



ALABAMA FOSTER AND ADOPTIVE PARENTS

HANDBOOK



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PREFACE

The Boy and The Starfish

Adapted from the Starfish Thrower by Loren Easley

One morning while walking his dog along the beach, a man noticed a figure in the distance. The figure was bending down, standing up and tossing something out into the ocean. As the man drew nearer, he could see that the figure was that of a young boy. The boy was surrounded by miles of starfish that had washed ashore with the tide. One by one the boy would stoop over, gently picking up a starfish then toss it back into the water. Being a little curious, the man asked the young boy what he was doing. The boy frantically stated “sir, these starfish will surely die if they aren’t returned to the sea. Can you help me?” The man scoffed as he told the youngster “there are miles and miles of starfish and you are but one small boy, do you really think you can make a difference?” With that, the boy tenderly tossed the starfish in his hand into the awaiting water and stated “I just made a difference to that one.”

INTRODUCTION

The partnership that exists between the Department of Human Resources and Foster Parents is critical to the well-being of Alabama’s at-risk children. One purpose of this handbook is to provide guidance to foster parents in the day to day care of children, to answer questions that may arise while children are in your home, and to serve as a reference to supports that can assist you. Feel free to contact your social worker, SDHR office of Permanency, or AFAPA if you have questions about information included in this handbook or other policy that may not be included.

DHR and AFAPA recognize the special role foster parents play while caring for the children and youth in foster care. We take this opportunity to express our appreciation to those who give so unselfishly to these children and young people. This handbook is dedicated to you.

Alabama Foster and Adoptive Parent Association (AFAPA)

Foster and Adoptive Parents of Alabama:

The mission of the Alabama Foster and Adoptive Parent Association (AFAPA) is to provide education and support to foster and adoptive parents all across the state. Our vision is to see that you as foster and adoptive parents are successful in your endeavors. Toward that end, we continuously search for educational activities along with other resources to make available to you.

It is our hope that by presenting to you this gift of a handbook that we will be adding to the tools you have available to assist in your care of the children in your home.

This handbook is to be used as a guide for you and is not meant to be all inclusive. Policies and laws contained may have been updated since this printing. Always seek out most current policies and laws when applicable.

May God bless you and your family as you continue in your care of Alabama children.

William "Buddy" Hooper
President AFAPA

ABOUT AFAPA

The purpose of the Alabama Foster & Adoptive Parent Association, Inc. is to act as a unified voice in serving, advocating, promoting, and encouraging foster and adoptive families as we serve Alabama's children and their families. AFAPA operates according to its constitution and by-laws and management is overseen by its board of directors, which consists of five executive officers, nine regional representatives, members-at-large, and two advisors. AFAPA is an all volunteer organization.

Membership is free to all known state approved and private agency foster parents and all known adoptive parents residing in the state of Alabama.

GOALS OF THE ASSOCIATION

To advocate on behalf of foster and adoptive parents.

To provide and promote quality training and education, ensuring the highest level of excellence in foster and adoptive care.

To promote the development of local foster and/or adoptive parent associations throughout the state.

To develop partnerships with other child advocacy agencies and organizations.

To actively participate in the recruitment and retention of foster and adoptive parents.

To inform membership of this association and others of the general public of current information pertaining to the well being of children in care and their families.

To develop ways to track and increase membership.

To maintain a secure financial base to support association goals.

Develop a resource network for foster and adoptive parents.

IMPORTANT INFORMATION

Child's Name _____ Date of Birth _____

Date of Arrival _____

Caseworker's Name _____ Phone Number _____

Birthparents' Names _____

Visitation Times _____

Doctor's Name _____ Phone Number _____

Emergency Number _____ Medicaid # _____

Medications _____

Allergies _____

Therapist's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Judge's Name _____

School _____ Phone Number _____

Teacher's Name _____ Grade _____

Special Needs _____

Date of Next Doctor Visit _____

Date of Next Therapist Visit _____

Date of Next Dentist Visit _____

Date of Next Court Hearing _____

Other Important Information: _____

ALABAMA RESOURCE PAGE

AFAPA MISSION STATEMENT

To Empower Foster and Adoptive Parents by offering training and information that will enable them to advocate for and meet the needs of children in their care.

Afapa wants to give you tools to use in helping you get the needs of your foster children and the children you are going to adopt met.

We have many policies on our web site www.afapa.org any marked with an * is on AFAPA web site

You may also access the Administrative Codes through your social worker in your county.

Activities & Life Policy: Administrative Letter 6981 (6-10-02)

Adoption & Safe Families Act 1997 (ASFA) Public Law 105-89

Adoption Policy: Administrative Letter 7119 (6-25-04) and 7146 (1-3-05)

Adoption Subsidy Profile: Administrative Letter 7130A (10-18-04) *

Allegation Procedures: 6988(8-26-02) this is with the CPS Policies and Procedures and does not stand alone.

Child Protective Services Policy and Procedures: Revisions were made in Administrative letter 7047/ Administrative Letter 7152 (2-11-05)

APPLA Policy: Administrative Letter 7035 (8-4-03)

Foster Care Placement Form: Administrative Letter 7130 9-13-04)

Foster Care Trust Fund: Administrative Letter 6986b (3-15-06)

Foster Parent Bill of Rights: Administrative Letter No. 7130 9-13-04) *

Foster Parent Grievance Process: Administrative Letter 7130a (10-18-04) *

Individual Service Plan: Administrative Letter 7119 (6-25-04) and 7146 (1-3-05)*

Interstate/Intercountry services to Children (ICPC): Administrative letter Revision 2 7215(9-27-06)

Medical Fragile Policy: Administrative Letter 7017 (2-19-03) *

Minimum Standards for Foster Family Homes: Administrative Letter 6989 (9-2-02) *

Partnership Policy: Administrative Letter 6549 (8-17-94) *

Placement Policy: Administrative Letter 6549 (8-17-94) *

Respite Policy: Administrative Letter 7130a (10-18-04) *

Rights/Roles and Responsibilities of Birth Family: Administrative Letter (9-13-04)

Sibling Policy: Administrative Letter 6549 (8-17-94) *

Therapeutic Manual & Core Services: (get from your Therapeutic provider or on AFAPA.ORG web site) *

Transitional and Independent Living Program and Placement requirements

Administrative letter 7142 (10-16-06) (Family and Children's Services Manual)

Visitation Policy: Administrative Letter 6547 (8-18-94) *

SCHOLARSHIP OPPORUNTIES:

AFAPA: WWW.AFAPA.ORG

Education Training Voucher- Alabama ETV Program, WWW. State Voucher.Org

National Foster Parent Association

The Orphan Foundation of America WWW.Orphan.org/scholarships.html

Fostering Hope Scholarship for Alabama Foster Youth up to age 26 and Youth adopted from Foster Care after the age of 14. www.fc2sprograms.org and click on State Programs

FOSTER & ADOPTIVE INFORMATION WEB SITES

National Foster Parent Association

www.nfpaonline.org

North American Council On Adoptable Children

www.nacac.org

Child Welfare League of America

www.cwla.org

Adopt US Kids

www.adoptuskids.org

Fostering Families Today Magazine

www.fosteringfamielistoday.com

Children Defense Fund

www.childrensdefense.org

United States Department of Health and Human Services

www.hhs.gov

Alabama Governor web site and other information

www.governor.alabama.gov

State Department of Human Resources (DHR)

www.dhr.alabama.gov

Children's Aid Society of Birmingham and Alabama Pre and Post Adoption Connections (APAC)

www.childrensaid.org

Alabama CASA Network

www.alabamacasa.org

Alabama Association of Child Care Agencies

www.aaccaonline.org

Alabama Disabilities Advocacy Program

www.adap.net

Voices for Alabama's Children

www.alavoices.org

Alabama Civil Justice Foundation

www.acif.org

Childrens Trust Foundation

www.ctf.alabama.gov

Child Welfare Information Gateway

www.childwelfare.gov

Academy of Pediatrics

www.aap.org

FOSTER PARENT BILL OF RIGHTS (FPBR)

The Foster Parents' Bill of Rights, Act No. 2004-257, was enacted by the Legislature of Alabama. The following rights have been established and the Department of Human Resources shall ensure that each foster parent be afforded the following rights:

- (1).The right to be treated with dignity, respect, trust, value, and consideration as a primary provider of foster care and a member of the professional team caring for foster children.
- (2).The right to receive information concerning the rights enumerated in this act.
- (3).The right to a concise written explanation of their role as foster parents in partnership with children and their families, the department, and other providers, the role of the department, and the rights and role of the members of the birth family of a child in foster care. The birth family's rights/roles and responsibilities are defined and should be shared with the birth family and the foster parents to ensure expectations. Refer to the "Rights/Roles and Responsibilities of the Birth Family of a Child in Foster Care" located in the forms section.
- (4).The right to training and support for the purpose of improving skills in providing daily care and meeting the needs of the child in foster care.
- (5).The right to training, consultation, and assistance in evaluating, identifying, and accessing services to meet their needs related to their role as foster care providers. This includes, but is not limited to, all foster care policies, the Foster Parent Handbook, Foster Family Homes Minimum Standards, the Therapeutic Foster Care Manual, and a mediation process.
- (6).The right to provide input to the department in identifying the types of resources and services that would meet the needs of children currently in their care and of their families, and advocate for the same without threat of reprisal.
- (7).The right to information concerning behavioral problems, health history, educational status, cultural and family background, and other issues relative to the child which are known to the department at the time the child is placed in foster care prior to the child's placement with a foster parent or parents. When the department learns such information after placement, the department shall make that information available to the foster parent as soon as practicable.
- (8). The right to a written explanation of the plan concerning the placement of a child in the foster parent's home. For emergency placements where time does not allow prior preparation of the explanation, the department shall provide such explanation within 72 hours. Prior to placement, the department shall allow the foster parent to review a written summary of information concerning the child, including, but not limited to, assessments, evaluations, and case plans, and allow the foster parent to assist in determining whether they can meet the needs of the placement for the prospective foster family. For emergency placements where time does not allow prior review of the information, the department shall provide the information within 72 hours of placement. Confidential information shall be kept confidential by the foster parents, except as determined through the ISP process to promote the health and welfare of the child. Refer to the Form Section for the "Foster Parents Written Explanation Regarding Placement." If a county desires to use it's own form all the required information must be included. Counties should make two copies of the placement information form, a signed copy for the child's DHR record and a copy for the foster parents to keep.
- (9).The right to a staff person representing the department on call 24 hours a day, seven days a week, for the purpose of aiding the foster parent in receiving departmental assistance.
- (10).The right to fair and equitable board payments based on a system of daily board rates and other financial reimbursement as specified in a plan adopted by the department after consultation with foster parents, subject to the availability of funds.
- (11).The right to accept or refuse placement within their home, or to request, upon reasonable notice to the department, the removal of a child from their home for good cause without threat of reprisal for acting on such good cause.
- (12).The right to information about scheduled meetings and appointments concerning the foster child and permission for the foster parent to actively participate in and provide input to be used by the Individualized Service Plan team in the case planning and decision-making process regarding the child in foster care, including, but not limited to, individual service planning meetings, foster care reviews, individual educational planning meetings, and medical appointments.
- (13).The right to request that a volunteer advocate be present at all meetings with the department, including, but not limited to, individualized service planning, administrative hearings, the grievance/mediation process, the adoption process, and the allegation process where the foster parent is present. All communications received by the volunteer advocate shall be in strict confidence.

- (14).The right to notice and a right to be heard, including timely information concerning all court hearings. This notification may include, but is not limited to, notice of the date and time of the court hearing, the name of the judge or hearing officer assigned to the case, the guardian ad litem, the location of the hearing, and the court docket number. The notification shall be made upon receipt of this information by the department. Although not a party to the case, the foster parent may attend court hearings at the discretion of the judge.
- (15).The right to communication with professionals who work with the foster child, including, but not limited to, therapists, physicians, and teachers who work directly with the child.
- (16).The right to communicate with the child’s birth family, other foster parents of the child, and prospective and finalized adoptive parents of the child with Individualized Service Plan Team approval and without the threat of reprisal.
- (17).The right to necessary information on an ongoing basis which is relevant to the care of the child, including timely information on changes in the case plan or termination of the placement and reasons for the changes or termination of placement to the foster parent except in the instances of immediate response of child protective service.
- (18).The right to first consideration as the resource for a child in a foster parent’s home after post TPR and all relatives have been explored.
- (19).The right to a period of respite upon the request of a foster parent. The foster parent shall provide reasonable notice of a request for respite.
- (20).The right to information, in person and in writing, of any allegations of maltreatment of children in the home of the foster parent alleged to have been perpetrated by a member of the foster parent’s household, the process for disposition of these allegations, and any review process for reports of indicated child abuse and neglect upon receipt of the allegations. A written notification of any report in which a finding is not indicated on the county level shall be provided to a foster parent within five days of the findings.
- (21).The right to copies of all information relative to their family and services contained in the personal foster home record.
- (22).The right to mediation procedures that may be developed and adopted by the department and the Alabama Foster and Adoptive Parent Association Board. The foster parent may request mediation in accordance with any mediation policy adopted by the department and the Alabama Foster and Adoptive Parent Association Board without threat of reprisal.
- (23).The right to appeal the revocation of a foster family home by the department in accordance with any appeal procedure adopted by the department and the Alabama Foster and Adoptive Parent Association Board without threat of reprisal.

There is no provision in the FPBR that allows the Department to release written information to foster parents about the parents of children in care. No personal information about the parent should be included on the written summary provided to the foster parents. The Department has no authority to release Social Security numbers of the parents of children in care on the written information form or otherwise. The whereabouts of the parents may be included to the extent that it is of value to placing the child. Information about the parents will be shared/covered during the ISP.

INSURANCE COVERAGE/REQUIREMENTS

Liability – Foster care providers must be currently approved by DHR to maintain coverage through the State of Alabama General Liability Trust Fund. The fund provides basic liability indemnification for deaths, injury or damage arising out of negligent or wrongful acts or omissions committed by a covered individual while in the performance of their duties.

Homeowners – DHR recommends that Foster Parents check with their insurance company to determine whether foster children are covered or can be covered under the present homeowner’s policy. Any premium incurred by such coverage is the responsibility of the foster parent. Also, foster parents may file a claim with the Board of Adjustment if damage occurs from the actions of a foster child. **Automobile** – The department cannot be responsible for car insurance for foster children or foster parents. Alabama law requires that all automobiles have liability insurance. Any other coverage is optional at this time. If a foster child has a driver’s license and is allowed to drive your car, you or the child will be financially responsible for the insurance. The child may work and earn money to pay for his/her insurance. Foster parents may file a claim with the Board of Adjustment if damage occurs from the actions of a foster child. **(see afapa.org website for board of adjustment information)**

Medical/Health – Children placed in your home will be covered by Medicaid, their own health insurance or the State. The type of coverage will depend on the child and/or families income eligibility. The child may have Medicaid, All Kids or other private insurance. Be sure to ask the child’s social worker what type of insurance

coverage the child has. The Social worker should provide you with a copy of insurance verification, or a copy of the Medicaid or insurance card. As the Medicaid card might not be accepted in other states, for information about health coverage for children in your care traveling out of state.

LEGAL ISSUES

LAWS THAT GOVERN THE CARE AND RESPONSIBILITY OF CHILDREN WHO ARE AT RISK

Alabama law gives the Alabama Department of Human Resources (DHR) the critical responsibility of seeking out and protecting children who are at risk. Foster Family Board Care is just one way of fulfilling that responsibility.

The law gives DHR the task of recruiting, evaluating, and approving Foster Family Homes.

In 1986 the laws were amended to require that all foster family home applicants have a thorough background check (including finger printing and state and FBI clearance) in order to better protect the children and the families involved in their care. In February 2000, a fingerprint law passed requiring the fingerprints of adult household members of foster families and friends or neighbors involved in the care of the child. In addition to this background check, household members (and others over the age of 14 having unsupervised access to the child) must be cleared through the State Central Registry on Child Abuse and Neglect.

Reference:

(Code of Alabama 1975, Title 38, Chapter 7; The Code of Alabama 1975, 26-1-4, as amended 1986; *Minimum Standards for Foster Family Homes* as revised 2002)

CONFIDENTIALITY/HIPAA

Alabama law requires that foster parents agree to maintain confidentiality about the personal information about foster children and their families. Therefore, foster parents will only use or disclose information concerning children with the authorization of DHR.

Social Workers are directed to do the following with regard to confidentiality:

- Prepare record and maintain confidential file of information concerning the child and his family.
- Share all information for the safety and maintenance of the foster child and his/her birth family with foster parents to assist with the child's adjustment.
- Prepare foster parents for problems that may arise, e.g., habits of the child, physical and/or medical problems.
- Keep confidential any information regarding foster parents and their families.

Foster Parents are charged with the following regarding confidentiality:

- Guard information concerning the child by discussing ONLY with the Social Worker and with those involved with providing services to the child.
- Refrain from questioning the child about information he does not discuss voluntarily or which has no bearing on his growth or development.
- Consider all information shared with you by the child as confidential and to be discussed only with the social worker.
- Refrain from discussing details with your relatives, neighbors, friends or other foster parents the reason for the child's placement or his/her family's situation or background.

Recently passed Federal Legislation known as the **Health Information Portability and Accountability Act (HIPAA)** goes to great lengths to protect the privacy and confidentiality of an individual's personal health information (PHI). Sharing PHI on foster children with the courts and foster care providers is an activity required by law and will not require authorization, a court order, or a subpoena. Federal law does not require that ISP's include parent/family health records. Furthermore, law does not require the sharing of PHI on parents or relatives of foster children with courts and foster care providers. An individual authorization, court order, or subpoena will be required to share/release any PHI on the parent/family.

Foster parents are considered providers for multiple cases; therefore, a business associate agreement with the foster parent will cover their involvement in any case. Business associate agreements should be obtained from the foster parent at the initial approval. The business associate agreement obtained from the foster parent should be maintained in the foster parent record. As long as the parent is in current approval status, no other business associate agreement is required.

Medical professionals and pharmacies will require our foster parents or social workers to sign the HIPAA authorization and privacy notification forms required by HIPAA. Foster parents may sign the HIPAA forms and give a copy of the signed document to the child's social worker.

Confidential information shall be kept confidential by the foster parents, except as determined through the ISP process to promote the health and welfare of the child. Child welfare staff must tell the foster parents at the time of placement that any and all information provided on a child is confidential.”

REPRESENTATION FOR THE INTERESTS OF THE CHILD IN COURT HEARINGS - GUARDIAN AD LITEM

Guardian Ad Litem is defined as “ a licensed lawyer appointed by a court to defend or represent a child in any action to which such child may be a party.” 12-15-1 (12), Code of Alabama 1975. Generally, the court is authorized to appoint a guardian ad litem to represent a child’s interest at any stage of a juvenile court proceeding in which the child is a party if:

1. The child has no parent or guardian or custodian appearing on his behalf; or
2. The child’s interests and those of his parent, guardian or custodian conflict. 12-15-8(a), Code of Alabama 1975.

What is the Role of the GAL?

The primary role is to protect the best interest of the child.

According to Code of Alabama 12-15-304

DUTIES OF GAL

- The duties of the guardian ad litem include, but shall not be limited to, the following:
 - (1) Irrespective of the age of the child, meet with the child prior to juvenile court hearings and when apprised of emergencies or significant events impacting the child. In addition, the guardian ad litem shall explain, in terms understandable to the child, what is expected to happen before, during, and after each juvenile court hearing.
 - (2) Conduct a thorough and independent investigation.
 - (3) Advocate for appropriate services for the child and the family.
 - (4) Attend all juvenile court hearings scheduled by the juvenile court and file all necessary pleadings to facilitate the best interests of the child.
- MEET with the child regardless of age.
- MEETING shall occur PRIOR TO juvenile court hearings.
- Shall meet when apprised of emergencies or significant events affecting child.
- Speak to the child in terms they understand.
- GAL shall conduct an independent investigation.
- It is the duty of the GAL to know what services are available and what services would be appropriate for the best interest and welfare of the child.

