



RESOURCE FAMILY HANDBOOK



RESOURCE FAMILY HANDBOOK

July 2020

County of San Diego

HHSA

Child Welfare Services

&

Grossmont College Foster, Adoptive & Kinship Care Education

CONTENTS

CHAPTER 1

RESOURCE FAMILY APPROVAL & BECOMING “PLACEMENT READY”	7
RESOURCE FAMILY APPROVAL.....	7
RESOURCE FAMILY APPLICATION PROCESS.....	7
RESOURCE FAMILY REPORTING AND GENERAL RESPONSIBILITIES.....	8
RFA WORKER RESPONSIBILITIES	10
CAPACITY	10
TRAINING REQUIREMENTS	12
FIRST AID & CPR TRAINING	12
UPDATE OF A RESOURCE FAMILY	13
RESCINDING OR DENYING APPROVAL AND PLACEMENT HOLDS OF A RESOURCE FAMILY	13
COMPLAINTS AGAINST RESOURCE FAMILIES.....	14

CHAPTER 2

RESOURCE FAMILY RESPONSIBILITIES	19
WHAT IS THE QUALITY PARENTING INITIATIVE (QPI)?	19
RESOURCE PARENT RESPONSIBILITIES AND EXPECTATIONS	19
ATTEND TO THE CHILD’S HEALTH NEEDS	22
VISITATION.....	23
PROVIDE FOR THE CHILD’S CULTURAL BACKGROUND	25
PROVIDE FOR THE CHILD’S NEEDS	26
EXTRACURRICULAR, ENRICHMENT, AND SOCIAL ACTIVITIES FOR CHILD IN FOSTER CARE	28
PROMOTING NORMALCY IN FOSTER CARE	29
REASONABLE AND PRUDENT PARENT STANDARD	29
PROVIDING CARE AND SUPERVISION IN FOSTER CARE	31
CREATIVE NEEDS	36
EDUCATIONAL NEEDS.....	37
COOPERATE WITH THE CHILD’S THERAPIST	43
PROVIDE A SAFE HOME FOR CHILDREN	43
ESTABLISH LIMITS AND EXPECTATIONS	44
COURT HEARINGS	46
TRANSPORTATION	46
PROVIDE AN ALLOWANCE TO THE CHILD	47
TEACH INDEPENDENT LIVING SKILLS.....	47
MAINTAINING PLACEMENTS	48
CHANGE OF PLACEMENT	48

REPORTING RESPONSIBILITIES.....	49
RESOURCE PARENT’S RIGHT TO CONSENT	50

CHAPTER 3

THE FOSTER CHILD AND THEIR FAMILY..... 53

THE FOSTER CHILD.....	53
THE MEANING OF SEPARATION TO THE CHILD AND THEIR PARENTS.....	53
RIGHTS OF FOSTER CHILDREN	54
TELEPHONE ACCESS RIGHTS OF FOSTER CHILDREN	59
ACCESS TO TECHNOLOGY AND INTERNET.....	61
RIGHTS & RESPONSIBILITIES OF BIRTH PARENTS	61
BIRTH PARENTS’ RESPONSIBILITIES	61
RESOURCE PARENT’S RELATIONSHIP WITH THE CHILD’S FAMILY	62
CONFIDENTIALITY OF RESOURCE FAMILY HOMES.....	63

CHAPTER 4

RESOURCE FAMILY RIGHTS..... 65

RIGHTS OF RESOURCE FAMILY PARENTS	65
COMPLAINTS AGAINST HHSA OR SOCIAL WORKERS	65
COMPLAINTS AGAINST RESOURCE FAMILY PARENTS.....	66
GRIEVANCE REVIEW HEARINGS	66

CHAPTER 5

PLACEMENT PROCEDURES..... 69

SELECTING A RESOURCE FAMILY.....	69
SOCIAL WORKER RESPONSIBILITIES	69
PLACEMENT CHECKLIST FOR RESOURCE PARENTS.....	72
RUNAWAYS	79
CHILD ABDUCTION	79
DEATH OF A CHILD	79
HHSA TELEPHONE POLICY.....	80
CALLS FROM THE CHILD’S FAMILY.....	80
LONG-DISTANCE CALLS MADE BY FOSTER CHILDREN	80
AT THE TIME OF DEPARTURE - A CHECKLIST FOR RESOURCE PARENTS.....	83
PLACEMENT RESOURCE PROGRAMS	85
ALTERNATIVES TO POLINSKY CHILDREN’S CENTER	86
CHILDREN WITH SPECIAL HEALTHCARE NEEDS	86
OPTIONS FOR RECOVERY (OPTIONS) PLACEMENTS	88
PLACEMENT OF WARDS	89

CHAPTER 6

HEALTH.....	91
AUTHORIZATION FOR MEDICAL CARE	91
FOSTER CARE PUBLIC HEALTH NURSES (FC PHNS)	91
HEALTH AND EDUCATION PASSPORT (HEP)	92
MEDI-CAL CARDS	92
OTHER HEALTH COVERAGE	93
CALIFORNIA CHILDREN SERVICES (CCS).....	93
CHILD HEALTH AND DISABILITY PREVENTION PROGRAM (CHDP)	93
DEVELOPMENTAL SCREENING AND ENHANCEMENT PROGRAM (DSEP).....	94
NOTICE OF DENIAL, REDUCTION, CHANGE OF MEDI-CAL AND MEDI-CAL DENTAL COVERAGE AND SERVICES	95
HEALTH EXAMINATIONS.....	96
IMMUNIZATIONS	96
FAMILY HEALTH CARE	97
EMERGENCY MEDICAL ASSISTANCE AND INJECTIONS.....	97
MEDICATIONS	99
VISION CARE.....	101
HEARING LOSS.....	102
DENTAL CARE	103
MENTAL HEALTH/PSYCHIATRIC SERVICES.....	104
MEDICAL CARE FOR CHILDREN WHO ARE UNDOCUMENTED	107
REIMBURSEMENT TO RESOURCE PARENTS FOR HEALTH CARE COSTS	107
HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)	108
SYMPTOMS OF ALCOHOL/DRUG USE	111

CHAPTER 7

FINANCIAL REIMBURSEMENTS	113
GENERAL INFORMATION	113
HOME BASED FOSTER CARE BASIC LEVEL RATE.....	113
SPECIAL CARE INCREMENTS	116

CHAPTER 8

CHILD ABUSE AND COURT.....	123
CHILD ABUSE AND NEGLECT.....	123
CHILD ABUSE HOTLINE	123
PHYSICAL ABUSE	123
NEGLECT/MALTREATMENT	124

SEXUAL ABUSE OR EXPLOITATION	125
EMOTIONAL ABUSE	126
COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC)	127
POSSIBLE OUTCOMES WHEN A SOCIAL WORKER INVESTIGATES CHILD ABUSE ALLEGATIONS	127
WHAT HAPPENS WHEN A CHILD IS TAKEN INTO PROTECTIVE CUSTODY	128
RELATIVE/NONRELATED EXTENDED FAMILY MEMBER (NREFM) PLACEMENT	128
RESOURCE FAMILY PLACEMENT	129
HOW LONG WILL THE CHILD REMAIN IN CUSTODY?	129
JUVENILE COURT PROCESS	130
HEARINGS	131
DE FACTO PARENT STATUS	135

CHAPTER 9

RESOURCES, GLOSSARY OF TERMS, ACRONYMS, FORMS	139
FOSTER CARE SERVICES COMMITTEE	139
FOSTER PARENT ASSOCIATIONS	139
RESOURCE FAMILY INVOLVEMENT PROGRAMS	140
INSURANCE (LIABILITY)	142
RESPIRE CARE	144
THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)	145
VOICES FOR CHILDREN- COURT APPOINTED SPECIAL ADVOCATE (CASA)	145
WHO TO CALL AND WHEN	145
GLOSSARY OF TERMS	148
COMMUNITY SUPPORT SERVICES	148
FACILITIES	150
FEDERAL REGULATIONS	151
LEGAL SERVICES	152
STATE REGULATIONS	153
TERMINOLOGY	155
ACRONYMS	159
FORMS LIST	170
ORDER AUTHORIZING MEDICAL EXAMINATION AND TREATMENT	173

CHAPTER 1

Resource Family Approval & Becoming “Placement Ready”

RESOURCE FAMILY APPROVAL

Resource Family Approval – also known as RFA – is a method of approving caregivers to foster, adopt, or provide legal guardianship for the care and supervision of children, youth, and young adults in the child welfare and probation systems. Mandated by California state statute, RFA creates a platform for all resource families to receive the same information, training, and opportunity for support.

A resource family:

- will be considered eligible to provide foster care for related and unrelated children in out-of-home placement.
- can be considered and approved for adoption or legal guardianship; however, the family will be referred to the adoption program for the completion of the remaining adoption procedures and services.

RESOURCE FAMILY APPLICATION PROCESS

Any adult, at least 18 years of age, will be permitted to apply for Resource Family Approval regardless of age, sex, race, religion, color, national origin, disability, marital status, gender identity, gender expression, actual or perceived sexual orientation, medical condition, genetic information, or ancestry. Below is a summary of the general application process. For more specific information and requirements, please refer to the most current Resource Family Approval Written Directives, version found at [CDSS Resource Family Approval Program \(RFA\)](#).

- An applicant must complete, sign and submit a Resource Family Application on form RFA-01 A, and provide supporting documentation.
- Applicants should be in good physical and mental health as verified by a health screening performed by a health professional issued not more than one year prior to the date of application.
- A child placed in the home of a relative or NREFM as an emergency placement prior to full RFA approval, the relative/NREFM must:
 - complete, sign, and submit the Resource Family Application.
 - live scan within five business days of the child being placed in the home.
 - cooperate and complete the RFA approval.
- Applicants will participate in a family evaluation, which includes a comprehensive inquiry into the applicant’s personal history, family history, and family dynamics.
- Applicants must participate in a home environment assessment which includes an inspection of all areas of the home, outdoor activity space, and storage areas to determine whether there are conditions in the home that affect the health, safety, and well-being of a child or nonminor dependent.

- Applicants must consent to a background check assessment.
- Applicants must complete pre-approval trainings as required by CWS.
- Applicants will complete any other activities, as determined by a County, related to an applicant's ability to achieve permanency with a child or nonminor dependent or to help determine the applicant's ability to be approved as a resource family.
- An applicant may apply to be a Resource Family regardless of his or her immigration status.

When a prospective resource family has completed the application process, CWS will complete a Written Report, which is a comprehensive assessment of the applicant(s). In addition, the written report will summarize the findings of the application process and specify the number of children or nonminor dependents for whom the applicant is capable of providing care, and the characteristics of a child or nonminor dependent an applicant may best serve. A copy of the written report will be distributed to the applicant and maintained in the RFA case file. The family will receive an RFA Approval Certificate that should be kept in the Resource Family records.

Application Denial

The RFA program may deny an application if the family fails to meet the requirements for approval. When a Resource Family is denied, they will be mailed a Written Report and a Notice of Action, often referred to as a Notice of Action (NOA). An NOA details the specific reason for the denial. It is important that the applicants review the NOA. The end of the NOA details the Due Process Rights of the applicants(s) and the appeal rights. There are strict timelines the applicant must adhere to in order to initiate Due Process.

RESOURCE FAMILY REPORTING AND GENERAL RESPONSIBILITIES

As provided in the RFA Written Directives, the resource family is expected to:

- Comply with the terms of the Resource Family Approval and all Resource Family Approval Written Directives.
- Promptly notify the RFA worker by telephone, text or e-mail, within 24 hours or by the next business day, and to the placement agency for a child or nonminor dependent by the next business day for any of the following occurrences:
 - Death of a child or nonminor dependent or serious bodily injury, or risk of death or serious bodily injury, to a child, a nonminor dependent or other individual residing in the home.
 - Any suspected child abuse or neglect as defined in Penal Code Section 11165.6, or any suspected physical, sexual, or emotional abuse of a child or a nonminor dependent. Child Abuse Hotline telephone number (858) 560-2191 or toll free (800) 344-6000.
- Any injury to or illness of a child or a nonminor dependent that requires emergency medical or mental health treatment or hospitalization.
- Any incident that involves a child or a nonminor dependent and threatens the physical or emotional health or safety of the child, the nonminor dependent, or any individual in the home.
- Any unusual absence of a child or, for a nonminor dependent, any prolonged absence or failure of the nonminor dependent to return to the home that lasts more than 72 hours.
- Removal of a child or a nonminor dependent from the home under emergency circumstances, which may include:
 - Removal by a law enforcement officer when a child or nonminor dependent is arrested.

- Removal for emergency medical or mental health care.
- Relocation by the authorized representative, such as the caseworker for a child or nonminor dependent.
- Communicable disease outbreak as reported to a resource family by a health professional or by the local health authority.
- Poisonings, which will also be reported immediately to the local fire authority.
- Fires or explosions that occur in or on the premises of the home.
- If a resource family becomes licensed to operate a family day care home.
- All changes in the composition of a Resource Family household, including, but not limited to, the following:
 - All adults residing or regularly present in the Resource Family's home must submit to a background check before being present in the RFA home.
 - When a Resource Family becomes a legal guardian, conservator, or adopts any child or other person.
 - Any adult moving in or out of the home.
 - Anyone who resides or is regularly present in the home who reaches his or her 18th birthday, except for a nonminor dependent.
 - A change in marital status.
 - A significant change in the physical or mental health of a child, nonminor dependent or any other residents in the home, including the Resource Family.
- If the Resource Family decides to move, notify the RFA worker and the placement agency for a child or nonminor dependent by telephone, text or e-mail prior to moving home locations or as soon as the information is available.
- Complete and provide proof of all required annual training, including First Aid and CPR certification.
- Promptly provide documents and other information as required by the RFA worker.
- Cooperate with the RFA worker or complaint investigator regarding visits to the home for the purpose of completing RFA functions or complaint investigations.
- Contact the Resource Family Approval Worker when the resource family has approval-related questions or problems.
- Maintain a smoke free environment. A Resource Family may not smoke or permit any other person to smoke inside the home or on the outdoor grounds of the home when a child or nonminor dependent is present. In addition, the Resource Family may not smoke, or permit any individual to smoke in a motor vehicle that is regularly used for providing transportation to a child or nonminor dependent.

NOTE: Children in the home who turn 18 or those adults away on military duty who then return to the home have thirty days to submit fingerprints. However, foster children in the home who turn 18 do not have to be fingerprinted as long as they are still dependents of the court. Contact the RFA worker if you have questions. All other individuals subject to the fingerprinting requirement must be cleared before moving into or being regularly present the home or at resource family's request, providing routine supervision/childcare to their foster children.

REMEMBER, IT IS ULTIMATELY YOUR RESPONSIBILITY TO ABIDE BY THE TERMS OF YOUR APPROVAL.

To promote consistent communication and information sharing:

- All changes in the composition of a Resource Family household, including, but not limited to, the following:
 - Any additional individuals residing or regularly present in the Resource Family's home, including when a Resource Family becomes a legal guardian or conservator for any child or other person.
 - Any adult moving in or out of the home.
 - Anyone who resides or is regularly present in the home who reaches their 18th birthday, except for a nonminor dependent.

RFA WORKER RESPONSIBILITIES

The RFA worker will:

- Assist in understanding and complying with Resource Family Approval Written Directives.
- Explain the Written Directives and the approval process.
- Visit the home and ensure that it meets standards as specified by the Written Directives.
- Assist the Resource Family to remain in compliance with the Written Directives. The Resource Family Approval Worker will evaluate your home annually and complete an update of the Resource Family Approval.
- Assist in developing a plan for achieving compliance with Resource Family Approval Written Directives, if needed.
- Provide consultation and assistance, as needed.
- Process changes in approval terms, when appropriate. The final decision in a change of approval terms rests with RFA.
- Assist the complaint investigator in the event of a complaint.

CAPACITY

CWS will ensure that the number of children and nonminor dependents for whom a Resource Family intends to provide care and supervision be no more than the total number of children and nonminor dependents that a Resource Family can properly care for as determined by RFA staff.

- The capacity may not exceed six, including adoptive, biological, and guardianship children and children of a minor or nonminor dependent parent residing in the home. RFA may grant an approval for a Resource Family to care for a capacity greater than six children or nonminor dependents, in order to:
 - Allow sibling groups to remain together
 - To allow a minor or nonminor dependent parent to remain with their child
 - To allow a child or nonminor dependent who has an established relationship with a Resource Family to remain with that Resource Family; as long as all of the following conditions are met:

- The Resource Family is not a specialized Resource Family.
- The home is sufficient in size to accommodate the needs of all children and nonminor dependents in the home.
- The County may increase or decrease the capacity of a Resource Family when there is a change in specific factors that may impact capacity.
- If an applicant or Resource Family disagrees with CWS's capacity determination, the applicant or Resource Family will submit a written request for a review of the decision to the RFA manager listed on the written notification provided by RFA within ten calendar days from the date the applicant or Resource Family received the notification.

Below is a summary of the home and ground requirements of a resource family home environment. For specific details of each requirement, please see the Resource Family Approval Written Directives, Section 11-01, 11-02, 11-03, and 11-04.

The home environment and grounds of the Resource Family will meet the following requirements:

- The home will be kept in clean, safe, sanitary, and in good repair at all times.
- Except for a home with an in-home sprinkler system, a home will have an approved, commercially manufactured, and functioning carbon monoxide detector and smoke alarm or smoke detector installed in the hallway of each sleeping area in the home. A detector and alarm will be audible in each bedroom.
- All outdoor and indoor passageways, stairways, inclines, ramps, and open porches in and on the grounds of the home will be free of obstruction.
- At least one toilet, sink, and tub or shower will be maintained in a safe, clean, and operating conditions at all times.
- Fireplaces, open-faced heaters, or woodstoves will be maintained to ensure safe operation, which may include having a cover or screen.
- A safe and comfortable temperature will be maintained in the home.
- There will be lighting as necessary in all rooms and other areas of the home and grounds to ensure comfort and safety.
- For bedroom requirements, please refer to the Resource Family Approval Written Directives, Section 11-01, b-c.
- A Resource Family who intends to accept a child or nonminor dependent with a developmental, mental, or physical disability will make necessary modifications to the home and grounds to provide protection and assistance and to maximize the potential of a child or nonminor dependent for self-sufficiency.
- If a Resource Family provides a yard or outdoor activity space, the yard or outdoor activity space will be free from hazards that endanger the health and safety of a child or a nonminor dependent.
- Swimming pools, fixed-in-place wading pools, hot tubs, spas, or similar bodies of water must be inaccessible, in most circumstances, using at least one of the safety features described in the Written Directives. Please refer to the Resource Family Approval Written Directives, Section 11-02; (b), (c), (d) for more specific information.
- Certain substances, such as medications and cleaning solutions, must be stored where they are inaccessible to a child or nonminor dependent.
- Storage areas for poisons, firearms and other dangerous items must be locked.
- Ammunition will be stored in a locked container separate from firearms. (Please refer to the Written Directives, Section 11-03 for more specific information.)

TRAINING REQUIREMENTS

Resource parents must participate in training as follows:

- Must complete Orientation.
- Must attend 12 hours of pre-approval training, called TIPS- Trauma Informed Pre-Service. TIPS consist of four 3-hour training sessions. Must attend a minimum of eight hours of in-service training, post-approval per year. If there is a child or nonminor dependent placed in the home, a portion of the annual training will support the case plans, goals, and needs of the child.
- The yearly approval update may not be finalized until the annual training is completed.
- In addition, it is strongly encouraged that the Resource Family attend at least eight hours of support group meetings each year. It will be a benefit to your resource parenting experience. If planning to adopt a dependent child, the adoptions program will require two additional adoption specific workshops/classes to be completed.
- Resource families should always keep the original training certificates and provide copies to the Placement Coordinator and RFA worker as needed. If the annual training requirement is met via classes through the Grossmont College Foster, Adoptive & Kinship Care Education Program (FAKCE), and the certificate is misplaced, you may verify your attendance with a transcript of the classes you have attended by calling FAKCE at 1-800-200-1222.

You can also meet your annual training requirements through other sources. Consult the RFA worker **prior to attending a class** to be sure it will meet the requirement. If you do attend training from a source other than FAKCE, there will be no record on your transcript from FAKCE.

NOTE: Support group leaders and trainers submit attendance reports. However, to ensure accuracy of your training record, be sure to maintain your own records and keep your original certificates on file.

If the Resource Family does not complete their annual training or does not send copies of their training certificates to the RFA Worker or to the Placement Coordinator's Office (PCO), the home will be put on "hold" for any new placements. The "hold" will be lifted when the training requirement is met.

The FAKCE Program provides a wide range of excellent classes and workshops. The training schedule will be mailed to Resource Families after they are an approved Resource Family. All FAKCE classes meet the topic areas. If seeking approval for outside classes, see examples of acceptable class topics in the Resource Family Approval Written Directives, Section 8-04: Annual Training. Ongoing training and education for personal and professional development is supported by CWS of San Diego and the Foster Parent Associations.

FIRST AID & CPR TRAINING

Each applicant of a Resource Family will maintain a current certification for CPR and First Aid. Training hours for CPR and First Aid cannot be used to meet the initial pre-approval training requirement or the annual eight-hour training requirement. When selecting a CPR class, select a class that covers adult, child and infant CPR to ensure you will be able to take all ages of children into your home. All of the Grossmont FAKCE First Aid and CPR classes meet this requirement. The RFA worker will ask to view the CPR and First

Aid certification each year. The certificate must be renewed before it expires. Other education, certification, or licensure, such as that held by medical professionals, will be evaluated on an individual basis.

UPDATE OF A RESOURCE FAMILY

At least once every 24 months, CWS will update the approval of a Resource Family.

CWS will complete an update to a Resource Family's approval no sooner than 60 days prior to the 24 month due date and will be completed no later than 30 calendar days after the 24 month due date. As part of the update, CWS will conduct an announced inspection of the Resource Family home. Please refer to the Resource Family Approval Written Directives, Section 9-02, for more information.

RESCINDING OR DENYING APPROVAL AND PLACEMENT HOLDS OF A RESOURCE FAMILY

A Resource Family maintains their approval status unless approval is rescinded by CWS, the Resource Family chooses to surrender the approval, or the approval is forfeited. (For complete information on a Forfeiture of a Resource Family Approval, please see WD Section 10-01B.)

Sometimes it is necessary to deny a Resource Family Approval, rescind approval of a Resource Family, or exclude an individual from a Resource Family home for specific reasons. The following is a list of some common conditions that may necessitate the denial of an application or rescinding of an approval. (For a complete list of conditions, see Resource Family Approval Written Directives, Section 10-01A – 10-01B: Denying or Rescinding Resource Family Approvals, Exclusions, and Surrenders and Section 5-02, Application Qualifications.)

- Failure to meet application requirements.
- Failure or refusal to participate in interviews as specified in Section 6-05 (a, b).
- Failure to complete pre-approval or annual training.
- Failure to receive a criminal record clearance or exemption.
- Failure to meet the home environment assessment standards.
- Family evaluation results or other information indicates an inability to provide or failure to ensure the care and supervision of a child or nonminor dependent.
- Failure to comply with Resource Family Approval Written Directives. Section 11-17, Cooperation and Compliance.
- False or misleading statements made to CWS to obtain or maintain a Resource Family Approval.
- Conduct that would indicate the individual is not of reputable or responsible character.
- Failure or omission in reporting criminal history of any adult residing in or regularly present in the RFA home.

CWS will provide a Resource Family applicant, parent, or associated individual with due process as specified in the Written Directives and in Welfare and Institutions Code section 16519.5 et seq.

CWS will serve a Notice of Action (NOA) for denial or rescission of Resource Family Approval, denial or rescission of a criminal record exemption, or exclusion of an individual, as specified in Resource Family Approval Written Directives, Section 12-05, to a Resource Family parent, applicant, or individual.

CWS may address any concerns with an applicant or a Resource Family prior to or in lieu of issuing a Notice of Action in order to assist an applicant or Resource Family in obtaining or maintaining approval, except in the case of an issuance of a Temporary Suspension Order (TSO). CWS may require a Resource Family parent, applicant, or associated individual to participate in any of the following:

- Quality Parenting Review
- Correction of any condition in the home that may adversely impact the health and safety, protection, or well-being of a child or nonminor dependent.
- Submission of any required documentation.
- The completion of classes, trainings, or counseling.
- Any other action deemed necessary by CWS.

An attempt to resolve a concern prior to the issuance of a Notice of Action will not necessarily preclude CWS from subsequently issuing a Notice of Action.

The Resource Family or the Placement Coordinator may arrange for a temporary “hold” on your home. Some reasons for a “hold” include:

- A request for a break before accepting a new placement.
- An absence or an extended vacation and cannot accept placements.

A Resource Family may request their RFA approval be placed on Inactive Status. (WD 10-02).

Right to Appeal

A Resource Family parent, applicant, or individual, who has received Notice of Action for a denial or rescission of approval, notice of an exemption denial or rescission, or notice of an exclusion, is accorded the right to a state hearing and other due process rights as set forth in Welfare and Institutions Code section 16519.6 et seq.

If a resource parent chooses to appeal the Notice of Action, he or she will submit a written appeal to the CWS address listed in the Notice of Action within designated indicated period. Time frame to respond is dependent on the NOA being appealed. (WD 12-06A: Appeal to a NOA or Exclusion Order).

To be effective, the appeal will be delivered or postmarked on or before the due date specified in the above section.

A respondent may submit an appeal using an appeal form provided with the Notice of Action or may prepare his or her own written appeal.

COMPLAINTS AGAINST RESOURCE FAMILIES

Introduction

Enhancing and ensuring the safety of the child/youth/young adult is the top priority for everyone involved, throughout the life of a case. A complaint is an allegation concerning a Resource Family that they may not have met or may not be meeting the requirements of one or more of the WD or any applicable laws. The

source of the information may be a child, parent, relative, neighbor, teacher, doctor, therapist, social worker, or other person. The CWS RFA Complaint Unit will investigate a complaint allegation unless the preliminary review determines the allegation could not have occurred. The CWS RFA Complaint Unit collaborates with CWS child abuse investigations, law enforcement and Community Care Licensing (CCL) if applicable. Resource families have a right to an impartial investigation of the complaint and to be treated with dignity and respect. If a resource parent feels like they have not been treated with dignity or respect, they may contact the Ombudsman office at (619) 338-2098.

The investigation of a complaint can be a difficult process for everyone involved. However, in many cases, the allegations can be resolved and no further action taken. Understanding the elements of an investigation will help the Resource Family assist in clearing up the allegations quickly. Resource families are encouraged to ask questions and freely communicate with staff during the investigation. Resource Family help in assuring the safety and well-being of children is valuable. Your home may be placed on “hold” for placements until the complaint is resolved.

To promote shared understanding, if the complaint involves abuse or neglect, coordination with other entities such as a CWS investigating social worker, law enforcement and CCL is necessary to minimize the number of interviews to the children and family.

The following is an overview of the procedures that will help you understand the processes involved in complaint investigations. Please refer to WD Section 9-06A: Complaint and Investigations for complete information on the process.

Procedures

CWS will evaluate any information presented by any person concerning a Resource Family to determine whether the Resource Family may not have met or may not be meeting the requirements of one or more of the Written Directives or any applicable law, regardless of whether or not the information is presented in the form of an allegation.

When investigating a complaint, CWS will take reasonable steps to ascertain the validity of the complaint. These steps may include, but are not limited to, the following:

- Conduct and unannounced visit to the Resource Family home within 10 calendar days of receipt of complaint.
- Assess the home environment.
- Conduct interviews of any person who may have knowledge of the circumstances described in the complaint.
- Obtain and/or review any relevant records.
- Observe any child or nonminor dependent placed with the Resource Family in the home.
- Coordinate a medical examination of a child or nonminor dependent with the caseworker of the child or nonminor dependent. (If necessary, as part of a coordinated investigation).
- A nonminor dependent may not be examined by a medical professional without the nonminor dependent’s consent.
- Make additional unannounced visits to the home as needed.

- Before interviewing a minor, who is not a foster child, CWS will make a reasonable effort to obtain the permission of the minor's parent, guardian, or authorized representative, unless doing so would adversely affect the investigation.
 - CWS will document circumstances that necessitated that action.
- CWS will document all actions taken during the course of an investigation, including, but not limited to, all information obtained during the investigation.

Upon completion of a complaint investigation, a County will:

- Complete the Complaints Investigation Report containing a finding for each allegation as either substantiated, inconclusive, or unfounded.
- A supervisor will review and approve the written complaint investigation report prior to notifying the Resource Family or complainant.
- Give a copy of Complaint Investigation Report to the Resource Family.
- If applicable develop a corrective action plan for the Resource Family to correct any identified deficiencies (See WD Section 9-07: Corrective Action Plan, for more information).
- Notify the complainant, if known, the findings of the complaint investigation.

A complaint and any documents related to it will be confidential and not released to the public if any allegation is determined to be unfounded.

If, during the course of an investigation, CWS discovers or receives information indicating that a Resource Family may not be conforming to applicable laws or the Written Directives, which are unrelated to a complaint under investigation, CWS will take appropriate action in response.

You Have Rights

Resource Families have the right to know the allegation as soon as possible including the Written Directives that may have been violated.

If such notice will hinder the investigation, the investigator will not immediately disclose the details of the allegation.

Resource Families have the right to appeal any determination or citation.

Resource Family Information and Assistance

Resource Families may ask questions or talk with the investigator, supervisor, or manager.

When a Resource Family receives a notice about a complaint, there is support and help available from a Foster Parent Association (FPA) representative or mentor. Resource Families can also ask to have a FPA representative or mentor present at the interview during a complaint investigation, however having a support or mentor present, should not impede the investigation. CALL 1-800-200-1222 TO REQUEST A RESOURCE FAMILY MENTOR.

Resource Families may ask the investigator to contact witnesses of their choice.

Resource Families will be expected to:

- Cooperate with the complaint investigation.
- Allow the social worker to see your home, the child's clothes, toys, etc.

Investigation Results

The investigator may recommend:

- No action.
- A corrective action plan with you to correct the problem.
- To change the terms of your approval.
- A referral for a Quality Parenting Review.
- A referral to the State for an administrative review; this could include a recommendation for rescission of a Resource Family Approval.

You will receive a written notice of the results and recommendations upon conclusion of the investigation.

CHAPTER 2

Resource Family Responsibilities

WHAT IS THE QUALITY PARENTING INITIATIVE (QPI)?

QPI aims to ensure that every child is cared for by a family who provides skilled, nurturing parenting while helping the child maintain connections with family. QPI seeks to help develop new practices to strengthen our partnership between resource parents, agency staff and community members.

The core premise of QPI believes that the best way to ensure that children have effective, loving parenting is to enable their own parents to care for them. If that is not possible, the system must ensure that the family caring for the child provides loving, committed, skilled care, while working effectively with the system to reach the child's long-term goals.

Resource parents in San Diego County make an enduring, emotional commitment to each child and provide excellent parenting in a safe, nurturing family. They are volunteers who are valued, respected, and skilled members of a professional team that work collaboratively to meet the needs of the individual child. They nurture and support connections with the child's family, community and culture. They give children a sense of stability and safety so that children can reach their potential and live healthy and productive lives.

Upon placement of a foster child in your home, you and the child's Social Worker will review and sign a County of San Diego Partnership Agreement (04-296). The form reflects a working partnership and highlights the expectations of Resource Parents and Agency Staff, in order to nurture the child in your care, support their family connections, and strengthen a child's access to community services.

RESOURCE PARENT RESPONSIBILITIES AND EXPECTATIONS

Resource families provide an important and necessary service to the community as well as to the children placed in your home. There can be a great deal of satisfaction in helping a child through a period when they must live away from home, but resource parenting also entails a lot of hard work. At times, it may be demanding, time consuming, and stressful.

You are responsible for looking after the health and well-being of children placed in your care. This includes such things as obtaining appropriate medical and dental care, providing nourishing, well-balanced meals, enrolling the child in school, taking an active interest in their schoolwork and social activities, monitoring behavioral and mental health needs, and providing adequate clothing and other essentials. These responsibilities are similar to those of all parents. With a foster child, however, there are two additional responsibilities. One is to freely share information about the child with the child's social worker, and the other is to cooperate fully with the case plan established for the child and their family.

You are an important and unique member of the professional team serving children and their families. The vision of Child Welfare Services (CWS) is that all children grow up safe and nurtured. Resource parents play an important role in helping to protect children **and** to work towards preserving families. Since most children in foster care will reunify with their families, you are expected to help develop or maintain the parent-child relationship. In addition, you are expected to help develop or maintain the child's relationships with other important, permanent life-long connections (i.e. siblings, extended family members, and non-relatives with

significant cultural, community or relational ties). This gives children a sense of stability and safety so that children can reach their potential and live healthy and productive lives.

The responsibilities and expectations listed in this chapter are in addition to any legal or otherwise mandated requirements of resource families. Be sure to read and remain up to date on current approval regulations, via the [Resource Family Approval \(RFA\) Written Directives](#) on line.

It is important to read and understand what CWS expects of you. The County of San Diego will not place or allow children to remain in homes that are not able to follow these expectations. Failure to meet these expectations may mean that you could face disciplinary action, not be able to receive any new placements and /or have children removed from your home.

Share Information with the Social Worker

Consistent communication and information sharing is a guiding principle of Child Welfare. You will get to know your foster child better and in different ways than the child's social worker does. Your voice and observations are valuable and will help the worker make important decisions about the child's future. Always keep the worker informed about the child's health, school progress, contacts with parents or relatives, and behavioral/emotional needs. Information about the child's successes, as well as difficulties, should be shared on a regular basis. When a challenge develops, discuss it with the worker. You are not admitting failure by bringing concerns to the worker's attention, but rather showing positive concern for the child by seeking assistance.

Maintain Confidentiality

A foster child's information is confidential and you have a legal obligation to ensure their confidentiality is maintained. The social worker shares information with you to help you understand the child's needs, and to explain why the child must live away from their own parents for a period. This information is confidential and may not be discussed with others unless there is a need to do so, in order to secure care, supervision or education of the child. In certain cases, the sharing of this information may still be prohibited by a court order. The child's social worker will inform you if such orders exist.

- The child's social worker is available to share pertinent information with doctors, teachers, and other professionals, as needed.
- Contact the social worker if you have any questions about what is confidential and with whom you may share information.
- Pictures of a child that might allow the child in question to be identified cannot be posted.
- If you receive unauthorized visitors or telephone calls asking for specific information about a foster child or requesting to contact a child, do not give any information. Report the incident as soon as possible to the social worker.
- You may provide information to the child's attorney or the attorney's investigator if requested.

WHAT TO DO IF CONTACTED BY THE NEWS MEDIA:

- If a representative of the news media (television, radio, newspaper or internet) contacts you about your role as a resource parent, you may not disclose any information about your child/ren in foster care or their families. Furthermore, you may not permit any pictures to be taken that would enable someone to identify the children. Media representatives are usually very cooperative when this matter of confidentiality is clarified.
- If the media contacts you regarding a specific child, do not disclose if the child is placed in your home. Immediately call the child's social worker and report the incident. If the worker is not available, ask to speak to the supervisor or manager. If after hours, you may contact the **Child Abuse Hotline at (858) 560-2191**.
- If you become aware your foster child has been photographed by the media, immediately contact the child's social worker and Resource Family Approval Worker. (This does not apply to routine activities such as school photos.)

Work with the Child's Family Toward Reunification

Most children in foster care will eventually reunify with their families. The social worker will share information with you about the reunification plan and your role in helping to achieve this goal. In this effort, Resource Parents are expected to:

- Help maintain or support the development of the child-parent and sibling attachment.
- Model and discuss appropriate parenting techniques with the child's parents.
- Exchange information with the parent about the child's growth and development, school progress, medical condition, likes and dislikes, etc.
- Collaborate with the social worker and parents to create a visitation plan for the child and his/her family.
- Advise the Social Worker of visitation progress and problems.
- Record visits on the Parent/Child Contact Log (04-39) form.
- Support the parents' efforts to parent their child, even if you do not agree with the parents' lifestyle or goals for the child, by including parents in doctor's appointments or school meetings, if appropriate.
 - Consult with the social worker as to the appropriateness of including the parents and ask that it be documented in the Placement Needs and Services Plan
- Prepare the child to return home.
- **Never criticize or speak negatively about the child or the child's family.**

The child's parent must be informed about the child's medical condition, immunizations, and/or treatment for the child. You can help by notifying and inviting, the parents of their child's medical, dental and therapeutic appointments, unless otherwise advised by the social worker.

Examples of ways you can support the birth parent-child relationship.

You can:

- **Include parents in school conferences and extracurricular activities.**
- **Invite parents to accompany you and the child when shopping for clothes or going to the doctor, when appropriate and when approved by the social worker. Activities like trips to the shops, haircuts, picnics, sports activities etc. are great places families can meet up with caregivers and share special activities with the children, however a discussion with the social worker about when it is appropriate (e.g. the parent is working their case plan, no safety threats exist, etc.) should occur first.**
- **Encourage parents to assume the parental role while visiting.**
- **Take pictures and keep mementos of the child with his parents, siblings, or other relatives. Keep the pictures with the child's records and give copies to the child and his family members.**

When your foster child will be visiting his parents unsupervised, ask the parents if you should pack anything for the child. Some parents may have very limited financial resources and may be too proud to ask you for anything. Be sensitive to the parent's situation and discuss any concerns with the family's social worker. You may have to send some of the child's diapers, formula, clothes, toys, snacks, etc. The reimbursement is intended to cover basic needs such as food and clothing, you can be expected to send enough of those items for the time period the child is visiting with family, unless the social worker instructs you not to do so as part of the parent's reunification plan. If that is the case, make sure this is documented in the Placement Needs and Services Plan by the social worker.

ATTEND TO THE CHILD'S HEALTH NEEDS

As a resource parent, you have the right to know about a child/youths current and past medical health in order to provide quality parenting and to ensure proper medical care. A resource parent must:

- **Arrange for the child to have a comprehensive well-child checkup within 30 days of initial placement unless the child has come directly from Polinsky Children's Center or the North County Assessment Center and has had a Child Health and Disability Prevention (CHDP) examination.**
- **If this is change of placement, you may consult the Foster Care Public Health Nurse regarding the date of the last examination. Children should have medical and dental health checkups done according to the Child Health and Disability Prevention Program (CHDP Program). See Chapter 6, Health Care).**
- **Arrange for the child to have a dental check-up within 30 days of initial placement (check-ups are recommended at least every six months starting at age one. Consult the social worker and Foster Care Public Health Nurse regarding the last examination date if this is a change of placement.**
- **Obtain the Health and Education Passport (HEP) from the social worker, HEP Clerk, or Foster Care Public Health Nurse at every change of placement. If you do not receive a HEP, follow up with the social worker.**
- **Ensure the Health and Education Passport (HEP) is taken to every medical, dental, therapist and specialty appointment. Work in conjunction with the Foster Care Public Health Nurse to ensure the**

most current information is entered into the HEP by returning all health visit forms to HEP Staff in the envelopes provided. Also, please return all phone calls from the HEP Public Health Nurse in a timely manner.

- If your child needs a therapist, contact the child's social worker to receive referrals for authorized providers.
- Promptly seek attention for health problems.
- Inform the child's social worker and your RFA social worker about any health problems or injuries, immediately.

Resource Families are not expected to pay for medical/dental treatment for children in foster care. If asked to pay for any medical/dental services or treatments, contact the social worker prior to making payment. (See Chapter 6, Health Care). The social worker will see that you receive a Medi-Cal card or a client index number and issue date. If the child is not eligible for Medi-Cal, ask the social worker for alternative payment procedures.

VISITATION

Visitation is a necessary and valued part of family-centered services and is one of the most important parts of case planning because of the positive connection between visitation and reunification. Children miss their parents and siblings, and visits help ease a child's feelings of rejection, abandonment and loss of family and kinship group. Visits also reassure the parents that the child is being well cared for and that placement is not intended to take the children from them permanently. This reassurance helps keep parents motivated to work with the social worker and on their case plan. Consistent visitation is considered the highest predictor of eventual reunification. **Visitation is not to be used as a reward or a punishment.**

Visitation Policy

At the time of placement, after each Court hearing, or when it is determined visitation should be increased/decreased or unsupervised/supervised, the social worker will discuss the visitation plan with you. The worker will update the Placement Needs and Services Plan and the Visitation Plan (form 04-36) with the agreed upon visitation schedule.

You are expected to:

- Collaborate with the social worker to arrange a visitation schedule for parents, siblings, and designated relatives.
- Cooperate with the visitation plan that considers everyone's schedules.
- Make the child available for scheduled visits.
- Show the child that you support the visits and help the child have a positive and meaningful visit with their family.
- Reschedule any visits that you have to cancel due to conflicts, illness, etc.
- You are encouraged, but are not required, to reschedule visits when the parent misses or cancels a visit.
- If you agree to transport, consistently transport the child to the visitation location that has been agreed upon.
- You may cancel the visit if the parent is more than 15 minutes late. However, for the first couple of visits, be flexible as you can be to allow parents time to adjust to transportation issues that may

arise. If the parent is late, you can still end the visit at the agreed time, if needed. Prior to the visits starting with the parent(s), ask the social worker to discuss the guidelines with the parent(s), such as not bringing unauthorized individuals to the visits, the supervision level, the supervision of phone calls and conversations, and the importance of regular visits with their child.

