature of selecting and providing care to children and youth, foster parents serving the Foster Care Program are asked to review confidential information about prospective placements. Foster parents hereby agree not to reveal, except as provided below, any of this confidential information, or anything about the persons or circumstances disclosed in the information. In addition, after a child or youth is placed with a family, no personal, private or confidential information will be shared except in instances where it is necessary for the treatment for the child/youth and releases of information have been secured as required. Foster parents will share important information about the child/youth's functioning in the foster home with the referring agency staff working with the child, Foster Care Worker, DCF worker, birth parents, and other professionals to meet the treatment goals and the needs of the child/ youth.

Foster parents will be given and expected to maintain some material on the child/youth and birth parents. These will be provided by the Foster Care Worker. They will be placed in a 3 ring notebook. This notebook is to be kept in a secure place in the foster home. By secure, we mean that the notebook will be put away, out of plain sight, and not accessible to anyone in the household except the foster parents.

Material that contains information regarding the child/youth and birth parents will always be transported in a secure manner. It will be placed into something that can be closed or fastened such as an envelope, etc.

Upon discharge from the foster home, all information regarding the child/youth and birth parents will be returned to the foster care worker or referring agency staff. A child/youth's discharge from the foster home does not relieve the foster parent from abiding by the practices spelled out in the this statement and foster parents still need to protect the confidentiality of the child/youth and birth parents even after discharge from their home

Additionally, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) prohibits the sharing of Protected Health Information (PHI) in any form unless certain procedures are followed. PHI is Individually Identifiable Health Information (IIHI), oral or written (paper or electronic), which relates to past, present or future health (physical or mental) conditions, health care or payments. IIHI is any information that connects health data to a specific person, including, name, birth date, social security number, health insurance ID # and Medicare insurance ID #. It is a responsibility of foster parents to protect and safeguard PHI. HIPAA requires that client information be shared on a "need-to-know" basis only with other service providers involved in the children's care and treatment. Information shared or obtained must be what is "minimally necessary" to provide

**TFI Family Services, Inc.**  
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the care and services to children. The wrongful release of confidential information may subject a care provider and sponsoring agency to fines, legal or other disciplinary action.

The Foster Care Program protects foster parent information in the same manner that foster children's information is protected. We maintain all information collected from and about foster parents in a confidential manner.

Signatures below indicate an understanding and acceptance of the above conditions.

**DISCIPLINE GUIDELINES**

Discipline is an essential part of child rearing and when used positively it contributes to the healthy growth and development of a child and establishes positive patterns of behavior in preparation for adulthood. The objective of discipline is to promote behaviors beneficial to the child's development and welfare and to change and/or eliminate behaviors, which are injurious to his or her well-being. Therefore, we encourage positive discipline as the most important aspect of child rearing practices for children and youth who are placed in the care of TFI Family Services, Inc.

The Foster Care Program believes that discipline is an integral part of healthy parent-child relationships. Although many have confused the concept of discipline with punishment, in the purest sense it really means "to teach." Foster care staff makes the assumption that youth who misbehave have not been consistently taught proper behavior and self-control. We accept the challenge, as foster parents, of being the teachers of acceptable, responsible, situational behaviors. In order to accomplish this mission, foster parents use several strategies such as:

- Create and maintain a secure, safe, pleasant, nurturing, living and learning environment.
- Clearly define expectations. Repeat them frequently.
- Stop behavior immediately that is dangerous to self or others.
- Consequent undesirable behavior in a positive manner. Behavior falling outside of defined limits can be addressed in several ways depending upon the severity and situation.

There are laws that protect adults against actions, which many children must endure and suffer under the guise of discipline. Many children who are in the care of DCF have previously suffered too much physical pain, fear, humiliation, and emotional stress. We cannot perpetuate this when we assume the positive roles in our child-rearing practices of which positive discipline is an essential part. Therefore TFI Family Services, Inc. does not view as positive, acceptable discipline any action administered in a fashion, which may cause any child to suffer physical, psychological or emotional pain; any form of corporal punishment; use of aversive stimuli; withholding nutrition or hydration; forced exercise to eliminate behavior; punitive work assignment; punishment by peers; or group punishment/discipline for individuals. While the foregoing statement is not all-inclusive in terms of unacceptable forms of discipline, it does provide a guideline for the establishment of the following statement of policy.