How Foster Parents can work with GAL

- §12-15-315
- In Permanency hearings, the juvenile court shall consult with the child, in an age-appropriate manner, regarding the permanency plan and any transition plan to independent living.
- Make sure the GAL knows you want to be included in the discussion of the child in your care.
- Call his/her law office and set an appointment.

UNDER WHAT CONDITIONS DOES DHR PLACE CHILDREN IN FOSTER HOMES?

DHR places children in foster homes under the following conditions:

1. When the Department has been given written consent by the child’s birth parent(s) or relative having custody.
2. When the Department has been granted immediate temporary custody of the child by the court pending a custody hearing.
3. When the Department has been granted temporary or permanent legal custody by the court.
4. When a child’s life or health is in imminent danger.

It is important for the foster parent to know why the child/youth is in foster care.

WORKING WITH THE COURT

Foster Parents may be subpoenaed to testify in court hearings in regard to the children in their home. If you are not requested to testify in the case, the Judge may determine that you can sit in on the hearing. It is important that you express your interest in attending the hearing to the social worker and the Judge.

TERMINATION OF PARENTAL RIGHTS IN ALABAMA

The Department of Human Resources, any public or private licensed child-placing agency, parent, child, or any interested person may file a petition to terminate the parental rights of a parent or parents of a child.

- (1) Mandatory filing of petition by the Department of Human Resources. The Department of Human Resources shall be required to file a petition to terminate the parental rights of a parent or parents of a child, or if the petition has been filed by another party, shall seek to be joined as a party to the petition, and, concurrently, to identify, recruit, process, and approve a qualified family for adoption, in the following circumstances:
 - a. In the case of a child who has been in foster care in the custody of the Department of Human Resources for 12 of the most recent 22 months.
 - b. If a child has been abandoned.
 - c. If the parent has committed murder of another child of that parent.
 - d. If the parent has committed manslaughter of another child of that parent.
 - e. If the parent has aided, abetted, attempted, conspired, or solicited to commit murder or manslaughter of another child of that parent.
 - f. If the parent has committed a felony assault that has resulted in serious bodily injury, as defined in paragraph c. of subdivision (5) of subsection (a) of Section 12-15-319, to the child, to another child of the parent, or to the other parent of the child.
- (2) Exceptions to mandatory filing shall include any of the following factors:
 - a. The child is being cared for by a relative.
 - b. The Department of Human Resources has documented in the individualized service plan, which shall be available for review by the juvenile court, a compelling reason for determining that filing a petition would not be in the best interests of the child.
 - c. The Department of Human Resources has not provided to the family of the child, consistent with the time period in the individualized service plan of the Department of Human Resources, such services as the Department of Human Resources deems necessary for the safe return of the child to his or her home, if reasonable efforts are required to be made with respect to the child.

TRAINING

WILL I BE PROVIDED TRAINING SO I WILL BE SUCCESSFUL AS A FOSTER PARENT?

DHR requires that all foster parents participate in 30 hours of pre-service preparation training. This is done either through participation in a TIPS-MAPP class or Deciding Together. Representatives of County Departments and foster/adoptive parent co-leaders conduct this pre-service preparation. Sessions are typically scheduled at night to encourage foster parents who are employed to attend. This gives the potential foster/adoptive parent an opportunity to hear firsthand experiences of parenting children and youth in foster care.

Continuing education training is mandatory for both traditional and therapeutic foster parents. The training requirements are outlined in the *Minimum Standards for Foster Family Homes*. You will be able to meet and share ideas and experiences with other foster parents and become familiar with the policies and procedures of DHR. Participation in the training improves communication and partnership between DHR and foster parents and enables us to better meet the needs of the child and his/her family. Your local DHR office or your licensing agency can help you access the training that is required. They can also assist you in finding training opportunities to assist you in meeting the needs of the children in your home.

Training should and can be provided to foster parents to meet the needs of all children in foster care. Additional training should and can be provided to foster parents who provide care for children with exceptional needs. Children with special needs include those with physical disabilities, emotional problems, cognitive disabilities, or behavior problems. Specialized training is required for those foster parents who provide Enhanced Foster Care, Foster Care for Children identified as Medically Fragile and those children identified as needing Therapeutic Foster Care. Separate policies, guidelines and/or standards exist for each of these types of foster care. If training to meet foster parent needs is not offered or provided, foster parents should request it.

Trauma Informed Partnering For Safety and Permanence – Model Approach To Partnerships In Parenting (TIPS-MAPP)

TIPS-MAPP is often viewed as a pre-service training, when in actuality it is a model program that utilizes 15 tools designed to help perspective adoptive/foster parents understand the difference between the desire to help and making the commitment to bring children into their home. Leaders use the tools to help inform participants about the child welfare system and the role of foster parents, develop the necessary skills to become a successful foster/adoptive parent and assess families to determine if they are a positive fit for the role of a foster parent and for their agency.

TIPS-MAPP leaders will be involved with families through group meetings and individual family consultations. Using both approaches allow leaders to combine the mutual selection process and the preparation process for prospective foster families and prospective adoptive families to achieve the following objectives to:

- ◆ Ensure the family assessment is objective and described in specific, behavioral terms.
- ◆ Increase the amount of responsibility prospective foster parents and adoptive parents take in the decision-making process, as a foundation for the responsibility they will take after a child is placed in their home.
- ◆ Set the foundation for partnership between parents and social service agency staff.
- ◆ Provide an opportunity for prospective foster parents and adoptive parents to make an informed decision about their ability to foster or adopt, based on an assessment of their ability to respond to simulated foster care and adoption experiences.
- ◆ Prepare prospective adoptive parents and foster parents for the initial and long-term impacts of a new child in their family system.
- ◆ Give new foster parents and adoptive parents some guidelines and practice to deal with issues that most often cause placement disruptions (e.g., children's behavior during the grieving process; children's feelings toward birth or other families; working with the agency).
- ◆ Prepare adoptive parents for the life-long issues they will confront as their child matures to and through adulthood.

During the Leader Certification training, participants will develop skills to implement the program in their agencies. They will practice using the Leader's Guide which contains process notes and information on how to facilitate the 10 parent group meetings. Participants will also learn best practice standards for preparing families to foster or adopt are identified in the Implementation Guidebook. This resource helps leaders learn how to use the other tools in their work with families. These include the Family Profile; family consultation; strengths/needs assessment; criteria for mutual selection; partnership and professional development plans; meeting notes; references; Profile notes; Eco-Maps; Family Maps; Fertility Loss Expert Worksheets; and Summary and Recommendations.

When agencies implement the TIPS-MAPP Program, they often find a need to bring the philosophy of partnership to the rest of the child welfare team. Effective implementation requires that more than the parents are ready to be partners. Parents prepared to work in a model of practice will expect the system to operate on the principles they have learned. Retention of prepared foster and adoptive parents will increase if there is a commitment to the partnership in all child welfare practice.

Goals and Objectives of the Program

The TIPS-MAPP Program is designed to help prospective foster and adoptive families develop five abilities that are essential for foster parents to promote children's safety, permanence and well-being. Foster and adoptive parents will be able to:

1. Meet the developmental and well-being needs of children and youth
2. Meet the safety needs of children and youth
3. Share parenting with a child's family
4. Support concurrent planning for permanency
5. Meet their family's needs in ways that assure a child's safety and well-being

Program goals are supported through a mutual selection process which emphasizes open communication and trust between prospective foster families, adoptive families and child welfare workers, using common criteria for assessment and a problem-solving approach to areas of concern.

Make an informed decision to foster or adopt.

Deciding Together (DT) is a one - on - one version of preparation and selection program. It was designed for families that were unable to attend the TIPS-MAPP group sessions due to rural locations, work schedules, or smaller agencies that may only have one or two applicant families. DT Leaders work with the families on a one - on - one basis during seven 2 ½r hour consultations to make a mutual decision about the family's readiness to become a foster or adoptive family. The parents will complete guidebooks based on the MAPP Leader's direction. The material and activities in the workbooks align with the information presented in the TIPS-MAPP group process. In each guidebook the Leader will instruct the parents to skip certain activities that will be completed during the family consultations so that the Leader can gauge the family's reactions, responses and questions in a more spontaneous, unrehearsed manner. These activities will serve as an assessment tool for the Leader.

FOSTER AND ADOPTIVE PARENT SUPPORT

ARE THERE SUPPORT GROUPS FOR FOSTER PARENTS?

Local Foster and Adoptive Parent Association

Many counties in Alabama have a local Foster and Adoptive Parent Association. For information regarding your local association contact your local county department or AFAPA. You will put in touch with an association representative – either on a local or state level. All foster parents are eligible for membership on a local, state and national level.

Alabama Foster and Adoptive Parent Association (AFAPA)

Organized in 1978, the Alabama Foster and Adoptive Parent Association for the purpose of providing support to foster families. The state foster parent association works to promote the partnership that exists between the Department of Human Resources and parents. The purpose of the Alabama Foster and Adoptive Parent Association (AFAPA) is to act as a unified voice in serving, advocating, promoting, and encouraging foster parents, foster children and their parents. The mission of the Alabama Foster & Adoptive Parent Association is to empower foster and adoptive parents by offering training and information that will enable them to advocate for and meet the needs of children in their care.

AFAPA provides statewide and local continuing education opportunities for foster parents. It sponsors county network meetings to promote training and discuss topics of interest and importance. It functions as an advocate for parents needing guidance. It provides a forum for dialogue for foster parents across the state. The AFAPA publishes a quarterly newsletter; sponsors an annual training conference; provides support and assistance to local associations; awards scholarships each year; networks with other organizations within the state and across the country; and works to stay informed on policy, legislation and trends in provision of services to children. DHR supports and provides funding for parents to attend AFAPA events.

The AFAPA operates according to a constitution and by-laws. Management of AFAPA is overseen by a board of directors consisting of five executive officers, nine regional representatives, members-at-large, and two advisors.

Membership is free to all state-approved and private agency foster, kinship care foster parents, and adoptive parents. Social workers, concerned citizens, and others interested in foster care may join for \$10 per year. Kinship care providers are exempt from paying the \$10 however you must inform the secretary when you call or email with your contact information. Please e-mail the AFAPA secretary if you would like to join the AFAPA as a supportive or chapter member.

For information about the Alabama Foster and Adoptive Parent Association call 1-888-545-2372. AFAPA may also be accessed through the following site on the World Wide Web: www.afapa.org.

To contact the National Foster Parent Association you may call 1-800-557-5238.

SUPPORTS TO FOSTER PARENTS

A. Respite Care

Respite care is a valuable service to provide temporary assistance to foster parents and related caregivers. Benefits include improving satisfaction and retention of approved foster homes. The Foster Parent Bill of Rights declares respite care as a right of foster parents. The respite care program is to meet the needs of the caregivers and provides for temporary alternate care.

Respite care emphasizes a desire to promote a team approach to providing complete services for the wellbeing of the child, caregivers, and family. Respite care must be documented in the ISP. The ISP team consists of the foster child/ren, primary caregivers, respite care provider, birth family, DHR social worker and others deemed appropriate. A team approach will result in the respite care program providing high-quality, professional respite care services and support.

Respite care is a support service for out-of-home care providers that:

- provides a scheduled period of relief from ongoing parental responsibilities;
- allows for planned care of children in the custody of the Department by alternative providers with no impact to the board payment;
- assists in the retention of foster homes;
- can be provided in the out-of-home care provider's home or in the respite provider's home, if the home and/or caregiver has been approved.

Respite care is limited to seven days per calendar year, which can be taken consecutively or separately.

Respite care is not:

- emergency care in that it is planned time of relief for foster parents*;
- ongoing daily care by an alternate out-of-home care provider e.g., respite care can not be used as routine daily care;
- to be used for foster parents to attend out of town funerals or family emergencies;
- part of a visitation plan designed toward achieving a permanency goal.

* Counties may provide substitute care when there are emergency situations, but this should not count against allowable respite days. Emergency situations should be considered on a case by case basis.

Respite care is strictly to provide the foster parents a planned break from the responsibilities of childcare.

Respite care providers are:

- a person known to the child (preferred);
- foster parents who do not have a placement or who are not at their maximum approved capacity;
- a relative, friend, adoptive parent waiting for a placement, or other individual approved by the child's Social Worker; or
- a person who provides overnight respite in the approved foster parent's home, after that person has been approved by the county DHR worker as a respite provider for this foster family.

Respite care only providers are approved for one year. ACWIS will generate a report to county with notification on worker action reports prior to an approval's expiration. Counties will need to determine if the home needs to continue to remain a respite only provider.

1. Notification to Foster Parents regarding the availability of Respite Care:

The county DHR worker shall notify foster parents at the time of approval and again at re-approval about the availability of respite care.

Eligibility includes:

- approved traditional foster parents and medically fragile foster parents with the Department are eligible for up to seven (7) days of respite care per calendar year. Therapeutic foster parents currently receive respite as arranged and paid by their approving agency and
- related caregivers providing care for children in DHR custody.

NOTE: One day of respite care covers all foster children in the foster home on that day, regardless of whether those children were previously involved with respite care in another foster home.

When a foster parent requests respite care:

- the foster parent/care giver shall provide reasonable notice (at least seven days) to the Child's Social Worker;
- the Child's Social Worker shall make a referral to the County's resource worker (person assigned by the County Director to manage respite care activities);
- the resource worker shall log all requests for respite care;
- the Child's Social Worker shall maintain a copy of the request form in the child's file;
- the resource worker shall consult with the foster parent and the Social Worker to determine if a specific provider is preferred;
- if there is not a request for a specific provider, the Resource Worker will match the child or children with a provider who is a licensed foster parent; or, the child's Social Worker may approve another respite provider;
- the social worker for the medically fragile foster child must assist the respite provider in obtaining any necessary training for the special care of the specific medically fragile child.

NOTE: If the respite provider is not another approved foster parent, the respite provider shall stay in the foster parent's home if overnight respite is provided. This person must be at least 19 years of age, be cleared through the Central Registry, and be cleared through the Criminal History Unit at DHR's expense.

A foster parent desiring to provide respite care only, whether for a specific child or any foster child, must be approved as a foster family home through standard procedures.

The DHR Resource Worker is a designated Social Worker in each county who is responsible for the following:

- receives a respite request;
- explores availability of respite days;
- facilitates a match, if the foster family has not identified a respite care provider;
- maintains a log of requests;
- document and tracks the number of days used to assure compliance with eligibility requirements (each family is eligible for 7 days respite annually @ \$20 per day for traditional foster care or \$35.00 per day for a medically fragile child);
- the child's social worker should document the respite care in the child's file.

When making arrangements with the Respite Provider the foster parent/care giver shall:

- contact the approved respite care provider;
- make arrangements for the child to go to the provider's home or for the provider to come into the foster home, if appropriate;
- provide detailed care instructions including information regarding medication administration as appropriate, and particularly information on specialized care for medically fragile children;
- provide contact names and telephone numbers of the foster parents, the DHR worker and after hours procedure and any other number that may prove helpful to the respite provider;

- facilitate the placement, or request the Social Worker's assistance, as needed;
- supply the provider with the medical insurance card, pertinent information including any safety concerns or restrictions on contacts or visits, and provide all supplies necessary for the child's care; e.g., diapers, special formula, clothes, car seat, portable crib, favorite toy, etc. including the child's routine and/or schedule.

Payment to the Respite Provider shall:

- Be authorized by the child's Social Worker.
- Be paid to the respite provider at the rate of \$20 a day for each child. For example, if a child begins respite on Friday after school and returns to the foster home on Sunday evening, that would count as two days of respite and cost \$40.00 total per child.
- Flex funds may be used at the rate of \$35 per day for each medically fragile child and standard respite care at \$20.00 per day per child.
- Respite care only providers must be registered on ACWIS using ACWIS code 27 (Respite care only providers) and code 27 is limited to those individuals who provide respite care only services.
- If the respite provider is currently a provider type 22 only (therapeutic foster family home), register the foster parent through the ACWIS Provider Subsystem as a 27 (respite care) and 22 (therapeutic foster family home). Foster parents providing care to children through the various Therapeutic Foster Care Programs are also entitled to respite care. But, this service must be arranged and paid for by the agency approving the foster parents.
- Providers registered on ACWIS as a 02 (related home), 03 (foster family boarding home), 04 (foster family free home), 05 (foster family related home) may receive respite payment without a special code.
- No action is needed if the respite provider has a dual approval of 22 (therapeutic foster family home) and 03 (foster family boarding home).
- SDHR Finance will maintain a chart that reflects the number of days of respite that a foster parent has used. The only foster parents listed on the chart will be those who have used respite days as of the date in the current calendar year. Foster parents not listed have their full seven respite days available. When a foster parent requests respite, refer to the chart that shows how many days respite a foster parent has taken in the calendar year. This information will be on each county server and can be accessed using the path F:\Shared\Respite\Daysused.pdf. This will ensure that the foster parent has respite days available.

2. Documentation/Tracking:

The utilization of respite services will be documented in the foster parent's resource file. Each traditional foster home, medically fragile foster home or related home caring for a child in DHR custody is entitled to seven respite days each calendar year.

The Department can authorize only seven days of respite per year. If the foster parent requests additional days, it should be discussed and approved by the ISP team. The foster parent will be responsible for paying the respite care provider. In unusual situations, the county Director will be able to make exceptions to the seven-day limit, but the cost will have to come from flex funds.

Respite income is taxable, and providers must be aware that they will receive a tax form 1099 from the Department if the amount they receive during a calendar year EXCEEDS \$600.00.

B. Day Care

Day care services may be provided for children in out-of-home care through the childcare management program or under certain circumstances through the counties flex funds. Day care is purchased for foster care children to allow the foster care parent to engage in a work or education/training activity for a minimum of fifteen (15) hours per week. Whether daycare services are provided full or part-time depends upon the number of hours the foster parent is engaged in one of these activities. (Full time is > 25 hours/week or Part-time is 15-25 hours/week)

Daycare may also be provided to meet special needs of a child in out-of-home care. If the ISP team determines that day care will meet the special needs of the child more adequately than other services, day care may be authorized. The nature and extent of the specialized needs shall be verified by the ISP to determine if there are appropriate resources available to meet the child's needs. If the team is unable to verify the child's or

family's needs and make recommendations, a professional assessment (e.g., mental health/psychological evaluation, medical assessment) will be required. It is unlikely that a day care home will provide the same level of structure and learning opportunities as a day care center; therefore, the decision to use a day care home shall be carefully assessed to determine how it is distinguished and/or different from the setting and structure of the foster family home in which the child is placed.

If daycare is needed by a child in out-of-home care, the following steps should be taken.

- The caseworker and/or foster parent should locate daycare that is easily accessible to the foster home.
- Determine if the day care provider will accept payment from the childcare management agency.
- Complete the DHR referral form 1723 and submit to the regional childcare management agency assigned to the county office.
- Complete the DHR CMA 1073 (Child Care Assistance Application form) to authorize payment.

For further details to day care policy refer to the Child Care Subsidy Program Policies and Procedures Manual.

TAX CREDIT FOR ADOPTION

For adoptions finalized in 2015, there is a federal adoption tax credit of up to \$13,400 per child. The 2015 adoption tax credit is NOT a refundable credit, which means taxpayers can only get the credit refunded if they have federal income tax liability. For more information visit www.nacac.org. There is also a \$1000 Alabama Adoption tax credit for more information visit www.revenue.alabama.gov.

CLAIMING FOSTER CHILDREN ON TAXES

- Make sure your foster child qualifies under IRS codes and that you can prove your relationship with him. If he is eligible, he can be listed as a dependent, enabling you to claim various tax benefits, such as head of household filing status. The child also qualifies as an exemption for a dependent.
- Establish proof of residence. The foster child must have the same address as you for more than 6 months of the year you are claiming. The IRS will give you leeway in this area under certain conditions, such as divorce or separation.
- Adhere to the age requirements set forth by the IRS to claim foster children. A child has to be 19 or younger for a taxpayer to get an exemption for a given year. In some cases the age limit is lifted. For example, if the child is enrolled in a school for a certain period during the year, the age limit rises to 24 years. There is no age limit for children who are totally and permanently disabled.
- Show qualifying financial support for the foster child. If a foster child earns half of her own support for the tax year, you cannot claim the child. The child is not eligible if she files a joint return for the year, unless the return was filed purely to claim a refund.

