

Chautauqua County Department of Social Services



Foster Parent Manual

Drafted 2014; revised 2017, 2021, and 2025 by the Chautauqua County Department of Social Services based on the New York State [Foster Parent Manual](#), 2010; New York State Social Services laws; New York Codes, Rules, and Regulations; the Family Court Act; and Chautauqua County DSS policies and procedures.



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Foreword

Section A: Purpose of the Foster Parent Manual

This handbook has two purposes. First, it serves as a source of information for prospective foster parents, to provide details about our foster care program and the foster home licensing process of the Chautauqua County Department of Social Services—Division of Children and Family Services. Second, it is designed for the use of all foster parents licensed through DSS, to keep foster parents informed of current rules, regulations, policies, procedures, and other information needed to assist foster parents in providing foster care for children.

Foster parents should take the time to look over the information in this manual and become familiar with it. When you have a question, review your manual—it may contain the answer you need. Any questions about the contents may be discussed with the caseworkers for the children placed with you or with Home Finding staff. We will attempt to keep the information current. As new policies, procedures, information, or changes in policies are sent to you, add them to this manual and discard any outdated information.

Section B: What is Foster Care?

Foster care is a program designed to provide a substitute family in an agency-approved living situation to children who need temporary care for a limited period of time when their birth families are unavailable or experiencing problems which render the birth families unable to care for the children.

The primary goal of foster care is to reunite families or to ensure the child will leave foster care for another permanent placement. Foster care is founded on the premise that all children have the right to physical care and educational and emotional nurture at all times, even when their birth families cannot provide those supports. Foster parenting is not a lifetime commitment to a child, but a commitment to be meaningful during a child's lifetime. Foster care is a temporary arrangement with a focus on reunification of children with their birth parents or birth families.

For additional information about foster care (and adoption) in New York State, you can also contact the Adoptive and Foster Family Coalition at:

- 108 Main Street, Suite 5, New Paltz, New York 12561
- 888-354-1342 (phone)
- info@affcny.org (email)
- www.affcny.org (website)

Section C: The Department

The Chautauqua County Department of Mental Hygiene and Social Services is financed by federal, state, and local funds (taxes). Although the department is operated by the county, its regulations are generally established by New York State and the federal government. The Chautauqua County Department of Mental Hygiene and Social Services is managed by the Commissioner of Social Services, who is appointed by the County Executive. There are several divisions in the Department of Mental Hygiene and Social Services, including Mental Hygiene; Temporary Assistance [TA] (previously known as public assistance or welfare); Medicaid; the Supplemental Nutrition Assistance Program [SNAP] (previously known as Food Stamps); Legal; Fiscal Management; Human Resource Systems (HRS); Children and Family Services; and Adult Protective Services.

In this manual we will refer to the Department of Mental Hygiene and Social Services as the Department of Social Services and/or DSS.

DSS operates out of three offices: the main office in the Hall R. Clothier (HRC) Building in Mayville, a branch office in Dunkirk, and a branch office in Jamestown. The Children and Family Services Division is comprised of Child Protective Services (CPS) and Services.

Child Protective Services workers investigate reports of alleged child abuse or neglect/maltreatment. CPS workers are available 24 hours a day, seven days a week to receive reports from the New York State Child Abuse and Maltreatment Register (also known as the State Central Register or SCR) in Albany.

Services workers consist of the following:

- **Preventive services** staff work with families to prevent children from being placed in foster care
- **Foster care** staff work to return children already in foster care to their homes or to another permanent situation. When a child is in foster care, the services workers work with the child, the foster parents, and the birth family toward reuniting the child with the birth parents or other kin
- **Adoption caseworkers** assess families interested in adopting a child and supervise a child placed in an adoptive home until the adoption is finalized
- **Home Finding caseworkers** recruit, license, train, and support foster parents and also help other caseworkers select a foster home for a specific child at the time of placement
- **Community Services Workers** (CMWs) help families in a variety of areas, including: supervising family time; providing transportation to medical appointments; and teaching parenting skills, budgeting, and nutrition

An organizational chart of Children and Family Services is attached in [Appendix A](#).

Glossary of Terms

Department staff and other professionals often use jargon and/or acronyms that are not familiar to foster parents. Listed below are some of those terms with their definitions. This list is not exhaustive and certainly there will be additional terms that foster parents would like to have defined. Foster parents should ask for definitions of any words that are not clear.

ASFA

Adoption and Safe Families Act. ASFA was enacted in 1997 and is intended to promote the importance of child safety and timely decisions for permanency while clarifying "reasonable efforts" and continuing family preservation. ASFA regulations state that if a child has been in foster care for 15 out of the most recent 22 months, the foster care agency must file a petition in Family Court seeking to terminate the birth parent's parental rights, unless there are certain extenuating circumstances, such as the birth parent engaging in residential substance abuse treatment, for example. The Department holds regular ASFA reviews for all children in foster care to examine timelines and permanency goals.

BOARDING HOME REGISTER

The official record of placement of a foster child in a foster home. The Boarding Home Register page for each child must be started at the time of placement, signed by caseworkers every time they visit the home, and completed at the time the child leaves the foster home. Although it is the responsibility of the caseworker to enter the information and signatures at each visit, it is helpful if you, the foster parent, help the worker to remember by keeping your register handy at the time of each visit. Boarding Home Registers must be returned to Home Finding when they are full and/or your foster home is closed.

CASA

Court-appointed special advocate (CASA) volunteers make a life-changing difference for children who have experienced abuse or neglect. Volunteers are appointed by a Family Court Judge to advocate for a child's best interests in court. CASA volunteers help judges develop a fuller picture of each child's life. Their advocacy enables judges to make the most well-informed decision for each child.

CHILD IN FOSTER CARE

Any child in the care, custody, or guardianship of an authorized agency who is placed for temporary care outside the family home. Custody of each child placed in foster care must be obtained through the Family Court as soon as possible. Foster children are in the custody of the Commissioner of Social Services. Each child in care has an assigned foster care caseworker who is responsible for that child while in the Commissioner's custody. **It is**

important to remember that, while children are in foster care, their birth parents retain their parental rights and therefore must be asked to make decisions and give consent for situations involving their children.

CONCURRENT PLANNING

Planning that works toward returning the child to the birth family while simultaneously developing an alternative plan for the child. Concurrent planning recognizes that the birth parent may be unable or unwilling to establish a safe environment for the child and pursues another permanent goal for the child. It focuses on achieving a permanent goal for a child within one year of placement in foster care, if possible.

CPS

Child Protective Services. CPS workers conduct investigations to determine if a child has been abused/neglected and if there is risk of future abuse/neglect in the home where the child lives. If CPS workers determine a child to be unsafe, they work with the birth family to devise a plan for the child's safety. If the birth parents refuse to make a plan or no appropriate plan can be made, the child may be placed in foster care.

DSS or DMHSS

Department of Mental Hygiene and Social Services. DMHSS was formed by combining the Department of Mental Hygiene and the Department of Social Services in Chautauqua County. Outdated documents may refer to DHHS (Department of Health and Human Services).

FAMILY COURT

Virtually all children going into foster care have had their custody placed with the Commissioner of Social Services for a specified period of time. Chautauqua County Family Court generally has jurisdiction over a child's custody. A foster child's case will be brought into Family Court for various reasons, including hearings regarding the Neglect and/or Abuse petition filed against the birth parents or caretakers, custody petitions filed by the foster child's extended family members, and permanency hearings.

FAMILY FIRST PREVENTION SERVICES ACT (FFPSA)

The Family First Prevention Services Act was signed into law as part of the Bipartisan Budget Act on February 9, 2018. The FFPSA includes long-overdue historic reforms to help keep children safely with their families and avoid the traumatic experience of entering foster care, emphasizes the importance of children growing up in families, and helps ensure children are placed in the least restrictive, most family-like setting appropriate to their special needs when foster care is needed. Like ASFA in 1997, the Family First Act is having a dramatic effect on the entire foster care system.

FASP

Family Assessment and Service Plan. A description of the specific steps that will be carried out to address the reasons for the child's placement in foster care. The FASP describes: (1) what the birth parents will do to develop their strengths and meet their needs; (2) what the caseworker will do to help the birth parents and the child in care; (3) what others, including foster parents and service providers, will do to help the birth parents and the child in care; and (4) what it will look like when the FASP's goals have been met.

FOSTER CARE

A temporary living arrangement for children who are unable to live safely with their parents or other care givers. There are several types of foster care settings, with the preferred option being placement with relatives, also known as kinship care. When placement with family is not an option, children and youth may live with nonrelative caregivers. Congregate care settings, such as qualified residential treatment programs, should only be used when children and youth require specific psychological or behavioral services that cannot be administered in home-based foster care settings. Foster care is a temporary, court-monitored service provided by states to promote the safety, permanency, and well-being of children and youth. Foster caregivers typically undergo licensing and training so that they are well-equipped to provide children and youth with shelter, support, and care.

FOSTER CARE TEAM

The individuals, including the foster parents, who work together on behalf of a child in care. The individuals collectively are regarded as a team, as their different but coordinated efforts are directed to the common goals of ensuring that each child in foster care is placed in the most suitable foster home available and receives the best planning services and support necessary to achieve permanency. Foster parents are key members of the foster care team; other team members include the child's caseworker and other staff and professional consultants having intimate knowledge of the foster child and the birth family's strengths and needs. All team members know their roles and have the ability to carry out their responsibilities toward the child. Foster parents and caseworkers make all attempts to work in partnership with the birth parents.

FOSTER PARENT

A parent who fosters has been licensed through an authorized agency to provide temporary care for a child who has been placed in the care, custody, or guardianship of the Department. **The foster parent works in partnership with the Department and the birth parents toward the child returning to the birth family.**

HEAD START

Head Start is a federally-funded program with services provided by various community agencies. Head Start services promote the school-readiness of infants, toddlers, and preschool-aged children from low-income families. Services are provided in the home, in day care settings, or in centers. Head Start programs also engage parents and help them become better educational advocates for their children.

HOME STUDY

The process of gathering information to determine if prospective foster parents can be licensed to care for a foster child. Department workers (usually called Home Finders) visit the home and collect detailed information about the applicants as well as other household members and potential caregivers for the child. Background checks relating to criminal history and the child abuse registry are required, as are family health exams. The worker submits a report to the Department, describing the home environment, background, social history, and current makeup of the family.

JD

A Juvenile Delinquent (also referred to as JD) is a child over 12, but under 18 years of age, who commits an act that would be a crime if it had been committed by an adult. New York State enacted legislation to change the manner in which juvenile delinquents are managed by social services and probation agencies in order to be less punitive and more restorative.

NEGLECT, MALTREATMENT, and ABUSE

Neglect and maltreatment are often used interchangeably in the child welfare system. These two terms indicate that a child is not receiving appropriate care from the parents or caretakers. Neglect and maltreatment cover a wide range of situations, including: lack of medical care; educational neglect; lack of food, clothing, and/or shelter; lack of supervision; injuries such as lacerations, bruises, and/or welts; and inadequate guardianship, which means that the parents/caretakers didn't do something that they should have done to care for the child or did something that they should not have done when caring for the child.

Abuse indicates more serious situations, including severe or repeated physical abuse and/or sexual abuse. For more information, go to the CPS section of the OCFS website:

<https://ocfs.ny.gov/programs/cps/definition.php>.

OCFS

The Office of Children and Family Services is the state agency that regulates and supervises child welfare services, including CPS, foster care, adoption, Home Finding, and preventive services. The OCFS website is <https://ocfs.ny.gov/main/>.

PERMANENCY PLANNING

An agency's systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to reunite foster children with their birth families or, when reunification is not possible, to secure for children a family life that offers continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships.

PINS

Person in Need of Supervision. A child under 18 who is habitually truant, incorrigible, or ungovernable and beyond the lawful control of the parent. The Department accepts PINS referrals for these youth and may assign a member of the Juvenile Services Team to work with the youth and their family in an attempt to prevent filing a petition in Family Court.

RAISE THE AGE

New York State passed Raise the Age (RTA) legislation changing the age that a child can be prosecuted as an adult to 18 years of age in criminal cases. For more information about this legislation, please speak with the Independent Living (IL) worker assigned to the youth placed in your home.

REASONABLE AND PRUDENT PARENT STANDARD (RPPS)

The RPPS allows a foster parent to make parental decisions that maintain the health, safety, and best interests of the child in care, as well as to make decisions about the child's participation in extracurricular, enrichment, cultural, and social activities that are age and developmentally appropriate, in a way that protects the child while allowing for normative experiences.

While the RPPS does allow foster parents to give permission for foster children to engage in normative experiences even in situations where the birth parents may refuse/are unavailable to provide consent, **it is important to note that employing the RPPS means engaging with the child's birth parents/birth family as much as possible and discussing any decisions about the child in care with the birth family prior to making those decisions.** All foster parents are required to complete a mandated training on the RPPS. If you have any specific questions regarding RPPS please contact the child's caseworker or your Home Finder.

RE-CERTIFICATION or REAUTHORIZATION

Both these terms refer to the process that must take place when the "approval" or "certification" period of a foster home expires and when the family wishes to remain eligible to receive children for foster care placement. Re-certification/reauthorization happens on a yearly basis, as boarding home certificates or letters of approval are issued for a period of 12 months. Your home finder will assist you with this process.

SCR

State Central Register, AKA "Child Abuse Hotline," "the Register," or the "Mandated Reporter Line." The SCR receives and screens phone calls of suspected child abuse and maltreatment statewide and distributes the information to the appropriate county for CPS to investigate and make a determination. The SCR (located in Albany) maintains a file (register) containing records of all indicated reports and all reports under investigation.

SPR

Service Plan Review. The SPR is a review of how a foster care case is progressing to ensure that the birth family and others are taking the steps to which they agreed and to ensure that a child does not linger in care. The SPR is held 60 to 90 days after the time of the initial placement and then every six months thereafter until the child is discharged from care. Foster parents are expected to attend in person or participate via phone. Children in care age 10 and up are also invited to attend, if developmentally appropriate.

TPR

Termination of Parental Rights. A TPR gives custody of a child to the Department for adoption planning. Involuntary TPR occurs when a court determines the birth parents have failed, for a period of more than one year following the placement of a child in foster care, to maintain contact with or plan for the child, notwithstanding the Department's diligent efforts. TPR can also be voluntary, when birth parents decide to surrender their parental rights.

Contact Us

Chautauqua County Department of Social Services

Home Finding Unit

South County Office Building
110 East 4th Street
Jamestown, NY 14701

Main Intake:

Ph#: (716) 661-8212

Fax: (716) 753-9752

HomeFinding@chqgov.com

Home Finding Website

<https://fosterlovechq.com>

Emergency contact outside normal
business hours call Chautauqua County

Sheriff:

(716) 753 4232

Facebook Group

Once you are licensed you may request to
join our private Facebook group,
“[Chautauqua County Social Services Foster
Parents.](#)” If you want to join this group
please search for our group on Facebook
and request to join.

Home Finding Staff:

Supervisor

Sara Johnson

(716) 661-8043

JohnsonS@chqgov.com

Senior Caseworker

Audra Moeller

(716) 581-2080

MoellerA@chqgov.com

Caseworker

Katie Cavness

(716) 410-4258

CavnessK@chqgov.com

Caseworker

Greg Powell

(716) 450-4328

PowellG@chqgov.com

Clerical Support

Charles Kingsley

(716) 661-8076

KingsleC@chqgov.com

If you're interested in becoming a Foster Parent you can start an application online through **Binti**.
Use the URL or QR code below.

<https://family.binti.com/users/signup/chautauqua-county-department-of-social-services-initial>



Chapter One: Becoming a Foster Parent



Section A: Rights and Responsibilities of a Foster Parent

1. WHAT DOES IT MEAN TO BE A FOSTER PARENT?

When you become a foster parent and begin to accept placements, you are responsible, on a temporary basis, for the care and nurturing of children who have been removed from their homes. You are also responsible to work with the child's birth family and the Department to help the child achieve permanency as quickly as possible. Being a foster parent is a challenging role and requires support, education, and a willingness to work as a team member. For more information see the Foster Parent Agreement in [Appendix B](#).

a. Foster parents have a responsibility to:

- Treat children in care as you would treat your own children
- Give basic physical and emotional care, attention, and affection to all foster children while providing them with a safe, stable, and nurturing family environment
- Help the child cope with separation from their birth family, home, and community
- Provide guidance and appropriate discipline
- Provide opportunities for the child's educational, social, and cultural growth
- Provide opportunities for the child to socialize with peers at school and church and in the community
- Encourage the child's talents and interests and improve the child's self-concept
- Work to build and maintain the child's relationship with the birth family
- Facilitate family time between the child and birth family or other kinship resources
- Help, to the best of your ability, with transportation and family time for the child
- Encourage and supervise school attendance, including participating in teacher conferences and keeping the child's caseworker informed about the child's academic progress and/or educational barriers
- Attend to the child's regular and special medical, dental, and mental health needs, with Department assistance
- Work in partnership with the Department and participate in Service Plan Reviews
- Allow scheduled and unscheduled access to your home and the children in care by Department staff, the attorney for the child, and certain service providers

b. Foster parents have the right to:

- Decide which placements to accept according to your family's strengths and needs and your current family circumstances
- Receive information on each foster child who is placed in your home
- Receive current information about foster care payments and rates
- Expect regular visits from the child's caseworker to discuss the child in care and the current goals for the child
- Receive on-going supervision and assistance from the Department
- Receive training from the Department on topics related to foster parenting and the special needs of children placed in the foster home
- Be helped promptly, if you request, with any special needs or crises that arise

- Participate in Service Plan Reviews regarding the child and permanency
- Receive notice of Family Court permanency hearings regarding the foster child's permanency plan and have the right to be heard at these hearings
- Participate, as an interested party, in any court proceeding involving custody of the foster child
- Receive a 10-day notice when the Department intends to remove the child from your home, except when the court orders immediate removal (i.e., if a relative is granted custody) or when removal is necessary to protect the child's health and safety (including those times when the child's mental health or behavioral needs increase to the point that the child requires a higher level of care). Foster parents who do not agree with the removal decision may request a conference and fair hearing to contest the decision. See [Chapter Six, Section A](#) for more information about this subject
- Have their application to adopt a child placed with them (for 12 continuous months or longer) be given consideration over **most** other applicants if the child is freed for adoption or if the plan is to free the child for adoption. See [Chapter Nine](#) for more information about adopting a child from foster care

c. Foster parents DO NOT have the right to:

- **Give consent or sign for any medical, dental, or mental health treatment**
- **Obtain the birth certificate for the child in care**
- **Obtain the Social Security Number (SSN) for the child in care for any reason other than income tax purposes.** If foster parents wish to request the child's SSN for income tax purposes, they must follow the procedure described in [Chapter Seven, Section H Claiming Foster Children on Income Tax Returns](#). The child's SSN may not be used for any other reason and foster parents cannot give the child's SSN to anyone other than their tax preparer

Section B: Foster Home Regulations

1. TYPES OF FOSTER HOMES

a. "Regular" foster homes

Most foster homes are "regular" foster homes—i.e., homes where the foster parent has no prior relationship to the children placed in the home. When people decide that they wish to become foster parents to provide care for children in unsafe conditions in their communities, their home is licensed as a regular or traditional foster home.

b. Kinship foster homes

Under the Family First Prevention Services Act, when a child comes into foster care, workers must seek to identify relatives or other resources known to the birth family who wish to become kinship foster parents for the child. Kin can be either related through blood or marriage or be what is called fictive kin.

Fictive kin are people who have a prior relationship with the foster child or the birth parents. Fictive kin are generally friends of the birth family and often have honorary titles—i.e., being called an aunt even though there is no blood relationship. However, some non-relative kinship foster parents have a prior relationship only with the child and not the birth family, such as teachers, medical staff, mentors, etc.

2. CRITERIA FOR LICENSING OF FOSTER HOMES

- Applicants must be 21 years of age or older and have their own income source(s) sufficient to provide for themselves
- Applicants must attend and participate in a 10-week series of pre-service foster parent classes. The purpose of the classes is to help applicants make an informed decision with their families (and to decide jointly with the Department) about whether being foster parents is right for them and their families and to help prepare prospective foster parents to meet some of the challenges of parenting children in care
- For two-parent families (either married couples or two unmarried adults who will parent jointly), both applicants must attend all 10 meetings
- All persons in the applicant's household who are 18 years of age and older must be fingerprinted to conduct a national criminal history check through the FBI. New fingerprints are required even if applicants have previously been fingerprinted for some reason. The cost of the fingerprinting is covered by the Department
- All persons in the applicant's household who are 18 years of age and older must also sign a release for a New York State Central Register (SCR) background check. The SCR release is used to determine if anyone in the household has ever abused and/or maltreated children. Other states must be contacted for this type of background check if an applicant has lived in New York State for less than five years
- Applicants must have satisfactory medical exams. The medical professional must also disclose if the applicant has been referred for substance abuse or mental health treatment. In such cases, the applicant may be required to provide additional health information regarding such treatment
- Statements of health must be provided for all other household members
- Applicants will be asked to provide detailed family and personal information to assist the Department in the completion of a written home study. Personal and employment references will also be contacted. For those applicants who have adult children, those children may be contacted as references
- Applicants will also be asked to provide copies of the following: photo identification; income information; pet licenses and vaccinations; marriage/divorce/legal separation documents; car insurance and registration; and permits/registration for firearms
- A home visit/inspection will be made as part of the licensing process. All foster homes must have a secure storage method for firearms and ammunition and working smoke and carbon monoxide detectors. All homes must exceed New York State's safety standards regarding cleanliness and must have safe exits and no fire hazards. For applicants with swimming pools and/or other water hazards, applicants must be able to discuss their safety measures, such as fencing, locked gates, and alarms. For applicants who have wells/springs, a well water test will be conducted by the

Chautauqua County Department of Environmental Health to ensure the water is safe to consume. (The cost of the initial test will be covered by the department)

- At times, Home Finding caseworkers need expert assistance in assessing foster homes and will make a joint home visit with the Fire Inspector from the OCFS Buffalo Regional Office

See [Appendix C](#) for the Safety Review Form that will be used to ensure that your home meets New York State safety standards.

3. CRITERIA FOR KINSHIP FOSTER HOMES

The criteria for approval of kinship foster homes are the same as for regular foster homes, with the exception that kinship homes may be opened on an emergency basis. New York State regulations allow for these homes to be opened in emergency status with an expedited home study and local background clearances in order to keep children with kin. Homes opened on an emergency basis must be moved to regular approval status within 90 days of opening. Foster parents whose homes are opened in emergency status have up to six months to complete the pre-service foster parent classes.

4. NUMBER OF CHILDREN PLACED IN A FOSTER HOME

The number of children placed in a foster home depends on many factors, including the ability/desire of the foster parents; the size of the home and number of bedrooms; the number/ages of other children in the home; and any special needs of the children already in the home. In New York State, foster homes can be licensed to take placement of up to six (6) children. However, for foster parents who already have children of their own living in the home, any of those children under the age of 13 must be counted as one of those six allowable children. Foster parents cannot have more than two children under the age of two (2) in the home, including the foster parent's own children. (Sometimes exceptions may be made in order to keep siblings together.) Here are some examples to help clarify the issue of how many children can be placed in a foster home:

a. Example #1

John and Jane Doe have four children of their own—ages 17, 12, 9, and 4. They have a large home and would like to be certified to take six children. However, per NYS regulations, they can only be certified for up to three children, as they have three children in their home under the age of 13.

b. Example #2

Mary Smith has two children of her own—ages 16 and 10. She already has two foster children placed with her—ages 20 and 17. She could have three additional children placed in her home. Even though one of the foster children is over age 18, that child counts toward the six allowable children, as does Mary's 10-year-old.

c. Example #3

Laura and Richard Spot have two children of their own—ages 9 and 10. They have just adopted a sibling group of four children—ages 8, 6, 3, and 1. The Spots will not be able to accept any more foster care placements for at least three years, as they currently have six children under the age of 13 in their home. In three years, their 10-year-old will be 13 and will not be counted as one of the six allowable children.

5. SLEEPING ARRANGEMENTS for FOSTER CHILDREN

a. General requirements

- Foster homes must have sleeping arrangements that are age and developmentally appropriate. Your Home Finder will discuss this requirement with you throughout the licensing process
- No more than three people may occupy a bedroom where foster children sleep (sometimes exceptions may be made in order to keep siblings together)
- Every sleeping room occupied by foster children must have good natural light and ventilation and one or more windows opening directly to outside air. Beds must be arranged to permit free circulation of air under each bed
- Bedrooms must have sufficient space to ensure privacy for children and to allow children to store personal possessions and must be of adequate size to allow a minimum of two feet of clearance for passage between furniture and beds
- No bed can be located in any unfinished attic, basement, stairway, or room commonly used for purposes other than sleeping
- All foster children must have separate beds or cribs and their own bedding. Children cannot sleep together or with any adult
- Each bed or crib must be large enough to ensure comfort of the child; have suitable springs in good condition; a clean and comfortable mattress, with waterproof covering, if needed; and suitable covers adequate to the season

b. Safe Sleeping Arrangements for Infants

- Infants in foster care may only sleep in a crib or pack-and-play
- Always place babies on their backs to sleep (both for naps and at night) to reduce the risk of Sudden Infant Death Syndrome (SIDS)
- Use a firm sleep surface, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death
- Do not put babies down for naps or to sleep at night on adult beds, couches, or chairs—alone, with you, or with another child
- Keep soft objects, toys, crib bumpers, pillows, blankets, and loose bedding out of the baby's sleep area
- Do not smoke or allow others to smoke around infants
- Give a baby a dry pacifier that is not attached to a string for naps and at night
- Dress the baby in a light, one-piece sleeper and do not use a blanket
- Do not let the baby get too hot during sleep
- See the "What Does A Safe Sleep Environment Look Like" flyer in [Appendix D](#)

6. HOUSEKEEPING STANDARDS

Foster parents are required to keep their homes and yards neat and clean and free from fire and/or safety hazards. Foster homes must exceed New York State's minimal standards for cleanliness and safety. Foster parents are a very visible aspect of our foster care program and therefore contribute significantly to public opinion about foster care in general. Issues with housekeeping standards will be discussed with you if they develop and housekeeping standards will be reviewed with you during the yearly re-certification process. The caseworker for children placed in your home and/or the Home Finding caseworker will assist you in developing a plan to alleviate any problems about housekeeping standards that may arise. If you have questions about housekeeping standards, ask the child's caseworker or the Home Finding unit. Below are some of the expectations for foster homes:

- All garbage will be kept in covered cans and removed regularly (at least weekly)
- There will be no animal feces or piles of debris in or outside the home
- There will be no unlicensed vehicles in the yard
- Dishes will be washed regularly (at least daily)
- Floors will be swept, mopped, or vacuumed regularly (at least weekly or more often if necessary due to pet hair or a child's asthma)
- Laundry will be washed, dried, and put away regularly (at least weekly)
- Litter boxes for cats will be kept clean and the litter will be changed regularly to prevent any odors

7. FIREARMS

All guns kept on your property **must** be stored in a secure, double-locked location. Any handguns must be equipped with trigger/slide locks. Ammunition must be stored in a locked location separate from the guns. Keys for these locked areas should be secured in an area inaccessible to foster children. The foster parent must maintain and license any guns in accordance with state and local requirements. If you own a handgun, the Home Finding Unit needs a copy of your pistol permit for your file. If you own any firearms that you are required to register under the SAFE Act, you must provide copies of the registration forms. See [Chapter Four, Section H.1](#) for more information regarding firearms

8. SMOKING

Foster parents:

- must provide a smoke-free environment [including electronic nicotine delivery systems (ENDS) such as e-cigarettes, vape pens, etc.] in all indoor areas of the foster home and in all vehicles used to transport a child in placement
- must prohibit smoking, the use of ENDS, and the use of smokeless tobacco by children in placement
- will prohibit any person from directly or indirectly selling, giving, or furnishing to a minor any cigarettes made of tobacco, any ENDS, any matter or substance that can be smoked, and any cigarette paper or tobacco in any form, including smokeless tobacco
- may permit smoking outdoors when no child in placement is present

For information about quitting smoking, call the New York State Smokers' Quit Line at 1-866-NY-QUITS.

9. DISASTER PLANS

All foster parents must develop a disaster plan that includes information about where the family would go in a disaster and emergency contact information. These disaster plans must be updated yearly at the time of re-certification. In case of a disaster, see [Appendix E](#) for emergency guidelines, listed by type of disaster. These guidelines include a list of supplies that foster parents should have on hand in case of any disaster and a list of critical items that should be taken with the foster family when evacuating foster children.

If a disaster occurs, contact the caseworkers for the children placed in your home and/or Home Finding staff.

Section C: Annual Re-certification

All foster homes are licensed for one year (12 months). Prior to the end of the licensing period, the Home Finding caseworker must assess the home and meet with the foster parents to determine if the home will be licensed for another year.

The re-certification process includes a home visit by the Home Finding caseworker to complete the OCFS Safety Review Form (home inspection form); a discussion with the foster parents; interviews of any child in care who is old enough and verbal enough to be interviewed; and completion of some additional paperwork. At the time of re-certification, foster parents must have a current medical exam on file (exam date within the last two years) and must provide current statements of health for other household members. The Home Finding caseworker will review the foster parents' training record to ensure that each parent has completed the required annual training and will also check for current rabies vaccination forms for all pets. The foster parents will also be asked to re-sign the OCFS and local Foster Parent Agreements annually. During the re-certification home visit, the Home Finder and foster parents will discuss the licensing information for the home to determine if any changes need to be made to the number and type of children the foster parents are able/willing to accept.

For those foster homes where youth age 14 and up have been placed, the Independent Living (IL) caseworker will also meet with any youth who are in the home just prior to the time of re-certification. The interview with the youth will take place privately—without the foster parents being present. The youth will be asked about their experiences in the foster home in order to provide additional information about the home and to help the Home Finding Unit identify the foster parents' strengths and needs regarding parenting teens.

Section D: Foster Parent Training

1. PRE-SERVICE CLASSES

a. NTDC–National Training and Development Curriculum

Any persons wishing to become licensed foster parents are required to complete a series of training classes to help prepare them for their parenting journey with a child who has experienced trauma, separation, and loss. New York State utilizes the National Training and Development Curriculum, also known as NTDC, to provide individuals with the necessary skills and knowledge to succeed in their roles as foster parents.

Foster parent applicants are required to complete a 30-hour series of classes prior to being licensed.

Kinship foster parents may be licensed prior to completing this training as long as it is complete within six months of becoming licensed. Kinship foster parents may complete a kinship specific series of classes which is approximately 14 hours of class material or they may opt to complete the regular 30-hour series of classes.

The curriculum for both paths consists of three components (Self-Assessment, Classroom-Based, and Right-Time training) that will help to prepare and provide ongoing development for individuals who wish to foster.

These components are set up to help provide prospective foster parents with:

- Insights into their own strengths, while also exploring areas where they will benefit from additional supports in regards to fostering
- An understanding of how to work with the Department and birth families to help maintain children’s connections and work towards reunification
- An overview into child development, attachment, mental health considerations and the impacts of substance use
- An overview about trauma, grief, loss and trauma-related behaviors
- Knowledge and skills to effectively parent children who have experienced trauma, grief and loss
- Concrete information on the roles and responsibilities of parents who foster and/or adopt
- The skills needed to effectively communicate and ultimately be able to provide youth in care with a safe, stable and nurturing home environment

2. IN-SERVICE TRAINING

a. Required number of training hours

In a two-parent home, both foster parents must complete these training hours. **For special and exceptional rates, the training must be relevant to the care of the child.** Your training hours will be reviewed yearly at the time of re-certification and when you request special or exceptional rates.

- Foster parents are required to complete a minimum of four (4) hours of training for each year that the foster home is open
- Foster parents who are eligible to receive special rates for a child placed in their home must complete four (4) hours of training per year related to the child's condition(s)
- To be eligible to receive exceptional rates, foster parents must complete 5 (five) hours of training per year related to the child's condition(s)

For more information about special and exceptional rates see [Chapter Seven, Section A](#).

b. Ways to get your annual training hours

- DSS offers various trainings throughout the year, and foster parents are also able to participate in trainings offered by other child welfare agencies. For trainings presented by other agencies, foster parents must obtain a certificate of attendance/completion and send a copy to the Home Finding unit
- Home Finding staff send out periodic mailings via email and regular mail about various trainings being offered by DSS and other agencies, as well as information about online training. Information about trainings is also posted, when possible, in the Facebook foster parent group
- In addition to attending training sessions, foster parents may read books, magazine articles, or online information on topics related to foster care, adoption, or general parenting skills. Foster parents who do training in their own homes must provide information about the training, including the number of training hours, to Home Finding staff at the time of the annual re-certification or when requesting special or exceptional rates. The Home Finding maintains a small library of books and magazines that can be borrowed. Contact Home Finding for a list of materials.

c. Training stipend

For trainings that take place outside the foster parents' home, the foster parents may request the training stipend, in the amount of \$15, which is intended to help defray the cost of mileage and baby-sitting. To request this stipend, contact Home Finding staff.

Section E: Foster Home Records

1. FOSTER HOME RECORD MAINTENANCE

Every family who applies for foster home licensing will have a foster home record developed and maintained by the Home Finding unit. Foster home records are now maintained in a secure electronic record system. Closed foster home records are maintained indefinitely.

2. FOSTER HOME RECORD INFORMATION

Foster home records contain the following information:

- Applications to foster
- Listing of all children placed in the home, length of placement, and reason for leaving the home

- Clearances, including criminal history and SCR history
- Corrective Action Plans, Professional Development Plans, and/or any concerns
- Home study
- Self-assessment forms, household composition forms; home inspection forms; well water test results; marriage certificate; pet records; Child Characteristics form; references
- Medical forms and information
- Notes regarding home visits, telephone calls, and other contacts
- Re-certification forms and information
- Requests for special/exceptional rates
- Training information

Chapter Two: Accepting Foster Care Placements



Section A: How Children Come into Foster Care

1. INTAKE AND INVESTIGATION PROCESS

In our county, foster care placements result either from CPS investigations where children are found to be unsafe or from court-ordered placements.

2. FOSTER CARE PLACEMENTS

At the time of placement, workers will attempt to identify kin who are willing to care for the child. If no kin can be identified, the child will be placed in a non-kinship foster home. However, non-kinship foster care placements are meant to be temporary until such time that a kinship resource can be found (or until the child can return home). Non-kinship placements are reviewed at an administrative level to ensure the Department has made all efforts to locate a kinship resource. The hope is that a child's first placement will be the only placement and that each foster home placement will be a single family placement. Therefore, if you already have a child placed with you, the Department will attempt not to place non-sibling children in your home at the same time.

See [Appendix F](#) for information about the investigation and placement process.

3. SIBLING PLACEMENTS

Attempting to place siblings together is mandated by state law, except when deemed (by a psychiatrist or psychologist) not to be in the children's best interests. Foster homes that are able to take placement of an entire sibling group will be given preference over homes that can accept only one or some of the children.

If siblings are divided at the time of placement and later there is a vacancy in a home where some of the children have been placed, it is the Department's usual practice to reunite the siblings.

Exceptions can be made regarding the number of children who can be placed in your home if such an exception will keep siblings together and is in the children's best interest.

Section B: Preparing for Foster Care Placements

As you are going through the licensing process, you should also start to prepare for placements of foster children. Keeping in mind your preferred age range for placements, you should begin to purchase items that you will need to care for these children, as most of the foster care placements in our county are done on an emergency basis and you might not have time to get to the store between the time the CPS workers call and when they bring a child to your home. The list below gives some helpful suggestions to consider before your first placement:

- beds and/or cribs with appropriate bedding, including waterproof mattress covers
- car seats (as required by New York State law)
- clothing in various sizes; diapers in various sizes
- lice shampoo and comb
- new toothbrushes, combs, hairbrushes
- bottles, sippy cups
- night lights
- toys/games, age appropriate
- list of other foster parents and friends who can help out and provide support
- a plan for child care for the first few days after a child is placed in your home

In most cases, it is also a good idea to child-proof your home by moving fragile and valuable objects to safe locations.

Section C: When You Are Called about a Placement

When CPS workers believe that they will be placing a child into care and a kinship resource has not been located, they will call foster parents about accepting a placement. At the time of placement, the workers might not have much information about the child, but you should ask for and expect to be told what pertinent information is known so that you can make the best decision for your family when accepting placements. Here are some questions you might want to ask the caseworker about the potential placement:

- the child's age and gender
- the child's race/religion/cultural heritage
- if the child has any special medical needs and/or allergies, including food allergies
- if the child has any behavioral and/or mental health issues
- if the child is toilet-trained
- if it is expected that this will be a long- or short-term placement (although it is impossible to know this information for certain, the worker may have an idea based on current knowledge of the family)
- if the child has siblings who are being placed elsewhere
- what knowledge the child has of the reasons for placement
- general information about why the child is being removed from the home

When a school-age child is placed in foster care during the school year, there is likely to be a period of time when the child will not be able to attend school. When a child who is not school-age is placed with you it is likely to take a few days to set up child care. See [Chapter Three, Section E](#) for more information about education. See [Chapter Three, Section D](#) for more information about child care.

You may also wish to discuss the information you are given with your family before making a decision about accepting the placement. Keep in mind your responsibility to keep the information given to you confidential.