It shall be the policy of TFI Family Services, Inc. that we not utilize or continue to utilize providers who use disciplinary acts which cause pain such as hitting, beatings, shaking, cursing, threatening, binding, closeting, prolonged isolation, denial of meals, and derogatory remarks about the child or his/her family.

Signatures below indicate agreement to abide by the above Discipline Policy.

### **MANDATED REPORTING**

According to Kansas statute 38-1522, when certain persons have reason to suspect that a child has been injured as a result of physical, mental or emotional abuse or neglect or sexual abuse, the person shall report the matter promptly to the Department for Children and Families (DCF) 1-800-922-5330.

As a provider for children that are in the care and custody of the State of Kansas you are now considered a mandated reporter. You agree to report any of the above-mentioned situations to DCF promptly and complete an incident report that shall be forwarded to the assigned case worker.

The process for reporting suspected abuse or neglect is:

1. You observe a situation that appears to be abusive/neglectful.
2. You promptly call your local DCF office or law enforcement if there is no answer at the local DCF office.
3. The call can be made without giving your name if you wish. All calls are kept confidential.
4. DCF and/or law enforcement will determine if an investigation is required.
5. When reporting an allegation, you may choose to make an anonymous report (not give the agency your name).

Persons who willfully and knowingly fail to report suspected abuse or neglect and/or who prevent or interfere with an investigation involving reported abuse and/or neglect may be subject to class B misdemeanor.

As a provider for a children placed in DCF custody, I, the undersigned agree to abide by the above Mandated Reporter Policy while providing services to any child/ren placed in my home by the Foster Care Program.

\_\_\_\_\_  
Foster Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Care Worker

\_\_\_\_\_  
Date

## **ABUSE/NEGLECT REPORTS/INVESTIGATIONS**

Any reports of abuse or neglect have to be immediately reported to DCF. DCF is responsible for informing TFI Family Services, Inc. of abuse/neglect allegations they receive against a TFI foster home. DCF will send all allegations and finding reports to TFI's foster care department. When an allegation is made against a TFI foster home, your Foster Care Worker will do what they can to inform you of what will happen next and provide you with support. However, during investigations, there may be little your Foster Care Worker can share with you. It is important to note that the Foster Care Worker cannot call to inform you of a pending investigation or provide you with information regarding the reporter, even if the worker is aware of that information.

Once the concern reaches the DCF office, DCF Intake and Assessment will review the concern and determine if an investigation will occur. If DCF determines that there is due cause for an investigation, they will notify you that there is a concern and begin the interview process. Your home will be placed on hold during DCF investigations.

If there are children in your home at the time of the investigation, the concern will be reviewed to determine if there are immediate safety issues for them. DCF or TFI can decide it is in the children's best interests to move them to another foster home during the investigation. All efforts will be made to move the investigation along as quickly as possible and return the children to your home if it is in their best interests.

Your Foster Care Worker will work with you and provide as much information as they can during this phase of the investigation.

DCF will also review the complaint regardless of the DCF decision to screen the complaint in or out. This is because there may be licensing issues even if it is determined not to be abuse or neglect.

DCF will notify you of their desire to investigate potential licensing violations. will also notify you if any violations are discovered. It is important for you to report your interactions with DCF your Foster Care Worker as well.

You will be expected to complete any Corrective Action Plans that are presented by DCF, or TFI Family Services, Inc.

DCF may decide of unsubstantiated or substantiated for their findings. Substantiation of abuse or neglect requires the closing of the foster home and the withdrawal of sponsorship by TFI. Families do have the right to appeal substantiated findings through DCF, a process which is explained in the Notice of Findings issued to you by DCF.

TFI may decide to withdraw sponsorship of a home independent of DCF findings.