TRAVEL REIMBURSEMENT

Foster Parent/Adoptive Resource Mileage Reimbursement

Foster/adoptive parents can be reimbursed for mileage costs incurred in transporting foster children in situations that eliminate the necessity of worker travel (e.g., transporting a child for parental visitation, to court hearings, out of town doctor's visits or other medical appointments, etc.). If a foster/adoptive parent is transporting more than one child at the same time and to the same location, mileage can only be submitted for one child. Routine everyday transportation is considered as "ordinary parental duties" and may not be considered or filed for reimbursement (i.e. school, daycare, local extra curricular activities, local doctor's visits, etc.). Local travel is within the county boundary. Local funds may not be used for foster parent/adoptive resource mileage reimbursement or for transportation costs (e.g., issuing a gasoline voucher to the foster parent/adoptive resource). While using foster/adoptive parents to transport children can be helpful, there are times when it is not appropriate, for example, placement of a child into a new foster/adoptive home. Per diem can also be paid to foster/adoptive parents who transport children outside their home county and are away from their home over six hours

Therapeutic foster parents

For therapeutic foster parents, typically The DHR worker will transport the child to foster care and, when discharged, from foster care, to visits home if the home is in another county some distance away. The DHR worker will attend some of the visits with parents to observe interaction. Other transportation is arranged by the TFC worker generally using the foster parent. For travel over 50 miles one way or for other required travel, payment can be made by DHR to the foster parent if it is authorized in the ISP. Payment for such travel can not be paid from flex funds, but foster parents may be issued vouchers for the purchase of gasoline through other local funds. They cannot file on mileage forms. The county office does not pay for mileage unless it is for a special need that has been identified in the ISP. Travel for training for therapeutic foster parents must be arranged through the licensing agency.

MINIMUM STANDARDS

WHY IS IT NECESSARY TO HAVE A SET OF STANDARDS AND PRINCIPLES FOR OPERATING A FOSTER HOME?

The *Minimum Standards for Foster Family Homes* are the regulations all foster family homes (boarding, related and therapeutic) must meet in order to operate under the law. These standards address the special needs of children and their families as substitute care is provided. Five primary goals define the “System of Care” for children/youth in foster care and their families.

1. to protect the children from abuse and neglect;
2. to enable the children to live with their families, and if that cannot be achieved, to live near their homes;
3. to enable children to achieve stability and permanence in their living situation;
4. to enable children to achieve success in school; and
5. to enable children to become stable, gainfully employed adults.

Minimum Standards for Foster Family Homes is a carefully crafted set of guidelines to provide foster families a road map for protecting and caring for needy children. It is the responsibility of DHR to train foster families in these minimum standards. Each foster care family shall be provided a copy of the Minimum Standards for Foster Family Homes by their home county DHR office or licensing agency. You should have received a copy of the Minimum Standards for Foster Family Homes during the approval or licensing process. If you did not receive a copy, request one.

Reference: *Minimum Standards for Foster Family Homes*

PARTNERSHIP

WHO IS RESPONSIBLE FOR THE CARE OF AT-RISK CHILDREN?

The responsibility of caring for and planning for children who need a home away from home is shared between the Department of Human Resources, Foster Families, and Birth Parents/Families. It is a shared responsibility that requires mutual respect between the participants. Only through cooperative efforts by all parties can services be provided and the child’s needs be met as outlined in the child/family’s ISP (Individual Service Plan). *Reference the ISP Policy*

The partnership requires that foster parents provide a nurturing environment, that DHR provide services necessary to the child, foster parents and birth parents, and that birth parents participate in and provide support for the child during a period of uncertainty for the child. This partnership works best when all parties focus on the needs of the child. (reference the partnership policy and conflict resolution.)

WHAT IS MY ROLE AND RESPONSIBILITY AS A FOSTER PARENT?

It is obvious that foster parenting is more than providing a home for children. It is parenting at its most critical level. It is an acceptance of the total child, his/her problems and fears, as well as the child’s ability or inability to love. It is working in partnership with DHR in healing the child’s wounds (whether physical or emotional) and caring for his/her daily needs. And when the time comes, it is preparing the child for return to his/her birth parents or relatives, for adoption or independent living. Foster parenting is the work of parenting a child and caring for him/her as plans are being made for the child’s future.

Foster Parents responsibilities include, but are not limited to:

- Providing the child with a home, food and clothes;
- Meeting the child’s educational needs. The following are a few examples of educational support
 - a. sending him/her to school,
 - b. participating and attending parent/teacher conferences,
 - c. participating in IEP’s,
 - d. participating in the child’s school events, etc.
- Seeing that the child keeps medical and dental appointments as scheduled and obtaining emergency medical treatment, as needed;
- Notifying the child’s DHR caseworker or worker’s supervisor immediately in emergency situations;
- Providing the child with tools needed for developmental activities, such as appropriate reading material, toys and experiences and transportation to activities for his/her age and stage of development; directing the child’s teaching, training and development;
- Participating with the DHR caseworker, child, birth parents or adoptive parents in planning for the child including attending and participating in ISP’s;
- Assisting the child’s case worker in scheduling and supervising visits with the child’s parents and/or relatives;
- Providing the child with the opportunity for social and religious development;
- Adhering to the regulations set forth by the Minimum Standards for Foster Family Homes;
- Work in partnership with the child and caseworker in preparing a “Life Book” for each foster child.

Most Important!

Foster parents must meet the child’s emotional needs by loving the child, even when the child may not be able to return the love. You are charged with providing a positive, happy home atmosphere where the child can thrive. Children and youth in Foster Care need parents who can understand and accept the very difficult life situations that these children have experienced. Foster parents must have certain attitudes and abilities to parent these children. You will be called on daily to use the information and skills you learned in your preparation training (TIPPS-MAPP or Deciding Together).

WHEN A CHILD IS UNDER MY CARE, WHAT IS THE ROLE OF THE BIRTH PARENTS?

Unless the courts have terminated parental rights, the birth parents have certain rights and responsibilities in planning and decision-making for their child. Some, but not all, of the rights and responsibilities identified by law are:

- The right to visitation;
- The right to consent to adoption;
- The right to determine religious affiliation; and,
- The responsibility to provide support.

Many birth parents work with DHR during the removal and return of their children to their home. During that period, birth parents are encouraged to maintain regular contact with the social worker and actively work to improve the conditions that led to the child’s placement. Parental cooperation and participation in the placement of their child in foster care is essential in helping to relieve the child’s fears, anger and guilt about separation from them.

WHAT IS THE ROLE AND RESPONSIBILITY OF THE DHR STAFF?

DHR Staff Liaison to Foster Parents

The DHR Staff Liaison to the Foster Parents in the county is a person, selected by the county office, who is supportive of the foster parents in their partnership with DHR and who takes an active role in assuring that

foster parents rights are upheld even on those occasions where the opinion of the foster parent is in conflict with the agency. The person in this position recognizes that foster parents are human beings who are providing a vital role in the care of children and gives the foster parents an opportunity to express their opinion. This person helps the foster parent accept DHR policy and procedure when it conflicts with their opinion and with what they feel is best for the child, but also works with the foster parents to bring to the attention of the agency any violations of agency policy/procedure by DHR staff in an effort to come to a satisfactory resolution to any concerns.

1. The DHR staff Liaison's role is two fold:

- a. In the liaison role, serves as a channel or means of communication between the county office and the foster parents in behalf of their home and the children for whom they provide care
- b. In the advocacy role, supports or empowers a foster parent or the group of foster parents in behalf of their home and the children for whom they provide care.

Responsibilities of the DHR Staff Liaison are listed below. Some of the responsibilities may be handled by other staff within DHR including the resource units.

1. Works to develop a positive working relationship with both the foster parents and local DHR. Works in conjunction with the Foster Parent Liaison to meet the needs of children in care and the foster parents.
2. Is knowledgeable of the Foster Parent Bill of Rights, RC Principles, policy and practices and abides by these principles in performing job responsibilities. Assists in interpreting policy and explains procedure for foster families.
3. Listens to concerns expressed by foster parents in the county, either as a group or individually, and attempts to help foster families find solutions to problems in foster parenting, by bringing these concerns to the attention of local DHR using the problem solving mediation process. This includes the local grievance process and possible involvement of consultant support to seek a resolution. In meeting this need, the liaison also provides assistance to the foster parents in documenting their requests for assistance from the agency.
4. Enables and assists foster parents to work effectively with DHR/stakeholders/service providers/school officials/treatment team members/GALS and other parties involved in the child's life.
5. When necessary, may serve as an advocate to be present at meetings with the department, including, but not limited to, individualized services planning, administrative hearings, the grievance/mediation process, the adoption process, and the allegation process where the foster parent is present. In rare circumstances where foster parents are unable to attend these meetings because of medical conditions, safety issues and other legitimate reasons, the liaison advocate may represent the foster parents perspective in the planning process as requested by the foster parent.
6. May serve as an advocate for foster children through assisting the foster parents in securing/requesting services that they feel are necessary for the care of children.
7. May be responsible for conducting foster care information meetings where information is shared that is pertinent to the fostering process. Assists local foster parents in identifying training needs and in arranging training to help clarify or resolve issues that create conflict within the county between the agency and foster parents
8. Assists the social worker for the child with the arrangement for placement of children in foster homes. Work with the social worker or the resource unit to match children and foster families based on information provided by the child's worker and information available regarding individual foster families. Assists in presenting the child (ren) requiring placement to the foster family and helps arrange pre-placement visits when asked.
9. Assists the social worker for the child in arranging whatever services are needed by the foster parent to provide care for children when asked. Coordinates joint visits as needed to the foster home with the child's social worker to discuss issues or concerns pertaining to the child, foster family, or the home.
10. Teams with other staff to assure that the needs of children placed in foster homes are met and, most importantly, to insure that the best interest of these same children are served.
11. Provides input at permanency planning staffing meetings.
12. Provides support to foster parents in the event of an investigation on their home, assists them in assuring that their rights are upheld, and completes documentation as required.

13. Ensures that foster families are members of the treatment plan team and encourages foster parent participation in all activities of the treatment planning team including participation in all ISP's, in court hearings when approved by the court, and in educational meetings for the child such as IEP's.
14. If foster parents are not receiving needed information from DHR staff, notifies appropriate staff to obtain information needed.
15. Assists in providing in supportive services to foster parents such as leading foster parent support groups, working on statewide committees, implementing training for foster parents, participating in recruitment activities, and attending foster parent association meetings.
16. Provides support and training to foster families in the area of developing and maintaining a mentoring relationship with birth parents.
17. Maintains confidentiality regarding information discussed with members of the child and family planning team, and refrain from discussing information about children and families outside the context of any service planning in which the liaison/advocate is involved.

IF THE DHR STAFF LIAISON IS ALSO A RESOURCE WORKER, HE/SHE MAY ALSO HANDLE THE FOLLOWING:

1. May be responsible for recruiting foster parents
2. May provide support, guidance and training to foster parents by visiting in the home at least on a quarterly basis. Telephone contact is maintained with foster families on a regular basis.
3. May be responsible for keeping foster family homes case record documentation in compliance with minimum standards and handbook policy and may be responsible for assuring that foster homes meet minimum standards.
4. May conduct or assist in conducting the foster parent pre-service training and assessing the family's ability to meet the needs of children. This will also include the assessment of the foster family's ability to mentor and support birth family connections, and completing verification studies on selected families.
5. Assesses, or assists the resource unit in assessing foster families, on an on-going basis to determine strengths and needs and provide appropriate support and training. The assessments made by the worker are utilized in the re-evaluation process of foster families, as well as in determining if continuance or closure of a foster home is the most appropriate recommendation. In handling this responsibility, the liaison provides honest and complete feedback to foster parents regarding the approval process and in regard to their fostering of children in care. While the DHR staff liaison may not be a part of the resource unit that approves foster homes, this person may still play a role in this process.
6. Complete home studies, annual re-evaluations and issue approvals;
7. Explain to Foster Parents the operating procedures of the County Department;
8. Plan orientation and training programs for foster families.
9. Participate in the delivery of an ISP (Individual Service Plan) with the child and/or his family as needed;
10. Assist in select a foster home that will meet the child's needs;

Child's Social Worker

The child's social worker is the DHR employee who is responsible for case management for children in various types of placements including foster care and in the child's own home. As a part of developing a social service plan for children and families, they assess the need for and arrange for the delivery of services for children and their families and also assess and arrange for delivery of services to assist the foster home in providing care for the child. Through monitoring and coordination of services, the child's social worker and the treatment/planning team work toward the goal of permanency for children with whom the Department works.

A. Planning for the child(ren) in care:

The Child's social worker's responsibilities include, but are not limited to:

1. The social worker represents DHR and has the responsibility for guiding the partners in decision-making concerning the child.

2. The social worker has the duty to plan for the child during the child's foster placement, including the responsibility for coordinating and participating in the delivery of an "Individualized Service Plan"/ISP with the child and/or his family, and all members of the treatment team including foster parents and other providers of services.
3. The social worker is responsible for selecting a foster home that will meet the child's needs or for coordinating with the resource unit for the appropriate placement.
4. The social worker is responsible for preparing the child for placement and for placing the child in the foster home. This means that the child's worker needs to have face to face contact with the child and the foster parent on the day that the child is placed. It also includes arranging for pre placement visits between the foster parent and the child as directed by policy. The social worker should make follow up contact shortly after placement to be sure that the placement is going well and to address any unmet needs.
5. The social worker in coordination with the other members of the treatment team is responsible for arranging services for the child through the use of community resources
6. The social worker and the ISP team are responsible for implementing the permanency plan as stated in the child and family's ISP.
7. The social worker and the ISP team are responsible for providing or coordinating the delivery of supportive services to the child and the foster parents. This may include tangible services, such as clothes, car seats or services to meet the emotional needs of children in care such as counseling, basic living, family support, etc.
8. The social worker is responsible for ensuring that appropriate physical and mental health policies of the agency are followed. This will include EPSDT and Medicaid rehabilitation fiscal policies and practices.
9. The Social worker is responsible for assuring that the educational needs of children are addressed in the ISP and that these needs are met including the following:
 - a. The social worker assists in preparing the young child for initial school enrollment or transfer into a school experience by offering positive support for this experience
 - b. The social worker attends all conferences, including IEP's, with teachers and school administrators and includes the birth parents and foster parents in this meeting.
 - c. The social worker provides support and encouragement for the older child who participates in school activities such as band, sports, clubs, etc by helping secure transportation, uniforms, equipment, paying fees, and other necessary resources.
 - d. The social worker and the foster parents consider school resources available to the child so that educational needs are met.
 - e. The social worker notifies the school authorities of the child's foster care residence for the purpose of enrollment or transfer.
 - f. The social worker notifies the school authorities of a child's withdrawal when a child's residence changes
 - g. The social worker makes referrals to the school requesting that the child be evaluated for special education or more intensive educational opportunities such as tutoring, participating in IEP's

c. Administrative Functions:

1. The social worker understands that the nature of the work is to develop a partnership that works between all parties involved in the care of the child.
2. The social worker is knowledgeable of RC policies and practices and abides by the intent of these policies and practices. The social worker is knowledgeable of other practices and policies as it relates to the job performed and abides by these policies and practices.
3. The social worker may be responsible for the recruitment of foster care resources.

4. The social worker is responsible for maintaining confidentiality regarding information discussed with members of the child and family planning team.
5. The social worker may be responsible for completing home studies, annual re-evaluations and issuing approvals.
6. The social worker is responsible for explaining to foster parents the operating procedures of the County Department.
7. The social worker is responsible for explaining to the foster parents and the birth parents their respective roles for the child in their home.
8. The social worker is responsible for assuring that the foster parents and birth parents have the training and resources needed to perform their respective roles including the responsibility for assisting in the planning of child specific orientation and training programs for foster parents which will help meet the needs of children in their homes.
9. The social worker is responsible for maintaining a case record and a confidential file of information/documentation concerning the child and his/her family.
10. The social worker obtains birth records, medical records/information and prior school records to share as appropriate in the provision of care for the child and applies for all benefits and entitlements including but not limited to SSI, child support.
11. The social worker arranges for Medicaid/other insurance coverage for children in care.
12. The social worker is responsible for distribution of the ISP as developed by members of the treatment team according to ISP policy
13. The social worker is responsible for arranging and authorizing the board payment to the foster parents for the care of the child in a timely manner.
14. The social worker represents the child, the child's family, the foster parents, and DHR.
15. The social worker functions as a facilitator and advocate in meeting the needs of the child and all who are involved in helping the child.

Some of the responsibilities of the child/family's social worker include:

1. Place the child in the foster home;
2. Arrange services for the child through the use of community resources;
3. Plan the child's return to his/her birth parents or placement elsewhere;
4. Provide supportive services to the child and the foster parents;
5. Make face-to-face contact as required by agency policy;
6. Maintain case records;
7. Arrange and authorize the board payments to the foster parents for the care of the children.
8. The social worker represents DHR and has the responsibility for coordinating ISP team meeting where the partners make decisions concerning the child.
9. The social worker in coordination with the other members of the treatment team is responsible for arranging services for the child through the use of community resources
10. The social worker is responsible for coordinating the planning the child's return to his/her birth parents or for making other suitable long term placement plans with the team members.
11. The social worker arranges for immunizations, physical examination, and/or psychological examinations as necessary and shares this information as necessary in the planning process for children in care.

ISP – INDIVIDUAL SERVICE PLAN

The ISP (Individual Service Plan) is a plan that is created by a team, which includes, but is not limited to: the age-appropriate child, the child's parents, the child's caseworker, and the foster parents (when child is in out-of-home care). School teachers, therapists and other providers of services to children and their families are also important to the decision making process and should be invited to the ISP meeting. It is tailored to the circumstances and needs of the particular child. It also takes into consideration the needs of our foster parent partners. Actually it is a plan for the delivery of services to children and families served by DHR as well as delivery of services to foster parents who are providing care for children. . The ISP is a process-driven document that undergoes changes as the needs of the child change. The social worker will discuss this plan with the foster parents. The goal is for all decisions to be made in the ISP process. If Foster parents need training on the ISP process they can request it of their local DHR or licensing agency.

FAQ ABOUT ISP'S

- 1. Is it appropriate to remove foster parents from the ISP planning process?** *ISP policy, page 3, states that "The right of class members, parents and foster parents to participate in treatment planning and delivery may be restricted only according to a specified administrative process." This process has not yet been developed. However, in situations where safety is an issue or where an individual is impeding the planning process, not just differing with the plan, or is placing others at risk, it would seem to be appropriate to ask that individual to leave. This might be the foster parent, the parent, a child, the attorney or others. But generally speaking, it is inappropriate to ask the foster parent to leave during the ISP meeting.*
- 2. Who is required to participate in the ISP and what do these participants do?** *Page 13 of ISP policy states, "The child and family planning team, also known as the ISP team, works in partnership to develop, review and revise ISP's. The team is responsible for identifying strengths and needs; establishing goals; matching steps and services to needs; monitoring service delivery; and evaluating the ISP's effectiveness".*
"Team composition shall include, at a minimum, the age-appropriate child(ren), the parent(s), the DHR worker, the foster care provider (for children in out-of-home care), and other individuals requested by the child(ren) or family. It may also include relatives, other past or present caregivers, service providers, teachers and other DHR program staff involved with the family. Teachers, in particular, should be involved or should provide input when the child is having problems related to school work, behavior in school, etc.
- 3. What if the ISP that I receive is different from what was discussed in the meeting?** *Pages 17 – 18 of ISP policy, states that it is a team member's responsibility "to review the ISP upon receipt and bring to the DHR worker's attention any discrepancy they may note or confusion they may have regarding the written plan." This may happen after a supervisory review of a case where the supervisor did not attend but finds that pertinent information is missing. This may simply require clarification through a telephone call with a member or a letter to a member or may require that all team members meet to resolve the issue.*
- 4. What if I am not happy with the result of the ISP meeting?** *Page 17 of the ISP policy addresses the problem of members not being able to reach consensus. If you are the only team member who does not agree with the plan, it may mean that you need to consider if the outcome that you desire for the family and child(ren) is different from the outcomes established by the team. Certainly the focus of any plan for the child should consider the child(ren)'s "best interest". You may want to address your concerns with other team members or with the DHR social worker. It is important that the information that is shared in the meeting be kept confidential. It would be inappropriate to go outside the meeting to discuss your concerns, except as defined in the Conflict Resolution.*
- 5. How should I be notified of the ISP meeting?** *Page 16 of ISP Policy states that "written notification is required for parents, foster parents, preadoptive parents and relative caregivers. The remaining team members may receive either verbal or written notification."*
- 6. Who should notify me?** *Page 16 of ISP Policy states that "The initial meeting of the child and family planning team will be arranged by the DHR worker in partnership with the child(ren) and family. Subsequent team meetings are normally convened by the worker, but may be convened by any team member with proper notification to the remaining team members." As a foster parent, you should receive written notification from the agency. The worker, supervisor or another person with DHR may mail this notice to you. In emergency situations where there is no time to send out a letter, the worker, supervisor or another DHR person might*

provide notice to you by telephone. Except in emergency situations, however, “sufficient advance notice of the date, time and location of each ISP meeting shall be provided to all team members to allow them to prepare for and participate in the meetings.”