Once a foster parent is found who is willing to accept the placement, the workers transport the child to the foster home. At this time the worker will sign the child in using your Boarding Home Register. Birth parents are generally invited to go along at the time of placement, unless there are safety issues that would make this plan inappropriate. **Unless Family Court orders otherwise, the birth parents should be given the name, address, and phone number for the foster home at the time of placement.**

Section D: Welcoming a Child into Your Home

1. TIPS FOR THE FIRST DAY/NIGHT OF PLACEMENT

Put yourself in the shoes of the children who are coming to stay with you. What do they need to know about you, your family, and your home to be comfortable? Here are some tips that come from experienced foster parents and caseworkers:

- Don't overwhelm the child with too many people or displaying feelings of excitement. Even though you are probably thrilled to have a placement, the child is experiencing the trauma of being removed from his/her family
- If appropriate, have some type of simple activity ready for the children
- Ask when the children last ate and/or if they are hungry. Have some child-friendly foods on hand (such as macaroni and cheese or peanut butter and jelly), even if these are not the usual type of food your family eats
- Let the children know if they can get food from the refrigerator or cupboard by themselves or if they need to ask permission. Try to have some food available, such as a bowl of fruit, which the children can access anytime
- Give the children a tour of your home, pointing out where they will sleep, where you sleep, and where the bathroom is
- Let the children know that it is okay to wake you up at night if they are scared or need something
- Offer to help the children unpack, but allow them to do so themselves if they wish. Tactfully find out if they have clothing that needs to be laundered right away. Also find out if they have pajamas with them or if you will need to provide them with pajamas
- Do not ask a lot of questions. Let the children open up to you as they feel comfortable
- Do not speak disparagingly of their birth family
- Do not have phone or other conversations about the children, such as calls to the children's caseworkers, where the children can hear
- Let the child know what your family's routine is, in general, so they know when to expect other children or adults to come home and when to expect meals or other activities
- Respect the children's personal space. Do not hug or kiss children, other than infants, without their permission or unless they initiate the contact
- Explain the rules of the house. Expect to need to remind the children of these rules several times. It can help to have the most important house rules written out and posted where everyone can see them

Answer children's questions honestly and don't make promises, as you might not be able to keep those promises. If the child asks a question and you don't know the answer, tell the child so and let the child know that you will try to find out the answer as soon as possible.

2. HOW PLACEMENT AFFECTS CHILDREN

Every foster child who is placed in your home will be unique and will react to the situation according to the child's personality, developmental age, social skills, and family background. Always parent to the child's developmental age. While it is impossible to predict how a child will act at the time of placement, generally the behavior will fit into one of following categories:

a. Moving toward the foster family

Some children are unable to process what is happening to them and some children are accustomed to staying with various people at various homes. These children typically will be cooperative and well-behaved, at least initially.

b. Moving away from the foster family

Other children might be completely overwhelmed by the separation from their family and will withdraw to some degree. These children often speak very little, may not answer questions, and tend to seek solitude.

c. Moving against the foster family

There will be children who react to being placed in foster care with anger and hostility. Some children believe that if they behave badly enough, they will be sent home to their birth family. These children tend to be the most challenging, especially for new foster parents. Remember to ask for help from the Department and for support from your friends and other foster parents.

Remember that birth parents are the experts on their children. If possible, talk to them at the time of placement or soon after to get more information that might make the transition easier for the children.

Chapter Three: Important Issues for Foster Children



Section A: Understanding Trauma

1. WHY CHILDREN IN FOSTER CARE HAVE EXPERIENCED TRAUMA

All children in foster care have been exposed to some form of trauma. The very act of being put in foster care is traumatic for children because it means the loss of their birth family and often friends, schoolmates, teachers, and everything that is familiar. However, many children in foster care have experienced more than one form of trauma or have experienced repeated trauma, the lasting effects of which should be acknowledged and understood by families considering foster care and adoption.

It is vital to understand and acknowledge the children's trauma caused by separation, grief, and loss, which will most likely interfere with a child's ability to form new relationships. When a child in foster care is separated from their parent or family, there is often not a clear timeline for return, and the child has no power over the outcome of the situation. This ambiguity, or constant state of limbo, is stressful to the child who often wishes to be reunified with the parent. When a child holds out hope of being reunited with their parent or family, they cannot grieve the loss because the loss is not fully recognized or final which can interfere with the child forming and adjusting to new relationships especially with the family who is fostering them. It may be helpful to validate that it is okay for a child to love and care about many people in their lives and that new relationships don't mean that old relationships are, or were not, important.

2. HOW CHILDREN EXPRESS GRIEF RELATED TO TRAUMA

Children often grieve differently than adults. Grief in children is often displayed through challenging behaviors and can show up at unexpected times. For a child in foster care experiencing ambiguous loss, their grief may not be resolved and may be ever present which can lead to a variety of physical symptoms and behaviors.

Some common symptoms of ambiguous loss and unresolved grief are:

- Difficulty with transitions or change
- Difficulty making decisions or choices, feeling overwhelmed
- Difficulty coping with normal childhood or adolescent losses and disappointments, feeling "stuck"
- Depression and/or anxiety—fear that they will keep losing people and not feeling safe
- Learned helplessness or hopelessness
- Social isolation to protect from loss again
- Feelings of guilt and shame
- Anger
- Confusion about what happened and whether they are to blame
- Holding on to unhealthy relationships

3. HOW TO HELP CHILDREN IN CARE PROCESS TRAUMA

a. Life Books

As foster parents, you must be willing to have difficult conversations with children about grief and loss. Children may be reluctant to talk because it's too painful or they may not have made connections between what they are feeling and the losses they have experienced. Children may also feel disconnected from their experiences. Having conversations with them about their stories can help open the door to connecting their losses and talking about their grief. A Life Book or Memory Box can be a helpful tool to assist children in thinking and talking about their story which may also help them process all that they have experienced and begin to heal from it.

Life Books and Memory Boxes are a way to collect and organize a child's life story in one place and they can be made up of pictures, documents or any other memorabilia that help tell that child's own personal history. Life Books and Memory Boxes can help to:

- Open communication about history and important memories and honor them
- Help to reconstruct the child's story and to correct misconceptions while building trust
- Open communication about important people in the child's life to value them and their importance

See [Appendix H: Life Books](#) for more information on this topic.

b. Other tips for helping children address loss and grief

- Display pictures of people, places and things that are important to the child
- Be conscious of how special occasions can trigger intense feelings or loss. Birthdays, holidays, Mother's Day, Father's Day, etc. can all bring up difficult or confusing feelings
- Be aware of anniversary reactions especially on days or during seasons when known traumatic events occurred (e.g., child's removal from their home)
- Keep your expectations realistic. There is no set time frame for grieving losses
- Model healthy responses to loss and share your feelings openly
- Patience and the ability to sit with a child in their grief and be supportive over time will help to build your relationship and allow the child to continue to process their grief

Section B: Parenting Children With a History of Trauma

Many children who have experienced trauma may have developmental delays as a result. These children may have learned distress from their caregiver not coming to meet their needs or perhaps hurting them when they did come. Delays can occur as a result of children being in a constant state of distress which teaches a child's brain to be in a fearful, defensive, or survival mode as a starting place, rather than a moment that they are just passing through. This situation is different than a child who developed more typically. Children who have experienced trauma may look fully developed on the outside; however these children often

have underdeveloped brain functioning especially in moments of high stress which can lead to reacting or overreacting in such situations.

Parenting the children placed in your home will likely be different from your previous parenting experiences. It is imperative that you are parenting them to their developmental age which may differ slightly or significantly from their chronological age. Parenting children who have experienced trauma and loss can come with a host of challenges for foster parents. Please take time to take care of yourself along the way so that you are able to provide the nurturing regulation the child needs.

Children who have experienced trauma will often push back against a caring parent and likely not trust the parent's intentions. The child may be fearful of closeness in the relationship or may distance themselves as a defense mechanism to try to get the parent to reject them as other adults may have done to the child in the past. Children may exhibit behaviors intended to distance themselves from their foster/kinship family, or even antagonize them in the hope they will be asked to leave and have nowhere else to go but home. When parenting a child who has experienced trauma and loss it is vital to remain consistent and provide them with a safe, nurturing and stable home environment.

The parenting and discipline techniques that you may have utilized in previous experiences may not yield the same results with children who have experienced trauma and may actually be more harmful than helpful. We've outlined a few helpful parenting approaches in the Discipline section below.

For more information see [Appendix G: Parenting a Child Who Has Experienced Trauma](#).

Section C: Discipline of Foster Children

1. DISCIPLINE

a. State law

New York State Social Services law, Section 441.9 Discipline, regarding the discipline of foster children states:

- **Deprivation of meals, snacks, mail, or visits by family, as methods of discipline, are prohibited**

Snacks include food served to the family at a regular time each day as part of a nutritional program, such as an after-school snack. Snacks are not the same as treats. Visits by family include in-person visits by the child's birth parents, relatives, and/or other discharge resources as well as letters, cards, and/or telephone calls to/from those same people

- **Room isolation, as a method of discipline, is prohibited**

Room isolation means confining a child in a locked room for a period of time. Sending children to their rooms for a reasonable period of time is acceptable. However, a child is not to be locked in the room. Also, time-outs should be given

for a specific period of time, preferably determined by the child's age and development, and should never be for excessively long periods (all morning, all day, etc.). In addition, the capacity of the child to regain control of him-/herself should be considered and monitored by periodic check-ins by the foster parent to observe progress or regression

- **Corporal punishment is prohibited.**

Corporal punishment includes any physical punishment inflicted on a child. Spanking, slapping, hitting with your hand or an object, biting, pulling hair, "tapping on the behind," putting your hand over a child's mouth, or holding a child by the face and forcing the child to look at you are all forms of corporal punishment and are never to be used with children in care. Please be sure that you understand this information as using corporal punishment with children in care could very well lead to your home being closed.

- **Solitary confinement is prohibited**

Solitary confinement means confining a child alone in an empty, locked area

- **Discipline shall be prescribed, administered, and supervised only by adults. Such responsibilities shall never be delegated to children**

b. Other unacceptable types of discipline for foster children

Additional examples of unacceptable methods of discipline include:

- **verbal abuse and/or ridicule**

Ridicule, verbal abuse, demeaning, degrading, frightening, and humiliating methods of discipline include: yelling loudly at the child in care; calling the foster child names such as "retard;" belittling the child or the birth family; comparing the child to the negative aspects of the birth parents or siblings; comparing the foster child to your own child; putting a toilet-trained child in diapers if the child has an accident; or threatening to have the child removed from the foster home if the child doesn't behave

- washing a child's mouth out with soap
- excessive physical exercise
- forcing silence for long periods of time
- unreasonable denial of bedding or clothing
- requiring a child to stand for specified periods with the child's nose against the wall
- requiring the child to stand at attention with eyes turned toward the ceiling
- forcing the children to crawl on their knees across a floor strewn with rice
- frightening, humiliating, degrading, or demeaning a child or the birth family
- refusing to allow the child to attend a regular or planned religious activity

This list of prohibited punishments is not an exhaustive list of the inappropriate methods used to control the behavior of children. If foster parents use inappropriate discipline, the foster children placed in the home may be removed and the home may be closed. If you have any questions about discipline, contact Home Finding or the child in care's worker immediately.

c. Using restraint on children in care

In general children in care should not be restrained. However, if you feel that a child placed in your home needs to be restrained for safety reasons contact the child's caseworker immediately or call 911.

2. SUGGESTED DISCIPLINE AND PARENTING TECHNIQUES

One of the primary roles of parents is to guide children and help them correct their behavior when needed. Foster parents are not aiming simply to discipline children in care, but to shape lifelong decision-making abilities. Children who have experienced loss and trauma need discipline, yet generally benefit most from non-traditional approaches. Typical strategies that "take away" privileges, experiences, or people from children who have a history of loss and trauma can be experienced as more loss, loneliness, or shame. Therefore, these methods are not only ineffective because they put the child into survival mode but they might also be painful to the child.

Children who have experienced trauma may have triggers that set off challenging behaviors. They need support from healthy adults to work through these challenges successfully. We have outlined some of the various parenting and discipline techniques that are referenced throughout our pre-service foster parent trainings.

a. Relationship focused parenting

The most important part of parenting a child who has experienced trauma is to prioritize the relationship with that child. As a foster parent you become a healing parent. For children who have experienced separation, grief, loss and/or trauma, a basic fear they have is that the parent-child relationship won't last and even worse, that it will be their fault if anything goes wrong with it. Building trust in the relationship will be critical to build healthy attachment for the child and it will help them work towards healing from their previous experiences that may have taught them that it's not safe to trust. This healing will happen through many pleasurable experiences together, as well as finding teachable moments to modify or change their behavior. Opportunities to build your relationship will be happening every day in your day-to-day experiences and creating a routine of structure, as well as following through with what you have said you will do will help build predictability which will eventually build patterns. Those patterns will help create healthy ways of being in relationships with others.

b. The 4 S's of Relationship focused Parenting

Seen—Parents need to be attuned to the needs of children, including those that are not spoken. Getting to know signals of a child's emotional state, their signs of distress (which may be unpredictable), subtle body language cues, and triggers will be important to anticipate.

Safe—Build safety with time at home with family, protection and predictability. Due to their life experiences, feeling safe is particularly critical for children with backgrounds of separations, loss and trauma. A situation that may seem safe to others, might be seen as threatening to a child with a background of trauma and loss.

Soothed—Providing comfort to a child. It is key to increase a child’s feelings of safety, security and positive experiences while decreasing their distress.

Secure—Connect physically and emotionally to build trust. Experiences speak louder than words, so activities that involve touch, movement, and the use of the senses particularly help to cement positive patterns and loving messages to brains and bodies.

Some Relationship Promoting Activities

- Going for a walk, hike or run together
- Cooking or baking together
- Games with eye contact like patty cake or peek-a-boo
- Find a swing or trampoline and swing or jump the time away. Try different speeds or mimicking each others’ moves
- Brushing hair
- Playing sports where you have time together like basketball, tennis, ping pong, etc
- Eating together as a family, anywhere and everywhere
- Sharing all forms of music, especially singing, dancing or drumming together
- Creating messy art together, like finger-painting and clay or playdough
- Screaming loudly in jubilation together, such as at a concert, a sporting event, or on a roller coaster
- Swimming, water fights, jumping into a wave or a lake together
- Reading snuggled up or rocking together
- Going for a car ride together
- Biking side by side together
- Side-by-side activities with no eye contact, like doing artwork

Activities that are NOT relationship promoting activities because they are focused on talking, punishment or spending time away from the parent would be:

- Lecturing
- Time-outs
- Buying things for the child
- Watching television or playing video games independently

c. Three R’s

When a child is triggered, the child’s intense emotions and challenging behaviors may trigger a parent as well. It is important for a parent to be aware of their own triggers and to regulate their emotions in their responses. Knowing and utilizing the Three R’s can be helpful when parenting a child who has experienced trauma.

Regulate—Help a child to regulate and calm their fight/flight/freeze response). When a child who has experienced trauma is triggered their whole body may react and will be in survival mode. Their fight, flight or freeze response is triggered and they will be using their simple brain which controls heart rate, blood pressure and breathing. As the parent, you need to help the child calm their physical response as the first step. This

action can be accomplished using co-regulation, by remaining calm and assuring the child you can help them calm themselves.

Relate—Relate and connect with the child through an attuned and sensitive relationship. Once the child has calmed down, it is important to try to connect with the child and understand what upset the child. Again, reassure the child, and try to focus on how the child may be feeling. Remember to be aware of your tone, volume and proximity to the child and make sure your approach remains calming.

Reason—Support the child to reflect, learn, remember, articulate and become self-assured. Once you have helped the child regulate their behaviors and emotionally connected with the child then you can talk about what happened and develop a plan to address the issues. In this step you will be engaging the higher levels of a child's brain or the thinking and learning brain. This step can only happen after a child has been calmed and emotionally engaged.

Remember that a parent's responses and a child's responses interact with each other. If a parent escalates their response to a child's behaviors, then a child will also escalate the intensity of their behaviors. If a parent remains calm then it will help to decrease the child's emotional intensity and behaviors. Utilizing the Three R's will help a parent to set limits for a child without being punitive. Consistently utilizing the Three R's will begin to help minimize the overall behaviors a child may exhibit.

d. Further techniques to manage escalating behaviors

i. STEPS

Safety—Prioritize the safety of people, pets and property. This step could mean getting other children and/or pets to move to another room or ensuring that there is no property around that could be dangerous to the child who is escalating.

Tone of Voice—Focus on the tone of your voice in these moments. Practice using a supportive tone with yourself, positive self-talk and/or deep breathing so that you will stay regulated and not escalate along with the child. Use messages of unity, such as "We've both been through hard things before, and we made it through." When talking to the child, use a voice that is low and slow. Calm voices will help you both feel steadier.

Empathy—Give empathy and validation out loud for the child's overwhelming feelings. This is not the time for lecturing or punishments as the child's brain is likely not regulated.

Positive Reinforcement—Give positive reinforcement to the child. Use simple, clear language and give concrete directions of what to do at key moments.

Support—Be thoughtful about whether you are the best person to keep handling this situation, whether you need space for yourself, and/or whether another person can offer more support and be more calming in this moment.

ii. What NOT to do when a child's behaviors are escalating:

- Don't yell or mimic the child's behaviors
- Don't escalate the child, yourself, or the situation
- Don't blame or shame yourself or the child
- Avoid power struggles with the child, such as insisting they follow a particular rule during these moments

e. Relationship-Focused Discipline

JAR is another effective technique for disciplining children who have experienced loss and trauma. This method highlights that “the problem is the problem, and the child is not the problem.” By partnering with the children in your home and realizing that they and their behaviors are not the problem, you will be able to help guide them in an approach that can eventually begin to shift their responses to situations and their behaviors.

Joining—This step focuses on joining the child to combat the problem. It puts the child-parent relationship at the forefront.

Amends-Making—This step helps a child learn skills to repair and rebuild relationships and gives them the opportunity to recognize what the wrong was and how to make it right.

Re-Do's—This step allows the parent and child to work together to brainstorm ways to address the problem so that it doesn't happen again.

When parenting children who have experienced loss and trauma it is important to plan for the challenges and celebrate the successes. Set realistic expectations of the children in your care and celebrate even the small successes. While fostering children who have experienced loss and trauma can be difficult and may even feel impossible at times, it can also be the most rewarding job you will ever have. As a foster parent, you can become a healing parent and help a child reshape their perspective on the world around them and build healthy relationships for the rest of their lifetime. “At the end of the day, the most overwhelming key to a child's success is the positive involvement of parents.” (Jane D. Hall)

3. ADDITIONAL TIPS FOR APPROPRIATE DISCIPLINE

In addition to the techniques given above, here are some other thoughts to consider when you are disciplining a foster child:

- The discipline you used with your own children might not be effective with children in care, so be open to using/learning new techniques
- Being consistent and fair with your discipline is very important
- A child's actions indicate the way a child feels, so understanding and talking about the child's feelings may alleviate the problem behavior
- Many foster children have been abused in their own homes. Since you would like them to learn a different way of life, discipline should be different in the foster home than it

was in the child's abusive home. Also, children who have been abused or neglected will not have the same sense of security that your own children have

- Helping children develop a trusting relationship with foster parents is one of the main goals of discipline. Foster parents will have a great deal of influence on teaching children positive behaviors through the discipline methods that are used
- What works for one child might not work for another
- Both the foster parents and the child need to talk and listen to one another for a better understanding of how each thinks and feels
- It is important to set limits, which shows the children that you care. Establish guidelines that are within the children's ability and let the children know that they will be responsible for the consequences if their behavior goes beyond these limits. When you tell the children about the rules in your home, also let them know what the specific consequences are for breaking those rules
- When you have to discipline children, make sure they understand the reason for the disciplinary action
- Share discipline issues with the child's birth parents and caseworker. It is important that birth parents know what is working as far as disciplining their children and workers can reinforce the use of appropriate discipline techniques with the birth parents during family time and parenting instruction sessions

At times, it is very difficult for foster parents to cope with the behaviors of some of the children in care. Ask your caseworker or call Home Finding if you need help in developing appropriate methods of discipline that will be most effective for the child. Ask for help as soon as you realize that you are struggling with the child's behaviors.

Please be aware that Home Finding and the Department take the issue of inappropriate and excessive discipline very seriously. Failing to use appropriate discipline or using corporal punishment could lead to a child being removed from your home and/or your foster home being closed. If you have any questions about what type of discipline is appropriate, contact Home Finding.

Section D: Child Care for Foster Children

1. CHILD CARE/DAY CARE

DSS regulations state that foster parents must **never** leave children under the age of 10 alone without competent adult supervision. "Competent adult" has been defined by DSS as a responsible adult age 18 or older who has been found to be appropriate. Children over age 10 may be left alone if mature enough and not requiring increased supervision. Foster parents must exercise good judgment in all cases.

Reimbursement can be made by the Department for appropriate child care for foster children under the age of 13 utilized while a foster parent is at work, and in some cases, while a foster parent is in college. If you require day care, please contact the caseworker for the child in

care. Foster parents are strongly encouraged to use licensed day care whenever possible. If you choose not to use licensed day care and want to be reimbursed for child care, your child care provider will need to be approved through Chautauqua Opportunities, Inc., per NYS child care regulations. The approval process requires an application and fingerprints as well as an SCR background check (the cost of which is not covered by DSS) and can take several weeks, so please begin the process as soon as a child is placed in your home.

In addition to traditional day care, foster parents with children under the age of five are strongly encouraged to consider the Early Head Start and Head Start programs. These programs provide education, parenting instruction, and nutrition services, and children in foster care are given preference for placement. If you have placement of a child under the age of five, please discuss Early Head Start or Head Start with the child's foster care caseworker.

2. GENERAL INFORMATION

a. When will child care be paid by the Department?

Day care/child care for foster children will be paid for times when both foster parents in a two-parent home are working or when the parent in a single-parent home is working. If, in a two-parent home, one foster parent works first shift and the other foster parent works second or third shift, child care may be approved for sleep time for the foster parent working second or third shift.

In addition, child care might be paid for foster parents who are attending a two-year college or vocational program leading to a degree or certificate, under certain circumstances. If you are in this situation, please contact Home Finding or the worker for the children placed in your home to find out if child care can be paid for your foster children. It is NOT guaranteed that child care will be reimbursed for foster parents who are attending college as there are various requirements per the New York State regulations.

Child care will not be paid for or reimbursed for foster parents to attend training, except for the \$15 training stipend. See [Chapter One, Section D.2](#) for more information about the training stipend and when it can be requested.

b. For which foster children will child care be paid by the Department?

Child care payments can only be approved for foster children under the age of 13 unless an exception has been granted by a supervisor for a child age 13 or older who requires a high degree of supervision. To request such an exception for a child placed in your home, discuss the situation with the child's caseworker as it is necessary to have documentation regarding the child's need for supervision, such as a mental health evaluation, doctor's statement, or other information provided by school officials, Juvenile Probation, etc.

3. GETTING CHILD CARE APPROVED

When you become a foster parent, it is a good idea to have a plan for child care/day care even before you receive your first placements, as most placements in our county occur on an emergency basis.

a. Licensed child care providers

The Department strongly recommends that foster parents use licensed child care facilities. In such cases, foster parents should notify the child's caseworker of which licensed provider they will be using. The foster care caseworker will work with the supervisor in charge of day care payments to verify that the provider is licensed and that DSS has a contract in place with that provider. The provider will submit time sheets to DSS and payment will be made directly to the provider, in most cases.

To locate a licensed child care provider in your area, you can call the Child Care Hotline at 1-800-424-4532 or go to the NYS OCFS Division of Child Care Services home page at <https://ocfs.ny.gov/programs/childcare/> and click on "Search for Child Care." The website also provides information for parents about how to choose a child care provider; regulations for child care providers; what to look for in terms of health, safety, and quality care; and how to make a complaint about a child care provider, if necessary.

b. Informal child care providers

Foster parents can choose to use "informal" child care providers; however, if the foster parents are requesting that DSS pay for the child care, the providers will have to be approved by and enrolled with the Child Care Council through COI. Keep in mind that informal providers who care for children in their own homes can care for only two children, unless the children are related to the provider. If the provider cares for the children in the foster home, there are no restrictions on the number of children, but the foster parents will be subject to all governmental regulations (such as worker's compensation). In either case, the payments made to the informal child care provider by the Department are considered income and will be reported to the IRS annually.

If you wish to have an informal provider considered for approval, please let the foster care worker know immediately as the informal provider will need to be approved through the Child Care Council/Chautauqua Opportunities, Inc. (COI) and the process can take several weeks. No payments will be made for child care until and unless the informal provider is approved. Attempts will be made to pay the provider retroactively from the date child care began, but such payments are NOT guaranteed.

A packet will need to be completed by the informal child care provider and the foster parent for each child/sibling group. Background checks will be done.

If an informal provider is denied based on information obtained during the approval process (such as criminal or child abuse background checks), foster parents will need to locate another provider and immediately stop using the provider who was denied. If an informal provider is denied for failure to complete the required paperwork or background checks, a foster parent can continue to use that provider for child care, but the costs of child care will not be covered or reimbursed by DSS.

If an informal provider is approved, the provider will need to complete time sheets to document when child care was provided. Foster parents will need to review the time sheets for accuracy.

Time sheets must be submitted to DSS monthly.

4. OCCASIONAL CHILD CARE/BABY-SITTERS

There will be times when foster parents pay for child care for foster children, just as they would pay for child care for their own children. For example, when foster parents want to go out to dinner by themselves, they will pay a baby-sitter for the children. These occasional sitters do not need to be licensed day care providers nor do they need to be approved through the Child Care Council. However, New York State OCFS policy is that these sitters will be competent adults age 18 or older. The Department does NOT provide reimbursement for this type of child care, as the cost is part of the room/board rate. For more information, contact Home Finding.

Section E: Education

1. THE DEPARTMENT'S ROLE

a. School Aged Children

The Department and the school district from which the child was placed will decide if the child will remain in the previous school district or be transferred to the district where the foster home is located, if different. In some cases, the decision might be made to keep the child in the original school district. In that situation, the child's worker will ask if the foster parent is able/willing to assist with transporting the child to/from school. If the foster parent does assist with transportation, the Department will provide mileage reimbursement at the IRS rate. To request this reimbursement, use the "Request for Reimbursement of Transportation Expense" form, which can be requested from Home Finding or the child's foster care caseworker. A sample of a completed form and blank forms can be found in [Appendix I](#).

Children in foster care in Chautauqua County attend public schools unless the birth family has made arrangements for the child to attend a private school. **Foster parents should not plan to home-school foster children.** The child's caseworker will enroll the child in the new school district and communicate with the previous school district regarding the placement. As a foster parent, **you should not enroll the child in school as you cannot sign any of the necessary documents.** You are able to sign permission slips for field trips, in accordance with the Reasonable and Prudent Parent Standard (see Glossary). However, please remember to discuss field trips and other school activities with the child's birth parents and foster care caseworker as the birth parents should be asked to sign the permission slips first.

See [Chapter Seven, Section D.1](#) for information regarding reimbursement for school supplies and fees.

b. Early Intervention

All children under age three who are placed in foster care will be referred to Early Intervention to be evaluated for developmental delays. These evaluations often take place in the foster home, although they can also take place during family time with birth parents. If the foster child is found to be in need of treatment, the required services may be provided in the foster

home or during family time. If you have any questions about Early Intervention and a child placed in your home, speak to the child's caseworker.

2. FOSTER PARENT'S ROLE

a. What is expected by the Department?

Foster parents are expected to cooperate fully with the school and the Department to assist the foster child in attending school regularly and excelling academically, to the best of the child's ability. Your assistance in this area will include helping the child with homework, attending school conferences and other functions, and helping the child to be ready for each day of school. If the child has an Individualized Education Program (IEP) or receives other services through the school for special education needs, foster parents are expected to participate in the annual Committee on Special Education (CSE) meetings. You will also share information about the child's academic progress and school activities with the birth parents and encourage them to participate as much as possible in the child's education. When the child's caseworker meets with you at your regularly scheduled casework contacts, discuss this information with the worker also.

b. What foster parents can do to help the foster child

As you know, each child placed in your home is unique, having special talents, interests, and hobbies. For all foster children, and especially those who struggle academically, it is helpful for you to encourage participation in school events, sports, and extra-curricular activities after first speaking with the child's birth parents and caseworker to determine what sports and activities are most appropriate.

For all children, it is beneficial to have a scheduled time for homework several days a week, as well as a specific place to do homework. Many children need extra supervision and prompting while doing homework, so foster parents may wish to have the child sitting at the kitchen table or other appropriate location where they can observe the child and be available to answer questions or re-direct the child.

3. GENERAL INFORMATION CONCERNING FOSTER CHILDREN AND SCHOOL

a. Pre-school or Head Start programs

If you have a three- or four-year-old child placed with you, discuss with the child's caseworker and birth parents what pre-school, Head Start, or other early education program would be most beneficial for the child. Do not enroll a foster child in any of these programs without speaking with the caseworker first, as foster parents cannot give permission for foster children to participate in these programs nor can they assume that the Department will pay for the program, if there is a cost. Birth parents must also be involved in making these and other important education decisions for their children.

b. School lunches

The federal Healthy, Hunger-Free Kids Act of 2010 makes all foster children categorically eligible for free meals served under the Richard B. Russell National School Lunch Act. Speak

with the child's caseworker about what paperwork needs to be completed for the school in order for the child to be enrolled in the free lunch program.

c. Attending and quitting school

Foster children must attend school every day that it is in session unless they are sick or have a legal excuse for absence, such as a medical or mental health appointment, a Family Court appearance, or a meeting with their attorney. Familiarize yourself with the attendance policy of the school district where the foster child attends so that you know what to do when you need to let the school know that the child will be absent. If a note is required to explain the absence, foster parents may write and sign such a note.

In New York State, all children between the ages of 6 and 16 must attend school full-time unless they have already received a high-school diploma. Generally, a child can choose to quit school at the end of the school year in which the child turns 16. However, children in foster care cannot quit school. Foster parents are expected to encourage foster children to remain in school until they graduate and to demonstrate a high regard for the value of education. If a child placed in your home is talking about quitting school or is refusing to attend, let the caseworker and birth parents know immediately.

d. Special school expenses

See [Chapter Seven, Section D.1](#) for information regarding school and school-related expenses covered by the Department. For expenses related to field trips or other activities, the child's caseworker will help to explore other possible sources for payment, including the child's birth parents.

4. COLLEGE AND/OR VOCATIONAL TRAINING

If appropriate, foster children should be encouraged to continue their education once they have graduated from high school, whether through a traditional college program or a specialized vocational training program. Foster parents should work with the child's caseworker, birth parents, and guidance counselor to provide as much support, guidance, and information as possible. For additional information regarding resources available for foster youth or former foster youth attending college see the Higher Education Services Corporation website at <https://www.hesc.ny.gov/home/>

The youth's IL caseworker can also provide information about the New York Education and Training Voucher (ETV) Program, which is a federally-funded, state-administered program that offers funds to certain foster youth and former foster youth to enable them to attend colleges, universities, and vocational training institutions. Additional information about the ETV Program is available online at <https://etv-nys.smapply.org/>.

Section F: Medical, Dental, and Mental Health Care

Once a child is placed in foster care, the responsibility for the child's medical, dental, and mental health care is shared by the birth parents, the foster parents, and the Department. Everyone involved should be aware of the child's current health, medical problems, treatment plans, and any special needs.

1. REGULAR/PREVENTIVE TREATMENT

a. Consent for routine medical, dental, and mental health care

At the time a child is placed in foster care, the CPS caseworker will ask the birth parents to sign a consent form for routine medical and dental care. The purpose of this consent form is to allow the Department and foster parents to take the child to non-emergency medical and dental appointments when the birth parent is not able to attend the appointment and give consent. In some cases the birth parents are not available or refuse to sign the form at the time of placement. In those situations, the child's worker will continue trying to get the form signed, if the birth parents are accessible, and the Commissioner of Social Services will need to give consent for all treatment for the child. Also, please be aware that some providers require an additional document from the Department when the birth parent is not present at the appointment.

b. Birth parents and routine medical, dental, and mental health care

Even when the consent form described above has been signed, workers and foster parents must always notify birth parents of any medical, dental, or mental health appointments for the foster child and give them an opportunity to be present at the appointment. If you make an appointment for a child in care, immediately notify the birth parents and the caseworker. It is always preferable for the birth parents to be present at their child's appointments because:

- The Department expects birth parents to demonstrate parenting skills, including taking care of their child's health
- Birth parents are able to give permission for the child to be seen by the doctor and/or receive treatment, including medications and immunizations
- Birth parents have information about the child's and/or family's medical history that can be useful to the healthcare professionals
- Children in care have an opportunity to bond with their birth parents as they see their birth parents caring enough about them to come to these appointments

Foster parents **cannot give permission** for foster children to:

- receive treatment
- get immunizations
- take prescription medications
- see a doctor or other healthcare professional

Do not sign anything at the doctor's office, clinic, or hospital except for discharge instructions. Do not accept responsibility for payment of any medical care.

Birth parents must be well informed regarding the medical care that their children receive while in foster care. Any medications, even OTC medications, should be approved for use by the birth parent before being given to the child if possible.

Any planned medical treatments or procedures must be approved in advance by the birth parent or, if the birth parent is unavailable, the Commissioner of Social Services. When a foster child's health care provider discusses such a treatment or procedure with you, ask the provider for a written statement signed by a doctor regarding the treatment/procedure. The statement must include the purpose of the treatment/procedure; possible risks and/or complications; and the desired outcome.

See [Appendix J](#) for information about required appointments for children in care.

2. EMERGENCY MEDICAL, DENTAL, OR MENTAL HEALTH TREATMENT

For all medical, dental, and/or mental health emergencies, follow the steps outlined in [Chapter Five, Section B](#). When going to the emergency room, remember to take the child's health insurance card(s), a list of medications the child takes, if any, and phone numbers for the child's birth parents.

Do not sign for treatment or take liability for payment, even if asked to do so by hospital staff. If you do sign for treatment, you can be held liable for payment. However, you can and should sign the discharge plan paperwork if the child will be returning to your foster home, unless the birth parents are present to do so. In that case, get a copy of the discharge paperwork so that you will have all the information needed to care for the child at home and to follow up with the pediatrician.

When a child is injured while in DSS custody, notify the child's caseworker immediately as the child's caseworker is required to obtain information in all situations when the child is injured so that the proper administrators can be notified and so that the information can be included in the child's case record.

3. FAMILY PLANNING SERVICES/SEXUAL COUNSELING

Family Planning services are available to any adolescent in foster care. Such services include counseling provided by a doctor or qualified person at a family planning center or clinic. These services enable young people to ask questions and discuss their sexuality in a confidential, professional setting. If you feel that the child placed with you could benefit from these services, contact the caseworker.

See [Chapter Four, Section D.5](#) for additional information on reproductive health and family planning services for youth in foster care.

Section G: Family Time

1. PURPOSE OF FAMILY TIME

Regular family time between a child in care and the birth family greatly increases the chances for reunification. As a result, federal, state, and local governments have established policies and expectations regarding family time. **As a foster parent, you are expected to work with the Department and birth family to facilitate family time.** An inability to do so could lead to a child being moved from your home and, in the most extreme cases, your foster home could be closed. We understand that it can be difficult to facilitate family time when you don't feel it is in the child's best interest or when the family time schedule does not mesh well with your family's schedule. However, you must be able to set aside your personal feelings and work with the Department on the family time schedule in order to help carry out all court orders and service plan goals regarding family time between the child and the birth family and/or other discharge resources. For children in care whose siblings are not in foster care or are placed in other foster homes, the Department will work to schedule bi-weekly sibling visits.

2. FAMILY TIME PLANS

Each child in foster care will have a unique family time plan that is determined by many factors, including the age of the child, the location of the birth family and their ability to attend family time, and any current family time orders established through Family Court before or during the time a child is placed in foster care. The Department strives for 10 hours per week of scheduled family time for each foster child with both birth parents and/or other discharge resources. This amount of family time is especially critical for infants, as they need to bond with their birth parents. However, it is not always possible to provide so much family time, especially when a child is first placed in care. Often the frequency and length of family time will increase over time. If the child is expected to return home soon, the family time plan will likely begin to include unsupervised and overnight family time. Foster children may also have family time with extended family or other kinship resources.

Family time can occur in various locations, such as the foster home, the birth parent's home, a public location, a supervised visitation center, or a combination of any of these.

3. HELPING TO ENSURE SUCCESSFUL FAMILY TIME

Foster parents have many opportunities to help children in care and birth parents have successful family time. Letting the child see you, the caseworker, and the birth parents working together makes the child feel safer and more secure and models appropriate cooperative behavior for the birth parents. Remember, it's about the kids!

4. POSSIBLE FAMILY TIME ISSUES

Although everyone involved hopes that family time between the foster child and birth family will go well, there will be some bumps in the road.

a. Birth parent cancels family time, fails to confirm for family time, or fails to show up for family time

In these situations, always remind the children that they are not at fault. Do not blame or speak negatively about the birth parent. If a reason was given for the parent not coming to the family time, tell the child, if appropriate. Try to spend some extra time with the child and perhaps play a game or do an activity.

b. Birth parents show up to family time impaired by alcohol or drugs

If family time is taking place at the foster home, ask to speak to the birth parent away from the child and calmly ask the birth parent to leave. If you are not comfortable having this conversation, call the caseworker and have the worker ask the birth parent to leave. If at any time you feel unsafe, call 911. If family time is taking place at another location and you have transported the foster child there, speak with the family time supervisor immediately about your observations.

After the situation has been resolved, jot down some notes about what happened and discuss the situation with the child's caseworker.

c. Birth parents speak or act inappropriately, causing the child to be upset or unsafe

If the family time is taking place in the foster home and you are supervising, intervene immediately to remove the child from the situation if the child is unsafe or extremely upset. If possible, speak calmly with the birth parents about their actions or speech and explain gently why the child is upset or why you removed the child from the situation. If the birth parents' behavior escalates and you feel unsafe, ask them to leave immediately. Call 911 if they do not leave or if they make threats. As with the previous concern, take notes about what happened and speak with the child's caseworker as soon as possible.

If the child tells you after the family time about something upsetting or scary that happened during family time, comfort the child and call the caseworker to discuss the situation as soon as possible. Also, an SCR report may need to be made, depending on the severity of the incident.

See [Chapter Five, Section B.4](#) for more information about making an SCR report. See [Appendix K](#) for more detailed information about family time.

Chapter Four: Daily Life with Foster Children



Section A: Activities at School and in the Community

1. WHY FOSTER CHILDREN SHOULD PARTICIPATE IN ACTIVITIES

Foster children should be encouraged to participate in appropriate activities in the foster home, at school, in the community, and/or at their religious institution. Many children in care have not had many opportunities to participate in such activities, so they might be hesitant or shy at first about getting involved, but continued encouragement by the foster parents can help overcome that barrier. By being part of groups such as sporting teams, Scouts, religious youth groups, dance teams, bands, and/or choirs, children learn what they enjoy and what they are good at, which increases their self-esteem.