- If you are supervising, inform the social worker about how visitation is progressing and any problems or concerns with the visits. Document the visit on the Supervised Visitation Observation Summary (form 04-38) and on the Parent/Child Contact Log (form 04-39) and provide copies to the social worker.
- Call the social worker, supervisor or Child Abuse Hotline if a child is not returned within two hours following the end of a scheduled visit (i.e. such as an authorized, unsupervised visit or if the child was transported/supervised by someone other than the Resource Family or social worker). You should also call your RFA social worker.
- You may end the visits on the rare occasion that a parent:
 - expresses hostility or uses abusive language towards the child, resource family, or others,
 - appears to be under the influence of drugs or alcohol and the parent/visitor's ability to appropriately interact with the child is impaired,
 - engages in any threatening or inappropriate behavior, or
 - discusses events that led to the child being taken into custody.

If the parent interferes with you leaving, or tries to take the child, call the police and make sure you notify the social worker of the incident. Safety is the first consideration for you as well as the child.

Levels of Visitation

The child's social worker, minor's attorney and the court will determine the frequency, structure and level of supervision needed, to safely support visits between each child and their family. Visitation may be unsupervised, or supervised with various levels of monitoring (i.e. low-risk, medium, medium-high, or high-risk level). Each family's visitation plan will be assessed and tailored, in order to ensure safety and yet maintain connections and permanent relationships. Please discuss your foster child's specific needs, their case plan, and any questions/concerns about your role in supervising a visit, with your social worker.

Complete a Parent/Child Contact Log (04-39), Supervised Visitation Observation Summary (04-38) and Caregiver Information Form (JV-290)

The Parent/Child Contact Log (form 04-39) and Supervised Visitation Observation Summary (form 04-38) assists social workers in presenting the court a documented history of contacts and the parents'/child interaction. Information on the forms are particularly critical when the court is deciding whether to halt reunification efforts and proceed with permanent plan recommendations. Both forms will be given to you when the child is placed in your home. Remember to:

- Keep a log for **each** child in your home.
- Record each contact (visit, phone call, text, email and letter) that your foster child has with parents or relatives and include your observations about the visit.
- Fill the form out completely. In listing comments, remember to document your observations not judgments. For example, do not write, "Mom looked high." Instead, describe what you observed and write, "Mom was fidgeting with her hands, couldn't sit still, kept sniffing, and spoke rapidly."

- Keep a copy for your records and mail or give all logs to the child's social worker five weeks before a court hearing and/or when the child leaves your home or when requested by the SW.
- Call the social worker for additional forms.

SUGGESTION:

You may want to ask parents to initial each visit on the contact log. This may eliminate future disagreements about whether or not a visit took place.

The Juvenile Court realizes you have spent many days and months caring for the child and you have had the opportunity to get to know the child very well. Your comments and opinions are very important to share with the Juvenile Court. The Caregiver Information Form (JV-290) allows you to provide information directly to the Juvenile Court about the child's placement and any information you deem relevant. You may have important information that will assist the Juvenile Court in making decisions about the foster child.

Resource parents are entitled to legal notice of upcoming court hearings. At least 10 calendar days prior to a Hearing, a hearing notice is sent. The notice contains the date, time, and court location, nature of the proceeding and the agency recommendation. Enclosed with the notice is the JV-290 form and JV290 INFO form with return instructions.

The JV-290 form is also available:

- At the following website link <https://www.courts.ca.gov/documents/jv290.pdf>
- Asking a resource parent mentor
- Foster Parent Association

The JV-290 form may be returned in the following ways:

- In the self-addressed envelope enclosed addressed to the Legal Processing Unit.
- In-person to the Court Hearing location
- To the child/youth's social worker, who will forward to the legal unit.

PROVIDE FOR THE CHILD'S CULTURAL BACKGROUND

Resource parents are expected to:

- Provide care in a culturally sensitive and competent manner.
- Respect the cultural, ethnic, religious and diverse needs of the child.
- Be proactive in obtaining community resources to meet the cultural needs of the child.
- Affirm a child's Sexual Orientation Gender Identity Expression (SOGIE) such as:
 - being placed in out of home care according to their gender identity,
 - call the youth by their chosen name or pronoun
 - express their gender identity through their clothing and grooming and the caregiver should
 - allow the youth to shop for items consistent with their gender expression.
 - may not force the youth to conform through dress, pronoun usage, or customs to the gender in their case or court record if it is different from how they perceive themselves.

- Like other health care services, the caregiver should ensure the youth has access to gender-affirming medical and behavioral health services.
- Caregivers will not disclose information about the child's sexual orientation and/or gender identity against the child's wishes, unless compelled to do so by law or court order to third parties (i.e., parents, other family members, other children, friends, teachers, etc.).

PROVIDE FOR THE CHILD'S NEEDS

Food and Nutrition

Children in foster care will be provided nutritious meals, snacks, and beverages to meet their dietary needs or practices. The quantity and quality of food available to household members will be equally available to all children in the home.

Whenever children in placement eat at the home, they will have their meals with family members in a family setting. Child in foster care will be invited to participate in all household meals. Mealtime is a good opportunity for children to observe and learn appropriate social behavior. If your foster child needs a special diet that is cleared by a medical assessment, you must provide the required food. If the child requires a special diet for medical or other reasons, he may qualify for a special care rate. See Chapter 7 for additional information; Special Care Rates.

An infant who is unable to hold a bottle will be held during bottle-feeding. At no time will a bottle be propped for an infant. A bottle given to an infant able to hold his or her own bottle will be unbreakable. All babies, regardless of age, will benefit from being held during bottle feedings.

The resource parent may encourage a foster child or youth, as age and developmentally appropriate, to learn meal preparation, assist with grocery shopping, store and prepare food, but may not require minor or non-minor foster youth to prepare meals.

You are expected to offer your foster child some of their favorite foods (food that they received in their own home) and specific cultural foods. (See Chapter 5 for additional information; Ethno/Cultural Guide).

(Resource Family Approval Written Directives, Section 11-11: Food and Nutrition)

Family Home Environment

You must provide your foster child with a safe, clean and nurturing home with a comfortable and appropriate place to sleep and adequate storage for their clothes and personal possessions. They also need space to play, a place to entertain friends, and a quiet place to call their own.

Living space designated for child in foster care will be at the same level of comfort, cleanliness, repair, and amenities as is provided for the rest of the family. Each child is to be provided with an age appropriate individual bed with clean linens, pillow, blankets, and mattress in good repair. Resource families will maintain the home at a level of cleanliness and repair that contributes to the child's health and well-being. Resource families will comply with all other home and grounds requirements, listed in the Resource Family Written Directives (section 11-01).

Hygiene

Teach your foster child to follow basic hygiene practices. Basic hygiene includes clean hair, teeth, body and clothing. A portion of the foster care reimbursement is intended to be used for the child's personal needs, such as deodorant, shampoo, sanitary napkins, etc. See Chapter 5 for additional information: Ethno/Cultural Guide.

Clothing/Appearance

When your foster child is adequately clothed, they will feel better about themselves. This may be especially true for adolescents who are highly sensitive about their appearance. Therefore, you should:

- Include the child/youth when picking out clothing.
- Participate in a joint clothing inventory with the social worker at the arrival and departure of the child. Use the Clothing Inventory and Record of Personal Belongings form (04-61).
- Assure that the child has sufficient and suitable clothes according to their age, size, sex and/or sexual orientation gender identity expression, and peer group. Clothes must be mended, washed, and ironed as needed. Failure to provide adequate clothing for your foster child may result in a citation by the agency.
- Keep receipts for all clothing purchased.
- Send all of the child's clothing and other belongings with them if they leave your home. If toys or equipment such as bicycles or electronics have been given to the child while they were in your home, they are to be given to the child or a representative for the child when they leave.
- An initial clothing allowance is issued at a child's first placement. The balance of the clothing allowance must be requested within three months of placement and will not be issued after six months. Subsequent change of placement or replacement clothing allowance may only be approved in exceptional circumstances. However, every year between August and October, children may be eligible to receive an annual replacement clothing allowance or a back to school allowance (just one, not both).

NOTE: If the child outgrows the clothing you have provided, you may keep it as long as you provide suitable replacements. Outgrown clothing that the family of the child has provided should be offered to them.

- Hair must be kept clean, conditioned, and groomed at all times. Parental consent is required before cutting a child's hair, as cultural traditions may exist. If the birth parent is not available or is not in agreement with your plan or the child/youth's plan for their hair, discuss the issue with the child's social worker to avoid possible conflicts and allegations.
- Help the child care for their skin and hair if special techniques or products are needed.
- Black/African-American and multi-cultural children may prefer specifically formulated ethnically specific textured or natural hair care products to promote healthy hair and scalp. Textured or natural ethnic hair may not need washing more than once a week. Hairdressing products must be applied to hair and scalp as needed; otherwise, hair may become brittle and break. The scalp may become dry, itchy, and produce dandruff. Children may prefer African-American or other ethnically specific barbers and hairdressers who understand textured or natural ethnic hair and scalp treatment needs. You are encouraged to use beauticians, braiders and barbers as requested by the children/youth and their parents.

Stable Family Atmosphere

Children in foster care have experienced disruption and chaos in their own homes and need to have a warm, secure, stable home. A home that has marital instability, alcohol or drug abuse, or other serious family problems may be extremely disturbing to a child. If a serious problem occurs in your home, you must contact your Resource Family Approval (RFA) Worker and the child's social worker. You and the social worker will need to decide what is best for the child. It may be necessary to move the child or for you to stop accepting new foster children into your home, until the situation improves.

Remember to document and inform your RFA Worker of any significant problems or changes in family circumstances. (See RFA Written Directives Section 11-06)

Emotional Needs

Many children in foster care have experienced trauma or emotional deprivation and may have a poor self-image. Most feel fear and anxiety over being separated from their families. The child in your care needs to experience unconditional love, appropriate positive discipline, security and acceptance. They will begin to feel better about themselves as you offer consistency, encouragement, and stability. They need to know they are an important member of your family and that you treat them the same as you treat your own children.

It is also important to communicate how the child is doing in your home with the child's Child and Family Team (CFT) (i.e. therapists, counselors, social worker, etc.). Your input is very important, as we work together to meet the child's current needs and help them begin to heal from past trauma. You will be asked to participate in the child's therapy plan, and communicate about the child's behavior and progress, and any challenges that arise.

EXTRACURRICULAR, ENRICHMENT, AND SOCIAL ACTIVITIES FOR CHILD IN FOSTER CARE

The Welfare & Institutions Code (WIC) Section 362.05 provides that children in foster care are entitled to participate in age-appropriate, extracurricular, enrichment and social activities.

These provisions are as follows:

- Every child who is a dependent of the juvenile court will be entitled to participate in age-appropriate extracurricular, enrichment, and social activities, including, but not limited to, access to computer technology and the Internet in order to ensure a "normal life" and a successfully transition out of foster care.
- Resource parents are to use the reasonable and prudent parent standard in determining whether to give permission for a child residing in foster care to participate in extracurricular, enrichment, cultural, and social activities, including, but not limited to access to computer technology and the Internet. A Resource Parent will permit a child to participate in a manner that affirms his or her gender identity expression.
- Resource parents will take reasonable steps to determine the appropriateness of the activity in consideration of the child's age, maturity, and developmental level.

- Any state or local regulation or policy that prevents or creates barriers to participation in those activities is prohibited.

PROMOTING NORMALCY IN FOSTER CARE

The overriding goal of the child welfare system is to ensure that every child in the state is raised in a safe, stable, and loving home. The first choice is always that a child be raised by his or her birth parents. Unfortunately, a child's welfare can sometimes be protected only by removing him or her from their home. In such cases, another home must be found for the child, either with a relative or with a non-relative caregiver.

A child who has been placed with a resource family has suffered not only from the circumstances which led to the removal, but also from the trauma of losing everyday contact with his or her parents, other family members and friends. It is critical that the home in which a child is placed provides, to the greatest extent possible, an environment in which he or she can experience all of the opportunities available to children who are not in foster care consistent with the requirements and expectations of WIC 362.05.

REASONABLE AND PRUDENT PARENT STANDARD

The Reasonable and Prudent Parent Standard is an invaluable tool in helping a resource family meet the goal of providing a home which is not only safe, stable and loving, but one which is as "normal" as possible; a home which allows a child in foster care the freedom to grow into adulthood. Allowing a child in foster care to be babysat by a regular neighborhood babysitter, taken care of by family or friends, and when mature enough, eventually left alone while his or her caregiver goes out, is an important part of the successful transition to self-sufficiency, which is society's ultimate goal for every child.

The Reasonable and Prudent Parent Standard is a key method of ensuring normalcy for a child in foster care. Generally, this means that a caregiver's decision regarding what a child can or cannot do should not be influenced or based solely on the fact that the child is in foster care. Use of the Reasonable and Prudent Parent Standard should result in the caregiver making decisions about the child in foster care that are the same decisions as a typical parent would make concerning his or her own child.

The Reasonable and Prudent Parent Standard is meant to address unreasonable limitations that previously had been imposed on the everyday activities of a child in foster care solely due to his or her legal status as a dependent of the juvenile court. However, setting limits is a crucial aspect of parenting, and proper application of the Reasonable and Prudent Parent Standard may result in a determination that a child in foster care is not ready to be left home alone or that a babysitter cannot meet the unique needs of the child. The caregiver must make careful, reasonable and prudent decisions using his or her best judgment given the particular set of circumstances to maintain the child's health, safety, and best interest, while at the same time encouraging the emotional and developmental growth of the child.

It is necessary to consider the information provided or known about a child when determining the best interest of a child. The following should be considered when using the Reasonable and Prudent Parent Standard to make a decision:

- The child's age, level of maturity, and developmental level (i.e. cognitive, emotional, physical and behavioral capacities).

- The nature and inherent risks of harm of the activity.
- The best interest of the child based on information known by the caregiver.
- The behavioral history of the child and the child's ability to safely participate in the activity.
- The importance of encouraging the child's emotional and developmental growth that may include, but not be limited to, the following:
 - The child's level of understanding about healthy relationships.
 - The child's level of understanding about sexuality and body development.
 - Feelings about spirituality.
 - Other stages of maturity experienced during adolescence.
- The importance of providing a child with the sense of normalcy in the most family-like living experience possible.

No two persons will parent exactly the same way. Therefore, no two caregivers will apply the Reasonable and Prudent Parent Standard in exactly the same way. Each caregiver must evaluate situations as they occur and make decisions based upon his or her own sense of what seems appropriate. These decisions do not need to adhere to a particular style of parenting, as long as they fall within the range of behavior, which would be reasonable and prudent to a typical parent, the Reasonable, and Prudent Parent Standard has been properly applied.

Finally, it is important to note that statutes and regulations set out certain requirements and standards for caregivers to ensure the health and safety of children in foster care, while attempting to give caregivers the widest possible latitude in providing a normal home for a child in foster care. These legal restrictions, The Foster Child's Rights cannot be circumvented, even if doing so would seem to be allowable under the Reasonable and Prudent Parent Standard. In addition, programs or procedures cannot prevent a youth from participating in essential activities, such as: employment, training program, education or Independent Living Skills (ILS) services.

Foster Child's Personal Rights

Because a child in foster care can be subject to the authority and control of a large number of different individuals and may not have the benefit of a parent to advocate on his or her behalf, state law provides a child in foster care with many specific personal rights. (The full list of a Foster Child's Personal rights may be found in Chapter 3 of this handbook).

A few of these include the right to:

- To be informed of and exercise their personal rights without harassment or punishment.
- Live in a safe, healthy, and comfortable home where he or she is treated with respect.
- Be free from physical, sexual, emotional or other abuse, or corporal punishment.
- Not be locked in any room.
- Attend school and participate in extracurricular, cultural, and personal enrichment activities.
- Not be placed in any kind of restraints or restraining devices (except for the appropriate use of safety devices such as seatbelts/car seats).
- To be free to accept or decline a Resource Family's request to babysit the Resource Family's children, including adopted, biological, foster, and guardianship children.
- Be accorded independence appropriate to his or her age, maturity and capabilities.
- To receive medical, dental, vision, and mental health services.

- Medical services may include, but are not limited to, services related to the prevention or treatment of pregnancy, sexual assault, or rape; and at 12 years of age or older, the prevention, diagnosis, or treatment of sexually-transmitted diseases.
- A child may consent personally to the services described above, without the knowledge or consent of a parent, guardian, social worker, probation officer, judge, or authorized representative.
- A child may obtain these services confidentially, unless prohibited by law.

The foster child's personal rights are important because they place specific limits on a caregiver's actions. Birth parents generally have extremely wide latitude in raising their children. Because children in foster care typically have traumatic histories, and because the state must guard against the possibility of further abuse, resource families do not have this kind of latitude. Providing a child in foster care with a normal home cannot involve violating his or her personal rights. For example, some parents may use spanking as a form of discipline, but a caregiver is specifically forbidden from subjecting a child in foster care to receiving or witnessing corporal punishment. A caregiver should be mindful of this and other situations in which interactions with the child might conflict with personal rights.

PROVIDING CARE AND SUPERVISION IN FOSTER CARE

There are a number of options available for a Resource Parent who needs someone to temporarily care for a short period, for a child who has been placed in your care. The Caregiver Information Sheet (04-25) provides additional information on providing care and supervision. Each of these options is appropriate for different situations:

- Babysitting – a trusted “occasional short term babysitter” for up to 24 hours, including overnight.
- Alternative Care – an adult who is a trusted family member, close friend, or neighbor that will be providing alternative care for 24 to 72 hours in their home or in the caregiver's home.
 - Alternative care may exceed 72 hours, if approved by the child's social worker.
- Respite Care - not to exceed 72 hours, must be an approved relative/NREFM, licensed foster family, a certified family home, Resource Family, or certified respite care provider. (This is not considered a new placement and not to be used for ongoing childcare.)
 - Respite Care may exceed 72 hours upon approval by SW. (Approval is needed for excess respite care hours.)
- Leaving a Foster Child Alone - brief periods of time for children 10 years of age and older (children are not to be left alone at night). Applies to the Reasonable and Prudent Parent Standard in determining the appropriateness of leaving the child alone and must provide emergency contacts, numbers, and procedures.
- Day Care - Licensed day care facility.

The following chart compares the various criteria needed to determine the most appropriate temporary care.

Type of Temporary Care	Need to be over 18?	Need to be licensed?	Need SW approval?
Babysitter (in-home or out-of- home, up to 24 hours)	No	No	No
Alternative Caregiver (in-home or out-of-home, 24 to 72 hours)	Yes	No [†]	No
Alternative Caregiver (in-home or out-of-home, longer than 72 hours)	Yes	No [†]	Yes
Respite Care (out-of-home, 24 to 72 hours)	Yes	Yes	No

[†]Best practice is for SW to request criminal record and Child Abuse Central Index clearances for alternative caregivers or babysitters.

There are a few statutory regulations, which a caregiver must follow, including:

- A child in foster care cannot be required to babysit other children (but can babysit if they choose to do so, and the caregiver believes they are able).
- A Resource Parent is responsible for ensuring care and supervision of the children of a minor parent placed in the home (i.e. if a foster youth is a parent, with their own child).
- Leaving a Foster Child Alone - brief periods of time for children 10 years of age and older (**children are not to be left alone at night**). Applies to the Reasonable and Prudent Parent Standard in determining the appropriateness of leaving the child alone and must provide emergency contacts, numbers, and procedures.
- If a caregiver is going to be absent from the home for more than 24 hours, on an occasional basis, the caregiver is permitted to arrange for an alternative caregiver to provide care and supervision to the child unless prohibited by the child's social worker, probation officer, or court order RFA Written Directives, Section 11-13: Responsibility for Providing Care and Supervision.

Babysitting

A Resource Family may arrange for an “occasional short-term babysitter” for a child in foster care. The child may be babysat for **up to 24 hours, including overnight, on an occasional basis**. A babysitter does not need to be approved or licensed for foster care, be fingerprinted, or meet other legal requirements pertaining to caregivers. A babysitter for a child in foster care also does not need to have undergone any special training, as is required for resource families. This does not mean, however, that any babysitter will be able to provide appropriate care to every child in foster care. As with any other child, the special needs of the child may require the babysitter to have special skills or training.

For example, a babysitter—unlike a licensed caregiver—is not legally required to be trained in Cardiopulmonary Resuscitation (CPR). However, a Resource Family may decide that he or she would prefer a babysitter who can perform CPR, either because the particular circumstances of the child in foster care appear to warrant it, or simply because it would make the caregiver feel more comfortable, and therefore only hire a babysitter with that ability.

In other words, a Resource Family can choose the same kind of babysitter (such as a high school student) that parents have hired to watch children for generations, provided the babysitter has the maturity, experience, and ability necessary to provide adequate care and supervision, and the foster child does not have special health care needs that require special expertise. A Resource Family can also seek out more skilled or professional babysitting services, if he or she wishes to do so. The most important thing is that the Resource Family exercises the Reasonable and Prudent Parent Standard, including determining whether it is appropriate for a child or nonminor dependent to act as an occasional short-term babysitter, along with the same care and deliberation in choosing a babysitter for a child in foster care as a typical parent would for his or her children.

When leaving a child in foster care with a babysitter, a Resource Family must give the babysitter the appropriate information the babysitter would need to properly care for and supervise the child, including the Resource Family's emergency contact information.

A child in foster care may also act as an occasional short-term babysitter for younger children. The Resource Family must apply the Reasonable and Prudent Parent Standard to determine whether the arrangement is appropriate. However, under no circumstances will a child in foster care be *required* to babysit.

Alternative Caregiver

Occasionally, a Resource Family needs or wants to be absent from the home for **more than 24 hours**. In these situations, a Resource Family may use an "alternative caregiver" (a trusted family member, close friend, or neighbor) to care for the child in the caregiver's home, unless it is prohibited by the child's social worker, probation officer or court order. A Resource Family must apply the Reasonable and Prudent Parent Standard when selecting an alternative caregiver to ensure the alternative caregiver can properly care for and supervise the child, taking into consideration the child's age, maturity, behavioral tendencies, mental and physical health, medications, abilities, limitations, developmental level and court orders for the child. The alternate caregiver must also have the willingness and ability to provide care and supervision to a child, with such needs.

Care may occur in the Resource Family's home, or an alternate caregiver's home. However, if an alternative caregiver will provide care and supervision in his or her home, a Resource Family will use the reasonable and prudent parent standard to determine that the alternative caregiver's home is safe and appropriate for the child and the child's personal rights will be respected.

An alternative caregiver:

- Must 18 years old or older.
- Must have the willingness and ability to comply with applicable statutes and regulations.
- Must have the willingness and ability to provide care and supervision to a child, taking into consideration the age, maturity, behavioral tendencies, mental and physical health, medications, abilities and limitations, developmental level of, and court orders for a child.

A criminal record clearance or exemption is not required for an alternate caregiver or babysitters, however best practice is for the child's social worker to request a criminal record and Child Abuse Central Index clearance.

The Resource Family must furnish the alternative caregiver with emergency contact information and other information needed to properly care for the child. This includes information about the child's emotional, behavioral, medical, or physical conditions, if any. In addition, any medication for which an alternative caregiver must assist a child with self-administration or as permitted by Health and Safety Code section 1507.25(b) (1), consistent with instructions from the child's physician. The Resource Parent must also provide the name and telephone number of the social worker or probation officer for a child and the Resource Family's 24-hour emergency contact information

A Resource Family must notify the social worker for the child in advance of his or her absence and provide the social worker with the date(s) that he or she plans to be absent from the home, the name, telephone number and address, if applicable, of the alternative caregiver, and an emergency telephone number where the Resource Family can be contacted during the absence.

Respite Care Support Services

Welfare and Institutions Code (WIC) 16501(b) defines Respite Care as the temporary care for periods not to **exceed 72 consecutive hours** and in order to preserve the placement. **This may be extended up to 14 days in any one month.** Services are not for the purpose of routine, ongoing childcare, babysitting, vacations, employment, or to allow the caregiver respite care for other children. The respite period is not a new placement.

A caregiver may experience events in their life, which require temporary "respite care" for a child who has been placed in their care. Respite care support services are the provision of prearranged childcare when a resource parent is absent or incapacitated and a determination has been made that temporary in-home or out-of-home care is in the child's best interest. Respite care support services offer a temporary respite of parental duties, so that the resource parent may fulfill other responsibilities necessary to improve or maintain the parenting function.

Examples of events for which respite care support may be needed, include:

- Pre-scheduled or emergency medical appointments.
- Unforeseen events or emergencies that include but are not limited to:
 - Serious illness or other incapacity, or
 - Death of a family member.
- Personal demands that interrupt the caregiver's ability to provide care.
- Attending resource parent support group meetings.
- Attending required trainings and/or for stress alleviation.

NOTE: Respite services are not for routine babysitting, vacations, employment, or to allow the caregiver to provide respite care for other children.

The County of San Diego CWS Respite Program currently coordinates respite care support services for resource parents who reside within San Diego County, such as licensed foster parents, approved relative/

non-related extended family members (NREFM), and caregivers approved or pending approval under Resource Family Approval (RFA), of at least one San Diego County dependent child with an open CWS case plan who is placed in their home.

When a resource parent utilizes respite for at least one dependent child, other children who reside in their home may be included in the same respite care service if they meet one of the following categories: birth, adopted, foster, relative/non-relative extended family member (NREFM) and/or guardianship children. Note: Foster Family Agency (FFA) resource families are NOT eligible for respite services.

Eligible resource parents may self-refer for up to **100 hours of respite services per calendar quarter at CWSRespite.HHSA@sdcounty.ca.gov or (858) 616-5867 & (858)614-9142**, regardless of the number of children placed in the home. Respite Care may not be approved for more than 14 days in any month, per WIC 16501(b).

The Respite Care Coordinator will respond to emergency respite request within 2 hours during business hours and requests will be expedited during those times. If there is an urgent need for respite care support services after hours or weekends, when the social worker or respite coordinator is not available, resource parents are encouraged to utilize the Reasonable and Prudent Parent Standard. Report the emergency to the social worker and provide the location of the child. If immediate contact with a social worker is needed, the resource parent should call the Child Abuse Hotline.

If a resource parent needs more than the maximum 100 hours of respite in a quarter, an approval for excess respite must be obtained **prior to** accessing the respite services. Requests for respite hours in excess of the 100 hours per quarter can only be approved in cases of extreme need and circumstances. Approval for excess respite request will be made on a case-by-case basis, and after a review of the circumstances around each request. Each determination is different, and will not apply to every case. Excess respite request are submitted by the child's social worker. Unapproved excess respite care services will not be paid.

Leaving a Child in Foster Care Alone

If a Resource Parent anticipates being absent from the home on an occasional basis, the Resource Parent may leave a child over the age of 10 in the home without adult supervision, but may not leave a child unsupervised overnight. The caregiver will apply the Reasonable and Prudent Parent Standard to determine the appropriateness of leaving a child over age 10 home without adult supervision. This decision must be made on a case-by-case basis. When leaving a child alone, the Resource Parent must ensure that the child knows where emergency numbers are posted, emergency procedures, and where and how to contact the Resource Family.

Day Care

A Resource Family may arrange for a child to be cared for in a licensed child day care facility or licensed family day care home, or specific programs exempt from licensure.

TAKING YOUR FOSTER CHILD ON VACATION:

Vacations and travel with your child in foster care are particularly enriching experiences for all members of the family. However, the child's social worker needs to know where the child is at all times, and any travel plans must be discussed in advance with the child's social worker and at times approved by the Court.

- The social worker may authorize trips up to 72 hours to Orange, Los Angeles, Riverside, San Bernardino, Imperial, Ventura or Santa Barbara Counties.
- **DO NOT TAKE UNDOCUMENTED CHILDREN OUT OF THE UNITED STATES.**
- A Court order may be required for travel to areas other than those listed above and for all travel over 72 hours. When planning such a trip, give the social worker at least two weeks notice to obtain permission from the parents, attorneys, and the court.
- If you plan to be on vacation for more than 32 days or to leave the country, a special court hearing is required. In these situations, try to notify the social worker four weeks in advance of the trip.
- Remember to take the signed "Agency-Placement Agreement" (SOC 156), the Authorization for Medical Care and the child's Medi-Cal card with you when traveling with a foster child. In addition, carry a copy of the court order authorizing travel and, when traveling outside of the United States, carry a copy of the child's birth certificate and passport.

NOTE: YOU WILL NEED TO INFORM YOUR RESOURCE FAMILY APPROVAL WORKER PRIOR TO ANY VACATION.

SPIRITUAL NEEDS

Participation in religious activities or church attendance must be the decision of the child. A foster child has the right to attend religious services, activities, and ceremonies of the child's choice, including, but not limited to, engaging in traditional Native America religious practices. Every effort must be made to ensure that a child who has a religious preference is able to attend the religious service of their choice. You may not attempt to influence the religious affiliation of the child and religious service attendance must be on a voluntary basis.

The child may be included in your family's religious activities only with permission from the child and/or their parents.

CREATIVE NEEDS

Children love to draw, make things, play "pretend", sing and dance. Your foster child needs you to provide supplies, encouragement and approval when they make an effort to be creative.

EDUCATIONAL NEEDS

Educational Rights of Foster Children

Foster children/youth are afforded the following education rights:

- Educational placement must be based on the “best interest of the child” versus where the foster child resides.
- The ability to remain in the school of origin until the end of the school year, despite a change in placement, and while any educational placement dispute is being settled.
- Quick enrollment despite missing/incomplete records; i.e., immunizations, owed fees to old school or not having a school uniform.
- Requirements for Local Education Agencies (LEAs) to identify a foster youth liaison to ensure proper educational placement of the child, quick enrollment, proper transfer of records, credits and grades within 2 days of the move.
- Requirements of the LEA to ensure foster children do not lose credits or receive lowered grades due to absences resulting from change of placement or attending court hearings or court related events.
- School districts and the County Office of Education must accept full and/or **partial** credits that have been earned at all school types, including Juvenile Court and Schools (JCCS), nonpublic and public schools.
- Educational records are to be released to the county placing agency for the purpose of school enrollment and transfer per WIC 16010 and per Education Code 49076 (a)(11).
- CWS must have educational liaisons.

Foster children have the right to access to the same opportunities to meet academic achievement standards to which all students are held, maintain stable school placements, be placed in the least restrictive educational placement and have access to the same academic resources, services and extracurricular and enrichment activities as all other children.

Each school district has appointed a liaison to assist with problem solving. Social workers and caregivers may contact the district liaison when problems arise in developing an educational services plan with the school. You can request contact information for the liaison in your school district by asking the child’s social worker to look up the contact information.

Foster youth also have the right to file a complaint if they believe their educational rights have been violated. For information about how to file a complaint, please visit the [CDE Uniform Complaint Procedures](#), or call the California Department of Education Coordinated School Health and Safety Office at 916-319-0914.

School of Origin

Per Ed Code 48853.5 section:

“School of origin” means the school that the foster child attended when permanently housed or the school in which the foster child was last enrolled. If the school the foster child attended when permanently housed is different from the school in which the foster child was last enrolled, or if there is some other school that the foster child attended with which the foster child is connected and that the foster child attended within

the immediately preceding 15 months, the educational liaison, in consultation with, and with the agreement of, the foster child and the person holding the right to make educational decisions for the foster child, will determine, in the best interests of the foster child, the school that will be deemed the school of origin.

Foster children should remain in their school of origin when it is reasonable and safe and one or more of the following situations exist:

- The child is performing at or above grade level.
- The child is enrolled in a unique educational program or program not available elsewhere (e.g., Special Ed., Advanced Placement (AP), magnet school, etc.).
- The child participates in extracurricular activities (sports, etc.) that contribute to his/her school success.
- The child wants to stay in the school of origin.

In determining if it is reasonable for the foster child to remain at their school of origin, the social worker must consult with:

- the school of origin
- the caregiver and
- the educational rights holder

In certain situations, the juvenile court may court order the child to remain at their school of origin.

Expectations to support the Educational Needs

You are expected to:

- Enroll the child in school immediately after they have been placed in your home if it was determined that the child would not return to their school of origin. You have the authority to enroll the student in school and sign forms where signature of parent/guardian is requested. Contact the child's social worker for assistance.

The following information is helpful in understanding your responsibility:

- Your school-age foster child will require assistance and encouragement during the school year. Your help may be required in areas such as:
 - Homework and special projects
 - Attendance at school conferences, meetings, etc.
 - Working with teachers
 - Advocating for your foster child as appropriate
- If the child will be remaining in the same school they were attending previously, update the Emergency Contact card at the child's school with your contact information. (You may be asked to transport the child to the school he or she was attending.) Funding may be available to reimburse travel to and from school for caregivers.
- Promote and encourage school attendance.
- Contact the HHSA Educational Liaison for support.

- Ensure the child has appropriate school supplies to attend school, such as uniform, etc.
- Attend conferences with school staff, including Individualized Education Plan (IEP) meetings, as needed.
- Share pertinent and necessary information about a child with school staff in order to obtain necessary education services. Information such as medication needed at school, level of supervision or behaviors to be addressed/monitored at school, such as discussing known triggers, is appropriate. Details about a child's family history, abuse, neglect or court case is confidential and not appropriate to be shared.
- Arrange for counseling or tutoring through the school, when necessary.
- Review homework assignments and report cards.
- Advocate for the child with the school (seek resources, special classes, IEP if needed).
- Check out all school activities and field trips that the child will be attending. Make sure that these activities are properly supervised. You may sign permission slips since you are acting in lieu of the child's parents. Call the social worker if you have questions about permission slips.
- Inform the social worker about school achievements or concerns.
- When possible, discuss the child's school progress with the child's parents and invite them to attend school conferences, plays, sporting events, etc.
- If the child is leaving your home, notify the school that the child will be moving and request a "transfer and release" form be completed by the school. Forward it to the social worker.

Educational Decision Making

The law requires the court to appoint a "responsible adult" to assume a child's educational rights when the parent is not available or appropriate. Social workers may request caregivers (or a relative, Court Appointed Special Advocate [CASA], mentor, etc.) to assume the educational decision-making rights for a child. If a caregiver agrees and is appointed to assume educational rights for a child in their care, the caregiver will be able to advocate for a child's special educational needs and all other issues related to a free and appropriate public education for the child.

Social workers complete and submit to court the Order Designating Education Rights Holder (JV-535 form), which identifies who holds educational rights. Once court approves the JV-535, it is forwarded to the school.

School Discipline

Expulsion is discretionary, unless the student committed a "zero tolerance" offense CA Educ §48915. Expulsion of a student should be the school's last resort after all other efforts have been exhausted, with some exceptions.

All students who are recommended for expulsion have the following rights:

- A fair hearing within 30 days of recommendation to expel. CA Educ §48918(a); with written notice 10 days before the hearing. CA Educ §48918(b).
 - The right to call and question witnesses, inspect and present evidence, and to bring an attorney or other advocate CA Educ §48918(b).
- To appeal an expulsion within 30 days of a decision to expel CA Educ §48919
- To an education program while expelled CA Educ §48916.1.
- Students in grades K-3 cannot be suspended from school for willful defiance.

Students who have an Individualized Education Plan (IEP), or are going through the assessment process are entitled to extra protections. They can be suspended, but not for 10 days or more for the same type of behavior without a Manifestation Determination Review (MDR). They cannot be expelled without a MDR meeting. These situations equal a “change in (school) placement”. A MDR’s review whether the child’s disability caused the behavior(s), or if the behavior was a result of the ineffective implementation of an IEP. If so, the (school) placement cannot be changed, discipline must stop, and further behavioral assessments or plans must be considered. The rationale is that children should not be penalized for a manifestation of their disability.

If a change in placement has occurred, the student has a right to a Manifestation Hearing. In this IEP meeting, the child’s team determines if the event causing the suspension is either a manifestation of the child’s disability or the school’s failure to implement the IEP 20 U.S.C. §1415(k)(1)(C).

Other tools available for Special Education students with behavioral problems include a Behavior Support Plan (BSP). If the BSP fails:

- Functional Analysis Assessment (FAA)
- Behavior Intervention Plan (BIP)

Obtaining Special Education Services

Requesting an Initial Assessment:

When you have concerns about the child’s educational progress or ability to learn, write a letter to the school asking for an assessment in all suspected areas of disability. Explain your observations and concerns about the child. The school district has 15 days to respond with an assessment plan once they receive your written request. That plan may include a Student Study Team, 504 Plan, or an IEP. The Educational Rights holder (per JV-525) then has 15 days to review, sign or respond to accept/reject this proposed plan. The district then has 60 days from receipt of the signed plan to complete the assessment, develop an IEP, and to hold the first meeting.

When caregivers hold the child’s education decision-making rights, they have the following rights:

- To request student records. 20 U.S.C. §1415(b)(1), 34 C.F.R. § 300.50(300.501(a), CA Educ. 49069
- To request an individualized educational assessment. Make sure to explain why you are making the request, including your concerns and observations. CA Educ. §§ 56029, 56302, and 56321(a); 5 C.C.R. §3021
- To request an Individualized Educational Program (IEP) meeting for a child already receiving services. This must be done in writing and should be made to either the school’s principal or Special Education Director. The school must hold the meeting within 30 calendar days of receipt of your written request. CA Educ. §56343.5
- To request a due process hearing when the school refuses to give you what you believe the child is entitled to under the law. 20 U.S.C. §300.502. CA Educ. 56329(b), and the law. 20 U.S.C. §1415

NOTE: Always make requests in writing and keep a copy for your records.

What Qualifies a Child for Special Education Services?

A child qualifies for Special Education if his or her education is negatively impacted by a number of disabling conditions. The Individuals with Disabilities Education Act of 2004 (IDEA) is federal law that protects students with disabilities.

The categories of disabling conditions are:

- Autism
- Communication disorders (Speech and Language Impairments)
- Specific Learning Disabilities
- Emotional Disturbance
- Developmental
- Intellectual Disability
- Orthopedic Impairment
- Other Health Impairment, including Attention Deficit Disorder (ADD) and Attention Deficit-Hyperactivity Disorder (ADHD)
- Visual Impairment
- Hearing Impairment/deafness impairment/blindness
- Traumatic Brain Injury.

If a child qualifies for Special Education, he or she is entitled to receive a Free and Appropriate Public Education (FAPE) with related services at no cost to the family.

Obtaining additional related services for those already receiving Special Education

A child receiving special education is eligible for related services as necessary to benefit from the special education program. Related services include, but are not limited to:

- Audiology
- Behavior modifications counseling
- Medical services
- Orientation and mobility services
- Parent counseling/training
- Occupational therapy
- Physical therapy
- Psychological services
- Recreation
- School health services
- Speech-language pathology
- Social work services
- Transportation

When a child has an Individualized Education Plan (IEP)

Points to remember:

- IEP meetings are held at school, but you can attend by telephone or video conference if you cannot attend in person.
- **Make certain that your input is documented in the official record and that you receive a copy when you leave.** It is a legal contract.
- **You do not need to sign the document that day.** If the Educational Rights Holder (ERH) is at all unsure, they should NOT consent to the IEP plan at the meeting. You can ask time to review the IEP before signing and existing IEP's do not expire. If you disagree or would like to seek counsel or an advocate, you can call the San Diego Volunteer Lawyer Program (SDVLP).
- Indicate any disagreements on the IEP.
- For agreed-upon services, put the details, such as frequency and duration, in writing.
- Call SDVLP to file for Due Process under 20 U.S.C. §1415.
- Who will attend the IEP meeting:
 - the Educational Rights Holder (ERH)
 - one general education teacher
 - one special education teacher
 - one school district representative or administrator
 - individuals who conducted assessments
 - the birth parent/s
 - individuals invited by the education rights holder, who has knowledge or special expertise regarding the child
 - the Social Worker
 - the student (when appropriate)
 - the Resource Parent

How the San Diego Volunteer Lawyer Program (SDVLP) can help:

- Review IEP and education documents
- Assist with assessment process
- Representation at IEP meetings
- Representation at school hearings for additional services
- File for Due Process hearings, and related mediations
- Assist with credits, immediate enrollment issues, or school origin issues
- Provide representation in school discipline matters, both for general education and special education students

SDVLP Referral Process

Social workers, the child's attorney, and resource families can contact the SDVLP for consultation about children who need and have been unsuccessful in obtaining an assessment and special education placement. Because they are a law office, SDVLP will need to do a conflict check. If there are no conflicts, you should ask the social worker to obtain a court order appointing SDVLP as the child's attorney for education matters.

SDVLP attempts to place all cases with their volunteer attorneys. SDVLP representation will begin after the court order is received.

San Diego Volunteer Lawyer Program, Inc.
 Education Law Project
 707 Broadway, Suite 1400
 San Diego, CA 92101
 Phone: 619-235-5656 x123
 Fax: 619-235-5668

COOPERATE WITH THE CHILD’S THERAPIST

When a child is participating in therapy, you are expected to:

- Participate in the child’s therapy plan. Communicate concerns about the child’s behavior or mental health, as well as strengths and progress, to the therapist and social worker.
- Ask the therapist if you need clarification about goals, objectives, and timeframes for therapy.
- Discuss the child’s progress with the social worker.
- Express concerns and behavioral changes in the child and family team meetings.
- Provide transportation for the child.