7. **Who can convene an ISP meeting?** Again, page 16 of ISP Policy, as indicated above, states that the DHR worker will arrange the initial meeting... “Subsequent team meetings are normally convened by the worker, but may be convened by any team member with proper notification to the remaining team members.
8. **Where and when should ISP meetings be held?** “Meetings will be conducted at any mutually agreeable and accessible location that maximizes the family’s opportunity for participation.” And certainly, the time should be at a time convenient to ensure full participation. Meetings can be held after hours and on weekends.
9. **What information should I as a foster parent bring to the meeting?** This is a part of the planning process for the ISP meeting that is to be handled by the DHR worker. The worker should provide to you in a pre-ISP contact just what information you would be expected to provide during the initial ISP meeting. For future meetings, you should know the expectations of you through the ISP document. Further, if you have information that is unknown to the DHR worker related to educational needs, behavioral issues, etc. you should be prepared to discuss this. Examples of appropriate information to share: needs of the children; how the child is doing; what extra expenses are being incurred in providing care for the child, what extracurricular activities the child is involved in; child behaviors; school status, etc.
10. **What is my role as a foster parent in the ISP?** Your role to the ISP is as a member of the team who develops the plan for the child and family. Your knowledge of the child, based on the fact that you provide care for the child 24 hours per day seven days per week, is critical to the planning process. Information related to the child such as educational issues, physical/emotional health, and relationship with his family, the child’s concerns, and the child’s feelings are important to the development of a plan that addresses the needs of the child. You should strongly advocate for any services needed by the child and his family that are necessary to meet the identified needs for the child and their family. You should work to ensure that these needs and the services are clearly listed in the ISP along with funding sources to be sure that the costs associated with the service will be covered. You should also advocate for any services that you might need to help you provide the best care for the child in your home. These services should also be listed in the ISP along with the funding source.
11. **What if I am called into an ISP and it turns into something else?** As a team member, you must call this to the attention of the person facilitating the ISP. An ISP meeting is a time for planning for the child(ren) and family.
12. **What is required of a DHR worker in planning for an ISP?** The worker for the case should review all information that is available in the case file including existing documentation, any psychological evaluations on family members, documentation/progress notes from other providers such as schools, therapists, in-home services, court orders, educational information, etc. The worker should plan to get any information that is missing from the file and should initiate a thorough assessment of the case prior to the 30-day review of the ISP. The worker should also list any questions left unanswered and should begin a list of strengths/needs based on the information that exists. The worker then should make contact with the family and child to discuss the meeting and expectations of the meeting engaging family members around issues that must be addressed. The worker should also work with them to identify and prioritize needs and underlying conditions and should work with them on establishing goals. The worker should also contact other team members to discuss the meeting and expectations and discuss roles and responsibilities. The worker should send notices as appropriate. The worker should bring to the ISP planning table knowledge from the review of records and contact with the family, child, and other parties that are pertinent to the ISP meeting to facilitate the planning process.
13. **Can the foster parent liaison sit in an ISP with me to help me express my concerns?** If it is explained to the parents about the role and purpose of the liaison’s involvement, and the parents have no objection to the participation of another foster parent, then the liaison or other foster parent participation is permitted. In some situations, the foster parent to the child has opted not to sit in on an ISP for safety reasons for the foster parents, and another foster parent has been allowed to sit in place of the foster parent with permission from SDHR. The local DHR agency should, in most situations, be able to convince the parent that the liaison is there solely to provide assistance.
14. **What are the timelines for ISP’s?**
 - The initial ISP should be completed within 30 days after it is decided that a case is opened for service (protective services).

- *An ISP should be held prior to the removal of a child from his home, but no less than 72 hours after removal.*
- *The ISP should be reviewed within 30 days from the date of the initial ISP.*
- *An ISP should be held as necessary based on family situational changes, but at least every six months from the initial ISP.*
- *An ISP should be written up and distributed within 10 working days after the ISP meeting.*

15. Who is in charge of the ISP meeting? *The ISP meeting is a DHR function, but the meeting is a team planning meeting. Typically the leader of the ISP will be the DHR worker; however, there is nothing wrong with other team members serving in some of the roles at the meeting. There are three separate roles related to the meeting itself and some ISP's will have team members filling each of the roles while in other ISP's a team member may fill more than one role. The roles are facilitator, worker and recorder. Facilitators have three major responsibilities which include building the team, directing the process and facilitating differences. The DHR supervisor may also participate in the ISP in filling one of the roles depending on the experience level of the DHR worker.*

16. What if the ISP meeting is canceled? *The ISP should only be canceled if the family is unable to make the meeting. The Department has certain time limits for ISP's and timeliness of ISP's is monitored through QA reports and conversion status reports. The worker should never cancel the meeting because the worker does not have time for the meeting.*

17. What are segmented ISP's? *Pages 16 – 17 of ISP policy defines segmenting as “bringing some of the team members together for a meeting, rather than assembling the entire time.” This is not preferred but may be necessary, such as when a case involves several children in different types of placement where all team members may not be necessary for planning for an individual child or where the child has individual educational needs and the teacher is unable to attend the scheduled ISP.*

18. What role does an attorney play in an ISP? *It is becoming more and more prevalent that attorneys, especially the Guardian ad Litem (GAL) for the child, is present for the ISP. The GAL's role is to be sure that the issues that are keeping a child from being returned home are addressed, to assure that safety of the child is addressed, to assist as a team member in monitoring the accomplishments of the steps, to participate in the planning, modification, deletion or addition of steps, goals, etc., to assist in identifying the needs of the child and to ensure that the child's needs are being met.*

The role of the parents' attorney is to protect parental rights. In situations where criminal charges are pending against parents, the attorney for the parents would see his role to be sure that the case is not compromised.

The ISP is a DHR function. This is not a legal meeting and is not to be used for discovery purposes. Some judges in some counties have adopted the position in a court order that any information presented in an ISP is not admissible in court as a part of discovery.

In any ISP meeting any party, including an attorney, who is impeding the work of the team should be asked to leave the meeting. However, the fact that a member of the team, including an attorney, disagrees with the decision of the team does not necessarily mean that he is “impeding the work of the team”. DHR offices also need to be aware of the Judges' view on the attorneys attending the meetings. They may have to, in some counties, ask the Judge to help resolve problems that may exist. No attorney who is participating in this meeting carries any more weight than another member of the team and team members should not be hindered in working toward suitable outcomes for children. Unfortunately in some situations, attorneys are seemingly in control of the ISP, and this should be addressed in the next rewrite of ISP policy.

19. Can the ISP meeting be taped? *This would be conditional on the purpose of the taping and upon all parties to the ISP agreeing on the taping. However, as a general rule, because of the confidentiality issue, taping would not be allowed. The main reason that it might happen is if the DHR worker wants to be sure that all of the permanency plan, goals, and steps are included in the ISP document. However, taping tends to create an atmosphere of litigation and this meeting is not intended to be used for that purpose. Any taping can only be done if all parties sign the confidentiality agreement as per ISP policy.*

20. What is the purpose of the ISP? *Page 1 of the ISP policy states that “The ISP, developed in partnership with the child and family planning team, is the actual case plan that is designed to achieve the desired case outcome. It is intended to develop a treatment plan for the child and his family. It also serves as an organizer of case activity and a tool for communicating with the individuals involved with the child(ren) and family. GAL policy states that, “The ISP is the case plan that results from a process that includes the following elements: engaging and joining with the family; identifying strengths, needs and goals; facilitating a child and family planning meeting; matching and developing services and steps; determining who will take the*

lead responsibility for specific steps in the plan; tracking progress and responding to new concerns, and sustaining the change. The plan becomes a blueprint or roadmap for change. The plan formalizes agreements among the parents and members of the team about who will be responsible for doing aspects of the plan and when they will be done. An effective ISP will organize hope for a family for a different future and will provide the direction to initiate and sustain change.” This meeting is not a place to “air dirty laundry”, or argue over payments, etc. and it is the responsibility of the facilitator to be sure that the meeting fulfills the purpose of planning for positive outcomes for the child and family.

Reference:

Individualized Service Planning Policy – also available on the AFAPA website.

SIX WAYS TO DISCIPLINE CHILDREN -- THAT WORK!

WebMD Feature by Joanne Barker , Reviewed by Amita Shroff, MD

WebMD Feature Archive

It’s hard to deny the importance of discipline. “Discipline has to do with civilizing your child so they can live in society,” says psychiatrist Michael Brody, MD. Yet kids repeatedly test their parents’ limits. When it comes to disciplining children, there is no quick fix and no magic bullet.

If you, like many parents, have tried to discipline kids who don’t want to listen, this article is for you. WebMD asked parenting experts for tips on finding that nice balance between disciplining kids without being a drill sergeant or a pushover.

DISCIPLINE TIP # 1: REWARD GOOD BEHAVIOR

When punishment is the centerpiece of discipline, parents tend to overlook their children’s best behaviors. “You’ll get a lot further with positive reinforcement than negative reinforcement,” says Mason Turner, MD, chief of psychiatry at Kaiser Permanente San Francisco Medical Center. Rewarding good deeds targets behaviors you want to develop in your child, not things he shouldn’t be doing.

This doesn’t mean you should give your child a pound of chocolate every time he picks up a paperclip. “There are grades of positive reinforcement,” says Turner. “There’s saying ‘good job. I’m really glad you did that,’ when your child cleans his room.” And there are times when your child does something extraordinary that may warrant a larger reward.

Discipline Tip # 2: Be Clear About Rules

If your rules are vague, or discussed only when one has been broken, your child will have a hard time following them. “It’s up to the parent to make clear what’s expected of the child and what isn’t,” says Brody, who chairs the Media Committee of the American Academy of Child and Adolescent Psychiatry. Be sure to explain the rules of the house when you can speak clearly and your child is not too upset to listen.

James Sears, MD, a pediatrician in Southern California, suggests practicing discipline when it works for you. For instance, when you have 30 minutes to spare, interrupt your child’s game and tell her you need help with something. If she helps, great, do a quick and easy chore together and let her go back to her game. If she throws a tantrum, you have time to deal with it. “If you do that every once in a while, your child will understand that when Mommy says I need to put my toys away, I need to do it,” says Sears.

Discipline Tip # 3: Neutralize Arguments

How do you deal with a child who wants to argue into submission? Steer clear of no-win arguments. Instead, “go brain dead,” advises Jim Fay, co-author of *Parenting with Love and Logic*. For instance, if your child says, “This isn’t fair,” say, “I know.” If your child says, “All of my friends get to have this,” say, “I know.” Or you can use the phrase, “And what did I say?” to enforce rules you have already discussed with your child. Sometimes the less you say, the more clear your point becomes.

Discipline Tip # 4: Buy Yourself Time

You may have read that children need to experience the consequences of their actions as soon as possible. And maybe you've heard that parents should be calm as they discipline children. In reality, you may not be able to keep your cool *and* react right away.

"Buy yourself time to calm down before you deal with the situation," suggests Fay. You can tell your child, "Wow, bad decision. I need some time to figure out what I'm going to do about that." When your emotions are in check, express empathy for your child first, then deliver the consequences. Empathy gives your child room to connect his behavior to the outcome. "You don't have to get angry at kids, you don't have to yell. Just allow it to become their problem," says Fay.

Discipline Tip # 5: Be Consistent About Rules

Sometimes sticking to the rules is as challenging for parents as it is for kids. Sears sees too many parents turn the other cheek when their kids talk back or otherwise act out. "Parents just are not consistent in enforcing rules," he tells WebMD. Not enforcing your own rules puts everything you say into question. "If kids don't know what to expect from their parents, they never really know what the rules are."

You may want to back down for fear of ruining your child's fun. Keep in mind that kids benefit from limits. Rules and structure give children the security of knowing their parents are watching out for them. As kids get older, you can take a more flexible approach. Around the ages of 9 and 12, kids should get "a little leeway to test out the rules," says Brody. "But always be very careful about safety."

Discipline Tip # 6: Model Good Behavior

Like it or not, your children are watching you. You can dole out as much advice as you want, but your personal conduct makes a more lasting impression than your words. "The number one way human beings learn is through imitation and copy," says Fay. If you want your child to be honest, make sure you practice honesty. If you want your child to be polite, let her see your best manners, at home and in public. The fact is, raising disciplined children is not easy. Despite your best efforts, there will always be good days and bad days. For evidence, look to the experts we interviewed for this article. Even after years of working with families, all four shared stories of their own children's meltdowns or misbehavior. "As a parent, you're constantly pushing your own limits. It's the toughest but the greatest job I've ever had," says Turner.

ALLEGATIONS HAPPEN: HOW TO PREVENT AND SURVIVE THEM

from Spring 2002 Adoptalk

by Diane Martin-Hushman

"It's the worst thing that's ever happened to me," said one parent about the time her foster daughter filed an abuse allegation against her. Most often false, allegations of abuse against parents who foster and adopt children with special needs are frighteningly common. When parenting these special children, it is in our best interest to prevent situations that could be construed as inappropriate, and seek out help when an allegation disrupts our lives.

Whether false or confirmed, allegations arise for different reasons. We hope that children who are abused by their caregivers will notify a teacher, social worker, or someone else in authority. But sometimes children whose backgrounds include abuse are highly sensitized to triggers that they associate with abuse. You may just be leading a child to a time out after he kicks his sister; but the instant you grab his arm, your foster son may flash back to times when he was dragged to a room and whipped with his birth father's belt. As children age through the foster care system, and grow in street wisdom and anger, many also learn that allegations are a ticket out of a placement, a means of getting attention, and a way to keep parents who are starting to get too close a safe distance away.

The general public is concerned about child abuse and neglect, but not very knowledgeable about how parents must try to deal with some very difficult behaviors presented by abused children. The media is quick to shine the spotlight on a few foster and adoptive parents who abuse children in their care, and say little about those who are diligently working to improve children's lives. Once they happen, allegations are hard to live down.

CONSEQUENCES OF ALLEGATIONS

When I was a social worker, a 13-year-old girl in my caseload alleged that her 71-year-old foster grandfather had sexually abused her. The grandfather had a heart condition and I thought the reports would kill him! After looking into the charges, investigators discovered that the girl was distorting the situation and reenacting a previous abuse situation with her birth grandfather.

Though not substantiated, the charge became part of the family's case file, and the stress family members experienced lingered on. Many parents describe allegations and the subsequent investigation as a process of loss and grief. Parents may lose their sense of identity, their self-esteem, and their trust in the worker or agency. Children may be removed—another painful loss for both the children and parents. Even after child protection closes the case, a parent may feel that the family's good name is forever tarnished and the episode will never be resolved. Allegations that uncover licensing violations or substantiated abuse claims can cause additional stress. Depending on the severity of the infraction, foster parents may be placed on probation, be issued a correction order, or have their license temporarily suspended or permanently revoked. Serious allegations may result in a criminal charge that could land a parent in jail, and forever ruin chances of fostering or adopting another child.

ALLEGATION PREVENTION STRATEGIES

Foster and adoptive families who have lots of children, including children of different races, and who have been fostering for a long time are at greater risk of being reported for alleged abuse. All families who care for children with special needs face some risk, and every parent can take steps to keep situations from turning into allegations. Below are some ideas for parents to consider.

- **Know your limits.** If you are not comfortable handling children with certain challenging backgrounds and behaviors, don't set yourself up by bringing such children into your home.
- **Learn all you can about each child before placement.** You have a right to know about previous abuse and allegations. Ask: "Has this child been abused? In what way? Who were the perpetrators? Have there been any abuse allegations?" Had the foster family whose 13-year-old girl charged the grandfather with abuse known about her abuse history, they would never have left the foster grandfather alone with her.
- **Make sure that men and boys in your house are never alone with a girl who has been sexually abused.** Proactive precautions are very important in this situation, especially at the beginning of the placement. Talk with your partner and others in the household about this safety plan, and stay proactive.
- **Give each sexually abused child his or her own bedroom.** I know this is difficult, but why put another child in your home at risk? If a child's boundaries have been invaded, he or she needs to re-learn proper boundaries.
- **Be crystal clear about rules for dress, privacy, touching, etc.** Caregivers must agree on house rules, boundaries, and consequences. Each child comes from a different culture of parenting, sexuality, sleeping habits, dress, touch, and more, and needs to learn what is appropriate. As a foster mom, I talked about sexuality as one of the house rules. "In this house," I would say, "my husband gets his sexual needs met with me and only me." Sound crude? Yes, but I said it in a matter-of-fact way and set a very clear boundary that the teenage girls we worked with really needed.
- **Never use physical discipline.** Corporal punishment is not allowed in foster care, but I know some folks think that once the kids are adopted, physical discipline is okay. Don't do it. Children with a history of physical, sexual, or emotional abuse often misinterpret physical discipline and an allegation is likely. Physical discipline can also undermine attachment.
- **Avoid teasing, horseplay, wrestling, and suggestive language.** These are acts of intimacy, and intimacy is just what abused children often resist. In addition, the child may get a different message than you intend during the close physical contact involved.
- **Document sexual acting out in writing.** Send reports to the child's social worker and therapist. Then, if another incident comes to light, the worker and therapist can see that there might be a pattern to the child's acting out that perhaps relates to past experiences.
- **Document behavior patterns.** When a child enters your home, use a calendar to record changes in the child's behavior; inappropriate words or actions during birth parent visits; the child's behavior following visits; the cause of scratches, bruises, or other injuries; and any patterns of behavior that seem to follow specific events or times of the year (like anniversaries of certain past events).

- **Participate in a support group.** As foster and adoptive parents of children with special needs, we need to share the struggles and joys that are a part of our lives with those who can empathize and support us. We need folks who can laugh and cry with us and really understand foster and adoptive parents' journey.
- **Reserve personal time to reduce stress.** Know what really pushes your buttons, and establish a calming plan. Post 20 calming tips on your refrigerator and model stress-reduction techniques for your children. Then, make plans for a weekly—yes, weekly—time away from the children. Take care of yourself; you are the child's greatest gift!

ALLEGATION SURVIVAL STRATEGIES

Sometimes, despite a family's efforts to prevent them, allegations will happen. Maybe things are going a little too well with Jimmy—a 12-year-old with a history of sexual abuse—and he starts to get scared. The week after a lively game of Twister with his foster dad, Jimmy tells his worker that the foster dad was touching and pressing his body against Jimmy's. Jimmy claims it was sexual abuse, and soon child protection opens a case file to investigate Jimmy's allegation.

The foster family is looking at weeks or months of investigation, and Jimmy moves to an emergency shelter. What can the parents do to take care of themselves?