The Reasonable and Prudent Parent Standard (see Glossary) was developed to enhance foster parents' ability to assist children in care with participating in normative experiences, which are extracurricular, enrichment, cultural, and social activities that encourage the child's emotional and developmental growth. The caseworker for each child placed in your home should discuss with you monthly the normative experiences provided for that child.

2. CONSENT AND PAYMENT

As you get to know the children placed with you and their birth families, maintain a continuing dialogue about what activities the children might want to try. As previously stated, consent for any activities should be sought from the children's birth parents. However, if a child wants to participate in an activity or sport and the birth parents refuse to give consent or are not available to give consent, foster parents should follow the Reasonable and Prudent Parent Standard in order to decide if consent to the child participating in the activity or sport should be given. If the activity requires a copy of the child's birth certificate, remember that foster parents are not entitled to have the child's birth certificate. In this situation contact the child's caseworker and request that the caseworker sign the child up for the activity as they are able to provide a copy of the birth certificate.

See [Chapter Seven, Section D.1](#) for information about reimbursement of activity-related expenses. The child's birth parents should always be asked about their ability to help cover these expenses and the caseworker can assist with that as well as with suggesting other possible sources of funding.

3. SAFETY CONSIDERATIONS

Along with the organizations and leaders who facilitate the activities in which foster children participate, foster parents always need to be thinking about how to keep children safe. Here are some guidelines to assist foster parents in providing that safe environment:

- Know where the foster children are, who they are with, and what they are doing
- Know which and how many adults will be supervising the activity
- Know what equipment is being used for the activity and if there are any particular considerations for the use of that equipment for each child due to any special needs

- Make sure the child is dressed appropriately for the activity and the weather
- Remember to use sun block if necessary
- Provide additional support and supervision to the child, if necessary
- Request a copy of each organization's policy regarding safety, background checks on employees/volunteers, and preventing physical/sexual abuse

Section B: Personal Care

1. CLOTHING

Foster parents should review the child's initial clothing needs with the caseworker and the child, if old enough, to determine an adequate basic wardrobe that is clean and fits well. Be tactful when reviewing the clothing brought by the child when the child enters foster care. Certain worn out or stained articles of clothing may represent a link with the birth family and may be important to the child.

See [Chapter Seven, Section C.1](#) for information about the initial clothing allowance. Foster parents may also be able to obtain clothing for children in care from local foster care clothing closets. Consult the child's caseworker or Home Finding staff for specific locations.

If older children wish to select their own clothing, a foster parent should shop with the children to ensure that appropriate clothing is selected. The County expects that foster parents will use their judgment on purchasing appropriate items. If an item is deemed offensive by the foster parent due to being violent, sexually explicit, and/or promoting the use of illegal drugs, alcohol, or criminal behavior, the foster parent has the right to refuse to purchase such an item. Clothing items purchased should be suitable for the normal environment of the child, such as school, church, and community activities.

Any clothing purchased for a child in care belongs to the child and should be taken along whenever the child moves to another foster home or is discharged from foster care unless the clothing no longer fits or is too worn to be of use. It is expected that a child will leave foster care with sufficient clean and appropriate clothing. Wardrobe guidelines are listed in [Appendix L](#), "**Suggested Minimum Clothing Guide.**"

2. HAIR CARE

Foster parents should not change the hair style of a child in care (cut/trim hair, color, straighten, etc.) without first discussing the situation with the child's birth parents, as a child's hair style may have special significance to the birth family. Changing a child's hair style without the birth parents' knowledge will negatively affect your relationship with them and could also have a negative effect on the child's self-esteem if the new look is not accepted by the birth family. For children of certain racial/ethnic backgrounds, hair styles and not cutting one's hair are part of one's identity.

For young children, it is especially important to communicate with the birth parents if the child will be receiving a haircut for the first time. Such an occasion is naturally important to the birth parents and generally they will want to be present to take pictures and keep a lock of hair.

If the foster child is mature enough to help with the decision about hair care, encourage the child to speak with the birth parents first—if necessary, you can facilitate this discussion. If the birth parents are unwilling to discuss the topic, are unable to be reached, or do not agree with the request for a change in hair style by an older child, you must apply the Reasonable and Prudent Parent Standard.

There are times when youth in care change their hair style on their own without seeking or receiving consent from anyone.

There is no longer any special reimbursement for hair care as this cost should be covered by the daily room and board rate. If you have any questions about hair care, ask the child's caseworker or Home Finding staff.

3. TOILETRIES

Foster parents must provide each foster child with individual toilet articles suitable to the child's age as per the Foster Parent Agreement, which foster parents sign at the time of initial approval/certification and annually at the time of re-approval/re-certification. This agreement can be found in [Appendix B](#).

Toiletries include items such as comb, toothbrush, soap, shampoo, conditioner, deodorant, and feminine hygiene products. The money for these items comes from the daily room and board reimbursement paid to the foster parent in the monthly check from DSS, not from the child or birth family. Foster parents are expected to purchase items of the same quality that they buy for their own family. Foster parents are not required to supply high priced toiletry items, such as salon products, unless those products are used by the foster family. If foster children wish to purchase such items, they have the option to contribute money from their allowance or wages to purchase them.

Section C: Chores, Allowance, and Savings

1. CHORES FOR FOSTER CHILDREN

From a young age, children can learn responsibility and help out around the house by performing various chores. If other members of your household are responsible for performing chores, foster children should be included so they feel they are being treated like everyone else in the family and will also feel useful. For a child to gain the most benefit from chores, follow these guidelines:

- Assign chores that you know the child is capable of performing, in accordance with the child's age, level of development, and personality
- Provide appropriate supervision during the time when the child is doing chores

- Rotate chores so that children can learn different skills and not be bored
- Ensure that the child understands that chores are not part of discipline. Chores should be assigned regularly as part of the family's daily functioning
- Limit chore time according to the child's attention span. Assist and encourage the child with the chores, especially when the child first comes to your home
- Assigning chores related to the children's personal belongings, such as cleaning their bedrooms or making their beds, will help children learn how to take care of themselves and increase their sense of self-worth

2. ALLOWANCE FOR FOSTER CHILDREN

Social Services Law §441.12-a states, "Each child in care shall receive a regular allowance appropriate to age, which shall not be used to meet basic needs." The child's allowance cannot be withheld as discipline (except for restitution) and children cannot be asked to use any of their allowance to meet their basic needs for food, clothing, etc. Children who are developmentally able/old enough to want to purchase items for themselves can choose to use their allowance to buy a particular clothing item or special treat, which would be above and beyond their basic needs for clothing or food.

It is up to the foster parent to establish how much each child will receive by way of age-appropriate allowance. **Keep in mind that ALL children, even infants, are required to be provided with an allowance, per Social Services Law.** Foster parents should let the child (if the child is old enough to understand) and the child's caseworker know how much each child is receiving for allowance.

Foster parents are expected to help children manage their allowance and to teach good spending habits and the importance of saving money. Foster parents and the child in care (if old enough) should maintain a log regarding the allowance received and how it is spent. The allowance can be given to the child on a weekly, bi-weekly, or monthly basis, and foster parents can require the foster child to save a portion of the allowance. Any savings remain the property of the foster child and must be given to the child when the child leaves the foster home. If a child in care has been ordered to pay restitution through the Court or is paying restitution as discipline, discuss the situation with the child's caseworker to determine how much of the child's allowance will go toward the restitution.

Do not ask a foster child to loan or give you money, for any reason. The child will feel pressured to agree, most likely, despite the child's personal wishes. Even if a foster child offers to give or lend you money, it is not appropriate for foster parents to accept.

3. SAVINGS

If a foster child in your home would like to open a savings account, talk to the child's worker and birth parents. The paperwork required to open such an account will require information that foster parents do not have such as a child's birth certificate and/or signatures from the child's birth parents (remember that foster parents are not entitled to have a copy or the original birth certificate of a child in care). For youth in care who take part in the Independent

Living program, their Independent Living caseworker can likely assist them with the process. A savings or other bank account must be opened in the name of the foster child—never the name of the foster parents—and is the child's personal property.

Section D: Special Concerns for Older Youth In Care

1. BABY SITTING

Children in care under the age of 10 cannot be left alone and must have competent adult supervision at all times. Per NYS regulations, any baby sitter for a child in care must be age 18 or older. Children over the age of 10 may be left alone if appropriate, once the foster parents have taken into account the child's maturity level, special needs, developmental status, and any safety concerns. For more information see [Chapter Three, Section D](#).

A youth in care may be allowed to baby sit other children who are not in foster care but cannot be required to do so. In determining whether to allow a youth in care to baby sit, the foster parent should consider the age and maturity of the youth, the youth's history with responsible behavior, any behavioral issues that could put other children at risk of harm, whether it is developmentally appropriate, and the youth's comfort with being a baby sitter. If a youth placed in your home has behavioral or mental health issues for which you are receiving special or exceptional rates, DSS does not consider that youth to be an appropriate baby sitter for any child. Contact Home Finding staff if you have any questions.

2. EMPLOYMENT

Youth in care may seek employment that is appropriate to their age, developmental status, transportation resources, and maturity level. All employment must be carried out in accordance with New York State labor laws. For youth who participate in the Independent Living (IL) program, their caseworker can assist them with seeking employment, obtaining working papers, and making decisions about what types of employment are most appropriate. The IL workers will also assist youth in the program with budgeting their earnings and learning to save. For youth in care who are not participating in the IL program, foster parents should speak with the youth's caseworker if the youth is expressing an interest in gaining employment. In this situation, foster parents also need to assist the youth with learning how to budget and save money. Foster parents should know where the youth are working and what their work schedules are in order to provide appropriate supervision. For all children in care, foster parents should encourage and demonstrate positive attitudes toward work.

3. CREDIT CHECKS

Due to increased issues with child identity theft, youth in foster care age 16 or older must be provided with a free annual consumer credit report by DSS. Youth age 18 and older in care may give consent to have the Department obtain their credit report or they can obtain the report on their own. Youth in care will also be provided with information and assistance in interpreting their credit report and in resolving any inaccuracies.

4. DRIVING/OWNING A CAR

Youth in foster care who are age 16 and older should speak with their IL caseworker if they are interested in obtaining a driver's license as they must have the consent of their birth parents or the Commissioner of Social Services. Youth in care should also be strongly encouraged to enroll in a driver education course if they are interested in obtaining a driver's license. New York State regulations about applying for and obtaining a driver's license can be requested from the local Department of Motor Vehicles office or the DMV website: <https://dmv.ny.gov/>. The IL caseworker can provide more information on this topic including reimbursement for costs.

Foster parents who wish to allow youth in care to drive the family car must have their personal auto insurance policy extended to cover drivers under age 25. The Department does not provide reimbursement for this expense. Foster parents will need to provide proof of this level of insurance along with a copy of their current vehicle registration and the youth's driver's license or permit. If youth are allowed this privilege, foster parents should carefully review with the youth the rules for using the car and the consequences for breaking those rules.

Foster parents can decide to co-sign a car loan for youth in care, but it is not advisable to do so, as the foster parents will be held liable if the youth does not make payments. Youth in care who are age 18 or older can sign for a car loan without seeking permission from anyone.

5. REPRODUCTIVE HEALTH AND FAMILY PLANNING SERVICES

Youth in care ages 12 and older (or youth under age 12 who are known to be sexually active) have the right to receive reproductive health education; gynecological care; contraception services; testing and treatment for sexually transmitted diseases; and testing, counseling, and services related to pregnancy. Although birth parents are required to give consent for most medical treatment for children in care, New York State has laws in place that allow minors (children under the age of 18) to consent to their own health care in the area of reproductive health if the treating physician determines that the minor has the capacity to consent. If youth in care are able to consent to such treatment then they must also be the ones to give consent to release the information if they so choose.

The New York State Office of Children and Family Services has published a booklet called [A Medical Guide for Youth in Foster Care](#) regarding the rights of youth in care to medical care, including family planning and sexual health counseling services. This booklet should be given to all appropriate youth in care. If a youth placed in your foster home needs a copy of this booklet, you can ask the youth's foster care or Independent Living caseworker or print the booklet out from the OCFS website.

6. DATING

In our society, dating is a normal part of life for most teenagers and can help youth learn about themselves and what type of partner they might choose later in life. Foster parents should be open to discussing dating with the youth placed in their home and must set guidelines and

boundaries around dating. As the foster parent, you are responsible for the children's well-being and must know where they are and with whom at all times. Consult with the youth's foster care and/or IL caseworker with any questions.

7. GETTING MARRIED

Marriage of minors under the age of 18 is prohibited in New York State. Foster parents cannot give permission for youth in care to get married. Of course, those youth who are age 18 or older do not need permission to marry. If youth in care do get married, then they will be discharged from foster care immediately as being married causes them to be emancipated.

8. PIERCING AND TATTOOING

Foster parents cannot give permission for children in care to have their bodies pierced or tattooed. NYS law prohibits the tattooing of minors regardless of parental consent. Even if a foster parent wishes to take children in care to have their ears pierced, the birth parent must give permission. There are times when youth in care get tattoos or piercings on their own without seeking or receiving consent from anyone. In such situations, let the birth parents and caseworker know what has happened the next time you have contact. If you become aware that a tattoo artist in New York State has given a tattoo to a minor, you should report the tattoo artist to the Health Department for investigation.

9. JOINING THE ARMED FORCES

Youth in care who are age 17 need the consent of their birth parents to enlist in the armed forces. If the parental rights of the youth's parent have been terminated, then the youth would need to seek consent from the Commissioner of Social Services. Youth in care age 18 and older do not need anyone's permission to enlist. Youth in care who enter the military will be discharged from care once they enlist as joining the military causes them to be emancipated.

Male youth in foster care age 18 and older must register with Selective Service (www.sss.gov), per federal law. If they fail to do so, they are breaking the law and also cannot qualify for federal student loans or grants for college, job training benefits, and many government jobs. If foster parents have questions about the registration process, contact the youth's caseworker.

Section E: Overnight Visits, Vacations, and Travel

1. PHYSICAL LOCATION OF FOSTER CHILDREN

Foster children either need to be in their foster home or have approval to be in another location. Each night while foster children are in care, they must be:

- in the foster home in which they are currently placed
- at another foster home for pre-approved respite care
- in the home of a relative or kinship resource for pre-approved family time
- at overnight camp or away on a school field trip

- in a hospital or other treatment facility
- with their foster parents in a pre-approved location other than the foster home
- at the home of a friend, with the approval of the foster parent

For information on what to do if a foster child goes missing see [Chapter 5, Section B.5](#).

2. PERMISSION/APPROVAL/CONSENT

Under the Reasonable and Prudent Parent Standard, foster parents may “make parental decisions that maintain the health, safety, and best interest of the child, as well as decisions about the child’s participation in extracurricular, enrichment, cultural, and social activities that are age and developmentally appropriate, in a way that protects the child while allowing for normative experiences.” However, foster parents must always seek to engage the birth parents also regarding their children’s activities.

3. FREQUENTLY ASKED QUESTIONS

a. I am going to Erie, Pennsylvania, for the day to go shopping. I want to take my foster child with me. Do I need permission from DSS or the child's birth parents?

No, you do not need permission. However, try to let the child's caseworker and birth parents know your plans in case of emergency.

b. Our family is going to an amusement park for the whole day and we want to bring our foster child. Do we need permission from anyone?

Although you do not need permission, in situations like this where the child in care might be participating in activities that carry some risk (such as riding theme park rides), inform the Department and the child's birth parents. It would also be helpful to have a signed Travel/Medical Consent form, which the worker for the child can assist you to obtain.

c. We are going camping at our friend's home in the next town over. We plan to stay at least one night and would like to bring our foster children. Do we need permission from DSS or the child's birth parents?

No, but inform the child’s caseworker and the birth parents and provide contact information for the friend in case you cannot be reached. Employ the Reasonable and Prudent Parent Standard whenever you make decisions about these types of activities.

d. My husband and I want to go on vacation by ourselves, without our own children or our foster children. Does it make us seem selfish to ask for respite care?

Definitely not! All couples need time to work on their relationship—and all adults need time by themselves. You have to take care of yourself in order to be able to care for children.

e. Our family takes a vacation every summer to the beach. We want to continue this tradition, but we don't think our foster children will enjoy it or fit in. Can they go to respite care while we are on vacation?

Yes, but the children's caseworkers will want to know why you don't feel you can include the children in care on the vacation. As you can imagine, foster children will likely feel terribly rejected if they learn that their foster family is going on vacation without them. These feelings are likely to damage the trusting relationship that foster parents work to build with the children placed with them.

f. I want to take my foster children to Disney over spring break, but the children's parents refuse to give consent. What should I do?

Under the Reasonable and Prudent Parent Standard, consent from the birth parents is no longer required, although the trip should be discussed with them and their consent should be requested (in advance) anyway. You must also notify the child's foster care caseworker in advance and provide the worker with your travel itinerary and emergency contact information. The worker will also help to facilitate a conversation with the birth parents and attempt to obtain a Travel/Medical Consent form.

g. A child placed in my home has the opportunity to go abroad with the Spanish club at school, but the birth parents won't consent. Can I give permission?

No. Children in care are not able to travel outside the United States.

h. Are foster children allowed to spend the night at a friend's house?

Foster children are allowed to spend the night at a friend's house, with the pre-approval of the foster parent, per the Reasonable and Prudent Parent Standard. Foster parents should only allow foster children to spend the night with friends if the foster parents know that the friend's home is safe and that the friend's parents are able to provide appropriate supervision. In addition, foster parents can choose to allow foster children's friends to spend the night at the foster home if the friends are appropriate. Foster parents may also allow foster children to spend the night at the home of a family friend (i.e. friend of the foster parents).

Talk to the child's caseworker or Home Finding if you have questions about any information in this section.

Section F: Respite Care

1. DEFINITION OF RESPITE CARE

Respite care is short-term care (at least one night) provided for a foster child by a foster family other than the foster family with whom the child is placed. A child in respite will be returning to the foster home in which s/he is placed.

2. WHEN TO SEEK RESPITE CARE

There are many occasions when foster parents request respite care, including when:

- The child placed with you has challenging behaviors and you need a break for a day or two before having the child returned to your home and care

- You or someone in your family is seriously ill and/or hospitalized and you are unable to care for the child placed with you due to your own illness or due to providing care to the family member who is ill
- You have a death in the family or other family emergency that prevents you from being able to care for the foster child
- You are a single parent and have to go out of town for training
- You and your partner need some time to yourselves

3. HOW TO ARRANGE RESPITE CARE

When you become aware that you will need respite care for a child placed with you, notify the child's caseworker as soon as possible. The caseworker will help you notify the birth parents of the situation and will help you arrange the respite care by contacting the Home Finding unit and asking for a list of foster parents who might be willing to provide respite. If you have a particular foster parent in mind whom you would like to use for respite, let the child's worker know when you make the request and wait until you hear back from the worker before making arrangements with that foster parent. The Home Finding unit must give approval for all respite care in advance since Home Finding staff have the most complete information about each foster home and each foster parent's ability to accept respite placements.

Once Home Finding has provided a list of possible respite care providers, the child's caseworker can make the calls to the other foster homes to see who is willing to provide respite.

If a foster parent provides respite, the payments will be included in the regular monthly boarding home check. The Department will arrange payment for the dates of the respite placement provided the Foster Care caseworker informs the necessary staff prior to the end of the month in which the respite occurs. The only exception to the Department making the payment is if the respite was not completed or registered before payroll was approved. In this situation, payment would need to be made by the regular foster parent to the respite provider.

If you have questions about respite care arrangements or payments, speak with the child's caseworker or Home Finding staff.

Section G: Religion and Foster Children

1. LAWS AND REGULATIONS

a. State law

New York State Department of Social Services law, Section 441.11 Religious Faith (regarding foster children and religious practice), states that birth parents have the right to determine their children's religion and to request that their children be placed in a foster home of the same religious faith. The Department attempts to place children in homes of their own faith, but that is not always possible. If possible, such a request must be honored when it is in the child's best interest.

b. Reasonable efforts by foster parents

As the foster parent, you must make every reasonable effort to enable the child to practice his/her religious faith, even if it is different from yours. Reasonable efforts include arranging (with the assistance of the child's caseworker) for the child to: attend services of the child's religious faith; receive instruction in that religion; and participate in religious activities, unless the birth parents expressly request otherwise in writing. The child's religious faith designation cannot be changed except by written request of the birth parent.

c. Consent

The Department must obtain the birth parents' consent for a foster child to be baptized. All religious certificates (baptism, First Communion, confirmation, etc.) must be recorded in the child's legal name—never in the name of the foster parent. Foster parents should keep such certificates in a safe place or make them part of the child's Life Book and give them to the child's caseworker or birth parents when the child leaves the foster home. For more information about Life Books see [Appendix H: Life Books](#).

2. GENERAL INFORMATION

If the foster family attends religious services, the foster children can also attend those services if they are not attending services of their own faith (or if they do not have a designated religious faith). However, the birth parents can request that their children not receive instruction in the religious faith of the foster family. In those situations, foster parents may still bring the child to religious services and/or activities and arrange for the foster child to sit quietly in a safe area with appropriate supervision. It is advisable to bring a book or other quiet activity to keep the child occupied while the foster family is participating in the religious service and/or activity.

Section H: Day-to-Day Safety

1. FIREARM SAFETY

Foster children should not be permitted to handle firearms. The only exception to this rule is in regard to hunting. Prior to any foster child going hunting, written permission from the birth parents should be sought, and any needed licenses must be obtained. The child's caseworker must be notified before the foster parents register a foster child for the Hunter Safety Training Course or buy a hunting license for a foster child. Environmental Conservation Laws §11-701 and §11-929 set forth the standards for the age at which a child may hunt, what weapons may be used, where consents are required, and the need for adult supervision. Additionally, the foster parent must apply the Reasonable and Prudent Parent Standard in determining whether to allow a child to participate in hunting by considering the child's age and maturity, whether the activity is developmentally appropriate, the child's history with responsible behavior, the child's history with hunting, and the foster parent's familiarity with the child.

Foster parents should also talk to the birth parents and caseworkers if foster children want to buy or receive as a gift any type of firearm, including BB guns, pellet guns, rifles, shotguns, or archery equipment (bows and arrows). Youth in care are not allowed to own handguns as a

person must be at least 21 years of age to obtain a pistol permit (and foster children age out of foster care on their 21st birthdays).

2. FIRE SAFETY REGULATIONS

- All adults and school-age children should know how to call 911 in case of emergency
- Emergency phone numbers—including 911, pediatrician, and poison control—must be posted where everyone can see them
- All foster homes must develop an emergency exit plan with at least two means of exit from every room and a specified meeting place outside the home. This emergency exit plan must be posted where everyone can see it
- All foster parents must conduct a fire drill at least once per year and within a week of placement of a school-age child
- There must be a working smoke detector installed on each level of the foster home **and** in each bedroom. There must be at least one working carbon monoxide detector in the home
- Foster parents should test the smoke and carbon monoxide detectors at least twice a year and must replace batteries as needed. Parents should also check for expiration dates on all detectors and replace any that have expired. If the detector does not have an expiration date, it should be replaced immediately
- It is recommended that all homes have at least one multi-purpose/ABC fire extinguisher mounted in the kitchen area and that all adults and school-age children know how to use it

For more information on fire safety see [Appendix C: Safety Review Form](#)

3. HOME HEATING SAFETY

- All furnaces should be serviced following the manufacturer's guidelines
- Woodstoves and fireplaces must be installed according to local building codes
- Chimneys should be cleaned at least yearly or more often if necessary
- Portable space heaters must be used in accordance with local building codes and must be plugged into the outlet directly. Never run space heaters on extension cords
- Extension cords should not be strung over nails or run under rugs. Care should also be taken not to overload extension cords
- All electrical and extension cords must be in good condition—not frayed, taped, spliced, and/or overloaded

4. PET SAFETY

a. Rabies

New York State law requires that all cats, dogs, and domestic ferrets over three (3) months of age be vaccinated against rabies. Pets must receive their first rabies vaccination within four (4) months of being born. The Chautauqua County Health Department offers periodic free

vaccination clinics in various parts of the county. The information is often posted on the Health Department's website or published in local newspapers.

Prior to certification, foster parents must provide copies of rabies vaccination certifications for all cats, dogs, and ferrets. At the time of your re-certification, Home Finding will ask you for your pets' current rabies vaccinations.

b. Dog licenses

Most cities, villages, and towns require dogs to be licensed. Foster parents who own dogs are required to comply with these regulations and must provide copies of dog licenses to Home Finding staff prior to certification and updated copies at the time of re-certification.

c. Interactions with children

As part of the licensing process, Home Finding staff will assess your pet's ability to interact safely with children and other people who visit the home. It is important to be truthful regarding your pet's behavior so that proper safety measures can be taken, if necessary. If you acquire a pet while your foster home is open, notify Home Finding immediately so that the necessary documentation can be gathered and so that Home Finding staff can meet the pet and update your home study to include information about your new pet's ability to interact with the children placed in your home.

5. SAFE STORAGE OF POISONOUS MATERIALS AND MEDICATIONS

- All flammable liquids must be stored in tightly closed containers out of reach of children—preferably in the garage or other secure area outside the home
- All cleaning supplies must be stored out of reach of small children, either in a locked cabinet or a cabinet that small children cannot access
- All medications must be securely stored. Any narcotic medications must be kept in a locked location. See [Appendix M: Medication Guide](#) for more information
- Matches and lighters must be stored out of reach of small children and all children must be taught that matches and lighters are to be used only with adult permission and supervision

6. SEAT BELTS AND CAR SEATS

New York State requires that all passengers in a motor vehicle regardless of where they are sitting use a seat belt or be properly restrained in a car seat. New York is a "primary enforcement" state, meaning that a law enforcement officer can issue a traffic ticket just for failure to wear a seat belt.

Children up to the age of four (4) must be properly restrained in a federally approved child safety seat that is attached to a vehicle by a seat belt or universal child restraint anchorage (LATCH) system. Children under age four (4) who weigh more than 40 pounds may be restrained in a booster seat with a lap and shoulder belt.

Children ages 4, 5, 6, and 7 must be properly secured in an appropriate child restraint system—one for which the child meets the height and weight recommendations of the manufacturer. It is recommended that booster seats be used until the child is 4'9" or weighs at least 100 lbs. A vehicle's safety belt is not a child restraint system. Children riding in booster seats must be secured with a combination lap/shoulder belt. Never secure a child in a booster seat with only a lap belt.

Children under the age of eight (8) must not sit in the front seat of the vehicle. It is also recommended that children under age 12 sit in the back seat. All children in care must wear a seatbelt at all times, regardless of where they are seated in the vehicle, per New York State's current seat belt laws and regulations.

7. WATER HAZARD SAFETY MEASURES

If the foster home has a water hazard on the property (swimming pool, pond, creek, stream, etc.), proper safety measures must be in place. All swimming pools (except wading pools that are emptied daily) must have a barrier that is at least 48 inches high and must be equipped with a locking gate and pool alarm. The locking gate and pool alarm must be used at all times when no one is swimming in the pool. The pool and safety measures must meet New York State code enforcement regulations and local building code regulations.

For all other water hazards, foster parents must have a plan to avoid injuries in or near the water hazard. This plan will be discussed prior to certification and yearly at the time of re-certification. If a pool is installed after certification and prior to re-certification or between re-certification dates, the foster parent must call Home Finding and schedule a home visit so that the safety regulations can be reviewed to ensure that the pool is in compliance.

Regardless of the location, foster parents are required to provide adequate supervision to all children in and around swimming pools, ponds, creeks, streams, etc. Even if you are at a public pool or a friend's house and you believe that someone else is supervising the child, you are still responsible for the safety of your foster children. If you have questions about the level of supervision necessary, please contact Home Finding staff.

8: RECREATIONAL SAFETY

For all children in care who ride bicycles, skateboards, snowmobiles, or ATVs or who use in-line skates, foster parents must supervise those children to the extent necessary to keep them safe, based on their age, developmental status, and the environment in which they are riding or skating. Children should be provided with helmets (required by NYS law) and additional safety gear (such as elbow and/or knee pads) as needed to keep them free from injury. Birth parents should give permission for foster children to ride ATVs or snowmobiles. For further information see [Appendix N: Recreational Safety](#).

Section I: Notification of the Department

As a foster parent, you must **immediately** notify the foster care worker or the worker's supervisor (or on-call CPS worker outside of normal business hours) if any of the following emergency situations occur (see [Chapter 5, Section B](#) for more information):

- The child runs away
- The child is in crisis and out of your control
- The child is injured and requires medical care
- The child is arrested
- The child is kidnapped or taken by the birth parents without consent
- The child attempts or threatens suicide

You must notify the foster care caseworker as soon as possible during regular business hours if any of the following situations occur:

- You have problems with a child you cannot handle
- You need consent for planned surgery or routine medical care for the child
- The child is expelled from school or has other problems in school
- There are problems relating to family time with the birth family
- There is an illness in the foster family or the foster family is having personal family problems that may affect the child
- You need respite care for the child
- There has been an error in your room and board check
- You will be going on vacation
- The child discloses something to you that is of concern

You must notify Home Finding Staff if:

- You plan to move—the new residence needs to be assessed before a foster child can reside there
- You remodel your home (if you make structural changes)
- Any of your contact information changes
- Anyone has moved into or out of your home
- You get married, divorced, or separated
- You are experiencing significant health issues
- Your financial status has changed significantly
- You have changes in employment
- A child in the home turns 18
- You get a new pet
- If you get arrested or a CPS report is made against any member of your household

Section J: Liability

1. LIABILITY FOR INJURIES TO A CHILD IN FOSTER CARE

Under NYS Social Services Law §383-a, “Immunity from liability for application of the reasonable and prudent parent standard,” foster parents will not be held liable if a foster child is injured while participating in an activity for which the foster parents gave permission, **IF**:

- the foster parents made the decision to allow the child to participate in the activity in compliance with the Reasonable and Prudent and Parent Standard; **AND**
- the foster parents have completed the training on the RPPS that was approved and issued by OCFS

If you have not completed the RPPS training or if you have any questions about how to apply the RPPS, contact Home Finding staff right away.

2. LIABILITY FOR DAMAGES CAUSED BY A CHILD IN FOSTER CARE

Foster parents are exempt from liability for most damages caused by a foster child who is over age 10 and under age 18. The General Obligations Law, the General Municipal Law, the Education Law, and the Executive Law exempt foster parents from responsibility for willful, malicious, or unlawful damages or destruction to property done by a foster child in that age range. In addition to damages done to property belonging to an individual, foster parents are also exempt from responsibility for damages done to public property belonging to a municipality, a school district, or state government. Foster parents are also generally not liable for damages caused by a foster child under the age of 10 as long as the child was being properly supervised.

It should be noted, however, that there are cases when a foster parent may be liable for damages caused by a foster child regardless of the child's age, such as when the foster parent advised or directed the foster child to perform a damaging action or where the foster parent knew or should have known of the possibility that a damaging action would be committed and failed to provide the foster child with proper supervision.

3. DAMAGES

Damages in excess of \$50 caused by a foster child to the foster parent's property (excluding normal wear and tear) can sometimes be reimbursed. Losses and damages must be reported in writing to DSS no later than 30 days following the loss and must include a description of the damage, the date the damage occurred, a description of how the damage occurred, and receipts or estimates for repair/replacement. The claim for the damages must first be submitted to the foster parent's private insurance company. Any remaining payments (above and beyond payments made through the insurance company) made by the foster parents to repair/replace the damaged items can then be submitted to the child's caseworker for reimbursement along with verification of the damages. That verification must include one or more of the following:

- Police report
- Insurance report
- Receipts of purchase for lost or damaged property
- Field investigation by designated district staff

Compensation is limited to no more than \$500 per incident and no more than \$1,000 per foster child per two-year period. Claims of less than \$50 will not be considered for reimbursement.

Chapter Five: Policies and Procedures



Section A: Day-to-Day Issues

1. CONFIDENTIALITY

To develop and sustain a positive, trusting relationship that protects the rights, privacy, and dignity of the child in care and the child's birth family, foster parents must keep the child's and the family's social history and personal information confidential. Obviously it is not going to be confidential that you have a foster child placed in your home, as your friends, family, and neighbors will no doubt notice the addition! However, information about foster children and their family background and current situation is not to be shared with anyone who does not have a right (and reason) to know that information.

Confidential information includes:

- Information furnished by
 - the Department
 - the caseworker
 - the child in care
 - the child's birth family
 - previous foster parents
- And information that may concern
 - the family background of the child and/or birth parents
 - the child's and birth family's medical histories
 - the services being provided to the child and/or birth family by the Department or other services providers

As a foster parent and member of the team working to reunite the foster child with the birth family, you have agreed to respect the confidentiality of the child and birth family and to share information only with authorized individuals. For more information about introducing the child or describing the circumstances of why the child is living with you please see [Appendix O](#), **Parent Tip Sheet: Talking About How We Describe Ourselves**.

Pertinent information can and should be shared with those who will be caring for the child, such as day care staff, and with medical professionals who are providing medical treatment to the child. A child's HIV status can be discussed with the person who is caring for, treating, or supervising the child. Please refer to [Appendix B](#), **Foster Parent Agreement**, #15 for more information. If you have a question about what information you can share, contact the child's caseworker or Home Finding. Sometimes it is more appropriate for the day care staff or the medical professional to speak directly with the child's birth parents or caseworker.

A breach in confidentiality can be emotionally devastating to a child in care, may result in a painful disruption of a child's placement, and is also a violation of New York State Social Services Law § 372(4). If foster parents have any questions regarding what information can or cannot be released to any person, service provider, or organization, they should contact the child's caseworker before the information is released.

2. SOCIAL MEDIA

You may take pictures of the child in care as you would any other member of your family, but these pictures are not to be posted on Facebook or any other social media site. Likewise, personal information about the child should not be posted on any social media site. In addition, information about and/or pictures of foster children cannot be shared with the news media.

As a foster parent you may **NOT** give permission for pictures of children in care to be posted on social media by the child's school or any other organization with which the child is involved. Only the child's birth parent can give permission for such pictures to be published or distributed. It is perfectly acceptable, however, for foster parents to display pictures of foster children in the foster home, just as with any family picture.

Foster parents are responsible for monitoring social media usage of foster children in their home. For more information see [Appendix P1 – P2](#) includes “Social Media: Tips for Youth in Foster Care” and “Social Media: Tips for Foster Parents and Caregivers.”

3. CELL PHONES AND FOSTER CHILDREN

Many children enter care with cell phones in their possession or acquire cell phones while they are in foster care placement. OCFS has established some guidelines for supporting the use of communication technologies for children in foster care, while applying the Reasonable and Prudent Parent Standard. Allowing a child in foster care to use a cell phone and/or other mobile device can:

- promote normalcy for the child
- enable the child to maintain family and social ties through phone calls and texting
- support contact with the child's caregivers
- allow the child to utilize the GPS capabilities for directions; and
- enable children to report their location safely to their caregivers or emergency personnel in the case of an emergency

Foster parents should establish general rules for cell phone usage in the foster home and specific rules for each child (as necessary). These specific rules for each child in care should be developed in coordination with the child's birth parents and caseworker. [Appendix P3 – P4](#) includes the following documents: “Caregiver Cell Phone and Online Safety Contract” and “Child's Cell Phone and Online Safety Contract.” Please review these documents and ask Home Finding or the foster care worker if you have questions.

Foster parents are not obliged or expected to provide cell phones for children in care or to pay cell phone bills for foster children. There are several other potential sources of funds to cover the cost of phones and other communication technologies:

- The child's birth parents/guardians
- The child in care (using funds from the child's allowance)
- Chafee funds--see [Chapter Eight, Section E.5](#)

- The New York State Lifeline Discounted Telephone Service is an assistance program offered by many telephone providers, including some wireless and cable companies, to help income eligible consumers save money on their phone bills. The lifeline discount can be applied to either home telephone service (landline or cable) or wireless service. The discount is available for only one line per household. Lifeline can be applied for directly through participating telephone companies. For more information, go to the New York State Department of Public Service website: <https://dps.ny.gov/lifeline-telephone-service>

4. RIGHT TO PRIVACY

New York State regulations protect the following privacy rights of children in care. These provisions apply unless a Court order states otherwise.

a. Mail

A child in care has an unrestricted right to send or receive mail without prior censorship or prior reading. A foster parent may require the child to open the mail in the presence of a caseworker or the foster parent if there is reasonable cause to suspect that the mail contains drugs, weapons, or other harmful materials. Such situations should be discussed with the child's caseworker. As part of the child's service plan established by the department, a foster parent may require the child to open mail from a pre-designated person in the presence of a caseworker or the foster parent if the mail is likely to cause emotional harm to the child, and the harm could be lessened with the presence of the caseworker or foster parent. The child must be informed of this aspect of the service plan and reason for it.

b. Telephone calls

A child in care has the right to receive or refuse any calls made during reasonable hours that are determined by the foster parent. Foster children should be allowed to make calls just as any other child of their age and developmental status would be allowed to make. Except at the child's request or if the caseworker states that it necessary for the child's protection, neither Department staff nor foster parents should listen in on a child's phone conversation. There may be times when a foster parent and caseworker need to discuss phone calls and possibly restrict calls from some people, based on the particular case situation. See [Appendix P3 – P4](#) for more information about cell phones.

c. Access to clergy or attorney for the child

A child in care has the right to access their attorney or clergy by face-to-face contact, mail, or telephone.

d. Searches

Searches of a foster child's property may be made only when there is reasonable cause to suspect that children have in their possession:

- An item belonging to someone else

- An item that is a crime or offense to possess, such as a weapon, firearm, controlled substance, or illegal drugs
- An article that the Department or foster parent may consider to be dangerous or harmful to the child, other children in the home, or the home's physical structure

A search may include having children empty out their pockets. Foster parents should make every possible effort to have children present whenever their rooms or possessions are searched. If the child cannot be reached, the foster parent or caseworker must notify the child as soon as possible that a search was done and what items, if any, were removed.

e. Personal property

The personal belongings that foster children bring to the foster home are theirs and may be of particular importance to them. All children should have a drawer, cubby, or other area to call their own, and this personal area, along with their possessions, should be respected. When children leave the foster home, they must be allowed to take their personal items and clothing and any gifts or possessions that have been acquired. Gifts of money, savings, or wages from a job belong to the child in care. Any substantial sum of money that a child receives from any source should be reported to the Department by the foster parent at the time it is received.