Call the social worker if you have concerns about the therapist or do not see any progress.

PROVIDE A SAFE HOME FOR CHILDREN

You have a major responsibility to protect the health, safety, and well-being of all children placed in your care. This responsibility includes the prevention of abuse and neglect in your home. Child abuse committed by, or allowed to occur by, a resource parent will be pursued in an appropriate legal manner, which could include criminal charges and/or revocation of your license or rescission of resource family approval. **Corporal punishment (any type of physical discipline, including spanking) of a child in foster care is never allowed.** (See “Discipline” later in this chapter and Chapter 8 for information and Foster Child’s Rights Chapter 3).)

Safe Sleeping for Infant

Making sure a baby is safe while sleeping can reduce the chances of injury, suffocation or Sudden Infant Death Syndrome. Parents and caregivers should be aware of the safety standards by the U.S. Consumer Product Safety Commission (CPSC) on safe cribs.

Caregivers should be aware of the recommendations by the American Academy of Pediatrics for keeping infants safe during sleep:

- Babies must sleep alone in their own approved bed.
- Place the baby on a firm, flat surface on their back to sleep.

- Remove all soft things, such as loose bedding, pillows and stuffed toys, from the sleep area.
- Never place or sleep with a baby on a sofa, waterbed, soft chair, pillow or bean bag.

Helpers

You may choose to have additional help or it may be required due to the needs of a foster child in your care. Your helper is considered an adult regularly present in the home and will need to be added to your RFA approval. Contact your Resource Family Approval worker to add her helper to your approval.

Animals

- Animals in a foster home that have the potential of causing injury to children will be assessed by the Resource Family Approval Worker.
- It is a County requirement that all dogs be licensed.

ESTABLISH LIMITS AND EXPECTATIONS

You need to establish limits that are clear and age-appropriate. Your child in foster care and your birth children should receive equal treatment. Household rules and chores need to be age and developmentally appropriate and fairly distributed among family members.

Remember to take into consideration the physical, emotional and educational development of the child and adjust expectations accordingly. The child's life experience may require a continuous adjustment of expectations.

Discipline means, "To Teach"

When working with children, the goal is to help them learn the skills to manage their own behavior in a healthy and socially acceptable manner. Discipline should reinforce positive behavior and teach healthy ways to process feelings. CWS recommends that discipline be uniform for all children in the home. You may not, however, discipline a child in foster care with corporal punishment or violate the foster child's personal rights (See Chapter 3, Rights of Child in foster care). Instead, establish rules, rewards and consequences that will reinforce positive behavior. Positive discipline, combined with warmth and caring, can help a child learn healthy standards for daily living within a home and society.

The following guidelines may help you in setting up a positive discipline program:

Set up realistic rules and expectations

These rules and expectations must be communicated *clearly* to the child. The child must also know the consequences of breaking the rules.

Do not set up a "No" Centered household

Far more effective than saying "no" is asking questions, offering choices, focusing on solutions, and providing mutual respect and encouragement. If you have too many rules, you put yourself constantly in the position

of saying “no.” If you are saying “no” more than you are saying “yes,” then perhaps your expectations are too high and too many.

Be consistent

Consistently emphasizing the positive rather than the negative is a major factor in effective discipline. When you have a rule that is reasonable and within the child’s ability to comply, be consistent with your enforcement.

Discipline appropriately

- Be a role model for your foster child.
- A key to effective discipline is the model you set for the foster child.
- Do not use threat of removal from your home or the threat of taking away visits as punishment.

Do not use corporal punishment

California law prohibits the use of any form of corporal punishment for children in foster care. You could lose your resource family approval status if you use corporal punishment. (Resource Family Approval Written Directives, Section 11-08: Personal Rights).

Corporal punishment includes, but is not limited to, spanking, hitting, swatting, slapping, pinching, shaking, pulling ears, pulling hair, pushing, biting, washing a child’s mouth out with soap, denying food or denying any of the bodily functions, such as bathroom use or sleeping, etc.

No form of restraint, such as devices to confine a person to bed, chair or any object, or to deprive a child of the use of arms, hands or feet as a means of controlling behavior, may be used. No child will be locked in any room at any time.

NOTE: The proper use of high chair restraints, car seats, and seat belts is acceptable and you are expected to use them as appropriate and as required by law.

For more information on positive discipline techniques, contact the Foster, Adoptive and Kinship Care Education Program (FAKCE) listed in the Important Telephone numbers list.

IMPORTANT:

The use of corporal punishment will jeopardize your resource family approval status. Even if a social worker, a psychiatrist, school teacher, or birth parent tells you that it is all right to use corporal punishment on your foster child, the law states that a resource parent cannot use corporal punishment regardless of who gives permission. If a report of child abuse is made regarding a resource parent, this accusation will be investigated by the appropriate agencies and could lead to prosecution. These accusations may be reported to the Department of Justice, which could place your name on the Child Abuse Central Index permanently.

COURT HEARINGS

Resource parents will receive notice in the mail about every hearing. You are encouraged to attend whenever you can. In addition, you may be asked to appear with your foster child in Juvenile Court. Your input is a very important part of these court review hearings. (See section Complete a Parent/Child Contact Log (04-39), Supervised Visitation Observation Summary (04-38) and Caregiver Information Form (JV-290) above and Chapter 8 for more information; Court Hearings.)

If the court is considering terminating parental rights, you may be asked to testify about the child's demeanor, behavior, and well-being at the time of placement, frequency and quality of contacts between the child and parent(s), and the reactions of the child to these contacts.

TRANSPORTATION

It is your responsibility to provide transportation for your foster child. This includes, but is not limited to transportation to:

- medical, therapy and dental appointments,
- court hearings, and
- social and school functions, and other normalcy activities, such as extracurricular, enrichment, cultural and social activities, provided the transportation is reasonable.

The basic foster care rate includes an amount for the child's personal transportation to school, medical appointments, therapy and other appointments related to the needs of the child. If the plan is agreed upon for the caregiver to provide transportation to parental visits, CWS expects you to be able to take the child a "reasonable distance." A "reasonable distance" is considered to be within 15 miles of your home to the place where the visit will occur. When a round-trip visit is more than 30 miles, two trips per month is the normal expectation. However, you and the child's social worker will need to develop a creative visitation plan to allow the number of visits ordered by the court. When no other solution is available, you may be requested to make more than two trips per month.

- Although the RFA Written Directives do not require foster parents to provide transportation to parental visits, it is encouraged.
- Discuss transportation issues with the social worker **prior** to accepting a child into your home. Transportation will be provided in accordance with any other arrangements specified in the case plan. It is important that those arrangements be documented by the social worker in the Placement Needs and Services Plan. If you are unable to provide transportation, CWS has the right not to place a child in your home.
- If a child requires **frequent** visits to doctors or therapists, you may be eligible for a transportation supplement if a child meets the criteria for a Special Care Rate. (See Chapter 7, Direct Cost, for more details)
- A Resource Family will ensure that all individuals who transport a child or nonminor dependent have a valid driver's license and use motor vehicles that are in safe operating condition. In addition, the motor vehicles used to transport a child or nonminor dependent, must have current registration and automobile insurance.

IMPORTANT REMINDER:

When riding in a vehicle, all children must be secured in a car seat or seat belt in accordance with California State Law.

PROVIDE AN ALLOWANCE TO THE CHILD

A foster child has the right to an age appropriate allowance as referenced in the Foster Child's Personal Rights. A portion of the foster care reimbursement may be used as an allowance for the child. The amount of the allowance should be appropriately based on the child's age. See Chapter 7 for guidelines.

The issue of responsibility with money is important in child rearing. Many parents have found that an allowance is a good tool for giving a child experience in handling money and developing a sense of independence.

TEACH INDEPENDENT LIVING SKILLS

Preparation for adulthood is important at all ages. There are examples of activities you can use throughout the years in a free booklet entitled, [“Ready, Set, Fly: A Parent’s Guide to Teaching Life Skills.”](#) By Case Family Programs.

You are expected to teach Independent Living Skills to your teenage child in foster care. You can help them learn the skills needed to become independent adults. For example, you can teach them to:

- Prepare and live on a budget
- Purchase their own clothes and personal needs
- Wash and mend their own clothes
- Establish a bank account
- Plan and prepare meals
- Maintain an organized and clean living space
- Use public transportation
- Learn how to make a major purchase (apartment, car, etc.), if appropriate and approved by the child's social worker
- Assist in obtaining a California Identification card

Most important are your words of encouragement and gentle reminders.

Contact the social worker for information on the child's Transitional Independent Living Plan and when there are concerns about the teen's ability to live independently.

Some youth can emancipate out of the system early. Please contact the youth's social worker if the youth expresses these desires. The Extended Foster Care (EFC) Program for eligible youth ages 18-21 provides extended time to assist youth in becoming better prepared for successful transition into adulthood and self-sufficiency through education and employment opportunities. In addition, it assist the youth in maintaining a safety net of support while experiencing independence in a secure and supervised living environment.

WORKING WITH THE INDEPENDENT LIVING SKILLS (ILS) UNIT:

Teenagers in foster care between the ages of 16-19 have a unique opportunity to receive specialized services to assist toward their independence. The Independent Living Skills (ILS) Unit provides a variety of services including workshops, groups, financial incentives, referrals, education, and job counseling to those who are ready to begin planning for their future. It is essential for teens involved with ILS to keep appointments for workshops, interviews and other planned activities.

The youth's social worker will initiate a referral to the ILS unit when the youth reaches the age of 15 years and 6 months.

You play a critical part in the planning and maturing process for these young adults. Your commitment to their eventual emancipation, and your cooperation with the implementation of the ILS plan, will go a long way toward building their self-esteem and independence.

NOTE: Since ILS teenagers are expected to save the money they earn, you are encouraged to continue providing an allowance. Before opening a bank account for the child's earned income, please consult the ILS unit.

MAINTAINING PLACEMENTS

When a child is placed in your home, you are expected to make all reasonable efforts to maintain the placement. When problems arise, notify the social worker immediately. Together, you may be able to correct the problem or find a solution. A Child Family Team Meeting (CFT) will be called with all other team members to problem-solve the concerns in the case and avoid placement disruption. It is not acceptable to request a child's removal without making reasonable efforts to resolve the problem. (See Chapter 5 for procedures on Requesting the Removal of a Child)

CHANGE OF PLACEMENT SEE CHAPTER 5, SECTION: RESOURCE PARENT'S REQUEST FOR REMOVAL OF A CHILD

Collaborate and Cooperate with Social Workers

It is your responsibility to:

- Work as a team with the social worker and the child's family to meet the needs of the child.
- Attend Child and Family Team (CFT) meetings, as you are an important member of the child's team.
- Keep the social worker informed of the child's routine, progress and of any information regarding the child's family, which the social worker may not be aware of.
- Cooperate, collaborate and partner with the social worker Request a copy of the Placement Needs and Services Plan (04-258), and the Case Plan.

- Cooperate with the plan for the child and family. The Case Plan has generally been agreed to or ordered by the court and must be followed. Discuss any concerns or questions about the plan with the social worker. Any disagreements should be elevated to the social worker's supervisor.
- Discuss with the social worker plans to allow the child to participate in activities outside the foster home (for example, camping trips).
- Contact the social worker if you plan to take the child out of San Diego County.
- Call the social worker if the child has any problems with law enforcement, or is suspended or expelled from school.
- Notify the social worker immediately about any emotional, physical problems, illnesses or injuries that the child may be experiencing.
- Cooperate during any home visits held by CWS staff, including providing an opportunity for private discussion between the foster child and the social worker. Social workers will schedule visits and have the authority to visit your home unannounced. Resource Family Approval workers will make appointments (unless they are responding to a complaint).
- Notify the social worker of concerns you are experiencing with the child/youth that may result in a placement disruption, as a placement preservation strategy developed in a CFT is required before a child/youth may be moved from your home.
- Inform the social worker immediately if the foster child runs away from your home.

REPORTING RESPONSIBILITIES

(Resource Family Approval Written Directives Section 11-06: Reporting Requirements)

Within 24 hours

Report the following circumstances or events within 24 hours or by the next business day to your foster child's social worker, the social worker's supervisor, or the Child Abuse Hotline, **and** your Resource Family Approval Worker:

- Death of any child in your household from any cause
- Suicide attempt by your foster child or any household member
- Injury to your foster child which requires hospitalization or medical care
- Unusual incidents that threaten the physical/emotional health or safety of any child in your home. Examples include, but are not limited to:
 - Kidnapping
 - Death of a household member
 - Catastrophes
 - Fire or explosions in/on or near the premises
 - Poisonings
 - Outbreaks of epidemics
- Unusual absence of a child
- For a nonminor dependent, any prolonged absence that is unplanned or failure to return that last more than 72 hours.
- Foster child runs away from home
- Foster child taken into custody by the police

- Suspected child abuse or neglect of any child in your home
- Suspected abuse of any child within the scope of your professional capacity, per Penal Code Section 11166.6 or suspected physical, sexual abuse, or emotional abuse. (Child Abuse Hotline telephone number (858) 560-2191 or toll free (800) 344-6000)
- Known or suspected pregnancy of your foster child
- Known or suspected drug/alcohol use by your foster child
- Foster child is more than 2-hours late returning from a visit with his parent/family

If you reach the social worker's voice mail, leave a message and call a supervisor, duty worker, or the Child Abuse Hotline. You must speak directly to an authorized CWS representative.

Within 24 Hours

If your foster child is:

- Seriously ill
- Coming home late from activities
- Stopped by the police
- Out of the foster home without permission
- Suspended or expelled from school

RESOURCE PARENT'S RIGHT TO CONSENT

You have the same consent authority as any parent, except as listed as follows:

1. You do **not** have a legal authority to give consent for your foster child to:

- Marry
- Enter the armed forces
- Leave the County of San Diego

2. The Consent for Treatment (Form 04-24) entitles you to obtain ordinary (routine) medical or dental care for the child. This authorization is limited to:

- Physical examinations
- Immunizations
- X-rays
- Emergency medical care

3. You do not have the authority to:

- Sign hospital admission papers
- Consent for HIV testing (See Chapter 6 for more information on HIV testing)
- Consent to any non-routine procedures. These include but are not limited to: spinal taps, blood transfusions, administration of psychotropic medications, the administration of a general anesthetic (includes dental work etc.)

4. Your ability to provide consent may be further limited by the court. In addition, the parent of a child placed voluntarily with you may further modify or prohibit your consent authority.

CALL THE CHILD'S SOCIAL WORKER IF YOU ARE UNSURE WHETHER YOU ARE ALLOWED TO GIVE PERMISSION TO TREAT.

If the social worker is not available, ask to speak to a supervisor or duty worker. During evenings or weekends, call the Child Abuse Hotline. In an emergency situation, or if you forget your Consent for Treatment, the Child Abuse Hotline will assist in obtaining permission to treat.

Reduced Fee California Identification Card

If agreed upon, you may assist your foster child obtain a California Identification Card (ID) at a reduced fee. To obtain this ID for your foster child, contact the social worker and ask the social worker to fill out and give you the form "Verification for Reduced Fee Identification Card" (DL 937). The social worker must complete this form correctly or the DMV will not accept it. You should make sure that the form is completed correctly before you take it to the Department of Motor Vehicles to obtain the ID card.

The social worker must complete:

- social worker's name
- CWS office address
- date form was completed
- signature of social worker
- name of the child printed exactly as it appears on the child's birth certificate and/or other legal document

The resource parent must present this form to an official at a DMV office along with verification of the child's identification and the required fee, within 60 days of the date the social worker signed the form. If you have questions regarding payment of this fee, please contact the child's social worker.

CHAPTER 3

The Foster Child and Their Family

THE FOSTER CHILD

Children need normal childhoods as well as loving and skillful parenting. Like any child, a foster child needs love and security. All foster children are affected by the trauma of separation from their family. Sometimes this separation shows in their behavior. They may refuse to eat or have difficulty making friends. They may lie because they are afraid, brag to cover up their own bewilderment, or cry for no apparent reason. Others are so meek they hardly speak, or they bully other children in the neighborhood. These are just some of the ways that children “tell” us how painful separation is. Sometimes more severe symptoms indicate even deeper concerns - they steal, they run away, they wet the bed, etc.

Many of these concerns result from trauma the child has experienced. The Resource Family’s approach should always be the same – patience and understanding. By showing a child, on a daily basis that you want them as part of your family, you will help the child resolve their fear and mistrust. Your foster child may have had sporadic discipline in the past and it may take many weeks or months of patient, firm, and repetitive behavior to help them know that you will be consistent.

If the foster child has been neglected or badly treated, they may have an especially hard time adjusting to your home. The child may have never learned to trust anyone. They may have never learned to live within the usual routine of family life, like sitting down to meals together at regular times. Such a child will need an extra amount of understanding and patience.

Sometimes children will have difficulty feeling close to you, for fear of hurting, betraying or showing disloyalty to their own family. Frequently, for the first few days, weeks, or months after a child goes into a new resource family home, both the child and resource parents may encounter difficulties. After this “honeymoon period”, changing behaviors may appear, causing you to wonder if you have “done something wrong” or you may feel that the child has changed completely. When this happens, you should feel free to contact the child’s social worker or a Resource Parent mentor and discuss the situation.

Often the child’s trauma will heal, and their behavior will settle down into a familiar routine. The change will be slow, but with gentleness, patience, and hard work it will come. A child who has known cruelty and deprivation will often act out of fear and distrust. As they learn that there are people who are kind and caring, their feelings about themselves, their caregivers, and the world will change. Knowing that you understand what the child is going through is vital to their well-being. It is imperative that you, the social worker, and the child’s parents work together for the well-being of the child.

THE MEANING OF SEPARATION TO THE CHILD AND THEIR PARENTS

All children in out of home care have a family of their own. It may include one or both parents, stepparents, grandparents, or other relatives. The child may also have brothers and sisters that remain in their parents’ home, or who live in another relative’s or resource home. These individuals are the child’s permanent connections. All of these family members play an important role in your foster child’s life. Even while separated or far away, parents, siblings, relatives, and extended family members can exert an enormous amount of influence on the emotional life of their child.

A child placed in out-of-home care misses their parents deeply. No matter how troubled or difficult the parents may be, to the child they may be their entire security. They are all the child has ever known. They are the child's roots to the past, their support and their foundation. When the child is separated from them, they may feel that they have lost a part of themselves.

Finally, the child may not really understand why their parents cannot care for them. No matter what the realistic reason for the placement, the child may develop a series of irrational explanations that they bury deeply in their mind. These unconscious feelings about the separation from their parents might include thoughts such as, they were placed because they were bad and the placement is the punishment; their parents have rejected and abandoned them and they will never see them again; their parents have died, etc. The child's unconscious explanations of the separation from their parents are often exaggerated and illogical, but are very real to the child and resource parents should try to soothe the child's worries.

For these reasons, there are many advantages to the child for continuing contact with their parents, siblings, relative, and extended family members. Furthermore, out-of-home placement is usually temporary, as the goal of Child Welfare is to reunite the child with their family. It is much easier to attain this goal when the child maintains some form of an ongoing relationship with the birth family.

RIGHTS OF FOSTER CHILDREN

All children in foster care and nonminor dependents (NMD) have specific personal rights under Welfare and Institutions Code (W&IC) Section 16001.9

A resource family will ensure that each child/youth is verbally notified in an age or developmentally appropriate manner and provided a written copy of their personal rights during the following times:

- Upon placement in the home
- Upon request from the child/NMD
- Each time a new right has been added to WIC 16001.9.

In addition, social workers are to remind children/NMD's of their rights every six months.

The Foster Child's Personal Rights are as follows:

1. To live in a safe, healthy, and comfortable home where they are treated with respect. If the child is an Indian child, to live in a home that upholds the prevailing social and cultural standards of the child's Indian community, including, but not limited to, family, social, and political ties.
2. To be free from physical, sexual, emotional, or other abuse, corporal punishment, and exploitation.
3. To receive adequate and healthy food, adequate clothing, grooming and hygiene products, and an age-appropriate allowance. Clothing and grooming and hygiene products will respect the child's culture, ethnicity, and gender identity and expression.
4. To be placed in the least restrictive setting possible, regardless of age, physical health, mental health, sexual orientation, and gender identity and expression, juvenile court record, or status as a pregnant or parenting youth, unless a court orders otherwise.

5. To be placed with a relative or non-relative extended family member if an appropriate and willing individual is available.
6. To not be locked in any portion of their foster care placement, unless placed in a community treatment facility.
7. To have a placement that utilizes trauma-informed and evidence-based de-escalation and intervention techniques, to have law enforcement intervention requested only when there is an imminent threat to the life or safety of a child or another person or as a last resort after other diversion and de-escalation techniques have been utilized, and to not have law enforcement intervention used as a threat or in retaliation against the child.
8. To not be detained in a juvenile detention facility based on their status as a dependent of the juvenile court or the child welfare services department's inability to provide a foster care placement. If they are detained, to have all the rights afforded under the United States Constitution, the California Constitution, and all applicable state and federal laws.
9. To have storage space for private use.
10. To be free from unreasonable searches of personal belongings.
11. To be provided the names and contact information for social workers, probation officers, attorneys, service providers, foster youth advocates and supporters, Court Appointed Special Advocates (CASAs), and education rights holder if other than the parent or parents, and when applicable, representatives designated by the child's Indian tribe to participate in the juvenile court proceeding, and to communicate with these individuals privately.
12. To visit and contact siblings, family members, and relatives privately, unless prohibited by court order, and to ask the court for visitation with the child's siblings.
13. To make, send, and receive confidential telephone calls and other electronic communications, and to send and receive unopened mail, unless prohibited by court order.
14. To have social contacts with people outside of the foster care system, including, but not limited to, teachers, coaches, religious or spiritual community members, mentors, and friends. If the child is an Indian child, to have the right to have contact with tribal members and members of their Indian community consistent with the prevailing social and cultural conditions and way of life of the Indian child's tribe.
15. To attend religious services, activities, and ceremonies of the child's choice, including, but not limited to, engaging in traditional Native American religious practices.
16. To participate in extracurricular, cultural, racial, ethnic, personal enrichment, and social activities, including, but not limited to, access to computer technology and the internet, consistent with the child's age, maturity, developmental level, sexual orientation, and gender identity and expression.
17. To have fair and equal access to all available services, placement, care, treatment, and benefits, and

to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity and expression, mental or physical disability, or HIV status.

18. To have caregivers, child welfare and probation personnel, and legal counsel who have received instruction on cultural competency and sensitivity relating to sexual orientation, gender identity and expression, and best practices for providing adequate care to lesbian, gay, bisexual, and transgender children in out-of-home care.
19. To be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court, child welfare, medical, or vital records, to be referred to by the child's preferred name and gender pronoun, and to maintain privacy regarding sexual orientation and gender identity and expression, unless the child permits the information to be disclosed, or disclosure is required to protect their health and safety, or disclosure is compelled by law or a court order.
20. To have child welfare and probation personnel and legal counsel who have received instruction on the federal Indian Child Welfare Act of 1978 (25 U.S.C. Sec. 1901 et seq.) and on cultural competency and sensitivity relating to, and best practices for, providing adequate care to Indian children in out-of-home care.
21. To have recognition of the child's political affiliation with an Indian tribe or Alaskan village, including a determination of the child's membership or citizenship in an Indian tribe or Alaskan village; to receive assistance in becoming a member of an Indian tribe or Alaskan village in which the child is eligible for membership or citizenship; to receive all benefits and privileges that flow from membership or citizenship in an Indian tribe or Alaskan village; and to be free from discrimination based on the child's political affiliation with an Indian tribe or Alaskan village.
22. (A) To access and receive medical, dental, vision, mental health, and substance use disorder services, and reproductive and sexual health care, with reasonable promptness that meets the needs of the child, to have diagnoses and services explained in an understandable manner, and to participate in decisions regarding health care treatment and services. This right includes covered gender affirming health care and gender affirming mental health care and is subject to existing laws governing consent to health care for minors and nonminors and does not limit, add, or otherwise affect applicable laws governing consent to health care.
(B) To view and receive a copy of their medical records to the extent they have the right to consent to the treatment provided in the medical record and at no cost to the child until they are 26 years of age.
23. Except in an emergency, to be free of the administration of medication or chemical substances, and to be free of all psychotropic medications unless prescribed by a physician, and in the case of children, authorized by a judge, without consequences or retaliation. The child has the right to consult with and be represented by counsel in opposing a request for the administration of psychotropic medication and to provide input to the court about the request to authorize medication. The child also has the right to report to the court the positive and adverse effects of the medication and to request that the court reconsider, revoke, or modify the authorization at any time.
24. (A) To have access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections.

(B) At any age, to consent to or decline services regarding contraception, pregnancy care, and perinatal care, including, but not limited to, abortion services and health care services for sexual assault without the knowledge or consent of any adult.

(C) At 12 years of age or older, to consent to or decline health care services to prevent, test for, or treat sexually transmitted diseases, including HIV, and mental health services, without the consent or knowledge of any adult.

25. At 12 years of age or older, to choose, whenever feasible and in accordance with applicable law, their own health care provider for medical, dental, vision, mental health, substance use disorder services, and sexual and reproductive health care, if payment for the service is authorized under applicable federal Medicaid law or other approved insurance, and to communicate with that health care provider regarding any treatment concerns or needs and to request a second opinion before being required to undergo invasive medical, dental, or psychiatric treatment.
26. To confidentiality of medical and mental health records, including, but not limited to, HIV status, substance use disorder history and treatment, and sexual and reproductive health care, consistent with existing law.
27. To attend school, to remain in the child's school of origin, to immediate enrollment upon a change of school, to partial credits for any coursework completed, and to priority enrollment in preschool, afterschool programs, a California State University, and each community college district, and to receive all other necessary educational supports and benefits, as described in the Education Code.
28. To have access to existing information regarding the educational options available, including, but not limited to, the coursework necessary for career, technical, and postsecondary educational programs, and information regarding financial aid for postsecondary education, and specialized programs for current and former foster children available at the University of California, the California State University, and the California Community Colleges.
29. To attend Independent Living Program classes and activities, if the child meets the age requirements, and to not be prevented by caregivers from attending as a consequence or punishment.
30. To maintain a bank account and manage personal income, consistent with the child's age and developmental level, unless prohibited by the case plan.
31. To work and develop job skills at an age-appropriate level, consistent with state law.
32. For children 14 to 17 years of age, inclusive, to receive a consumer credit report provided to the child by the social worker or probation officer on an annual basis from each of the three major credit reporting agencies, and to receive assistance with interpreting and resolving any inaccuracies.
33. To be represented by an attorney in juvenile court; to have an attorney appointed to advise the court of the child's wishes, to advocate for the child's protection, safety, and well-being, and to investigate and report to the court on legal interests beyond the scope of the juvenile proceeding; to speak to the attorney confidentially; and to request a hearing if the child feels their appointed counsel is not acting in their best interest or adequately representing their legal interests.

34. To receive a notice of court hearings, to attend court hearings, to speak to the judge, to view and receive a copy of the court file, subject to existing federal and state confidentiality laws, and to object to or request the presence of interested persons during court hearings. If the child is an Indian child, to have a representative designated by the child's Indian tribe be in attendance during hearings.
35. To the confidentiality of all juvenile court records consistent with existing law.
36. To view and receive a copy of their child welfare records, juvenile court records, and educational records at no cost to the child until the child is 26 years of age, subject to existing federal and state confidentiality laws.
37. To be involved in the development of their own case plan, including placement decisions, and plan for permanency. This involvement includes, but is not limited to, the development of case plan elements related to placement and gender affirming health care, with consideration of the child's gender identity. If the child is an Indian child, the case plan will include protecting the essential tribal relations and best interests of the Indian child by assisting the child in establishing, developing, and maintaining political, cultural, and social relationships with the child's Indian tribe and Indian community.
38. To review the child's own case plan and plan for permanent placement if the child is 10 years of age or older, and to receive information about their out-of-home placement and case plan, including being told of changes to the plan.
39. To request and participate in a child and family team meeting, as follows:
 - (A) Within 60 days of entering foster care, and every 6 months thereafter.
 - (B) If placed in a short-term residential therapeutic program, or receiving intensive home-based services or intensive case coordination, or receiving therapeutic foster care services, to have a child and family team meeting at least every 90 days.
 - (C) To request additional child and family team meetings to address concerns, including, but not limited to, placement disruption, change in service needs, addressing barriers to sibling or family visits, and addressing difficulties in coordinating services.
 - (D) To have both informal and formal support people participate, consistent with state law.
40. To be informed of these rights in an age and developmentally appropriate manner by the social worker or probation officer and to be provided a copy of the rights in this section at the time of placement, any placement change, and at least once every six months or at the time of a regularly scheduled contact with the social worker or probation officer.
41. To be provided with contact information for the Community Care Licensing Division of the State Department of Social Services, the tribal authority approving a tribally approved home, and the State Foster Care Ombudsperson, at the time of each placement, and to contact any or all of these offices immediately upon request regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.

- The rights described in this section are broad expressions of the rights of children in foster care and are not exhaustive of all rights set forth in the United States Constitution and the California Constitution, federal and California statutes, and case law.
- This section does not require, and will not be interpreted to require, a foster care provider to take any action that would impair the health and safety of children in out-of-home placement.
- The State Department of Social Services and each county welfare department are encouraged to work with the Student Aid Commission, the University of California, the California State University, and the California Community Colleges to receive information pursuant to paragraph (28) of subdivision (a).

TELEPHONE ACCESS RIGHTS OF FOSTER CHILDREN

Accessibility

Telephone access and usage cannot be prohibited. In addition, telephone access and usage should not be a privilege that a child must earn. Welfare and Institutions Code Section 16001.9 (13) states that all children in foster care have the right to make, send and receive confidential telephone calls and other electronic communications, and to send and receive unopened mail, unless prohibited by court order. Per the law, Resource Parents may not prohibit or restrict telephone calls to the following:

- Authorized representatives
- Foster youth advocates and supporters
- Family members not excluded by court order
- Social Workers
- Attorneys
- Court Appointed Special Advocates (CASAs)
- Community Care Licensing Division of the California Department of Social Services
- State Foster Care Ombudsman.

Resource parents may place limitations to calls to other individuals. They may not remove a cell phone that belongs to the child/youth, but may apply reasonable restrictions to their activity based on:

- House rules (e.g. phones off at a designated hour, no phones during meals)
- Consideration of the rights of others (e.g. limit number of calls and times to ensure all children/youth in the household have equal time)
- Case plan requirements
- Court order prohibitions

Best practice is for social workers and resource parents to work as team as stated in the QPI Partnership Agreement, to provide normalcy to the child/youth, while ensuring their safety and well-being.

Confidentiality

Foster children have the right to make and receive confidential telephone calls from individuals of significance to them, unless otherwise prohibited by court order. Resource parents should consult with the youth's social worker if they have questions about who these individuals of significance are, keeping in mind that it is

based on the best interests of the youth. To ensure the confidentiality of telephone calls, you should provide a private area away from others that will afford privacy. Depending on the level of supervision for your foster child, you may be asked to monitor phone calls between your foster child and their birth parents. Always check with your social worker for case specific guidance.

Call Lists

Since restrictions against making and receiving telephone calls from specific individuals must be based on court orders, it would be reasonable for you to require a “do not call” list for youth as opposed to an “approved call list.” While restrictions may be imposed on calls to and from specific individuals, these restrictions cannot be imposed unless the court or social worker has provided this information to you in writing. If the restrictions are provided to you verbally, the Resource Family parent should document the conversation.

Reimbursement for Telephone Calls

Foster children will not be required to pay for local telephone calls. Unless a court has ordered no contact, the Social Worker will arrange and collaborate with Resource Parents to coordinate child/parent phone calls and written correspondence. If the child is not verbal or cannot write/draw, then parents will communicate with the Resource Family about the child.

CWS or Probation will reimburse the Resource Family for long distance telephone calls, collect calls from parents/relatives, or siblings, and phone calls made by the child, if the case plan includes on-going contact with that person and it is consistent with the well-being of the child. Calls, other than those to individuals and agencies to which telephone access may not be restricted, may sometimes be prohibited. CWS and Probation will **not** reimburse Resource Family parents for long distance calls made by foster children to persons not identified in the case plan or calls to 900 phone numbers.

When reimbursement for previous long-distance calls has not been received, the Resource Parent may prohibit further long-distance calls by the foster child. The Resource Parent must provide documentation of the unpaid long-distance charges upon request. It is suggested that Resource Parents utilize calling plans that provide unlimited telephone calls at a minimal cost to mitigate expenses.

In the case of incarcerated parents, calling cards are no longer used in correctional facilities. Instead, the social worker may request that a calling account be set up for incarcerated parents to receive phone calls from their children and from others (such as the Resource Family parent) designated by the Social Worker.

The Social Worker will set parameters for all collect telephone calls and inform the Resource Family parent, the child and the parents of:

- Who can make collect telephone calls
- How often collect telephone calls can be made
- How long can telephone calls last

The resource parent should discuss arrangements for a reimbursement plan for telephone calls with the social worker prior to the calls beginning.

ACCESS TO TECHNOLOGY AND INTERNET

Welfare and Institutions Code 362.05 includes the use of access to technology and internet for dependent children in resource homes. Although foster children/ youth may not be prohibited from the use of social media, a resource parent or designee may restrict internet usage as appropriate, using careful and sensible parental decisions to maintain the child/youth health, safety, and best interest.

RIGHTS & RESPONSIBILITIES OF BIRTH PARENTS

Birth parents have the following rights:

- To receive a copy of “A Parent’s Guide to Child Welfare Services,” to assist them in understanding and navigating CWS and to informing them of their civil rights.
- To have their cultural, religious, ethnic, and racial heritage respected.
- To be respected as individuals who have all the rights guaranteed to them as do citizens of this country.
- To maintain custody of their child unless it has been demonstrated that this would jeopardize the child’s health and welfare.
- To be provided with opportunities to demonstrate their capacity to provide a suitable home for their child, and to regain custody of their child as quickly as possible, when regaining custody is consistent with the health and welfare needs of the child.
- To participate in planning for their child, to receive a copy of the case plan, and to receive proper and adequate notice of any legal proceeding concerning the child.
- To receive services, in accordance with the service plan, to assist them in overcoming the conditions which led to removal of their child, and if return of their child to their custody is not feasible, to help them adjust to an alternative permanent plan for their child.
- To have knowledge of their child’s whereabouts and to visit and to communicate with their child within reasonable guidelines as set by the service plan and by the Court.
- To receive a written description of the expectations they must meet in order to have their child returned home and of the services, the social worker will provide to help them meet those expectations.
- To have information about them kept confidential.
- To get reports on their child’s health and development, progress in school, and behavior.
- To have CWS listen to their complaints.
- To consult with a lawyer at any time, and to be represented by a lawyer in any court action concerning their child or affecting their parental rights.

BIRTH PARENTS’ RESPONSIBILITIES

- To cooperate with the social worker in setting up the plan for what they must do while their child is in out of home care.
- To work toward resolving the problems which caused the child to be removed from their home.
- To visit their child regularly, at a time and place agreed upon with the social worker and the resource parent. If not able to visit, the parents should discuss their reasons with the social worker.
- To talk about their child’s care and progress with the social worker and resource parent.
- To tell the social worker about major changes in their lives, such as change of address, telephone number, job, income, or marriage.

- To keep appointments with the social worker and resource parent or to give adequate notice of cancellation.

RESOURCE PARENT’S RELATIONSHIP WITH THE CHILD’S FAMILY

When a child is placed in your home, they bring the ties to their own family with them. Though they are now becoming part of your family, they are still a part of their own family and have a loyalty to them. Children need normal childhoods as well as loving and skillful parenting that honor their loyalty to their biological family and their need to develop and maintain permanent lifelong connections. This allows the child not to feel pressured to make a choice between you and their parents. Most children see themselves as extensions of their parents. If you show disapproval of the parents, the child may feel that you also disapprove of them. You can help your foster child by allowing them to “bring his family with them in the form of photographs, mementos and treasures from home. This is a way to preserve their connection to their siblings, family and familiar people, community, and other cultural affiliations.

Your support and encouragement of the contacts with and connection to a child’s family are necessary to help your foster child feel more comfortable about their situation.

One of the most difficult aspects of resource family parenting is understanding the actions or inactions of the birth parents, which lead to the removal of their children. Trying to understand without condemning the birth parents is extremely important because the foster child can sense your feelings, especially if they are negative.

Family visitation and maintaining permanent connections is important, since it allows the foster child to maintain their attachment with their family. In most cases, it is the social worker’s obligation to reunite the family for a visit as soon as conditions permit.

When parents attend visits with their children, they may act defensive, angry, or emotional. Often these feelings stem from the parents’ own feelings of inadequacy and their discomfort at having to visit their child who is being cared for by someone else.

At the time of an approved visit, be friendly with the birth parents, but do not become involved in discussing their personal problems or trying to answer questions about what will happen in the future. When parents want to talk about problems or plans, you should listen but encourage them to talk with the social worker.

It is appropriate to tell the birth parents that you cannot engage in a conversation regarding their case and that the appropriate person to have a discussion with is their social worker.

Many parents whose children are in resource homes are trying to stabilize their own lives and make plans for themselves. They may have a different lifestyle and values than you are accustomed too. It is vitally important to the child that you support and help the family reunite. The child will need a lot of support from you; they need to know you support the reunification. This supportive attitude can also relieve the pressure of choosing between two sets of parents.

As parents work their reunification plans, they will eventually progress to unsupervised visitation. The child’s social worker will discuss the court ordered visitation plan and work out a schedule with you.

The Agency makes a strong effort to place siblings together in the same resource home. Sometimes this is not possible; however, CWS is responsible to make diligent efforts for siblings to have the opportunity to regularly visit each other. All of the resource family parents and the children's social worker(s) will need to work out a sibling visitation schedule. See Chapter 8- Child Abuse and the Court for other sibling information.

CONFIDENTIALITY OF RESOURCE FAMILY HOMES

The County of San Diego Local Rules of Court (Rule 6.1.17) states that for the purposes of Confidentiality of Foster Homes the address of resource parents are confidential and birth families are allowed to have the telephone number and the first name of the resource parent(s) caring for their child.

The only exceptions are if the Court makes a "good cause" finding to disclose the address, or if a Resource Family chooses to waive their confidentiality. If a Resource Family chooses to waive their confidentiality, they may release their address by completing the Foster Parent Confidential Address (04-278) form.

CHAPTER 4

Resource Family Rights

RIGHTS OF RESOURCE FAMILY PARENTS

Resource Family parents have the following rights:

- To accept or decline the placement of a child.
- To be reimbursed the basic care rate in a timely manner according to current policy for a foster child.
- To have a clear understanding of your role as a resource parent and of the Agency's role.
- To continue your own family patterns, routines, and values so long as these do not infringe on a foster child's rights.
- To have knowledge of all things concerning the foster child as required by law and policy, as well as any potential dangers from a foster child or their birth family.
- To work with the social worker to determine how the children/youth's visits with their family may be supported.
- To have knowledge of the appropriate appeal process in case of a disagreement with the Agency.
- To participate as a member of the Child and Family Team (CFT) to help plan for the child in your home.
- To have the support of the social worker and to be accorded dignity in all relationships with the Agency.
- To have the opportunity to grow professionally by participating in cutting edge training courses sponsored by the Agency and community partners.
- To use the prudent parent standard to ensure a child/youth in foster care has a "normal life," by determining whether to give permission to the child/youth to participate in extracurricular, enrichment, and social activities considering the child/youth's age, maturity, and developmental level.
- To receive help from the social worker in locating and using appropriate resources to meet the child's needs.
- To be considered as a possible permanent placement for a child in the event that a relative is not located and the child is in need of permanency.

COMPLAINTS AGAINST HHSA OR SOCIAL WORKERS

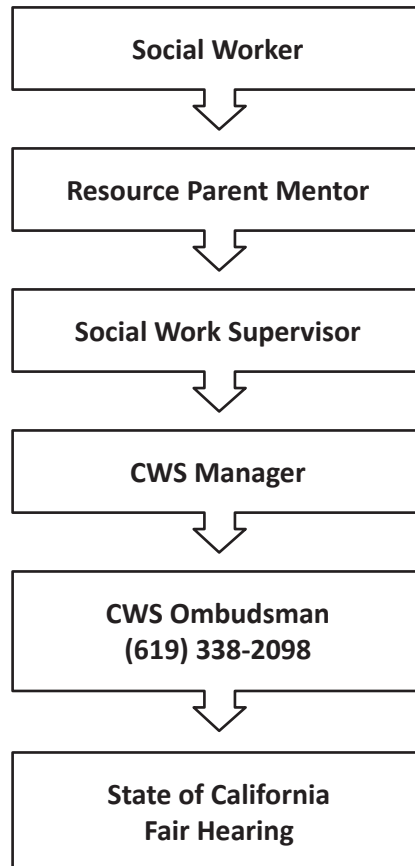
Resource families may occasionally have complaints or disagreements with the RFA worker, the child's social worker, or the human services specialist. To ensure problems are resolved as quickly as possible, it is the County policy that complaints be resolved at the lowest possible level.