- **Try to stay positive.** Assume that the charge will be proven false, and try not to presume guilt. Statistics I've seen say that about 65 to 70 percent of all allegations are false. Child protection has to investigate to make certain that the child is not being abused. The best thing you can do is cooperate.
- **Document everything.** Start a notebook to record details of every phone conversation, personal interview, and correspondence related to the allegation. Write in pen, and be prepared to use the notebook to back up your story in court if need be. Request copies of the written charge against your family, as well as the letter that formally states that the allegations were unfounded.
- **Educate yourself.** Insist on getting a copy of your state's foster care rules and laws pertaining to allegations and abuse, and learn about county or agency policies and procedures too. Find out what will happen during the investigation, what your rights are, and how you can appeal an investigator's determination.
- **Behave appropriately.** During interviews, make your point and then stop talking. Speak with confidence, and be factual, honest, respectful, and business like. Avoid emotional language when telling your side of the story. It may be extremely hard, but you must try to be objective.
- **Meet with people who are gathering information.** If an investigator asks to meet with you, don't keep her waiting. If you need to, bring along a friend or someone from your support group who can give you perspective on how the meeting went.
- **Communicate with your partner.** Allegations, especially those of sexual abuse, can really drive a wedge between partners. The husband thinks, "How could they think I would do something like that?!" The wife wonders, "Could it possibly be true?!" If not openly discussed, these questions can pull couples apart just when they need each other's support the most.
- **Know your rights.** Don't be afraid to appeal, request a waiver, and learn how the grievance procedure works. If need be, hire legal counsel. I would especially recommend hiring a good attorney for sexual abuse allegations.

HOW SUPPORT GROUPS CAN HELP

In addition to counseling new foster and adoptive families about taking conscious steps to prevent allegations, support groups can be very helpful when a family is going through or has just concluded an allegation investigation. Sometimes, the best help is just being there. To support family members who are going through an investigation:

- **Offer a sympathetic ear.** This is a time when families really need the support group! Make them feel welcome by respectfully listening.
- **Stay neutral.** It is not the group's job to fix the problem. There are many sides to the story, and the group should be objective. Agency bashing helps no one.
- **Share information.** Encourage members to talk about their experiences with allegations, and share local allegation policy and procedural information with the entire group.

- **Suggest resources.** Direct the family to legal services and suggest how they can obtain agency policies concerning allegations.
- **Assign a mentor.** Parents going through an allegation may have an easier time talking to one person who has experienced an allegation rather than the whole group. A call from someone who can say, “I’ve walked the walk,” can mean so much during this time.

After the investigation is over, ask for help to regain your equilibrium, rebuild, and move on. Take really good care of yourself. Think hard and give yourself some time off before bringing a child back into your home, or accepting another placement. Take care of the children still in the home. Difficult times can be therapeutic and healing, showing children that we can have tough times, but as families we are strong and resilient. If you can’t prevent an allegation, at least do what you can to survive, learn, and thrive.

ALABAMA FOSTER & ADOPTIVE PARENT ASSOCIATION ADVOCACY PROGRAM

From Foster Parent Bill of Rights

13) The right to request that a person or persons serve as volunteer advocate and to be present at all meetings with the department, including, but not limited to, individualized service planning, administrative hearings, the grievance/mediation process, the adoption process, and the allegation process where the foster parent is present. All communications received by the volunteer advocate shall be in strict confidence.

Foster Parents have the right to choose whomever they want to serve as an advocate for them. The Alabama Foster & Adoptive Parent Association Board will make Advocates available who have received training in different aspects of advocacy. Foster Parents are free to request help from these advocates by contacting AFAPA at the 1-888-545-2372 phone line or by emailing at afapa@afapa.org

Advocates will be available to assist foster parents to help find answers to questions they have, attend meetings with them, and to advocate for them.

Expectations of an AFAPA foster parent advocate

1. To be familiar with DHR Policy on Child Protective Services and the CAN investigative process.
2. To be versed in Alabama adoption policy and the Adoption and Safe Families Act.
3. To be well versed in the contents of the Foster Parent Handbook
4. To be knowledgeable of DHR policy and procedures related to foster care and adoption.
5. To be able to assist parents in obtaining information related to their voiced concerns.
6. To empower parents to resolve their problems effectively.
7. To assist parents in interactions with DHR staff and to acquire information.
8. To complete all Advocate paperwork and maintain records and to forward paperwork to Chair of AFAPA Advocacy committee.
9. To meet with County Directors to share with them parent concerns and how they have been addressed.
10. To be aware of all grievances filed across the region and to be familiar with all aspects of the grievance procedure.
11. To be knowledgeable of all aspects of the Foster Parent Bill of Rights and to be able to train foster parents in FPBR.
12. To be an objective listener and to assist parents in problem exploration and resolution.
13. To be available to parents in the assigned region via phone or email.
14. To maintain confidentiality at all times.

CONFLICT RESOLUTION PROCESS (FORMERLY KNOWN AS GRIEVANCE PROCESS)

1. Purpose

In an effort to bring some consistency into the process of dealing with conflict involving foster parents and county departments, the following guidelines should be used to develop a plan to resolve concerns that are brought to the county's attention.

The process utilizes various individuals and groups that can help the county and the foster parent(s) work through and resolve problems and conflicts. All of these will consider applicable policies related to the problem. They will offer guidance to all parties through a process in which they discuss the issues, options and design their own agreement to resolve the dispute. The process:

- Gives everyone an opportunity to be heard;
- Affords everyone an opportunity to develop new ways of dealing with problems;
- Affords opportunities to create working solutions;
- Can improve the retention of existing foster families; and
- Can help eliminate the time and distress of unresolved conflict and possible placement disruption for children in care.

The intent of this process is not to remove the authority from the local DHR office to handle problems within the county or to be punitive in nature. This process gives foster parents and the local office an opportunity to be heard when problems arise and when all parties cannot come to an agreement or acceptable resolution to the problem.

Larger County offices may have more supervisory levels to be considered in developing a chain of command for handling problems, concerns, and issues. Each county office should use the information contained in this document as a guide in developing a local process that will be effective and efficient in handling these matters on the local level. County Departments should inform individuals making a CRT referral of their county's chain of command (in writing). The chain of command might include, as an example: worker, service supervisor, program supervisor, program manager, child welfare administrator, assistant director, and county director.

2. General Guidelines

If you have questions regarding this process, call 334-242-9500 and ask for the Office of Permanency.

The Conflict Resolution Team (hereinafter known as the CRT) as selected by the State DHR Commissioner will include: two (2) County DHR representatives (Director or supervisory level); with two (2) designated alternates; two (2) foster parent advocates, with two (2) designated alternates; and two State DHR/Office of Permanency Staff.

The entire process, from initial contact with the county office until a referral is made to the Conflict Resolution Team should take no longer than 30 days. If the solution is ongoing and all parties are satisfied with actions being taken, referral to the State CRT should not be initiated.

Timely response (see time frames set forth in the local process section of this policy) from the County DHR office is crucial to the process. Failure to respond to complaints timely may result in earlier referral of complaint to the State CRT.

Foster parents, including relative caregivers, and DHR staff may all utilize this process in an attempt to resolve conflicts.

Examples of possible items for referral include:

- Problems with communication between line worker and the foster parents; lack of courtesy, partnership, respect, professionalism in communication demonstrated by failing to return telephone calls, failing to listen to concerns, etc.
- Lack of responsiveness to requests by the foster parent or staff in addressing needs of children.
- Removing children without due notice according to applicable policies and standards.
- Issues of potential safety risks to children.

- Failing to follow policies.
- Failing to arrange needed services for the child and/or foster family.
- Failing to schedule an ISP team meeting when requested.
- Situations where the local foster parent association or State DHR staff has identified trends in actions by the county that would be appropriate for CRT review, but individual foster parent(s) have not made a CRT referral. One example, SDHR Family Services consultant staff note repeated instances of lack of partnership between staff and foster parents. They may ask the State CRT to review and make recommendations.
- Situations where the local foster parent association or DHR staff has identified trends in actions by the county foster parent association or their representatives that note repeated instances of lack of partnership between foster parents and DHR staff.
- Closing a foster family home by DHR. This process will serve as the appeals right referred to in the Foster Parent Bill of Rights Act for foster parents whose foster home is closed by DHR. This process does not serve as an appeal for foster families approved by agencies other than DHR. Note: The requirement for 30-day review at county level may be waived in situations involving closure of a foster home.
- Failing to abide by the provisions of the Foster Parent Bill of Rights.

The guidelines specified herein do not apply if the party filing the CRT referral considers a report urgent. This includes concerns that involve safety of a child. In these situations, the party with the concern can make immediate contact with the individual(s) that he/she feels will provide timely response to the situation. This may include local DHR staff (see chain of command), foster parent or staff liaison(s), Alabama Foster & Adoptive Parent Association (AFAPA) Advocates or Regional Representatives or State DHR personnel (i.e., State liaison or the program manager of the Office of Permanency). If the resolution in this manner is not acceptable to the individual making contact, the appropriate referral should be made to the Conflict Resolution Team in such situations to ensure that this process is initiated.

Issues/instances which make CRT referrals inappropriate include, but are not limited to:

- When a court case is pending in regard to the situation;
- When a CA/N is pending and the subject of the CRT referral is part of the CA/N investigation. Note: Having a pending child abuse/neglect investigation (CA/N) does not preclude a foster parent from filing a grievance on issues unrelated to the CA/N;
- When a foster parent does not agree with the permanency plan developed by the ISP team.
- Recommendations related to personnel actions are pending or have been made.

The party making the CRT referral must complete a referral form and submit to the local DHR and maintain a copy for their personal files.

Parties making a CRT referral are not considered to be in violation of confidentiality as long as they follow guidelines as provided in this Conflict Resolution Process Policy document. All participants at a Conflict Resolution Team meeting will be required to sign a statement indicating they agree to abide by agency confidentiality policies. Care should always be taken to mention only case situations, not case (child or family) name(s). Care should also be taken to avoid discussion with other individuals not listed in the policy as this is considered a violation of the rules of confidentiality. It is not a violation of confidentiality to provide the information requested in the State CRT referral to the Office of Permanency. Before a county director or their designee refers or discusses the referral with the local foster parent liaison or other liaisons or advocates with the Alabama Foster & Adoptive Parent Association, they should obtain the consent of the person(s) making the CRT referrals. Foster parent liaisons (county and/or with AFAPA) should sign a confidentiality agreement prior to any discussion of particular cases or home situations.

Parties making a CRT referral (whether a foster parent or staff) should never feel alone in the process of making a referral and the Department should ensure that every source of support for the individual is arranged. Caution should be taken to prevent this from becoming the agency versus the foster parent. Foster parents and staff are considered partners in the planning for children and have the right to have their opinions and concerns heard and have the right to be considered as a valuable part of the ISP (treatment) team. If requested, the foster parents and/or staff member making a CRT referral should have support from the DHR staff liaison, the foster parent liaison, and/or other foster parents selected by the local association,

if requested. The foster parent may also call AFAPA at 1-888-545-2372 to request assistance from a Regional Representative or Advocate. Additionally, DHR staff may ask for support or assistance from applicable staff at State DHR (Family Services consultants or supervisors; District Administrative Specialists, etc.)

Actions taken by the Department when a CRT referral is made shall never be retaliatory or punitive in nature. No person who makes a CRT referral will be discriminated against, threatened, or retaliated against in any way for filing such action.

If the grievance is concerning an office within State DHR, the local DHR office or the foster parent should send the initial complaint to the appropriate Division/Office at SDHR (see Form Section). If, within 30 days, there has been no resolution to the problem, the paperwork can then be forwarded to the Office of Permanency.

An ISP team meeting, which includes the individual making the CRT referral, may be required at any point in the process in an effort to reach resolution if concerns or conflicts are about services or support needed by the child and/or foster parent.

Providers of care to children in DHR custody can use this process whether the placement is in a regular (traditional) foster family or therapeutic foster home setting, related foster care or related care. However, this process is only to be used to resolve disputes between DHR and the foster parent(s). It is not applicable to disputes between therapeutic foster parents and their approving/licensing agency and does not apply to the closing of a therapeutic or other foster home licensed/approved by an agency other than DHR. This process is not intended for providers of group residential care.

Local CRT referrals should be filed in the applicable county involved in the issue as identified by the individual making the referral. However, technical assistance and support will be provided to the foster parent(s) by the county that approves their home. If the foster parent is a therapeutic foster parent, they should make their CRT referral with the county holding custody of the child. These foster parents may choose liaisons from this same county, the county in which they reside (if different) or they may ask their therapeutic agency to assist and support them in making the CRT referral.

3. The Process

Each county shall have the flexibility to review and attempt to resolve conflict in a manner that works for their county. Each County DHR shall develop a local Conflict Resolution protocol. The protocol shall be submitted in writing by the County Director or designee to the staff liaison to the State Conflict Resolution Team. When the state team receives a referral they will refer back to the county's protocol on file to determine if the county has had an opportunity to review the referral. The county's protocol should also be provided in writing to all of their foster families as well as staff and supervisors with foster care responsibilities.

Reports of all grievances received and reviewed locally shall be provided to the local Foster Care Advisory Council for quarterly review. Members of the FCAC are also subject to agency confidentiality policies and shall be required to sign a confidentiality agreement before they meet or receive information about local issues. Please refer to on-line documents (administrative letters and memoranda) for Memorandum dated March 16, 2004 that provided for the establishment of Foster Care Advisory Councils.

a. When a Foster Parent Makes A Referral

The following description is how to make a CRT referral when other methods for resolving the issue satisfactorily have failed. If alternative methods, through the chain of command, have not been utilized, the party making the referral will be directed back to the appropriate party on the chain of command.

- Local attempts to resolve conflict must be made. State CRT referrals may only be made after local attempts to reach resolution have failed. Foster parents should contact the County Director or their designee, preferably in writing, to try to resolve the pertinent issue(s) prior to initiating a Conflict Resolution Team referral if they have not been able to resolve the issue at a lower level of supervision. Note: The requirement for 30-day review at county level may be waived in situations involving closure of a foster home.
- CRT referrals shall be in writing.
- Written CRT referrals should be submitted to the county director who shall disseminate a copy to each person on the chain of command.

- The CRT referral shall be acknowledged in writing to the party making the referral within five (5) days of receipt. Once acknowledged, strategies for working toward resolution of conflict shall be developed and periodic (but no less than monthly) updates provided to the individual making referral. Updates shall be provided in writing. If parties on the local level can agree to strategies toward resolution the referral will remain at the county level as long as satisfactory progress is being made. The individual making the CRT referral will determine satisfactory progress.
- At any point during the process after the CRT referral has been made, a consultant from State DHR can be contacted for assistance.
- When resolution is reached at the local level, the County Director shall follow-up in writing with the person making the referral to confirm agreement to resolution.
- New issues identified require a separate CRT referral.
- If after 30 days of working with the county on the CRT referral, the person making the referral does not feel there has been timely response or a satisfactory solution is possible, the referral can be elevated to the State CRT. Lack of timely response or satisfactory solution includes: no acknowledgement, no plan, or no required status reports. If at any point during the 30-days the county director reports no local resolution is likely, the referral can be elevated to the State CRT at the request of either party.
- The form or other documentation requested by CRT Staff Liaison should be mailed to:
State DHR – Conflict Resolution Team
Office of Permanency – Family Services Division
Alabama Department of Human Resources
50 Ripley Street
Montgomery, AL 36130

b. When A Referral is Made Against a Foster Parent

Often times a county may have concerns about their own foster parent that deal with the quality of care the family is providing to the children in their home. In these situations careful consideration should be given to determining if a policy, standard or approval issue exists and if it does, the county's resource worker/unit should address the issues with the family. However, there may be times when a DHR staff person believes there are issues around communication, partnership, support of the child/family case plan, etc. that have gone unresolved when worked one-on-one (worker to foster family). In these situations, the concerned staff may ask the County Director (through appropriate chain of command) to have the county conflict resolution protocol accessed for examining and resolving these concerns or conflicts.

Other times that the local CRT protocol may be accessed to address concerns a staff person has with a foster care provider may include, but are not limited to:

- State office consultant, QA team member, etc. may review a record and see concerns that need to be addressed.
- A foster care worker in one county has a child placed in the foster home of another county and has concerns about foster family.

Of course, alternative methods of resolution through the chain of command as described earlier should be utilized first. If these alternative methods prove to be unsuccessful, CRT referrals may be made. If a CRT referral is made steps bulleted above in (a.) when a foster parent makes a referral should be followed.

Documentation of local review process shall be maintained in the resource file for the foster family involved.

C. State Referrals

When the CRT Referral is forwarded to State DHR, the Office of Permanency, Staff Liaison to CRT, will record it on the referral log.

The Office of Permanency will notify the foster parent and the local DHR office, via a form letter that the CRT referral has been received. On this same form letter, the liaison will request copies of records and other documentation be sent to the SDHR Office of Permanency and will establish a deadline for providing requested documentation. In addition, the State CRT members will be notified that a referral has been received.

Upon preliminary review of the case by the staff liaison, assistance from appropriate SDHR Consultants may be requested (if the consultant has not already been involved in reviewing the case/situation). The consultant may be asked to review the record or interview parties as indicated. This should be done within five working days of the date the staff liaison receives the State CRT referral.

If the consultant has already been involved in reviewing the case, a report of their consultation will be forwarded to the Office of Permanency within two working days of the request. If the consultant has not already reviewed the case, the consultation should be completed within ten working days of the request and then a written report shall be provided within two working days of the consultation.

Other information that may be necessary for a complete review of the CRT referral includes, but is not limited to: current and prior ISP's, medical, psychological or other assessments or summaries, CA/N files, foster family home records, dictation from child/family record, reports from Quality Assurance Committee reviews, court orders and/or reports. A list of needed information will be requested by the state liaison. The county office shall redact records prior to providing them to SDHR so that only information pertinent to the CRT referral will be shared with team members.

Depending on the nature of the referral, other steps may be taken by the Office of Permanency prior to bringing the referral to the conflict resolution team (CRT). Some of these steps may include:

- Request an ISP team meeting immediately be held to look at the issue(s) in question with specification as to which parties should attend the meeting. The ISP team should address steps necessary to ensure the safety and well-being of the child which might include: suspension of visitation; change in visitation location; safety measures to ensure careful monitoring of the case, temporary suspension of the placement until safety measures are in place, etc.
- Obtain a review of the case from the Office of Child Welfare Consultation staff and submit recommendations to the County Director and the Conflict Resolution Team.
- Request that local Quality Assurance Committee review the case record and interview pertinent parties and make any recommendations to the State CRT.
- Other evaluations or assessment as deemed necessary.

All information should be reviewed and fact-finding completed by the staff liaison to the State CRT within 15 business days of receiving the referral unless the CRT permits an extension of no more than five business days to gain further information. The State CRT will review the referral at their next standing monthly meeting.

D. Cases Involving Immediate State Referral

Foster parents may request an immediate State CRT referral if a child (ren) is removed from their home without an appropriate ISP. The requirement for 30-Day review at county level shall be waived in situations involving the closure of a foster home or removal of a child from a foster home outside of a planned ISP move, court order or CA/N. If the request is made by the foster parent, the referral should be sent to State Department of Human Resources - Family Services Division within seven (7) business days. The CRT referral shall be reviewed within seven (7) days from receipt of the referral. Family Services Director or his/her designee shall review and submit to Commissioner for signature within five (5) business days.

- Closing a foster family home by DHR. This process will serve as the appeals right referred to in the Foster Parent Bill of Rights Act for foster parents whose foster home is closed by DHR. This process does not serve as an appeal for foster families approved by agencies other than DHR. Note: The requirement for 30-day review at county level may be waived in situations involving closure of a foster home.
- Failing to abide by the provisions of the Foster Parent Bill of Rights.

The guidelines specified herein do not apply if the party filing the CRT referral considers a report urgent. This includes concerns that involve safety of a child. In these situations, the party with the concern can make immediate contact with the individual(s) that he/she feels will provide timely response to the situation. This may include local DHR staff (see chain of command), foster parent or staff liaison(s), Alabama

Foster & Adoptive Parent Association (AFAPA) Advocates or Regional Representatives or State DHR personnel (i.e., State liaison or the program manager of the Office of Permanency). If the resolution in this manner is not acceptable to the individual making contact, the appropriate referral should be made to the Conflict Resolution Team in such situations to ensure that this process is initiated.