Section B: Emergency Situations

1. WHAT IS AN EMERGENCY?

An emergency, within the context of foster care placement, is a situation that occurs outside the normal responsibilities of a foster parent and demands immediate advice or assistance.

Emergencies include such occurrences as:

- A medical emergency for a foster child
- A crisis with a foster child created by an unexpected contact (telephone call or visit) from a birth parent or unauthorized visitor or other trauma
- An acute problem at school with a foster child
- Any contact by a law enforcement agency concerning the foster child
- A foster child who runs away, disappears, or leaves without consent
- A foster child who is out of control—see below for additional information
- A sudden emergency in the foster family that requires the foster parent's absence and respite care for the child

2. OUT OF CONTROL FOSTER CHILD

If a foster child is out of control to the point of being a danger to him-/herself or others, do not transport the child or ask a caseworker to transport the child. Call 911 and request assistance with having the child transported to a hospital for an emergency mental health evaluation. Follow the contact procedures described below for contacting the Department in case of an emergency. If you don't feel able to have the child return to your foster home following the evaluation, let the caseworker know that when you call.

Never, under any circumstances, should you take a foster child to the police station and say that you are not going to take the child home because the child is out of control. In such a situation, the child will be subjected to feelings of rejection that are emotionally damaging and could also worsen the current behaviors. In addition, if the child is so out of control that you need assistance from the police, you should not be transporting the child.

If at any time you feel overwhelmed or can't handle the situation, call your caseworker or on-call CPS immediately.

3. CONTACTING THE AGENCY IN CASE OF EMERGENCY

Foster parents should contact the Department immediately for an emergency during normal business hours. If the child's caseworker is not available, speak with the caseworker's supervisor. If the emergency occurs during evening hours or on a weekend or holiday, foster parents can report emergencies to the on-call CPS caseworker who can be reached by calling the Chautauqua County Sheriff's Department at (716) 753-4232. When you speak with the Sheriff's Department dispatcher, identify yourself as a foster parent, state that you have an emergency, and request a call back from CPS. The dispatcher will take your name and number, page the on-call worker, and pass on the message. The CPS caseworker will return your call and provide any assistance needed and/or contact the child's caseworker.

Remember, you have a responsibility to report all emergency situations to DSS as soon as possible so that appropriate action can be taken.

4. MAKING AN SCR REPORT

To report suspected cases of child abuse or maltreatment (neglect), call the New York State Child Abuse and Maltreatment Hotline at 1-800-342-3720. This hotline is always available. You can make calls anonymously, but it is helpful to the investigation process to leave your name and number so that you can be contacted for additional information. The Source of a report is kept confidential.

5. ABSENT WITHOUT CONSENT (AWOC) CHILD POLICY

a. When a child goes missing

Foster parents should know where a child in care is or is expected to be at all times. When a foster parent realizes that a child in care is AWOC (absent from the foster home without consent), expeditious efforts should be taken immediately to locate the child.

See [Appendix Q](#), “**Tips for Locating Children and Youth**” from OCFS for information about steps you can take when a child placed in your home is missing.

Foster parents should keep a written description of each child accessible, including the child's height, weight, eye color, hair color, distinguishing characteristics, date and place of birth, and names of the child's birth parents. Also try to keep a current picture of the child handy to provide to law enforcement and the child's caseworker.

If the child cannot be found, do the following:

- Report the child missing to DSS
 - Inform the child's foster care caseworker immediately if the child runs away during normal business hours. If that worker is unavailable, contact the worker's supervisor or the Home Finding Unit or the Intake worker (716-661-8212). Speak directly to a worker or a supervisor. It should not be assumed that leaving a voice mail message is sufficient. If you are not willing to have the child returned to your home when the child is located, let the caseworker know that information right away so that a new home can be found. (The child's caseworker is required to report the missing child to National Center for Missing and Exploited Children and follow the procedures outlined in [16-OCFS-ADM-09](#).)
 - If the child runs away outside normal business hours, call the Chautauqua County Sheriff's Department (716-753-4232), identify yourself as a foster parent, request a phone call from CPS, and let the on-call CPS worker know about the situation
- Report the child missing to law enforcement
 - The foster parent should report the child missing and this call must be made to law enforcement in the jurisdiction in which the foster home is located. The foster parent is the best person to make this call as the police will require a physical description, including the clothing the child was wearing when last seen. The foster parent should insist on filing a missing person report (even if the child is 16 years of age or older) due to the child being in the custody of the Commissioner of Social Services
- If possible, notify the birth parents regarding the situation. Although the caseworker is ultimately responsible to ensure that the birth parents have been notified, your assistance in making this notification is very helpful

b. When a missing child is found

The following steps are the responsibility of the foster parent when the child in care is located and/or returns to the foster home:

- Welcome the child back. Let the child know that s/he was missed and that you were concerned for his/her safety. The child should be welcomed back with no judgment
- Meet the child's immediate physical needs, such as a meal, a shower, a change of clothing, or being allowed to rest. Any immediate physical health or mental health needs must be addressed as soon as possible
- Inform the birth parents and the caseworker that the child has been located

The foster parent and the child's caseworker will also do the following:

- The caseworker or foster parent should call police and inform them that the child has been located regardless of police involvement in locating the child. If the caseworker reported the child missing through the National Center for Missing and Exploited Children (NCMEC), the caseworker will notify the NCMEC that the child has been located

- Have a discussion of consequences with the child, in conjunction with the child's caseworker. Foster parents should apply the RPPS when a missing child returns to the foster home. Applying the standard would include, but not be limited to, such things as developing agreements with the child that encourage communication, a balance between responsibilities and privileges, and the ability to participate in normative experiences such as attending parties, having a part-time job, or taking a walk around the block
- Create a plan with the child and the caseworker that addresses the reasons for the child's absence from foster care and any supports/services that are needed in the future to prevent the child from repeating the behavior
- Make the child available for the caseworker to complete a screening to determine if the child was a victim of sex trafficking while absent from the foster home. (This screening is required by federal law and is not optional. See below for more information about sex trafficking.)

c. Child sex trafficking

Unfortunately, child sex trafficking is happening all over the country and there have been several cases in Chautauqua County. If a child placed in your home is known to have been trafficked, the child's worker will share that information with you. However, it is likely that some children who are placed in foster care have been trafficked but have not disclosed that information. Therefore, please take the time to read the fact sheet in [Appendix R](#), "**Child Sex Trafficking in America: A Guide for Parents and Guardians**," published by the National Center for Missing and Exploited Children (NCMEC). If you suspect that a child placed in your home has been/is being trafficked, contact the child's foster care worker immediately to address the issue.

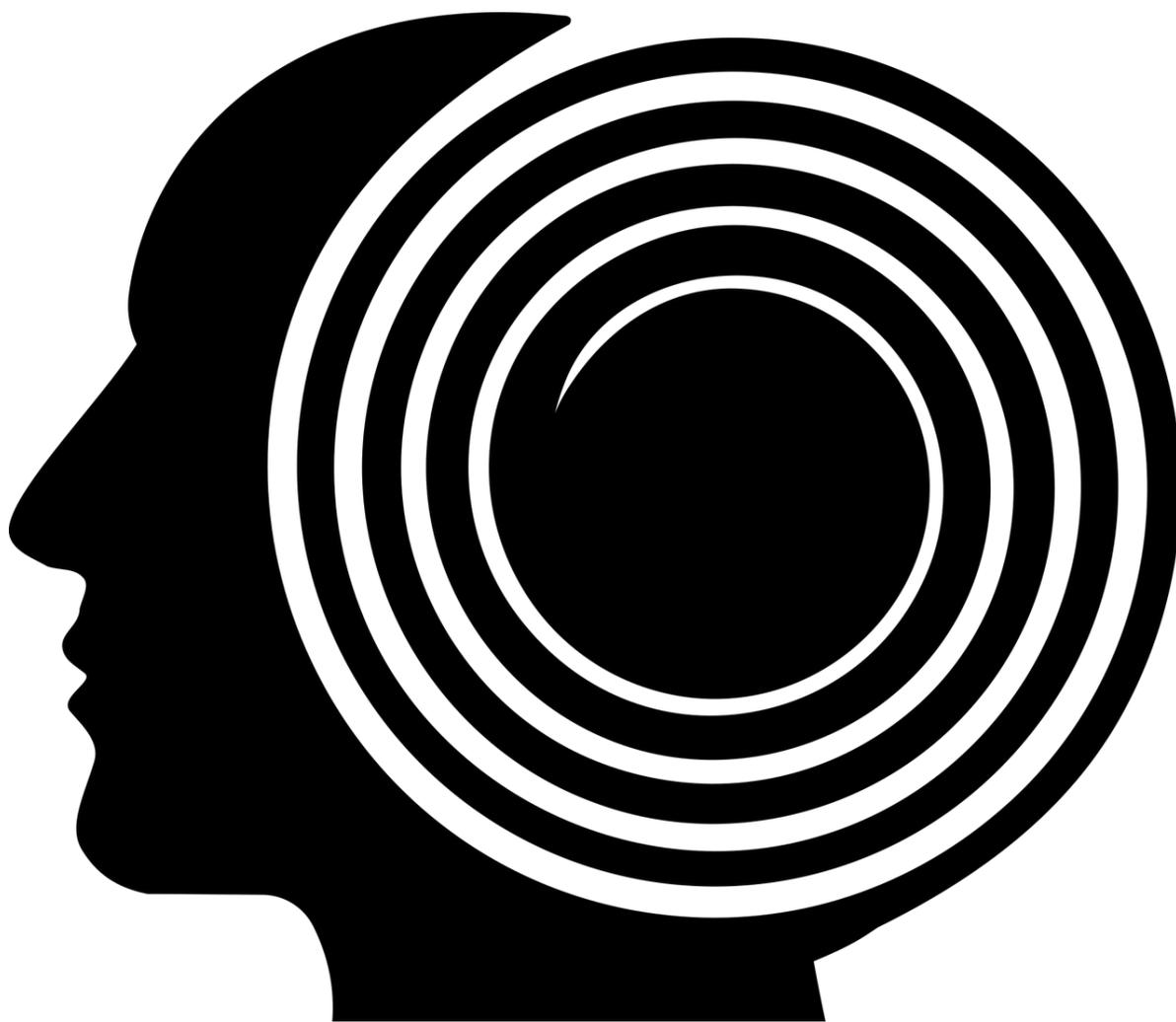
6. MEDICAL EMERGENCIES

In case of a medical emergency, a foster parent must:

- Secure treatment for the child in care immediately. If necessary, call 911
- Contact the birth parents to notify them of the situation and request they authorize treatment
- Contact the Department to notify them of the situation and request authorization for treatment if the birth parents are not available.

When emergency medical services are needed, it will be necessary for the child's birth parents or the Department to grant permission for treatment. **Foster parents do not have the ability to consent to medical treatment for a foster child and should never sign any forms consenting to treatment.** Foster parents should also not sign any forms accepting financial responsibility for the child's medical treatment. Hospitals are required to provide emergency treatment to any person who is in a life-threatening situation, regardless of the ability to obtain consent for such treatment. Follow the contact procedures outlined in [Section B.3](#) above.

Chapter Six: Foster Parent Concerns



Section A: Movement/Discharge of Foster Children from Foster Homes

1. REASONS WHY A CHILD IN CARE WILL LEAVE A FOSTER HOME:

- Discharge from foster care to the custody of the birth parent(s), relative, or other custody resource
- Discharge from foster care to another planned permanent living arrangement (also known as independent living or APPLA)
- Child's need for a higher level of care, such as therapeutic foster care or placement in a congregate care facility
- Foster parent request
- Reuniting siblings who were initially placed in separate foster homes
- Health and safety issues
- Foster home closing
- DSS decision based on case-specific issues, such as serious conflicts between the birth family and foster family or the foster parents' inability/unwillingness to follow the service plan or partner with the Department or the birth parents

2. REQUESTING THE REMOVAL OF A CHILD FROM YOUR HOME

a. Reasons for requesting removal of a child

Foster parents sometimes request that a foster child be moved out of their home. Reasons for making such a request can involve:

- Concerns about the safety of the foster child based on behavior issues
- Concerns about the safety of other children in the home based on the foster child's behavioral issues
- Issues arising within the foster family, such as a serious illness or marital problems
- On-going, unresolved conflict between the foster family and the child in care or between the foster family and the birth family
- Foster child's inability to adapt to the foster family and/or their way of life (a poor match between child and family)

b. Process for requesting removal of a child

If a foster parent requests the removal of a child, the caseworker and foster parent should meet as soon as possible to try to resolve the issues prompting the removal request. The Department will offer additional supports to try and improve the situation. However, if the issues cannot be resolved, the foster parent and the Department should work together on an appropriate plan to move the child to another placement. Working together will help ease the transition to another foster home and reduce the child's anxiety about moving again.

If you feel that the child needs to be removed from your home, try to give the Department enough time to make an adequate plan. **Chautauqua County DSS asks that foster parents give 10 days notice when requesting the removal of a child from a foster home** as such situations are best handled if done thoughtfully and not as crises.

c. Immediate (crisis) removal of a child

If foster parents are in a crisis situation and feel that the child needs to be moved from their home immediately, they need to call the Department and speak with Home Finding staff, the caseworker for the child, or a supervisor as soon as possible and make it clear that they are requesting immediate removal of the child. Although the Department prefers to have 10 days notice before moving a child, we understand that there are times when immediate removal is necessary for the safety of the foster child, the foster family, or other children in the home. If the situation escalates to the point that someone is in danger, call 911 and request police assistance.

See [Chapter Five, Section B](#) for additional information about handling emergencies involving foster children.

3. AGENCY REMOVAL OF A CHILD

a. Health and safety removal

The Department can remove a foster child from a foster home without notice if the child's health and safety are at risk. In such situations, the foster parents will be provided with a letter stating that the child was removed due to health and safety reasons. That letter will include information about steps foster parents can take if they disagree with the child being removed from their home. When a removal is based on health and safety, the child will be removed immediately, even if the foster parents disagree with the decision to remove the child. Health and safety removals can be made due to various reasons, including inappropriate behavior/discipline by the foster parent or the child's behaviors or mental health deteriorating to the point that the child needs a higher level of care.

b. Planned removal

If the child's health and safety are not considered to be at risk, the Department must give the foster parents 10 days notice that the child will be removed (per 19 NYCRR 443.5) except when the Court orders the child returned to the birth parents immediately or orders the child to be placed in a residential or other facility. The Department must:

- Notify the foster parents of the proposed removal in writing at least 10 days before the proposed date of removal. The only exceptions are cases where maintaining the health and/or safety of the child requires immediate removal from the foster home or where the Family Court orders the child discharged from foster care, to a relative's custody, or to another placement immediately
- Allow the foster parents to request a conference with the Department. At this conference, the foster parents will be told the reasons for the proposed removal and given the opportunity to discuss the reasons why the child should not be removed.
- Hold the conference, if requested, within 10 days of the date the Department receives the request from the foster parents
- Send a written notice of the conference to the foster parents and the foster parents' legal representatives, if any, at least five (5) days before the conference date (unless the conference date is less than five days away)

- Make a decision regarding the proposed removal no later than five (5) days after the conference and send a written notice of the decision to the foster parents and their legal representative, if any. The written notice must also advise the foster parents of their right to a fair hearing

c. Waiving right to 10 days notice

Foster parents who do not object to the removal of the child from their home may waive in writing their right to the 10-day notice once the decision has been made to remove the child and the foster parents have received the notice.

d. Conference with the Department

If foster parents request a conference with the Department regarding the proposed removal of the child from their home, the child will not be removed from the foster home until at least three (3) days after the notice of the decision is sent or before the proposed effective date of removal, whichever occurs first. For example, if the original proposed date of removal was January 10th and the decision regarding the removal was sent on January 6th, the removal date would still be January 10th. However, if the original proposed date is January 10th, but the decision is sent January 11th, the removal cannot take place until January 14th.

e. Fair hearing

If, after the conference, the foster parents still do not agree with the decision to remove the child from their home, they can request a fair hearing from the New York State Office of Children and Family Services, Bureau of Special Hearings, 52 Washington Street, Rensselaer, New York 12144. A fair hearing is an administrative review by a hearing officer assigned to OCFS to hear the foster parent's and the Department's views regarding the removal of the child. Foster parents may have legal representation at a fair hearing. They can appeal fair hearing decisions to the State Supreme Court.

Section B. Tips for When a Foster Child Leaves the Home

You are told the child is leaving.

The caseworker has just told you that your foster child is going to leave. It is important to get your feelings in order before approaching the foster child. Whether you feel joy or grief, you need to talk to the child calmly. If you are feeling very emotional, take the time to calm yourself before speaking with the child in care. Separation is difficult enough for a child without also burdening the child with your emotions. You and the caseworker need to decide who will tell the child. In some cases, the caseworker and child have a close relationship, which will enable the caseworker to share the news more easily. In other cases, the foster mother or father will be the best candidate. If you will be the one telling the child and you are worried about the situation, discuss it and plan with the caseworker or another foster parent who has experience in this area.

If you are the one telling the child about the move, be honest yet kind and use simple language. Let the child know why the child is leaving the home and where the child is going (returning home, going to another foster home, etc.). Make positive statements, but do not promise that the child will be happy in the new situation. Find positive, truthful things to say, such as, "Your family has waited a long time for you to come back." or "The caseworker thinks you will like this new home because...." It takes unusual strength and skill to tell the child in a way that leaves the child feeling secure and at the same time feeling good about returning home or going into an adoption placement. If foster parents cannot or will not let go, then the child becomes fragmented in personal attachments and may grow up unable to feel close to anyone.

What if I don't like the home to which the child is moving?

You are not going to help the child by discussing your concerns about the new foster home or the birth parents' home. If the child tells you the things that the child fears about the move, help the child to talk about it and share the fears with the caseworker. You can also share your concerns with the caseworker. In situations where the child is returning home, your relationship with the birth parents will enable you to keep in contact with the child and be a support, which might reduce some of your concerns.

Will the child think that I don't love him/her?

Many foster parents have this worry. However, you should tell the child that you have loved and cared for him/her. Admit you will miss the child, if that is the truth, but keep calm and refrain from sobbing or becoming overly emotional.

I'm worried about how our family will handle the child leaving.

It is natural and expected for the members of the foster family to grieve when a beloved foster child leaves the home. Use your family supports and consider talking to another foster parent who has been in the same situation. Having a special dinner or other family event prior to the child leaving, if there is time, can provide a sense of closure.

How do I pack for the child?

When children leave, send all of their clothing and personal items with them, including any toys or gifts that have been given to them as presents. Take a tour of the home with the child to identify any items that might have been overlooked. If the child has been with you any length of time, you should have begun compiling a Life Book. Send the Life Book with the child and any other photos or mementos that you have. If the child does not have a suitcase or bag, try to provide one or ask the caseworker for help in obtaining one.

A very small infant has become used to the scents of your home. Send a blanket or two, a crib sheet, a comfortable pair of pajamas or outfits the baby is used to wearing. It is most important to send the baby's schedule. Explain how the baby likes to be held or fed--anything you know that will help the child adjust more quickly to a new home.

I can handle it all but the moment the child goes out the door.

Try to send the child off with pleasant memories. When the front door closes, feel free to cry or celebrate—whichever applies to your feelings! Then tell yourself you did the best you could. You cared for the child when he/she needed a parent.

Section C: Being Reported to the State Central Register

At some point while you are a foster parent, you may be the subject of a CPS investigation. Although it is very upsetting to be in that position, remind yourself that anyone can make a report and being investigated does not necessarily mean that you have done anything wrong. Here is some important information about being investigated by CPS:

1. OVERVIEW OF A CPS INVESTIGATION

- Being reported does not mean that CPS is going to take away your birth children. Children are only removed from their homes when they are in immediate danger of serious harm and, before they are removed, their parents are given the opportunity to make a safety plan for the children to reside elsewhere with an appropriate person
- In our county, reports involving foster homes are assigned to senior Child Protective Services caseworkers. These workers have had additional training and experience and are responsible for the most difficult and sensitive investigations
- Your home will be placed on "hold" during a CPS investigation, meaning that no new placements will be made to your home while the investigation is on-going
- The Source of a report is always confidential and will never be revealed to you or anyone else outside of CPS, per NYS Social Services law
- Foster children may be removed during a CPS investigation if there is an injury to a child or another situation where the risk is considered to be high. Even if a foster child is moved from your home during an investigation, it does not automatically mean that the report will be indicated or that you have done anything wrong
- If foster children are removed from your home and you disagree with the decision to remove them, you can request a conference with DSS administration. See [Section A.2](#) in this chapter for additional information about requesting a meeting

2. STEPS OF A CPS INVESTIGATION

- It is required that all children who reside in your home be interviewed, if they have sufficient verbal skills. CPS may ask you to allow the interviews of the children to take place out of your presence, which is also a state mandate. In some cases, your children may be interviewed at school without your prior knowledge, as these types of interviews are allowed by law and do not require your consent. However, school staff are not given information about the report without your consent. CPS workers prefer not to interview children at school, but there are some cases where the allegations are such that an immediate, out-of-home interview is necessary

- The CPS workers have received special training in interviewing children and do not ask leading questions or try to plant ideas in children's heads. These workers conduct interviews in a non-threatening manner
- In some cases, you may be asked to bring a child to the Child Advocacy Program (CAP) in Jamestown or Dunkirk for an interview
- It is required that all adults who reside in your home be notified of the report and that interviews be attempted with them, even if they are not subjects of the investigation
- It is also required that the parents of all children who reside in your home, whether they are foster children or birth children, be notified of the report and that interviews be attempted with them, whether they are the subjects of the investigation or not

3. DETERMINATION OF A CPS INVESTIGATION

- At the end of the investigation, you should be notified in writing regarding the determination of the report—whether it has been indicated or unfounded
- An "indicated" report means that there was a preponderance of evidence of abuse or maltreatment. These reports are kept on file until the youngest child named in the report turns 28. Indicated reports can be brought into court and do show up on background checks made by employers in certain fields
- An "unfounded" report means that there was no credible evidence of abuse or maltreatment. These reports are legally sealed and kept on file for 10 years. They cannot be accessed unless there is another report involving the same family. Unfounded reports are confidential and do not show up on background checks and cannot be brought into court. However, even if a report is unfounded, the Home Finding unit may recommend actions to correct the specific circumstances that led to the report being made or to address the overall quality of care being provided in the foster home
- If a report has been indicated against you, you have the right to request an administrative review of the case by the SCR in Albany. The letter you receive notifying you of the determination has the address to which you would write to request a review
- If a report is indicated against a foster parent, the Department is required to hold an internal administrative review and to decide if the foster home will remain open or be closed. In most situations, the home will be closed
- If a foster home is closed as the result of an indicated report and that report is later "amended"—changed to unfounded—then the foster parents can request that their home be re-opened. However, re-opening is not guaranteed

See [Section E](#) of this chapter for additional information about requesting that your home be re-opened. Speak with Home Finding workers if you have questions about being reported to CPS.

Section D: Closing a Foster Home

1. REASONS FOR CLOSING A FOSTER HOME

There are several reasons why a foster home might be closed, including:

- The request of the foster parents
- Foster parents moving out of Chautauqua County or out of New York State
- The death of a foster parent
- The home is not in compliance with regulations
- A breach of the Foster Parent Agreement
- The foster parents are not in compliance with regulations
- The foster parents have demonstrated a serious lack of judgment
- A change in circumstances that has led to an unstable home environment
- The foster parents are unwilling to comply with Department policies/procedures
- The foster parents are unwilling to engage in shared parenting with birth parents and/or unwilling to support children being reunified with their birth families
- No more children can be placed in the home due to the number of birth and/or adoptive children residing in the home
- The foster home has been inactive for a period of six (6) months or more

2. PROCESS FOR CLOSING A FOSTER HOME

a. Voluntary closure

If a foster parent requests that the foster home be closed or does not wish to re-certify, then the Home Finding unit will confirm the request in writing and close the home or allow the home's certification/approval to expire.

b. Involuntary closure

If a decision has been made by the Department to close a foster home or not to re-certify a foster home, the Department must notify the foster parents of the reasons for revocation or non-renewal. The notification must be specified in a letter postmarked at least 20 days before the expiration date of the foster home certificate or the proposed revocation date. The foster parents may request a conference with Home Finding staff and DSS administration if they disagree with the reasons for closing their home. If a conference is requested, the home cannot be closed until after the conference has been held.

See [Chapter One, Section E](#) for information about handling of closed foster home records.

Section E: Re-Opening a Foster Home

At the request of a previous foster parent, the Department will consider re-opening a foster home. If it has been more than five (5) years since the foster parents completed NTDC, the Department may require the foster parents to complete NTDC again, as these pre-service classes are updated periodically with new information. Under new OCFS regulations, any time a foster home is re-opened, foster parents must complete the entire application packet again. Foster parents must also complete all background checks and demonstrate compliance with all boarding home regulations. See [Chapter One, Section B](#) for more information.

Section F: Important State Laws Affecting Foster Parents

1. RESTORATION OF PARENTAL RIGHTS

Family Court now has the ability to reinstate parental rights that have been terminated and return a child in care to the custody of a birth parent in certain situations. This change can only take place if the TPR happened two or more years previously and only if the termination decision was made for particular reasons, including permanent neglect, mental illness or retardation, and/or abandonment. Also, the child in care must be at least 14-years-old and there must be evidence that it is in the child's best interests for parental rights to be restored.

2. SUBSIDIZED KINSHIP GUARDIANSHIP ASSISTANCE (KINGAP)

Kinship foster parents who are interested in becoming a permanent resource for the kin children placed with them have the option, in some situations, of being appointed as a guardian instead of taking custody of or adopting those children. The KinGAP program provides a subsidy similar to the adoption subsidy for those kinship foster parents who become guardians of children placed with them.

3. TERMINATION OF PARENTAL RIGHTS OF INCARCERATED PARENTS

Local departments of social services are not required to file a TPR petition at the 15-month mark for the children of parents who are incarcerated or in an in-patient substance abuse facility. In effect, the ASFA "clock" is stopped while parents are incarcerated or receiving in-patient substance abuse treatment, in certain situations.

4. TRIAL DISCHARGES AND VOLUNTARY RETURN TO CARE FOR YOUTH

Youth between the ages of 18 and 21 can have ongoing and repeated trial discharges from foster care. Youth under the age of 21 who have left foster care after age 18 at their own request can ask to return to foster care within 24 months of discharge.

Chapter Seven: Payments



Section A: Boarding Home Rates

Payment for foster care is categorized by four types of rates: regular (AKA basic/normal), special, exceptional, and extraordinary. Boarding home rates are reviewed by state and county government yearly and are subject to change. Foster parents will be notified in writing of any changes. Payment is made to foster parents according to the number of nights the foster child spends in the foster home. Shortly after a child is placed in your home, you will receive a rates notification letter. If you believe the rate is incorrect, please contact the child's foster care caseworker. The check for room and board is generally mailed out on the 8th of the month for payment of the previous month (i.e. the check mailed in June is payment for May). See [Appendix S: Foster Care Rates](#) for more information.

Special and exceptional rates depend on the child's particular circumstances. If you feel that you have a child placed in your home for whom you should be receiving special or exceptional rates, discuss the matter with the child's caseworker. As part of the process to request special/exceptional rates, foster parents must complete a form describing the child's special needs and what additional care is being provided to the child by the foster parents. All requests for special/exceptional rates are reviewed by the Special Rates Committee.

1. REGULAR RATES: Foster parents receive regular rates for a child with no significant physical or mental handicaps requiring special care. However, the child may have issues related to previous abuse/neglect or lack of parenting and also may have mild behavioral issues typical of children of that age. Most children in care in Chautauqua County fall under the category of regular rates.

2. SPECIAL RATES:

Special rates may be requested for children who:

- Suffer from pronounced physical conditions as a result of which a physician certifies that the child requires a high degree of physical care; **or**
- Are awaiting Family Court hearings on PINS or JD petitions or have been adjudicated as PINS or JD; **or**
- Have been diagnosed by a qualified psychiatrist or psychologist as moderately developmentally disabled, emotionally disturbed, or having a behavioral disorder to the extent that they require a high degree of supervision; **or**
- Enter foster care directly from inpatient hospital care. Such children are eligible for special rates for a period of one year. (This does not apply for newborns who are discharged from the hospital after birth without having been admitted for treatment for their own health needs.)

Additionally, the foster parents must meet the following criteria:

- Demonstrate their ability to care for children with special conditions through training and experience in nursing, special education, child care, or the completion of special training related to the child's condition(s) provided by a child care agency or other relevant

training and experience of not less than **four (4) hours** (per foster parent) in the last calendar year from the time special rates are requested; **and**

- Actively participate in SPRs/case conferences as determined by the Department; **and**
- Are able to provide intensive supervision and inter-personal relationships that are consistent with the child's therapeutic goals. This criterion includes the ability to work with the professionals involved with the child's treatment plan, such as caseworkers, physicians, nurses, therapists, psychologists, and psychiatrists. Foster parents also must be able to accept assistance and guidance in caring for the child

3. EXCEPTIONAL RATES:

Exceptional rates may be requested for children who:

- Require 24 hour a day care provided by a qualified nurse or people closely supervised by nurses (as certified by a physician); **or**
- Have severe behavioral problems characterized by the infliction of violence on themselves, other persons, and/or their physical surroundings, **and** who have been certified by a qualified psychiatrist or psychologist as requiring high levels of individual supervision in the home; **or**
- Have been diagnosed by a qualified physician or psychiatrist as having severe mental illness (such as child schizophrenia), severe developmental disabilities, brain damage, or severe autism; **or**
- Have been diagnosed by a physician as having AIDS or HIV-related illness as defined by the AIDS Institute of the State Department of Health

Additionally, the foster parents must meet the following criteria:

- Same as for special rates, except that foster parents must have completed not less than **five (5) hours** of training related to the child's condition (s) (per foster parent) in the last calendar year from the date when exceptional rates are requested.

4. EXTRAORDINARY RATES

New York State has recently approved a new rate called Extraordinary. However, this rate is only given to children placed in therapeutic level foster homes run by therapeutic foster care agencies. Chautauqua County DSS does not have a therapeutic foster care program.

Section B: Reimbursable Absences from Foster Care

There are certain occasions when foster parents may receive room and board payments for foster children who are absent from the foster home, including:

- Family time with birth parents or other discharge resources
 - weekend family time—up to two (2) days per week
 - school or religious holidays

- vacation/extended family time—up to 15 calendar days per year, excluding weekend family time. A child could be absent from the foster home for up to 21 consecutive days if vacation and weekend family time are combined
- Trial discharge to birth parents or other discharge resource—up to seven (7) consecutive days
- Visits to potential adoptive parents—up to seven (7) consecutive days
- Organized field trips
- Legal detention in a secure or non-secure juvenile detention facility—up to seven (7) consecutive days
- Hospitalization—up to 15 days per calendar year
- AWOC/running away—up to seven (7) consecutive days

The above absences will be reimbursed **only** on the assumption that the foster home is holding a bed open for an absent child and is therefore still incurring certain costs on behalf of the child. However, if a foster parent informs the Department that an absent child will not be accepted back into the foster home, none of the absent days are reimbursable.

Section C: Initial Clothing Allowance

1. INITIAL CLOTHING ALLOWANCE

Maximum amounts for initial clothing expenses have been set as follows:

<u>Age</u>	<u>Amount</u>
0 to 1	\$150
2 to 5	\$200
6 to 11	\$250
12 to 15	\$300
16 and up	\$350

These are MAXIMUM amounts payable. If children are placed with some of their own clothing, then the full initial allowance will not be necessary. A child's clothing should be inventoried at the time of placement. At the time of initial placement, the child's caseworker will try to obtain clothing for the child from the birth parents. Be sure to ask the child's caseworker what amount you are approved to spend for the initial clothing allowance.

As the Department understands that foster parents may not have extra cash on hand at the time of the child's placement to cover the entire initial clothing allowance, foster parents have up to three months following the child's placement to spend the entire amount. For instance, if you have an infant placed in your home, you could choose to spend \$50 at the time of placement, \$50 the following month, and \$50 the next month to use up the initial clothing allowance. Foster parents will be reimbursed up to the approved amount for **clothing (including outerwear) and shoes/boots only**. Use the **Suggested Minimum Clothing Guide** in [Appendix L](#) to assist you in purchasing a wardrobe for the child. Receipts must be provided to the caseworker in order for you to be reimbursed and the receipts must be

detailed, including a description of the items purchased and the date and location of the purchase. Please separate the purchases for each child, so that there is a separate receipt for each child.

There are local clothing closets that foster parents may utilize to obtain clothing at the time of initial placement or any time while the child is placed in the foster home. Ask the foster care caseworker or your Home Finder for more information.

2. REPLACEMENT CLOTHING

Additional clothing beyond the initial clothing allowance is now considered an expense that is covered as part of the normal boarding home payments. It is expected that new clothing will be purchased as needed based on growth and wear. The one exception is that the child may be granted a one-time seasonal clothing replacement. See [Section D Part 1 – J](#) for more information

When foster children leave the foster home (to go to another foster home; to return home; or to live on their own), the clothing that was purchased for them with the money provided by the Department must be sent with them, unless they have outgrown the items or the items are too stained or worn to be of use. It is the expectation of the Department that foster children will leave a foster home with sufficient clean and appropriate clothing.

Section D: Special Payments

The following is a list of special payments for which foster parents may be reimbursed. Alternative methods of payment, including assistance from birth parents, must be pursued first. All costs must be discussed with the child's caseworker and approved in advance by the caseworker's supervisor and an itemized receipt must be provided when reimbursement is requested.

1. REIMBURSABLE EXPENSES

- a. Activity fees, lessons, registration fees for clubs: up to \$200 per child per calendar year.** Includes fees for participating in sports; the cost of music/art/dance lessons; fees for Boy/Girl Scouts (not including camp); club dues/registration fees. *Does not include the cost of supplies, rental of instruments, uniforms, etc. to participate in these activities. See below for information related to these costs.*
- b. Supplies and uniforms for sports/activities, rental of musical instruments: up to \$100 per child per calendar year.** Includes supplies/equipment for sports and art/dance lessons; instrument rental for music lessons; uniforms for sports and Boy/Girl Scouts or other clubs.
- c. Camp fees.** Day camp may be covered but only as an alternative form of child care/day care for foster parents who qualify for day care reimbursement. (See **Chapter Three, Section D** for more information about day care reimbursement.) The day camp

must be approved by New York State to provide day care. *No reimbursement is available for overnight camp for any child. Foster parents who do not qualify for day care reimbursement cannot be reimbursed for the cost of day camp. The foster care worker will help the foster parent to explore options such as camperships/scholarships for situations where no reimbursement is available from the Department.*

- d. **School uniforms that are required by the school: covered in full** with prior approval by the Department.
- e. **School supplies: foster parents will be reimbursed up to \$50 per school year for supplies listed on the school district-issued supply list.** The foster parent must provide a copy of the school district-issued supply list along with the itemized receipt. If you are purchasing supplies for more than one child, a separate itemized receipt is required for each child.
- f. **Photographs: up to \$50 per child per calendar year.** Foster parents must share the pictures with the birth family. For school pictures, the foster parents must provide a copy of the order form along with the receipt.
- g. **Senior year of high school expenses: up to \$250 per child.** This reimbursement will only be authorized for one school year, even if the child has to repeat senior year. Can be used for yearbook, class ring, prom attire, prom tickets, senior trip, or any combination of these. *See below for cap/gown.*
- h. **Graduation cap and gown rental: covered in full.** This reimbursement will only be authorized for one high school graduation. The foster parent must provide documentation from the school regarding the cost of the cap and gown rental, in addition to the receipt for payment.
- i. **Special gifts: up to \$150 per child per calendar year.** This amount includes the following: birthday gifts, Christmas or other holiday gifts, gifts for the child to give to the birth family, and gifts for any other occasion. If a child is placed in your home from another foster home, ask the foster care worker how much money is still available for reimbursement for gifts, as the other foster family might already have utilized some or all of the total yearly amount. The Department recommends budgeting for gifts and not spending the whole amount on one occasion, in case the child is moved to another foster home.
- j. **Seasonal clothing: reimbursement up to the amount of the initial clothing allowance (see Section C.1) one time following child's placement into foster care, at the next change of seasons.** For example, a child who came into care in May might require seasonal clothing reimbursement in October in order to purchase boots and outerwear if these items were not purchased at the time of placement. Please note that seasonal clothing reimbursement can only be made ONE TIME during the whole of the child's stay in the foster home, NOT yearly.
- k. **Religious attire.** If a foster child needs certain clothing for religious purposes, check with the child's caseworker regarding possible reimbursement for religious attire.

2. FUNDS AVAILABLE FOR CHILDREN IN CARE AGE 14 AND OLDER

For youth in care age 14 and older who are engaged in Independent Living Services, Chafee funds are available to cover certain expenses related to learning life skills and achieving self-sufficiency. Talk to the Independent Living caseworker assigned to the youth placed in your foster home for more information.

Section E: Transportation Expenses

Foster parents will be asked to provide transportation for children in care to family time, medical appointments, and school/community activities. The Department understands that it is not always possible for foster parents to provide all the required transportation due to work schedules, the need to care for other children, etc., and assistance will be provided to ensure that foster children get to all family time and appointments. However, it is ideal for the foster parents to provide transportation when possible as the child generally feels more comfortable with the foster parent than with an unknown caseworker or transportation aide and providing transportation makes the foster parents more available as a source of information at family time and medical appointments.