- Begin by calling the worker to discuss the problem. An earnest effort to let the worker know your feelings may be enough to resolve the matter.
- You can also call 1-800-200-1222 to have a Resource Parent Mentor assigned to you to offer support and guidance.
- If a satisfactory solution is not reached with the worker, call the worker's supervisor.
- If the matter has still not been resolved, call the program manager.

We strive to help resource families understand social workers' roles and child welfare laws and exhibit clearly defined, respectful working relationships with resource families.

If the matter is not resolved by speaking with the above individuals, you may also call the Office of the Ombudsman for Child Welfare Services (see below). The State of California Fair Hearing Process is available if the other avenues do not resolve the issue.

Please do not call the Child Abuse Hotline, as they have no authority to resolve complaints regarding assignments or workers. You may call the State Ombudsman at 877-846-1602.



COMPLAINTS AGAINST RESOURCE FAMILY PARENTS

Refer to Chapter 1 for complaints against resource parents. If there is reasonable suspicion that a resource family parent may not be providing adequate care for a foster child, call the Kids Line (877-792-5437). If there is reasonable suspicion that a foster child is being abused or neglected, call the Child Abuse Hotline (1-858-560-2191).

GRIEVANCE REVIEW HEARINGS

Resource Families have a legal right to a formal grievance review hearing if they are dissatisfied with actions of the County related to the placement, care, or removal of a child. However, before requesting a formal grievance review hearing, follow the complaint procedures listed under Complaints Against HHSA or Social

Workers above. Most issues can be resolved informally thus avoiding the lengthy, more formalized hearing process.

Exclusions

A grievance review hearing will **not** be granted when the issue involves any of the following:

- The child is in imminent danger.
- The caregiver has signed a waiver of notice.
- The court, on its own initiative, has ordered the child's removal.
- Adverse licensing/certification actions have occurred which prohibit a resource parent from continuing to provide services.
- The parent removes or requests removal of a child placed voluntarily.
- The removal of the child, or modification of services, is the result of an administrative action.
- The child is being placed directly into an adoptive home or potential permanent home.
- The complaint involves the validity of a law or of a statewide RFA Written Directives.
- The complaint is about the payment or issuance of aid or medical assistance for which a fair hearing is available.
- Prior change of placement agreement by all parties.

Grievance Procedures

1. To request a grievance review hearing, ask the social worker for the Request for Grievance Review (10-62) form. The social worker is responsible for discussing the grievance process.
2. Complete the 10-62 and return the form to:

Child Welfare Services Director
8965 Balboa Avenue
San Diego, CA 92123

3. The request must be filed with the Director within **ten calendar days** after you were notified of the intended action. If the issue involves the placement or removal of a child/youth, the request must be received at least two calendar days before the intended removal unless the removal meets one of the exception criteria. It is recommended that you call the social worker's supervisor or manager to advise them that you are filing a grievance. Unless the child is in imminent danger, the child/youth will remain with you until the grievance review decision is reached.
4. The Director will appoint an impartial review-hearing officer. The officer:
 1. **cannot** be in the chain of command of any person involved in the complaint, and
 2. must be knowledgeable of the field and capable of objectively reviewing the complaint.
5. The Grievance Review Hearing Officer will schedule the grievance review hearing within 10 working days of the date the complaint was received. All parties will receive notice at least five days in advance of the hearing.

6. The Grievance Review Hearing Officer will conduct the hearing in the following manner:
 - Hearings are to be conducted in a non-adversarial atmosphere.
 - All parties to the grievance will be permitted to examine all documents and physical evidence at the hearing.
 - If parties and witnesses must testify at the hearing; only authorized persons present during the review, unless all parties and the hearing officer consent to the presence of other persons.
 - Grievance Hearings are audio recorded.
 - All testimony will be given under oath or affirmation.
 - The hearing officer will have the authority to continue the hearing for up a period not to exceed 10 days calendar days, if additional evidence or witnesses are necessary to determination the issue.
7. The hearing officer within five business days after the grievance hearing, or up to 10 days if additional evidence or witnesses are necessary to render a decision, will submit a written report to the Director.
8. The Director will finalize the written decision within five calendar days after the Grievance Review Hearing completion. A copy of the decision will be sent to each party.

CHAPTER 5

Placement Procedures

SELECTING A RESOURCE FAMILY

Placements are made by considering each child/youth individually and choosing the Resource Family that will best meet the child/youth needs. When a child must be removed from the home to maintain safety, we actively try to preserve their connections to siblings, family and familiar people, school and community of origin, cultural, religious, and tribal affiliations. Some of the many factors that may determine placement include:

- **Racial ethnicity, language, and cultural** background of the child, their family, and the resource family. It is easier for a child to be placed in a home where adjustments and changes of lifestyle are minimized as much as possible.
- **Siblings** will be placed in the same home whenever possible. When it is not possible, the ability to facilitate sibling visits will be considered and arranged between the social worker and resource parent.
- **Proximity** of the resource family to the child's parent's home and to the child/youth's school. This will help facilitate visitation, keeps the child in the same school, allow continuity with doctors, therapists, etc.
- **Special Needs** of the child and the resource parent's ability to meet those needs. For example, a child who requires specialized medical care needs a resource parent with special skills or training. The same is true for children who have increased behavioral or emotional needs.
- **Composition of the resource family:** Some children may do better in homes that have other children. Others should not be placed with young children.
- **Availability of the resource parent:** A resource parent that can provide the care and supervision that meets the needs of a child/youth and ensures their health, safety and well-being.
- **Gender Identity** of a child/youth as they will be placed according to their gender identity regardless of the gender or sex listed in their court or child welfare records.

SOCIAL WORKER RESPONSIBILITIES

The social worker and resource parents are expected to work as a professional team to meet the needs of the child/youth. This can be done by following the expectations outlines in the San Diego QPI Partnership Agreement form (04-296).

When placing a child in a resource family home whether related or non-related the social worker will:

1. Call the prospective resource parents to discuss the placement. The worker will share information about the child's background such as, special needs, dangerous propensities, medical, behavioral, family and placement history and any other useful information that may assist the resource parent in caring for the child/youth,
2. Assist the child/youth and their parents to prepare for placement.

3. Work with the child/youth's parents and resource parent to develop a visitation schedule for the parents, siblings, and relatives.
4. Facilitate the placement by taking the child/youth to the resource family and discuss the following with the resource parent:
 - Placement Needs and Services plan for the child (school, therapy, recreation, religion, Independent Living Skills, etc.) and child's supervision needs.
 - Assess the child's clothing needs via the Clothing Inventory and Record of Personal Belongings (04-61).
 - Foster care funding including basic rate reimbursement, special care rates, clothing, and transportation allowances, or emergency caregiver funding if applicable.
 - Resource parent's role in the parent's reunification plan.
5. In the case of a placement where there is no relation (community resource family) to the child, the social worker will:
 - Arrange a pre-placement visit between the child and resource family, if possible.
 - Clear the placement of the child with the Placement Coordinator's Office before placing the child.
6. At placement, the resource parent will be provided the:
 - Agency–Resource Parent's Agreement (form SOC 156, signed by the social worker and resource parent).
 - Copy of the Placement Needs and Services Plan (form 04-258) which contains additional information about the child's background, the minor's attorney, etc.
 - The QPI Partnership Agreement should be reviewed and signed by both the social worker and the resource parent(s).
 - Statement of Dangerous Propensities (form 04-75) signed by the social worker and the resource parent, if applicable.
 - Child/youths transition information (form 04-325) if child was in a prior placement.
 - Family and child abuse information, including when the abuse occurred and how it may affect the child's behavior.
 - The Foster Child's Personal Rights (form 10-5).
 - The SW will provide the 10-5 form directly to older foster children at the time of placement.
 - The information must be provided in an age-appropriate manner consistent with the child/youth's developmental level
 - The social worker is required to inform the child/youth of their personal rights at least every six months.
 - Consent for Treatment (form 04-24 or 04-24C) and Authorization to Use or Disclose Protected Health Information (form 04-24A or 04-24A-C) signed by the child's parent or Juvenile Court,
 - Health and Education Passport (HEP) containing the following information: (The child's HEP will mailed to you soon after placement.)
 - Child's physical health, mental health, dental and education providers and their addresses and upcoming appointments.
 - Child's school record and grade level performance.

- Child's record of immunization and allergies.
- Child's current medications.
- Child's known medical problems.
- Child's past health problems and hospitalizations.
- Child's known mental health condition and medications.
- Any other relevant mental health, dental, health and education information.

Note: Information in the HEP may not always be available for children that are new CWS.

7. Clothing inventory (form 04-61)
8. Parent/Child Contact Log (form 04-39)
9. Caregiver Information Form (JV 290)
10. Name and phone number of the child's attorney
11. Child Health and Disability Prevention (CHDP) brochure.
12. Brochure regarding the Ombudsman's Office (Pub 339) to be given to the resource parent for younger foster children. For an older foster child, this will be given to the child directly.
13. These items should be provided as soon as available:
 - Medi-Cal card or client index number and issue date to be used until the Medi-Cal card is issued.
 - Copy of the child's birth certificate or alien registration card, if available.
 - Child's social security number.
14. Maintain contact with the child during placement.
 - The child's assigned social worker is required to have an in-person visit with the child/youth and caregiver monthly with the majority of the visits being in the resource home.
 - Make periodic unannounced visits to the placement home.
 - Visit with the child alone during each contact.
 - Periodically visit with the child away from the resource home.

PLACEMENT CHECKLIST FOR RESOURCE PARENTS

Your foster child's social worker should give you the following information and/or records on the day of placement if possible. Ask the worker about each of these items and make notes.

- [] A Consent for Treatment (form 04-24).
- [] A Medi-Cal card for each child or client identification number and issue date until card is received.
- [] A copy of the child's birth certificate
- [] A US passport or alien registration card, if available
- [] Any medical and dental information, including all immunizations, known allergies, and pertinent psychological information, if available. (**NOTE:** The child's Health and Education Passport will be mailed to you soon after placement.)
- [] A Needs and Services Plan including any instructions for current and future medical and dental care, psychiatric and psychological consultations, evaluations or treatment, child's supervision needs, and any special needs of the child.
- [] Medications and any written instructions regarding medications or prescriptions.
- [] Agency - Foster Parent Agreement (SOC 156) completed by the social worker, signed by you and the social worker. This placement agreement must be **complete**, contain the name, and telephone number of the social worker and the worker's supervisor. Be sure to read both sides of the agreement carefully. Retain your copy for your records.
- [] The SOC 156 must indicate the Foster Care Payment Rate and the effective date of placement. This is also the start date for payment. Be sure the case number is filled in at the top of the form in the space provided.
- [] Clothing needs and clothing allowance, if necessary. You and the social worker will complete the Clothing Inventory and Record of Personal Belongings (form 04-61) the child's clothing to see what is actually wearable.
- [] Religious participation, if applicable.
- [] Information for school of origin, including name of last school, grade, achievement level, and any special problems.
- [] Description of any known dangerous propensities of behaviors of the child including sexual aberrations, promiscuity, and seductive behavior; or if the child has been a victim of sexual abuse, is a fire setter or has exhibited violence towards animals or people via the Statement of Dangerous Propensities (form 04-258).
- [] Any special transportation requirements or plans.

- [] A clear understanding of the rights of the child's parents and a visitation plan (who, where, when). List any unauthorized visitors.
- [] Information on what to do and who to call for weekend or evening emergencies.
- [] JV290 Caregiver Information Form

If the above items are not immediately available, ask the social worker to help you obtain them as soon as possible.

Confidential Placement

If the child/youth is placed with a resource family, including relatives and Non-Related Extended Family Members (NREFM), the parent will only be given the resource family's first name(s) and number. It may be difficult in cases where a child/youth is placed with relative or NREFM due to the relationship with the child/youth's family.

If the social worker believes there is a potential danger to the child or to the resource family, the worker may ask the Court to keep the placement confidential in which the resource parent's name, address, or phone will not be included in any paperwork given to the parent or parent's attorney.

The address of the resource family will **not** be disclosed to the parent or the parent's attorney unless the Court makes a "good cause" finding. For additional information on address disclosure, refer to Chapter 8 in the "What Happens When a Child Is Taken Into Protective Custody" section.

NOTE: The child's attorney is informed of the child's whereabouts.

Voluntary Out-of-Home Placements

A voluntary placement is the out-of-home placement of a child made with the consent of the child's parents or guardians. The consent is given to the Agency to arrange and supervise the placement when there are protective issues with the family. Voluntary services provides the family with an opportunity to obtain services needed to address the concerns that brought them to the attention of CWS. Juvenile Court is not involved in this process. The resource parent's authorities are different with a voluntary placement. You should consult with the social worker on what authorities you have.

Because the parents have voluntarily placed their child in foster care, they may terminate the placement at any time and ask to have the child/youth removed from your home. If the parents take the child without the social worker's authorization, call the child's social worker and your resource approval worker to let them know the child is no longer with you and the circumstances under which the child was taken. You may also call the Child Abuse Hotline (858) 560-2191 and/or 911 if the circumstances regarding the removal of the child from your home was threatening, dangerous and/or concerning.

Welcoming a Foster Child into Your Home - "Saying Hello"

A foster child entering your home for the first time needs to know that they are welcome. What you say and do during the first contact with the child will set the tone for your future relationship. You and your family

may have time to plan for the child's arrival after the child's social worker has confirmed the placement with you or you may have the child enter your home rather quickly.

A "Hi," "Hello," "I'm glad you are here," or any sincere and spontaneous greeting is what is needed as the child/youth steps through the door. Engage the child/youth so they do not feel overwhelmed and ask them if they have any questions about your home. An age and developmentally appropriate verbal orientation of the child's personal rights is required, and a written copy of these rights must be provided (Resource Family Approval Written Directives, Section 11-08). From there on, much of what you say and do will depend on cues you pick up from the child and direction from their social worker. By the child's response or lack of response, it will guide you as to how ready they are for an interaction with you and your family.

For the very small child, there may be a special treat: a piece of fruit, a cookie, a cup of juice, or a stuffed animal. If your offer is not accepted, you might try again later, and remember to give plenty of choices. The child may not want to eat at all. Remember that many children are quite upset upon being removed from an environment that is familiar to them and being placed in a new home. These feelings need to be recognized, understood, and treated with respect and sensitivity.

A younger child may want to see where they will sleep and take naps and might enjoy a special cuddly toy you have on hand for just those times. A child may want to meet the family pets as well as their new family members, especially any children close to their own age. Introductions to relatives, friends, and neighbors should be deferred for a while so as not to overwhelm the child. Here again, your determination of the foster child's readiness should be your guide.

An older youth should be encouraged to participate in open communication with you and the social worker so that everyone understands your household routines and norms, the child's personal rights, rules for seeing friends and dating, family plans and activities, and the household responsibilities, which the youth will be expected to share.

Cultural Identity, Personal Preferences and Traditional Values

All children/youth have the right to maintain traditional values or customs unique to their family while in out-of-home care. Be sensitive to the child/youth's family norms/traditions and culture. Asking the child/youth about their traditions, values, and customs will likely assist them in feeling more comfortable in your home. This includes music, holidays, radio and television when appropriate, school and community clubs, and other forms of exposure to their cultural heritage. Any questionable activities should first be discussed with the social worker or parent, when possible include the child/youth in the discussion. Consistent, positive contact with the extended family, unless forbidden by the worker, is extremely important.

Native American children need to maintain tribal affiliations and traditions. These children are usually placed through special agencies that find and certify Native American resource families.

You are an integral part of the team. You share CWS's obligation to protect the civil rights of all children. Here are some suggestions to help meet this obligation. This information is merely meant to be used as a guide and is not all-inclusive.

Attire

All children, regardless of ethnicity, should be allowed to dress in culturally distinctive attire if they wish. Jewelry and makeup should be discussed with the social worker or parent. Clothing should be clean and appropriate to weather conditions. Clothing must also match occasion and function (play, school, or dressy). Children must be provided with their own clothes, sized appropriately and be allowed to keep them upon termination of placement.

Food

All children need nutritious food. Assume no stereotypical preferences and make a point to ask them about some of their favorite foods. If child/youth/parent request ethnic food or food preparation, such as seasonings, dietary norms this should be provided to them. Withholding food should **never** be used as a disciplinary action.

Food should always be available for the child/youth that meets that child/youth's dietary needs, psychological needs, cultural needs and allergies

If there are questions/concerns about the child's diet or eating habits due to their possible history of neglect and eating disorder always consult with the assigned SW.

You are not permitted to change the child/youth's diet to fit your norms. (E.g. vegan diet, vegetarian, etc.).

Native Language Usage

A child/youth must be allowed to converse in their native language in support of their cultural identity. It is vitally important that children not lose their language skills while in placement.

Religious Values

Children/Youth have the right for their cultural religious norms to be protected. By honoring such requests, you help minimize the traumatic effects associated with uprooting a child. A foster child has the right to attend religious services, activities, and ceremonies of the child's choice, including, but not limited to, engaging in traditional Native America religious practices.

Every effort must be made to ensure that a child who has a religious preference is able to attend the religious service of their choice. Religious beliefs, including celebrations, music, holidays, and customs, must be respected and maintained during placement. You may not attempt to influence the religious affiliation of the child and religious service attendance must be on a voluntary basis.

Participation in religious activities or church attendance must be the decision of the child. The child may be included in your family's religious activities only with permission from the child and/or their parent. You must consult with the child's social worker or parent regarding religious affiliation or attendance, dedications, baptisms, and any other religious activities.

Many creative plans have been developed by resource parents, social workers, and parents to handle this important consideration.

Skin Care

All infants must be cleaned and/or bathed regularly as directed by a medical professional. Older children must be allowed to bathe daily. Appropriate personal care products such as bath soaps, shampoo, conditioner, and lotion/baby oil should be applied or available before, during, after bathing, and throughout the day as needed. Ethnically and culturally, appropriate products should be provided to child/youth. All skin, regardless of ethnicity, will burn if not protected. Proper sunscreen should be applied when needed and made available daily.

Hair & Skin care for Multi-Ethnic Children

Resource Parents caring for children of Black/African and multi-cultural descent should be aware and understand the importance of hair care for children in their care, cultural implications and applying and understanding the different products that are available. Workshops on Hair & Skin is available through the Grossmont College Foster, Adoptive and Kinship Care Education Program (FAKCE) at www.fakce.org

Hair Cuts

Before a haircut is given, and parental rights are still in effect, the resource parent should have a discussion with the parent of the child and the SW. Such decisions should involve the parents, as it may be part of their culture (e.g. tribal considerations). It is important for caregivers to be familiar with the cultural norms of the family. Older children may have preferences and the child's wishes, age, and maturity should be taken into consideration, however a conversation with the parent and SW should be done.

Your Foster Child's Records (Lifebook)

While your foster child is in your home, you will watch them grow and develop. Of all those involved with the child, you will be the one who is most aware of the child's everyday experiences. These experiences will be an everlasting part of the child. It is important that you keep records of what happens to the child – because they will want a link with the past, and because certain records may be very important at a later date.

This information should be kept in a folder or album, which will accompany the child when they leave your home. Important information includes, but is not limited to:

- Developmental history – especially for very young children. For example, when they crawled, walked, first word, etc.
- Record of immunizations. (See Health and Education Passport in Chapter 6.).
- Record of childhood diseases and any medical problems.
- School records: report cards, school pictures, etc.
- Photographs: pictures of the child at various ages, on special occasions, pictures of birth relatives and members of your family, etc. Photos are very important and should be taken from the time the child is placed with you.
- Letters and greeting cards, awards, certificates and other mementos.

Gifts to Foster Children/Youth

Because resource parents are generous people, they frequently like to provide their foster children with extra gifts (bicycles, dolls, sports equipment, etc.). Your generosity, of course, depends on your own circumstances. You are not expected to provide all these extras, but neither are these gifts discouraged. However, when you do give a gift, make sure that the child is able to take it with them when they leave your home, no matter what the circumstances.

It is important for your foster child to have toys or activities of their own so that they do not always have to share with other children in the home. This makes for a better relationship for all of the children in the home. Be sure to identify which toys belong to the child and which belong to the household.

Driver's License Policy (Minors)

Foster Youth under 18

Foster youth, both dependents and wards, in out of home care may apply for a driver's license if the application is signed and verified by the person with whom the minor resides such as:

- a grandparent,
- a sibling over the age of 18,
- an aunt, an uncle,
- or a resource parent with whom the minor resides

If a foster child is age 15 1/2, there is no additional cost to the caregiver to add the foster child to their policy. Once the foster child turns 16, the caregiver would be required to add the foster child to their insurance policy if the foster child is going to drive their vehicle. It does not matter whether the 16-year-old is a licensed driver or just learning to drive.

Once a youth has a driver's license, their parent or guardian are responsible for any damages resulting from any accident or injury caused by the youth while driving a motor vehicle. The same is true for any person (including a resource parent) who signs a driver's license application on behalf of a youth. (Vehicle Code Sections 17707 & 17708).

NOTE: The Vehicle Code allows a probation officer or child welfare services worker to sign and verify a dependent child's license application without liability if the foster youth files proof of financial responsibility (VC Sections 17707 and 17708).

If a driver license is not obtained, the foster youth can apply for an official Identification Card issued by the California Department of Motor Vehicles at a reduced fee. The social worker will need to fill out the form for the I.D. card. For purposes of identification, this ID is the same as a driver license.

In general, both a driver license and an ID card require that the foster youth must:

- visit a DMV office
- complete an application form
- give their thumb print

- have their picture taken
- verify their birth date
- pay the application fee

Youth 18 Years and Older

Foster youth 18 and older may sign their own permit application and complete the driver's education and training course. They can then take the driving test if they are ready with just the 6 hours of behind the wheel instruction. They must be insured thereafter to drive any car on a regular basis. If they live in a resource home, they must be added to the resource parent's insurance policy in order to drive a car the resource parent owns.

The Independent Living Skills program offers Volvo Keys to Success Scholarships to some foster youth if they qualify (see below). Those who qualify could use the scholarship to help pay for their insurance.

Volvo Keys to Success Scholarships

Volvo provides funding for the Volvo Keys to Success Scholarship Program for San Diego's foster teens. These scholarships assist foster youth in obtaining Driver's Education and Driver's Training.

Eligibility Requirements:

- Must be at least 16 years old
- Must be a dependent of San Diego Juvenile Court (Probation youth are not eligible)
- Must have average citizenship grades
- Must have passing academic grades in school
- Must be eligible for the Independent Living Skills Program

Foster Youth 17 years of age or younger:

- Will be provided with 30 hours of Driver's Education, followed by
- Six hours of behind-the-wheel driver's Training.

To apply for a license, youth who are under 18 must have:

- completed Driver's Education,
- driver's training, and
- a total of 50 additional hours of behind-the-wheel practice, 10 of which must be at night.

Foster youth can get the extra behind the wheel training from resource parents, mentors or other volunteers if those individuals use their own automobile, the automobile is insured, and the individual is over 25 years old.

Foster Youth 18 years and older:

- Will be provided with 30 hours of Driver's Education, followed by
- Six hours of driver's Training.

- First five hours are behind-the-wheel instruction
- Last hour is used at the DMV for actual driving test

Insurance for the behind the wheel portion will be provided by the contracted driving school. Youth must provide their own insurance thereafter to drive any car on a regular basis.

Upon request, the youth's social worker can give the application packet to the youth and assist the youth with completing the application. Social workers and their supervisors are required to sign the application to approve the youth's participation in the program.

There is a limited number of scholarships available and they will be awarded on a first- come first-served basis provided the youth meets the eligibility requirements.

If you have questions, you may call the Independent Living Skills Program at 866-ILS-INFO (866-457-4636).

RUNAWAYS

When you are reasonably certain that a foster child has run away, you must:

- Immediately file a report with the nearest law enforcement agency. You will need to provide the police report number to the child/youth social worker.
- Call the child's social worker, supervisor, duty worker, or Child Abuse Hotline (if after office hours) within one hour. The expectation is for you to speak to a live person. Document who you spoke to.
- Notify your resource family approval worker.

CHILD ABDUCTION

If a parent, or anyone else, takes your foster child without permission, you must immediately:

- Call the police and make a report if the child appears to be or could be in immediate danger.
- Call the social worker, supervisor, duty worker, or Child Abuse Hotline (if after office hours). The expectation is for you to speak to a live person. Document who you spoke to.
- Notify your resource family approval worker.
- Do not place the child, yourself or others in danger by attempting to prevent the abduction.

DEATH OF A CHILD

If a foster child dies, you must call the social worker within **24 hours or by the next business day**. If the worker is not available, call the supervisor, manager, or the Child Abuse Hotline, if after office hours. Also, notify your resource family approval worker.

The social worker will:

- Call law enforcement to locate the death report if an officer was present after the child's death.
- Notify the child's parents.
- Notify your resource approval worker of the death and the surrounding circumstances.

- Notify eligibility staff.
- Make an immediate visit to your home.

The social worker will discuss the funeral arrangements with you.

- Before making funeral arrangements, the social worker must have written permission from the parents unless the parents are not available.
- If the child's parents or adoptive parents are unavailable or unable to pay for the funeral or burial arrangements, there are two public resources available. One being foster care, if the child was receiving AFDC-FC benefits and the other is through the Indigent Assistance (administered by the Office of Public Administration) County burial program. Either program will cover the costs.
- If you request a funeral, CWS **may** reimburse you for the cost of a burial plot and funeral expenses. A list of reasonable charges is available from the social worker.

NOTE: Funeral funds are only available to resource parents receiving foster care funds for the child. Some children's placement costs (e.g. undocumented children) are paid out of County funds; funeral expenses cannot be reimbursed for these children. The Public Guardian has a program for indigent burial.

HHSA TELEPHONE POLICY

Social workers are expected to return calls within 24 hours, not counting holidays, weekends and days off.

If the social worker does not return your call within 24 hours, you may request assistance from a duty worker, or call the social worker's supervisor.

If you cannot immediately reach the social worker in an emergency situation, try the supervisor, duty worker, and then the Child Abuse Hotline.

Collect calls will be accepted.

CALLS FROM THE CHILD'S FAMILY

Unless prohibited by the Court, children are allowed to call and receive calls from their family. Discuss with the social worker whether calls are to be monitored. Work with the birth parent regarding times and dates that are convenient for both of you. Arranging a regular schedule may be helpful in setting expectations for the child/youth and their family.

If the parent requests permission to call you collect, contact the social worker. Discuss guidelines for collect calls (frequency, duration, etc.) The social worker must obtain permission from the Court to reimburse you for collect calls. Discuss the reimbursement process with the social worker.

LONG-DISTANCE CALLS MADE BY FOSTER CHILDREN

If ordered by the Court, CWS or Probation will reimburse long-distance or toll calls made to the child/youth's parents, guardians, or relatives. The Agency will not reimburse you for other long-distance calls or calls to 900 phone numbers made by your foster child.

NOTE: Many resource parents ask the telephone company to block all calls to 900 numbers.

Notification of Social Worker's Intent to Remove a Child

The social worker must **give you at least 14-calendar day's advance written notice** of intent to remove a child. Exceptions to this policy are listed below.

A child will be removed immediately and a 14-day advanced notice is not required when:

- The child is in imminent danger.
- The court, on its own initiative, has ordered the child's removal, including a 366.26 N petition from a prospective adoptive home.
- Administrative Actions regarding your Resource Family Approval have occurred, which prohibit you from continuing to provide services.
- The parents or guardians of a child, placed voluntarily with you, request removal.
- You may request a grievance review hearing if you disagree with the social worker's decision. See Chapter 4, Resource Parents' Rights.

Resource Parent's Request for Removal of a Child

When a child/youth is placed in your home, you and the social worker are expected to work together to make all reasonable efforts to maintain placement. When problems or concerns arise, you should notify the social worker immediately. As a team, you may be able to correct the problem/concerns.

In an effort to preserve and strengthen the placement process Welfare & Institutions Code (WIC) 16010.7 prevents the unnecessary or abrupt placement changes of a child/youth that negatively affects their well-being and security while ensuring that a placement change is not due to gender; gender identity, race or cultural differences.

AB 2247 mandates that before a change of placement (COP) of a child/youth providing certain exemptions that a:

- placement preservation strategy be developed, implemented and documented in the Child and Family Team Meeting (CFT).
- social worker provides a written 14-day advanced notice if a COP is necessary.
- COP cannot occur between the hours of 9pm and 7am. The COP requirements apply when a caregiver request the child/youth to be moved from their home.

The safety and well-being of the child, youth, and caregivers will always come at the forefront regardless of the requirements; however, it is the goal of CWS to be preventative and work as respected partners with our caregivers to provide support and identify potential placement disruptions early.

A placement preservation strategy consists of a collaboratively developed and implemented individual plan designed to meet a child/youth's family needs. A Placement Preservation Strategy may include:

- Addressing conflicts/concerns and discusses solutions.
- Reviewing the Child and Adolescent Needs and Strengths (CANS) assessment tool

- Identifying delays or barriers to implementing recommendations that impact that placement stability.
- Engaging the child/youth's supports such as identified family and friends, tribal services, community supports, etc.
- Efforts toward timely support services for placement stability.
- Establishing a 30-day follow up to determine success of placement preservation strategy is successful.

NOTE: A 30-day follow up is a suggestion; the CFT will decide an appropriate time frame.

The following exemptions are permitted:

- Imminent risk to the health and safety of the child/youth
- CFT of child/youth over the age of 10 are in agreement of the placement change
- Child's attorney, if under the age of 10, is in agreement
- Planned placement changes, informed at CFT or in case plan
- Court order to reunify with parent
- A court ordered removal, including the filing of a 366.26N for prospective adoptive homes.
- COP is planned and all parties are aware (e.g. pending an emergency relative/NREFM placement)

If a resolution is not possible and a COP must occur, the SW will provide a COP Notice via the Notice of Change of Placement of Intended Removal (10-41) 14 days prior to the COP to

- Parents
- Caregivers
- Child/Youth's Attorney
- Child (over age of 10)
- CASA
- Tribe (if applicable)

Trauma Sensitive Transitions when a Change of Placement is Necessary

The child /youth's stay with your family may have been long or it may have been short but chances are that because of your emotional involvement, you will retain distinct memories of the child, and you will feel some sense of loss when they leave your home. You may feel happiness for the child, now that they are returning to family or loss/guilt because a change of placement was necessary.

The following trauma sensitive transitions will occur if a change of placement is necessary:

- Ensure that the placement change does not occur between 9pm and 7am unless there is a mutual agreement by the child (over 10 yrs. old), caregiver, prospective caregiver, and SW
- Maintaining contact with the child/youth to help them cope with the feelings regarding transition
- Encourage youth and/or caregiver to fill out the All About Me Form
- Continue in-person monthly contact with the child, if the case is in the process of being transferred, until a new worker is assigned
- Preservation of sibling relationships, per WIC 16002
- The maintenance of supportive, healthy, lifelong relationships by providing contact information and action plans to support the lifelong connections

- Planning the transition to occur during school breaks, after holidays
- Providing the children and youth tote bags and boxes and allowing them to pack their own belongings.
- Coordinate with the social worker to enable the child to return home or move to a new foster home with minimal distress.
- Be sensitive to the child's needs.
- Retain copies of the child's placement documents for a minimum of 3 years after the child leaves and then shred.
- Be available to provide information on the child to the new resource parent or birth parent. You also have the option of completing the Child Transition Information form (04-325) and giving it to the child's social worker or next caregiver, when the child transitions out of your home. This information can be especially helpful when the child is moving to a new Resource Family. This form allows you to share information and observations about the child such as:
 - Health
 - School progress
 - Contacts with parents or relatives
 - Behavioral problems
 - Strengths and areas of difficulty
 - Personality
- Complete an inventory of the child's clothing and personal belongings. Keep a copy of the inventory and give a copy to the social worker for the case file. The foster child's belongings, personal records (see Foster Child's Records in Chapter 5), Health and Education Passport and Medi-Cal card must be given to the child's social worker upon the child's transition to another placement.
- If the child will not be staying in their current school, dis-enroll the child from that school.

It is important to understand your feelings and discuss your feelings with the social worker or members of a resource parent support group, NOT with the child. Saying goodbye to your foster child can be a difficult process.

It will also help you to help your foster child understand and deal with their own feelings about saying goodbye to you and your family. Each time a child moves from one home and is placed somewhere else, they may experience negative feelings or traumatic stress. We must all try to minimize this shock by dealing with it in an open and honest way.

You and your foster child must say goodbye when they leave your home to return to their own home, or they leave your home to go to another resource home. When you say goodbye, it should meet the needs of your foster child, not your own. This may be the last of many selfless acts you have done on their behalf. Rely on your judgment and feelings about the child, as they may prefer emotional distance, and may worry about too much closeness or intimacy when saying good-bye. You may need to say your goodbye in a formal manner. Another child may need to be hugged and assured of your love before they go. Usually, you will know what the child needs. You may provide them your contact information so they can stay in contact with your family when they move to another placement or return home.

AT THE TIME OF DEPARTURE - A CHECKLIST FOR RESOURCE PARENTS

The following information, records, and/or property should be assembled in advance and given to the child's social worker when a foster child leaves your home: You may wish to redact your personal information from any of the following documents:

- [] The child's Consent for Treatment (form 04-24) and Authorization to Use or Disclose Protected Health Information (form 04-24A).
- [] Placement Needs and Services Plan (form 04-258) - Updated.
- [] A current Medi-Cal card, social security number, birth certificate and California Identification card, if available.
- [] The child's Health and Education Passport and/or medical, dental, allergy and immunization records and names of doctors and dentists. Be sure to give the social worker a list of any pending appointments the child may have.
- [] All medical supplies, equipment, medication and/or prescriptions for the child, if any, and any special instructions. Send any special appliances or devices prescribed for the child.
- [] A description of any unusual and/or dangerous behaviors you have observed.
- [] The updated Lifebook or folder of child's pictures, school reports, achievements, awards, cards and letters, and any other events that occurred in the child's life while they were with you.
- [] A report of any special habits, including personal strengths and growth in the child you have observed.
- [] The completed Child Transition Information form (04-325) describing the child; the child's reaction to the placement, social interactions, activity levels, personality traits, etc. (optional).
- [] All property belonging to the child including but not limited to personal items, clothing, bicycles, toys, and gifts they have received. The social worker will request a written inventory of the child's wearable/useable clothing.
- [] The name and address of the child's school, grade and achievement level, report cards, and any special problems.
- [] The Visitation Agreement, the Parent/Child Contact Log, and a copy of the last Caregiver Information form (JV 290).
- [] When the placement is terminated, and after the child has left your home, notify the Placement Coordinator within 24 hours of your vacancy, and whether you are prepared to accept another foster child.

NOTE: Be sure to keep a complete document file for your records.

When you are made aware the foster child will be leaving your home, discuss the following concerns with the social worker, or the child's therapist.

- Who will tell the child they are leaving? When will they be told?
- Should the child/youth's therapist assist with the transition?
- What is the plan for the transition? (Unless there is a reason there will be no transition)

- How can you best say goodbye to the child?
- Can you have any contact with the child in the future: How? Where? When? How often?

PLACEMENT RESOURCE PROGRAMS

Nurturing, Evaluation & Stabilization Team (NEST) Program

The PCC (Polinsky Children's Center) Emergency Shelter Care Unit (ESCU) has established a program to recruit, develop and support specialized resource families for children at risk of entering or who are at PCC needing placement within 10 days of coming into care. The specialized program, NEST, will include families that will receive specialized training, support services, and an incentive rate. Children can stay in the home for up to 60 days while awaiting a longer-term placement. In order to become a NEST family, families must meet established criteria and go through an application process.

If you would like to apply to become a NEST family, contact the Emergency Shelter Care Unit (ESCU) at 858-514-6701.

To be considered for eligibility as a NEST family, resource families must meet the following criteria:

- A foster home or approved resource family in good standing and free of chronic complaint and hold histories. (Any complaint history will require NEST and RFA Manager Approvals).
- Able to meet special needs of children with challenging needs, i.e. medical, behavioral and/or displaying signs of emotional trauma.
- Ability to work with challenging family members.
- Have knowledge of and accept additional resources when needed for a child.
- Has been a licensed foster home or approved resource family for a least one year.
- Has actively cared for foster children in the past year and/or has provided permanency to former foster children through guardianship, adoption or kinship care.
- Willing to convert from a licensed foster home to an approved resource family.
- Willing to dedicate at least 1 bed to the NEST program, preferably 2.

NEST Family Expectations

- Respond within 2 hours of contact by the NEST unit; if placement will be made, be available to pick up children within 4-8 hours upon initial contact by the NEST unit, 7 days a week.
- Care for children in the home for up to 60 days or until a relative or other placement is found.
- Accommodate sibling groups by keeping siblings together in placement or fostering visitation with other caregivers.
- Have transportation available to transport the children to their school of origin (if warranted), appointments and visitation with family members.
- Initiate and coordinate assessments and services according to the child's needs.
- Utilize NEST beds only for children referred by the NEST unit.
- Clear non-NEST placement with NEST unit.

Children's Eligibility

- Child is at PCC or at risk of entering PCC after all other placement resources are exhausted
- Child is entering into care for the first time

Training and Support Services

Initial and on-going training will be required and provided by the Grossmont College Foster Adoptive Kinship Care Education Program. The training curriculum is trauma focused and is designed to assist NEST parents in understanding the trauma to children who have experienced abuse and neglect and are now experiencing separation from their family.

NEST families are expected to participate in at least 12 additional NEST trainings per year.

Specialized support groups will be held monthly by the FAKCE program in collaboration with ESCU. NEST families will be required to attend 6 to 12 support groups per year.

All children at PCC over the age of 6 will have a mental health assessment by Fred Finch. Fred Finch mental health services will follow the children into the NEST home until a new provider is found and the NEST family will be referred to In Home Support Services.

All children under the age of 6 will have a developmental evaluation by DSEP once placed in the NEST home.

NEST resource families are eligible for mentoring through FAKCE and respite care through the CWS Respite Program.

Fiscal Support

NEST homes will receive additional financial support during the first 60 days of placement. If eligible, the NEST resource parent may be eligible to receive a special care rate in place of the NEST incentive if the Special Care Rate is determined to be higher than the NEST rate, but cannot receive both. Only the ESCU unit has the authority to authorize the NEST rate.

ALTERNATIVES TO POLINSKY CHILDREN'S CENTER

County Assessment Network North (CANN)

CANN is located on Green Oaks Ranch in the City of Vista. Social Worker and Law Enforcement can immediately bring children to this site when they are removed from their homes because of imminent danger. CANN is not an overnight facility and they are closed on all county holidays.

CHILDREN WITH SPECIAL HEALTHCARE NEEDS

Some foster children have medical conditions requiring special in-home health care. These children may need internal feeding tubes, cardio-respiratory monitors, intravenous therapy, ventilators, urinary catheterization, special medication regimens including injections, aerosol treatment, and intravenous or oral medication,

or ministrations imposed by tracheotomy, colostomy, ileostomy, or other medical or surgical procedures. These children are dependent upon ongoing health care and assessments.

There are resource parents who are specially trained to care for children with serious health problems. If you are interested in caring for children with special healthcare needs, call your Resource Family approval worker to become a medically fragile resource home. If you believe a child in your home may qualify as medically fragile, discuss the child's condition with their social worker. You may have been required to receive specialized training prior to placement of the child.

If a child is identified as medically fragile, the home must be designated to provide for their care.

Additional requirements for medically fragile homes:

- Resource families accepting medically fragile children are limited to two foster children with or without special health care needs even on a temporary basis.
- A medically fragile resource home will not hold a day care license.
- A resource parent providing care for a medically-fragile child will complete training specific to the child's individualized health care plan except when:
 - the resource parent is a licensed health care professional or,
 - training is deemed unnecessary based on the provider's medical qualifications and expertise or,
 - if the child's individualized health care plan does not require the resource parent to participate in specialized training.

The definition of a medically fragile child is:

- A child with a serious, ongoing illness or chronic condition requiring prolonged hospitalization and/or ongoing medical treatments, monitoring, and/or the use of devices to compensate for the loss of bodily functions.
- A child with any physical or medical impairment or combination of impairments requiring daily medically prescribed therapy or procedures performed by the caregiver.

Examples of foster children that may qualify as medically fragile include:

- Positive toxicology infants with **severe medical problems** as described above
- Premature infants (32 weeks or less gestation) with medical review
- A non-organic failure to thrive child
- A child with a confirmed diagnosis of AIDS or HIV positive with two or more acute CDC AIDS defining illnesses
- A child with a medical condition that is not being well managed and may rapidly deteriorate and result in permanent damage or death
- A child with a terminal illness
- A child whose caregiver must have specialized knowledge because the condition is likely to continue indefinitely, and it affects the child's ability to function
- A child with **severe** injuries resulting in an ongoing chronic condition
- A child in need of intense medical supervision

These children/youth are generally consumers of San Diego Regional Center (SDRC), yet not all SDRC clients will fall under Medically Fragile criteria. They must also have a medical condition that is actively being treated. Documentation of severity and longevity of functional impairment must be shown.