## **CORRECTIVE ACTION PLANS**

When a Foster Care Worker or that worker's supervisor believes there are concerns regarding the home, a referral can be made to TFI's Licensing Team for review. Foster Care Workers are expected to problem-solve with their families to prevent formal referral to the Licensing Team. As a result, foster parents should be aware of the concerns that their worker is addressing with the Licensing Team. Investigations of abuse/neglect require an automatic referral to the Licensing Team for review.

If Foster Care determines that the family is not meeting agency expectations, not providing "best practice" and/or could improve in specific areas, then a Corrective Action Plan (CAP) or Partnership Development Plan (PDP) will be required. The CAP must be written to explain the specific areas requiring improvement and the steps required to make improvements. It must also be time limited.

The CAP or PDP will generally be written and presented by your assigned Foster Care Worker, although it can also be presented by the worker's supervisor. Depending on the situation, a hold on new may be instituted until the completion of the CAP. Your Foster Care Worker will tell you if that is the case.

## **FOSTER FAMILY TRAINING HOURS**

Foster families who work with Basic 1 and Basic 2 youth receive eight hours of training per parent in the home each year to maintain your foster care license. Foster parents who work with intensive 1 and 2 treatment youth are required to have 24 hours of training per licensing year per parent. Families who work with treatment level are required to obtain 12 hours of training per year, per parent.

Foster Parents can obtain training hours from a variety of methods, including, but not limited to support meetings, agency training, self-studies, books, videos, online courses, lectures and classes. Television shows and movies are not acceptable media for resource home training hours. All training must be related to the care of children in foster care. One fourth of the required training hours per level of care must be obtained from face-to-face trainings and no more than one half of required trainings per level care can be obtained from reading books.

**A Foster Parent Training Verification** form (included) must be filed out for all trainings for which you did not complete a sign-in sheet and receive a certificate of attendance.

Credits are accumulated during the licensing year and cannot be carried over to the next licensing year. Your Foster Care Worker will collect your training credits, including the Training Verification forms, to upload for your annual renewal. It is a good idea to maintain a copy of your certificates and Training Verification forms for your own records in the event that training credit information is lost. It is also a good idea to submit your training hours as you obtain them, rather than waiting until your renewal is due, to ensure you have adequate number of training hours each year.

The Foster Care Worker will review the training credits to make sure they meet criteria for your foster care license. If the training is not accepted by the Licensing Specialist, it will be returned to the Foster Care Worker with an explanation of why it was not accepted.

If the foster family does not have the required training credits as their renewal date approaches, Foster Care Worker will contact the family to discuss the situation and assist the family in taking steps to complete the needed training before the license expires.

## CARE PROVIDER TRAINING CREDIT VERIFICATION FOSTER CARE AND ADOPTION SERVICES

**Type of individual training: Total Credits will be assigned by the Foster Care Worker (Books - 50 pages = 1 credit, All others - one hour = 1 credit.) Please complete a separate sheet for each individual requesting credit.**

- A. Non-fiction Book (title, author, total number of pgs.)\* \_\_\_\_\_
- B. Documentary/ Educational Video (title, total hours)\* \_\_\_\_\_
- C. Workshop/Conference (total hours) (attach agenda) \_\_\_\_\_

*\*All books and videos are subject to approval \**

**Category:** ☐ Abuse Issues, ☐ Child Development, ☐ Community Resources, ☐ Children's Health, ☐ HIPAA, ☐ Mental Health, ☐ Parenting Skills, ☐ Safety, ☐ Special Issues

**PLEASE ANSWER THE FOLLOWING QUESTIONS (USE BACK OF FORM IF NEEDED).**

1. Briefly summarize your learning experience.
  
  
  
  
  
  
  
  
  
  
2. How did the topic relate to your experiences with children in foster care?
  
  
  
  
  
  
  
  
  
  
3. List issues you did or did not agree with in this material.
  
  
  
  
  
  
  
  
  
  
4. List why you would or would not recommend this material to other Foster Family.

Foster Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Foster Parent Name \_\_\_\_\_

License Number \_\_\_\_\_