1. MEDICAL TRANSPORTATION REIMBURSEMENT

Foster parents can be reimbursed for transporting foster children to medical, dental, and mental health appointments. Reimbursement is provided through Medicaid and the reimbursement must be requested **prior to** the medical, dental, or mental health appointment, except in emergency situations. The only way to be reimbursed for transporting foster children to appointments with a provider who accepts Medicaid is to contact MAS, our region's Medical Transportation provider. In almost every situation the child's medical, dental and/or mental health provider will be one who accepts Medicaid. The Department will not reimburse transportation expenses to Medicaid approved providers. To contact MAS, see the information below:

- <http://www.medanswering.com/>
- 1-866-932-7740

All trips should be set up at least three (3) days in advance. You will need the child's Medicaid number and other information, which can be obtained from the child's foster care caseworker. The first time you use MAS you will need to set up an account. Instructions are provided on the website.

For emergency room/urgent care visits and "sick" visits to the child's doctor, contact the child's caseworker as soon as possible following the visit (preferably the same day or next business day) to ask for help with requesting reimbursement for the medical transportation.

2. NON-MEDICAL TRANSPORTATION REIMBURSEMENT

With prior approval by the foster care supervisor, the Department of Social Services will reimburse for the following foster child transportation:

- family time with birth family or other kinship resources
- to attend Service Plan Reviews (for children age 10 and over)
- Family Court appearances (for children age 14 and over)
- doctor/counseling appointments with **non-Medicaid-approved providers**
- school transportation at the discretion of the Department (generally in order to maintain a child in the school district from which the child was placed)

Transportation is reimbursable per trip, not per child. If you transport two children at once to an appointment, you would only be paid mileage for one trip.

Transportation expense is **NOT** reimbursed for:

- WIC appointments
- school activities and sports
- trips to the barber/beauty salon
- trips to stores
- extra-curricular activities or lessons.

To be reimbursed, fill out the "Request for Reimbursement of Transportation Expense" form and a W-9 form. A sample of a correctly completed transportation form can be found in [Appendix I](#). That form and the W-9 can be requested from the child's caseworker or from Home Finding staff. If you have questions about whether or not transportation you are providing will be reimbursed, speak with the child's caseworker and/or Home Finding staff.

Section F: WIC

The Women, Infants, and Children (WIC) Supplemental Nutrition Program is a federally-funded health and nutrition program that covers children up to age five. WIC provides special eWIC cards to buy healthful foods from WIC-authorized vendors (most grocery stores). The authorized foods include, among other items, infant formula, milk, eggs, bread, cereal, juice, and peanut butter. The WIC program also provides information about child health and development.

All foster children under age five (5) will receive WIC. The child's caseworker will provide you with an introductory letter for the WIC program. If you do not receive this letter within a few days of a child under age five being placed in your home, contact the foster care worker to request it. Below is the contact information for the two offices in Chautauqua County. If you have questions about using WIC, contact WIC staff or the child's caseworker.

Jamestown WIC, 42 Dunham Avenue, WE, Jamestown
Dunkirk WIC, 326 Central Avenue, Dunkirk

(716) 218-1484
(716) 218-1484

Section G: Foster Parent Finder's Fee

Foster parents who recruit new foster homes may be entitled to a Foster Parent Finder's Fee. To be eligible, a current foster parent must provide to the Home Finding caseworker the name and telephone number of the prospective foster parent or bring the prospective foster parent to a DSS sponsored recruitment event. Contact Home Finding staff for a schedule of upcoming recruitment events.

If the prospective foster parent follows through with the certification process, the current foster parent will receive \$50 after certification is complete and \$150 after one year from the date of the new foster parents' certification if both homes remain open and in good standing.

Section H: Claiming Foster Children on Income Tax Returns

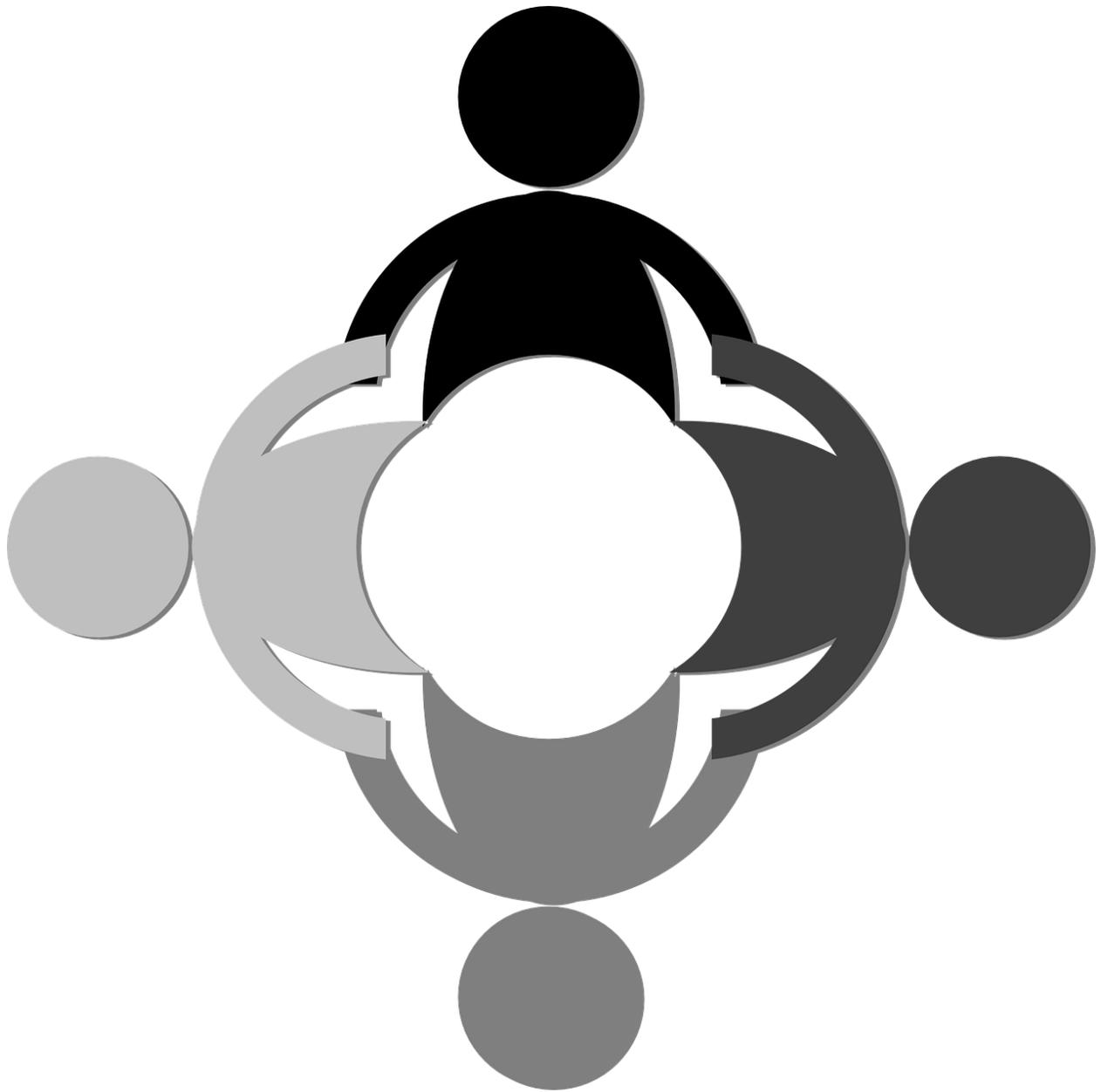
Foster parents who have questions about whether they are able to claim their foster children as dependents on their income tax return should consult with their tax preparer for advice. More information can also be found in IRS Publication 501, "Exemptions, Standard Deduction, and Filing Information." DSS staff cannot provide advice or information about this topic. Also, if the birth parents of children in care are paying child support for those children, the birth parents may be able to claim the children on their income tax returns.

If you feel that you are entitled to claim a child in care on your income tax return, then request that the foster care worker assist you in completing the OCFS form "Foster Parent Request for the Release of the Social Security Number of a Child in Foster Care for Income Tax Purposes." This form requires the original pen and ink signature of each foster parent. This request must be approved by the Home Finding supervisor before the child's SSN will be provided to you. **Even if you have the same child in care for more than one year, this form must be completed and approved each year.**

Section I: Reimbursement for Biennial Physical Exam Costs

Foster parents are required to have a physical examination at least every other year and to have their medical provider complete the Foster Parent Medical Report (OCFS 5183-D). For foster parents who have a co-payment or co-insurance cost associated with their exam, the Department will reimburse up to \$20 every other year upon receipt of the Medical Report form and Authorization toward Reimbursement for the cost of Foster Parent Medical Exam form (which must also be signed by the medical professional). Contact Home Finding staff to request copies of these forms if you have not already received them in the mail prior to your exam.

Chapter Eight: Teamwork and Permanency



Child welfare staff and foster parents work as a team. Service and health care providers may also be part of the team, depending on the needs of the child and birth family, as well as the attorney for the child and possibly a Court Appointed Special Advocates (CASA) volunteer. As in any effective team, players have different roles, responsibilities, and tasks. However, each team member has the same goal. **In this case, the goal is to preserve or rebuild the birth family while ensuring the safety and well-being of the child.** Reaching this goal requires that the team members form a partnership with the birth parents, always seeking to keep the birth parents focused on the needs of the child.

Section A: Your Relationship with the Caseworker

1. TYPES OF WORKERS

When a child first comes into care, the foster parent generally has contact with the CPS caseworker. Within a short time following the placement, a foster care worker will be assigned and probably a Community Services Worker (CMW) as well. Foster parents might also have contact with the Transportation Aide. These workers and their supervisors form part of the team with foster parents working to keep the child safe and to reunify the child with the birth family.

2. CASEWORK CONTACTS

Casework contacts can be separate or combined visits with the foster child and the foster parent. Whenever possible, visits should be pre-arranged and held at mutually convenient times. You are required to cooperate with the Department by providing access to the child in care. **You may NOT, at any time, deny the Department access to a child who is in foster care.** In situations involving sudden problems or emergencies, casework contacts should be held to assess the situation and arrange for appropriate services. During your regular contacts with the caseworker, you may be asked about—or you may bring up—the following topics for discussion:

- the child's adjustment to foster care
- the child's behavior in the foster home, school, and community
- the child's health
- the need for additional services
- discipline issues
- assessment of birth parent/child family time
- review of service plan goals, including the child's permanency goal, tasks for child and foster parent, and assessment of progress toward those goals

When communicating about a foster child, caseworkers and foster parents can help each other. Since you have a day-to-day relationship with the child, you know the child's personality and behavior. You can observe the child before and after family time, and you can see progress, or lack of progress, over time. Foster parents have much to contribute to the assessment of a case. To maintain a good working relationship, keep the caseworker

informed about the child's situation and achievements as well as problems. In order to facilitate better communication, it is recommended that foster parents keep a notebook with information about each foster child in the home, including:

- specific information about the child's behavioral issues, such as time/date, possible triggers, and how the situation was resolved through particular parenting or de-escalation techniques
- specific information about any issues with family time, such as time/date, what the behavior or issue was, what the child said regarding family time, and how the situation was resolved
- any training the foster parent completed in the home or with one of the child's treatment providers (Early Intervention, pediatrician, psychiatrist, counselor, etc.) including the date and length of training and the specific training topic
- any concerns raised by the child's school or medical/mental health providers as well as any recommendations by these providers on how to handle these concerns.

It is expected that caseworkers will assess your home regularly during home visits, particularly the children's sleeping areas. Workers are also expected to speak regularly with the children in care, if the children are verbal, and those conversations may happen privately. These expectations are standards set by regulations and are not a reflection of you as a foster parent. Remember, too, that casework contacts are an opportunity for you to let the caseworker know about your needs as a foster parent. If you feel that you are lacking in some area of knowledge that would better enable you to parent the children in your home, let the caseworker know or reach out to your Home Finder.

Section B: Your Relationship with the Birth Parents

Foster parents are required to engage actively in shared parenting with birth parents. Although this relationship is often difficult, foster parents must remember that they are working to reunite children in care with the children's birth families. Reunification with birth families is the primary goal of foster care. Read the section below carefully and continually assess your relationship with the birth parents of the children placed in your home. Ask yourself what else you could do to support the birth parents and strengthen their relationship with their children. Doing so will decrease the risk of future abuse or maltreatment when the children placed with you are returned home. Maintaining a good relationship with the birth parents will also enable you, in many cases, to continue to have a relationship with the foster child once the child is discharged from foster care.

The Department recognizes that it can be a struggle to work toward reunification as foster parents naturally bond with a child in care and are often interested in adoption. DSS staff will offer support and training to help foster parents work with birth families. Foster parents who are not able to work toward reunification should consider if fostering is actually the right decision for them. Home Finding staff are always willing to provide information about local agencies who offer adoption-only services if foster parents wish to seek licensing through such an agency instead of being foster parents through DSS.

1. RECOGNIZE AND SUPPORT PARENT STRENGTHS

The best place to begin working with birth parents is to look for their strengths. They obviously have needs or the child would not be in care. However, it would be counterproductive to focus too much on those needs and to define the parents in a negative way, as doing so makes it difficult to engage with the parents. Recognizing a birth parent's strengths makes foster parents feel better about working with that person and provides a positive place to begin. Also, many birth parents with children in foster care have experienced some type of trauma themselves which might make parenting more difficult.

2. USE THE BIRTH PARENT'S STRENGTHS TO ENGAGE HIM/HER

Once you have recognized a birth parent's strengths, you can use the following questions to create ways to use those strengths to build a partnership with him/her:

- What is something that I might want (as a team member) from this birth parent, based on this strength?
- What is something that I might offer (as a team member) to this birth parent, based on this strength?

3. MAINTAIN CONFIDENTIALITY

There are rules and restrictions about confidentiality and what information Department staff and service providers in the community can share, even with fellow team members such as foster parents. Birth parents themselves may share any information they wish with foster parents. All personal information must be held in confidence, with the understanding that foster parents must share information with DSS staff. Birth parents need to know that Department staff and foster parents share information. For some service providers, even when their policy supports staff sharing certain information with foster parents, those providers may interpret policy conservatively. However, foster parents should have complete access to relevant information.

4. MANAGE PERSONAL EMOTIONS AND BIAS

It is a natural human response to feel strong emotions when learning of a child's suffering. While such emotions are valid, foster parents and child welfare workers must take a practical approach toward helping birth parents change so they will no longer behave in a way that causes their children to be unsafe. Although it can be difficult to work in partnership with someone who has hurt a child, foster parents should view their role as helping the birth parents not to do such things in the future.

Foster parents may be judging birth parents by the worst thing the birth parents ever did in their lives. All of us have probably done something awful in our lives. Imagine being judged only by that action. Foster parents need to see the birth parents as whole people with both strengths and needs and work to build the strengths and meet the needs. Even in the case of adoption, adoptive parents will need to talk with children about what happened in the past and be able to do so in a way that does not condemn the birth parents. Foster parents may be surprised how much they can empathize with birth parents once they get to know them. For

example, imagine you are fostering a boy who was sexually abused by his father. You might think the birth father is a monster, but what if you later learn that the father was sexually abused by his father? That knowledge might help you see the birth father as someone who went through traumatic experiences as a child and maybe never learned how fathers relate to sons. With that knowledge, a foster parent might be able to support the father in learning to parent appropriately and even help to lessen the pain of the situation for the child and father.

There are ways for foster parents to show respect for birth parents without having direct contact, including talking about the birth parents respectfully with the child and asking for a picture of the birth parents to display in the foster child's bedroom. A foster parent must realize that as long as the child is in the foster home, the foster parent has a relationship to the birth parent through the child because the child will be bringing memories of the parent into the foster home. The way the foster parent talks to the child about these memories is a crucial starting point for the relationship with the child and the birth parent.

Foster parents might feel that there are safety risks in working closely with some birth parents. Like child welfare workers, foster parents should follow a standard practice of not being alone with anyone with whom they feel unsafe. Foster parents may be concerned that birth parents might show up at the foster home and be angry, out of control, or intoxicated. Foster parents should plan for such situations with the child's caseworker. Calling 911 is always an option. The Department wants the foster family to be safe as well as the child in care. Where there are concerns about the birth parents and their ability to keep themselves calm, family time will generally be held at the DSS office or at a family time site. The family time will be supervised. As the birth parents make progress in their service plan, family time may take place in other locations and will become unsupervised as the child is transitioned to returning home. You will likely be asked about allowing family time in your home. Remember, you decide who comes into your home. If you are not comfortable allowing family time in your home, then you do not have to do so.

When foster parents work as members of the team, their input is more likely to be taken into consideration by caseworkers when decisions need to be made. Although the caseworker will make the final decision about most issues, if you (as a foster parent) feel strongly that the decision is wrong, make your opinion known to the worker and the worker's supervisor, if necessary. In such situations, it is better to cite examples of the child's or birth parent's behaviors rather than your feelings. For example, if you are concerned that the decision to allow unsupervised family time is unsafe because the birth mother appears to be abusing alcohol, it would be useful for you to tell the caseworker, "The mother had alcohol on her breath when she dropped the child off after family time and she seemed to be having trouble walking." Providing such information is more productive than saying, "The birth mother is a raging alcoholic!"

5. SHARE POWER AND CONTROL

When birth parents are brought into decision-making, they will be more invested in contributing to a process which they helped plan and caseworkers and foster parents gain more first-hand

information from interacting directly with the birth parents. When birth parents are included in making decisions for their children, they get to know the caseworker and foster parents, which could build trust. When a caseworker makes a decision alone, the birth parents may feel that they are being forced to agree to something. The caseworker has the power to enforce that decision while the Department remains involved with the child. However, if the birth parents do not feel invested in the decision, they are unlikely to follow through when they are not being "forced" to do so.

6. MODEL EFFECTIVE PARENTING SKILLS

Mentor and/or teach parents. Good teachers do four things. First, they share practical information. Second, they provide examples or applications for the information. Third, they give the learners an opportunity to practice. Fourth, they provide feedback to the learner about what was done well and what needs improvement. As a foster parent, you are in the special position of knowing a great deal about the child in care and having much knowledge about caring for and raising children. Your ability to partner with the birth parents and model effective and appropriate parenting skills could be the catalyst for change and reunification and could help keep the child safe when the child returns home.

*Adapted from material developed by Thomas D. Morton, Child Welfare Institute, and MAPP/GPSII curriculum.

7. ADDITIONAL TIPS FOR WORKING WITH BIRTH PARENTS

- Ask the birth parents about the child's daily routine, likes and dislikes, etc.
- Ask the birth parents for a picture of them or a family picture to put up where the child can look at it daily
- Find out when the birth parent's birthday is and help the child in care send a card. Help the child make/send a card for holidays or other special days
- Be kind and welcoming when birth parents call to talk to or about their children. Share information about the child freely. Help the birth parent talk to the child if the birth parent is struggling with the conversation

Section C: Permanency Planning

Permanency planning involves workers, foster parents, birth families, and other team members working to find a lasting home for a child who is currently in the temporary situation of foster care. This work is also referred to as "diligent efforts."

1. PROCESS

Permanency planning involves concurrent planning—working on Plan A and Plan B at the same time. Plan A is almost always to return the child to the birth parent(s). However, even in situations where the birth parents appear likely to have the child returned to their care, DSS staff are seeking out other permanency resources for the child from the time the child enters foster care. These resources could be relatives, family friends, or other adults with whom the

child or birth family has a relationship (fictive kin). If resources are identified who live in another state, the foster care worker will request a home study for that family through the Interstate Compact on the Placement of Children (ICPC). The ICPC process is generally time-consuming and may take six months or more. Foster care caseworkers will also have discussions with foster parents about their interest in adopting children placed with them, if the child ends up being freed for adoption. These discussions might occur quite early on in the placement, depending on the birth family's circumstances, history with the Department, and response to the child being removed from the home. However, keep in mind that most children will be reunited with their birth family and not freed for adoption.

The Department is required to demonstrate that staff have made diligent efforts to reunite a child with the birth family. These efforts include all activities designed to help the birth family address the issues that led to the child being placed in care, including but not limited to: referrals for mental health and/or substance abuse issues; parenting instruction; help with housing and transportation; casework counseling; and coached family time.

2. TYPES OF PERMANENCY

All children in care have a "permanency planning goal" or PPG. The four main PPGs are:

- Return to parent
- Discharge to kin
- Adoption
- Another planned permanent living arrangement (APPLA)

The APPLA goal is generally used for youth in care with no identified permanency resource who go on to an independent living situation after being discharged from foster care. We try to avoid this type of permanency as it is better for youth to have an identified resource.

Section D: Family Court

Every child in foster care has court hearings, also known as "proceedings," held on the child's behalf. Occasionally, foster parents may be asked to appear in court to testify regarding their knowledge of the foster child and/or birth family. If you are expected to testify, the foster care caseworker will inform you ahead of time about what is expected to happen at court and why you are being asked to testify. Having this information will help you to prepare yourself and the child in care for the possible outcome of the hearing.

1. FAMILY COURT JURISDICTION

The Family Court deals with certain issues involving children and their families. It has jurisdiction over cases involving:

- Abuse and neglect of children
- Adoption
- Custody and rights to visit children
- Paternity

- Family offenses/domestic violence
- Persons in Need of Supervision (PINS)
- Juvenile Delinquents (JDs)
- Termination of parental rights (TPRs)

2. PURPOSE OF FAMILY COURT HEARINGS

In relation to foster care, Family Court conducts hearings for several purposes. The Family Court judge makes rulings based on information or evidence presented at the hearings. In general, foster care cases have hearings for the following reasons:

- to grant/deny petitions
- to request placement of a child in foster care
- to determine if foster care placement should continue
- to assess the permanency plan
- to order birth parents to complete Service Plans
- to make a finding of Neglect/Abuse regarding a child
- to terminate parental rights

3. COMMON TYPES OF HEARINGS AND OTHER COURT APPEARANCES

The hearings and appearances listed in this section describe the process that happens after a child has been removed from the birth parent's custody and placed in foster care. The whole process generally takes more than a year to complete.

a. Initial appearance

When a child is removed from the birth parents, a hearing is generally held within three business days so that the judge can review the Department's decision to remove the child. At such a hearing, the Department has to present the reasons why the child was removed and what efforts were made prior to that in order to prevent removal. The judge can then decide to uphold the removal or return the child to the birth parents.

b. Appearance with counsel

At this hearing, the birth parents are asked to appear with their lawyer, who can be either privately retained or assigned through the Public Defender's office. The Department's attorney and the court liaison caseworker will also appear. Generally the birth parent's attorney denies, on behalf of the birth parents, the allegations contained in the Neglect/Abuse petition. The case is then scheduled for a pre-trial.

c. Pre-trial

The purpose of the pre-trial is to determine if a resolution to the case can be reached regarding the Neglect/Abuse petition or to address immediate concerns that have come up since the child was placed in foster care. There can be multiple pre-trials on a case. If a settlement can be reached, it will be placed on the record. There are several options for settlement, including findings of Neglect with or without Admission or Adjournment in Contemplation of Dismissal with or without Admission.

d. Trial

If no agreement can be reached regarding the Neglect/Abuse petition, a trial will be scheduled, at which time both the Department and the birth parents or their attorneys present evidence, call witnesses, cross-examine witnesses, and make opening and closing statements. At the conclusion of the trial, the judge will make a finding of Abuse or Neglect or state that there is not enough evidence for a finding.

e. Dispositional hearing

At a dispositional hearing, the Department asks to have the birth parents ordered to complete the proposed Service Plan before the children in care can be returned to them. The dispositional hearing is generally held immediately following the trial or pre-trial (i.e. the same day), but it can be scheduled as a separate appearance if the birth parents want to have a hearing regarding the specifics of the Service Plan.

f. Permanency hearings

When a child is placed in foster care, a permanency hearing must be held within eight (8) months to review the case and the child's status in foster care. The date for the initial permanency hearing is generally scheduled at the initial appearance on the Neglect/Abuse petition brought by the Department. At the permanency hearing, the court will determine whether the child should continue to be in foster care placement and if the child's permanency plan is appropriate. Permanency hearings will be held every six (6) months thereafter while the child remains in foster care.

Prior to the permanency hearing, the foster care caseworker is required to submit a permanency hearing report to the court. That report includes information about how the child is adjusting to foster care; the progress that the birth parents are making toward having the child returned to their care; and the services being provided to the child and birth parents. Copies of the permanency hearing report are also sent to the attorney for the child; the attorneys for the birth parents; the birth parents; and the foster parents. Foster parents should receive their copy of the permanency hearing report about two weeks prior to the appearance.

Foster parents are invited to attend the permanency hearings. If you have questions about your role as a foster parent at a permanency hearing, speak with the caseworker for the child placed in your home. Children in care age 10 and over also attend these hearings, if appropriate.

Following the permanency hearing, the judge may rule that:

- The child should be returned home or placed with a relative or another resource
- The child should remain in foster care until the permanency goal is achieved
- The Department should file a petition for termination of parental rights or accept a surrender so that the child may be freed for adoption
- Another permanency hearing review is needed between scheduled permanency hearings to review issues specific to the child and/or case

4. TERMINATION OF PARENTAL RIGHTS AND SURRENDERS

If a child in foster care cannot be returned home and no appropriate family members or other resources have filed for custody, the foster care caseworker will file a petition in Family Court requesting that the birth parents' rights to the child be terminated and the child be placed for adoption. In our county, the foster care caseworker usually prepares a referral packet regarding the details of the case and sends this referral to the DSS Legal Department after a child has been in care for 11 months. The Legal Department then prepares the Termination of Parental Rights (TPR) petition for filing in Family Court when a child has been in care for one year (12 months). (Note—the TPR process is separate from the Neglect/Abuse proceedings.)

All court proceedings take time and it can take several months before a TPR hearing is held. There is also the possibility that, if the court believes that the birth parents have made significant progress, they may be given extra time to work toward having their children returned home. However, birth parents can decide to surrender their parental rights before or during the TPR hearing, at which time the child would be freed for adoption. Sometimes birth parents choose this option, especially with the possibility of a conditional surrender. A conditional surrender sets conditions to be met once a child has been adopted. These conditions can range from receiving a photo of their child in the mail once a year to having one or more visits with their child every year. If an adoptive family has been identified, that family would have to agree to these conditions in order for the conditions to be accepted by the court and made part of the court order. Birth parents who have their rights terminated at a TPR hearing cannot ask for conditions. They have up to 90 days following the TPR finding to file an appeal. The appeal process can delay permanency for the child as adoption cannot be finalized until the appeal is resolved.

Once a child is freed for adoption, the caseworker will continue to work with the pre-adoptive family to finalize the adoption or will continue to seek an adoptive resource. The whole process from placement in foster care to adoption can take three years or more.

Section E: Preparing Youth for Independent Living

1. PURPOSE OF THE INDEPENDENT LIVING PROGRAM

The Chautauqua County Department of Social Services offers an Independent Living (IL) Program to youth in care ages 14 to 21. The purpose of this program is to prepare youth in care to live independently and successfully following discharge from foster care. The program focuses on building life skills in the following areas:

- forming and sustaining positive relationships
- problem solving/decision making/goal planning
- preventive health and wellness
- education and support
- vocational/career planning
- employment skills
- budgeting and financial management

- housing
- home management
- accessing community resources

2. IL PROGRAM ACTIVITIES

All youth in the IL program meet with an IL caseworker monthly in the foster home. They may also participate in group or community-based activities once or twice a year. These activities are designed to help youth build life skills. The youth may also participate in various statewide activities for youth in care, including conferences, rallies, and hearing motivational speakers. In addition to organizing activities and meeting with youth, the IL caseworker helps youth determine their top three areas of need and then helps youth to strengthen their ability to master these skills.

3. INDEPENDENT LIVING STIPENDS

Independent Living Stipends will be paid to youth in care over the age of 16 with a permanency goal of independent living or for youth who have been in care at least one year and are over age 16 who are deemed eligible for Independent Living. In order to be eligible for the stipend, youth will be asked to participate in the Independent Living Program activities and meet monthly with the IL caseworker. Stipends will generally be paid around the 10th of the month for the previous month. The IL Stipend does NOT replace the child’s allowance that the foster parent is required to provide.

Stipends amounts are as follows:

<u>Age</u>	<u>Amount</u>
16	\$20
17	\$25
18	\$30
19	\$35
20	\$40

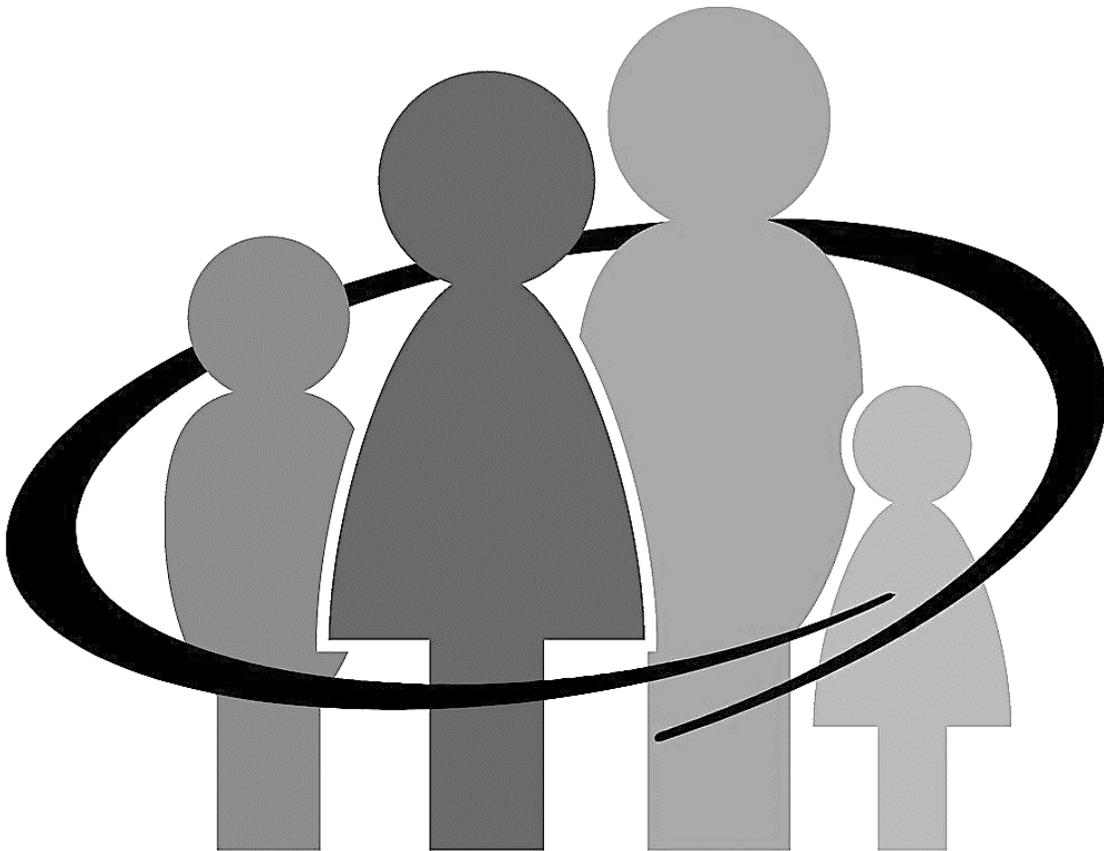
4. TRANSITION PLANNING

When working with youth ages 18 to 21 who are going to be discharged from foster care to APPLA, the youths’ caseworkers will work with them on a transition plan, starting six months prior to the planned discharge or sooner. The transition plan will include information about housing, employment, health insurance, and supportive resources in the community. The purpose of the transition plan is to help the youth be successful as independent adults following discharge from foster care.

5. CHAFEE FUNDS

When youth ages 14 to 21 are actively engaged in IL services, they may also be eligible to receive Chafee funds. The assigned foster care or IL worker will determine if Chafee funds would be beneficial for youth to achieve success with their IL goals.

Chapter Nine: Adopting a Foster Child



Section A: Decision to Adopt

Foster parents are often asked if they are willing to adopt a child who has been placed with them for foster care. The decision to adopt a child is not something that can be made instantly and should be based on a rational assessment of the foster family as a whole as well as a consideration of the emotions involved. Foster parents may want to ask themselves:

- Can I accept this child unconditionally? Can I accept this child's past?
- Can I make a lifetime commitment to this child?
- Have I evaluated this child's on-going needs and issues realistically?
- Do I have the strengths to meet those needs and address those issues?
- Are my other children and spouse/partner in agreement about adopting this child?
- What effect will adopting this child have on my family?
- Have I made a plan for this child in the event that I pass away or become disabled?
- Does this child have siblings who are placed elsewhere? If so, how will I help this child maintain contact with them?
- What type of contact is this child going to have with the birth family? Can I accept that level of contact?

Obviously these questions cannot all be answered at once. Involve your immediate and extended family in answering these questions, if possible. It is also helpful to speak with other foster parents who have adopted children.

Keep in mind that the child's caseworker, who must engage in concurrent planning for the child, will often ask you to consider adopting the child even while you are working with the Department to return the child to the birth parents.

Section B: The Adoption Process

1. STARTING THE PROCESS

As with any process involving the legal system, the adoption process will take at least six months after the child is freed for adoption. Be patient and ask as many questions as necessary to understand what is happening and what you are expected to do. For more information, foster parents can download the New York State Foster Parent's Guide to Adoption from the OCFS website at: <https://ocfs.ny.gov/main/publications/pub5033.pdf>

If you want a copy of this booklet but do not have internet access, request a copy from Home Finding or the caseworker for the child. If you are a foster parent who is considering adopting a child placed with you, this booklet is a great resource.

2. FOSTER PARENT PREFERENCE IN ADOPTING

If a child in care has lived with a foster parent for 12 continuous months or longer, that foster parent might have preference in adopting the child once the child is freed for adoption. That means that the Department must take your request to adopt the child into account before considering allowing any other licensed adoptive family to adopt the child. However, foster parent preference is not a guarantee that you will be able to adopt the child, as the Department still must ensure that the child's best interests are considered when the child is placed for adoption. In addition, the Family First Prevention Services Act (FFPSA) now gives even more preference to kin when the Department is considering where to place a child for adoption.

3. INTENT TO ADOPT

Once a child has been legally freed for adoption through the Family Court, that child must be photo-listed on the OCFS adoption website unless a foster parent has signed the "Intent to Adopt" form within 10 days following the court decision.

4. ADOPTION HOME STUDY

Although foster parents already have a written home study prepared at the time of foster home certification, adopting a child requires a new home study. The adoption home study will include updated background clearances, updated medical forms, and additional assessments of the family's functioning and ability to care for an adopted child.

5. FINALIZING THE ADOPTION

As the foster family and adoption caseworker go through the adoption process, the foster family will need to hire an attorney, complete the adoption packet, sign the Adoptive Placement Agreement, and go to Court for the adoption finalization. Foster parents should work closely with the adoption caseworker and attorney and ensure that they [foster parents] understand what is being asked of them in terms of completing paperwork and having background checks done.

6. NOTICE REGARDING ORIGINAL BIRTH CERTIFICATE

In New York State adult adoptees have the right to obtain their original birth certificates. When children who have been adopted in New York State turn 18, they may request a copy of their original birth certificate from the New York State Department of Health. Such birth certificates will naturally have the names of the adult adoptees' birth parents on them. If you have questions about this process, ask the adoption worker.

Section C: Adoption Subsidies

1. WHAT IS AN ADOPTION SUBSIDY?

After adopting a child, foster parents no longer receive foster care payments for that child. In the past, some foster parents were unable to adopt a child due to financial issues. Adoption subsidies, which are monthly payments intended to assist with the care and support of handicapped or hard to place children, were developed to address that barrier. Most, but not all, children adopted from foster care are eligible for adoption subsidies. For the purposes of an adoption subsidy, a handicapped child is a child who has a physical, mental, or emotional condition or disability that is so severe it would make it difficult for the child to be adopted without a subsidy. A hard to place child is a child who is not handicapped and who either has been waiting to be adopted for a specific amount of time or is considered difficult to adopt because of certain factors (such as being over age 10 or being part of a sibling group). In most (but not all) cases, the adoption subsidy includes Medicaid coverage for the child.

Adoption subsidies are paid at the same rate the child was receiving while still in foster care.

2. ADOPTION SUBSIDY AGREEMENT

To be able to receive an adoption subsidy, a foster parent must enter into an adoption subsidy agreement through New York State Adoption Services (NYSAS) before the child is adopted. The adoption subsidy is a contract between New York State and the adoptive parent. The exception to this rule is the discovery, post-adoption, that the child has a condition or handicap of which the adoptive parent was not aware prior to adoption and which had not been diagnosed by medical staff. If you have questions about adoption subsidies, speak with your case worker.

3. REIMBURSEMENT OF NON-RECURRING ADOPTION EXPENSES

If you are adopting a child who qualifies for an adoption subsidy, you are also eligible for reimbursement of non-recurring adoption expenses up to \$2000 for each child in an adoptive placement.

4. ADOPTION TAX CREDIT

You may be able to take a federal tax credit for the expenses involved in adopting some children. Qualified adoption expenses can include adoption fees, attorney fees, court costs, and travel expenses. For more information, speak with your tax preparer or go to the IRS website at: <https://irs.gov/taxtopics/tc607>. The Families Rising website also has information about the adoption tax credit: <https://wearefamiliesrising.org/adoption-tax-credit/adoption-tax-credit-2024/>.