The following are example of developmentally delayed/mentally- and/or physically-impaired criteria below:

- A child with a medical diagnosis of non-organic failure-to-thrive (Children with non-organic failure-to-thrive will be reviewed in 6-12 months to ensure that they still meet medically fragile criteria.
- A child with severe injuries which are diagnosed as a result of abuse or neglect (e.g. Shaken Baby Syndrome) and will experience an ongoing chronic condition
- A child with multiple fractures that may result in permanent impairment.
- A child with 3rd degree burns or burns resulting in hospitalization.

OPTIONS FOR RECOVERY (OPTIONS) PLACEMENTS

Options for Recovery is a program offering services to children ages 0-5 who are HIV positive or alcohol/drug exposed. These children are placed with specially selected and trained resource families. Options qualified children may also be classified as Medically- Fragile.

Requirements for Options Resource Homes:

- Must be a pending or approved Resource Family
- Options resource parents must attend specialized Options training, regardless of previous experience.
- Have no more than 2 Options qualified children at a time (exemptions made on a case by case basis)
- The home may not exceed 6 children (RFA Written Directives Section 10-04). If any of the children are medically fragile, check with your Options Program Coordinator for capacity restrictions.
- Options infants often require special care and frequent medical appointments. Therefore, Options resource parents cannot also be licensed family day care providers.
- The Options resource parents must be an advocate for the child by actively pursuing services available in the community, which will benefit the child and comply with the Needs and Services Plan.
- Options resource parents are expected to attend support group meetings. The Options support group meets the first Wednesday evening of each month except for July and August.

For more information about becoming an Options for Recovery resource parent, call the Options Coordinator at 858-694-5141.

Juvenile Probation Placements (Wards of the Juvenile Court)

This section relates to resource parents who choose to work with the Juvenile Probation Department instead of Child Welfare Services. You are not required to accept a probation placement.

The Juvenile Services Division of the Probation Department places and supervises youth who are wards of the Juvenile Court. These children usually come to the attention of the Juvenile Court as a result of

activities, which violated the law. Some youth are placed because of severe problems in their home or local community.

Wards of the Juvenile Court must abide by certain “conditions of probation” which specify the expectations of the Court. In addition to the basic conditions of probation listed on court orders, the Court may also make additional orders affecting the youth, such as curfew, restrictions, fines, restitution to victims, counseling, and work assignments. The probation officer will advise you of all specific conditions of probation affecting the youth prior to placement by providing a copy of the order.

PLACEMENT OF WARDS:

In general, foster and probation youth may not be placed in the same resource home at the same time. There may be exceptions based on when children/youths have a commonality of needs, such as keeping siblings together. Consult with your RFA worker when a foster child becomes involved with probation [Welfare and Institutions Code 16514 (c)]

Information to be Shared with You

When you are contacted by a probation officer regarding a possible placement, you will be told as much as possible about the youth. Information about the youth’s history, personality, behavior, medical needs, and previous placement experience will be shared. The probation officer will be very specific about any previous behavior or information indicating the youth might be a danger to others. In addition, the probation officer will discuss general planning for the youth, any special visiting restrictions, educational needs, medical care, and payment arrangements.

Plan for the Ward

The plan for most youth placed by Juvenile Probation is to eventually return them to their own homes. However, in some instances when a parent is unavailable or unwilling to care for the youth, the probation officer will discuss the placement and stability of the youth with you.

A placement may last until the youth’s nineteenth birthday. It is important to realize that teenagers are all moving toward freedom and assuming adult responsibilities. A typical placement will last a minimum of six months.

Juvenile Court Supervision

The probation youth is under the jurisdiction of the Juvenile Court. You will be a valuable source of information for the Court and will be encouraged to attend Court hearings pertaining to the youth. You may be called upon to testify in Court regarding the youth’s behavior.

The probation officer’s primary function is to represent the Court and enforce the Court’s orders. This includes providing written reports to the Court. The probation officer will rely on your observations in

preparing these Court reports. Therefore, it is important for both the probation officer and you to share information, good or bad, which might affect future planning for the child. If a youth violates any of the Court's orders, it may require further intervention and must be reported to the probation officer immediately.

Out-of-County Travel with Wards

The Juvenile Court or probation may grant permission for the probation youth to accompany your family on trips out of San Diego County. In order to obtain this permission, you should contact the probation officer as soon as you know you are traveling.

Complaints or Questions

You may occasionally encounter problems or disagreements in dealing with various probation officers. At times, you may also have difficulty understanding a policy, procedure, or court order. It is important that you discuss any disagreements or misunderstandings with the probation officer. However, if you are unable to satisfactorily resolve the problem at that level, the probation officer's supervisor and Probation administrators are available for consultation.

If you need information about Probation Department policies and procedures, contact the placing probation officer or the Probation Department's Resource Family Coordinator (See Important Telephone Numbers in the back of this Handbook.)

NOTE: While resource parents of probation youth will work with the youth's probation officer regarding the youth's placement requirements, they are also responsible for complying with all resource family Written Directives and reporting requirements.

CHAPTER 6

Health

AUTHORIZATION FOR MEDICAL CARE

Resource families will be given a medical consent form, Consent for Examination and Treatment (04-24P or 04-24C), when a child is placed in your home. The child's parent, legal guardian, or the Juvenile Court sign the form, which is needed before treatment or medical examinations can be completed. Call the child's social worker if these forms are not given to you at the time the child is placed with you. A physician, dentist, clinic, or hospital will ask for copies of this consent form whenever a child in foster care needs medical attention. If the child's parent or guardian is not available or refusing to consent, the social worker will obtain a court order authorizing you to obtain medical care for the child.

Keep these forms with the child's records and store them in a safe, confidential, yet readily accessible place in your home. Take them with you to the child's routine medical and dental appointments. Read these forms carefully so you are aware of your limitations to give consent (such as not being able to give consent for psychotropic medications).

Always take these forms with you to obtain emergency treatment and when you travel or vacation with the child.

The Health Insurance Portability and Accountability Act (HIPAA) requires health providers to notify patients of their privacy policies and practices. You may be asked to sign these documents on behalf of children. You may sign the notice of receipt of these documents for children under 12. Children 12 years and older may sign for themselves. A copy should be filed in your records.

Suggestion:

Make several copies of the medical consent and authorization forms. Give copies to each of the child's regular health care providers (pediatrician, dentist, and immunization clinic, etc.) for their records. Also, carry copies with you in case of an emergency.

FOSTER CARE PUBLIC HEALTH NURSES (FC PHNS)

The Health Care Program for Children in Foster Care (HCPFC) has placed public health nurses throughout the six regions and programs (Adoptions) of Child Welfare Services (CWS). Foster Care Public Health Nurses (FC PHNs) provide public health nurse expertise in meeting the medical and dental needs of children and youth in foster care. These nurses can help you locate doctors and dentists who accept Medi-Cal and aid you in accessing medical and dental services for your foster child. In order for FC PHNs to coordinate care for the child, they will need copies of all medical and dental examination reports you receive from the doctor and dental offices. If the nurses do not receive this information, they may call you to request for the reports. If you do not know which Foster Care Public Health Nurse to contact, please ask the child's social worker.

HEALTH AND EDUCATION PASSPORT (HEP)

A child's Health and Education Passport (HEP) is a summary of their health and education history. It contains all available health information from birth until placement in your home. This includes immunizations, alerts, hospital and emergency room visits, authorized psychotropic medications, and routine health and dental care. Educational information includes the educational rights holder, schools attended, current grade level, special needs/special education and education records.

Take the HEP to all health care, dental and therapy/psychiatrist visits and make sure the doctor sees the child's health history.

Inside the HEP packet, is a supply of the Health Visit Report forms (04-343) and postage-paid envelopes. The doctor can complete the form for each examination and/or office visit and return it to you. Use the self-addressed envelope provided to mail the forms/summary back to the HEP Clerk. If you need more Health Visit Report forms or postage-paid self-addressed envelopes, contact the HEP Clerk, who will mail them to you. The Foster Care Public Health Nurse (FC PHN) will review the reports and use this information to update the HEP. NOTE: If the provider's office provides an office visit summary (such as a reason for the visit, treatment/service provided, etc.), you can submit that summary/report in lieu of the 04-343.

If you have any questions about the HEP packet or have not received one within 30 days of initial placement, or 48 hours after a change of placement, please call one of the FC PHN or HEP Office Assistants (HEP OAs). The FC PHN phone number is listed on the child's Placement Needs and Services Plan (04-258). If you still do not know who the Public Health Nurse is for your child, contact your child's social worker.

MEDI-CAL CARDS

Most foster children are eligible for medical, dental, and hospital care under the California Medi-Cal Assistance Program. The following information applies to children who are eligible for Medi-Cal.

- The foster child's social worker will give you a Medi-Cal Benefits Identification Card (BIC) or Child's Identification Number (CIN) when placing a child in your home. If you do not receive a BIC or CIN, ask the social worker what to do in case of a medical emergency.
- You must present the BIC when a doctor, dentist, pharmacist, therapist, etc. sees the child. The care provider will scan the BIC on a "BIC reader" to verify Medi-Cal eligibility. Sometimes they will request the child's CIN or Social Security Number if they do not have a Point of Service (POS) terminal. The CIN number can be found on the BIC card.
- Not all healthcare professionals accept Medi-Cal and not all services are covered by Medi-Cal. Before you make an appointment ask if the provider accepts Medi-Cal. The doctor, pharmacist, or other provider will also tell you what services are covered. If you need assistance in locating a provider who accepts Medi-Cal, call the foster care Public Health Nurse assigned to the region where your child's social worker is stationed.
- Some medical services, such as nonemergency hospital care, may require special approval from the State. Your doctor or other service providers are the only ones who can request this approval.
- Medi-Cal BICs are issued through the child's foster care payment eligibility case. If you do not receive a card in the mail or if the card is lost, stolen, or destroyed, call the Human Services Specialist (HSS) assigned to the case, or if you do not know who the HSS is, you can call the Eligibility Inquiry Line

at (619) 767-5000. The HSS will ask the State to issue a replacement BIC. The new card will arrive in 5 to 10 days.

- On rare occasions, you may receive two BICs. The BIC with the more recent issuance date will usually be the valid card, but you should call the child's HSS and ask which card is valid and which one to return to the Health and Human Services Agency.

ALWAYS SEND THE BIC WITH THE CHILD WHEN THE CHILD MOVES TO ANOTHER RESOURCE FAMILY OR RETURNS TO HIS PARENTS.

OTHER HEALTH COVERAGE

There may be times when a foster child placed in your home has Other Health Coverage (OHC) under a health plan through their parents' insurance or another public assistance program. In this instance, it may be necessary to disenroll the child from the health plan or change the OHC coding to allow services to be rendered by a doctor outside of the health plan and to allow the services to be billed directly to Medi-Cal. If you find you are unable to obtain services through the health plan, you should contact the child's HSS or social worker.

CALIFORNIA CHILDREN SERVICES (CCS)

California Children Services (CCS) is a statewide program that treats children with certain physical limitations and chronic health conditions or diseases. CCS can authorize and pay for specific medical services and equipment provided by CCS approved specialists and has a Medical Therapy Program (MTP). The foster child may be receiving services through CCS and have a CCS eligibility card that should be presented at the pharmacy whenever you are filling prescriptions. If the child is not enrolled in the CCS program and you or the child's doctor believes that the child might have a CCS eligible medical condition, the program may pay for or provide a medical evaluation to determine if their condition is covered. Only certain conditions are covered by CCS. In general, CCS covers medical conditions that are physically disabling or require medical, surgical, or rehabilitative services and can potentially improve with treatment. There also may be certain criteria that determine if the child's medical condition is eligible. To find out more about CCS, visit the County web site at:

www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/california_children_services

CHILD HEALTH AND DISABILITY PREVENTION PROGRAM (CHDP)

A foster child may have had little or no health care before entering your home. They may have more health problems than other children or may appear well and healthy but have an unknown health problem. Therefore, regular health checkups are important because hidden health problems can be found and treated early. Early detection can prevent more serious problems.

State Division 31 Regulation (206.361) regarding Children's Medical Assessments requires:

"Each child in placement will receive a medical and dental examination preferably prior to, but not later than, 30 calendar days after placement."

Additionally, during placement, children and youth in the California foster care system must receive timely and routine health and dental exams based on the Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (Periodicity Schedule). This schedule provides a timetable of screenings and assessments recommended at each well-child visit from infancy through adolescence.

Babies, children, and young adults under 21 years of age on Medi-Cal can get regular health checkups at no cost from community physicians and clinics through the Child Health and Disability Prevention (CHDP) Program or through equivalent preventive health services in accordance with the Bright Futures/AAP Periodicity Schedule. Any needed diagnosis and treatment services will be given and paid for as long as the child has a valid Medi-Cal card. The doctor who performs the CHDP examination can continue to see the foster child for all routine health care needs, including illnesses. For a list of CHDP medical providers in your area, contact the CHDP program at (619) 692-8808 or visit the CHDP website at www.chdpsd.org.

The approving agency may require the caregiver to obtain a current written medical assessment for a child, if such an assessment is necessary to verify the appropriateness of a home for a child.

If a child has come from Polinsky Children's Center (PCC), the North County Assessment Center, or a Nurturing, Evaluate and Stabilization Team (NEST) home, an exam may have already occurred. Ask the child's social worker if the child has had the exam prior to placement in your home.

DEVELOPMENTAL SCREENING AND ENHANCEMENT PROGRAM (DSEP)

DSEP assesses the developmental needs children ages birth to 5 years and 10 months upon entering into the child welfare system and annually thereafter. DSEP's developmental screening looks at the child from a holistic perspective including their social, emotional, physical and behavioral development. DSEP has a team of professionals including developmental specialists that visit the homes of children placed directly with resource and biological families to complete the assessment.

Below are services that DSEP provides, free of charge, to foster children and their families:

- Developmental and social-emotional screenings
- Referrals to other Rady Children's Hospital San Diego (RCHSD) departments for further evaluations, if deemed necessary, after the initial screening (e.g. comprehensive developmental evaluation; physical therapy, occupational therapy, speech, and/or audiology evaluations).
- Referrals to recommended early intervention and treatment services
- Case management to help children connect to recommended services
- Education for resource families and social workers
- Consultation and training for care providers at Polinsky Children's Center
- Attendance and advocacy at Child and Family Team Meetings (CFTM)
- Advocacy for timely enrollment in early education programs.

DSEP may also refer children and coordinate services with the following agencies, as appropriate to meet the child's needs:

- Healthy Development Services (HDS)
- KidSTART

- California Early Start
- Mental health providers, and
- Other locally available services/resources

KidSTART Program

The purpose of the KidSTART Program is to provide comprehensive triage, assessments, referral, and treatment for children with complex developmental problems, age birth through five years (0-5). Infants, toddlers and preschoolers experiencing atypical development and behavior, along with their families and caregivers, will be provided with ready access to treatment at the appropriate level of intensity.

The KidSTART Program provides a centralized program where young children with the most serious and complex problems can receive the timely intervention, treatment, and support they need to reach their highest potential, live safely, and access support services. KidSTART is a collaborative program between Rady Children's Hospital, the First 5 Commission, CWS and Behavioral Health Services.

Summary of KidSTART services:

- Screening; developmental, socio-emotional and behavioral health screenings
- Triage; evaluations by a clinical psychologist and a care coordinator
- Assessment; family centered trans-disciplinary assessments and treatment plan development
- Referral; linkages to additional diagnostic, therapeutic and community resources
- Treatment; integrated

Child and Adolescent Needs and Strengths – Mental Health Screening

To determine the needs of the child and parents to collaboratively create a case plan, the County of San Diego uses the Child and Adolescent Needs and Strengths (CANS). The CANS is completed by a social worker meeting with the child in-person, as well as speaking with the parents, caregiver and others with knowledge of the child. The CANS is finalized when the team comes together at a Child and Family Team Meeting (CFTM) and discuss each item.

The first 9 items are the Mental Health Screening for the child. If a child scores a 1, 2 or 3 on any of these items, they will be referred to therapy. Most therapy is offered in your community and some occurs on school campuses. Your social worker will assist you with setting up therapy for the child if needed. If the child is initially screened as not needing therapy, but something changes and you feel it would be beneficial, please speak with your social worker.

NOTICE OF DENIAL, REDUCTION, CHANGE OF MEDI-CAL AND MEDI-CAL DENTAL COVERAGE AND SERVICES

If you receive notice that the state has denied payment for services to the foster child, you must contact the child's worker and/or the Eligibility Inquiry line at (619) 767-5000 for assistance to have the child's medical needs met.

HEALTH EXAMINATIONS

When making an appointment, be sure to specify that you are requesting a Child Health and Disability Prevention (CHDP) exam. A CHDP “Well-Child” exam or equivalent medical exam should include an unclothed head-to-toe physical.

Depending upon the age of the child, the exam may include:

- health and developmental history
- complete physical examination
- oral health assessment
- nutritional assessment
- behavioral assessment
- autism screening at 18 and 24 months
- developmental screening using a standardized screening tool at 9, 18 and 30 months
- depression screening at 12 years of age or older
- immunizations, as appropriate for age
- vision and hearing screening
- screening tests for anemia, blood lead, tuberculosis, urine, abnormalities, sexually transmitted diseases, and other problems, as needed
- health education and anticipatory guidance

The doctor should also answer your questions and explain the results of the checkup. If the examination and tests indicate a need for further diagnosis and treatment, it is important to follow the doctor’s advice.

Doctors who give CHDP examinations are available countywide. When a child is placed in your home, the Public Health Nurse will send you CHDP information and lists of doctors and dentists in your area. You may obtain additional information about CHDP or resources by calling the Public Health Nurse assigned to your child’s social worker. You can find the contact number in the telephone directory in the back of this Handbook or call the County of San Diego CHDP main line #619-692-8808.

Please refer to the following website for more information regarding the recommended preventive pediatric health care schedule:

https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

IMMUNIZATIONS

At times, little is known about the foster child and their medical history when they initially enter foster care. Every effort should be made to obtain previous immunization records. Sometimes the child’s social worker will be able to obtain immunization information from the child’s parents or school records. The child’s doctor will determine the adequacy of immunizations. If a record cannot be located, the doctor may decide to restart immunizations in order to protect the child’s health. Prior to restarting immunizations, contact the Public Health Nurse to assist in searching for immunization records to avoid unnecessary immunizations. Keep a permanent record of all immunizations. Should the child leave your home, be sure to provide the immunization record to the next caregiver or the child’s parent.

Consult with the child's pediatrician regarding the recommended immunization schedule. Make sure you follow the pediatrician's recommendations. Resource families do not have the authority to withhold/consent to immunization, just like other treatments and services. Keep a permanent record of all immunizations and a copy of the immunization record in the child's file. Take the child's immunization record with you to all doctor appointments so that it can be updated and kept current. You may be asked to send in an updated copy of the child's immunization record to your PHN so they can keep the child's record updated. If birth parents object to having the child immunized, contact the child's social worker for assistance.

FAMILY HEALTH CARE

Family Health Care will be provided by the Resource Family to a child and as required for a nonminor dependent, in accordance with the written instructions from the health professional for the child or nonminor dependent. Family health care means health care that does not require the skills of qualified technical or professional personnel, which may include, but is not limited to, the following:

- Routine administration of medications such as suppositories, ointments, lotions, pills, enemas or medications given by liquid medication dispenser, puffer, dropper or nebulizer, including over the counter medications are administered as directed by the child's health professional.
- Changing ostomy or indwelling urinary catheter bags.
- Urine and blood glucose testing using an approved kit for home use.
- Heart or apnea monitoring when it is simply the case of providing stimulation to the infant/child when the cardiac or respiratory rate falls below a specified rate and not a matter of interpreting a monitor pattern.
- Assistance with procedures self-administered by older children free of severe mental or physical disabilities such as insulin injection and oxygen administration or other injections where not otherwise prohibited by law. Administration of insulin is allowed by a resource parent, with verification of specialized training.

The Resource Family must maintain first aid supplies that are appropriate and accessible to the child.

- For children 12 years of age or older, a Resource Family will allow access and assist a child or nonminor dependent in accessing age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections (STIs). As a resource parent, you will need to direct a child or nonminor dependent to reliable sources of information and cannot require a child or nonminor dependent to practice abstinence.

EMERGENCY MEDICAL ASSISTANCE AND INJECTIONS

Health and Safety Code Section 1507.25 authorizes designated care providers who are not licensed health care providers to administer emergency medical assistance and/or injections for specific reasons to a foster child in placement if the providers are trained by a licensed health care professional practicing within his or her scope of practice. A child's need to receive injections pursuant to this section will not be the sole basis for determining that the child has a medical condition requiring specialized in-home health care.

This legislation authorizes designated foster care providers and other persons to administer emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock, and subcutaneous

injections or other prescribed medication, to a foster child, if the provider is trained to administer injections by a licensed health care professional. Administration of an insulin injection will include all necessary supportive activities related to the preparation and administration of injection, including glucose testing and monitoring.

Anaphylaxis is a severe allergic reaction that involves the entire body. It can result in breathing difficulty, loss of consciousness, and even death if not immediately treated. Severe anaphylactic shock can be reversed by use of an epinephrine auto injector that delivers a single, pre-measured dose of epinephrine.

Severe diabetic hypoglycemia is a life-threatening condition that can quickly lead to loss of consciousness, coma, and death. Severe diabetic hypoglycemia is a medical emergency that requires immediate medical treatment. Severe diabetic hypoglycemia can be reversed by an injection of glucagon.

In the absence of trained medical personnel, caregivers are often the only individuals in a position to provide emergency medical assistance to a foster child suffering anaphylaxis or severe diabetic hypoglycemia.

The following individuals are authorized to administer emergency medical assistance and injections in accordance with this subdivision upon verification of training:

1. a relative caregiver
2. a nonrelated extended family member
3. foster family home parent
4. member of a resource family
5. small family home parents
6. certified parents of a foster family agency
7. a designated substitute caregivers of a foster family home, certified family home or resource family
8. staff member of a small family home or group home who provides direct care and supervision
9. short-term residential therapeutic (STRP) facility
10. staff member of a transitional or temporary shelter care facility

Resource parents will be required to obtain a letter from the licensed health care professional that contains the following information:

- date of training
- name of individual trained
- description of training received
- name and title of trainer
- signature of trainer

Resource parents who are authorized to administer injections to children in their foster home must retain the training letter in their personnel file and send a copy to the child's social worker and their approval worker. Resource parents will be cited for a Type A violation by their approval worker if they do not have this written documentation in their file.

MEDICATIONS

Prescription Medications

Prescription medications covered by the Medi-Cal program are on a list (formulary) that most doctors and pharmacists have on hand. If the prescribed medication is not on the approved list and no other drug can be substituted, consult with the social worker before purchasing the medication. You may also need to request a Treatment Authorization Request (TAR) from the pharmacy for the medication. If you have to pay for the medication, save the receipts and the social worker will arrange for your reimbursement.

If a medication is prescribed and must be filled before you receive the Medi-Cal (BIC) card or CIN # (e.g., on a weekend) you may ask the pharmacy if they will provide you with a limited supply of the medication.

Anytime a medication is prescribed, ask the medical provider if this is a psychotropic medication. If so, notify the social worker as soon as possible, so they can obtain advanced court authorization (JV 220) for you to give the medication to the child.

NOTE: Resource parents can check with Children's Hospital Outpatient Pharmacy for filling prescriptions, if the prescription cannot be filled elsewhere. (There may be some exclusions.)

If you are given a current, prescribed medication for the child at the time they are placed in your home, continue to give the medication as prescribed. It is important to pass this information on to the child's social worker.

Over the Counter (OTC) Medications

Over the counter medications cannot be administered to foster children without authorization from a medical professional.

Non-prescription and prescription medication must be administered as directed by the appropriate medical professional and documented by the caregiver as to the date, time and dose of medication administered. This includes Tylenol, Orajel, cold medicine, ointments, etc.

Psychotropic Medication

The term “psychotropic medication” refers to any drug that has the capability of changing or controlling mental function or behavior. W & I Code §369.5 and Rule 5.640 define psychotropic medication as those medications prescribed to affect the central nervous system to treat psychiatric disorders or illnesses. Such drugs include, but are not limited to:

- Anti-anxiety / anxiolytic agents
- Antidepressants
- Mood stabilizers
- Antipsychotic medications
- Anti-Parkinson agents
- Hypnotics; i.e. Ambien, Belsomra, Flurazepam, Halcion. This medication is most widely used for insomnia.
- Medications for dementia; i.e. Aricept, Exelon, Razadyne. This medication can be used to enhance cognition.
- Psychostimulants; i.e. Ritalin, Concerta, Strattera, Vyvase, and Dexedrine. This medication produces a temporary increase in psychomotor activity, a temporary improvement in physical function, mental process or both.

Psychotropic medications also include mind-altering and behavior-altering drugs, which, in specified dosages, are used to alleviate certain physical disorders but may, in specified dosages have mind-altering or behavior-altering effects.

Benadryl and Melatonin may not be traditionally viewed or considered as psychotropic medications, but since the medication alters a behavior (sleep), if a qualified medical professional prescribes them as a sleeping aid; a JV-220 is required. Therefore, SWs will submit the JV-220 application to the Court for an authorization.

There must be a court order authorizing psychotropic medications even if it is only to change the dosage. Ask the child’s social worker for a copy of the current court order authorizing the administration of medications for your records. Be aware that the court order needs to be reviewed every six months and/or updated due to an emergency situation.

Prior to the consideration of psychotropic medications as a treatment for any mental health condition, the child or youth should be appropriately evaluated by a medical practitioner. Components of a thorough psychiatric evaluation and diagnosis include review of collateral documents, a physical examination, a mental status examination, and consideration of the child’s current functioning, developmental, medical, family, trauma and abuse or neglect history.

Because the use of psychotropic medications, particularly antipsychotics, can come with significant and serious side effects, psychotropic medication should only be prescribed a child or youth as part of a comprehensive treatment plan, except under emergency conditions. A comprehensive treatment plan includes evidence-based or best practice non-pharmacological interventions that are linguistically, culturally, and developmentally appropriate for the child or youth’s needs and symptoms. Psychotropic medications should be used to treat mental health symptoms in combination with trauma-informed mental health counselling and other treatment services to address the cause of the mental health need. For children in foster care, their mental health needs are often associated with trauma. Youth testimony has been clear that

a connection with a caring, adult caregiver who is committed to the child and provides a loving and stable home, and who is trained and attentive to the needs of the child, can help ameliorate and even resolve behavioral issues that give rise to the possible need for psychotropic medications. An ideal treatment approach should be multi-faceted and include intensive efforts to find permanent connections for all youth in foster care.

VISION CARE

Vision tests (eye examinations) are paid for by Medi-Cal. As with medical and dental care, you will need to find an optometrist (or ophthalmologist, if needed) who accepts Medi-Cal as payment for professional services. Medi-Cal may pay for the examination but does not always cover the glasses. Consult with the social worker on other funding options. The vision problem must be beyond certain specific limits in order for Medi-Cal to cover the purchase of corrective lenses and frames. Not all styles of frames are covered under Medi-Cal. Contact your child's social worker or a CHDP Foster Care Public Health Nurse assigned to the region where the child's social worker works for help in finding an optometrist or dealing with other problems relating to the child's visual health.

2-1-1 San Diego can give you names of specialists who accept Medi-Cal (see [Important Telephone Numbers](#) in the back of this Handbook).

Lions Optometric Vision Clinic (LOVC)

The Lions Optometric Vision Clinic is a non-profit business that offers eye examinations and low-cost glasses, to low-income and no-income families in San Diego County. Children in foster care are also eligible. The child's social worker can obtain an application for a foster child by calling the Lions Optometric Vision Clinic and requesting an application be mailed or faxed to their office. The social worker will complete the application then give it to you. You will then call the clinic to make an appointment and either deliver the form to the office in person, or mail the form to the office. The clinic's contact information is:

Lions Optometric Vision Clinic
1805 Upas Street
San Diego, CA 92103
Phone: (619) 298-5273
Email: lionsvisionclinic@gmail.com
Website: <https://lionsvisionclinic.org/>

After the exam, you and the foster child will be able to select the eyeglass frames and will be advised when the glasses may be picked up.

If the clinic is unable to accommodate the foster child, you can be given a voucher to be seen by a participating doctor who can provide an exam and eye glass prescription. If the foster child is seen by a participating doctor, you must bring the prescription back to the Lion Optometric Clinic, select the frames and pick up the eyeglasses when instructed to do so by the clinic.

HEARING LOSS

Hearing loss seriously affects a child's growth and development in language and communication. Early identification of hearing loss can minimize its impact and assist in remediation.

Childhood hearing loss is often caused by an underlying medical problem that can be corrected by a physician. For some children, hearing loss may be permanent. Comprehensive services, which may include hearing aids, individualized therapy, and family education, ensures that the effects of permanent hearing loss are supported in the most appropriate manner possible.

Signs of Hearing Loss

If any of the following is true, the child **may** have hearing loss:

- frequent ear infections
- seems to "daydream" or "ignore" you at times
- has a sibling or other family member with hearing loss
- fails to respond when you call their name
- "ignores" loud sounds, such as the telephone or vacuum cleaner
- appears to be delayed in acquiring speech

Consult with the child's pediatrician for a hearing evaluation referral and notify the child's social worker of your concerns.

Speech and Language Needs

The ability to communicate is key to a child's success at school, home, and with friends. Through communication, the child gains and expresses knowledge and shares thoughts and feelings with others. Signs of a possible communication disorder include:

- Inability to say at least five to ten words by the age of 1.
- No response to requests, ("come here," "no," "don't," "do you want more?") by 1½ yrs.
- Inability to produce and/or understand any speech by the age of 1 to 1½.
- Failure to follow simple instructions by the age of 1½.
- Inability to ask questions or form two-word sentences by age 2.
- Cannot point to pictures when named, does not understand differences in meaning ("go-stop," "the car pushed the truck," or "the truck pushed the car") by age 2½.
- Does not have a 400-700-word vocabulary, relate experiences in four or more word sentences, ask "why" questions, and use plurals by age 2½ to 3.
- Speech that is 50% unclear by age 2.
- Speech that is 30% unclear by age 3.
- Repetition, hesitation, prolongation of speech sounds at age 3 or older.
- Incorrect pronunciation of "r," "l," and/or "th" sounds after the age of 4.
- Harsh, hoarse, breathy, nasal voice quality.

If a foster child has any of the above concerns, consult with the pediatrician and advise the social worker of your concerns.

To promote good speech, language, and hearing:

- Talk naturally to the child. Do not talk baby talk.
- Take time to listen and talk to the child beginning at birth. Do not push the child to learn to talk.
- Accept some speech mistakes as the child learns. Do not ask them to slow down and repeat.
- Have the child's hearing tested if you find you have to repeat a lot or have to talk loudly to get the child's attention.
- Seek professional help if you are unsure. Never wait to get help for the child if you suspect a problem.

DENTAL CARE

A dental screening/oral assessment is required at every CHDP health assessment regardless of age.

- **Birth up to 12 months of age:** No exam, but a dental screening/oral health assessment is required at every CDHP well-child health assessment regardless of age. If problem noted, refer to a dental provider.
- **12 months of age and older:** Exams every six (6) months.
- **Fluoride Varnish:** at 6 months of age through 5 years of age.
- **Fluoride Supplementation:** at 6 months through 16 years of age, except at 15 months.

The recommended dental periodicity schedule can be found at the following web site:

www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf

Call the Foster Care Public Health Nurse if you are unable to locate a dentist who accepts Medi-Cal patients or if you have questions, regarding which dental services are covered. You may also access the State Medi-Cal Dental web site at <https://dental.dhcs.ca.gov/> or call 1-800-322-6384.

Orthodontia Services

When a foster child requires orthodontia services, you will need to find an orthodontist who takes Medi-Cal Dental coverage. You may request a list of local providers from the Public Health Nurse.

Request that the orthodontist provide you with a Handicapping Labio-Lingual Deviation (HLD) Index Score sheet, listing the recommended services and the costs. Give this HLD Index Score sheet to the social worker.

If a foster child qualifies under the six automatic qualifying conditions located at the top of the HLD Index Score sheet, the social worker will ask you to have the orthodontist send the HLD Index Score sheet to Medi-Cal for payment approval.

If payment is approved, the orthodontist will call you to set up an appointment for the foster child. If payment is denied, you should contact the child's social worker so that they can appeal on behalf of the foster child. If the appeal is denied and the social worker and his/her supervisor feel there are immediate extenuating circumstances requiring the need for orthodontia services, the social worker will request SCIAP funding or County Funds to pay for the treatment.

MENTAL HEALTH/PSYCHIATRIC SERVICES

Children in foster care have potentially experienced neglect, physical, sexual and/or emotional abuse due to their traumatic histories and life experiences, many may display atypical behavior (eating rapidly, hiding food) or be fearful and insecure. They may be more aggressive or more passive in their play than other children. In addition, children may react to being separated from their parents (crying, tantrums, and anger). In addition to the impact of the traumatic experiences, they may also have underlying emotional and mental health needs.

Counseling and/or psychiatric services are available under the Medi-Cal program and may be needed for a child placed in your home. All children will be assessed during a Child and Family Team meeting using the Child and Adolescent Needs and Strengths (CANS) – see above. If you believe a child in your care is in need of therapeutic services, you must discuss this with the social worker to assist you in obtaining the service.

Continuity is important to a child who receives counseling and/or psychiatric services. Sometimes a child may already be receiving these services when they are placed in your home. Discuss with the social worker details, such as who will provide transportation to appointments (usually you), frequency of treatments and so on. The child's therapist may also ask you to attend treatment sessions with the child.

Foster Youth Mental Health Bill of Rights

By law, California foster youth are entitled to the following mental health rights.

Youth Pamphlet: <https://www.cdss.ca.gov/cdssweb/entres/forms/English/PUB488.pdf>.

1. Foster youth have the right to receive mental health services and supports.
2. Foster youth have the right to receive information about their mental health, including their diagnosis and available treatment options, in a way that is easy to understand and age appropriate.
3. Foster youth have the right to participate in decisions made about what mental health treatments, services, and medications they receive.
4. Foster youth have the right to receive needed mental health services and supports in a timely fashion.
5. Foster youth have the right to receive mental health services and supports in the least restrictive environment appropriate to meet their individual needs.
6. Foster youth who are twelve or older have the right to privately seek and consent to outpatient mental health counseling and treatment (except for psychotropic medications).
7. Foster youth have the right to take only medication or other chemical substances that are authorized by a doctor.
8. Foster youth have the right to be informed about the risks and benefits of prescribed medications in an age appropriate manner.

9. Foster youth have the right to tell their doctor that they disagree with any recommendation to prescribe psychotropic medication.
10. Foster youth have the right to go to the judge and say they disagree with any recommendation to prescribe psychotropic medications. **Foster youth are encouraged to talk to their attorney first to make sure the youth does not say something against his or her interests.**
11. Foster youth have the right to ask for mental health services, including re-assessments regarding their diagnoses and their prescriptions for psychotropic medications.
12. Foster youth have the right to work with their prescribing doctor in order to safely stop taking psychotropic medications.
13. Foster youth have the right to be able to contact their mental health treatment providers.
14. Foster youth who are twelve or older have the right to confidentiality when speaking with their therapist or doctor. With a few limited exceptions, a health care provider must get permission from a foster youth who is twelve or older before sharing confidential medical information with others. **Foster youth are encouraged to ask their therapist or doctor what information will or will not be kept confidential and whom the provider is allowed to share the information with.**
15. Foster youth have a right to keep their medical information and diagnoses confidential and only shared with those authorized to know this information for the purposes of arranging for, coordinating, and providing health care services and medical treatment to the youth.
16. Foster youth have the right to see and get a copy of their court record.
17. Foster youth who are twelve or older have the right to see and get a copy of their medical and mental health records. **A foster youth can request his or her mental health records, but if a health care provider determines that seeing these records would be harmful to the foster youth, they can refuse his or her request.**
18. Foster youth have the right to continue receiving mental health treatment when their placement changes, including when they are moved to a different county.
19. Foster youth who are in foster care on their 18th birthday have the right to continue to receive health care, including mental health services, through Medi-Cal until age 26 regardless of their income level.

Reproductive and Sexual Health Care

Youth and non-minor dependents in foster care are entitled to certain reproductive and sexual health care rights. It is important that foster youth and the parties who serve these youth, such as county social workers, probation officers, Court Appointed Special Advocates, foster family agency and group home staff, resource families and service providers are aware of these rights and respect the youth's exercise of their rights. (WIC Section 16001.9)

1. The right to receive medical services, including reproductive and sexual health care. (W&IC section 16001.9, subdivision (22-24).
2. The right to consent to or decline medical care (without need for consent from a parent, caregiver, guardian, social worker, probation officer, court, or authorized representative) for: (W&IC section 369, subdivision (h)).
 - a. The NMDs have the medical consent rights of other adults, W&IC section 303, subdivision (d).
 - b. The prevention or treatment of pregnancy, including contraception, at any age (Family Code section 6925; except sterilization; Family Code section 6925, subdivision (b)(1)).
 - c. An abortion, at any age (Family Code section 6925)
3. The right to consent to an abortion at any age was established by the California Supreme Court in *American Academy of Pediatrics v. Lungren* (1997) 16 Cal.4th 307)
 - a. Diagnosis and treatment of sexual assault, at any age. (Family Code section 6928, subdivision (b)).
 - b. The prevention, diagnosis, and treatment of STIs, at age 12 or older. (Family Code section 6926, subdivision (b)).
 - c. If the foster youth has the right to personally consent to medical services, such services shall be provided confidentially and maintained as confidential between the provider and foster youth to the extent required by the Health Insurance Portability and Accountability Act and the California Confidentiality of Medical Information Act, unless disclosed through written consent of the foster youth or through a court order. When a youth has the right to consent, there shall be privacy for examination or treatment by a medical provider, unless the youth specifically requests otherwise. (Public Law 104-191, Civil Code section 56 et seq., See, Health & Safety Code, sections 123110 and 123115.)
4. The right to have access to age-appropriate, medically accurate information about reproductive and sexual health care, the prevention of unplanned pregnancy including abstinence and contraception, abortion care, pregnancy services, and the prevention, diagnosis, and treatment of STIs, including but not limited to the availability of the Human Papillomavirus (HPV) vaccination. (W&IC sections 16001.9 and 369, subdivision (h)).
5. The right to be provided transportation to reproductive and sexual health-related services. (W&IC section 16001.9, subdivision; Title 22 California Code of Regulations (CCR) sections 8075, subdivision (a) and 89374, subdivision (c)(1)). Many reproductive health services are time-sensitive (e.g., emergency contraception, abortion); therefore, transportation must be provided in a timely manner in order to meet the requirement.
6. The right to obtain, possess and use the contraception of his or her choice, including condoms. (Family Code section 6925 and W&IC section 369, subdivision (h)).
7. The right to have private storage space and to be free from unreasonable searches of his or her personal belongings. Contraception cannot be taken away as part of a group home discipline program

or for religious beliefs, personal biases and judgments of another person. (Title 22 CCR section 84072, subdivision (c)(9)).

8. The right to choose his or her own health care provider, if payment for the health service is authorized under applicable Medicaid law. (42 United States Code sections 1396a, subdivision (23)(B) and 1396n, subdivision (b)).
9. The right to fair and equal access to all available services, placement, care, treatment and benefits, and to not be subjected to discrimination or harassment based on actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or Human Immunodeficiency Virus (HIV) status. (W&IC section 16001.9).
10. The right to independently contact state agencies, including the Community Care Licensing Division of the California Department of Social Services and the state Foster Care Ombudsperson, regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints. (W&IC section 16001.9).
11. Depending on the type of licensed home or facility and age of the foster youth, personal rights are to be posted and/or explained in an age or developmentally appropriate manner and provided to the foster youth.

MEDICAL CARE FOR CHILDREN WHO ARE UNDOCUMENTED

In general, children are “undocumented” if they do not have a U.S. birth certificate, or proof of legal residency, citizenship or naturalization.

Medi-Cal eligibility rules for undocumented children and refugees are complex; the HSS can explain the rules as they affect the child. Undocumented foster children may be eligible for Medi-Cal. There is a process that the Agency will need to complete to establish Medi-Cal eligibility. Make sure to contact the child’s social worker for assistance.

Do not take an undocumented child to Mexico for medical care, as they will not be able to re-enter the United States.

The undocumented foster child **is** eligible to receive CHDP examinations. The doctor’s office will have you complete a form regarding the child’s low-income status.

At the time of placement, discuss with the social worker resources or payment methods for medical care. When no other resources are available, the child’s social worker will request County funds to pay for needed medical care. The child’s social worker will help you obtain services, as needed.

REIMBURSEMENT TO RESOURCE PARENTS FOR HEALTH CARE COSTS

Always contact the child’s social worker for approval prior to purchasing non-emergent items or services.

Emergency situations may arise that require you to pay for medical services or prescriptions to protect the health of the foster child. In these situations, the Agency will reimburse you for the expenses. Notify your social worker immediately.