1. Documentation of the state review process will be maintained by the State DHR liaison to the CRT.
2. In addition to review of records as described above, the State CRT shall conduct in-person interviews with appropriate DHR staff and supervisors as well as the foster parent involved in the CRT referral except in extreme circumstances. Those being interviewed should give consideration to CRT members and shall make arrangements for their own child care during their interviews with the team.
3. Once the meeting is completed and the State CRT has developed recommendations, minutes to the meetings will be typed and routed to CRT members for editing and/or approving. The minutes will contain a description of interviews conducted, committee's overall observations or assessment of the situation and recommendation. The team members will have five days to review the minutes and provide changes, corrections, or statement of approval to the staff liaison. Within five business days the liaison will then draft a letter to the county director for review and approval by the Director of Family Services. Once the Director has approved the letter, the same will be presented to the Commissioner for his/her approval and signature. The person making the referral will be notified when the committee's recommendations are forwarded to the Family Services Director and again when forwarded to the Commissioner. Once approved and signed by the commissioner, the staff liaison will send originals to the county director. Courtesy copies of the letters will be provided to:

- a. Party making the referral to the State CRT;
- b. Director of Family Services;
- c. Deputy Commissioner for Children and Family Services;
- d. Deputy Commissioner, Field Administration;
- e. District Administrative Specialist for county in question;
- f. Program Manager Office of Permanency;
- g. Members of the State CRT; and
- h. Others as indicated and appropriate.

4. The commissioner will have the final word on the disposition of the CRT Referral. If action by the county is outlined in the recommendations, the County Director shall prepare a written response to the recommendations including their plan for implementation or justification for any other action to be taken. This letter and plan shall be sent to the staff liaison of the State CRT within two weeks of receiving the Commissioner's letter. If no further action is recommended, the letter will be directed to the person making the CRT referral with a courtesy copy to the county directors and others as listed above.

Note: The State CRT cannot make changes to the child/family case plan. Recommendations for review and possible changes in case plans should be taken to the ISP team for consideration and action. Result of said ISP shall be included in the county's response to the Commissioner and Office of Permanency.

The CRT has no authority to recommend disciplinary action against an employee and no recommendations of disciplinary action should be made in the CRT report. The Department, under the rules of the State Personnel Board, is responsible for assessing the CRT's conclusions and recommendations to decide whether personnel action is warranted and/or appropriate.

5. State CRT liaison will follow up with the individual making the CRT referral after the plan of action is received from the county. This follow-up will be in the form of a feedback loop form. The feedback loop will assess:
 - a. If parties believe the State CRT throughout the process heard them.
 - b. If the State CRT was responsive to the needs of the party making the referral.
 - c. The quality of the working relationship between county department, staff and/or foster parent involved (better, worse, same).
 - d. If the foster parent intends to (wishes to) continue being a foster parent now that the CRT process has been carried out.
 - e. If the County Director believes that the foster parent can continue in a positive working relationship with the Department (if the referral was sent by the County staff).
 - f. The completed/returned feedback loop forms will be shared with the State CRT at the next monthly meeting after they are received. Courtesy copies of the feedback loop form will be shared with those listed in the courtesy copy reference made above.

CONFLICT RESOLUTION PROCESS REFERRAL FORM & REVIEW DOCUMENTATION

Instructions: This form is to be used in making an initial referral to County Department(s), recording date and outcome of review by county and for making referral to the State Conflict Resolution Team (CRT).

Identifying Information

1. Name of Person making the referral: _____

Complete mailing address of person making the referral: _____

Daytime phone number of person making the referral (include area code): _____

E-mail address of Person making the referral _____

2. Person making the referral is: Foster Parent County Supervisor
 Social Worker Foster Parent Liaison
 Other, please identify role _____

3. Foster parent is approved by _____ County DHR

Child/sib group involved is in custody of

4.	Children Involved:			
	<u>Full Name</u>	<u>Birthdate</u>	<u>Full Name</u>	<u>Birthdate</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Your complaint deals with:

- Problem with communication between line worker and the foster parent – lack of courtesy, respect, professionalism in communication such as failing to return phone calls, failure to listen to concerns, etc.
- Lack of responsiveness to requests by the foster parent for assistance in dealing with the children in care
- Removal of children without due notice according to applicable policies and standards
- Issues of potential safety risks to children
- Failure to follow policies
- Failure to arrange needed services for the child/foster family
- Failure to schedule an ISP as requested
- Situations where the foster parent or SDHR has identified trends by county as it relates to appropriate grievance issues
- Closure of a home by DHR
- Failure to abide by provisions of Foster Parent Bill of Rights. Specify which provisions: _____
- Other _____

5. In a BRIEF PARAGRAPH summarize your complaint (do not simply say, "see attached documentation").
*Attach supporting documentation to this referral form.

Documentation of local review:

Date referral initially made with the local agency: _____

Referral was filed initially with: _____

Name of Person(s)

Position of Person(s)

Referral was _____ hand delivered _____ sent US mail _____ sent via email

If a local review was conducted (meeting held) date of meeting: _____

Briefly describe outcome of meeting: _____

Desired outcome of this conflict resolution: _____

Signature person making the CRT referral

Signature local review liaison or meeting facilitator

If resolution was not reached at the local level and a review by the State Conflict Team is desired, person making referral should mail this form to: State of Alabama Department of Human Resources
Gordon Persons Building
Family Services Division, Office of Permanency
ATTN: CRT liaison
50 Ripley Street
Montgomery, Al 36130

Upon the liaison's receipt of this referral form an acknowledgement letter will be sent and requests for records made. State CRT members and others will be notified of referral and notification of next standing meeting date will be provided.

NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN

ALABAMA

STATE SUBSIDY PROFILE

NACAC's Adoption Subsidy Resource Center

Updated April 2016

STATE SUBSIDY CONTACT PERSON

Michael Jordan

Department of Human Resources (DHR)

50 N. Ripley Street

Montgomery, AL 36130

Phone: 334-242-9500

Fax: 334-242-0939

Email: michael.jordan@dhr.alabama.gov

NACAC SUBSIDY REPRESENTATIVE (PARENT/VOLUNTEER)

Buddy Hooper

AL Foster/Adoptive Parent Assn.

1091 County Rd 1659

Cullman, AL 35058

Phone: 256-507-3273

Fax: 775-667-8282

E-mail: yddub84@aol.com

Mary Smith

AL Foster/Adoptive Parent Assn.

PO Box 16

Titus, AL 36080

Phone: 334-567-4143 or 334-303-1426

E-Mail: smithmary1000@yahoo.com

WHAT IS ADOPTION SUBSIDY?

Parents who are thinking about or are in the process of adopting a child with special needs from foster care should know about adoption assistance (also known as adoption subsidy). Federal (Title IV-E) and state (often called non-IV-E) adoption assistance programs are designed to help parents meet their adopted children's varied, and often costly, needs. Children can qualify for federal adoption assistance or state assistance, depending on the child's history. Adoption subsidy policies and practices are, for the most part, dependent on the state in which the child was in foster care before the adoption.

Below is information related to definitions of special needs, benefits available, and procedures in Alabama. Answers to select questions were made available by the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA) through the Child Welfare Information Gateway (www.childwelfare.gov). Profiles for other states' subsidy programs are available. If you have additional questions, please contact NACAC at 651-644-3036, 800-470-6665, or adoption.assistance@nacac.org. If you have state-specific questions, please call your State Subsidy Contact Person or the NACAC Subsidy Representative (listed above) for more information.

For more information on Title IV-E eligibility, view our fact sheet Eligibility and Benefits for Federal Adoption Assistance.

Adoption resources on the web:

http://dhr.alabama.gov/services/Adoption/intro_adoption.aspx

Alabama state-specific medical assistance:

<http://www.medicaid.alabama.gov/>

Alabama Statutes: 26-10-20 through 26-10-30

<http://alisondb.legislature.state.al.us/acas/ACASLoginFire.asp>

Click on the far left tab Code of Alabama,

then click on View,

then click on Title 26, Infants and Incompetents,

then click on Chapter 10, Adoption of Children

Alabama Administrative Code: 660-5-22-.06 Subsidized Adoption

<http://www.alabamaadministrativecode.state.al.us/docs/hres/index.html>

Scroll down to Chapter 660-5-22 Adoption

WHO IS ELIGIBLE FOR ADOPTION ASSISTANCE OR SUBSIDY?

1. How does Alabama define special needs to determine eligibility?

A child with special needs is defined as a child who has at least one of the following needs or circumstances that may be a barrier to adoption without financial assistance:

- A child who has certain documented physical, mental, or emotional issues
- A child at risk of physical, mental or emotional difficulties in the future, due to high risk factors document in the background information
- Children five years of age or older (prior to April 28, 2015 it was children eight years of age or older)
- Sibling group of two or more children being placed for adoption in the same home at the same time (prior to April 28, 2015 it was a sibling group of three or more placed for adoption in the same home at the same time).

To be eligible for adoption assistance, a child must first be in the care and custody of the Department of Human Resources or an Alabama licensed child-placing agency or be eligible to receive SSI at the time of placement.

2. Does the state-only funded adoption assistance program differ in any way from the Title IV-E program?

To be eligible for state-funded adoption assistance, a child must have special needs child as defined above and be in the permanent custody of the Alabama Department of Human Resources.

3. Are children adopted from private agencies in Alabama eligible for adoption assistance?

Only if the children are eligible for federal (title IV-E) adoption assistance.

WHAT SUPPORTS AND SERVICES ARE AVAILABLE?

Monthly Payments

4. What is the maximum basic monthly adoption assistance maintenance payment in Alabama?

Age	Rate base on date of finalization	
	Before 1/1/16	Beginning 1/1/16
0-2	\$432.50	\$462.78
3-5	\$445.50	\$476.69
6-12	\$456.50	\$488.46
13+	\$468.50	\$501.30

5. Does Alabama provide specialized rates (based on the extraordinary needs of the child or the additional parenting skill needed to raise the child)?

Therapeutic rate (negotiated):

Age	Rate
0-2	not to exceed \$1,055
3-5	not to exceed \$1,068
6-12	not to exceed \$1,079
13-18	not to exceed \$1,091

Difficulty of care rates may be provided to:

- children who have exceptional physical, mental, emotional, or behavioral needs
- children with extreme illness or disabilities requiring nursing care (excluding children in residential treatment facilities)
- emotionally disturbed children requiring more restrictive therapeutic care
- medically fragile children

6. When do adoption assistance payments begin?

Adoption assistance benefits may begin at adoption placement.

7. When a child turns 18, which benefits, if any, continue?

State-funded adoption assistance typically terminates when a child reaches age 19, but may continue until 21, provided the child is in high school or in a specialized training program for the intellectually impaired, which is designed to aid in becoming self-supporting.

Federally funded (IV-E) adoption assistance can be extended to the age of 21 if the child has a documented disability that warrants continuation of assistance.

8. Does Alabama offer deferred adoption assistance agreements (agreements where initial monthly maintenance amount is \$0 for children at risk of developing special needs later)?

Yes. Evidence of disability is not necessary at the time of placement, but professional documentation of a high risk of developing a physical, emotional or psychological disability is necessary. The high-risk background is based on the documented emotional or psychological history of the child's biological family.

MEDICAL CARE

9. What Medicaid services are available in Alabama?

- EPSDT (MediKids)—MediKids screenings may be done up to nine times before the child reaches two years old and once a year after that.
 - Hospital care: In certain hospitals, children under 6 years of age receive unlimited inpatient days.
 - Dental Care: Medicaid will pay for routine dental care for children under 21.
 - Eye care: Children under 21 may be examined every year.
 - Hearing: children under 21 years of age may be examined every year.
 - Psychiatric Care: unlimited medically necessary inpatient psychiatric services are provided to children under 21 years of age in certain psychiatric hospitals
- Prescription Drugs (most have a co-pay)
- Transportation
- Ambulance
- Laboratory & X-ray
- Doctor—14 doctor’s visits per year
- Ambulatory Surgical Centers
- Prenatal Services
- Family Planning
- Home & Community-Based Services
- Nursing Home Care
- Hospice
- Renal Dialysis Program
- Hospital—Inpatient: 16 days per year; for a semi-private hospital room; Outpatient: 3 non-emergency outpatient hospital visits each year. Health Care Clinics and Centers—Medicaid pays for medical services available at rural health clinics, and community health centers.
- Community Services for Substance Abusers and the Mentally Ill • Home Health Care (services for persons of all ages who are SSI eligible and who have been diagnosed by a doctor to be mentally retarded or developmentally disabled)
- Case Management (to help eligible mentally ill, developmentally delayed, or disabled persons and others receive needed services in their community).

10. What medical benefits are available for state-funded children? (Children who have federally funded/ Title IV-E adoption assistance are automatically eligible for Medicaid benefits.)

Non-IV-E eligible children for whom there is in effect a signed, approved state adoption assistance agreement may be eligible for Medicaid. To be eligible, it must be determined that the child cannot be placed for adoption without medical assistance because of the child’s special needs for medical or rehabilitative care. Before the execution of the adoption assistance agreement, the child must have been eligible for Medicaid under the state’s approved Medicaid plan.

11. What mental health services are available?

Public mental health services for children in Alabama are administered by the Alabama Medicaid Agency and may include psychiatric hospital services, physician services, and prescription drugs. Medicaid pays for medically necessary services in a psychiatric hospital for children under 21 as long as the treatment is approved in advance by Medicaid. The services received from a mental health center do not count against regular doctor’s office visits or other Medicaid covered services. For more information about Medicaid, visit <http://www.medicaid.alabama.gov/>

or http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.4.0_Medical_Services/4.4.9_Mental_Health_Services.aspx.

Additional information may be available from the local DHS office (listed at http://dhr.alabama.gov/counties/county_select.aspx).

OTHER BENEFITS

12. In Alabama, what nonrecurring adoption expenses directly related to the finalization of an adoption may be reimbursed?

Parents may be reimbursed for up to \$1,000 per child for eligible adoption-related expenses including attorney fees, court costs, criminal records clearance, medical and psychological evaluations, supervision of the placement before finalization, transportation costs for placement and pre-placement, and the reasonable costs of lodging and food for the child and/or adoptive parents necessary to complete the adoption process.

All families adopting children with special needs (including private agency adoptions, independent adoptions, and intercountry adoptions) are potentially eligible for reimbursement of nonrecurring expenses. Adoptive parents are required to pay for expenses incurred and provide the Office of Adoption with original receipts to claim reimbursement. Alabama now, if the adoptive parents agree, provides direct payment to attorneys upon adoption finalization. All nonrecurring reimbursement claims must be made within 12 months of the final adoption decree.

13. Is child care available? If yes, who is eligible and how do families access child care?

Child care is not available from the adoption assistance program. Parents may be able to access child care assistance from their local county department of human services based on income eligibility or protective services needs.

14. Is respite care available? If yes, who is eligible and how do families access respite care?

Respite care is not provided through adoption assistance. See question 16 for more about available post-adoption services.

15. Is residential treatment available? If yes, who is eligible and how do families access residential treatment services?

Adoption assistance may cover outpatient counseling, but not residential treatment. A family may contact the local county office of human services (http://dhr.alabama.gov/counties/county_select.aspx) to determine if residential services are available. The county will assess each case individually to determine if it will provide residential services.

16. What other post-adoption services are available in Alabama and how do families find out more about them?

Post-adoption services in Alabama are administered by DHR through contracts with outside agencies. Known as the Alabama Post Adoption Connections (APAC) program, services are provided through three offices located throughout the state. Post-adoption services may include:

- Information and referral
- Educational programs
- Educational materials
- Support groups
- Adoptive family crisis counseling
- Resource libraries
- Scholarships/camp funding

For more information, parents should contact the Alabama Post Adoption Connection at <http://www.childrensaid.org/apac/index.html> or 866-803-2722. Parents can also contact the Alabama Foster and Adoptive Parent Association (AFAPA) at <http://www.afapa.org> or 888-545-2372. Additional resources can be found at <http://www.dhr.state.al.us>.

Counseling and orthodontia services, which may be covered under adoption assistance, must be approved by the state office.

Not all services may be available in all cases. Parent should contact their adoption assistance worker or post-adoption services contact for information regarding process, eligibility, availability, and duration of services.

17. If the assistance listed above in questions 13 to 16 are for specific services, must these services be explicitly identified in the adoption assistance agreement?

No.

WHAT SHOULD FAMILIES KNOW ABOUT APPLYING FOR SUBSIDY?

18. Who initiates the adoption assistance agreement?

The caseworker involved in placement should initiate discussions about adoption assistance. In most cases that social worker initiates the adoption agreement. In cases of private agency adoptions, however, sometimes families have initiated agreements.

19. Who makes the final determination on an adoption assistance agreement?

The county determines the regular rate of adoption assistance eligibility based on the special needs criteria with the concurrence of the State Office of Permanency. Therapeutic and medically fragile rates and counseling and orthodontia services, which may be covered under adoption assistance, are determined at the state level.

20. How do families request adoption assistance after finalization of an adoption?

Parents must submit a written request along with any supporting documentation to:

Office of Permanency

Alabama State Department of Human Resources

50 North Ripley Street

Montgomery, AL 36130-4000

HOW CAN A FAMILY ADJUST AN ADOPTION ASSISTANCE AGREEMENT?

21. Can adoptive parents ask to change an adoption assistance agreement?

Adoptive parents can make a request for a change in the adoption assistance agreement at any time when there is a change in the family's circumstances or the child's needs. Professional documentation supporting the requested change is required, if appropriate. Requests for change must be in writing to the Program Manager, Office of Permanency (see question 20 for contact information).

22. What steps does a family go through to appeal an adoption assistance decision in Alabama?

Adoptive parents have the right to request a fair hearing to review any DHR decision affecting the receipt of their child's adoption assistance benefits. Parents request a fair hearing by writing to:

Alabama Department of Human Resources

Office of Permanency

50 Ripley Street

Montgomery, AL 36130-4000

After a request for a fair hearing is received, it is forwarded to the state administrative hearings office. At least 10 days before a scheduled hearing, the hearings office will then send a notice giving the date, time, and place of the hearing. The notice also will explain what to do if parents cannot come to the hearing as scheduled. Parents may bring witnesses, friends, relatives, or a lawyer to help present their case. The hearing officer will record the hearing so that the facts are taken down correctly. The hearing officer will listen to both sides but will not make a decision at the hearing. Parents will receive a written decision in the mail, from the hearing authority, within 90 days of the hearing. The written decision will explain to parents how to ask for an administrative appeal if they do not agree with the decision.

WHAT ELSE DO FAMILIES NEED TO KNOW?

23. How is the adoption assistance program operated and funded in Alabama?

The program is state supervised and state administered, meaning that policy and eligibility decisions are made by personnel at the state office.

In Alabama, the federal contribution to Title IV-E-eligible children is 68.12 percent (the Federal Financial Participation or FFP rate). The remaining cost of the program is funded entirely by state funds.

24. Does Alabama operate a subsidized guardianship program?

Yes, the program began in October 2010 and contact Michael Jordan (state contact at top of the document) for further information.

Eligibility and Benefits for Federal Adoption Assistance/Kinship Guardianship Assistance

Section 38-12-34 - Subsidies - Authorized; eligibility.

- (a) Subject to rules adopted to implement this article, the department may provide subsidies for an eligible child placed in kinship guardianship by a court, or by a federally recognized Native American Indian tribe, if the child would not be placed in a kinship guardianship without the assistance of the program.
- (b) A child is an eligible child for a kinship guardianship subsidy if the department determines the following:
 - (1) The child has been removed from the custody of his or her parent or parents, legal guardian, or legal custodian as a result of a judicial determination to the effect that continuation in the custody of the parent or parents, legal guardian, or legal custodian would be contrary to the welfare of the child.
 - (2) The department is responsible for the placement and care of the child.
 - (3) Being returned home or being adopted are not appropriate permanent options for the child.
 - (4) Permanent placement with a kinship guardian is in the child's best interests.
 - (5) The child demonstrates a strong attachment to the prospective kinship guardian and the kinship guardian has a strong commitment to caring permanently for the child.
 - (6) The child has received foster care maintenance payments while residing for at least six consecutive months in the home of the prospective kinship guardian.
 - (7) With respect to a child who has attained 14 years of age, the child has been consulted regarding the kinship guardianship.
 - (8) If required for federal funding participation, the kinship guardian is qualified pursuant to a means-based test and any other requirements.
 - (9) If required for federal funding participation, the necessary degree of relationship exists between the prospective kinship guardian and the child.