For more information see [Appendix U: Notice to Adoptive Families Regarding the Federal Adoption Tax Credit](#)

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Appendix A: Organizational Chart

Commissioner of Social Services:
Carmello Hernandez

Deputy Commissioner: Jon Anderson

Supervisor A: John Sedota

Director of Certification: Laurie Dolce

Supervisor A: Janet Supkoski

Supervisor B:
Holly Dzubinski
CPS (Jamestown)

Senior Caseworker:
Corie Maxson (Jamestown)

Supervisor B:
Missy O'Connor
CPS (Jamestown)

Senior Caseworker:
Chad Heim (Jamestown)

Supervisor B:
Melissa Frost
Foster Care and
Independent Living (Dunkirk)

Senior Caseworker:
Brandy Freitas (Dunkirk)

Supervisor B:
Kristen Ernewein
Eligibility, Child Care, Medicaid for
children in foster care

Supervisor B:
Christine Galbraith
Preventive and Foster Care
(Jamestown)

Senior Caseworker:
Kayla Pierce (Jamestown)

Supervisor B:
Joelle Kolassa (Dunkirk)

Senior Caseworker:
Mike Reynolds (Dunkirk)

Supervisor B:
Angela Morello
CPS (Mayville)

Senior Caseworker:
Lindsey Howlett (Dunkirk)

Supervisor B:
Beth Travis
Foster Care and
Preventive (Dunkirk)

Senior Caseworker:
James Curtin (Jamestown)

Supervisor B:
Sara Johnson
Adoption, Home Finding

**Senior Caseworker for Home
Finding:**
Audra Moeller (Jamestown)

Senior Caseworker for Adoption:
Christine Anderson (Jamestown)

Supervisor B:
Liz Paulino

Senior Caseworker:
Lynda Williams (Mayville)

Supervisor B:
Sarah Black
Foster Care and
Preventive (Jamestown)

Senior Caseworker:
Kai Anderson (Jamestown)

Appendix B: Foster Parent Agreement

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
FOSTER PARENT AGREEMENT WITH AUTHORIZED AGENCY

FOSTER PARENT(S) NAME(S):

Foster parent(s) agree(s) to comply with the following standards and conditions for the entire period of the certification/approval of the foster boarding home:

1. Enable children to mingle freely and on equal footing with other children in the household and in the community; to be accepted as members of the household and share in its pleasures and responsibilities; and to apply the reasonable and prudent parent standard set forth in 18 NYCRR 441.25.
2. Arrange for children of school age to attend school regularly as required by the New York Education Law.
3. Never leave children under the age of 10 years alone without competent adult supervision; nor children above that age except as might reasonably be done by a prudent parent in the case of his or her own children.
4. Except as permitted by the agency, never use the foster home to care for more than two infants under 2 years of age, including the foster parents' own children, except in those cases where the foster parents have demonstrated the capacity to do so and a sibling group would otherwise have to be separated.
5. Provide children with sufficient nutritious, wholesome, and properly prepared food, served at regular hours. Foster children must be permitted to eat meals at the table in the same manner as other family members with due consideration to their age and special needs.
6. Keep the clothing of children provided by the agency, parent, or foster parent in proper condition of repair and cleanliness; endeavor to provide children with a sufficient quantity of clothing, adapted to seasonal conditions, and of such style and quality as not to distinguish them from other children in the community.
7. Provide for each child at boarding sufficient individual toilet articles and towels, suitable to the child's age and gender, and individual drawer and closet space.
8. Provide a suitable, well-lighted place for children of school age for home study.
9. Recognize and respect the religious wishes of the natural parents of the children in care, and endeavor to protect and preserve their religious faith.
10. Endeavor to cooperate with the agency staff in the implementation or review of each child's service or discharge plan, and to inform the agency of any incident or event that affects or may affect the child's adjustment, health, safety, or well-being, and/or may have some bearing upon the current service plan.
11. Provide a family atmosphere of acceptance, kindness, and understanding, and endeavor to give each child the support, attention, and recognition that facilitates adjustment to the home and that promotes the child's normal development.
12. Permit an authorized representative of the agency to enter the home to investigate in good faith a formal complaint regarding care of the foster child.

Appendix C: Safety Review Form

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
SAFETY REVIEW FORM

Instructions:

Home finders: This form must be completed at initial certification/approval, when there are changes to the physical residence, and at reauthorization.

Applicant(s): Applicant(s) must sign the completed *Safety Review Form* and comply with any required action within the time frame established by the home finder.

APPLICANT(S) INFORMATION				
NAME OF APPLICANT(S):				
ADDRESS:			TELEPHONE NUMBER: () - / /	
CHECK ONE AND DATE: <input type="checkbox"/> Initial <input type="checkbox"/> Reauthorization <input type="checkbox"/> Changes (Interim Home Study) Date: / /				
Physical description of the home (Attach floor plan.):				
In the first column, answer No or Yes for each question. If the response indicates a compliance or safety issue, identify the required action or recommendation in the second column and the date the required action was verified as complete in the third column.				
I	Electrical Safety	No/Yes	Required Action or Recommendation	Date Required Action Completed
I-a	Are electrical cords in good condition and not frayed, taped, or spliced?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
I-b	Are extension cords in good condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
I-c	Are any extension cords hung over nails, located under rugs, or being misused, such as for toasters, hot plates, or other appliances?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II	Sanitation and Housekeeping	No/Yes	Required Action or Recommendation	Date Required Action Completed
II-a	Is the home free of visible garbage or debris?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-b	Is there an adequate, safe supply of water for drinking and household use, and is water from wells, springs or other private sources protected against contamination, and is there hot water for washing and bathing as required by 18 NYCRR 443.3(a)(9)?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-c	Is well water used for cooking, drinking, bathing, etc.? If yes, applicant must indicate the last time it was tested and inspected: Date / / Results If corrective measures are required due to water inspection results, does applicant(s) agree to make any necessary corrections (listed to the right) and use bottled water for cooking and drinking until corrections are completed?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / / / /
II-d	Does the home have adequate bathing, toilet, and lavatory facilities that are clean and sanitary? 18 NYCRR 443.3(a)(12)	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-e	Is all material that can burn, (such as old papers, broken	<input type="checkbox"/> No		/ /

	furniture, old clothes, boxes of trash, etc.) removed from the house, garage, and yard?	<input type="checkbox"/> Yes		
II-f	Are all flammable/combustible liquids and cleaning supplies stored in tightly closed containers and kept safely out of the reach of small children?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-g	Was the home built before 1978? If the response is yes, and there is belief that lead paint may still exist in the home, the requirement that contractors performing renovation, repair, and painting projects must be certified and must follow specific work practices to prevent lead contamination must be reviewed with the applicant.	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-h	Does the home have window barriers (screens, guards, and/or stoppers) above the first floor? 18 NYCRR 443.3(a)(10)	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-i	Are all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages kept secure and safely from the reach of children (as appropriate to the children's age and development)?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-j	Is there a working phone in the home or access to a working phone in close walking proximity?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-k	Are all emergency numbers posted in a clear spot?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
III	Heating Equipment Safety	No/Yes	Required Action or Recommendation	Date Required Action Completed
III-a	Is the heating apparatus safe and adequate to provide for the reasonable comfort of children in the home? 18 NYCRR 443.2(a)(11)	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
III-b	Is there a portable space heater in the home? Note: Where municipalities prohibit the use of portable space heaters, such devices may not be used. Please contact your local authority with jurisdiction for any restrictions in your area. Where permitted, portable space heaters are to be operated in accordance with the manufacturer's instructions and any applicable municipal or local regulations. If a portable space heater is allowed, does it have an automatic shutoff feature?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /
III-c	Is there a wood/coal/pellet burning stove? If yes, has the wood/coal/pellet burning stove been installed in compliance with the New York State Uniform Fire Prevention and Building Code? <i>(Local building code department or fire prevention bureau can verify compliance.)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /
IV	Bedrooms and Sleeping Arrangements	No/Yes	Required Action or Recommendation	Date Required Action Completed
IV-a	Are there any bedrooms in the basement? Per 18 NYCRR 443.3(a)(6), if the basement is unfinished, no bed may be located there. If yes, has the basement bedroom been inspected and approved by local authority to assure that it meets code and the regulations for sleeping purposes?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /
IV-b	Are there any bedrooms in the attic? Per 18 NYCRR 443.3(a)(6), if the attic is unfinished, no bed may be located there. If yes, has the attic bedroom been inspected and approved by a local authority to assure that it meets code and regulations for sleeping purposes?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /

IV-c	<p>Sleeping arrangements are age and developmentally appropriate.</p> <p>Sleeping arrangements, including those involving room sharing, are consistent with the health, safety, and welfare of the child, and they are in the best interests of the child. 18 NYCRR 443.3(a)(4)</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
IV-d	<p>Are there sufficient bedrooms so that no more than three persons occupy any bedroom where children sleep?</p> <p>(Unless the children are siblings or half-siblings, such arrangement is consistent with the health, safety, and welfare of each of the siblings or half-siblings, and is necessary to keep the siblings or half-siblings together in the same foster home.) 18 NYCRR 443.3(a)(5)</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
IV-e	<p>Are there sufficient beds so that no child sleeps in the same bed as an adult? 18 NYCRR 443.3(a)(7)</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
IV-f	<p>Is there appropriate storage and privacy for child(ren) – closets, dressers, bedroom door?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
IV-g	<p>Is there appropriate light and ventilation in each child's bedroom?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
IV-h	<p>Does each bedroom have its own entrance? (i.e., It is not entered through another individual's bedroom.)</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
IV-i	<p>Will/Does each child have their own bed/crib?</p> <p>Each child must have space to sleep of sufficient size for the safety, comfort, and privacy of the child. Each child must have a separate bed or crib of sufficient size and cleanliness for the comfort and well-being of the child, with waterproof covering, if needed, and suitable bedding adequate to the season. Bunk beds may be used. 18 NYCRR 443.3(a)(8)</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
IV-j	<p>Is there appropriate bedding/bed for each child? (Bed must be on frame.)</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
V	Smoking and Fire Safety	No/Yes	Required Action or Recommendation	Date Required Action Completed
V-a	<p>Do any household members smoke?</p> <p>If yes, are smoking materials disposed of in a metal container or safely outside?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /
V-b	<p>Are matches and lighters stored out of the reach of children?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
V-c	<p>Is there an evacuation plan so everyone in the house can get out quickly and safely in case of a fire?</p> <p>Does everyone know how to escape in case the home catches fire?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /
V-d	<p>Is there a specified place to meet after evacuation?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
V-e	<p>Has there been at least one fire drill and evacuation in the house in the past year?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
V-f	<p>Do all members of the household (who are developmentally able to) know how to call the fire department in case of fire?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
V-g	<p>Is the home free from fire hazards?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
V-h	<p>Is there at least one working smoke detector installed, tested, and</p>	<input type="checkbox"/> No		/ /

	maintained according to code on each level of the residence? 18 NYCRR 443.3(a)(13)	<input type="checkbox"/> Yes		
V-i	Is there at least one multipurpose, ABC type, fire extinguisher mounted in the kitchen area and do all household members (who are developmentally able to use it) know how to use it? If there are any other fire extinguishers in the home, do all household members (who are developmentally able to use it) know their location and use?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /
V-j	Is there at least one carbon monoxide detector installed in accordance with the manufacturer's recommendations?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
V-k	Is there a fireplace in the home? If yes, is a screen kept in front of the fireplace when it is being used?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /
V-l	Are all ashes from wood/coal/pellet heating stoves and fireplaces kept outside in a tightly covered metal container and stored safely away from combustible materials?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
VI	Weapons	No/Yes	Required Action or Recommendation	Date Required Action Completed
VI-a	Are there any firearms, rifles, or shotguns in the home? If yes: List the type and number of weapons: Is each weapon licensed in compliance with applicable state and local standards? Are guns and ammunition kept separately in locked storage areas? Are any other safety measures taken to avoid the unauthorized handling of the weapons and potential injury? Be specific.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / / / / / / / /
VII	Property/Bodies of Water	No/Yes	Required Action or Recommendation	Date Required Action Completed
VII-a	Is there a swimming pool at the residence? If yes: Check one: <input type="checkbox"/> In ground <input type="checkbox"/> Above ground Does the pool meet all the local building installation, safety requirements, and regulations? Is there a fence surrounding the pool that is a minimum of four feet?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / / / /
VII-b	Is the residence near a pond, ravine, etc.?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
VII-c	Is there a sufficient plan to keep child(ren) safe from busy streets and/or traffic?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
Applicant(s) agrees to above noted required actions.				
APPLICANT'S SIGNATURE: X				
APPLICANT'S SIGNATURE: X				

When all required actions have been satisfactorily completed, home finder and supervisor must complete check boxes and sign below:	
Physical facilities are in good condition and present no hazard to the health and safety of children. 18 NYCRR 443.3(a)(2)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Home is in substantial compliance with all applicable provisions of state rules and regulations, and local laws and ordinances concerning health and safety.	<input type="checkbox"/> No <input type="checkbox"/> Yes
The physical space, construction, and maintenance of the home and premises are in good repair and kept in a sufficiently clean and sanitary condition so that the physical well-being as well as a reasonable degree of physical comfort is assured by the members of the foster family. 18 NYCRR 443.3(a)(3)	<input type="checkbox"/> No <input type="checkbox"/> Yes
APPLICANT'S SIGNATURE: X	DATE: / /
APPLICANT'S SIGNATURE: X	DATE: / /
HOME FINDER'S SIGNATURE: X	DATE: / /
SUPERVISOR'S SIGNATURE: X	DATE: / /

I/We agree that no child in foster care will be permitted to sleep in a bed located in an unfinished basement and can only sleep in a finished basement inspected and approved by local authorities.

I/We agree that no child in foster care will be allowed to reside above the second floor of a house or be permitted to sleep in a finished attic unless the room has been inspected by the "authority having jurisdiction," meeting the fire prevention and building codes of the community.

I/We agree to take the appropriate safety measures to avoid individuals being harmed by weapons or ammunition.

I/We agree to take appropriate safety measures to avoid individuals being harmed while in or near the pool or any nearby bodies of water or hazards.

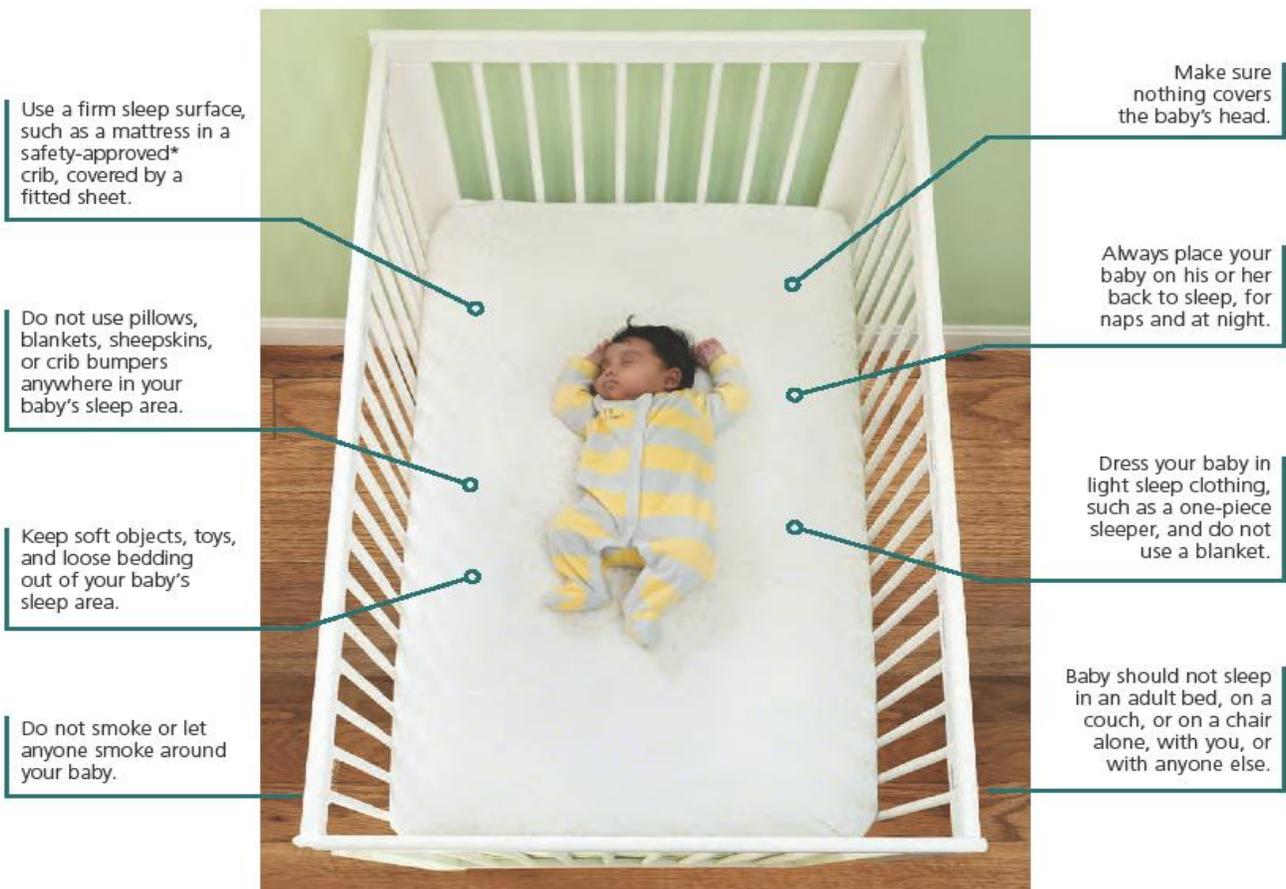
APPLICANT'S SIGNATURE: X	DATE: / /
APPLICANT'S SIGNATURE: X	DATE: / /

Appendix D: What Does a Safe Sleep Environment Look Like

What does a safe sleep environment look like?



Reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death



To learn more or get help in your home making a safe infant sleep area:

HEALTH Information Line: 401-222-5960 / RI Relay 711
www.health.ri.gov/safesleep

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or www.cpsc.gov

Adapted from NIH Pub. No. 12-5759



HEALTH Information Line:
401-222-5960 / RI Relay 711
www.health.ri.gov/safesleep



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
Eunice Kennedy Shriver National Institute of Child Health and Human Development



Appendix E: Emergency Guidelines

Be Prepared

- Practice your emergency exit plan (fire drill) regularly and develop a plan in case you need to evacuate.
- Consider any family members with special needs.
- Think about what to do with your pets in case of evacuation.
- Build an emergency supply kit* and learn some basic first aid.
- Have your Boarding Home Register, medical insurance cards, and other identifying information for foster children where it can be easily accessed in case of emergency and/or evacuation.

Be Informed

- Purchase a battery-operated NOAA weather radio.**
- Sign up for emergency alerts at alert.ny.gov or by calling 1-888-697-6972.
- Learn about your community's emergency plans and learn about your child's school's emergency plan.

*At the end of this appendix you will find information about preparing an emergency supply kit.

**For all types of emergencies/disasters, stay tuned to NOAA weather radio, commercial radio, or television for alerts, watches, warnings, and information.

1. FLOODING

Terms

- Flood Watch: Flooding is possible. Flash Flood Watch: Flash flooding is possible.
- Flood Warning: Flooding is occurring or will occur soon; if advised to evacuate do so immediately.
- Flash Flood Warning: A flash flood is occurring; seek higher ground on foot immediately.

Before a Flood

- Elevate the furnace, water heater, and electric panel if susceptible to flooding.
- Install “check valves” in sewer traps to prevent floodwater from backing up into the drains of your home.
- Construct barriers (levees, beams, floodwalls) to stop water from entering the home.
- Seal walls in basement with waterproofing compounds to guard against seepage.

If a flood is likely:

- Be alert to flash flooding and seek higher ground if at risk.
- Be alert to streams, drainages basins, rivers, or lakes that can lead to flooding.

If you must evacuate:

- Secure your home; if time allows move essential items to an upper floor.
- Turn off utilities if directed and disconnect electrical appliances.
- Don't walk through moving water and don't drive into flooded areas.

Following a Flood

- Listen to new reports regarding safety of drinking water.
- Avoid floodwaters and moving water.
- Be aware of areas where floodwater have receded (e.g. washed-out roads).
- Stay away from downed power lines.
- Return home only when authorities say it is safe.
- Stay out of a building surrounded by floodwaters.
- Use caution when re-entering a building as damage may be hidden.
- Service damaged sewage systems.
- Clean and disinfect everything that got wet.

2. TORNADOES

Terms

- Tornado Watch: Tornadoes are possible. Remain alert for approaching storms.
- Tornado Warning: A tornado has been sighted or indicated by radar. Take shelter immediately.

Before a Tornado

- Look for storms.
- Look for danger signs, including: dark, greenish skies; large hail; large, dark, low-lying clouds; and/or a loud roar (similar to a freight train).

During a Tornado

- If you are in a house or building: Go to a pre-designated shelter area, e.g. basement, fruit cellar, interior room, or lowest level of the building.
- If you are in a vehicle: Get out immediately; go to lowest level of nearby building.
- If you are outside: Lie flat in a nearby ditch or depression. Cover your head with your hands.

After a Tornado

- Inspect the inside and outside of your home for damage.

3. THUNDERSTORMS AND LIGHTNING

Terms

- Severe Thunderstorm Watch: Tells when/where severe thunderstorms are likely to occur.
- Severe Thunderstorm Warning: Issued when severe weather has been reported by spotters or indicated by radar. Warnings can indicate imminent danger to life and property to those in the path of the storm.

Before a Storm

- Remove dead or rotting branches from trees near your home.
- Follow 30/30 lightning rule. (If, after a lightning flash, you cannot count to 30 before hearing thunder, go inside. Stay inside until 30 minutes after all thunder ends.)
- Postpone outdoor activities.
- Get inside a house or hard top automobile.
- Secure outdoor objects.
- Shutter windows and secure outside doors.
- Avoid showering or bathing.
- Use a cordless phone or cell phone.
- Unplug appliances (e.g. computer).
- Have a battery operated radio.

During a Storm

- Seek shelter and get to land if on the water.
- Get to low place and make yourself the smallest target possible if out in the open.

After a Thunderstorm

- Call 911 if injured.

4. WINTER STORMS

Terms

- Freezing Rain: Rain that freezes when it hits the ground, creating a coating of ice on roads, walkways, trees, and power lines.
- Sleet: Rain that turns to ice pellets before reaching the ground. Sleet also causes moisture on the roads to freeze and become slippery.
- Winter Storm Watch: A winter storm is possible in your area.
- Winter Storm Warning: A winter storm is occurring.
- Blizzard Warning: Substantial winds or frequent gusts of 35 mph or greater and considerable amounts of falling or blowing snow are expected to prevail for a period of three hours or longer.
- Frost/Freeze Warning: Below freezing temperatures are expected.

Before Winter Storms/Cold

- Maintain a supply of rock salt to melt ice and sand walkways to improve traction.
- Maintain snow shovels and snow removal equipment.
- Winterize vehicles.
- Maintain sufficient supplies for possible isolation in your home.

During a Winter Storm

- Avoid over-exertion when shoveling snow.

- Watch for signs of frostbite and/or hypothermia.
- Conserve fuel.
- Maintain ventilation.
- Drive only if necessary and leave home only as directed by authorities.

After a Winter Storm

- Assess damage to home and surroundings as needed.

5. EXTREME HEAT

Terms

- Heat Wave: Prolonged period of excessive heat.
- Heat Index: A number of degrees (F) that tells how hot it feels where relative humidity is added to the air temperature. Direct sunshine can increase the heat index by 15 degrees.
- Heat Cramps: Muscular pains and spasms due to heavy exertion.
- Heat Exhaustion: Occurs when exercising/working in a hot place and body fluids are lost; can cause mild shock.
- Heat Stroke: A life threatening condition. The body's temperature control system stops working. Brain damage can occur and death may result if the body is not cooled immediately.

Before Extreme Heat

- Install air conditioning.
- Insulate your home; install window reflectors and weather strip doors.
- Cover windows with shades, blinds, curtains and keep storm windows on.

During a Heat Emergency

- Stay indoors, on the lowest floor.
- Consider spending the hottest part of the day in public building that is air conditioned (e.g. library, mall).
- Drink plenty of water and limit intake of alcohol.
- Dress in loose fitting, light weight, and light colored clothes.
- Protect face and head with a hat.
- Check on family, friends, and neighbors—especially the elderly or those who are ill.
- Never leave children or pets in closed vehicles.
- Avoid strenuous work.

After Extreme Heat

- Treat sunburn, hydrate, and lie down.
- Call 911 if suffering from heat stroke.

6. EARTHQUAKES

Terms

- Earthquake: Sudden slipping or movement of a portion of the earth's crust; accompanied by a series of vibrations.
- Aftershock: An earthquake of similar or lesser intensity following main earthquake.
- Fault: The fracture across which displacement has occurred.
- Epicenter: The place directly above where the earthquake's rupture occurs.
- Seismic Waves: Vibrations that travel outward from the earthquake.
- Magnitude: The amount of energy release during an earthquake.

Before an Earthquake

- Repair defective electrical wiring and gas lines.
- Secure appliances and shelves.
- Locate safe spots in each room and hold drills—drop, cover, and hold on.

During an Earthquake

- Take cover. Stay inside and in bed, if possible
- Stay away from windows.
- Don't use elevators.

After an Earthquake

- Be prepared for aftershocks.
- Open cabinets cautiously.

- Stay away from damaged buildings or structures.
- Assess your home for structural safety.

7. FIRES

Before a Fire

- Install smoke alarms and install new batteries at least yearly. Install fire extinguishers.
- Review escape routes with all members of the family and have regular fire drills.
- Make sure windows are not painted or nailed shut.
- Consider escape ladders if you have a multi-level home.
- Teach family members to stay low.
- Clean out storage areas and ensure proper storage of flammable items.
- Check heating services.
- Keep matches and lighters out of reach of children.
- Check electrical wiring annually.

During a Fire

- If your clothes catch on fire: stop, drop, and roll.
- Check closed doors before you open them.
- Crawl low to the exit and close doors behind you.
- Stay out, once you are out.
- Call 911.

After a Fire

- Follow direction of local Fire Department.

8. HAZARDOUS MATERIALS INCIDENT

During a Hazardous Materials Incident

- Evacuate immediately if requested to do so by authorities.
- Stay indoors if requested to do so by authorities.
- Make sure your safe room in the home is sealed properly.

After a Hazardous Materials Incident

- Return home only when authorities say it is safe.
- Act quickly if exposed to chemicals and follow decontamination procedures.
- Seek medical treatment if necessary.
- Find out from authorities how to clean up property.
- Report any lingering vapors to local fire department.

9. EXPLOSIONS (terrorist or otherwise)

During an Explosion

- Get under a sturdy table or desk.
- Exit the building as soon as possible, using stairs instead of elevators.
- Once outside:
 - Stay away from windows.
 - Move away from street or sidewalks where emergency vehicles may park.

After an Explosion

- Follow direction of local police and fire officials.

10. BIOLOGICAL AND CHEMICAL ATTACKS

Before a Biological Attack

- Check with your family physician to ensure that all required immunizations are up to date.
- Consider installing a High Efficiency Particulate Air Filter in your furnace return duct.

During a Biological Attack

If you become aware of an unusual substance:

- Move away quickly.
- Wash with soap and water.
- Contact authorities.

- Seek medical attention if needed.

After an Attack

- Follow all directions from authorities.

11. NUCLEAR BLAST

Before a Nuclear Blast

- Find out which buildings have been designated as fallout shelters.
- Locate the safest nearby building for shelter.
- Increase your disaster supplies to cover a two-week duration.

When an Attack Warning is issued

- Take cover as quickly as possible below ground and stay there until otherwise instructed.
- Listen for official information and direction.

After a Nuclear Blast

- Listen to the radio and television for news about what to do, where to go, and places to avoid.
- Stay away from damaged areas.
- Avoid consuming contaminated food or beverages.

Preparing an Emergency Supply Kit

An effective Emergency Supply Kit should contain at least these items:

- Water—three (3) gallons for each family member
- Food—non-perishable, three-day supply for each family member
- Baby supplies, if appropriate, including formula, bottles, food, diapers, wipes
- Can opener, bottle opener, scissors, Swiss Army knife or multi-purpose tool
- Medications—prescription and OTC
- Flashlight(s)
- Extra batteries for flashlight and radio
- First aid kit, including hand sanitizer and disposable gloves
- Water purification tablets
- Emergency blanket
- Cash
- Cell phone chargers
- Emergency contact information for DSS, friends, and family
- Games, coloring books, crayons, etc.
- Rain coats or ponchos
- Extra clothing for each family member
- Garbage bags and paper towels

For more information about preparing or purchasing an Emergency Supply Kit, visit the Red Cross website at www.redcross.org or the FEMA website at www.ready.gov.

Appendix F: Steps in a Foster Care Case

1. Intake and Investigation Process

In our county, foster care placements result either from CPS investigations where children are found to be unsafe or from court-ordered placements of youth involved with juvenile delinquency charges or PINS. Some counties accept voluntary placements from parents who are unable to care for their children due to illness or family crises and choose to place their children in the care and custody of the county; however, our county very rarely accepts this type of placement. Almost all of the children in foster care in Chautauqua County entered care as a result of being found to be unsafe during a CPS investigation. Most juveniles are placed in therapeutic foster homes run by other agencies, such as the GA Family Services or New Directions, or in residential placements, such as group homes or secure detention facilities.

A. Call to the Child Abuse Hotline

When someone makes a call to the State Central Register (Child Abuse Hotline), the call is screened to see if the allegations would rise to the level of abuse or maltreatment if true and to determine if the alleged perpetrator is a "person legally responsible" for the care of the child. The SCR can choose to accept (register) the report if the allegations rise to the level of abuse or maltreatment and if the alleged perpetrator is a person legally responsible. If the allegations rise to the level of abuse or maltreatment, but the alleged perpetrator is not a person legally responsible, then the SCR can make a law enforcement referral, as the police have responsibility to investigate what would be a crime against a child. If the allegations do not rise to the level of abuse or maltreatment, then the SCR does not accept (register) the report.

B. Investigation Begins

Once an SCR report has been accepted, it is transmitted to the county or counties where the child(ren) and alleged perpetrator(s) reside or are staying at the time of the report. CPS caseworkers have 24 hours to begin investigating the report and must make all attempts to complete an initial assessment of the safety of the child(ren) named in the report within that 24-hour time frame. By the seventh day of the investigation, a Safety Assessment report must be entered into the statewide computer system, CONNECTIONS, for approval by the worker's supervisor. The caseworker has up to 60 days, from the time the report was received, to complete the CPS investigation and to determine if there is some credible evidence of abuse or maltreatment.

C. Safety Plans and Preventive Services

At any point in the investigation process, if a child is found to be unsafe, the caseworker must intervene to protect the child. The caseworker will first ask the child's custodial parent to make a safety plan. This plan could involve the child going to stay in a safe location if the family home is dirty to the point of being unsafe. Or the plan could involve the child going to stay with an appropriate person if actions by the child's parent are causing the child to be unsafe. A safety plan must be approved by a CPS supervisor and is written down and signed by the parent so that everyone knows what the plan involves. The caseworker will then work with the family during the 60-day investigation period to help resolve the issues that caused the child to be unsafe. If the issues cannot be resolved during the investigation period and the child cannot return home due to safety issues, the family will be offered preventive services. These services are intended to prevent the child from going into foster care. A preventive services caseworker would be assigned to the case to work with the family, usually for no more than one year. In most cases where preventive services are offered, the CPS report is indicated, meaning that there was some credible evidence of abuse or maltreatment. However, preventive services can be offered to a family even when the CPS report is unfounded, if the caseworker finds that there is a high level of risk of future abuse or maltreatment. If a child is unsafe and cannot return home and the parents refuse to accept preventive services, the caseworker can file a neglect petition in Family Court and request that the court order the family to accept preventive services or request placement of the child in foster care.

2. Foster Care Placements

If a child is found to be unsafe during a CPS investigation and the child's parents are unable or unwilling to make a safety plan, then the child will be placed in foster care. The CPS worker must ask the parents to sign a consent for placement. If the parents refuse, or if the parents cannot be found, then the CPS worker has two choices. If the child is in imminent danger of serious harm at that very moment and the parents refuse to sign the consent or no parent can be located, then the child can be taken in DSS custody on an emergency basis. The CPS worker must then file a neglect petition in Family Court by the next business day and request a court order granting custody to the Department. If the child is in a safe place and there is time to go to court, then the caseworker can file a petition requesting that custody of the child be granted to the Department before the actual removal. If the petition is granted, then the CPS worker would pick up the child and take the child to a foster home. When a CPS worker believes that he/she will be placing a child into care, the worker calls the Home Finding Unit to ask for a list of foster parents who might accept the placement. The Home Finder looks through the list of all foster parents and tries to match the child with the most appropriate foster homes. The Home Finder then gives a list of foster parents to the caseworker, who will call the foster parents to ask if they will accept the placement. Once a foster parent is found who will accept the placement, the workers transport the child to the foster home. Birth parents are generally invited to go along at the time of placement, unless there are safety issues that would make this plan inappropriate. Unless the court orders otherwise, the birth parents will be given the name, address, and phone number for the foster home.

3. Foster Care

When a child is placed in foster care, a neglect petition is filed in Family Court and the birth parents are told about the Adoption and Safe Families Act (ASFA), which states that if a child is in foster care for 15 out of the most recent 22 months, then the birth parents' rights to the child may be terminated and the child placed for adoption. What that means in practical terms is that the birth parents have about a year to resolve the issues that led to the child being placed in foster care. When a child is in foster care, a foster care worker is assigned and a service plan is developed. The service plan states what the issues are; how they will be resolved; and who will do what. A Service Plan Review (SPR) will be held at the 90-day point following placement and then at the six month point and every six months thereafter. The purpose of the SPR is to ensure that the birth parents know what they have to do to have the child returned to their care and that everyone knows what is expected of him/her. Foster parents are invited to SPR's and are strongly encouraged to attend. As a foster parent, you have a lot of information about the child in care that will be useful in developing and refining the service plan. Foster parents are part of the team working to reunify the family (return the child home). Foster parents will also be invited to the Permanency Hearing that will be held in Family Court after a child has been in care for one year.

Throughout the time a child is in foster care, the foster care worker will also be scheduling regular visits between the child in care and the birth family. In our county, we strive to provide 10 hours of visitation a week, especially for infants. Although this goal is not always attainable due to lack of space and time, the foster care worker will arrange for as much visitation as possible and will ask how the foster parents can assist with the visitation—such as allowing visits in your home or transporting the child in care to visits at other locations. All visits will be arranged by the foster care caseworker and foster parents will be told about these visits in advance.

4. Possible Outcomes of Foster Care

When a child is in foster care, the foster care worker will engage in concurrent planning, which means that the worker will simultaneously be working to return the child home to his/her birth parents while also developing an alternate plan in case the child cannot return home. The purpose of concurrent planning is to ensure that children have permanency in a timely manner. In the past, the foster care worker would focus on working with the birth parents to return the child home for a long time—even years—and only if that failed would the worker then begin to develop an alternative plan. That way of doing business led to children lingering in foster care for long periods of time. What concurrent planning means to you as foster parents is that you may be asked to consider adopting a child in your care while at the same time you are being asked to work as part of the team trying to return the child home. The foster care worker also will be actively seeking out relatives of the child in care as possible resources. For those foster parents who are not interested in adoption, a child may be moved from your home to a pre-adoptive home in cases

where it appears likely that the child is not going to be returned home to his/her birth parents. In such a situation, your help in making the move to the new foster home is very important both to the child and to the pre-adoptive parents.

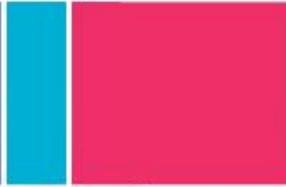
A. Reunification

If a birth parent completes his/her service plan and addresses the issues that led to the child being placed in care, then the child will be returned home. Sometimes a birth parent is unable or unwilling to complete the service plan, but an appropriate family member steps forward and is willing to take custody of the child and raise the child. Since the child is being returned to his/her birth family, this outcome is considered reunification. When a child goes home to the birth parents from whom he/she was removed, the foster care caseworker continues to work with the family to provide after-care services and monitoring, generally for about six months.

B. Adoption

If, after one year, a child cannot be returned home and no appropriate resources have filed for custody, the foster care worker will file a petition in Family Court requesting that the birth parents' rights to the child be terminated and the child be placed for adoption. In our county, the foster care worker usually prepares a lengthy referral packet regarding the details of the case and sends this referral to the DSS Legal Department after a child has been in care for 11 months. The Legal Dept then prepares the Termination of Parental Rights (TPR) petition for filing in Family Court around the one year mark. All court proceedings take time and it can take several months before a TPR hearing is held. (There is also the possibility that, if the court believes that the birth parents have made significant progress, the birth parents may be given extra time to work toward having their children returned home.) However, birth parents can decide to surrender their parental rights before the TPR hearing, at which time the child would be placed for adoption. Many birth parents choose to take this route, especially now that there is the possibility of a conditional surrender in which they can set conditions to be met once their child has been adopted. These conditions can range from receiving a photo of their child in the mail once a year to having one or more visits with their child every year. The adoptive family identified by the foster care worker would have to agree to these conditions in order for the conditions to be accepted by the court and made part of the court order. Birth parents who have their rights terminated at a TPR hearing cannot ask for conditions. In either case, once a child is freed for adoption, the caseworker will continue to work with the pre-adoptive family to finalize the adoption. The whole process from placement to adoption can take 2-3 years or more.

Appendix G: Parenting a Child Who Has Experienced Trauma



**FACTSHEET
FOR FAMILIES**

November 2014



Parenting a Child Who Has Experienced Trauma

Children who have experienced traumatic events need to feel safe and loved. All parents want to provide this kind of nurturing home for their children. However, when parents do not have an understanding of the effects of trauma, they may misinterpret their child's behavior and end up feeling frustrated or resentful. Their attempts to address troubling behavior may be ineffective or, in some cases, even harmful.

This factsheet discusses the nature of trauma, its effects on children and youth, and ways to help your child. By increasing your understanding of trauma, you can help support your child's healing, your relationship with him or her, and your family as a whole.

WHAT'S INSIDE

What is trauma?

The impact of untreated trauma

Understanding your child's behavior

Helping your child

Conclusion

Resources



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**Children's
Bureau**

What Is Trauma?

Trauma is an emotional response to an intense event that threatens or causes harm. The harm can be physical or emotional, real or perceived, and it can threaten the child or someone close to him or her. Trauma can be the result of a single event, or it can result from exposure to multiple events over time.

Potentially traumatic events may include:

- Abuse (physical, sexual, or emotional)
- Neglect
- Effects of poverty (such as homelessness or not having enough to eat)
- Being separated from loved ones
- Bullying
- Witnessing harm to a loved one or pet (e.g., domestic or community violence)
- Natural disasters or accidents
- Unpredictable parental behavior due to addiction or mental illness

For many children, being in the child welfare system becomes another traumatic event. This is true of the child’s first separation from his or her home and family, as well as any additional placements.