Always use the Medi-Cal card provided for your child before using your own funds.

Whenever possible, consult with your child's social worker using your own funds. Other resources or payment methods may be available, and more appropriate, to meet the child's needs. Discussions with the social worker will help prevent use of your funds unnecessarily and will also help to ensure that you will be reimbursed. The social worker, who must initiate the procedure to reimburse you, will need original receipts, statements, bills, or invoices documenting the expenses.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Since the Human Immunodeficiency Virus (HIV) is transmitted most readily via blood, semen, vaginal fluid, or breast milk of an infected person, high-risk behaviors are those, which bring a person into intimate contact with these fluids. The most common ways of spreading the virus include:

- Intimate sexual contact without use of a condom.
- Sharing needles (e.g. hypodermic, tattoo, staples used for tattooing, etc.)
- Blood or blood product transfusions given prior to June 1985.
- Transmission from an infected mother to an unborn or newborn child.
- Transmission from an infected mother through breast-feeding.

While the HIV virus is a serious medical issue to the person who has it, outside the body it is a fragile virus, easily killed by many common household products, including bleach, soap, detergent, Lysol, and isopropyl alcohol.

Any form of appropriate contact between you and a child does not spread HIV. The virus is not airborne; it is not spread through coughing. There have been no documented cases of transmission through the saliva or tears of an infected person.

Several long-term studies of health care workers who care for Acquired Immunodeficiency Syndrome (AIDS) patients and family members who live with AIDS patients, have shown that close, nonsexual shared living arrangements with a person with AIDS have not transmitted the virus. This has been shown to be true even among families with questionable hygiene practices and where no special precautions were taken because it was not known that the person had AIDS. These studies show that the virus is not transmitted from toilet seats, doorknobs, dishes, eating utensils, drinking cups, or swimming pools. AIDS is not spread by talking with an infected person, shaking hands, hugging, casual (as opposed to "deep") kissing, or physical closeness.

By observing Universal Precautions (assume that everyone has the potential of being infected), you will be protected from anyone who has an HIV-positive test. You can safely care for a foster child who has an HIV-positive test or AIDS by following recommended hygiene practices. It is safe to carry these children in your arms, transport them in your car, hug them, hold their hands, change their diapers, or give them a kiss on

the cheek. Sharing of toys has not been shown to transmit AIDS. However, for other health reasons, it is important to wash toys periodically.

***A child's HIV or AIDS status is protected personal health information that must not be shared with anyone. EXCEPTION:** Disclosure to others may be made in a life-threatening situation when the information must be shared (e.g., a child needing resuscitation). Emergency staff may be informed in order to take adequate precautions. Additional information is on the California Dept. of Health, Office of AIDS at: <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAmain.aspx>.

Placement of a HIV Positive Child

To maximize confidentiality when a child with HIV is being placed with a resource parent, the social worker will not disclose the name of the child to the potential resource parent until it is confirmed that the child will be placed in your home. The social worker will inform the resource parent of the child's HIV positive status prior to the placement of the child. All persons having access to any AIDS/HIV related paperwork will be advised of their duty to safeguard the confidentiality of the information.

Resource parents accepting placement of an HIV positive child must be given the following forms:

- 04-139: Informed Consent for Placement of an HIV Positive or AIDS Child
- 04-146: Universal Hygiene Practices-HIV/AIDS

Both forms must be reviewed with the social worker and the 04-139 must be signed by the resource parent.

Recommended Personal Hygiene Practices

AIDS is a blood-borne disease. Although it is very difficult to transmit by non-intimate methods, it is a disease and common-sense precautions are indicated. These hygiene practices will not only protect you from HIV, but also from other fluid-borne infectious diseases, such as Hepatitis B. It is important that you wash your hands after contact with any body fluids.

These practices are applicable to children who have tested positive for HIV and to those who have AIDS. **In fact, these practices are common sense precautions that should be followed routinely in your home:**

- Do not allow children to share toothbrushes or razor blades.
- Avoid blood-to-blood contact. If you have a rash or an open cut on your hands, wear latex disposable gloves while cleaning up spills of blood, semen, bloody saliva, urine, feces, or vomit. Cover cuts with adhesive bandages.
- If you do have skin contact with these substances, wash the affected areas with soap under running water for 10 seconds.
- Wash your hands with soap before and after changing a diaper. Gloves are not needed unless the feces are bloody. The AIDS virus has not been found in feces itself.
- When using disposable gloves, use them once and discard. **DO NOT REUSE THEM.** Use gloves for one child only. Do not use the same gloves for changing two children. Turn gloves inside out when removing them. Wash your hands.
- If a child is drooling, wipe up the saliva with a tissue, discard the tissue, and wash your hands with soap.

- If a child bites you and draws blood, wash the area immediately with soap and water. **See a doctor as you would with any human bite wound.**
- There have been no known instances in which this virus has been transmitted via biting; it is considered an extremely remote possibility.
- Do not share or allow children to share the same piece of food. For example, more than one person should not eat the same hot dog, ice cream cone, piece of chicken, and so on. No other mealtime restrictions are necessary. A child with the AIDS virus can use the community table, dishes, glasses, and eating utensils, and be served “family style” (that is, from a common serving dish).
- Clean up spills of blood, bloody saliva, urine, feces, semen, or vomit on surfaces such as floors, countertops, bathtubs, etc. with a solution of 10 parts water to 1-part ordinary household bleach. Dispose of the rag or paper towel in a leak proof container or plastic bag and put it in an outdoor trash container. For bodily fluid spills on bedding, clothing and other washables, see laundering procedures below. Clean and sterilize baby bottles in the usual way.
- It is not necessary to wash the child’s dishes and utensils separately. Just wash them with hot, sudsy water, rinse, and dry thoroughly, either by hand or automatic dishwasher.
- The child’s clothing may be washed with other family members’ clothing, using ordinary laundry detergent, **unless** the child’s blood, semen, urine, feces, and/or vomit have soiled it. As with any heavily soiled diaper, you should use regular or non-chlorine bleach.
- Clothing soiled with bodily fluids should be washed separately, using normal procedures. Add one-half cup of regular or non-chlorine bleach to the wash cycle. Heavily soiled items (for example, cloth diapers) may require presoaking.
- Disposable diapers should be placed in a leak proof container or a plastic bag and put in an outdoor trash container.

HIV Testing

Notify the foster child’s social worker if you have reason to suspect that the foster child is at risk for HIV infection. Risk factors may be revealed during your conversations with the child or their parents.

You should also be aware that certain unexplained symptoms that can be unusual for a child may need further assessment to determine if they are HIV related. Such symptoms might include: chronic respiratory problems (pneumonia, bronchitis, tuberculosis), recurrent infections or fevers, chronic diarrhea, developmental delays, failure to thrive, swollen lymph nodes, unexplained weight loss and/or fatigue, severe night sweats, easy bruising or anemia, swollen liver or spleen, renal disease, chronic skin rashes, chronic yeast infection, pelvic inflammatory disease, abnormal pap smear, irregular menstrual periods, genital warts, unusual neurological symptoms (weakness, spasticity, seizures, blindness). These symptoms are important, especially if a child is displaying more than one. **If these symptoms occur, be sure to consult the child’s pediatrician.**

It is illegal to test for HIV or to disclose test results without a signed consent for testing and disclosure by the parent, legal guardian, and in some circumstances, the social worker.

REMEMBER:

- **YOU DO NOT HAVE THE AUTHORITY TO REQUEST A DOCTOR OR CLINIC TO TEST A CHILD FOR HIV.**
- A Consent for Treatment form is not sufficient for getting the child tested. A special consent to test and disclose results is required from the child's parent, legal guardian, social worker, or Juvenile Court.
- When HIV testing is ordered, you should plan to go with the child to the test site. Take your signed consent or court order with you.
- The social worker will share the child's HIV status and provide you with the:
 - 04-139: Informed Consent for Placement of an HIV Positive or AIDS Child
 - 04-146: Universal Hygiene Practices-HIV/AIDS
- Information about a person's HIV testing and diagnosis is confidential. The Health and Safety Code spells out specific fines and sentences for disclosing, either deliberately or unintentionally, a minor's or a parent's HIV status.

SYMPTOMS OF ALCOHOL/DRUG USE

If you suspect that a child in your care or their parents may be using drugs, contact the child's social worker.

Physical warning signs of drug use:

- Bloodshot eyes, pupils larger or smaller than usual.
- Changes in appetite or sleep patterns. Sudden weight loss or weight gain.
- Deterioration of physical appearance, personal grooming habits.
- Unusual smells on breath, body, or clothing.
- Tremors, slurred speech, or impaired coordination.

Behavioral signs of drug use:

- Drop in attendance and performance at work or school.
- Unexplained need for money or financial problems. May borrow or steal to get it.
- Engaging in secretive or suspicious behaviors.
- Sudden change in friends, favorite hangouts, and hobbies.
- Frequently getting into trouble (fights, accidents, illegal activities).

Psychological warning signs of drug use:

- Unexplained change in personality or attitude.
- Sudden mood swings, irritability, or angry outbursts.
- Periods of unusual hyperactivity, agitation, or giddiness.
- Lack of motivation; appears lethargic or "spaced out."
- Appears fearful, anxious, or paranoid, with no reason.

Warning Signs of Commonly Abused Drugs:

- **Marijuana:** Glassy, red eyes; loud talking, inappropriate laughter followed by sleepiness; loss of interest, motivation; weight gain or loss.
- **Depressants (including Xanax, Valium, GHB):** Contracted pupils; drunk-like; difficulty concentrating; clumsiness; poor judgment; slurred speech; sleepiness.
- **Stimulants (including amphetamines, cocaine, crystal meth):** Dilated pupils; hyperactivity; euphoria; irritability; anxiety; excessive talking followed by depression or excessive sleeping at odd times; may go long periods of time without eating or sleeping; weight loss; dry mouth and nose.
- **Inhalants (glues, aerosols, vapors):** Watery eyes; impaired vision, memory and thought; secretions from the nose or rashes around the nose and mouth; headaches and nausea; appearance of intoxication; drowsiness; poor muscle control; changes in appetite; anxiety; irritability; lots of cans/aerosols in the trash.
- **Hallucinogens (LSD, PCP):** Dilated pupils; bizarre and irrational behavior including paranoia, aggression, hallucinations; mood swings; detachment from people; absorption with self or other objects, slurred speech; confusion.
- **Heroin/Opiates:** Contracted pupils; no response of pupils to light; needle marks; sleeping at unusual times; sweating; vomiting; coughing, sniffing; twitching; loss of appetite.

Warning Signs of Teen Drug Use

While experimenting with drugs does not automatically lead to drug abuse, early use is a risk factor for developing more serious drug abuse and addiction. Risk of drug abuse also increases greatly during times of transition, such as changing schools, moving, or divorce.

The challenge for parents is to distinguish between the normal, often volatile, ups and downs of the teen years and the red flags of substance abuse. These include:

- Having bloodshot eyes or dilated pupils; using eye drops to try to mask these signs.
- Skipping class; declining grades; suddenly getting into trouble at school.
- Missing money, valuables, or prescriptions.
- Acting uncharacteristically isolated, withdrawn, angry, or depressed.
- Dropping one group of friends for another; being secretive about the new peer group.
- Loss of interest in old hobbies; lying about new interests and activities.
- Demanding more privacy; locking doors; avoiding eye contact; sneaking around.

Finding help and support for drug addiction

Call **1-800-662-HELP in the U.S.** to reach a free referral helpline from the Substance Abuse and Mental Health Services Administration (SAMSA).

CHAPTER 7

Financial Reimbursements

GENERAL INFORMATION

The California Department of Social Services (CDSS) is designated as the state entity authorized under existing state law to administer a state system for establishing rates in the Aid to Families with Dependent Children-Foster Care (AFDC-FC) program. Although AFDC-FC is funded by a combination of State, Federal, and County money in a fixed ratio, the rates are set by the California Department of Social Services. You will receive a Medi-Cal Benefits Identification Card (BIC) and monthly reimbursements for children who have been placed in your care. The money that will be sent to you following placement, is called a home-based family care (HBFC) reimbursement rather than a payment. As it is a reimbursement, it will be received no later than the 15th of the month following the placement and care of a dependent child/youth. The reimbursement ends a day before the last day care provided.

A Human Services Specialist (HSS) will usually handle the financial details of your foster child's placement. After the social worker initiates an aid application, the HSS is responsible for:

- Determining that all criteria for funding service is met.
- Issuing the foster care reimbursement.
- Making any necessary changes in the rate based on authorization by the special care rate coordinator and social worker.
- Issuing Medi-Cal Benefits Identification Card.
- The case name for the foster care case is usually the child's mother's name. The HSS will be able to find the case more quickly if you know the mother's name.

If you have specific questions about the reimbursement rate or Medi-Cal, call the HSS assigned to the case. If you do not know whom to call, refer to the Eligibility Inquiry Line at (619) 767-5000

HOME BASED FOSTER CARE BASIC LEVEL RATE

Resource parents receive a monthly basic reimbursement rate to feed clothe, and meet the material needs of the children placed in their care. The basic rate is issued to approved resource families, County Foster Family Homes (FFHs), Nonrelated Extended Family Member (NREFM), and relatives (including both Federal and non-Federal relative cases regardless of their participation in the Approved Relative Caregiver Program (ARC). In addition to the basic level, a care provider may receive a Special Care Incentive (SCI) if eligible, and a clothing allowance. The basic rate changes as result of the cost of living calculated by the changes in the California Necessities Index (CIN).

Kinship-Guardianship Assistance Program (Kin-GAP), Nonrelated Legal Guardian (NRLG) and Adoption Assistance Program (AAP) Placements

New placements of a child or youth (on or after January 1, 2017) who is determined to be eligible to receive assistance under Kin-GAP, the NRLG Program, and AAP will receive the basic level rate.

The rate structure for families currently receiving Kin-GAP assistance payments or for NRLG cases where guardianship was established prior to or after May 1, 2011 will not change. The Kin-GAP basic rate may be increased upon reassessment of the circumstances of the caregiver and the needs of the child for cases in which the kinship guardianship was established and dependency was terminated on or after May 1, 2011.

The reimbursement for care provided to children and youth placed in your home should be received no later than the 15th of the month following the month of care. If you do not receive your reimbursement by the 15th of the month, you should call the HSS. (Your reimbursement check may be delayed if the child or youth moves into your home from another caregiver's home in the middle of the month.)

You will not be reimbursed for the last day the child is in your home. If a foster child leaves your home, but you continue to receive a reimbursement check, this is considered an overpayment and the reimbursement should be returned immediately to:

Health and Human Services Agency
Fiscal Services
P. O. Box 129153
San Diego, CA 92112-9153

Below is a **suggested guideline** on reimbursement expenditures. These are only guidelines. You will need to adjust expenditures according to the individual circumstances and needs of your foster child.

Monthly Expenditure	% of Basic Rate
Food	35%
Room	14%
Clothing	14%
Recreation	12%
Transportation	6%
Toys/Equipment	2%
Education	5%
Allowance	4%
Personal Needs	2%
Misc.	6%
TOTAL REIMBURSEMENT	100%

Dual Agency Rates

Dual agency rates are paid to children who are receiving AFDC-FC benefits and are concurrently receiving services from the San Diego Regional Center for developmental disabilities.

Infant Supplement

California provides a monthly infant supplemental payment to the caregiver of a parenting youth, when that youth resides in the same placement home with their non-dependent infant.

Clothing Allowances

The basic foster care rate includes a monthly clothing allowance for a child placed in your home. An initial clothing allowance is issued when a child is initially placed in out-of-home care. This allowance is not issued automatically and must be requested by the social worker. A change of placement or replacement clothing allowance may be given on an as-needed basis.

The amount of the initial clothing allowance is based upon the age of the unmet clothing needs of the child. The following are HHSA Policies for Initial Clothing Allowances:

- At the time the child is initially placed, the social worker will ask you to complete a Clothing Inventory (form 04-61). Any unmet clothing needs should be documented, and the social worker will tell you if a clothing allowance will be authorized. Since it may take 3 to 4 weeks to receive the clothing allowance, you may be asked to purchase clothing knowing that reimbursement will be forthcoming.
- Resource home placements will receive \$100 of the initial clothing allowance if it is the child's first placement in foster care; if the placement converts to a long-term placement, the balance of the initial clothing allowance may be requested.
- If the child moves to a different long-term placement, that home may request a full initial clothing allowance if there is an unmet clothing need.
- The initial clothing allowance must be requested by the social worker and authorized within six months of the placement with supervisor approval.
- You may be asked by the social worker to verify purchases.

Keep copies of all receipts with the child's records.

Change of Placement Clothing Allowance

- As a rule, a clothing allowance will not be authorized when a child moves from one placement to another. If the child's previous caregiver adequately assessed, maintained, and replaced clothing as needed, the child should have sufficient clothing to enter the next placement.
- Exceptions are permitted on an individual basis. For example, if the child's clothing was destroyed or stolen, or the previous caregiver failed to maintain and replace clothing items as required, an additional allowance may be requested.
- If the previous resource parent failed to adequately maintain and replace clothing, or provide clothing items upon leaving, the social worker will document this on the Placement Assessment Form.
- The social worker's supervisor must approve all requests for a change of placement clothing allowance. The request must include a written statement by the social worker describing the circumstances necessitating an additional clothing allowance and the clothing inventory completed by the new resource parent.

- A change of placement clothing allowance may be the same amount as an initial allowance.

Annual Clothing Allowance

A County-funded annual clothing allowance is issued every August – September. The allowance is paid automatically; it does not have to be requested.

Transportation Costs

Certain transportation costs may be added to the special care rate when the child requires frequent trips to medical or therapy appointments directly related to the child's disability. The caregiver demonstrates that the AFDC-FC transportation allowance is otherwise used.

Reimbursement for Medicine and Medical Supplies

Always contact the child's social worker for approval prior to purchasing non-emergency items or services.

For emergency reasons, situations may arise that require you to pay for medical services or prescriptions to protect the health of your foster child. In these situations, the Agency will reimburse you for the expenses. Always use the Medi-Cal card provided for your child before using your own funds. Request a Treatment Authorization Request (TAR) from the pharmacy if the medicine is not in the formulary.

Whenever possible, consult with your child's social worker or a CHDP nurse before using your own funds. Other resources or payment methods may be available, and more appropriate, to meet the child's needs. Discussions with the social worker or nurse will help prevent use of your funds needlessly and will help to ensure that you will be reimbursed in a timely manner. The social worker must initiate the procedure to reimburse you and will need the original of all receipts, statements, bills, or invoices documenting the expense. (Make and keep copies for your records.)

If you have not received payment within 90 days, call your social worker again to find out the status.

Nurturing, Evaluation and Stabilization Team (NEST) Reimbursements

NEST resource homes receive the basic foster care rate plus an additional \$20 for each day the child is in the NEST resource home, up to a maximum of 60 days. Only those resource parents designated as a NEST resource home will receive this additional funding. For more information about the NEST program, please refer to Chapter 5 in this Handbook.

The NEST resource parent may also receive a portion of the initial clothing allowance for the child, not to exceed \$100. The Emergency Shelter Care placement supervisor is responsible for authorizing this payment. All clothing must go with the child when he leaves the home.

SPECIAL CARE INCREMENTS

A child who has physical, emotional, mental or developmental disabilities may qualify for a special care increment. Special Care Increments (SCI) are issued in addition to the basic rate. They are intended to

compensate resource parents for the additional time, effort, and expenses required to care for certain children.

Eligibility

Placements receiving federal or state foster care funds are eligible to receive the Special Care Increment.

The following cases are not eligible to receive a SCI:

- Caregivers receiving CalWORKs, ARC, and unpaid placements
- The time period during which NEST funds are being paid
- Services that are required for all foster youth (e.g. developmental evaluations through DSEP, Pathways mental health screenings, well child exams, etc.)
- Placement prior to RFA approval

Special Care Increment Tiers

The Agency assigns the following levels to Special Care Increments:

SCI Tier 1

The child requires additional care and supervision because of a mild physical, mental, or developmental disability. You may qualify for this SCI if you are required to provide additional time and direct services beyond basic care expectations.

Examples include but are not limited to the following:

- You provide weekly transportation to medical or therapy appointments, special schools, classes, or rehabilitation programs.
- You transport and participate in medical/therapy appointments twice monthly.
- You regularly train or tutor the child due to mild mental impairment or developmental delay.
- Child needs additional care and/or supervision due to medically-documented developmentally-inappropriate behavior, including biting, hitting and enuresis (bed-wetting).
- Premature infant that requires medical follow-up care and protection from common illness.
- Child has diagnosis of reflux and/or severe feeding problems requiring special feeding techniques.
- Child is in a cast because of a hairline fracture or simple limb injury.
- Child had lice or scabies when placed in your home, and you need to disinfect all of the children and clothing in your home.

SCI Tier 2

The child requires additional care and supervision due to a moderate physical, mental, or developmental disability, which has been medically documented. The parenting youth has additional educational needs.

Examples include but are not limited to the following:

- Child routinely requires supervision and administration of prescribed medication (does not include routine vitamins/iron), and/or preparation and monitoring of a medically prescribed diet to treat or control a medical condition.
- You are required to participate in the child's medical treatment or therapy programs at least weekly (physical, psychiatric, speech, etc.) and provide related services/activities at home.
- Child requires a monitor or other special equipment (e.g. apnea monitor with an infrequent or occasional alarm).
- Child has serious behavioral disturbances or excessive tantrums requiring therapy and/or a therapeutic behavior modification plan.
- Child has burns at time of placement and requires dressing changes at least twice a day.
- Child/Youth is currently pregnant and requires additional support to attend prenatal appointments and prepare for the birth of her child. Child/Youth requires support and coaching to prepare for parenthood. Child/Youth requires support and coaching from caregiver to learn skills to parent his/her child.

SCI Tier 3

The child requires **both** extensive **supervision** and personal **services** because of *moderate* to *severe* physical limitations, intellectual disability, or mental health concerns.

Examples include but are not limited to the following:

- Child has developmental delays or a disability, and needs daily assistance with activities of daily living, although they may occasionally or partly meet these needs.
- Child needs extensive supervision due to antisocial, destructive, self-destructive behavior, or sexual behavior problems. This includes frequent physical aggression or intentional property destruction in older children.
- Child needs periodic intensive care due to severe allergies (e.g. peanut allergy in young children) or epilepsy with infrequent breakthrough seizures. Child requires close observation and frequent medical care due to the placement of a shunt or the regular use of a medically prescribed equipment (e.g. an apnea monitor with frequent alarms).
- Child is in care due to severe breaks or multiple fractures and is not capable of age-appropriate self-care; or a small child in a body cast.
- Child has serious communicable disease, including HIV, which requires close observation, extensive medication and increased medical appointments.
- Frequent visits to school by caregiver. Child has history of at home suspensions, expulsions, truancy, etc.
- Child is diagnosed with Failure to Thrive and has increased feedings and frequent weight checks.
- Child identifies as Gay, Lesbian, Bisexual, Transgender, Questioning (LGBTQ) or identifies as Gender-Binary and requires additional coaching and support to promote positive identity development to include attendance at support groups/services, seeking consultation and treatment for gender-related transition and/or gender confirmation surgical procedures, and/or advocacy to facilitate name changes, gender marker changes, and support for social transition.

SCI Tier 4

The child requires intensive supervision, training, and personal care because of profound physical handicaps, developmental disability or delay, severely impaired judgment/cognitive abilities, or physical helplessness.

Examples include but are not limited to the following:

- Child always requires assistance and supervision in eating, dressing, and personal hygiene because of disability.
- Child always requires intensive supervision and guidance and may not be left unattended due to antisocial or self-destructive behavior.
- Child has a diagnosis of Autism or Autistic Spectrum Disorder with significant impairments in social and emotional functioning requiring intensive intervention and observation as documented by a psychologist.
- Child has diagnosis of a seizure disorder with regular break through seizures.
- Adolescent youth has diagnosis of encopresis or daily enuresis and SCP is taking measures to alleviate the symptoms including seeking counseling or medical consultations.
- Child was born positive for heroin and is actively titrating from methadone.
- Child has been identified within the last 6 months as at risk or actively a victim of Commercial Sexual Exploitation (CSEC) and requires increased support and supervision to maintain his/her safety and/or access to supportive services to address his/her victimization.

SCI Tier 5

The child has severe disabilities, impairments, or delays, which require both intensive care and supervision and the caregiver, must have special skills and training. This category is limited to children who would otherwise require placement in an institutional setting.

Tier 5 SCI includes a range of rates. The SCR coordinator utilizes a matrix to assess for Tier 5 eligibility.

Examples include but are not limited to the following:

- You transport child to medical/therapy appointments between 10-20 times per month.
- You spend between two and six hours per day consulting with a provider, implementing a behavior modification plan and redirecting a child's behavior.
- Child has been diagnosed with Type 1 Diabetes, which has been determined by a medical professional to be medically stable but requires a high level of supervision to assure compliance with medical plan.
- You provide care and supervision for a child who requires the use of a feeding tube.
- You provide close supervision and consult with a therapist for a youth who threatens suicide.
- You provide a home environment and care required for a child in a wheelchair.
- You monitor and care for a child who:
 - Has been diagnosed with Type 1 Diabetes, which has been determined by a medical professional to be medically unstable and places the child at high risk of hospitalization or acute medical crisis (e.g. brittle diabetic).
 - Needs oxygen. Oxygen requirements are unstable and demand frequent level changes.
 - Is dependent on tracheotomy.

- Is dependent on ventilator.
- Has Cystic Fibrosis.

Procedures for Special Care Increments

The social worker will assess the child's need for a special care rate at the time of placement or when presented with additional information about the child. You can request a special care rate by contacting the child's SW or Special Care Rate Coordinator directly. Upon receiving a referral, the Special Care Rate Coordinator will send an application packet to the caregiver.

The caregiver must complete the application packet prior to the SCI assessment proceeding. The caregiver provides the SCR Caregiver form directly to the SCR Coordinator. Additional forms may be submitted directly from the service provider to the SCR Coordinator or via the caregiver. A written statement from a doctor, therapist, or teacher may be substituted for the Special Care Rate forms if the statement includes all of the information requested on the forms.

After a complete SCI application packet is received, the Coordinator will:

- Complete an assessment to determine if the caregiver qualifies for a SCI.
- Complete the SCI Authorization (10-43).

You may be asked to provide additional information to help determine the child's eligibility and appropriate level of care.

If a special care rate is approved, the form will be sent to the HSS for payment. You will receive a copy of the form 10-43 showing the payment amount authorized.

If your request for a special care rate is denied, the form 10-43 will state the reasons for this denial. If you disagree with the denial, you may contact the SCR Coordinator noted on the returned form. If you and the Coordinator cannot resolve the issue, you may request a review by the assigned supervisor or request a fair hearing by following the instructions on the back of the form 10-43.

All tiers of SCI may be authorized for a period ranging from 30 days to 12 months. The length of the SCI is determined by the SCR Coordinator and is dependent upon the need of the child and the verification received from the SW and/or service provider(s). After the SCI expires, a new assessment can be initiated by a referral from the SW or an application by the caregiver.

The SCI will remain in effect until the payment authorization expires or the child's condition changes. A change of placement from one caregiver to another does not affect the SCI.

The SCI may be authorized retroactively for a time period of up to 12 months prior to the date the assessment is completed, if the SCR Coordinator determines that:

- the child met the disability criteria at an earlier date, **and**
- the SCP was providing the required level of services.

Dual Agency Rates

Children that are served by CWS and Regional Center are referred to as dual agency children. They receive services from both agencies. Regional Center services are for developmentally disabled children. Some caregivers may be eligible for an increase in their AFDC-Foster Care rate for care and supervision of a dual agency child. To be eligible for the dual agency rate, the child must be receiving services from Regional Center (as demonstrated through an Individualized Family Services Plan - IFSP or Individualized Program Plan - IPP) or California Early Start services.

Overpayments

An overpayment is defined as the amount of reimbursement a caregiver has received for which they are not eligible. This can happen when a child leaves your home but the HSS is not notified that the child is no longer placed in your home. You and the social worker have joint responsibility to immediately notify the HSS when a child leaves your home.

Keeping a check, which you know you are not eligible for (if for instance you receive a check for a month the child is not in your home), is considered fraudulent and is subject to collection. If the HSS pays you the wrong amount (if for instance you are paid for a full month when the child moved from your home before the end of the month), this is considered an administrative error and is not subject to collection.

Income Tax

Foster care reimbursement payments are exempt from both State and Federal income taxes. The applicable statutes are cited below. If you need additional information, contact a tax consultant or the Internal Revenue Service.

State Tax Levies

Welfare and Institutions Code, Section 11002 provides that, "All aid given under a public assistance program will be absolutely inalienable for any assignment, sale, or otherwise."

Federal Tax Levies

Title 26 of the United States Code, Section 6321 authorized the Internal Revenue Service to levy tax liens for the collection of taxes due to the United States. Section 6334(a) enumerates property, which is exempt from levy. Pursuant to Public Law 100-647, Title VI, Section 6236 (c)(4)(A)(h)(1), exemption from levy was extended to additional types of property.

Among the exemptions are certain public assistance payments, including any amount payable to an individual as a recipient of public assistance under:

- Title IV (relating to Aid to Families with Dependent Children) or Title XVI (relating to Supplemental Security Income for the aged, blind and disabled) of the Social Security Act, or
- State or local government public assistance or public welfare programs for which eligibility is determined by a needs or income test.

NOTE: Before claiming your foster child as a dependent, check with the IRS or a tax consultant.

CHAPTER 8

Child Abuse and Court

CHILD ABUSE AND NEGLECT

Enhancing safety for children/youth is the top priority for everyone involved in a CWS case.

California Child Abuse Reporting Laws define child abuse as:

- Non-Accidental physical injury caused by an individual or other
- Willful cruelty or unjustified punishment
- Sexual abuse/exploitation
- Infliction of mental or emotional suffering

California Child Abuse Reporting Laws define child neglect as neglect by a parent or caretaker who fails to provide adequate food, clothing, medical care, or supervision.

CHILD ABUSE HOTLINE

CWS is the designated authority for investigating child abuse allegations in San Diego County. The Child Abuse Hotline receives all reports of suspected child abuse.

Professionals such as physicians, teachers, counselors, and resource parents, in their professional capacity, are mandated by law to report whenever they have knowledge of or observe any suspected abuse or neglect of children. The observations of these professionals are valuable to social workers and the Court. However, anyone who suspects that a child is being abused should also call the Child Abuse Hotline at (858) 560-2191. As a mandated reporter, your identity will remain confidential but not anonymous when making a report.

If a child appears to be in immediate danger, you may call the police, the Sheriff's Department, or the Child Abuse Hotline. These agencies will act quickly if you clearly articulate the danger to the child. You should include the following information about the child and their family:

- Names and addresses of the child/youth and family members.
- Age of the child (ren) involved.
- Type of abuse, dates and places where the abuse occurred.
- Names and addresses of witnesses to the abuse and/or neglect and their relationship to the child, if known.
- The time the parents or caretakers are most likely to be found at home.
- Cultural considerations including if the child is a Native American

PHYSICAL ABUSE

Physical Abuse is non-accidental physical injury, ranging from minor bruises to severe fractures or death, as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting with a hand,

stick, strap, or other object, burning, or otherwise harming a child, that is inflicted by a parent, caregiver, or other person who has responsibility for the child.

Such injury is considered abuse regardless of whether or not the caregiver intended to hurt the child. Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no emotional or bodily injury to the child.

Physical discipline cannot be used with foster children/youth or in the presence of foster children/youth under any circumstances.

Signs of Physical Abuse may include:

- Bruises, marks or other physical injury that are not from ordinary play
- Linear marks
- Flat or depressed affect
- Hyper-vigilance
- Problems with trusting
- Inability to play
- Hyperactivity
- Feelings of shame and doubt
- Low self-esteem
- Anger
- Aggression
- Isolating Behavior
- Passivity
- School Problems
- Behavioral problems and Acting Out
- Emotional Lability

NEGLECT/MALTREATMENT

Neglect is the failure of a parent, guardian, or other caregiver to provide for a child's basic needs.

Neglect may be:

- Physical - failure to provide necessary food or shelter, or lack of appropriate supervision
- Medical - failure to provide necessary medical or mental health treatment

These situations do not always mean a child is neglected. Sometimes cultural values, the standards of care in the community, and poverty may be contributing factors, indicating the family is in need of information or assistance. When a family fails to use information and resources and the child/youth's health or safety is at risk, then child welfare intervention may be required.

Signs of Neglect/Maltreatment may include:

- Disruptive behavior, including aggression toward others
- Changes in mood, including depression and anxiety
- Post-traumatic stress symptoms such as avoidance, hyper-arousal and re-experiencing symptoms (such as nightmares)
- Declining school performance
- Recurrent somatic complaints such as abdominal pain or headaches
- Sleep disturbances
- Suicidal ideation

Other indicators of neglect may be suspected if any of the following conditions exist:

- Necessary medical or dental care not received, or care was refused due to religious or other sincerely held beliefs
- Begging or stealing food
- The child is often sleepy or hungry
- The child is often dirty, demonstrates poor personal hygiene, or is inappropriately dressed for weather conditions
- Child exhibits undue anxiety and/or an extreme focus on survival needs
- The child is depressed, withdrawn or apathetic; exhibits antisocial or destructive behavior; shows exaggerated fearfulness; suffers from substance abuse; speech, eating or habit disorders (biting, rocking, whining); goes easily to strangers
- There is evidence of poor supervision leading to the child being at risk. Some examples may include, but are not limited to: repeated falls down stairs; repeated ingestion of harmful substances; a child cared for by another child; the child is left alone in the home, or other concerns. (Note: Although the law does not delineate at what age a child can be left alone at home, it is up to the SW to determine risk.)
- The conditions in the home are unsanitary (garbage, animal, or human excrement); the home lacks heating or plumbing; there are fire hazards or other unsafe home conditions; the sleeping arrangements are cold, dirty or otherwise inadequate
- The nutritional quality of food in the home is poor; meals are not prepared; refrigerator or cupboards contain no food or spoiled food

SEXUAL ABUSE OR EXPLOITATION

Sexual abuse includes activities by a parent or caregiver such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials. Sexual abuse is defined by the Child Abuse Prevention and Treatment Act (CAPTA) as "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children."

Signs that may indicate that a child who has been sexually abused, may include:

- Overly compliant behavior
- Unusual sexual acting out and/or preoccupation with sex at an early age
- Detailed and age-inappropriate understanding of sexual behavior, especially intimate knowledge of adult sexual behavior
- Poor peer relationships or excessive parental restrictions limiting peer contact
- Lack of trust, particularly with significant others. Nonparticipation in school and social activities
- Inability to concentrate in school
- Sudden drop in school performance
- Extraordinary fears of males (in cases of male perpetrator and female victim)
- Seductive behavior with males (in cases of male perpetrator and female victim)
- Running away from home
- Signs of infection related to sexual contact
- Sleep disturbances
- Regressive behavior
- Withdrawal
- Clinical depression
- Suicidal feelings

EMOTIONAL ABUSE

Emotional Abuse, or psychological abuse, is a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, exposure to domestic violence or rejection, as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove and, therefore, Child Welfare Services may not be able to intervene without evidence of harm or mental injury to the child. Emotional abuse is usually present when other forms are identified.

Proving that such acts are actually damaging the child is much more difficult than proving physical abuse or neglect. Unless there are other signs of either physical abuse or neglect, reports of emotional abuse/neglect may not always result in a juvenile dependency court case. However, they may result in the parents being referred to counseling, parenting classes, and/or other community-based service.

Children who witness intimate partner violence, also referred to as domestic violence, often witness accompanying psychological/emotional abuse in the home. Understanding the emotional climate of the home will help resource parents understand the child's current behaviors and beliefs. The County of San Diego CWS (DV) Protocol describes psychological/emotional abuse in a domestic violence household between partners as:

- Humiliating the victim
- Controlling what the victim can and cannot do
- Withholding information from the victim
- Deliberately doing something to make the victim feel diminished (e.g., less smart, less attractive)
- Deliberately doing something that makes the victim feel embarrassed
- Taking advantage of the victim
- Invalidating the victim's opinions or feelings
- Belittling the victim

- Isolating the victim from friends or family
- Prohibiting access to transportation or telephone
- Getting the victim to engage in illegal activities
- Using the victim's children to control the victim's behavior
- Smashing objects or destroying property
- Disclosing information that would tarnish the victim's reputation
- Threatening loss of custody of children
- Threatening to hurt pet(s)
- Threatening deportation
- Signs of emotional abuse may include:
 - Withdrawn, depressed, and apathetic
 - Acts out and has behavioral problem
 - Is overly rigid in conforming to instructions from teachers or other adults
 - Displays other signs of emotional turmoil like repetitive movements
 - Pays inordinate attention to detail
 - Does not communicate verbally or physically with others
 - Lacks self-esteem
 - Seeks approval to the extreme
 - Fears rejection
 - Is verbally abusive, hostile, or provocative

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC)

U.S. federal law defines human trafficking as the exploitation of another person through the use of force, fraud or coercion unless the person is a victim of Domestic Minor Sex Trafficking, in which case force, fraud or coercion do not have to be proven. CSEC is a form of human trafficking that occurs when individuals buy, trade or sell sexual acts with a child.

California law, SB 855, passed in June 2014, clarifies that CSEC victims may be served through the child welfare system as victims of child abuse and neglect pursuant to the California Welfare and Institutions Code (WIC) Section 300. Additionally, a parent can be determined neglectful if they fail to protect their child from becoming involved in commercial sexual exploitation.

Any person under 18 years of age who is involved in a commercial sexual exploitation is a VICTIM.

POSSIBLE OUTCOMES WHEN A SOCIAL WORKER INVESTIGATES CHILD ABUSE ALLEGATIONS

Relationships with children, youth, and families are the foundation of the work we do in CWS. The social worker who investigates a report of child abuse has several options dictated by the circumstances of the case:

- If there is no evidence or insufficient evidence of abuse or neglect, the referral may be closed.

- If the child can safely remain in the home and the parents recognize the threats to the child's safety and are cooperative, the social worker may ask the parents to seek counseling and/or attend a parenting class, or enter a drug/alcohol rehabilitation program. The worker then determine the level of agency monitoring needed, which may be on a voluntary basis or through filing a petition in Juvenile Court.
- If the child is at risk of physical harm if left in the home and CWS cannot provide in-home supportive services that would alleviate the risk, the social worker will remove the child from the home and seek juvenile court intervention.

The social worker always tries to keep the child/youth with their family. Placement out of the family home is only when the child/youth cannot be safely maintained in their home of origin.

WHAT HAPPENS WHEN A CHILD IS TAKEN INTO PROTECTIVE CUSTODY

Notification to Parents

When a peace officer or social worker takes a child/youth into custody, he or she will take immediate steps to notify the child's parent, guardian, or a responsible relative that the child is in custody. They will be notified that the child has been placed in a facility or home authorized by law to care for the child and will provide a telephone number where the child/youth may be contacted.

RELATIVE/NONRELATED EXTENDED FAMILY MEMBER (NREFM) PLACEMENT

When the child/youth needs a placement outside of their home, identifying living situations that support children and their relationships is done as quickly as possible. Placement with a relative or NREFM will be the first option explored. A relative/NREFM placement occurs when a relative or NREFM who is willing and able to provide a safe and supportive home for the child/youth is identified. The law requires the social worker to attempt to place the child/youth with relatives until the child/youth can safely return home.

When a relative cannot be found but an unrelated adult who has a familial relationship with the child/youth or with a relative of the child comes forward to request placement of the child/youth, the social worker must evaluate whether the unrelated adult meets the criteria for a NREFM.

A "relative" means an adult who is related to the child/youth by blood, adoption, or affinity within the fifth degree of kinship, including stepparents, stepsiblings, and all relatives whose status is preceded by the words "great," "great-great," or "grand", or the spouse of any of these persons even if marriage was terminated by death or dissolution. The social worker will verify the existence of a relationship through interviews with the parent and child/youth or with one or more third parties. The parties may include teachers, medical professionals, clergy, neighbors, and family friends (WI&C 362.7).

A NREFM is defined as an adult caregiver with whom the child or child's family has a familiar relationship with the child/youth or relative of the child prior to the detention/placement under consideration. This includes a relative who does not meet the AFDC-FC relative definition of being within the 5th degree.

There are occasionally other parties who may meet the criteria for NREFM status, for example:

- When a child/youth has been adopted and his/her sibling needs a placement. The adoptive parent of the child/youth can be considered a NREFM to the sibling needing a placement.

Each situation must be evaluated on a case-by-case basis to determine if the relationship of the prospective adult caregiver meets the definition of a relative or NREFM.

RESOURCE FAMILY PLACEMENT

The address of the resource home will not be disclosed to the parent or the parent's attorney unless:

- The Court makes a **"good cause" finding to disclose** the address at the dispositional Hearing
- The foster parent authorizes the release of their address, which may be done any time during the placement, by signing the Foster Parent release of Confidential Address form (04-278) and give the form to the social worker.

HOW LONG WILL THE CHILD REMAIN IN CUSTODY?