(Act 2010-712, p. 1744, §5.)

25. Does Alabama offer a tuition waiver program?

See information on Hope Scholarship program.

26. Does Alabama offer a state adoption tax credit? Yes see Alabama Department of Revenue for information.

27. Does Alabama have any program to support an adoptee whose adoptive parents die until the child is adopted again?

No.

28. What else differentiates Alabama's adoption assistance program from others around the country? N/A

ACTIVITIES AND LIFE EVENTS
(with Reasonable and Prudent Parenting Standard)
Revised June 27, 2016

VII ACTIVITIES AND LIFE EVENTS

A. Purpose

“Activities and Life Events” provides policy and procedures related to opportunities and events that children may engage in while the Department has planning responsibility. In an attempt to provide normalcy for children in Out of Home Care, Act 2016-129 passed by the Alabama Legislature in 2016, grants caregivers authority to allow children placed in Out-of-Home-Care to participate in age and developmentally appropriate childhood activities based on Reasonable and Prudent Parenting Standards (RPPS). Act 2016-129 includes in the caregiver definition a designated official for a child placing agency. This definition includes, but is not limited to foster parents. This allows foster parents and caregivers increased flexibility and discretion in making decisions regarding age appropriate activities.

Code of Alabama, 1975 §§ 12-15-301 (11), 12-15-314 (g) provides the following:

Reasonable and Prudent Parent Standard. The standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child, while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the state to participate in extracurricular, enrichment, cultural, and social activities. A caregiver shall be immune from liability in a civil action to recover damages that results from a caregiver’s decision using the reasonable and prudent parent standard. However, This immunity does not remove or limit any existing liability protection provided by law.

Caregiver Authority. A caregiver shall have the authority without prior approval of the department, juvenile court, or circuit court, to allow a child in their care that is in foster care to participate in activities that are age or developmentally appropriate for the child based on a reasonable and prudent parent standard, provided the activities are consistent with provisions of any existing court order, individualized service plan, or promulgated policy of the department that provides guidance to caregivers concerning the reasonable and prudent parent standard. The guidance shall include factors for the caregiver to consider prior to allowing a child to participate in age or developmentally appropriate normal childhood activities.

Age and Developmentally Appropriate. Activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group and, in the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child respect to the cognitive, emotional, physical, and behavioral capacities of the child.

Children, when in foster care or DHR custody, shall be integrated to the maximum extent feasible into normalized leisure and work activities. The RPPS provides flexibility for the out-of-home caregiver to encourage children to engage in age and developmentally appropriate activities that promote child well-being. It allows for reasonable and prudent parenting decisions to be made by the out-of-home caregiver without waiting to obtain approval from social worker or a court.

DHR shall vigorously seek to assure that children, when in foster care or DHR custody, are integrated to the maximum extent feasible into normalized school settings and activities.

Children, while in foster care or DHR custody, shall have access to a comprehensive array of services that address their physical, emotional, and educational needs.

This policy applies to all children in DHR custody and/or planning responsibility.

B. Consent

Parents retain certain residual rights and responsibilities when their children are placed in out-of-home care. Code of Alabama, 1975 § 12-15-102 (23) describes these rights and responsibilities as including, but not

necessarily limited to, the right of visitation, the right to consent to adoption, the right to determine religious affiliation, and the responsibility for support, unless determined by order of the juvenile court not to be in the best interests of the child.

Parental consent is required for non-routine medical decisions. Parental consent is also required for children to participate in activities which could result in potential danger (e.g. driving, football, hunting, etc.).

Exceptions to Caregiver Decision Making:

- Changing a child’s school, school attendance, IEP, or participation in a GED program
- Adjusting a child’s psychotropic or other prescribed medication
- Authorizing children to have major medical procedures
- Changing a child’s court-ordered visitation plan
- Interfering with a child’s visits with siblings
- Preventing a child from participating in ILP
- Returning a child to the caregiver from whom they were removed
- Allowing a child to drive

The Individualized Service Plan (ISP) team shall address children’s participation in selected school and leisure activities. The ISP team shall evaluate the child’s chronological and developmental age, maturity level, purpose of the activity, expected benefit to the child, the availability of resources (e.g., financial, transportation, time) to allow participation, and liability to the child, foster parents, and/or county DHR. Whenever possible the Department will encourage our children to explore hobbies, interest, sports, etc. If the foster parent wishes to have the Department pay for an activity, this payment must first be authorized in the ISP. If a foster parent plans to make payment for an activity related to RPPS, no prior authorization is needed.

A child has the right at the ISP or at any other time to advise a worker whether they believe they have been denied the ability to participate in a normalizing activity.

DHR shall obtain written permission, whenever applicable, from the parents for the child’s participation in the selected activity. File the original permission in the case record and provide a copy to the parents and foster parents.

DHR shall sign the PSD-DFC-823, Inter-Agency Agreement, when they place a child in a residential facility. This agreement addresses consent of the county DHR for medical treatment for the child, and provides permission for the child to participate in recreational, social and educational activities offered or approved by the child care facility and taking place within the state.

All residential agencies shall have a staff member trained in RPPS who will be responsible for approving requests for children in out of home care to participate in age and developmentally appropriate activities. If an activity that requires consent from a parent is requested, the residential staff member trained in RPPS will contact the child’s Social Worker for guidance. Please note the exceptions to caregiver decision making listed above.

DHR is prohibited by law from signing “hold harmless” agreements or “hold harmless” statements in contracts. Staff shall carefully review all agreements for “hold harmless” statements since they are sometimes included in residential facility agreements or special permission requests. Child welfare staff may strike through the “hold harmless” statement and add an addendum indicating that DHR is prohibited by law from entering into “hold harmless” agreements on behalf of the State and therefore agrees to assume only whatever responsibility may be otherwise legally assumed by the State. If there are questions about the “hold harmless”, contact the Office of Resource Management.

C. Clothing & Appearance

Clothing and other personal possessions contribute significantly to the child’s feelings of normalcy, self-esteem and dignity. If at all possible, a child should bring with him into foster care his/her own clothing and personal items. Parents should be encouraged to have these items ready. This is helpful to parents and children in that they are actively participating in the plan, as well as knowing they are providing needed items.

Temporarily Altering Appearance (e.g., Haircut/color): Foster parents should make the decisions as to temporarily altering of a child’s appearance based on known preferences of the birth parent. Birth parents’ wishes

shall be shared with the foster parent at the time of placement and at the ISP. Children 14 years old or older shall also participate in the decision-making process (Please see Chapter 420-3-23 of the Alabama Department of Public Health Administrative Code for rules and regulations regarding permanently altering appearance).

If the parents are unable to provide an adequate initial supply of clothing or if the Department is unable to provide this through some other source, the foster parents should be authorized to purchase an initial specified amount of clothing to be paid for from local public or private funds when such is available. Workers and foster families can assist accordingly.

Eight percent (8 %) of the board payment should be allotted each month for clothing expenses. This may not always meet the ongoing need for clothing as children outgrow or clothes need to be replaced; therefore, counties are allowed through Local Fund Polices to spend up to \$750.00 per year for clothing. (Refer to Local Funds Policy) The foster care facility (foster family boarding home, therapeutic foster home) is expected to provide clothes for the child from the board payment as long as the child remains in foster care.

D. Spiritual Development

The County DHR shall take into consideration the religious affiliation of the children and their parents when children are placed in foster care. The foster care providers shall be informed about the children's involvement in prior and present religious services and activities. When children are placed within close proximity to their home, they may be able to continue participation in the same services and activities with the assistance and supervision of a family friend or neighbor. Children may attend the services and activities of the foster parents or other religious denominations with agreement from their parents, who retain the residual right to determine religious affiliation. It is always helpful to use the ISP team's expertise as the choices are made.

E. Allowances/Finances

Foster children may receive allowances to develop skills and values in the wise management of money. Important factors to consider in determining when to begin giving allowances are the following:

- age and maturity of the child;
- amount and frequency of the allowance; and
- financial expense of activities approved for the child.

A child placed in a child care facility is to receive an allowance and also have the opportunity to earn spending money as recommended by the ISP team. Allowances are not considered a supplement to the board payment. The source of money for an allowance may be private funds or local funds, except that Flex Funds cannot be used.

1. Obtaining Employment / Participate in an Internship

Youth age 14 years and older in foster care should be appropriately encouraged and supported when pursuing employment as long as it does not interfere with their academic progress regardless of their placement. Employment by teens in foster care, either part-time or during the summer months, will provide youth with opportunities to learn independent life skills and acquire hands-on experience, while also allowing them to earn spending money. Federal and State rules regarding young workers are designed to strike a balance between ensuring sufficient time for educational opportunities and allowing appropriate work experiences. (ADOL)

RPPS allows for placement providers to assist foster children with obtaining employment by youth age 14 years and older in accordance with the Fair Labor Standards Act (FLSA). Initial employment by teens should be used to provide instruction and guidance related to budgeting and money management without placing grownup expectations on their income. Foster care youth should have primary input related to the use of these funds. Placement providers cannot require any type of payment from foster children's employment income without collaboration and approval of the ISP team.

Youth in all foster care placements should also be offered the opportunities to participate in available internships, community service and volunteerism. These activities are perfect for helping youth develop a sense of value, creativity, and empowerment when they are willing to give of their time. Youth should be encouraged without being forced or coerced into service projects. An agreeable partnership within the ISP team should be reached to arrange for suitable transportation of youth involved in these activities.

F. Car Seats

According to Section 32-5-222, Code of Alabama 1975, as amended, state law mandates that every person transporting a child in a motor vehicle operated on the roadways, street, or highways, shall provide for the protection of the child by properly using a child passenger restraint system meeting applicable federal motor vehicle safety standards. Specifically the requirements are:

1. Infant only seats and convertible seats used in the rear facing position for infants until at least one year of age or 20 pounds.
2. Convertible seats in the forward position or forward facing seats until the child is at least five years of age or 40 pounds.
3. Booster seats until the child is six years of age.
4. Seat belts until fifteen years of age. Due to this requirement, children under the age of fifteen cannot be transported in the bed of a pick-up truck.

Alabama Law indicates that each front seat occupant of a passenger car manufactured with safety belts in compliance with Federal Motor Vehicle Safety Standards shall have a safety belt properly fastened about his body at all times when the vehicle is in motion. The following rules/practices must also be observed.

No child less than 100 pounds should ride in the front seat of a vehicle.

Staff and foster parents shall refer to all applicable ALEA rules and regulations when transporting foster children.

No foster child shall ever be transported in the bed of a pick-up truck.

The County Department can obtain car seats (convertible and infant) for use by foster parents and workers from Office Services by completing Form PSD-BAS-629B. Workers are to assure that foster parents who transport foster children under the age six have age appropriate car seats available for their usage. This is to be discussed with foster parents when a foster child under six (6) is placed in the home. Car seats must be returned to the Department if the youngsters leaves the home, or when he/she reaches age 6.

G. Driving

In accordance with Alabama law, a child who attains age fifteen (15) may take a written examination for a learner's permit to drive when accompanied by a licensed driver. At age sixteen (16), a child may test for a driver's license. Completion of a driver's education course shall be encouraged prior to this testing.

1. Permission

With the appropriate permit or license, DHR can authorize or give permission for children in foster care to drive. The preference of the parents is to be addressed at the ISP when possible. The decision to allow children in out of home care to drive is not left to the discretion of the foster parent.

The situation in which ISP team members including parents are not in agreement, DHR may request permission from the court for the child to drive. DHR shall schedule an ISP team meeting to discuss the child's desire to drive and to provide team members an opportunity to consider the request. The plan shall include the privileges and responsibilities which apply, as well as consequences of violating the agreement.

A youth may not obtain a driver's license, drive or purchase a motor vehicle, if the following conditions exist:

- The parent's or legal custodian's objection and the court upholds their objection.
- The youth is known to have a substance abuse problem (drugs or alcohol), currently uses drugs and / or alcohol, or has a recent history without rehabilitation of drug and /or alcohol abuse.
- The youth has a physical condition or other difficulties that would impede driving safely and there are no accommodations for these limitations.

Permission for driving shall be in compliance with the Graduated Diver License Act Number 210-735. The Act provides requirements for each state of the Graduated License which includes: Stage I (Learner's Permit); Stage II (Restricted License) and Stage III (Unrestricted or Regular License. Staff and caregivers should be familiar with this law.

2. Insurance

Children must have liability insurance to drive an automobile. If children in foster care or their birth family purchase the insurance, it is necessary for DHR to verify that the insurance is current and that renewals of premiums have been paid. The foster parents may choose to add liability coverage for the child in their foster home to their insurance policy. If a teen is employed and has his/her own income, they may purchase liability insurance. Other individuals may purchase the liability insurance for the child when authorized to do so by the ISP. Children in foster care are not eligible to be covered under the State General Liability, Automobile Liability Program. The Department cannot purchase insurance through federal, state, or local funds.

3. Purchasing/Owning Vehicles

Permission for a child in DHR custody to purchase/own a vehicle shall be obtained from the parents or the court. The child must have a valid driver's license and liability insurance.

H. Recreational Activities / Socialization

Before allowing children in out of home care to engage in recreational and/or social activities, foster parents should consider whether the child has the safety equipment and necessary permissions and/or training for the child to safely engage in an activity including but not limited to boating, rock climbing, recreational vehicle use, sports or camping.

1. Hunting

Foster care providers shall permit a child in their care to hunt only if they have obtained written permission of the institution, agency, or individual holding custody. Permission for a child in the temporary custody of DHR to hunt shall be granted only by parents or the court. If the child is in the permanent custody of DHR, permission shall be obtained from the court. If the court grants permission, the court order or other written statement provided shall be filed in the case record and a copy sent to the foster care provider. If a parent is the party granting permission, a written statement shall be signed with the original filed in the record and a copy provided to the parent and foster parent.

Code of Alabama § 9-11-44.1 requires persons sixteen (16) years of age or older to present certification of completion of an approved hunter education course prior to obtaining a hunting license. Hunter education courses are offered statewide at each County Extension Services Office. In addition, the Division of Wildlife and Freshwater Fisheries Offices offer these courses in certain counties. The county DHR may contact the Department of Conservation and Natural Resources, 1-800-245-2740, for more information.

2. Swimming & Watersports

Minimum Standards states children must have direct supervision by someone 16 or older who is trained in water safety (this is in regard to pools and water safety). Children and youth in care will be encouraged to take swimming lessons from a certified swimming instructor. Families participating in leisure activities involving bodies of water, must also be trained in water safety even if they do not have a pool, spa, hot tub or other body of water on their foster family home /adoptive resource property.

3. Contact sports

The Department's Out of Home Care Policies, section on Maintaining Family Connections provides that parents be contacted for consent in support of their children participating in activities which could result in potential danger (e.g. driving, football, hunting).

4. Socialization

Visiting with friends, including friends from his or her home community or a prior placement, will be promoted for every child in out-of-home care, unless visiting places the child's safety at risk.

The "reasonable rules" outlined in the Maintaining Family Connections section of the Out of Home Care Manual apply to visits with friends. Rules for visiting with friends should be fair, flexible, and consistently applied to all children in the home or other placement unless there is an exception made by the ISP team with the input of the child. The exception must be documented. The reasonable and prudent parent standard is applicable to participation in after-school activities, outings, sleepovers with

friends, dating, etc. Please see the appendices at the end of this chapter for a grid that indicates whether a background check is required for participation in specific activities, and if so, what type of background check is required.

5. Social Media

Please see the appendices at the end of this chapter for guidance on the appropriate use of social media.

I. Publicity

Consent may be given for the news media to use photographs of children when the purpose is to recognize a child's achievements (e. g., high school graduation; academic or athletic awards and scholarships). Nineteen and twenty year olds may provide their own consent and must notify their child welfare worker. When DHR holds temporary custody, parental consent shall be obtained if the parents are available and the child is under age nineteen (19) years. Counties should attempt to obtain consent from parents at the initial ISP. If the parents are not available, the County Director may provide consent upon recommendation by the child, the child's worker, and the worker's supervisor following a review of the child's circumstances. If DHR holds permanent custody, the Office of Adoption shall be notified of the plan for publicity. Any concerns or questions regarding publicity and the provision of consent shall be directed to the county's SDHR consultant.

J. Travel of a Child in the Care/Custody of DHR

When child welfare staff become aware of travel plans for a child in out-of-home care, they shall obtain the following information regarding the travel plans:

- The circumstances and purpose of the trip;
- The destination;
- The procedure for contact of the worker/provider by county DHR during the trip;* and
- The length of the visit/trip.

*Procedures may vary according to the purpose of the travel and the destination.

The worker shall review the information required to assess the plan for the trip. If the plan meets with worker and supervisor approval, the county DHR may give permission for the trip.

1. Out of County Travel with an Out-of-Home Care Provider

The child welfare worker shall instruct foster care parents/providers to notify DHR when an out-of-home care provider desires to take a child out of the county or on an over-night trip. Any trip out of county in excess of three days must have DHR approval. The information outlined above shall be obtained prior to approval.

2. Out of State Travel with an Out-of-Home Care Provider

For children in the temporary and permanent custody of the Department, all out-of-state visits/trips, regardless of duration, must have the approval and concurrence of the County Director. The County Director, as the final approving authority for out-of-state travel for foster children, must concur with the out-of-state travel. (Refer to section B. Consent, located in this policy, if parental agreement becomes an issue.)

For children in the temporary custody of the Department, travel out-of-country should be approved by the child's parent if the child's parent (s) are actively involved in the ISP process. If the child is in the permanent custody of the Department, then the County Director must determine if it is safe for the child to travel to the out-of-country destination and if it's in the child's best interest.

Out of State travel customarily requires the Governor's Office approval; however, the Governor's Office has issued a blanket approval for out-of-state travel for foster children in certain circumstances. The blanket approval provides an expedited process to allow children to have opportunities for recreation, education, or other activities as described. The following circumstances do not require the approval of the Governor's Office.

- Foster parents and/or foster children are not traveling in the service of the state.
- All expenses are paid by other entities with no costs to State or County DHR.

- County Department of Human Resources has received SDHR approval by telephone with written confirmation.

Out-of-state travel forms are still required and must have the signature of the commissioner. Attach the approval to any pertinent travel submission as described above.

3. Air Travel by Children in the Care/Custody of DHR

A written request and the Department's 1584 (located on the DHR intraweb under Administration) for approval of all air travel must be submitted to the Family Services. Following approval by Family Services, the request is submitted to the Commissioner for approval. Prior approval for air travel shall be obtained from the Director, Family Services and the DHR Commissioner.

4. Out-of-State Air Travel

There are situations in which the child welfare worker and supervisor have justification for requesting air travel rather than travel by automobile. The following factors must be considered:

- total cost of trip;
- expected travel time;
- loss of worker time and unavailability for other case responsibilities;
- any need for additional staff to accompany the worker and child on an automobile trip; and
- other information pertinent to the request.

5. In-State Air Travel

In addition to the above items there must be further justification for in-state air travel. The following shall be considered:

- medical condition of child that requires air travel as opposed to automobile;
- other information about the child that justifies in-state air travel.

K. Military Service

The opportunity to serve in the Armed Forces is available to anyone meeting enlistment requirements. Federal law requires that males register with Selective Service no later than thirty (30) days after their eighteenth (18th) birthday with registration prior to their birthday preferred. Persons who have attained age seventeen (17) are allowed to volunteer for induction into the Armed Forces with the written consent of their parents or legal guardians. If a parent or legal guardian is not available to sign for the prospective inductee, DHR shall request either of the following:

- permission of the court; or
- appointment by the court of a guardian who can provide consent for the enlistment (USC 50 App. § 454);

An ISP team meeting shall be held prior to child welfare staff providing assistance to minors entering military service. Factors to consider include:

- The age and maturity of the child;
- The reasoning behind the child's decision to enlist;
- The circumstances at the present time in the child's life;
- The child's vocational plans for now and the future; and
- Information from an armed forces recruiter about realistic possibilities of the child being accepted for military service.