The Impact of Untreated Trauma

Children are resilient. Some stress in their lives (e.g., leaving caregivers for a day at school, riding a bike for the first time, feeling nervous before a game or performance) helps their brains to grow and new skills to develop. However, by definition, trauma occurs when a stressful experience (such as being abused, neglected, or bullied) overwhelms the child’s natural ability to cope. These events cause a “fight, flight, or freeze” response, resulting in changes in the body—such as faster heart rate and higher blood pressure—as well as changes in how the brain perceives and responds to the world.

In many cases, a child’s body and brain recover quickly from a potentially traumatic experience with no lasting harm. However, for other children, trauma interferes with normal development and can have long-lasting effects.

Table 1. Effects of Trauma on Children

Trauma may affect children’s ...	In the following ways
Bodies	<ul style="list-style-type: none"> • Inability to control physical responses to stress • Chronic illness, even into adulthood (heart disease, obesity)
Brains (thinking)	<ul style="list-style-type: none"> • Difficulty thinking, learning, and concentrating • Impaired memory • Difficulty switching from one thought or activity to another
Emotions (feeling)	<ul style="list-style-type: none"> • Low self-esteem • Feeling unsafe • Inability to regulate emotions • Difficulty forming attachments to caregivers • Trouble with friendships • Trust issues • Depression, anxiety
Behavior	<ul style="list-style-type: none"> • Lack of impulse control • Fighting, aggression, running away • Substance abuse • Suicide

Factors that determine the impact of traumatic events include the following:

- **Age.** Younger children are more vulnerable. Even infants and toddlers who are too young to talk about what happened retain lasting “sense memories” of traumatic events that can affect their well-being into adulthood.
- **Frequency.** Experiencing the same type of traumatic event multiple times, or multiple types of traumatic events, is more harmful than a single event.
- **Relationships.** Children with positive relationships with healthy caregivers are more likely to recover.
- **Coping skills.** Intelligence, physical health, and self-esteem help children cope.

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- **Perception.** How much danger the child thinks he or she is in, or the amount of fear the child feels at the time, is a significant factor.
- **Sensitivity.** Every child is different—some are naturally more sensitive than others.

The effects of trauma vary depending on the child and type of traumatic events experienced. Table 1 shows some of the ways that trauma can affect children.

This list of potential consequences shows why it is so important for parents to understand trauma. The right kind of help can reduce or even eliminate many of these negative consequences.

Understanding Your Child’s Behavior

When children have experienced trauma, particularly multiple traumatic events over an extended period of time, their bodies, brains, and nervous systems adapt in an effort to protect them. This might result in behaviors such as increased aggression, distrusting or disobeying adults, or even dissociation (feeling disconnected from reality). When children are in danger, these behaviors may be important for their survival. However, once children are moved to a safer environment, their brains and bodies may not recognize that the danger has passed. These protective behaviors, or habits, have grown strong from frequent use (just as a muscle that is used regularly grows bigger and stronger). It takes time and retraining to help those “survival muscles” learn that they are not needed in their new situation (your home), and that they can relax.

It might be helpful to remember that your child’s troublesome behavior may be a learned response to stress—it may even be what kept your child alive in a very unsafe situation. It will take time and patience for your child’s body and brain to learn to respond in ways that are more appropriate for his or her current, safe environment.

Parenting a traumatized child may require a shift from seeing a “bad kid” to seeing a kid who has had bad things happen.

Trauma Triggers

When your child is behaving in a way that is unexpected and seems irrational or extreme, he or she may be experiencing a trauma trigger. A trigger is some aspect of a traumatic event that occurs in a completely different situation but reminds the child of the original event. Examples may be sounds, smells, feelings, places, postures, tones of voice, or even emotions.

Youth who have experienced traumatic events may reenact past patterns when they feel unsafe or encounter a trigger. Depending on whether the child has a “fight,” “flight,” or “freeze” response, the child may appear to be throwing a tantrum, willfully not listening, or defying you. However, responses to triggers are best thought of as reflexes—they are not deliberate or planned. When children’s bodies and brains are overwhelmed by a traumatic memory, they are not able to consider the consequences of their behavior or its effect on others.

Symptoms by Age

Table 2 shows symptoms and behaviors that children who have experienced trauma might exhibit at different stages of development. The age ranges are merely guidelines. For many children who have experienced trauma, their development lags behind their age in calendar years. It may be normal for your child to exhibit behaviors that are more common in younger children.

Table 2. Signs of Trauma in Children of Different Ages¹

Young Children (Ages 0–5)	School-Age Children (Ages 6–12)	Teens (Ages 13–18)
<ul style="list-style-type: none"> • Irritability, “fussiness” • Startling easily or being difficult to calm • Frequent tantrums • Clinginess, reluctance to explore the world • Activity levels that are much higher or lower than peers • Repeating traumatic events over and over in dramatic play or conversation • Delays in reaching physical, language, or other milestones 	<ul style="list-style-type: none"> • Difficulty paying attention • Being quiet or withdrawn • Frequent tears or sadness • Talking often about scary feelings and ideas • Difficulty transitioning from one activity to the next • Fighting with peers or adults • Changes in school performance • Wanting to be left alone • Eating much more or less than peers • Getting into trouble at home or school • Frequent headaches or stomachaches with no apparent cause • Behaviors common to younger children (thumb sucking, bed wetting, fear of the dark) 	<ul style="list-style-type: none"> • Talking about the trauma constantly, or denying that it happened • Refusal to follow rules, or talking back frequently • Being tired all the time, sleeping much more (or less) than peers, nightmares • Risky behaviors • Fighting • Not wanting to spend time with friends • Using drugs or alcohol, running away from home, or getting into trouble with the law

¹ Content in the table is adapted from Safe Start Center. (n.d.). Tips for Staff and Advocates Working With Children: Polyvictimization. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, available at http://ojjdp.gov/programs/safestart/TipSheetFor_Polyvictimization.pdf.

These signs alone do not necessarily indicate that your child has experienced trauma. However, if symptoms are more severe or longer lasting than is typical for children the same age, or if they interfere with your child’s ability to succeed at home or in school, it is important to seek help. (See the Helping Your Child section below.)

Trauma and Mental Health

Trauma symptoms that are more severe or disruptive to a child’s ability to function at home or at school may overlap with specific mental health diagnoses. This may be one reason why nearly 80 percent of children aging out of foster care have received a mental health diagnosis.² For example:³

- Children who have difficulty concentrating may be diagnosed with ADHD (attention deficit hyperactivity disorder).
- Children who appear anxious or easily overwhelmed by emotions may be diagnosed with anxiety or depression.
- Children who have trouble with the unexpected may respond by trying to control every situation or by showing extreme reactions to change. In some cases, these behaviors may be labeled ODD (oppositional defiant disorder) or intermittent explosive disorder (IED).
- Dissociation in response to a trauma trigger may be viewed as defiance of authority, or it may be diagnosed as depression, ADHD (inattentive type), or even a developmental delay.

It may be necessary to treat these diagnoses with traditional mental health approaches (including the use of medications, where indicated) in the short term. However, treating the underlying cause by addressing the child’s experience of trauma will be more effective in the long run.

² American Academy of Pediatrics. (2013). Helping Foster and Adoptive Families Cope With Trauma. Elk Grove Village, IL: AAP and Dave Thomas Foundation for Adoption. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf>

³ Examples adapted from American Academy of Pediatrics. (2013). Parenting After Trauma: Understanding Your Child’s Needs. A Guide for Foster and Adoptive Parents. Elk Grove Village, IL: AAP and Dave Thomas Foundation for Adoption. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/FamilyHandout.pdf>

Posttraumatic Stress Disorder

About one in four children and youth in foster care will experience a specific set of symptoms known as posttraumatic stress disorder (PTSD).⁴ It includes four types of symptoms:⁵

- Reexperiencing/remembering (flashbacks or nightmares)
- Avoidance (distressing memories and reminders about the event)
- Negative cognitions and mood (feeling alienated, persistent negative beliefs)
- Alterations in arousal (reckless behavior, persistent sleep disturbance)

It is important to realize that if your child does not exhibit all of the symptoms of PTSD, it does not mean that he or she has not been affected by trauma.

⁴ AAP, *Helping Foster and Adoptive Families Cope With Trauma*. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf>

⁵ American Psychiatric Association, *Posttraumatic Stress Disorder*. (2013). Retrieved from <http://www.dsm5.org/Documents/PTSD%20Fact%20Sheet.pdf>

Helping Your Child

Although childhood trauma can have serious, lasting effects, there is hope. With the help of supportive, caring adults, children *can and do* recover. Consider the following tips:

- **Identify trauma triggers.** Something you are doing or saying, or something harmless in your home, may be triggering your child without either of you realizing it. It is important to watch for patterns of behavior and reactions that do not seem to “fit” the situation. What distracts your child, makes him or her anxious, or results in a tantrum or outburst? Help your child avoid situations that trigger traumatic memories, at least until more healing has occurred.
- **Be emotionally and physically available.** Some traumatized children act in ways that keep adults at a distance (whether they mean to or not). Provide

attention, comfort, and encouragement in ways your child will accept. Younger children may want extra hugs or cuddling; for older youth, this might just mean spending time together as a family. Follow their lead and be patient if children seem needy.

- **Respond, don’t react.** Your reactions may trigger a child or youth who is already feeling overwhelmed. (Some children are even uncomfortable being looked at directly for too long.) When your child is upset, do what you can to keep calm: Lower your voice, acknowledge your child’s feelings, and be reassuring and honest.
- **Avoid physical punishment.** This may make an abused child’s stress or feeling of panic even worse. Parents need to set reasonable and consistent limits and expectations and use praise for desirable behaviors.
- **Don’t take behavior personally.** Allow the child to feel his or her feelings without judgment. Help him or her find words and other acceptable ways of expressing feelings, and offer praise when these are used.
- **Listen.** Don’t avoid difficult topics or uncomfortable conversations. (But don’t force children to talk before they are ready.) Let children know that it’s normal to have many feelings after a traumatic experience. Take their reactions seriously, correct any misinformation about the traumatic event, and reassure them that what happened was not their fault.
- **Help your child learn to relax.** Encourage your child to practice slow breathing, listen to calming music, or say positive things (“I am safe now.”).
- **Be consistent and predictable.** Develop a regular routine for meals, play time, and bedtime. Prepare your child in advance for changes or new experiences.
- **Be patient.** Everyone heals differently from trauma, and trust does not develop overnight. Respecting each child’s own course of recovery is important.
- **Allow some control.** Reasonable, age-appropriate choices encourage a child or youth’s sense of having control of his or her own life.
- **Encourage self-esteem.** Positive experiences can help children recover from trauma and increase resilience.

Examples include mastering a new skill; feeling a sense of belonging to a community, group, or cause; setting and achieving goals; and being of service to others.

Seeking Treatment

If your child's symptoms last more than a few weeks, or if they are getting worse rather than better, it is time to ask for help. Mental health counseling or therapy by a professional trained to recognize and treat trauma in children can help address the root cause of your child's behavior and promote healing. A therapist or behavioral specialist might be able to help you understand your child and respond more effectively. At times, medications may be necessary to control symptoms and improve your child's ability to learn new skills.

Begin by asking your caseworker or agency whether your child has been screened for trauma. If you know that your child experienced trauma, ask whether he or she has had a formal mental health assessment by a professional who is aware of trauma's effects. Ideally, this assessment (including both strengths and needs) should be repeated periodically to help you and your child's therapist monitor progress.

Once your child has been assessed and it has been determined that treatment is needed, ask about treatment options. A number of effective trauma treatments have been developed.⁶ However, they are not all available in every community. Consult with your child's caseworker about the availability of trauma-focused treatment where you live.

Timely, effective mental and behavioral health interventions may help in the following ways:

- Increase your child's feelings of safety
- Teach your child how to manage emotions, particularly when faced with trauma triggers
- Help your child develop a positive view of him- or herself
- Give your child a greater sense of control over his/her own life

⁶ See for example the National Child Traumatic Stress Network's list, Empirically Supported Treatments and Promising Practices, at <http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>.

- Improve your child's relationships—with family members and others

It is important to look for a provider who understands and has specific training in trauma (see box). Most providers will agree to a brief interview in their office or over the phone, to determine whether they are a good fit for your needs.

Questions to ask a mental health provider before starting treatment:

- Are you familiar with research about the effects of trauma on children?
- Can you tell me about your experience working with children and youth who have experienced trauma?
- How do you determine whether a child's symptoms may be caused by trauma?
- How does a child's trauma history influence your treatment approach?

Helping Yourself and Your Family

Parenting a child or youth who has experienced trauma can be difficult. Families can sometimes feel isolated, as if no one else understands what they are going through. This can put a strain not only on your relationship with your child, but with other family members, as well (including your spouse or partner).

Learning about what your child experienced may even act as a trigger for you, if you have your own trauma history that is not fully healed. Being affected by someone else's trauma is sometimes called "secondary trauma." Table 3 lists signs that you may be experiencing secondary trauma.

National Child Traumatic Stress Network. (2014). *Complex trauma: Facts for caregivers*. Retrieved from http://www.nctsn.org/sites/default/files/assets/pdfs/complex_trauma_caregivers_final.pdf

National Technical Assistance Center for Children's Mental Health. (2014). *Trauma-informed care: Perspectives and resources* [Web-based tool]. Retrieved from <http://gucchdtacenter.georgetown.edu/TraumaInformedCare/index.html>

Schooler, J., Smalley, B. K., & Callahan, T. (2010). *Wounded children, healing homes: How traumatized children impact adoptive and foster families*. Carol Stream, IL: NavPress.

Suggested citation:

Child Welfare Information Gateway. (2014). *Parenting a child who has experienced trauma*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Acknowledgments:

This factsheet was developed by Child Welfare Information Gateway based on interviews with Children's Bureau grantees funded through the **Integrating Trauma-Informed and Trauma-Focused Practice in Child Protective Service Delivery (HHS-2011-ACF-ACYF-CO-0169)**, **Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare (HHS-2012-ACF-ACYF-CO-0279)**, and **Promoting Well-Being and Adoption After Trauma (HHS-2013-ACF-ACYF-CO-0637)**. Information Gateway wishes to acknowledge the valuable input of Becci Akin, Chad Anderson, Linda Bass, Sharri Black, James Caringi, Marilyn Cloud, Pamela Cornwell, James Henry, Kevin Kelley, Alice Lieberman, Patricia Long, Susana Mariscal, Kelly McCauley, Vickie McArthur, Kathryn O'Grady, Sherry Peters, Jeanne Preisler, Cheryl Rathbun, and Jim Wotring. The conclusions discussed here are solely the responsibility of the authors and do not represent the official views or policies of the funding agency.



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Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



Appendix H: Life Books

1. PURPOSE

A Life Book is a tool and process to help children understand their life experiences so that they can function better, feel better about themselves in the present, and be better prepared for the future. The Life Book is a combination of a story, diary, and scrapbook. The Life Book is an important part of a child's connection to the birth family and culture and aids the child in developing the child's history.

The best time to begin a Life Book is when a child first comes into foster care, as information about the child and birth family are more readily available then. However, a Life Book can be started at any point in the child's time in care. With the help of the child's caseworker, the birth family, previous foster families, and other sources, information about the child can be retrieved. Court Appointed Special Advocates (CASA) of Chautauqua County will assist children in developing a Life Book. If the child in care has not been assigned a CASA volunteer, please talk to the child's foster care worker about requesting a volunteer. Also, a child in care may still be able to participate in a Life Book group with CASA even if a volunteer is not assigned.

The Life Book is developed with the child, if the child is old enough to participate. However, don't feel like making a Life Book is a project that must be accomplished all at once. Some children will need time to process their memories and feelings and will only be able to work on their Life Book for short periods of time. Below is a list of some information that foster parents can help to gather for the child's Life Book.

2. GENERAL INFORMATION

Every child in care should have a Life Book. The Life Book belongs to the child and goes with the child when the child returns home, moves to another foster home, or goes to an adoptive home.

As a reminder, whenever you take pictures that include the child in care, please make copies for the birth family. Sharing these pictures will help build the relationship you have with them as it acknowledges and strengthens their connection to the child.

3. CONTENT

- birth information
 - birth certificate
 - weight, length
 - picture of the child at birth
 - medical information
 - picture and/or name and location of the hospital where the child was born

- birth family information
 - names and birth dates of birth parents and siblings
 - pictures and/or physical descriptions of birth parents and siblings
 - information about grandparents and other extended family
 - genogram or family tree
 - information about cultural/ethnic heritage and traditions

- placement information
 - names and locations of foster homes
 - names of children in current and previous foster homes
 - names of caseworkers
 - pictures of foster parents, children, and/or caseworkers

- chronology of placements
- school information
 - names of schools
 - pictures of schools, friends, teachers
 - report cards
 - information about school activities and/or sports
 - awards, prizes, ribbons, and/or certificates for special achievements
- medical information
 - immunization record
 - dates when child first walked, talked, lost baby teeth, etc.
 - any medical information that might be important to the child as an adult
 - list of pediatricians
 - list of hospitals where child received care and what care was given (such as surgeries, etc.)
- religious information
 - information about places of worship the child attended
 - confirmation, baptism records
 - papers from Sunday School or other religious classes

Appendix I: Reimbursement for Transportation Expenses

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSE FOR FOSTER CHILD

Name of Child: Joseph Public

Name of Driver: Mary Smith

Driver's Address: 1 Main Street, Jamesville, New York 14700

(State the reason for transportation: family time, Service Plan Review, court appearance, medical transport for non-Medicaid approved provider. Transporting foster children to/from school in order to allow the children to remain in their original school districts may be approved in certain cases. Check with the child's caseworker.)

DATE	BETWEEN WHAT POINTS		Time Departed	Time Arrived	ODOMETER READINGS		Miles Driven	Reason for Transportation
	FROM	TO						
2/1/21	1 Main Street, Jamesville, NY	2 Center Street, Dunville, New York	1:00 PM	2:00 PM	10111	10155	44	family time with parents
2/1/21	2 Center Street, Dunville, New York	1 Main Street, Jamesville, New York	3:00 PM	4:00 PM	10155	10199	44	return to foster home

I hereby certify that the travel indicated was necessary for official business and the information given is correct.

Signature of Driver: Mary Smith

Signature of Caseworker or Supervisor: Sally Case

For Office Use Only: Child's case number _____

Appendix J: Required Appointments

Frequency of appointments

1. Initial examinations

All foster children need to have a physical soon after the time of placement, within 30 days. Newborns, children who are ill, and children who are receiving follow-up treatment for a previous injury or condition will generally need to see the doctor sooner. If a child needs to go to the doctor soon after placement and a foster care worker has not yet been assigned, contact the CPS worker or Home Finding staff for assistance.

All foster children age two and over will also need to be seen by a dentist within 30 days of placement and at least once a year thereafter. As with medical concerns, if a foster child needs to see a dentist before an initial exam has been scheduled, contact the Department.

All foster children need to have a mental health screening within 30 days of placement. If a child placed in your home appears to have unmet mental health needs, please let the caseworker know so that the worker can try to get an assessment scheduled sooner.

If a foster child placed with you appears to have a problem with substance abuse, let the foster care worker know immediately so that a substance abuse assessment can be scheduled.

2. Periodic physical examinations

Per New York Codes, Rules, and Regulations §441.2(f), children in care are required to have regular physical examinations as described in the table below:

age:		exams required at:						
0-1	2-4 weeks	2-3 months	4-5 months	6-7 months	9-10 months			
1-6	12-13 months	14-15 months	16-19 months	23-25 months	3 years	4 years	5 years	
6-21	6 years	8-9 years	10-11 years	12-13 years	14-15 years	16-17 years	18-19 years	20 years

Due to the greater health needs of children in foster care, OCFS recommends additional well child visits for children under the age of six, as seen in the table below:

age:		exams recommended at:						
0-1	4-5 days	1 month	2 months	3 months	4 months	5 months	6 months	9 months
1-3	1 year	15 months	18 months	2 years	30 months			
3-6	3 years	3 ½ years	4 years	4 ½ years	5 years	5 ½ years	6 years	
7-21	yearly							

Every examination must include the following, as appropriate by age:

- Comprehensive health and developmental history, including assessment of both physical and mental health development.

- Comprehensive unclothed physical examination.
- Assessment of immunization status and provision of immunizations as necessary.*
- Assessment of whether HIV-related testing of the child is recommended based on the child's medical history.
- Vision assessment.
- Hearing assessment.
- Laboratory tests, as appropriate, including screening for lead poisoning in children under age six.
- Health education appropriate to the child's age and physical, mental, and developmental condition.
- Observation for child abuse and maltreatment, which, if suspected, must be reported to the State Central Register of Child Abuse and Maltreatment.

****Please note that foster parents do not have the legal authority to request/authorize or deny immunizations or the Covid-19 vaccine. Immunizations will be monitored by the caseworker with assistance from the birth parents and foster parents. You may request a copy of the current immunization schedule from the child's caseworker.***

Discharge examinations

When youth in foster care are being discharged to independent living, they must have a comprehensive medical examination prior to discharge, unless they have had such an exam in the last year. Discharge examinations may also be required by the Department for other children in care, on a case-by-case basis.

Appendix K: Family Time

The family time plan established by the Family Court and DSS is designed to:

- Lessen the impact of separation on the foster child and birth family.
- Promote active parental involvement by providing regular contact.
- Reinforce the permanency goal of reunification.
- Provide an opportunity for birth parents to practice newly learned skills in areas such as discipline, family activities, and sharing feelings appropriately.
- Improve the quality of parent-child interaction.
- Improve the responsibility and capability of the birth parent.
- Prepare the child and parent for a better relationship when the child returns home.
- Maintain the child's essential connections.
- Support better-informed permanency decisions.

Keep the following points in mind when you have a foster child placed in your home:

- ALL family time will be scheduled through the Department in advance and foster parents will be notified of the family time schedule by the child's caseworker. It is not acceptable for foster parents and/or birth family to set up family time without the approval of the caseworker. Foster parents cannot allow the birth parents or other birth family members to "drop by" the foster home to see the child in care. This restriction can be difficult to follow, especially for kinship foster parents, but it must be enforced. The child's caseworker is required to track all family time between the child and birth family and/or other discharge resources and to have that information available for the Family Court. Also, the caseworker may have knowledge that the foster family does not about family members and their suitability for family time.
- If you have children placed in your home from different families or if you have siblings placed with you who have different parents, the children will have family time at different times. Although such family time schedules may make it difficult for foster parents to plan their time, DSS workers have to take into consideration many other factors when setting up family time, such as the availability of transportation for the child and/or birth family, the children's school schedules, the birth parents' work schedules, and the availability of family time supervisors. If you find yourself in this situation and the various children placed with you have different foster care workers, it can be helpful to facilitate communication between those workers regarding the family time schedule.
- The foster care worker will likely ask you if you are willing to allow family time in the foster home and if you are willing to supervise that family time. You are under no obligation to do either if doing so would make you or your family feel unsafe or uncomfortable. That being said, it can be very beneficial for you to allow family time in your home if possible, as the child in care is likely to feel more comfortable and the birth parents will have an opportunity to observe appropriate parenting skills through your interactions with the child. Also keep in mind that, if you decide not to allow family time in your home at the beginning of the case, you can always decide later to allow it if you feel more comfortable and have developed a relationship with the birth parents, etc. The reverse is also true—i.e. if you allow family time to occur in the foster home and the family time does not go well or the birth parents make you feel unsafe or uncomfortable, you can let the caseworker know that you no longer wish to allow the family time to take place in your home.
- If you decide not to allow family time in your home, consider assisting with transporting the child to/from family time, if your schedule permits. The time you spend with the child before/after family time is a great opportunity to help the family time go well.
- If you decide to allow family time to take place in your home, you will then need to decide if you feel comfortable being the family time supervisor. If you agree to supervise the family time, the child's

worker will supervise family time with you at least once to demonstrate what is expected of you as far as observing the family time, intervening if necessary, and keeping notes of what occurred during the family time.

- Regardless of your decision about allowing family time in your home, remember that the birth parents do have the right, once the child is placed in your home, to see the foster home and to see where their child sleeps. However, that visit will be scheduled in advance (unless it occurs at the time of placement) and the birth parents will be supervised by a caseworker while they are in your home.

a. Before family time

Although the first few instances of family time following a child's placement into foster care are likely to be held whenever it is possible for the caseworker to arrange them, a family time schedule will be established. Once that happens, foster parents can work to prepare the foster child for the upcoming family time. In order to do so effectively, foster parents should get as much information as possible from the child's worker, including when and where the family time will take place, who will be at family time, and who will be transporting the child to and from family time (if family time is not taking place in the foster home).

Once family time begins to occur on a regular schedule, foster parents will quickly learn whether or not the birth parents regularly show up. If the birth parents tend to cancel family time or simply don't show up, foster parents may consider not reminding the foster child about upcoming family time. This decision will be based on many factors, including the child's age, developmental stage, and emotional well-being. If you find yourself in a situation where the birth parents are not attending family time regularly, discuss with the child's caseworker (and mental health professional, if applicable) how to handle the issue with the child.

Here are some tips to help prepare your family, the child, and the birth family for family time:

- If appropriate, help the child mark planned family time on a calendar set up for him/her (also include other appointments and events).
- If the child has family time with various family members, let the child know which people are scheduled to be at which family time.
- Develop a pre-family time ritual with the child. Activities could include picking out a special outfit, choosing a game or toy to take to the family time, and/or talking about what the family time might be like.
- Be prepared for some emotional issues/disturbances before family time, such as nightmares, anxiety, or hyperactivity. Set aside extra one-on-one time with the child before family time to help cope with these issues.

b. During family time

If you decide to allow family time in the foster home, review the following tips about facilitating and supervising family time:

- Discuss family time with the child's worker to learn who will be supervising the family time and what the worker expects from you. Also learn what the worker expects from the birth parents, including whether they are supposed to provide a meal or snack or other items such as diapers, wipes, and toys.
- Ensure that the worker has discussed the "ground rules" for family time with the parents—how long the family time will be, what they are supposed to provide, what types of behavior are unacceptable, etc.
- If you will be supervising the family time (after you have observed a worker supervising at least once), review with the worker what is expected of you as far as observation, taking notes, and enforcing rules or offering parenting advice. If you are told that you must directly supervise all

contact between the child and the birth parent, that means that you must provide direct, line-of-sight supervision at all times.

- Decide where in the home the family time should occur, taking into consideration the comfort of the family, whether a meal will be included, and availability of a bathroom.
- Welcome the birth parents to the home with warmth and genuineness. The birth parents will likely have strong emotions about meeting you, including fear, worry, and/or feelings of inferiority. Introduce yourself and your family by name and tell the birth parents what they should call you (i.e. Jane or Mrs. Doe).
- Role model good parenting skills and good behavior in general for the birth parents.
- Be prepared with some family games and activities, in case the birth parents have not planned anything.
- Even if the birth parents are supposed to supply a meal/snack and/or other items during family time, it is wise to have some simple food available as well as other basic items such as diapers, changes of clothing, and sippy cups, in case the birth parents fail to provide what is needed.
- Be prepared to help the birth parents end family time. Think back to what you learned in the preservice classes and also ask the caseworker for some assistance.

c. After family time

- Be prepared again for some emotional disturbances on the child's part, especially if family time has not gone well. Once again, set aside some time for you to comfort the child and answer questions. If the child is extremely upset, contact the caseworker for assistance. If the child continues to be very upset after each family time, discuss with the caseworker whether or not the child needs professional help.
- Even if the child is not upset, talk to the child about the family time and how it went. Ask the child what could have made the family time better and pass on any useful information to the caseworker and birth parents.
- Spend some time thinking about what you could do to facilitate subsequent family time. As you get to know the child and birth family better, you will likely have more ideas.

2	pairs school shoes	1	bathrobe
1	pair sneakers	2	pairs school shoes
1	pair slippers	1	pair sneaks
2	sweaters/sweatshirts/hoodies	1	pair slippers
1	raincoat	2	sweaters/sweatshirts/hoodies
1	jacket (spring/fall)	1	raincoat
5	pairs shorts (summer)	1	jacket (spring/fall)
1	pair sandals (summer)	5	pairs shorts (summer)
1	pair boots (winter)	1	pair sandals (summer)
1	pair mittens/gloves (winter)	1	pair boots (winter)
1	warm hat (winter)	1	pair mittens/gloves (winter)
1	warm coat (winter)	1	warm hat (winter)
		1	warm coat (winter)
	Girl aged 12-18		Boy aged 12-18
Quantity	Item	Quantity	Item
2	dresses/dressy outfits	2	pairs dress slacks/khakis
1	pair tights/nylons (if needed)	1	dress shirt
5	pairs casual shirts/t-shirts	1	polo shirt
5	pairs casual pants/jeans	5	pairs casual shirts/t-shirts
8	pairs underwear	5	pairs casual pants/jeans
3	bras	8	pairs underwear
8	pairs socks	8	pairs socks
1	swimsuit	1	swimsuit
1	bathrobe	1	bathrobe
2	pairs pajamas	2	pairs pajamas
1	belt (if needed)	1	belt
2	pairs school shoes	1	tie
1	pair sneakers	2	pairs school shoes
1	pair slippers	1	pair sneakers
3	sweaters/sweatshirts/hoodies	1	pair slippers
1	raincoat	2	sweaters/sweatshirts/hoodies
1	jacket (spring/fall)	1	raincoat
1	pair sandals (summer)	1	jacket (spring/fall)
5	pairs shorts (summer)	1	pair sandals (summer)
1	pair boots (winter)	5	pair shorts (summer)
1	pair mittens/gloves (winter)	1	pair boots (winter)
1	warm hat (winter)	1	pair mittens/gloves (winter)
1	warm coat (winter)	1	warm hat (winter)
		1	warm coat (winter)

*This list describes the complete minimum wardrobe that every foster child ideally should have. However, it is not expected that the child will necessarily enter care with all these items and also not expected that foster parents will be able to purchase all these items with the initial clothing allowance. Foster parents should use the clothing inventory in Appendix J and compare what the child has to the appropriate list in Appendix I and should purchase the most vital items first (with the initial clothing allowance). For example, if a child comes into care with 10 shirts but no socks or pants, then the foster parent would purchase socks and pants first before purchasing items such as a raincoat.

When foster parents spend the monthly replacement clothing allowance, they should consider the child's wardrobe and again purchase the most necessary items, taking into consideration the child's current needs, the season of the year, and how quickly the child is growing.

If foster parents have questions about use of the initial clothing allowance or the replacement clothing allowance or about the minimum clothing guide in this appendix, they should speak with the child's worker or Home Finding staff.

Appendix M: Medication Guide

This section is a guide for foster parents on the safe use and management of a child's medication. In order for children to receive the greatest benefit from medications, it is essential that foster parents make certain that the medications are taken exactly as prescribed. This information is on the prescription label. Foster parents should read the labels carefully. If foster parents have any questions about medication which the label does not answer, they should feel free to ask their pharmacist or the child's doctor.

For children in care under the age 14, foster parents must administer all medication. For children in care age 14 and older, consult with the IL and foster care caseworkers to make a plan for how the child's medication will be administered. Some youth in care might be mature enough to manage taking their own medication, but that decision must be made through discussion with DSS staff.

All medication must be kept secure per boarding home safety guidelines. If you have questions, contact your Home Finder.

Whenever foster parents receive a medication from a pharmacist, they should know the answers to these questions:

- What is the name of the medication?
- What is the purpose of the medication?
- Are there any precautions they should be aware of while the child is taking the medication?
- Are there any other medications the child should **not** take at the same time?
- Is there any food or beverage the child should avoid?
- How and when should the child take the medication?
- How long should the child continue to take the medication?
- Can the prescription be refilled and how?

Try to have all prescriptions filled at the same pharmacy so that the pharmacist can keep a complete record of the child's medications.

If the child visits more than one doctor, the foster parents should tell each one what medications the child is taking, including prescription and non-prescription medications, as both could interfere with a new medication that the doctor may prescribe for the child. The doctor should be told if a prescription was not filled or if the child did not take the medications; otherwise, the doctor may conclude that the medication was not effective.

In addition to their benefits, some medications have additional effects beyond the intended effect, some of which can be detrimental to a person's health. Side effects vary from one patient to another, and at times, a particular medication produces an unpleasant side effect in one patient, whereas another medication that is almost identical will have no unpleasant effect. If a child develops an unexpected side effect, the foster parent should contact the child's doctor.

Be careful when giving over-the-counter (OTC) medications to a child. Always read the directions on the container and if you have any questions, consult your pharmacist. These medications are usually designed to alleviate a symptom and they do not cure a disease. Do not continue using the medicine if the first few doses do not help to relieve the symptom. If a symptom is severe or persistent, consult a doctor.

If a child is taking a medication that has been prescribed by a doctor, always be careful when using OTC medications. Some substances can interact and cause unpleasant reactions. Always check with the pharmacist before purchasing these products.

Check with the doctor before giving any non-prescription medications to a child under one year old. Do not give any non-prescription medications to children between 1 and 12 years of age unless the doses for the different age groups are listed on the package container.

Remember that the medication foster parents have received for a child is specifically for the child. It should not be shared with other members of the family or friends who seem to have the same symptoms.

The way in which medications are stored is important. Certain medications require refrigeration; if this is the case, there will be a **Keep Refrigerated** label on the container. A cool, dry, dark cupboard is the best storage for most medications that do not require refrigeration; remember that a bathroom medicine cupboard often becomes hot and steamy and is not the best place to store medications. Above all, keep medications in a safe place and away from the reach or sight of small children.

Always keep medication in the container in which it was received from the pharmacist. Do not remove the label until all the medication is finished. The information on the label is necessary to identify the patient, the doctor, the medication, the instructions for use, and the date the prescription was dispensed.

Over the years, numerous medications may have been prescribed for the child. If these are discontinued by the doctor, discard the remaining portion. By doing so, you avoid building up a cupboard of old, outdated, and potentially dangerous medications.

Foster parents must maintain a careful record of important facts about the child's health and medication. This record allows the foster parent to have a complete list of the medications should the child see another doctor. It is important that the new pharmacists and doctor are thoroughly familiar with the medications the child has taken and the child's medical history. If the child moves to another home, the medication record and the medication must be given to the agency caseworker responsible for helping the child to make the transition from a foster home to another placement.

*Medication Guide for Patient Counseling, Dorothy L. Smith, Pharm. D., Lea & Febiger, Philadelphia, 1977, pages 27-29.

Appendix N: Recreational Safety

1. BICYCLES

a. Helmets

New York State law requires that all children under the age of 14 wear approved bicycle helmets when biking or riding as a passenger on a bicycle. A violation could result in a fine up to \$50 for the parent or guardian. To be safe, all children in care should always wear a helmet, regardless of their age. When shopping for a helmet, be sure the helmet sits level on the child's head, covering the top of the forehead, and that it is snug yet comfortable and has limited movement from side to side and front to back. All helmets sold in the United States must be approved by the Consumer Product Safety Commission (CPSC), so look for a CPSC sticker. If children fall and strike their heads on the ground, replace their helmets.

b. Rider safety

Foster parents should ensure that all children in care who ride bicycles know and follow these rules of the road:

- Ride on the right side of the road. You will head in the same direction as cars so you will see their tail lights, not their headlights.
- Obey traffic signs and signals just as you would if you were driving a car.
- Use correct hand signals when turning.
- Stop at all intersections and marked and unmarked crosswalks.
- Stop and look both ways before you enter a street.
- Yield the right of way to pedestrians, skateboarders, and skaters.
- Never pass until you have the other person's attention.
- Children should ride on sidewalks and paths until they are: at least 10-years-old, able to show good riding skills, able to observe basic rules of the road, and confident of their riding abilities.
- Wear reflective clothing and make sure your bike has a headlight and a rear reflector. If you ride at night, consider using additional lighting, reflective bands, vests and clothing to increase your visibility.
- For more information about bicycle safety, visit the New York State Health Department Web site at www.nyhealth.gov.

2. IN-LINE SKATES AND SKATEBOARDS

a. Helmets and protective gear

All children in care under age 14 must wear helmets when using in-line skates or riding skateboards, per New York State law. See **1a** above for additional information about choosing an appropriate helmet.

b. Safety information

Foster parents should also ensure that all children in care who use in-line skates and/or skateboards know and follow these safety tips:

- Always wear protective gear, such as elbow pads and kneepads, gloves, helmets, and wrist guards.
- Practice stopping on in-line skates
- Check your skates and/or skateboard regularly for wear and tear. Make sure the wheels are tight and that your skates and/or skateboard are in good condition.
- Always warm up by skating slowly for five minutes or more.
- Skate with knees slightly bent to maintain balance.
- Always skate on the right side of sidewalks and other paths.

- Pass on the left and warn others that you are passing.
- Avoid skating in the street, especially where there is a lot of traffic.
- Do not hitch rides from bicycles, cars, or other vehicles.
- Look for uneven pavement or other surface problems to avoid falls.
- When losing your balance while on a skateboard, crouch down on the skateboard so your fall is shorter (as you will be closer to the ground).
- Try to land on fleshy parts of your body, such as buttocks, when falling.
- Try to roll and relax, rather than remaining stiff, when falling.
- Carefully practice tricks in designated skateboarding areas.
- Skateboard with someone else who can call for help in case you are injured.