The decision to continue to detain a child must be made within the first 48 hours after the child is removed from their home. During that time, a social worker will conduct an investigation and determine if there are sufficient evidence to file a petition with the juvenile court.

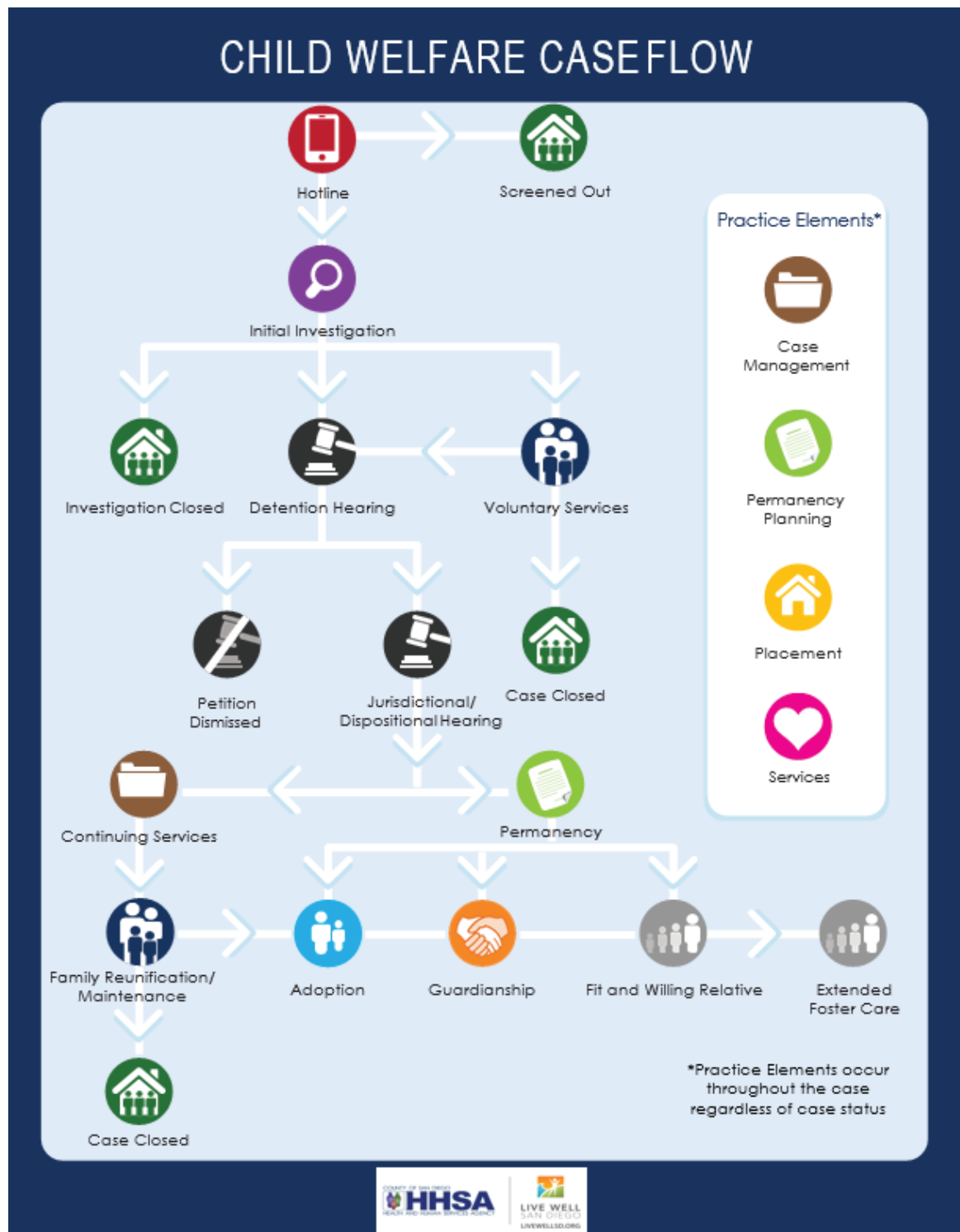
If there is not enough evidence to file a petition, the investigation will be closed, and the child will be returned. The child may also be returned home or to a noncustodial parent when there is sufficient evidence that the child can be safely maintained with a parent/guardian, if the parent/guardian is willing to cooperate with the social worker's recommendations in activities necessary to alleviate the risk and concerns. The social worker will make strong efforts to keep the family intact and avoid Court intervention if possible. The social worker may engage the family in establishing a safety network to support the family and ensure that the child/youth can be safe in their care.

If the situation is too dangerous to return the child, the child will remain in custody, a petition outlining the concerns will be filed and a detention hearing will be held on the following judicial day. **NOTE:** A "judicial day" is a day the Court is in session.

When the Agency files a petition, the Judge evaluates the situation and decides the appropriate action. Parents, caregiver and children/youth over the age of 10 are notified of all hearings.

JUVENILE COURT PROCESS

The flow chart below shows how a case moves through child welfare and the court system. For more information on each step, please refer to the next several pages.



Parents have the right to “contest” or challenge the recommendations made by the social worker and request that a trial be set at any hearing.

HEARINGS

Detention Hearing

The Detention hearing is the first Court hearing after the child/youth is removed from their home or a petition has been filed. A petition is a request by Child Welfare Services asking the court to intervene in the parent/child relationship and place restrictions on a parent’s rights for the protection of a child/youth. It must occur in Juvenile Court within 72 hours, excluding weekends and holidays, from when the child/youth is removed. At the Detention Hearing the Court reviews the allegations of abuse/neglect, considers the evidence and the recommendations of the social worker.

At this hearing, three things can occur. 1) The petition can be dismissed, meaning the judge has decided not to hear a case any further. 2) The judge will make an order that the case must stay open and the child/youth can go home right away. 3) The judge will make an order that the case must stay open and the child/youth needs to remain in out of home care for their safety. If the child/youth cannot go home right away, the judge will make orders regarding where a child/youth can be detained, who can visit, what level of supervision is needed for visitation, voluntary services to the parents and other important matters. The judge will also schedule future hearing dates to take a closer look at the allegation(s) and family circumstances.

Jurisdictional Hearing

The Jurisdictional Hearing is set to determine whether the allegations of the petition are true. If the judge decides the allegations are true, the court will take authority over the child/youth or “jurisdiction”, which is why the hearing is called the jurisdictional hearing.

Whether the child/youth is living in their home or not, if the judge decides that any of the allegations are true and the child/youth is not safe without the oversight of the court, the child/youth will become a dependent of the court. This means that the judge is allowed to make orders about the child/youth’s care. If the judge determines that there is no longer a threat to the safety of the child/youth, then the case will be dismissed and the court’s involvement with the child/youth will be finished. The jurisdiction hearing often happens at the same time as the dispositional hearing.

Dispositional Hearing

When the court takes jurisdiction, it is because the judge believes that the child/youth would benefit from having the family receive services to ensure the safety of the child/youth. At this hearing, called the dispositional (or dispo) hearing, the judge considers the social worker’s recommendations and makes a determination of how as a team safety can be increased for the child/youth, and help provide stability for the family. After reading the social worker’s report and listening to the attorney’s arguments, the judge will make the following orders at this hearing:

- Placement of the child/youth (Where the child/youth should live) such as with the parent, relative, family friend, or a non-relative resource home.
- Where, when, and how visits between the parents and child/youth can occur.
- What services are necessary for the parent(s) to create a safe environment for the child/youth.
- What services the child/youth needs to be safe, healthy and thriving.

The final order the judge will make are for future Status Review Hearing dates in order to review the progress the family has made to resolve the original protective issues and increase safety for their child.

Status Review Hearing(s)

During the time the child/youth is a dependent of the juvenile court (whether the child/youth is living with a parent, or resource parent), there will be a hearing every six months. These hearing are dependency Status Review Hearings. These hearings will decide whether to continue with the plan as ordered, return the child/youth to the parent(s)/guardian or to end the case as the judge has determined the family no longer needs the monitoring of the court.

The judge will also make sure the social worker has helped the family obtain the services and support to learn new skills and obtain needed resources in order to create increased safety for the child/youth. The judge also ensures that the child/youth is being well cared for and their needs are being met.

The first review hearing is about six months after the dispositional hearing. Other review hearings will be about six months after the previous review hearing. The purpose of each review hearing is the same: it is for the court to decide if the parent(s) are demonstrating behavioral changes and meeting the objectives on their case plan and to determine if it is safe for the child/youth to be returned to their care. When the child/youth are with the parent(s), the review hearing will be to determine whether the case can be closed.

At these hearings, if the child/youth is in out of home care, the hearing will go one of three ways:

- The child/youth could be returned home;
- The child/youth could remain placed in out of home care and the court could give the parent another six months to successfully make changes and reunify with the child/youth;
- The court could terminate family reunification services if the parent(s) are not complying with their reunification plan making behavioral changes needed in order to demonstrate they can safely care for the child/youth, and could order a permanent plan for the child/youth, which could include adoption, guardianship, or another planned permanent living arrangement.

Permanent Plan Hearing

If the parents have not demonstrated that they are able to safely care for the child/youth, the court will end the reunification services so a permanent plan can be selected. This hearing is often referred to as a “26 Hearing” indicating the legal statute of the Welfare and Institution Code 366.26 Hearing. This is the hearing where the judge will determine the most appropriate long-term plan. This hearing is set for 120 days after reunification services are terminated.

The options for permanency are:

- Adoption or customary tribal adoption; this is the most permanent plan
 - Parents' rights are terminated.
 - CWS-Adoptions social worker identifies a family to legally adopt child, which can be the family the child/youth is already placed, or another relative, family friend, or non-related adoptive caregiver.
 - If the child is an Indian child and the tribe has intervened, there is the option of a Tribal Customary Adoption that has the same full force and effect as an adoption but without terminating parental rights.
 - If parental rights are terminated, the biological parent will have no rights to the child/youth. They cannot attend further court hearings or request that the plan be changed in court.
- Legal guardianship; the next most permanent option
 - CWS helps to identify a family willing to accept guardianship, which may or may not be a relative or family friend.
 - A legal guardian has all the legal rights and responsibilities that any parent would have taking care of a child.
 - Parental rights are not terminated but are "on hold" during the guardianship. Usually the court will dismiss the case from the system, but in some cases, the court may continue to monitor the child/youth.
 - The judge may also grant the parents the right to visit the child/youth under certain rules.
- Another Planned Permanent Living Arrangement (APPLA)
 - APPLA is a permanent living arrangement where the child/youth continues to live with resource parents, whether or not they are related.
 - The case stays open and the court will have a review hearing every six months. This hearing is often called a Post Permanency Planning hearing, or PPP.
 - Efforts will continue to identify a more permanent plan for the child/youth.

Adoption is always the first choice, as it is the most permanent plan for the child/youth. Legal guardianship is the second choice, and another planned permanent living arrangement is the third choice. If parental rights are terminated, the biological parent will have no rights to the child/youth. They cannot attend further court hearings or request that the plan be changed in court.

Post Permanency Planning Hearing

If it is determined that a Post Permanency Planning Hearing is required, the court will have a hearing every six months after the permanent plan is selected. At this hearing, the judge will consider whether:

1. The child/youth is receiving any services required to ensure the wellbeing their emotion, mental and physical needs
2. The place where the child/youth is living is still a good fit and meeting the child/youth's needs
3. The permanent plan remains the right plan
4. If parental rights were not terminated, visits with the parent continue to be appropriate

Special Hearing

Special Hearings are held whenever a party (e.g., parents, social worker, child/youth) wants an existing court order changed or wants a new one made before the next regularly scheduled hearing. The most common Special Hearings are Change of Placement Hearings. Other common reasons for Special Hearings are:

- Violations of court orders
- Paternity test results
- Parents being located/identified who have never appeared before the court
- Certain travel requests for the child
- Social worker ex parte requests that are opposed by any of the parties
- Changes to existing court orders

Case Plan

The law requires that a case plan be developed when a child is removed from their family whether the case is a voluntary or court ordered. The case plan is a document written with the family. Its contents are a result of the initial assessment of the circumstances that brought the family to the attention of CWS and a plan of action to resolve those difficulties and achieve a standard of safety for the child/youth. Case plans should include behaviorally specific language, so it is clear what changes the parent(s) must make to demonstrate a safe environment for their child.

The social worker will work with the family to develop the plan by interviewing the parents, child/youth, asking the Child and Family Team in CFT meetings, and through the use of the Child Adolescent Needs and Strengths (CANS) tool. Once developed, this plan will be ordered and/or modified by the Court. The case plan will detail services that the members of the family should participate in to improve family functioning and create safety for the child/youth. Case plans not only focus on the concerns of the family but also can highlight the strengths. While the social worker develops the case plan, they will ask the family about their cultural identity and use cultural assessments to guide their case planning with the family. The case plan should include culturally respectful objectives, safety actions and services. Cultural considerations include, but are not limited to, lifestyle, beliefs, historical trauma, race, ethnicity, tribal affiliation, gender identity, and sexual orientation.

Court Appointed Attorneys

A court appointed attorney who represents children in the foster care system, holds a dual role. These attorneys are often referred to as minor's counsel. Minor's counsel must have the education and legal background to ensure that the child's rights to safety, protection and family are upheld in the courtroom. Often as a matter of procedure, minor's counsel is appointed as the Guardian ad Litem (GAL). A GAL is a person that is appointed by the court to represent the well-being and best interest of an individual that needs help protecting their rights.

They are required to be licensed to practice law by the State Bar of California and certified in dependency law. In San Diego County, children/youth are most frequently represented by Children's Legal Services of San Diego. They may be contacted 858-522-0257 or www.CLSsandiego.org

Responsibilities of Court Appointed Attorneys

Attorneys are expected to meet regularly with clients, including clients who are children, regardless of the age of the child or the child's ability to communicate verbally. Attorneys also may use their firm investigator to meet with their client and receive information regarding their client's health and wellbeing while involved with CWS. The attorney for the child is not to assume the role of a social worker and is not expected to perform services for the child that are unrelated to the child's legal representation. A caregiver may share information with the child/youth's attorney, or investigator, such as but not limited to the child/youth's well-being, services, and visitations.

The attorney for a child for whom a dependency petition has been filed must provide their contact information to the child's caregiver no later than 10 days after receipt of the name, address, and telephone number of the child's caregiver. If the child is 10 years of age or older, the attorney must also provide their contact information to the child/youth. The attorney may give contact information to a child for whom a dependency petition has been filed who is under 10 years of age.

If you have a question regarding the attorney of record for a child/youth, please contact the social worker to verify.

Written Reports and Court Attendance

When each caregiver is noticed of the hearing, they are also provided a JV- 290, a Caregiver information form. This is the caregiver's opportunity to provide information to the judge that they believe is relevant in making decisions for the child/youth. Any report that is submitted will be distributed to all parties of the case. All information presented should be concise and fact based.

Caregivers play an important role in every case and have valuable information. They are encouraged to attend court but are not required to do so. Any interested party can object to the presence of others being in the courtroom and listening to the hearing. The judge will ask each of the attorneys their client's position and the judge will make the final decision.

DE FACTO PARENT STATUS

If you have been taking care of a child who has been declared a dependent of the juvenile court and you want to be more involved in the child's court case, you can ask the court to appoint you as the de facto parent.

Definition of a de facto parent

A de facto parent is a person who has been found by the court to have "assumed, on a day-to-day basis, the role of the parent, fulfilling both the child's physical and psychological need for care and affection, and who has assumed that role for a substantial period."

Who can be a de facto parent?

You may be a de facto parent if:

- The child is a dependent of the juvenile court.
- You are or have been taking care of the child every day.
- You have been acting as the child's parent.
- You are meeting (or have met) the child's needs for food, shelter, and clothing. You have also met the child's needs for care and affection.

The law does not say exactly what a "de facto parent" needs to be. Judges make this decision based on other court cases and on rule 5.502(10) of the California Rules of Court. You can read the rule on the California Courts Web site: www.courtinfo.ca.gov.

What Are My Rights as a De Facto Parent?

You have the following rights if a juvenile court judge finds that you are a de facto parent:

- To be present at dependency proceedings (Note: as a caregiver, you can go to all dependency review and permanency hearings even if you are not a de facto parent.)
- To be represented by a lawyer, if you hire one. (In some cases, the court may appoint a lawyer at no cost to you if the judge thinks it is necessary.)
- To present evidence and cross-examine witnesses, and
- To participate as a party in the disposition hearing and any hearing after that.

You can learn more about these rights by reading rule 5.534(e) of the California Rules of Court at www.courtinfo.ca.gov.

Remember: A de facto parent is not the same as a parent. You do not have the right to:

- Reunification services
- Attorney fees (But in some cases the judge may give you an attorney, and the court will pay the fees.)
- Rehearing (You cannot ask for another hearing if you do not agree with the judge's decision, but you may have a right to an appeal.)

How do I Apply for De Facto Parent Status

To apply, fill out the following forms: JV-295 and JV-296. A soft copy of the form can be located at <https://www.courts.ca.gov/formname.htm>

Form JV-295 asks for your name, address, and phone number. On the form, you tell the judge that you want to be the child's de facto parent. Then you will sign and date the form. If you have an attorney, he or she will sign the form too.

All parties including the birth parents will receive a copy of the forms. If you would like your address to remain confidential, you can state CONFIDENTIAL RESOURCE HOME in the address section of the form.

On form JV-296, you will state why you think the judge should decide that you are a de facto parent. List important things you did for the child and how often you did them. This is so the judge has all the information he or she needs to make a decision. Give information like:

- How long you have cared for the child
- What you do with the child
- What you do for the child
- How much you care for the child
- What you know about the child's special needs, desires, hopes
- How you can meet the child's needs
- You can also attach letters from others who know you and the relationship you have with the child. For example, teachers, therapists, pediatricians, spiritual advisors, etc.

How does the Juvenile Court decide if I am a de facto parent?

The judge will apply case law and rule 5.502(10). He or she will consider the care you have given the child and how long you have cared for this child. The judge will decide if you can help the court understand what is best for the child—the child's best interests. If you have harmed the child or put the child at risk, the judge will likely decide that you are not a de facto parent.

If the judge decides you are not a de facto parent, you may still provide the judge with your observations and recommendations regarding the child by filing JV-290, the Caregiver Information Form, or if you are not the current caregiver, by sending a letter to the court.

De Facto Parent Information taken from Judicial Council of California pamphlet found at www.courtinfo.ca.gov.

Prospective Adoptive Parent Status

California Senate Bill (SB) 218 (2005) authorized a court to designate a current caretaker as a prospective adoptive parent if the child has lived with the caretaker for at least six months, the caretaker has expressed a commitment to adopt the child, and the caretaker has taken at least one step to facilitate the adoption. The bill further provides that a child living in the home of a designated prospective adoptive parent may only be removed from that home after a noticed hearing after a 366.26 N Petition is filed, in which the court finds that removal from the home is in the child's best interest, **except in the case of immediate risk to the child.**

Steps to Facilitate the Adoption Process

- Be designated by the court or the licensed adoption agency as the prospective adoptive family
- Request de facto parent status
- Sign an adoptive placement agreement
- Engage in discussions regarding a postadoption contact agreement
- Work to overcome any impediments that have been identified by the State Department of Social Services and the licensed adoption agency
- Attend classes required of prospective adoptive parents

CHAPTER 9

Resources

Glossary of Terms

Acronyms

Forms

FOSTER CARE SERVICES COMMITTEE

In 1976, the County of San Diego Board of Supervisors authorized the formation of the Foster Care Services Committee. The Committee provides an effective process for the review of issues and policies pertaining to the foster care program. The Committee meets monthly (except May and December) and consists of resource families, County staff, and community groups. All meetings are publicized and open to the public. Committee goals are to:

- Review and make recommendations on policies, programs, and issues affecting caregivers and foster placement.
- Act as an open forum in the review of issues concerning caregivers and foster placement.
- Make recommendations regarding solutions and cost-effective measures to alleviate problems and issues relating to resource families, placement, and the foster care program.
- Improve communications and create teamwork between the caregiver community, Health and Human Services Agency, other placement organizations, and educational and health care agencies.

If you are interested in participating in this Committee, contact the Committee chairperson. Refer to the telephone directory in the back of this Handbook.

FOSTER PARENT ASSOCIATIONS

CWS supports and encourages participation in Foster Parent Associations. Membership is not mandatory, but many resource parents have found Associations to be a source of information, support and encouragement. By organizing, resource parents seek new ways to become better parents to children in their care and to actively influence the future development of foster care programs.

There are two Foster Parent Associations in the County:

- San Diego County Foster Parent Association
- The North San Diego County Foster Parents Association

Goals of the Associations:

- To help raise the standards of foster care
- To increase the community's understanding and acceptance of the foster care program
- To articulate the needs of children who need protection
- To encourage the training, education, and support of resource families
- To encourage resource family recruitment and retention

- To be recognized and accepted as needed and capable members of the team involved with the care of foster children
- To advocate for the passage of favorable foster care legislation and to block the passage of unfavorable legislation
- To sponsor events for resource families
- To work closely with the Agency so that each may understand the other's difficulties and work toward mutually satisfactory solutions

Benefits provided by Associations

- Information and referral
- Liaison services to agencies
- Training
- Support Groups
- Newsletter
- Assistance in solving problems
- Social activities
- Grievance support and representation
- Supportive Services
- Mentoring
- Monthly meetings
- Advocacy
- 50% discount at Straight from the Heart thrift store.

Call the Kidsline at 1-877-792-5437 for contact information and additional information on the Foster Parent Associations and support groups available to you.

RESOURCE FAMILY INVOLVEMENT PROGRAMS

Mentoring

Mentors can assist with personal, child and biological parent issues, system problems and resources. The mentoring program is committed to helping the resource parents with any and all problems that may interfere with being a successful resource parent. All conversations between resource parents and mentors are confidential. You may self-refer by calling Grossmont College Foster, Adoptive and Kinship Care Education Program-Mentor at 1-800-200-1222.

Recognition Coalition

The Resource Parent Recognition Coalition is composed of public and private nonprofit organizations and professionals involved in the delivery of foster care services. The purpose of the Coalition is to develop events that honor and thank resource parents.

If you are interested in participating in this coalition, contact the coalition chairperson. See the telephone directory in the back of this Handbook.

Support Groups

Resource Parent Support Groups offer emotional assistance, parenting tips, resource information, and updates on Health and Human Services Agency policies and procedures. Support group members share their experiences and concerns and receive help from others.

There are over 30 support groups throughout the County. Some groups are specialized based on the type of child, such as “medically fragile,” or type of care, such as “options”. Many support groups offer training. A training schedule that lists all support group meetings is mailed to all approved caregivers periodically throughout the year.

Support group attendance is highly suggested for all resource parents. Experienced resource parents can offer valuable information and support to new resource parents.

Foster Youth Mentor Program

Foster youth mentors are caring, stable adults who provide guidance, stability, friendship, and encouragement to foster youth.

Foster Youth Mentors help in the following ways:

- Increase self-esteem by building on strengths.
- Improve self-reliance by joint decision-making and goal setting.
- Promote self-sufficiency by assisting with Independent Living Skills preparation.
- Assist with homework, the completion of GED, High School Graduation, and perhaps a College Degree.
- Participate in a variety of social outings and local activities.
- Provide a stable, consistent and genuine friendship.

Children may be referred to the Foster Youth Mentor Program through their social worker, who will complete the Foster Youth Mentor Request form (04-238) and/or self-referrals can be made by calling (619) 767-5222.

Placement Coordinator’s Office (PCO)

Placement Coordinators are Agency Social Workers who assist staff with matching children to an available resource family. In addition, they answer questions from resource parents, maintain records of resource home complaints, assesses placement concerns by conducting Quality Parenting Reviews (QPR), when referrals are received, and coordinate referrals to community agencies.

Call the Placement Coordinator if you:

- Have availability in your home for a new child or children
- Want to place your home on “voluntary hold” and not accept any new placements
- Have questions about liability insurance
- Have questions about training
- Have questions about Agency policies or procedures regarding placement
- Have questions about maintaining training records

You may contact PCO at: PlacementCoordinatorsOffice.HHSA@sdcounty.ca.gov or (858) 650-5879.

INSURANCE (LIABILITY)

Resource parents should consider liability claims according to the following priorities. If you have questions about insurance, contact the Placement Coordinator's Office.

Foster Family Fund

Although the County is not an insurer, licensed resource parents are provided with third-party liability protection for damage to the property of others by a child. The Foster Family Fund, which is administered by the County of San Diego, Office of Risk Management, is subject to certain exceptions.

Exceptions:

- Damage to the resource family's home or personal property caused by the child. (Note: The County fund only covers loss or damage to a third party, such as a neighbor. However, if you experience unusual or exceptional damage to your own property, contact the PCO to request a claim form.)
- Personal injury or bodily injury claims made on behalf of a child arising out of the resource parent relationship. (These types of injury claims are covered by the State Fund.)
- Claims involving the operation of a motor vehicle, airplane or boat.
- Any claim for licentious, immoral or sexual behavior against your child or an intentional or criminal act against your child by you or any member of your family.

If your child injures you or other family members, the County may also be responsible for yours or your other family member's injuries if the agency fails to warn you of the known dangerous propensities of the child.

What to do to file a claim:

- Notify the child's social worker about the incident.
- Call PCO and ask for a Foster Parent Liability Loss Notice form (04-239).
- Complete the Liability Loss Notice.
- Make two copies – one for the social worker and one for yourself.
- Send the original to:

Foster Care Placement Coordinator
8911 Balboa Avenue.
San Diego, CA 92123

NOTE: While the County cannot represent you in any lawsuit filed against you as a resource parent, it is still important that you advise the Agency of any such claim or suit by contacting your resource family approval worker.

Foster Family Home and Small Family Home Insurance Fund (State Fund)

The State Fund is a program operated by the State of California. Annual liability coverage for each foster home cannot exceed \$300,000. The State Fund covers valid claims against you by a child or the child's parent, guardian or guardian ad litem for bodily injury or personal injury arising out of your activities as a resource parent. These injuries must have occurred while the child lived in your home.

Any claim against the Fund will be submitted within the applicable period of limitations. If the suit is brought on behalf of a child, that child or their representative has until the child's 19th birthday to file the claim against the Fund. If the suit is brought on behalf of an adult who believes they have been injured, the adult has two years from the date of the injury to file a claim.

The California Department of Social Services will approve or reject a claim within 180 days after it is presented. No person may bring a civil action against a resource parent for which the Fund is liable unless that person has first filed a claim against the Fund and the claim has been fully executed.

The State Fund does not cover the following:

- Loss arising out of a dishonest, fraudulent, criminal or intentional act;
- Any occurrence not arising from the foster care relationship (e.g., a fight at school);
- Bodily injury arising out of the operation or use of any motor vehicle, aircraft or watercraft owned or operated by or rented or loaned to any resource parents;
- Loss arising out of licentious, immoral or sexual behavior on the part of a resource parent intended to lead to or culminating in any sexual act;
- Allegations of alienation of affection against a resource parent;
- Exemplary (punitive) damages.

IMPORTANT NOTICE

The State Fund will not cover property damage claims that are covered by a homeowner's or renter's insurance policy, even if you do not have this insurance. Since neither the State Fund nor the County will cover what a homeowner's or renter's policy would have covered, we cannot emphasize strongly enough that you should obtain homeowner's or renter's insurance.

You may submit claims for personal injury made against you by a child, the child's natural parents, guardian or Guardian ad Litem for your activities as a resource parent to:

State of California
Office of Insurance and Risk Management-Claims
707 3rd Street, 1st Floor, West
Sacramento, California 95605
Toll Free: 800.900.3634
Phone: 916.376.5300
Fax: 916.376.5277
claims@dgs.ca.gov

NOTE: If you are served with a summons and complaint concerning a foster child, it is imperative that you contact the Office of Risk Management in Sacramento immediately. Depending upon the information alleged in the complaint, the State Fund may retain an attorney to represent you in the civil case. You should also notify your homeowner's insurance carrier immediately because you may be entitled to legal representation based upon the terms and conditions of your insurance policy. A response to the complaint must be filed with the court in 20 days [federal court] or 30 days [state court]. Failure to respond to the complaint in a timely manner could result in the entry of a judgment against you and collection proceedings.

Homeowner's or Renter's Insurance

The County strongly encourages you to carry homeowner's or renter's insurance. If you do not carry homeowner's or renter's insurance, liability insurance ought to be considered.

Automobile Insurance

Resource parents are required by law to carry automobile insurance on their own vehicle(s), and they will never transport a child in an uninsured automobile.

RESPIRE CARE

Respite care provides relief to the caregiver for the purpose of stress reduction, pre-scheduled medical appointments, trainings, support group meetings, or similar needs, and to assist during emergencies.

Emergencies are defined as the need for care on a sudden, unplanned basis. Emergencies are unforeseen events that include, but are not limited to, serious illness or other incapacity, the death of a family member or personal demands that interrupt the caregiver's ability to provide care.

Respite care is not for routine babysitting, vacations, employment, or to allow the caregiver to provide respite care for other children. The CWS Respite Program provides respite support services to CWS resource families. You may qualify if you have at least one child in your home.

- You may request service level I for most children; or service level II for severely disabled or medically fragile children.
- A respite provider will come to your home or will provide care in their own home for your foster children as well as your own children. (Most Respite care providers are resource parents.)
- You pay nothing for this service.
- The amount of respite care is limited.

Resource parents may self-refer for up to 100 hours of respite services per calendar quarter, regardless of the number of children placed in their home at least 10 working days in advance by contacting the CWS Respite Coordinator at: CWSRespite.HHSA@sdcounty.ca.gov or (858) 616-5867/614-9142 to request services.

THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

The WIC program provides three ways to better health for women, infants and children:

- **Health Care:** regular medical assessments and preventive medical care
- **Nutrition Education:** diet evaluations, group nutrition discussions, and high-risk dietary counseling
- **Supplemental Food:** at no cost, to provide Vitamins A, C, D, Iron, Protein and Calcium

Foster children under the age of five living in San Diego County are eligible for WIC benefits. Refer to the telephone directory in the back of this Handbook for the WIC Program information number.

The WIC items or vouchers need to go with the child when they leave your home.

VOICES FOR CHILDREN- COURT APPOINTED SPECIAL ADVOCATE (CASA)

The Juvenile Court may appoint a Court Appointed Special Advocate (CASA) to ensure the best interests of the child are protected and to ensure each child's right to a safe, permanent home. CASAs are trained and supervised volunteers who serve as court-appointed advocates for the children who are dependents of the Juvenile Court.

CASAs may:

- access all court records regarding the child.
- be appointed by the court to hold educational rights for the child. If they are appointed, they may do the following:
 - advocate for the child's individualized Educational Plan (IEP) or other educational needs with court authorization and
 - sign the child's IEP.
- visit the child.
- take the child out of the home for outings.
- observe the care the child receives.
- interview caregivers, schoolteachers and staff, therapists about the child.

CASAs submit reports to the Court prior to the hearings, attend court hearings, and receive copies of the social worker's reports.

WHO TO CALL AND WHEN

As you know, the Health and Human Services Agency employs many people. Each person has a different role and set of responsibilities. It can be frustrating to call one person and to be told that you should be calling someone else. In general:

- Call the child's social worker for any questions, problems or incidents involving the child.
- Call the resource family approval worker with any changes in your home or family composition.
- Call the Resource Family Approval (RFA) Duty line at (858) 650-5876.

- Call the Placement Coordinator to report availability at (858) 650-5879.
- Call the Human Services Specialist for anything affecting payments or Medi-Cal cards.
- Relative caregivers who have CalWORKs, CalFresh, Medi-Cal, etc. should contact the Family Resource Center (FRC) Access at (866) 262-9881.
- Call the Human Service Specialist for questions about caregiver reimbursement and or a child's Medi-Cal. When a Human Service Specialist is assigned, they will send out a letter with their name and direct phone number. If the worker's information is not known, contact the public foster care inquiry line at 619-767-5000. This resource should be able to provide the assigned Human Services Specialists contact information.
- Relative Caregivers can obtain services through the YMCA Kinship Program. A Kinship navigator can assess a caregiver's needs and provide guidance on access to services. The Kinship Program also provides weekly support meetings, with childcare, that meet throughout San Diego County. The Kinship Navigator will serve as the connection to these weekly sessions. Information can be obtained by calling the Central YMCA Youth and Family Services office at: 619-281-8313 x10743.

The following is a partial list of whom to call depending on the situation:

Situation	Child's Worker	Placement Coordinator	RFA Worker	Human Services Specialist	Other Source
Absence of either resource parent due to death, divorce or separation	X		X		
Behavior problems of child	X		X		CASS
Clothing needs of child	X				
Critical incident such as serious injury or illness, death, suicide attempt, or arrest of a child	X		X		911; If unavailable, contact the social worker's supervisor, duty worker, or Hotline
Emergency medical care needed (after hours)	X		X		911; Doctor, hospital and/ or Hotline.
Extended absence of both resource parents from the home	X		X		
Child is no longer in your home	X	X	X	X	
Insurance - third party liability claim		X			
Challenges with birth parent	X		X		

Licensing or approval questions			X		
Medi-Cal card				X	
Payment: late, lost, incorrect or stolen				X	
Relative or other person moving in with you	X		X		
Remodeling or structural changes in your home		X	X		
Renewal of your approval and/or license			X		
Respite care	X				CWS Respite Coordinator
Runaway child	X		X		Police
School problems	X		X		
Serious illness of resource parent or other family member	X		X		
Social worker not available					Social Worker Supervisor or duty Social Worker; After hours Hotline for emergencies
Support group schedule					Grossmont College FAKCE www.fakce.org
Suspected child abuse	X		X		Hotline
Training requirements for resource parents		X			
Travel out of county with child	X		X		
Travel out of USA with child	X		X		
Vacations	X	X	X		
Visits between the child and family	X				
Voluntary placement hold		X	X		
You are planning a move	X		X	X	

Glossary of Terms

COMMUNITY SUPPORT SERVICES

Child Abuse Prevention Coordinating Council (CAPCC)

The Child Abuse Prevention Coordinating Council (CAPCC) was developed to coordinate the community's efforts to prevent and respond to child abuse. CAPCC provided a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases.

Child and Family Strengthening Advisory Board (CFSAB)

The Child and Family Strengthening Advisory Board of San Diego County was created to enhance the ability of the County to prevent and respond to child abuse and neglect. The Advisory Board has absorbed the duties of the Child Abuse Prevention Coordinating Council and will work closely with the Polinsky Children's Center Advisory Board and the San Diego Foster Care Services Committee. The Advisory Board has broad oversight over the County's child welfare system.

Cultural Broker

Cultural brokering is the act of bridging, linking, or mediating between groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change (Jezewski, 1990). A cultural broker is defined as a go-between, one who advocates on behalf of another individual or group (Jezewski & Sotnik, 2001).

Foster, Adoptive, and Kinship Care Education (FAKCE) Program

The Foster, Adoptive and Kinship Care Education (FAKCE) Program is a program through the California Community College Chancellor's office and is facilitated through Grossmont Community College. FAKCE provides pre-approval and post-approval training and education classes for Resource Parents in San Diego County.

First 5 Commission of San Diego

Through a variety of initiatives including home visiting, healthy development services, and supporting high quality early learning the First 5 San Diego promotes the health and well-being of young children during their most critical years of development, from the prenatal stage through five years of age. The goal is to help ensure that every child in San Diego County enters school ready to succeed. First 5 San Diego provides San Diego's youngest children with healthy development screenings, dental care, high-quality early learning, and parenting/family support services. Visit the First 5 San Diego website for more information:

www.first5sandiego.org

Juvenile Justice Comprehensive Strategy Task Force (JJCSTF)

The Juvenile Justice Comprehensive Strategy Task Force (JJCSTF) works in partnership with the Juvenile Justice Coordinating Council (JJCC) of San Diego County and serves as a platform to address emerging issues with at-risk youth in the juvenile justice system. JJCSTF maximizes partnerships and resources on

behalf of San Diego County's youth, and provides input into a comprehensive multi-agency plan that identifies resources and strategies for providing an effective continuum of responses for the prevention, intervention, supervision, treatment, and incarceration of juvenile offenders, including strategies to develop and implement local out-of-home placement options for the offender.

Juvenile Justice Coordinating Council (JJCC)

The Juvenile Justice Coordinating Council (JJCC) of San Diego County develops and implements a continuation of county-based responses to juvenile crime and to set priorities for the use of grant funds. The JJCC also develops a comprehensive multi-agency plan that identifies resources and strategies for providing an effective continuum of responses for the prevention, intervention, supervision, treatment, and incarceration of juvenile offenders, including strategies to develop and implement local out-of-home placement options for the offender.

Office of the Ombudsman (OOO)

The Office of the Ombudsman of the Child Welfare Services is an internal unit that conducts independent reviews of complaints concerning policies or practices. Complaints can be lodged by members of the public, community organizations or agencies. The OOC can be reached at (619) 338-2098.

San Diego County Office of Education (SDCOE)

The San Diego County Office of Education (SDCOE) serves San Diego County's most vulnerable students, and supports school leaders, teachers, and students across the county. They support nearly 780 schools and more than 500,000 students, including the 3,150 children that are educated through Juvenile Court and Community Schools. SDCOE provides a variety of services for the 42 school districts, 124 charter schools, and five community college districts in the county.

San Diego State University (SDSU) Academy of Professional Excellence

The Academy for Professional Excellence is a project of the San Diego State University School of Social Work and provides workforce development and learning experiences for a variety of social service organizations. Child Welfare Services partners with the Academy's Child Welfare Development Services (CWDS) branch for the provision of state core curriculum for workers and supervisors, coaching, advanced training, technical assistance, and other workforce development services.

Youth Development and Community Support Services

The San Diego County Probation Department bifurcated into two distinct divisions, in 2019, one for adult and one for youth. The Youth Development and Community Support Services branch of the department is solely focused on providing probation services to youth in the county's juvenile institutions and in the community.

FACILITIES

East Mesa Juvenile Detention Facility (EMJDF)

East Mesa Juvenile Detention Facility houses both pre-adjudicated and post-adjudicated juvenile males between the ages of 12 to 21 years old. Located in East Otay Mesa, north of Brown Field, it has a Board of Corrections maximum capacity of 290. EMJDF opened for operation in June 2004.

Emergency Screening Unit (ESU)

The Emergency Screening Unit provides emergency psychiatric evaluations and crisis stabilization, and when indicated, facilitates admission to psychiatric inpatient care for Medi-Cal and unfunded to children and adolescents up to age 18.

Foster Family Agency (FFA)

The agency is a public or private organization, organized and operated on a nonprofit basis that provides services and supports to foster homes for foster children in need of specialized care.

Foster Family Agency Homes

A FFA certified foster home provides specialized care to children who need more therapeutic care than what is normally provided in a licensed foster home.

Girls Rehabilitation Facility (GRF)

The Girls Rehabilitation Facility (GRF) is a secure residential commitment facility located in Kearny Mesa. The facility provides intensive, highly structured rehabilitative programming for juvenile females between the ages of 13 to 18 years old.

Juvenile Hall (JH)

Juvenile Hall is a maximum-security, juvenile detention facility located in Kearny Mesa. This facility houses male and female youth, ages 12 to 18, awaiting Juvenile Court and placement. The average length of stay is less than a month.

Polinsky Children's Center (PCC)

The A.B. and Jessie Polinsky Children's Center is a 24-hour facility for the temporary emergency shelter of children who must be separated from their families due to abuse, neglect, or when parents cannot provide care.

San Pasqual Academy (SPA)

San Pasqual Academy, a first-in-the-nation residential education campus designed specifically for foster youth, serves as a placement option for dependents of the Juvenile Court, 12-17 years old, and Non-Minor Dependents (NMDs) up to age 19 years old.

Short Term Residential Treatment Programs (STRTP)

Formerly known as a group home, STRTPs are residential facilities operated by a private organization that provides short-term 24-hour care and supervision to children using an integrated program of specialized and intensive care and support, services and supports, and treatment.

Urban Camp

Urban Camp is 24-hour, minimum-security facility for post- adjudicated youth. Youth are typically sentenced to these programs for several months or up to a year.

FEDERAL REGULATIONS

Child Welfare Services CA Automated Response and Engagement System (CWS CARES)

This is the new statewide database system that will replace the current case management system, CWS/ CMS. CWS CARES will enhance access and tracking for child welfare workers to better ensure safety, well-being, and permanency of children at risk of abuse and neglect.

California Law Enforcement Telecommunication Systems (CLETS)

The California Law Enforcement Telecommunication Systems (CLETS) is a computer system that searches criminal history nationwide for all jurisdictions reporting to it.

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. This act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system. The bill aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training. It also seeks to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in congregate care.

Kinship Guardianship Assistance Payment (KIN-GAP) Program

The Kinship Guardian Assistance Payment (Kin-GAP) Program was established to promote permanency for foster children living with an approved relative caregiver by offering guardianship through the juvenile court when dependency is dismissed. The Kin-GAP Program offers financial assistance and other support services such as Medi-Cal for a child who is placed with an approved relative legal guardian. The payment amount cannot exceed the amount the child/youth would have received in foster care. Factors such as the child's needs and the relative guardian's circumstances, along with the continuation of any other applicable rates (such as the specialized care increment, teen parent rate) received while in foster care, are factored into the Kin-GAP negotiated agreement payment. A relative caregiver's participation in Kin-GAP is strictly voluntary and not mandated by any regulation or statute. Each family's situation is unique; therefore, the decision regarding a child's permanent plan must be mutual between the county or tribe, the relative, and the child (when age appropriate) in order to ensure that the permanency option chosen will be successful.