L. Marriage

If a child in the Department's custody under the age of eighteen years wants to marry, and has not been previously married, parental or a guardian's consent is required (Code of Alabama, 1975 § 30-1-5). The judge

of probate must require the parents' or guardians' consent be given either personally or in writing. DHR is **not** allowed to provide consent to marriage. However, a judge of probate may in unusual circumstances designate the Department to give consent to marriage.

M. Death and Burial/Cremation

When death occurs while children are in out-of-home care and the birth family is financially unable to assume responsibility, County Departments may request payment from state funds. The child's burial/cremation expenses may be paid by SDHR when the child was placed in out-of-home care pursuant to a court order granting DHR legal custody.

County Departments shall follow the procedures outlined below:

- If parental rights have not been terminated, contact the child's family for input on planning and payment of the final services.
- Determine if the child has resources (i.e., burial insurance or private earmarked funds) which can be applied to the expenses. It is not necessary to contact the family regarding resources when the child was in DHR permanent custody.
- Obtain a written itemized statement of estimated expenses from a local funeral home/crematorium. Request the funeral home send the W-9 form along with the itemized statement. The funeral must be modest and grave markers are included as an acceptable expense. "Modest" is suggested as under \$2,000, but will be determined by the local market. If there is more than one funeral home in the county, obtain two (2) estimates. Both estimates (originals) must be submitted to SDHR. Funeral homes may offer a reduced price due to the circumstances. The worker should feel free to approach the funeral home regarding these circumstances.
- Explore community resources and obtain contributions, whenever possible, toward the burial expenses.
- When burial expenses exceed available resources (e.g., insurance, private earmarked funds, contributions), select the least expensive estimate and request payment from SDHR.
- The county director must sign off on the invoice before submitting to SDHR.

If the child's family desires cremation, the procedures listed above will apply. It is the birth parents right to make the decision regarding the final disposition of the remains.

1. To Request Payment from SDHR:

- Prepare a memo addressed to the Family Services Director explaining the circumstances surrounding the child's death and the reason State funds are needed to pay burial/cremation expenses. Include resources (e.g., contributions, insurance, private earmarked funds) explored and identify funds utilized to offset the expenses.

Note: If the child received benefits from Social Security, Supplemental Security Income, or the Veteran's Administration, prior contact must have been made with the local Social Security Administration or Veteran's Administration office to obtain authorization to disburse any fund balances and determine to whom they can be paid. Social Security Administration policy provides that any benefits remaining after the death of a child should go to the estate of the child.

- When funds have been obtained to offset the expenses, pay that amount directly to the vendor. Document the reduction in expenses on the itemized statement.
- Submit the memo, funeral home Federal ID known as W-9 form, and the itemized statement for the burial/cremation expenses to SDHR's Office of Child Welfare Consultation (OCWC), Intake for review.

The OCWC Intake consultant will process the materials for approval and forward to the Finance Division for payment.

N. Life Books

Children in out-of-home care need a link with their past. It is their right to know who they are and from where they come. A life book is a way to help the child form that link. This is done through the collection

of historical data, memorabilia, stories, and the special events in his life and provides the child with a clearer picture of who he is. A life book can help in decreasing the trauma created by losses and separations and help a child understand what is happening to him.

The life book is an important tool that can be used in the psychological development of the child. Methods for developing a life book and information to be included are to be incorporated into every foster parent's orientation. A life book is to be prepared for each child entering foster care and is to begin at the time of placement. It becomes a part of the child's possessions and accompanies the child when the child moves from out-of-home care.

The life book may be a folder, packet, picture album, or an especially prepared box which can be used to create a permanent record for the child, the birth family, the foster family or the adoptive family.

The child's birth parents can help by providing significant information about the child's life prior to placement. Also cards, letters, etc., from the birth parents to the child while in care may be added.

Illustrations of material which may be included are:

- Child's birth information (birth certificate, birth weight, length, time of birth, news events of that date, etc.)
- Family tree (description and/or pictures of parents, grandparents, aunts, uncles, siblings, and the siblings' order of birth, etc.)
- Placement history and significant others who may have been a part of the placements (foster parents, special teachers, neighbors, friends, social workers, etc.)
- Medical history (immunizations, hospitalizations, medical facilities where medical services were received, illnesses, allergies, etc.)
- The pages in the child's life book regarding health, immunization and dental records must be reviewed, updated and given to the out-of-home care provider by the worker at the time a child enters foster care and each time a child is moved. The information must include 1) the names and addresses of the child's health care providers and 2) the record of the child's immunizations, medications and known medical problems.
- Education history (names, addresses, and dates of schools attended, grades, report cards, school pictures, class plays, achievement awards, sports events, etc.).
- The pages in the child's life book regarding the child's school history must be reviewed, updated and given to the out-of-home care provider by the worker at the time a child enters foster care and each time a child is moved.
- Letters, birthday cards, special mementos and drawings by child.
- Pictures of child and significant others.
- Recording or postcards or souvenirs from vacations or special trips.

This is not a total list of information to be included in a life book but is to be used as a guide. It is the responsibility of the worker to assist the foster parents with materials to be included or deleted. The worker is also responsible for adding material which may only be available through the worker. As the life book is for the child's emotional and psychological development, the worker and foster parents will need to help the child select articles to be incorporated. It is important that the child know that the life book tells a story and that he is the leading character.

APPENDIX

Guide for the use of Social Media

(credit: FACT SHEET, “Social Media: Tips for Foster Parents” Child Welfare Information Gateway)

While it may be tempting to forbid youth to use social media, this is seldom realistic. The Internet and mobile devices are too widespread and accessible. Caregivers can provide guidance and boundaries to help youth use media safely. As with many close situations, you may need to start with close supervision and gradually provide more freedom as youth demonstrate responsibility.

Benefits of Social Media:

- Maintaining social ties. Youth can keep in touch with existing friends, siblings, and others and make new connections. This may be important for young people who have been moved from their communities
- Support. Through online community groups, youth can share experiences with peers (see, for example, social media options through FosterClub at <http://fyi3.com>).
- Family connections. Youth may be able to share posts and other information with biological family members between family visits, where appropriate and approved by the caseworker.
- Self-expression. Videos, blogs, and other digital venues allow youth to express their feelings and ideas, which can help them shape their identity and contribute to healing from childhood trauma.

What are the risks? While all youth may be at some risk for unsafe online situations, youth in foster care may be particularly vulnerable to inappropriate contact, cyberbullying, or child predators. In addition, social media use may aid in communication with adults or family members who are “off limits.”

Tips for safe use of social media by youth:

- Discuss social media with youth in your care. Ask youth how they use social media and why it’s important to them. Share and discuss this series’ tip sheet for youth https://www.childwelfare.gov/pubs/smtips_youth.cfm
- Talk with your caseworker. Ask about safety needs or concerns that may affect your youth’s use of social media and whether there have been any past issues with social media use.
- Set house rules early on for what’s okay and what’s not. Rules will likely vary with youth’s age (see sample family media agreements for different age groups at http://www.common sense media.org/sites/default/files/imce/educatefamilies_fma_all.pdf).
- Set strict privacy settings. Understand settings for each network used, so youth in your care can limit who can find them, what they can see, and how they can communicate (for information on Facebook settings, read <http://www.connectsafely.org/pdfs/fbparents.pdf>; for other networks, consult networks’ user information).
- Teach youth to keep personal information private. Advise youth not to post a full name, address, school name, phone number, photo, or other identifying information.
- Monitor use. Keep computers in a common family space (not a bedroom) and keep track of mobile device use. Know what type of social media your youth uses. Consider asking youth for passwords and permission to let a trusted adult “friend” them. However, try to balance monitoring with privacy.
- Conduct searches. Every so often, search on a youth’s name and address and see what information or tagged photos are publicly available (see <http://www.common sense media.org/advice-for-parents/photos-gone-wild-how-combat-unwanted-photos-facebook>).
- Explain the need to be careful. Make sure youth understand that not everyone is who they say they are. Advise youth to avoid sharing intimate photos and talking online about sex.
- Discuss cyberbullying. Warn youth not to send, forward, or respond to mean or embarrassing messages or pictures. Help youth document, block, and report cyberbullying if needed (for information on cyberbullying, see <http://www.stopbullying.gov/cyberbullying>).
- Keep lines of communication open. Encourage youth to let you know if an exchange makes them uncomfortable or if someone asks to meet them in person.
- Be prepared to deal with mistakes. When youth slip up and don’t follow guidelines, approach the situation as a “learning opportunity” and calmly work together with youth on what to do next.

**AFTER HOURS TELEPHONE
NUMBERS FOR CHILD PROTECTIVE SERVICES**

COUNTY	CONTACT PERSON	NUMBER	PAGER or CELL PHONE
Autauga	Autauga County Sheriff's Office	334-365-3211	n/a
Baldwin	Baldwin County Sheriff's Office	251-937-0202	n/a
Barbour	Barbour County Sheriff's Office	334-775-3434	n/a
Bibb	Bibb County Sheriff's Office	205-926-3129	n/a
Blount	911-Dispatch	205-625-4912	n/a
Bullock	Union Springs Police Department	334-738-3131	n/a
Butler	E-911 Butler County Sheriff's Office Greenville Police Georgiana Police	334-382-9911 334-382-6521 334-382-7461 334-376-2222	n/a
Calhoun	Calhoun County Sheriff's Office	256-236-6600	256-210-0990
Chambers	Chambers County 911 Center	334-576-0914	n/a
Cherokee	Cherokee County Sheriff's Office	256-927-3938	256-458-3918
Chilton	Chilton County Sheriff's Office	205-755-2511	n/a
Choctaw	County Dispatcher	205-459-5911	n/a
Clarke	Clarke County DHR	251-589-5934	251-589-3538 1*34*878
Clay	Clay County Sheriff's Office	256-354-2176	n/a
Cleburne	Cleburne County Sheriff's Office	256-463-8911	n/a
Coffee	Enterprise Police	334-347-2222	n/a
Colbert	Answering Service	256-314-4900	n/a
Conecuh	Conecuh County Sheriff's Office Evergreen Police		n/a
Coosa	Coosa County Sheriff's Office	256-377-2211	n/a

COUNTY	CONTACT PERSON	NUMBER	PAGER or CELL PHONE
Covington	E-911	334-427-4911	n/a
Crenshaw	Luverne Police Department	334-335-3334	334-674-1172
Cullman	Cullman County Sheriff's Office	256-775-4700	n/a
Dale			
Dallas	Selma Police Department	334-874-6611	1-877-829-3988
Dekalb	Dekalb County Sheriff's Department	256-845-3801	1-877-830-1222
Elmore	Elmore County Sheriff's Office	334-567-5546	n/a
Escambia	Escambia County Sheriff's Office	251-867-0304	n/a
Etowah	Answering Service	256-494-5728	n/a
Fayette	Fayette County Sheriff's Office	205-932-3205	n/a
Franklin	Franklin County Sheriff's Office Russellville PD	256-332-8820 256-332-2230	n/a
Geneva	Geneva County Sheriff's Office Geneva Police Hartford Police Slocomb Police Samson Police	334-684-5660 or 334-684-5664 334-684-2777 334-588-2222 334-886-3333 or 3777 334-898-7118	n/a
Greene	911 Dispatcher	911	n/a
Hale	E-911	334-624-9911	334-353-2472
Henry	Abbeville Police Department	334-585-2222	800-239-2337 PIN:0444
Houston	Answering Service	334-677-0400	n/a
Jackson	Jackson County Sheriff's Department	256-574-2610	n/a
Jefferson	Answering Service	205-324-2135	n/a
Lamar	Dispatcher-Lamar County LEA	205-695-7103	n/a
Lauderdale	911- Dispatcher	256-760-9117	n/a

COUNTY	CONTACT PERSON	NUMBER	PAGER or CELL PHONE
Lawrence	Lawrence County Sheriff's Office	256-974-9291	256-376-0564
Lee	Answering Service	334-737-1111	n/a
Limestone	Answering Service	256-230-9404	n/a
Lowndes	Lowndes County Sheriff's Office	334-548-2222	877-528-6920
Madison	Rotating Service Worker	256-427-6200	n/a
Marengo	911- Dispatcher	334-289-0911	n/a
Marion	Marion County Sheriff's Office	205-921-7433	n/a
Marshall	Marshall County Sheriff's Office	256-582-2034	n/a
Mobile	911 Dispatcher	911	n/a
Monroe	Monroe County Sheriff's Office	251-575-2635	n/a
Montgomery	Montgomery County Youth Facility Montgomery Police	334-261-4100 334-241-2790	n/a
Morgan	Morgan County Sheriff's Office	256 -301-8800	n/a
Perry	Law Enforcement	334-683-9071 334-683-6534	n/a
Pickens	911 Dispatcher	205-367-9800	n/a
Pike	Troy Police Brundidge Police Pike County Sheriff's Office	334-566-0500 334-735-3333 334-566-4347	n/a
Randolph	Randolph County Sheriff's Office	256-357-4545	n/a
Russell	Russell County Sheriff's Office	334-298-6535	n/a
St. Clair	Central Dispatch	205-884-3333	
Shelby	Shelby County Sheriff's Office	205-669-4181	n/a
Sumter	Livingston Police Department Sumter County Sheriff's Office	205-652-9525 205-652-7984	n/a

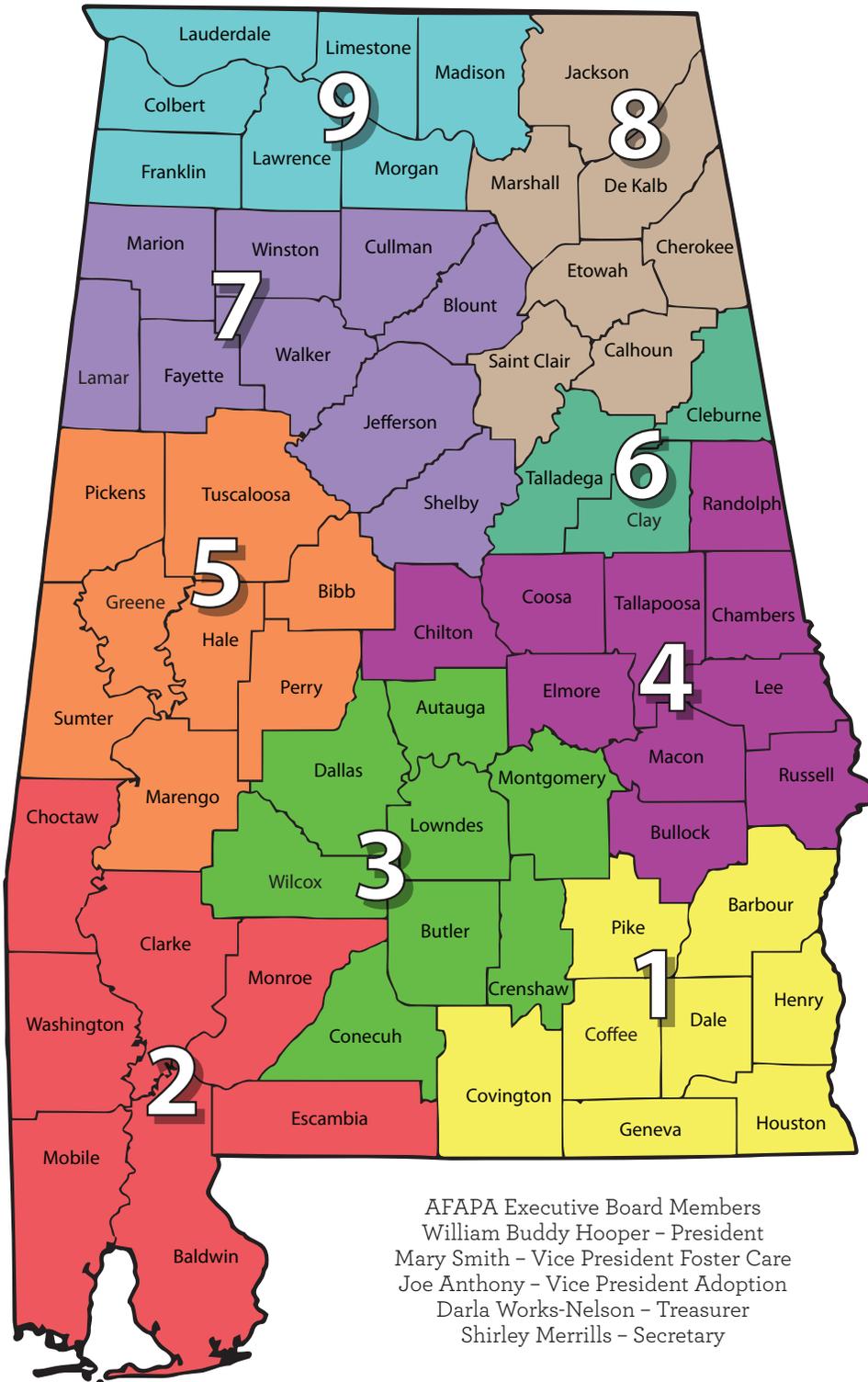
COUNTY	CONTACT PERSON	NUMBER	PAGER or CELL PHONE
Talladega	Talladega County Sheriff's Office	256-761-6117	n/a
Tallapoosa	Tallapoosa County Sheriff's Department	256-825-4264	n/a
Tuscaloosa	Rotating Service Worker Answering Service	205-349-2700 or 2702 205-556-2181	1-877-206-5407 or 1-877-899-5634
Walker	Walker County Sheriff's Office	205-387-5400 205-384-7218	1-888-305-1681
Washington	Washington County Sheriff's Office	251-847-2202	1-877-395-6618
Wilcox	Wilcox County Sheriff's Office	334-682-9115	n/a
Winston	Winston County Sheriff's Department	205-489-2115	n/a

STATE OF ALABAMA DHR PHONE NUMBER BY COUNTY

State DHR Information Number 334-242-9500	
County	Phone number
Autauga	334-358-5000
Baldwin	251-947-8340
Barbour	334-775-2000
Bibb	205-926-2900
Blount	205-274-5200
Bullock	334-738-0111
Butler	334-382-4400
Calhoun	256-240-2150
Chambers	334-864-4000
Cherokee	256-927-1440
Chilton	205-280-2000
Choctaw	205-459-9701
Clarke	251-275-7001
Clay	256-396-6800
Cleburne	256-463-1700
Coffee	334-348-2000
Colbert	256-314-4900
Conecuh	251-578-3900
Coosa	256-377-2000
Covington	334-427-7900
Crenshaw	334-335-7000
Cullman	256-737-5300
Dale	334-445-4900
Dallas	334-874-1400
Dekalb	256-844-2700
Elmore	334-514-3200
Escambia	251-809-2000
Etowah	256-549-4100
Fayette	205-932-1665
Franklin	256-331-5900
Geneva	334-684-5800
Greene	205-372-5000
Hale	334-624-5820
Henry	334-585-4100
Houston	334-677-0400
Jackson	256-575-6000
Jefferson	205-423-4500
Lamar	205-695-5000
Lauderdale	256-765-4000

Lawrence	256-905-3100
Lee	334-737-1100
Limestone	256-216-6380
Lowndes	334-548-3800
Macon	334-725-2100
Madison	256-427-6200
Marengo	334-295-2000
Marion	205-921-6000
Marshall	256-582-7100
Mobile	251-450-7000
Monroe	251-743-5900
Montgomery	334-293-3100
Morgan	256-301-8800
Perry	334-683-5500
Pickens	205-367-1500
Pike	334-807-6120
Randolph	256-357-3000
Russell	334-214-5780
St. Clair	205-812-2100
Shelby	205-669-3000
Sumter	205-652-5000
Talladega	256-761-6600
Tallapoosa	256-825-3700
Tuscaloosa	205-554-1100
Walker	205-387-5400
Washington	251-847-6100
Wilcox	334-682-1200
Winston	205-489-1500

AFAPA REGIONAL MAP



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