3. ALL TERRAIN VEHICLES (ATVs)

a. General information about ATV-related injuries

Each year in New York State, more than 2000 children ages 19 and younger are treated at hospitals because of an all-terrain vehicle-related injury. This is an average of more than six children each day! The good news is that foster parents can play a major role in preventing all terrain vehicle-related injuries.

b. Consent

Remember that birth parents should be asked to give permission for children in care to ride on or operate ATVs or to take an ATV safety course. It is preferred that this permission be given in writing. However, under the RPPS, foster parents may give consent for a child in care to operate an ATV, as long as the foster parents first consult Vehicle and Traffic Law §2410 and comply with all regulations. Foster parents are also advised to confirm their understanding of the law with local law enforcement and to document law enforcement's response. According to the RPPS, the foster parents must also determine that the age and qualifications of the child and the site to be used meet the legal specifications, that the child has completed all necessary safety training, that the child has appropriate safety gear, and that there is appropriate supervision by a qualified adult during the child's operation of the ATV. Contact the child's caseworker or Home Finding staff with any questions.

c. Laws regarding operating an ATV

A driver's license is not required to operate an ATV in New York State, but certain restrictions apply to operators under age 16. Children ages 10 through 15 may operate an ATV only under adult supervision unless they have completed an ATV safety training course approved by the NYS DMV. Children under age 10 should not ride on or operate ATVs, although they are allowed to do so by law while under adult supervision. The Chautauqua County Department of Social Services recommends that all foster children, of any age, be under adult supervision at all times when riding on or operating an ATV. Also remember that most ATVs are designed for a single operator only. All ATV operators and passengers must be seated in a permanent, regular seat. Check your ATV's operating manual if you have questions about how many people your ATV is designed to carry.

All ATVs must be registered and insured in compliance with New York State laws and regulations. Visit www.dmv.ny.gov/recreation or www.nyatvsafety.net for more information about safety and regulations.

d. Required and suggested safety gear and apparel

NYS law requires all ATV drivers and passengers to wear [USDOT-approved helmets](#) while using ATVs. Motorcycle or motocross helmets are acceptable types of helmets to wear while using an ATV. Eye protection, such as goggles or a face shield, are strongly recommended. In addition, all ATV drivers and passengers should always wear gloves, long pants, long-sleeved shirts or jackets, and over-the-ankle boots.

e. Safety tips

All ATV drivers and passengers should **always**:

- Wear a helmet, eye protection, and other protective gear.
- Ride an ATV that is appropriate for the rider's age and size.
- Ride only on designated trails and at a safe speed.

All ATV drivers and passengers should **never**:

- Ride on public or paved roads, unless the road has been specifically designated and posted for ATV use.
- Ride on railroad tracks.
- Carry a passenger on a single-rider vehicle.
- Drive or ride under the influence of alcohol or other drugs.

f. Where to drive/ride on an ATV

Always avoid driving on paved surfaces because pavement may seriously affect handling and control. Avoid crossing busy roads and highways. An ATV may not be operated on public land unless it is specifically designated for ATV use and it is allowed by a posted sign. To operate an ATV on private land, the driver must have permission of the land owner or lessee. If permission is granted, be sure the boundaries of the property are known, and respect any special restrictions or requests of the land owner.

4. SNOWMOBILES

a. Helmets

New York State requires that all operators and passengers on snowmobiles wear appropriate helmets, unless the snowmobile is ridden only on private land owned by the operator. However, the Chautauqua County Department of Social Services requires that all children in foster care wear helmets when operating or riding on a snowmobile in any area.

b. Consent

Remember that birth parents should be asked to give permission for children in care to ride on or operate snowmobiles or to take a snowmobile safety course. It is preferred that this permission be given in writing. However, under the RPPS, foster parents may give consent for a child in care to operate a snowmobile, as long as the foster parents understand and comply with all New York State regulations and policies. According to the RPPS, the foster parents must also determine that the age and qualifications of the child and the site to be used meet the legal specifications, that the child has completed all necessary safety training, that the child has appropriate safety gear, and that there is appropriate supervision by a qualified adult during the child's operation of the snowmobile. Contact the child's caseworker or Home Finding staff with any questions.

c. Laws regarding snowmobile operation

A driver's license is not required to operate a snowmobile in New York State, but certain restrictions apply to operators under age 18. Youth ages 14 through 17 may operate a snowmobile only under adult supervision unless they have completed a snowmobile safety training course recognized by the State of New York. Youth ages 10 through 13 may operate a snowmobile only under adult supervision and only after they have completed a snowmobile safety training course. Children under age 10 should not operate snowmobiles, although they are allowed to do so by law while under adult supervision on land owned or leased by their parent or guardian. The Chautauqua County Department of Social Services recommends that all foster children, of any age, be under adult supervision at all times when riding on or operating a snowmobile.

All snowmobiles must be registered and insured in compliance with New York State laws and regulations. Visit www.dmv.ny.gov/recreation or www.nyparks.com/recreation/snowmobiles for more information about safety and regulations.

Appendix O: Parenting Tip Sheet: Talking About How We Describe Ourselves

HANDOUT #1: PARENT TIP SHEET: TALKING ABOUT HOW WE DESCRIBE OURSELVES UPDATED 10-15-2021

HANDOUT #1: PARENT TIP SHEET: TALKING ABOUT HOW WE DESCRIBE OURSELVES

When a child first comes to live with you, be sure to discuss what words your family members will use to call each other and to describe the circumstances of why the child is living with you.

- Take the child's lead on what's comfortable. Offer suggestions, such as using first names for adults rather than starting with loaded words like "Mom" or "Dad." Accept the names the child prefers.
- Encourage telling the truth but educate children that what they choose to share may not be kept private by people with whom they share. A child has a right to privacy.
- Validate the feelings of the child. Discuss with the child why people may ask questions—such as curiosity, being "nosy", confusion.
- Use descriptive terms rather than labels. Example: a child is in foster care rather than a "foster child."
- Parents who are fostering and adopting should keep the child's background information private from strangers and share details on a "need-to-know" basis with support system members.
- The Center for Adoption Support and Education (C.A.S.E.) created the WISE Up! program to empower children with choices when they are asked questions about foster care or adoption. Depending on how the child feels in a situation, they can choose a response. Often, the choice is impacted by who is asking the question, for example, a best friend or a stranger. There are four responses from WISE Up! that can be practiced in advance with children to empower them to respond in ways that protect their information and help them not to be caught off guard.

The WISE Up! responses you can practice are:

- **W**=Walk away (The child can respond to a question by walking away, perhaps a great choice if the person who asks is a stranger or someone who is being rude or bullying)
- **I**=It's private (the child can tell others that the information is private)
- **S**=Share something (this response can be used when the child would like to share something about their story with someone else)
- **E**=Educate them (the child may want to have a few good facts about foster care or adoption that may let others know that foster care and adoption are not unusual ways for families to be created)

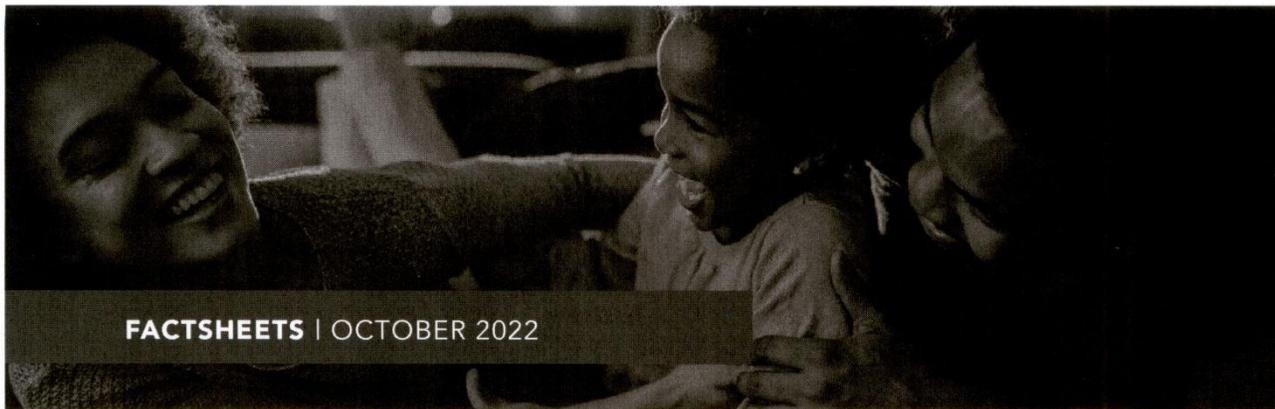
- If a child chooses to share information, practice with them how to keep it simple, especially when the child is new to a community or does not know how much a person can be trusted. Examples:

- I am living with Jane until I go back to live with my mom.
 - Joe and Maria adopted me.
 - I call my grandma Mom because she adopted me/is raising me.
- Parents should be aware that they are also modeling what to say and what not to say to others. Again, it is probably best to keep it simple, such as, "I take care of Johnny/Johnny lives with me."
 - Talk with your child regularly about what others are asking or saying about them.
 - Be sure to check in after you know that an incident happened, whether it seemed upsetting or not.

Families come in wonderful varieties. In addition to questions about the children's background, you may also get intrusive questions about the makeup of your family. This is especially true for families who have historically been considered non-traditional, such as families who are fostering or adopting children of different races than their own, those who have single or same sex parents and/or if your family is extra-large.

Examples may include people asking what the children are doing with you, where their mother or father is, what it is like to have two dads/moms, isn't it hard to do this, etc. As with all intrusive questions, remember to stay strengths-based and protective of the child and their personal information. Here are some possible responses to consider and adapt to your situation:

- *I love raising Jimmy. We've been together for about a year now and he's got many more people who love him near and far.*
- *We love children so we kept adopting more and now we have 7 wonderful kids! It's great to have the house full because there's laughter and play and the children always keep each other busy!*
- *I have two moms who are married to each other. This is my mom Susan, and this is my other mom, Tonya.*



Social Media: Tips for Foster Parents and Caregivers

While social media has changed the way the world communicates, it has also created privacy and safety concerns. This factsheet briefly discusses the benefits of social media for children and youth in foster care and provides tips for parents and caregivers who want to help them use social media safely. It also provides advice for foster parents on how to responsibly use your own social media accounts.

WHAT'S INSIDE

Helping Children and Youth Use Social Media Responsibly

Understand How Children and Youth Use Social Media

Set and Reinforce Social Media Guidelines

Help Safeguard Child and Youth Privacy

Address Risky or Harmful Social Media Activities

Using Social Media Responsibly as a Foster Parent or Caregiver



HELPING CHILDREN AND YOUTH USE SOCIAL MEDIA RESPONSIBLY

Social media has become a standard tool for communication and self-expression. For children and youth in foster care, it can also create normalcy by helping them connect with others in their communities and maintain relationships with friends and caregivers from previous living situations. However, children and youth in care may be particularly vulnerable to inappropriate contact, cyberbullying, or child predators when using social media, and networks and private messages may aid in communication with adults or family members who are "off limits."

Prohibiting the use of social media can be harmful to children and youth and is often unrealistic, given the widespread accessibility of computers, mobile devices, and the internet. Instead, foster parents should provide guidance and boundaries to help them use social media safely and responsibly. Here are some tips to help foster parents and caregivers guide social media use for the children and youth in their care.

UNDERSTAND HOW CHILDREN AND YOUTH USE SOCIAL MEDIA

- **Discuss social media with children and youth.** Ask the children or youth in your care how they use social media and private messaging apps and get an understanding of why it's important to them. Share and discuss Child Welfare Information Gateway's [Social Media: Tips for Youth in Foster Care](#).
- **Learn about social media apps.** New social media tools are released frequently and children and youth are often quick to adopt them. Keep abreast of current technology and best practices for the most popular social media apps that young people of various age groups are using today. (See the [Popular Teen Apps Parents and Teachers Need to Know](#) section of the Smart Social website.)
- **Be aware of online gaming risks.** Online games can be unsafe, as players often interact with others on gaming platforms. Be aware of the kind of games your child or youth plays and discuss the risks. Let them know that they should avoid posting pictures of themselves or giving personal information while playing online games, and that they can come to you if they are being harassed or bullied. (Learn more at Internet Matters' [Online Gaming Advice Hub](#).)
- **Understand their language.** Children and youth may use slang, hashtags, and emoji in their online communications. Understand that young people communicate in a language different from yours. (See Smart Social's [Teen Slang, Emojis, & Hashtags Parents Need to Know \[The Ultimate List\]](#) to learn more.)

SET AND REINFORCE SOCIAL MEDIA GUIDELINES

- **Talk with your child's caseworker.** Familiarize yourself with your child welfare agency's social media policies. Ask about safety needs and concerns that may affect your child's use of social media and whether they have had issues with social media use in the past.
- **Set house rules.** Set social media rules early and, when possible, in collaboration with children and youth. Ensure that these rules align with agency guidelines and foster youth rights and be prepared to answer questions about why the rules exist. (Find sample media agreements for different age groups on the [Family Contracts & Pledges](#) section of the Connect Safely website.)

-
- **Coordinate with your child or youth's birth relatives.** Setting up new social media accounts and establishing usage rules might require consent or input from a young person's birth family. Approach your caseworker first for guidance and collaborate with birth relatives when appropriate. (For more information, see Information Gateway's [Partnering With Birth Parents to Promote Reunification](#).)
 - **Be prepared to deal with mistakes.** When a child or youth slips up and doesn't follow guidelines, approach the situation as a teachable moment and calmly work together on what to do next.

HELP SAFEGUARD CHILD AND YOUTH PRIVACY

- **Teach children and youth about keeping their personal information private.** Advise children and youth in foster care not to reveal their full name, address, school name, phone number, or other identifying information on social media, and caution them against posting photos that reveal these types of details (e.g., school logos and mascots). (Find internet privacy lessons for a range of age groups at Common Sense Education's [23 Great Lesson Plans for Internet Safety](#).)
- **Set strict privacy settings.** Use privacy settings to help children and youth limit who can find them online, which posts or photos are visible, and who has contact permissions. (For information on privacy settings for various apps, see the [Social Media Privacy Guides](#) section of the Internet Matters website.)
- **Conduct searches.** Every so often, search a child or youth's name and address to see what information or tagged photos are publicly available.

ADDRESS RISKY OR HARMFUL SOCIAL MEDIA ACTIVITIES

- **Explain the need to avoid explicit content.** Make sure youth understand that online, not everyone is who they say they are. Advise youth to avoid sharing intimate photos and messaging about sex online, regardless of their relationship with a person. (Read more about protecting youth with ["Tips for Dealing with Teen Sexting"](#) by Connect Safely.)
- **Discuss cyberbullying.** Warn children and youth not to send, forward, or respond to mean or embarrassing messages or pictures. Help youth document, block, and report bullying if needed. (To learn more, see ["Parent's Guide to Cyberbullying"](#) by Connect Safely.)
- **Check in on your child or youth's mental health.** Social media can trigger negative feelings, such as anxiety or depression. From time to time, ask children and youth if they ever see things on social media that upset them, and encourage them to limit their use to social media spaces where they feel supported. (See Common Sense Media's ["How to Help Teens Manage the Effects of Social Media on Their Mental Health"](#) to learn more.)
- **Monitor use.** Place computers in a shared area and keep track of mobile device use. Know what type of social media your children and youth use and the amount of time they are spending on social media apps. Consider asking them for passwords and permission to let a trusted adult connect with them on their social media pages. However, try to balance monitoring with respecting their privacy. Installing an online monitoring program can help you watch for inappropriate use. (For more information, see the [Guide to Monitoring Apps](#) section of the Internet Matters website.)

- **Watch for activity on risky sites.** Be aware of risky apps that have inappropriate or unmoderated content and set boundaries with children and youth if you notice them using these apps. (For a list of risky apps, see the [Popular Teen Apps Parents and Teachers Need to Know](#) section of the Smart Social website.)
- **Keep lines of communication open.** Encourage children and youth to let you know if an exchange makes them uncomfortable, if someone is sending them inappropriate photos, or if anyone asks to meet them in person. Appreciate their participation in their online communities and show interest in their friends. (To learn more, see "[How to Connect with Your Teen about Smart & Safe Media Use](#)" by the American Academy of Pediatrics.)

USING SOCIAL MEDIA RESPONSIBLY AS A FOSTER PARENT OR CAREGIVER

You may wish to use social media for support and to share information with other foster parents and caregivers. If permitted by the agency, you can also use social networks to keep in touch with your child's birth relatives. Here are some tips for using social media responsibly when you are caring for a foster child or youth.

- **Talk with your caseworker about agency policies.** Ask about guidelines for your social media communication with your child or youth's birth relatives, other foster parents and caregivers, and child welfare agency staff. Find out whether there are specific considerations for the children or youth in your care.
- **Get permission from the agency and your child or youth before posting family pictures that include children in care.** Agencies might have guidelines around posting photos, such as concealing identifying information with emojis or other editing features. It's important to ensure that photos do not create privacy or safety risks.
- **Avoid searching for a child or youth's birth relatives.** When you connect with birth relatives online, you might expose yourself to information that raises concerns or complicates your dynamic. Caseworkers likely can't respond to information found on social media, so it's best to avoid birth relatives' pages.
- **Protect privacy and confidentiality.** Do not identify a child or youth as a foster child or post their full name or address on a social media network. Never discuss case information in an online forum. (Learn more at "[How to Protect My Foster Child on Social Media](#)" on the Embrella website.)
- **Be aware that photos may reveal a child or youth's location.** Some smartphone photos and network services (such as the location features on Facebook and Instagram) provide GPS information. Learn how to manage location services on your smartphone or turn them off completely. (See more information about these settings at "[How to Limit Location Tracking on Your Phone](#)" by Consumer Reports.)
- **Think before you post.** Be sensitive to how messages may be interpreted by others, including your child or youth's birth relatives and agency staff.

For additional resources on social media safety in foster care arrangements, see the [Social Media Safety](#) section of the Information Gateway website.

SUGGESTED CITATION:

Child Welfare Information Gateway. (2022). *Social media: Tips for foster parents and caregivers*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/smtips-parent/>



U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



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Social Media: Tips for Youth in Foster Care

From that trendy sound you love, to the filter you can't get enough of, you probably know that social media apps are a fun tool for expressing yourself and staying in the know—and you also might know that they can be risky. This tip sheet provides a roadmap for a safer social media experience.

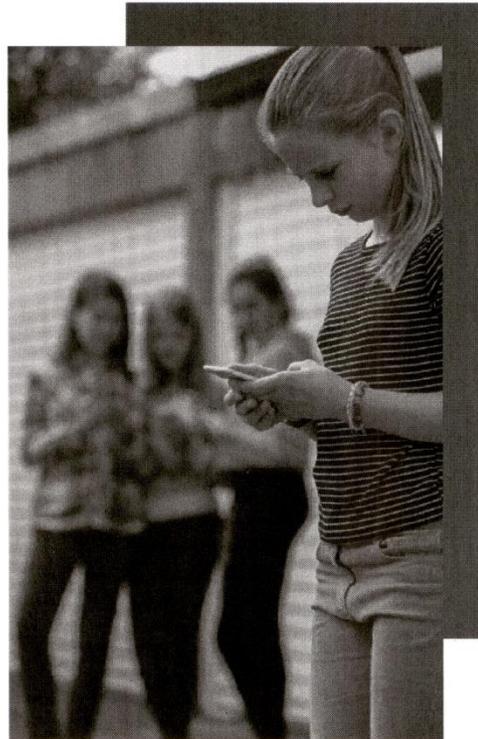
USING SOCIAL MEDIA: THE GOOD

- **Connecting with your people.** Keep in touch with those who mean the most to you.
- **Joining online communities.** Have you ever felt like no one understands you? We get it! Use online groups to connect with peers who have similar life experiences. (See the [Foster Care Alumni of America Facebook group](#).)
- **Expressing yourself.** Post photos, videos, vlogs, and other digital content to creatively express your feelings and ideas.



USING SOCIAL MEDIA: THE BAD

- **Privacy concerns.** Limit the sharing of personal information—you never know how others might use it.
- **Cyberbullying.** Bullying can be a hurtful experience, whether it happens in person or virtually. Don't respond to mean comments. You can use privacy settings to block bullies instead. If the harassment continues, use an app's reporting function to notify the platform of your experience, and tell a trusted adult. (To learn more, see the Cyberbullying Research Center's [*Preventing Cyberbullying: Top Ten Tips for Teens*](#) and the Coalition for Children, Youth & Families' [*Cyberbullying, Social Networking, and You*](#).)
- **Impacts on mental health.** It's not uncommon to feel sad because of something you saw on social media, or anxious when you can't check your social media feeds. Try to be aware of how social media makes you feel and tailor your feed and the amount of time you spend online to more positive experiences. (Learn more at the University of Nevada, Reno's [*"Impact of Social Media on Youth Mental Health: Statistics, Tips & Resources."*](#))
- **Breaking rules.** Don't engage with anyone who is not supposed to contact you, including family members who are off limits.
- **Inappropriate communication.** Watch out for inappropriate communications, which can be sexual or nonsexual in nature. While meeting new people can be exciting, connecting with people you don't know or chatting on dating apps can be risky. You may want to discuss these situations with a trusted adult.



STAYING SAFE ON SOCIAL MEDIA

Trust your gut—if an exchange on social media doesn't feel right, it probably isn't. Rules are put in place to keep you safe, so follow them the best you can. If any communications are hurtful or make you feel uncomfortable, tell an adult as soon as you can.



Set strong privacy settings.

Limit who can see your posts. In most cases, your profile defaults to a “public” setting. However, you can use your privacy settings to manage who has access to your content. Remember, anyone with access can share your content with whomever they want; nothing online is truly private. (See how to manage your settings on the [Social Media Privacy Guides](#) section of the Internet Matters website.)



Don't post information that reveals your location.

Some apps provide your GPS information automatically. You can use location settings on your devices to manage what apps have access to your location. Manage location services on your smartphone or turn them off completely. (Learn how to manage location services with [“How to Limit Location Tracking on Your Phone”](#) by Consumer Reports.)



Don't give out personal information.

This includes your full name, address, phone number, school name, or password. Don't share your passwords with friends, and never send revealing photos (sexting). If someone requests personal information from you, tell your foster parent(s) or another trusted adult.



Be safe playing online games.

Gaming online can be a great experience, but it can also be risky. One way to make your experience safer is to refrain from sharing any revealing information. From privacy breaches to cyberbullying, if you experience anything that makes you uncomfortable while you're gaming, tell an adult and report or block the user. (Learn more about gaming safety with the National Cyber Security Alliance's [Online Gaming Tips for Kids](#).)



Be kind and show respect for others.

It may feel easier to say things online that are outside of your norm. However, as a rule of thumb, don't say or do anything you wouldn't say or do to someone face-to-face.



Set boundaries when connecting with birth relatives online.

Reconnecting with a birth relative online can be a delicate situation. Before you send or accept a friend request, ask your caseworker if your case plan allows for this type of communication. Also, consider how your feelings may be affected by the different types of content and communication you might see on their pages. Remember: restrictions against talking to certain people are in place to help keep you safe.



Be cautious of friend and message requests.

Friend and message requests from strangers may be from fake profiles, spam bots, or scammers. Play it safe and only connect with people you know.



Think carefully before meeting anyone in person that you've "met" online.

If you feel you must connect with and meet a new online contact, discuss the idea with your foster parent(s) or another adult. If you decide to meet, choose a public place, and never go alone.

THINK BEFORE YOU POST!

Once something is posted on the internet, you can't control how it may be used. So, before you decide to make that comment or send that photo, ask yourself the following questions:

- How would I feel if someone other than the person who is supposed to see this content sees it?
- How would I feel if my parent, teacher, or caseworker saw this?
- Could this be offensive or hurtful to others?
- Will this hurt my chances of getting into college or getting a job? (Yes, college recruiters and employers look at social media pages!)

Remember, once it's out there, it's impossible to take it back!

For additional guidance on using social media safely, see the [Social Media Safety](#) section of the Child Welfare Information Gateway website.

SUGGESTED CITATION:

Child Welfare Information Gateway. (2022). *Social media: Tips for youth in foster care*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/smtips-youth/>



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Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



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Appendix P3: Caregiver's Cell Phone and Online Safety Contract



Office of Children
and Family Services

Caregiver's Cell Phone and Online Safety Contract



I know that the internet is an important resource for my child and that being familiar with it is a necessary skill. It can also be a wonderful place to visit, but I know that I must do my part to help keep my child safe online.



If my child does something that I do not approve of online, we will have a calm conversation about my expectations and the reasons for our internet rules. I understand that just taking away the internet will not solve the problem.



I will set reasonable rules and guidelines for computer use by my child, including how much time they may spend online; I will encourage them to participate in offline activities as well. We will discuss these rules and post them near the computer as a reminder.



I will not overreact if my child tells me about something "bad" he or she finds or does on the internet.



I will get to know the services and websites my child uses.



I will try to get to know my child's online friends and contacts, just as I try to get to know his or her offline friends and contacts.



I will try to put the home computer in a family area rather than in my child's bedroom.



I will report suspicious and illegal activity and sites to the proper authorities and I will learn how to report abuse when necessary.



I will learn about parental controls for filtering and blocking inappropriate internet material from my children.



I will talk to my child about their social networking profiles, what they can and cannot post, who they should allow as friends, and how to behave appropriately in their online interactions.



I will frequently check to see where my child has visited on the internet, and I will talk to them if I see something I'm concerned about or that I think is inappropriate.



If my child continues to break our internet rules after we have discussed them, I will impose penalties for their actions including taking away his or her computer, cell phone, or other devices until the behavior changes.

Appendix P4: Child's Cell Phone and Online Safety Contract



Office of Children
and Family Services

Child's Cell Phone and Online Safety Contract



I will tell my caregivers about the people I meet online, even if they don't ask. I won't answer emails, IMs, messages or friend requests from people I don't know and/or people that my caregivers haven't approved.



I will not share my personal information or my caregivers' or family's personal information with anyone online. This includes information like: name, address, telephone number, age, or school name. I will not post this information to my profiles even if I think only my friends will see it.



I will talk with my caregivers about our rules for going online, including how long I can be online, what sites I can visit, and who I can communicate with while online.



I will not do anything a person online asks me to do unless my caregivers say it's OK, especially things I know they wouldn't approve of.



If I see or read things that I think are bad, inappropriate, or mean, I will show my caregivers right away.



I will help my caregivers learn more about the internet and understand what I do and where I go when online.



I will tell my caregivers if I receive pictures or links that I didn't ask for or that contain inappropriate content, bad, hateful or mean language, or anything that I think might not be right.



I will not call, write to, or meet someone in person who I've met online unless my caregivers say it is OK and come with me.



I will treat others the way I want to be treated online. I will be respectful and never pick fights or post mean or threatening words.



I know that my caregivers will supervise where I go online or may use software to restrict some websites, but I understand that they are doing this because they want to protect me online.



I know that if I break the internet rules that my caregivers and I have discussed, they can take away my access to the internet, including my computer and phone, for a specified amount of time.

Pub. 1122 (06/2019)

Adapted from: Family Online Safety Institute: *GOOD DIGITAL PARENTING*. www.fosi.org/good-digital-parenting

Appendix Q: Tips for Locating Children and Youth

The federal Preventing Sex Trafficking and Strengthening Families Act and corresponding OCFS regulations require that diligent efforts be made to locate a child whose whereabouts are unknown. These diligent efforts are meant to locate the child so that the responsible adult will be able to identify whether the child or youth is absent without consent, missing, or abducted, or (depending on the child's age and developmental level) merely hiding or delayed in returning from an activity.

If the child cannot be located, the foster parent or residential staff person must notify the agency responsible for supervising the placement of the child. The length of time between the onset of the diligent efforts to locate the child, and the decision that the child is missing varies based on a number of factors, including but not limited to: the age and developmental level of the child, the health status of the child, the child's history. In no case should there be a delay of longer than 24 hours from the time you realize the child is absent without consent, missing or abducted until a report is made to the supervising agency.¹

The following are some suggestions on how caseworkers, foster parents, or residential staff can go about making efforts to locate children in foster care whose whereabouts are unknown. If you suspect that a child has been abducted, immediately contact local law enforcement and NCMEC (National Center for Missing and Exploited Children).

- If the child is young, search anywhere a young child could crawl into or hide; it is possible that the child got into a small space and now cannot get out. This includes, but is not limited to, such places as closets, piles of clothes, in and under beds, inside large appliances, in car trunks, the crawl space underneath the house. Young children like to hide.
- Check with neighbors to determine if they have any information as to where the child may be.
- If the youth has a cell phone, call or text the youth directly. If the youth answers the phone, confirm that the youth is safe, and determine where he/she is currently located. Then ask if he/she needs help getting back (e.g., a ride, money for public transportation).
- If the youth does not have a cell phone, identify the last known location of the youth. Contact anyone associated with that location: the youth's friend or the friend's parent, the adult who arranged the activity or who is responsible for the activity (e.g., a chaperone or a coach), the parent of another child who was participating in the activity (e.g., a teammate's parent).
- If it is safe to do so, visit the child's known "hangouts." Speak to the child's friends — and the friends' parents — in person, on the phone (verbally or text message), or via social media accounts. Be sure to respect confidentiality when contacting others.
- Contact the child's parent, guardian, or other family members. If the child had been on a home visit and hasn't yet returned, the family can confirm whether the child is still there or has left. This contact may include visiting the family members face-to-face, calling, texting, or any other means of communication that has been used previously with the family.
- Contact faculty and staff of the school the child most recently attended, as well as professionals who work with the youth (therapists, counselors, etc.) to determine if they may have information as to the child's whereabouts.
- Use social media. Many youth have social media accounts, such as Facebook, Twitter, and Instagram. These sites may be helpful in locating the child as the child may post a picture of him/herself or write a post that indicates where he/she is currently located. Additionally, the posts or tweets of family members and friends may provide clues as to whether the child is with them. Information from social media may be used when contacting the child's friends and family members as they may be familiar with the location in the picture or post. It is important to remember that due

¹ 18 NYCRR 431.8(b)

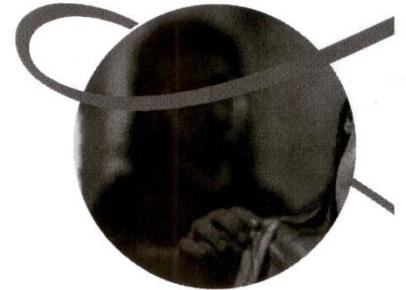
to the need for confidentiality, foster parents, caregivers, LDSS and VA staff may not identify youth as being in foster care on social media.

- Contact local hospitals.
- If it is age-appropriate for the youth, contact local jails or detention facilities.

Appendix R: Child Sex Trafficking in America



Child Sex Trafficking in America: A Guide for Parents & Guardians



What is Child Sex Trafficking?

Child sex trafficking (CST) is a form of child abuse that occurs when a child under 18 is advertised, solicited or exploited through a commercial sex act where sex is traded for money, food, shelter, drugs or anything else of value.

In 2022, NCMEC received more than **19,000 reports** of CST.

1 in 6 of the more than **25,000** missing children reported to NCMEC in 2022 who had run away were likely victims of CST.

Who Are the Victims?

CST victims could be anyone – your child, neighbor, or other family member. NCMEC has received reports of child sex trafficking from every U.S. state and victims have included:

- Boys, girls and transgender youth
- U.S. Citizens and children who have come to the U.S. from other countries
- Children from urban communities, suburbs, small towns, and tribal land

While any child can be targeted research has revealed that youth who lack strong support networks, have historical trauma, are experiencing homelessness, are being bullied are marginalized by society are at a higher risk.

Who Are the Perpetrators?

Traffickers can be anyone who profits from the selling of a child for sexual abuse, including: friends, gangs, family members, foster parents, perceived trusted adults, or romantic partners. In some cases, there is no identified trafficker and it is the buyer who is directly exploiting the child's vulnerabilities. For instance, if a child runs away, a buyer may exploit the child's need for food and shelter by offering to provide that in exchange for sex.

Keeping your Child Safer

- Talk to your child. Open communication is key. It's never too early to start talking to your child and answering their questions in an age-appropriate way. In addition to focusing on CST, important related issues may include sexual health, healthy relationships, consent, and boundaries.
- Address the myths and misconceptions that glamorize the commercial sex industry. Movies, TV shows, and music are all "teachable moments" with opportunities to talk about these issues and learn about your child's thoughts and feelings.
- Build resiliency. Social media and gaming platforms are increasingly becoming the tool traffickers and other predators use to target, groom, and recruit victims. At some point your child will likely be confronted with inappropriate messages or could hear or see things online that they know are wrong. Help teens know how to handle these types of situations by making sure they are comfortable telling you about it and know how to make a report to NCMEC's CyberTipline. NCMEC has many available resources available at: MissingKids.org/NetSmartz to help your family practice internet safety.



**NCMEC has received reports of CST involving all genders
and from all 50 states and D.C. and Puerto Rico**

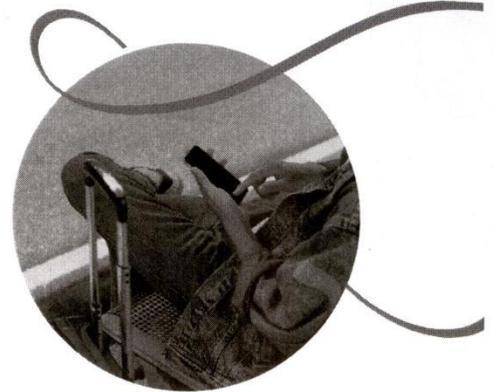
Copyright © 2023 National Center for Missing & Exploited Children. All rights reserved.

Know the Red Flags

CST victims may not see themselves as victims or disclose their abuse because of fear, shame, or loyalty to their abuser(s). It is not a child's responsibility to ask for help. Familiarizing ourselves with signs of child sex trafficking can help us intervene if a child in our life is being trafficked and get them the support they deserve. A full list of red flags is available on NCMEC's website.

- Chronically runs away from home
- Unexplained absences from school
- Has secret cell phones or apps providing multiple cellphone numbers
- In possession of material goods inconsistent with the child's access to money
- Unexplained access to large amounts of cash, pre-paid credit cards, or hotel keys
- Close association with an overly controlling adult
- Significant changes in behavior, including their online activity
- Abruptly disconnects from family or friends
- Stops engaging in activities they previously enjoyed
- References online escort ads or uses language often associated with prostitution, such as "Trick," "The Life," "The Game"

When children run away frequently or for long periods of time they are more at risk, so it is important to **gather support and resources** for your family. If your child runs away, **immediately** report it.



If you are worried that a child in your life has become a victim of sex trafficking, please remember YOU are an important source of support. How you respond matters:

DO



Be Patient



Listen



Reassure

DON'T



Assume



Blame



Interrogate

If something doesn't seem right, **ask questions!** If you believe your child is a victim of child sex trafficking, NCMEC provides support for victims and their families. To learn more about these services email familysupport@ncmec.org for help or call 1-800-843-5678. NCMEC can help connect you to peer support and therapists who are trained to look for troubling behaviors and help families figure out how to focus, communicate and heal. NCMEC's resource, "**Reconnecting with Your Child: Building Relationships After Suspected Exploitation**" is available at MissingKids.org/support.

Appendix S: Foster Care Rates

<u>Age</u>	<u>Room and Board</u>
Regular	
0 to 5	\$33.36/day
6 to 11	\$39.75/day
12 and up	\$40.17/day
Special	
0 to 21	\$71.99/day
Exceptional	
0 to 21	\$109.11/day
Extraordinary	
(This rate is only for children placed in therapeutic foster homes run by voluntary foster care agencies)	
0 to 21	\$132.76

Appendix T: Medical Consent Form for Travel



CHAUTAUQUA COUNTY
DEPARTMENT OF MENTAL HYGIENE AND SOCIAL SERVICES
Division of Children and Family Services

PAUL M. WENDAL, JR
County Executive

CARMELLO HERNANDEZ
*Director of Mental Hygiene Services
Commissioner of Social Services*

June 20, 2025

To whom it may concern:

I, Jane Q. Public, parent of James Public (dob:1/1/11), Jennifer Public (dob:1/1/13), and Joseph Public (dob:1/1/17) give my permission for foster parents, John and Mary Smith of Jamesville, New York, to take the children on vacation with them to Austin, Texas, from 7/1/21 to 7/8/21. I also give consent for the children named above to be treated medically in the event of any emergency. This medical care may include physical examinations, immunization against communicable diseases, and any necessary tests which, in the opinion of the physician designated by the agency, are deemed necessary or advisable.

The child(ren) is (are) in foster care placement through the Chautauqua County Department of Health and Human Services. In the event of an emergency, the Department of Health and Human Services and/or the birth parents of the child(ren) should be notified, followed by acceptance of foster parents' authorization to secure treatment. The caseworker is Sally Case and can be reached at (716) 555-0000. Jane Q. Public, the mother/father of the children can be reached in the event of an emergency at (716) 555-1111. If an emergency should arise after business hours or on a weekend, please contact the Chautauqua County Sheriff's Department at **(716) 753-4232** and ask to speak to a CPS (Child Protective Services) caseworker about an emergency involving a foster child. CPS workers are available 24 hours a day, 7 days a week, and 365 days a year. The Sheriff's Department will take down your name and number and page CPS and a caseworker will call you back.

This authorization is effective from 7/1/25 to 7/31/25.

Jane Q. Public
Mother

Father

Sally Case
Caseworker

Appendix U: Notice to Adoptive Families Regarding the Federal Adoption Tax Credit

Adoptive families may be eligible for a federal tax credit for qualifying expenses (including, but not limited to, adoption fees, court costs, attorney fees, traveling expenses) paid to adopt an eligible child in foster care. The adoption tax credit is not available for any reimbursed expense payment, such as non-recurring adoption expense payments. Non-recurring adoption expense payments are reimbursements adoptive families may receive for one-time-only expenses related to the adoption of a child with special needs (including, but not limited to, necessary adoption fees, attorney fees, court costs, and some travel expenses to facilitate an adoptive placement).

Families adopting a child with special needs from foster care may be eligible for the full tax credit without needing to document expenses; however, such families must document that the state has determined that the child has special needs. Special needs can be documented through a copy of the child's signed Adoption Subsidy Agreement.

In addition to the credit, certain amounts reimbursed by your employer for qualifying adoption expenses may be excludable from your gross income. The credit and exclusion for qualifying adoption expenses are each subject to a dollar limit and an income limit. Families that fall in a defined range of income may receive an adjusted amount based on their income or may be ineligible if their income exceeds a certain level. Each year the income limits and tax credit amounts change.

The information contained in this notice shall not be deemed to be tax advice. Under IRS standards, we must inform you that only formal, written tax opinions meeting IRS requirements may be relied upon. It is important that you consult a tax professional or the Internal Revenue Service at www.irs.gov to obtain the current tax year information and determine if you are eligible.

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Chautauqua County Department of Mental Hygiene and Social Services



Division of New York State Office of
Children & Family Services

Revised July 2025