Title IV-E Waiver

The California Well-Being Project provided participating counties with the flexibility to invest existing resources more effectively in proven and innovative approaches that ensure the safety of children and the success of families. This flexibility enabled the opportunity to reinvest resources into more cost-efficient approaches that achieve better outcomes. Project goals were focused on the following areas: improve the array of services and supports; engage families; increase the child safety; improve child and family well-being and decrease recidivism and delinquency for youth on probation. The waiver ended on September 30, 2020.

LEGAL SERVICES

Children’s Legal Services (CLS)/Dependency Legal Services (DLS)

The Juvenile Court routinely appoints an attorney to represent children who are the subject of a WIC 300 petition. In San Diego County, Children’s Legal Services (CLS) represents the minors and Non-minor Dependents and Dependency Legal Services of San Diego (DLS) represents the parent(s)/guardian(s) in these hearings.

County Counsel (CC)

The role of County Counsel is to provide legal advice and representation to the County of San Diego and Child Welfare Services (CWS) in all dependency matters, and to consult with CWS staff, screen petitions and provide case reviews.

Court Appointed Special Advocate (CASA)

Voices for Children is the non-profit organization that operates the only CASA program in San Diego County. CASAs are trained and supervised volunteers are appointed by the Court to advocate for dependent and delinquent children’s best interests and to “ensure each dependent child’s right to a safe, permanent home.”

Delinquency (Juvenile Justice)

Juvenile Justice Delinquency begins when a minor is charged with breaking the law. If the court finds the allegations (charges) to be true, the minor is declared a “ward” of the court and can be placed on probation with terms and conditions that are designated to hold the minor accountable for his or her behavior and enable the minor to become law-abiding and productive member of the community. The court must balance the interests of public safety and protection, the importance of victim restitution, and the best interests of the minor when deciding what conditions of probation to impose and where to place the minor if removal from the home is necessary.

Dependency (Child Welfare)

Juvenile Dependency actions involve alleged abuse or neglect of a child by a parent or caregiver. The goal of dependency proceedings is to protect children and preserve or reunify families whenever possible. The court must decide whether the allegations of child abuse or neglect are true and whether the child should be removed from the home and made a “dependent” of the court. When it is not in the child’s best interest

to return the child to his or her parents, the goal is to provide a permanent placement for the child with a relative, guardian, resource family, or adoptive parent.

Juvenile Court

A court of law responsible for legal supervision of children under the age of 18 in dependency or up to 21 in certain cases in delinquency.

Justice Electronic Library System (JELS)

A system that electronically distributes Court Reports and other documents to the Court, the Court Unit, CC, DLS, CLS and the CASA program. The system is secure and confidential. JELS receives data daily from the Juvenile Court's Juvenile Dependency (JDEP) computer system, which enables JELS to match data in CWS reports to JDEP data, such as hearing dates and attorney and CASA assignments, and to generate Minute Orders.

WIC 300

WIC refers to the Welfare & Institutions Code of law. This is the code the Court uses to determine if a child will be made a dependent child of the court due to physical abuse, neglect, emotional abuse, sexual abuse, severe physical abuse, death, no parent/guardian, freed child, and cruelty.

WIC 601

WIC 601 is the section of the law used for any youth between 12 years of age and throughout 17 years of age, who persistently or habitually refuses to obey the reasonable and proper orders or directions of his or her parents, guardian, or custodian, or who is beyond the control of that person, or who is a minor between 12 years and 17 years of age when he or she violated any ordinance or any city or county of this state establishing a curfew based solely on age, in order to adjudge the minor to be a ward of the court.

WIC 602

WIC 602 is the section of the law used for any youth between 12 years of age and throughout 17 years of age who are alleged to have committed criminal acts such as a felony crime or misdemeanor such as assault or drunk driving. The youth may be declared a ward of the Juvenile Court and supervised by Juvenile Probation.

STATE REGULATIONS

California Department of Social Services (CDSS)

The California Department of Social Services (CDSS) is one of 16 departments in the California Health and Human Services Agency. CDSS' mission is to "provide aid, services, and protection to needy children and adults. At the same time, the Department strives to strengthen and encourage individual responsibility and independence for families." CDSS has a Children and Family Services Division, which includes several branches related to provision of child welfare services across the state.

Child Abuse Central Index (CACI)

The California Department of Justice (DOJ) administers the CACI, a statewide database used by state and local agencies to protect the health and safety of California children. The purpose of CACI is to aid in the investigation and prevention of child abuse and neglect.

Children's Trust Fund (CTF)

The State Children's Trust Fund (SCTF) was established as a separate fund in the state's treasury for the purpose of child abuse and neglect prevention. This funding comes from income tax voluntary donations, a percentage of birth certificate fees, and a portion of specialty license plate revenue. These funds support three programs: **Strategies 2.0** is a collaborative effort between the state, the Southern Regional Training Academy, and the federal government to create a statewide prevention capacity-building network. Together the three funded organizations enhance the capacity of family resource centers and family strengthening organizations to more effectively provide child abuse prevention services and support better outcomes for children and families. The **Department of General Services** provides materials to advertise special Kids Plate automobile license plates. Lastly, the **Public Awareness Campaigns** highlight child safety concerns such as Abusive Head Trauma/Shaken Baby Syndrome, Safe Surrender Baby Law, Safe Sleep and Child Abuse Prevention Month.

The County of San Diego has its own Children's Trust Fund (CTF) established with revenue from birth certificate fees, grants, gifts, or bequests from private sources, which are used for child abuse and neglect prevention and intervention programs. The CFSAB oversees the County of San Diego's CTF and determines how to spend that money on child abuse prevention efforts.

Dual Status

A Dual Status youth is one who has experienced maltreatment and engaged in delinquent behavior and is simultaneously receiving services at any level (e.g., informal probation, diversion, voluntary cases), from both the child welfare and juvenile justice systems (probation).

Extended Foster Care (EFC)

California's EFC program, created due to Assembly Bill 12, allows eligible youth in the child welfare and probation systems to remain in foster care until age 21. Youth may leave extended foster care and later choose to re-enter the program up to age 21. To remain eligible for EFC, youth must meet at least one of five participation criteria. Additionally, AB 12 extended Kin Guardianship Assistance Payments (Kin-GAP) and Adoption Assistance Payments (AAP) up to age 21 for youth who meet certain eligibility requirements.

Family Urgent Response System (FURS)

A statewide 24/7 hotline that will be established for caregivers and foster youth who are experiencing emotional, behavioral, or other difficulties and need immediate help. This is scheduled to launch in 2021.

Juvenile Justice Crime Prevention Act

The Juvenile Justice Crime Prevention Act (JJCPA) was created by the Schiff-Cárdenas Crime Prevention Act of 2000 (AB 1913) to provide a stable funding source for local juvenile justice programs aimed at curbing

crime and delinquency among at-risk youth. Each year, funding through JJCPA is allocated to every county in the state of California on a per capita basis. Funding is generated from the state's Vehicle License Fee Fund, and any shortfall in that revenue source is made up by State Sales Tax revenue

Quality Parenting Initiative (QPI)

Quality Parenting Initiative (QPI) is an approach to strengthening efforts on a statewide basis for the recruitment and retention of quality caregivers. This is done through a collaborative process to rebrand foster parenting by articulating expectations, working with biological families, acquiring additional training, and working in partnership with agencies.

TERMINOLOGY

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences, or ACEs, are traumatic events that occur in childhood (0-17 years), for example: experiencing violence, abuse, or neglect, witnessing violence in the home or community, or having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. ACEs can also negatively impact education and job opportunities.

Case Plan

A written document created with the family to support the family and children. The content of the case plan is a result of the assessment of the circumstances that brought the family to the attention of CWS or Probation. The case plan is a plan of action to resolve those issues and achieve a standard of minimal sufficient level of care, and/or complete the terms of probation.

Child Abuse Hotline

The Hotline is contacted when a member of the community has a concern regarding potential abuse or neglect of a child. Upon notification of the concern, the Hotline social worker does an immediate assessment of the referral. If the child is determined to be at risk, a social worker is assigned to investigate. Hotline staff are available 24 hours per day. To make a report, please call 858-560-2191 or 800-344-9000.

Child and Family Team (CFT)

A Child and Family Team (CFT) is a group that includes the child/youth, family members, trusted adults, and caring professionals who work together in achieving goals for positive change and improving child safety, permanency, and well-being. CFT meetings are held to develop plans to meet the child/youth's goals and the family's goals.

Commercial Sexually Exploited Children (CSEC)

Commercial Sexually Exploited Children (CSEC) is a form of human trafficking, which is the recruitment, harboring, transportation, or sale of a person within national or sale of person within national or across

international borders through force, fraud, coercion. CSEC is also sexual abuse by an adult involving a child, any person under 18, in exchange for cash or something of value, or promise or threat to the child or another person.

Council on Creating Change for Foster Youth

A monthly council meeting between the CWS director and former foster youth that addresses challenges facing youth in foster care to ensure that their voice is included to make informed decisions in our system that support safety permanency and well-being for youth in foster care.

Cultural Competence (Cultural Responsiveness)

Cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, spiritual traditions, immigration status, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each. Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes.

Equity

Refers to the quality of being fair and impartial; treating people equitably based on their individual needs and requirements with freedom from bias or favoritism. Equity refers to fair outcomes, unbiased treatment, and equitable opportunities for all individuals.

Evidence Based Practices

Evidence-Based Practices are approaches to prevention or treatment that are validated by some form of documented scientific evidence. This includes findings established through controlled clinical studies, but other methods of establishing evidence are valid as well.

Evidence-Informed and Promising Practices

Evidence-informed practices use the best available research and practice knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating the lessons learned from the existing research literature. Ideally, evidence-based and evidence-informed programs and practices should be responsive to families' cultural backgrounds, community values, and individual preferences.

Promising practices refers to practices and programs that include measurable results and report successful outcomes; however, there is not yet enough research evidence to prove that this program or progress will be effective across a wide range of people and settings.

Forensic Interview

A Forensic Interview is conducted at one of the County's accredited Child Advocacy Centers (Rady Children's Hospital Chadwick Center for Children and Families or Palomar Health Child Abuse Program) by a professionally trained forensic interviewer to obtain as complete and accurate a report as possible from an alleged victim/witness that will support accurate and fair decision making in the criminal justice and child welfare settings.

Implicit Bias

Refers to the attitudes, stereotypes and beliefs that affect our understanding, actions and decisions, in an unconscious way. Implicit bias occurs automatically and unintentionally however, it affects judgements, decisions, and behaviors both favorably and unfavorably.

Nonminor Dependent (NMD)

A person who is 18, 19 or 20 years of age and is participating in extended foster care under dependency, transition, or delinquency jurisdiction.

Open Case Investigations (OCI)

A specialized unit of social workers who investigate allegations of suspected abuse or neglect of a child who is already in an open child welfare case.

Reducing Racial and Ethnic Disparities (RRED)

Refers to efforts to reduce racial and ethnic disparities within the child welfare and justice systems by eliminating bias and reducing the overrepresentation of youth of color from coming into contact with the child welfare and juvenile justice systems.

Relative Homes

Relative homes are kinship caregivers who receive priority for placement when children are separated from their parents.

Resource Family (formerly known as Foster Family)

Any individual, couple, or family who wants to provide care to related or unrelated child(ren) who are under the jurisdiction of the Juvenile Court, or otherwise in the care of a county child welfare agency or probation department. They care for and embrace children of diverse cultures, backgrounds, and abilities. They provide children in need with love, care, and a sense of belonging until the child can reunify with their families or reach permanency. Resource Parents understand the importance of [Quality Parenting Initiative \(QPI\)](#) and contribute as a professional member of the child's team.

Respite Services

Supportive services provided to substitute caregivers to provide a break, allowing them to meet their own needs, such as visits to the doctor or training.

Review, Assess, Direct (RAD) Team

A team of CWS staff who are tasked with consultation, shared responsibility of intake decisions and utilization of a partnership with 2-1-1 San Diego, who will provide community-based services to families.

Safety Enhanced Together (SET)

A framework for guiding child welfare practice. SET is guided by six vision statements that focus on foundational relationships, collaborative partnerships, growth and development of youth and helping to develop their lifelong relationships, shared responsibility with community partners, a strong relationship with the legal system, and a positive workplace culture.

San Diego Risk and Resiliency Check-up II (SDRRC II)

The San Diego Risk and Resiliency Checklist-II (SDRRC-II) is an actuarial tool built to measure an individual youth's risk and protective factors related to their functioning. The tool is purpose-built to provide Officers and case management partners, such as community-based organizations, with the risk level and needs assessment tools to assist in providing appropriate case plans for treatment and rehabilitation for youth and families.

Transitional Age Youth (TAY)

Youth between the ages of 16 and 24 who are in transition from state custody or foster care.

Trauma Informed Care

An organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all trauma types. Trauma informed care also emphasizes physical, psychological and emotional safety for both the family and the caseworkers, and helps survivors rebuild a sense of control and empowerment.

Voluntary Services

The provision of non-court supervised, time limited protective services to families whose children are or may soon be in danger of abuse, neglect or exploitation when the child can safely remain in the home and the family is willing to accept and participate in services.

ACRONYMS

AA/NA	Alcoholics Anonymous/Narcotics Anonymous
AA	Administrative Analyst
AAP	Adoptions Assistance Program
AB	Assembly Bill
ACIN	All-County Information Notice
ACL	All-County Letter
ADD	Assistant Deputy Director
AFDC-FC	Aid to Families with Dependent Children -Foster Care
AIS	Aging & Independence Services
AKA	Also Known As
ALJ	Administrative Law Judge
APPLA	Another Planned Permanent Living Arrangement (formerly, “Long-Term Foster Care”)
APS	Adult Protective Services
ARC	Approved Relative Caregivers Program
ASL	American Sign Language
AWOL	Absent Without Leave
BHS	Behavioral Health Services
BIC	Benefits Identification Card
BOS	Board of Supervisors
CACI	Child Abuse Central Index
CalWORKs	California Work Opportunity and Responsibility to Kids
CANN	Child Assessment Network - North
CANRA	Child Abuse and Neglect Reporting Act
CAP	Community Action Partnership

CARE	Critical Assessment for Release Early
CASA	Court-Appointed Special Advocate
CASS	Comprehensive Assessment and Stabilization Services
CBT	Cognitive Behavioral Therapy
CC	County Counsel
C-CFSR	California Child and Family Services Review
CCL	Community Care Licensing
CCR	Continuum of Care Reform
CCRC	Case Consultation Review Committee
CDSS	California Department of Social Services
CERT	Case Elevation Review Team
CFT	Child and Family Team
CHDP	Child Health and Disability Prevention
CI	Court Intervention
CIN	Children In Need
CLETS	California Law Enforcement Telecommunication System
CLSSD	Children's Legal Services of San Diego
CMH	Community Mental Health
CMHS	Children's Mental Health Services
CMS	Case Management Services
COJ	County of Jurisdiction
COP	Change of Placement
COR	Contracting Officer Representative or County of Residence
COTR	Contracting Officer's Technical Representative
CP	Case Plan

CPM	Core Practice Model
CPU	Case Plan Update
CPT	Child Protection Team
CQI Unit	Continuous Quality Improvement Unit
CRC	Civil Rights Coordinator
CRL	Civil Rights Liaison
CS	Continuing Services
CSA	County Self-Assessment
CSEC	Commercially Sexually-Exploited Child(ren)
CWDA	County Welfare Directors Association of California
CWS	Child Welfare Services
CWS/CMS	Child Welfare Services/Case Management System
CWS PA	Child Welfare Services Policy Analyst
CYPM	Crossover Youth Practice Model
DA	District Attorney
DCS	Deaf Community Services
DDCP	Dependency Drug Court Program
DEC	Drug-Endangered Children
DG	CWS/CMS Desk Guide
DHR	Detention Hearing Report
DHR	Department of Human Resources
DHRO	Departmental Human Resource Officer
DIBBS	Doing It Better By Suggestion
DOB	Date of Birth
DOJ	Department of Justice

DOJL	Department of Justice Liaison
DRM	Documentum Records Management
DSEP	Developmental Screening and Enhancement Program
DSS	Department of Social Services
DV	Domestic Violence
EA	Emergency Assistance
ECP	Early Childhood Project
EFC	Extended Foster Care
EL	Education Liaison
EO	Evaluate Out
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
ER	Emergency Response
ERD	Emergency Response Document
ERMS	Electronic Record Management System
ESC	Emergency Shelter Care
FARFS	Foster and Adoptive Resource Family Services
FCIS	Foster Care Information System
FCM	Family-Centered Meeting
FCRC	Foster Care Review Committee
FEE	Family Engagement Efforts
FFA	Foster Family Agency
FFA/NT	Foster Family Agency/Non-Treatment
FFA/T	Foster Family Agency/Treatment
FFAST	Foster Family Agency Stabilization and Treatment
FFP	Federal Financial Participation

FGC	Family Group Conference/Conferencing
FIT	Family Integrated Treatment Program
FLSA	Fair Labor Standards Act
FM	Family Maintenance
FMV	Family Maintenance - Voluntary
FPRRS	Foster Parent Recruitment and Retention Services
FR	Family Reunification
FRC	Family Resource Center
FSNA	Family Strengths and Needs Assessment
FRV	Family Reunification - Voluntary
FTT	Failure to Thrive
FUP	Family Unification Program
FY	Fiscal Year
FYS	Foster Youth Services
FY-SIS	Foster Youth Student Information System
GR	General Relief
GWOW	Government without Walls
HEP	Health and Education Passport
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HHSA	Health & Human Services Agency [of San Diego County]
HSS	Human Services Specialist (formerly Eligibility Technician, Benefits Analyst)
HVC	Highly Vulnerable Children
ICC	Intensive Care Coordination
ICE	Immigration and Customs Enforcement (formerly INS)

ICFS	Indian Child and Family Services
ICPC	Interstate Compact on the Placement of Children
ICT	Inter-County Transfer
ICWA	Indian Child Welfare Act
IEP	Individualized Education Plan/Program
IEU	Institution Evaluation Unit
IFPP	Intensive Family Preservation Program
IHBS	Intensive Home-Based Services
IHSS	In-Home Supportive Services
ILO	Office of international Liaison
ILS	Independent Living Skills
IPC	Interagency Placement Committee
IRS	Immediate Response Services
IS	Initial Services
ISS	International Social Services
ISU	Indian Specialty Unit
ISU	Internal Security Unit
ITFC	Intensive Treatment Foster Care
J/D	Jurisdictional/Dispositional Report
JDO	Juvenile Detention Order
JSC	Jurisdictional Settlement Conference
LE	Law Enforcement
LEL	Law Enforcement Liaison
LFH	Licensed Foster Home
LGH	Licensed Group Home

LGBTQ+	Lesbian, Gay, Bisexual Transgender Questioning
LMS	Learning Management System
LOC	Level of Care
LPS	Lanterman Petris Short Act
MC	Medi-Cal
MDT	Multidisciplinary Team
MHS	Mental Health Services
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MR, M/R	Mandated Reporter
MS	Mail Stop
MTFC	Multidimensional Treatment Foster Care
NAH	Native-American Heritage
NAI	New Alternatives, Inc.
NA/AA	Narcotics Anonymous/Alcoholics Anonymous
NEST	Nurturing, Evaluate and Stabilization Team
NMD	Nonminor Dependent
NOA	Notice of Action
NREFM	Nonrelated Extended Family Member
NYTD	National Youth in Transition Database
OA	Office Assistant
OIP	Operational Incentive Plan
OJT	On-the-Job Training
ORC	Operations Review Committee
OTI	Out-of-Town Inquiry

P&A	Points & Authorities
PAF	Personnel Action Form
PC	Penal Code
PCC	Polinsky Children's Center
PCO	Placement Coordinator's Office
PCWTA	Public Child Welfare Training Academy
PG	Program Guide
PHI	Personal Health Information
PHN	Public Health Nurse
PII	Personal Identifying Information
PIP	Performance Improvement Plan
PO	Probation Officer
PP	Permanent Placement/Permanent Plan
PPAU	Pre-Planning Assessment Unit/Permanency Planning Assessment Unit
PPH	Permanency Planning Hearing
PPPS	Pre-Placement Preventative Services
PPS	Policy and Program Support
PQCR	Peer Quality Case Review
PQRB	Placement Quality Review Board
PRA	Public Records Act
PRIDE	Parent Resources for Information, Development and Education
PRUCOL	Permanently Residing Under Color of Law
PS	Program Specialist
PSA	Protective Service Assistant
PSC	Pre-Trial Status/Settlement Conference

PSPM	Protective Services Program Manager
PSS	Protective Services Supervisor
PSW	Protective Services Worker
QPI	Quality Parenting Initiative
R&R	Revenue and Recovery
RAP	Residential Adoptability Program
RBS	Residential-Based Services
RCL	Rate Classification Level
RCW	Residential Care Worker
RCS	Residential Care Supervisor
REJIS	Regional Juvenile Information System
RF	Resource Family
RFA	Resource Family Approval
RFP	Request for Proposal
RFSQ	Request for Statement of Qualifications
RHA	Relative Home Approval
RP	Reporting Party
RS	Residential Services
SARB	School Attendance Review Board
SAT	Substance Abuse Treatment
SB	Senate Bill
SCI	Special Care Increment
SCIAP	Special Care Incentives and Assistance Program
SCP	Substitute Care Provider
SCR	Special Care Rate

SCRRT	Special Care Rate Review Team
SDCOE	San Diego County Office of Education
SDM	Structured Decision Making
SDRC	San Diego Regional Center
SDVLP	San Diego Volunteer Lawyers Program
SED	Severely Emotionally Disturbed
SELPA	Special Education Local Plan Areas
SET	Safety Enhanced Together
SIJS	Special Immigrant Juvenile Status
SILP	Supervised Independent Living Plan
SIP	System Improvement Plan
SMHS	Specialty Mental Health Services
SN	Special Notice
SOP	Safety Organized Practice
SPA	San Pasqual Academy
SPSW	Senior Protective Services Worker
SSA	Social Security Administration
SSI	Supplemental Security Insurance
SSN	Social Security Number
SSRS	Social Services Reporting System
ST	Supportive Transition
STEP-TILP	Supportive Transitional Emancipation Program Transitional Independent Living Plan
STRTP	Short-Term Residential Therapeutic Program
SW	Social Worker
SWIT	Social Worker Initial Training

TAB	Temporary Assigned Bed
TAY	Transition Aged Youth
TCA	Tribal Customary Adoption
TERM	Treatment and Evaluation Resource Management Team
TFC	Therapeutic Foster Care
TF-CBT	Trauma-Focused Cognitive Behavioral Therapy
THP	Transitional Housing Program
THP-NMD	Transitional Housing Program for Nonminor Dependents (formally known as Transitional Housing Plan Plus Foster Care (THP+FC))
TILCP	Transitional Independent Living Case Plan
TILP	Transitional Independent Living Plan
TKC	The Knowledge Center
TOP	Treatment Option Package
TRC	Transitional Readiness Conference
TSCF	Temporary Shelter Care Facility
TYH	Transitional Youth Housing Program
VAT	Virtual Assessment Team
VCC	Virtual Case Consultation
VFC	Voices for Children (San Diego's CASA)
VISS	Volunteers in Social Services
VOC	Victims of Crime
VS	Voluntary Services
VTO	Voluntary Time Off
W&I Code	Welfare and Institutions Code
WIC	Welfare and Institutions Code
WIC	Women, Infants, and Children program

Forms List

The forms listed below are used by either you or HHSA social workers. Some forms are required for all placements and some are optional, depending on specific circumstances. Samples of these forms follow on the next pages. Please note that the forms may have been changed, updated or eliminated.

A brief explanation of each form is as follows:

1. Agency-Foster Parents Agreement (SOC156)

Completed by the child's worker and signed by you at the time of placement.

2. Consent for Treatment - Court or Consent for Treatment - Parent (04-24C/04-24P)

Required to obtain medical services for your foster child. The child's parent, guardian or Juvenile Court must sign it. See Chapter 6.

3. Statement of Dangerous Propensities (04-75)

Required at the time of placement. Prior to placement, the social worker must discuss any behaviors that may be a danger to the child or others. The social worker and you should sign the Dangerous Propensities form.

4. Placement Needs and Services Plan (04-258)

Required at the time of placement. The social worker will discuss the child's health and education needs described on this form with you.

5. QPI Partnership Agreement (04-296)

6. Parent/Child Contact Log (04-39)

Used to record all visits and other contacts from the child's parents or relatives. It is important for case planning and is required by the Court. See Chapter 2.

7. Caregiver Information Form plus instructions (JV 290)

This optional form can be used to provide information to the Juvenile Court about the child's placement.

8. Child Transition Information (04-325)

May be completed by the resource parent when the child leaves for another out-of-home placement. This form can be very helpful in assisting the new caregiver in helping the foster child to adjust to the new placement. See Chapter 5.

9. Clothing Inventory and Record of Personal Belongings (04-61)

You and/or the child's social worker can complete this form. It can be used at the time of placement or removal, so you have an accurate record of clothing received or forwarded with the child.

10. Request for Grievance Review (10-62) (also available in Spanish)

See Chapter 4 for procedures on filing a grievance.

11. Confidential Health and Education Passport (04-340)

The Health and Education Passport is a concise summary of the child's medical, behavioral, and educational status that can be helpful for those responsible for their care.

12. Child's Health Visit Report (04-343)

13. Routine Medications Form

This form was created by the San Diego County Foster Parent Association as a convenience for resource parents to use to seek approval from the child's doctor to administer routine medications.

14. Placement checklist for Resource

This form was created for your convenience for this Handbook.

15. Team of Advocates for Special Kids Form

16. At the time of Departure- A checklist for Resource Parents

This form was created for your convenience for this Handbook.

17. Visitation Plan (04-23)

The Visitation Plan lists agreements being made to promote safe and beneficial visits.

AGENCY - FOSTER PARENTS AGREEMENT Child Placed by Agency in Foster Home

Complete in Duplicate:

One copy to: Foster parents
Child's Social
Service Record

The agreement will be initiated when the child is placed in the facility and whenever the rate changes.

NAME OF CHILD		PARENT'S NAME
BIRTHDATE OF CHILD	DATE PLACED	CASE NUMBER
FOSTER PARENT'S NAME		ADDRESS

Anticipated duration of placement is _____ months.

The agency will pay \$_____ per _____ for room and board, clothing, personal needs, recreation, transportation, education, incidentals and supervision. First payment to be within 45 days after placement with subsequent payments no later than the 15th of the month following provision of care.

If additional amounts are to be paid, the reason, amount and conditions shall be set forth here: _____

Special problems/needs: ☐ No ☐ Yes If yes, explain: _____

Special Permissions: Special permission for substitute supervision is subject to Community Care Licensing granting an exception to the licensing regulation, which requires that substitute supervision in the foster home be limited to an adult.

- ☐ Child 15 years or older has permission to remain without adult supervision during temporary absences of the foster parent(s), not to exceed six (6) consecutive hours in any one 72-hour period.
- ☐ Substitute supervision may be provided to the foster child by someone 16 years of age or older (not a foster child) during temporary absences of the foster parent(s), not to exceed six (6) consecutive hours in any one 72-hour period.
- ☐ Other (Explain) _____
- ☐ No special permissions granted.

AGENCY AGREES TO	FOSTER PARENTS AGREE TO
<ol style="list-style-type: none"> 1. Provide the foster parent with educational stability requirement, school of origin and travel plan, knowledge of the background and needs of the child necessary for effective care. This may include a social work assessment, medical reports, education assessment, and identification of special needs when necessary. This shall be made available to foster parents within 14 days from date of placement. 2. Develop a plan for the child and share pertinent aspects with the foster parents. 3. Inform foster parents they may give the same consents on behalf of the child as the parent, except for those prohibitions provided in Social Services Manual Regulations. 4. Not remove the child with less than 7 calendar days written notice unless: the child is physically or psychologically endangered; court orders removal; parents or guardians order removal (voluntary placement); signed waiver obtained from foster parents; removal is from an interim placement directly into an adoptive home. 5. Involve foster parents in future planning for the child. The placement shall be reviewed within 6 months. 6. Assist the child in his use of foster care. 7. Assist in the maintenance of the child's constructive relationships with parents and other family members and to involve parents in future planning for this child. 8. Provide procedure for grievances of foster parents. 9. Contact the child and foster parents at least once a month. If case plan would indicate less frequent contacts, the foster parent will be informed. 10. Inform foster parents if child has any tendencies toward dangerous behavior. 11. Provide Medi-Cal card or other medical coverage at time of placement. Arrange for medical examination within 30 days unless child has had such within past 6 months and information is available. 12. Provide a clothing allowance as permitted to meet initial clothing needs. 13. In cooperation with foster parents arrange for visiting by parents or relatives on: _____ 14. Provide arrangements for school of origin travel as appropriate. 15. Provide assistance with emergencies. Telephone number for after-hours or weekends is: _____ 	<ol style="list-style-type: none"> 1. Provide this child the nurture, care, clothing and training suited to his needs. 2. Develop an understanding of the responsibilities, objectives, and requirements of the Agency in regard to the care of this child. 3. Recognize the Agency's responsibility for planning for this child, as given by the court or the parent(s). 4. Recognize any limitations of consent imposed by the court or the parent. 5. Increase their knowledge and ability to care for this child. 6. Encourage the child's relationships with his parents and relatives. 7. Cooperate in visiting arrangements between child and parents. 8. Not use corporal punishment, punishment in the presence of others, deprivation of meals, monetary allowances, visit from parent, home visits, threat of removal or any type of degrading or humiliating punishment, and to use constructive alternative methods of discipline. 9. Respect and keep confidential information given about the child and his family. 10. Immediately notify agency of significant changes in this child's health, behavior, or location. 11. Accept the child's special problems as given above in my provision of care. 12. Help with termination of placement including return to his own parents, relatives home, or adoptive placement. 13. Give the agency prior notice of at least 7 days if removal of child is requested unless it is agreed upon with the agency that less time is necessary. 14. Conform to the licensing/certification requirements. 15. Provide state and federal agencies access to documentation when documentation is maintained on children in their care. 16. Give advance written notice to the licensing agency and the person or agency responsible for the child of any (foster parent(s)) absence of 48 hours or longer. (Absence may be reported by telephone in case of emergencies.) 17. Notify the agency immediately if an application is made on behalf of this child for any kind of income. Examples of income include, but are not limited to, child support payments, Veterans Benefits, Railroad Retirement, Social Security, RSHDI, and Supplemental Security Income/State Supplemental Program (SSI/SSP). 18. Permit to Department of Public Social Services any income received on behalf of this child while in foster care up to the full cost of board and care plus medical cost. In addition, I will cooperate to have the Social Security Administration, or the appropriate agency, make the Department of Public Social Services the payee for any funds received on behalf of this child. 19. Foster parent agrees to immediately notify the placing agency of any changes to the child's educational travel, withdrawal from school or graduation.

*See Next Page for Optional Long-Term Placement Intent

ORDER AUTHORIZING MEDICAL EXAMINATION AND TREATMENT

Name of Child:

Child's Date of Birth:

Having found that (1) the County of San Diego Health and Human Services Agency ("Agency") has made reasonable efforts to locate or contact a parent and/or guardian of the above-named child to notify them of the Agency's request for a medical examination and treatment of their child who is in the care of the Agency, but such efforts have been unsuccessful; or (2) upon request of the Agency, the child's parent or guardian has objected to the medical examination and treatment of the child; and/or (3) the Agency has made reasonable efforts to schedule the examination of the child for a time when the parent or guardian is available to attend, but such efforts have been unsuccessful, this court orders as follows:

1. The Agency may conduct a pediatric medical examination on the child by a licensed physician while the child is in a facility operated by the Agency or any licensed/certified foster home, approved kinship/non-related extended family member home, or public or private institution. This examination may include blood and/or urine testing, when recommended by a physician for treatment and/or for diagnostic purposes or under the DEC Protocol. The physician will document all observations made during the examination, as well as any information provided by the child. This examination will occur within 7 calendar days of intake.
2. The Agency may provide medical, developmental, dental, mental health and other remedial care to the abovenamed child while he/she is in a facility operated by the Agency or any licensed/certified foster home, approved kinship/non-related extended family member home, or public or private institution, if the treatment is recommended by a licensed physician, dentist, psychiatrist or other mental health practitioner. Medical, developmental, dental, mental health or other remedial care can include:
 - x-rays, local anesthesia, medical or psychiatric diagnosis or treatment by a licensed physician; or, x-rays, laboratory testing, local anesthesia, dental or surgical diagnosis or treatment by a licensed dentist; and immunizations
 - developmental, speech, occupational and physical therapy evaluation and therapeutic interventions
 - psychological evaluations, psychotherapy, and/or counseling

The Court further orders that in an emergency, the Agency shall make a reasonable effort to contact a parent/guardian before medical, dental, mental health or other remedial care is begun, if the time and conditions permit. Unless there is an emergency, the following procedures will require consent of a parent/guardian, or a specific Court order after a further hearing: surgery, anesthesia, spinal tap, blood transfusion, HIV testing, and psychotropic medications.

The parent/guardian has the right to be present during the intake medical examination and reasonable arrangements will be made for the parent to attend within 7 calendar days of intake. Should the parent/guardian be unable to make themselves available within 7 calendar days, the examination will be conducted in their absence.

This order is effective until further order of the Court or termination of jurisdiction.

IT IS SO ORDERED.

Signature of Judge/Commissioner: _____

Date Signed: _____

CONSENT FOR EXAMINATION AND TREATMENT of a child; to be signed by parent/guardian

Name of Child: _____

Child's Date of Birth: _____

I authorize and give my consent for the above-named child to receive a pediatric medical examination by a licensed physician while he/she is in a facility operated by the Health and Human Services Agency of the County of San Diego or any licensed/certified foster home, approved kinship/non-related extended family member home, or public or private institution. This examination may include blood and/or urine tests when recommended by a physician for treatment and/or for diagnostic purposes or under the Drug Endangered Child Protocol. I understand that the physician will document all observations made during the examination, as well as any information provided by my child.

I authorize and give my consent for medical, developmental, dental, mental health and other remedial care to be given to the abovenamed child while he/she is in a facility operated by the Health and Human Services Agency of the County of San Diego or any licensed/certified foster home, approved kinship/non-related extended family member home, or public or private institution.

Medical, developmental, dental, or mental health care or other remedial care can include:

- X-rays, local anesthesia, medical or psychiatric diagnosis or treatment by a licensed physician; or, x-rays, laboratory testing, local anesthesia, dental or surgical diagnosis or treatment by a licensed dentist; and immunizations.
- Developmental, speech, occupational and physical therapy evaluation and therapeutic interventions.
- Psychological evaluations, psychotherapy, and/or counseling.
- Covid-19 (Novel Coronavirus) testing

In an emergency, a reasonable effort to contact a parent/guardian will be made before medical, dental, or mental health care is begun, if the time and conditions permit. Unless there is an emergency, the following procedures will not be done, unless a parent/guardian is contacted and consents to them, or a Court orders them: Surgery, anesthesia, spinal tap, blood transfusion, HIV testing, and psychotropic medications.

List any known allergies or reactions to medication: _____

Name of Family Physician: _____ Telephone: _____

Type of Medical Insurance: _____ Policy Number: _____

I hereby authorize treatment at a medical clinic and/or a licensed hospital/medical facility.

This consent will expire upon closure of the associated emergency response referral, closure of the associated voluntary services case, or termination of court jurisdiction.

If my child is admitted to Polinsky Children's Center or a County of San Diego-affiliated assessment center, I understand that I have a right to be present during the intake medical examination of my child and that the examination will occur within 7 calendar days of intake to Polinsky Children's Center or a County of San Diego-affiliated assessment center.

If you are unable to make yourself available for an exam within 7 days of intake, the exam will be conducted in your absence.

Parent must initial one:

_____ **Yes**, I choose to be present at my child's intake exam. I understand that arrangements will be made for me to be present at the intake medical examination and that the examination will occur within 7 calendar days of intake.

_____ **No**, I choose not to be present at my child's intake exam. By initialing here, I waive my right to be present at my child's intake medical exam.

✕

Signature of parent/guardian

Date Signed

Printed name of parent/guardian

Relationship to child (e.g. Mother, Father, Guardian)

Address of parent/guardian

Phone number of parent/guardian

State ID Number:

Child's/Youth's Name and DOB:

Preferred Name:

Caregiver's Name/ STRTP/LGH:

The following is all that is current or currently known to Child Welfare Services regarding suspected dangerous behaviors of the child/youth. Caregivers will be provided with information regarding the child/youth's behavioral concerns that may have a direct bearing on the care provided. This information is confidential and unauthorized disclosure could result in a fine up to \$1000, per Welfare and Institutions Code (WIC) 10850 and Penal Code Section 19.

- Sexual behavior concerns: :
- Self-Harm or Suicide Ideation and/or Attempts:
- Commercial Sexual Exploitation of Children (CSEC):
- Alcohol and Substance Use:
- History and/or Potential for Violence towards Others :
- Fire setting:

I hereby acknowledge that the known or suspected dangerous behaviors identified have been discussed with me to my satisfaction.

Signature (Caregiver)

Date

Signature (CWS Social Worker)

Date

Distribution - signed copy to caregiver and case file

☐ Licensed Foster Care ☐ Approved Relative/NREFM ☐ Approved Resource Family

Name of Child:		DOB:	DSS #:	
	Assigned SW	Supervisor	Child's Attorney	CASA
Name				
Address				
Phone				
Email Address				
Court/Petition#:	Court Address:	(a)		Department:
Child's Case Plan Goal:	(b)		Child's Permanency Alternative/Con-	
	current Plan Goal:			

The following forms are attached (check all that apply):

2. Mandatory Forms

- ☐ Dangerous Propensities (04-75)
- ☐ Medi-Cal or Insurance Card attached. Type: _____
- ☐ Medi-Cal or Insurance # (if card not attached): _____
- ☐ Agency/Caregiver Placement Agreement (04-275)
- ☐ Agency Foster Parents Agreement (SOC 156)
- ☐ 04-24P or 04-24C and 04-24A-P
- ☐ Foster Children's Personal Rights (10-5)
- ☐ Clothing Inventory and Record of Personal Belongings (04-61)
- ☐ Child's Case Plan Individual Client Responsibilities Report
- ☐ Quality Parenting Initiative (QPI) Partnership Agreement (04-296)
- ☐ Immunization Record
- ☐ Caregiver Information Sheet (04-25)

3. Other (if applicable/available)

- ☐ Birth Certificate or Passport
- ☐ CWS Placement History Report
- ☐ PCC Discharge Summary
- ☐ PCC Medical Discharge Summary
- ☐ PCC Face Sheet
- ☐ PCC School Discharge
- ☐ Pictures
- ☐ Report Cards
- ☐ IEP/504 Plans
- ☐ Child Transition Information (04-325) or All About Me
- ☐ Psychotropic Med Authorization (JV 220 A/B)
- ☐ Health and Education Questionnaire (JV-225)

II. Family has a history of the following (check all that apply):

- ☐ Child(ren) previously in custody ☐ Domestic Violence ☐ Neglect ☐ Sexual Abuse
- ☐ Physical Abuse ☐ Health Problems ☐ Mental Health Problems
- ☐ Substance Abuse (drugs/alcohol) ☐ Other Concerns:

III.

IV. Child's Court Ordered Visitation Plan: Level of supervision by caretaker

Who	Frequency	Date/Times	Who will transport

V. Does the child need a medical examination and/or dental examination within 30 days of placement date? (REQUIRED for all initial placements if child has not had exam at PCC or North County Assessment Center.)

VI. Medical Date of last exam: Dental Date of last exam:

Health and Education Summary

- ☐ Health and Education Passport is attached , OR
- ☐ A summary of all known health and education information is outlined:
- ☐ Known medical problems / allergies/ special diet instructions:
 - ☐ Health issues requiring caregiver to give injections, e.g., severe diabetic hypoglycemia, anaphylactic shock, insulin, etc.: If yes, view written verification from the licensed health care professional that caregiver has been trained on giving injections and document this on the FC-16 Medically Fragile Special Training Log, then file in case file.
 - ☐ Medications (all medication in possession of Agency must be provided to SCP):

	Doctor	Dentist	Other
Name			
Address			
Phone Number			

	School	Educational/Developmental Rights Holder	School District/AB 490 Foster Youth educational liaison
Name			
Address			
Phone Number			

Current Grade: Is child at grade level? Grade level performance:

Does the child have an IEP? Is the child in Special Education?

☐ Efforts to keep child in the school of origin were made

Transportation plan if the child remains at school of origin

	Therapist	Psychiatrist
Name		
Address		
Phone Number		
Frequency		
Plan (include transportation plan)		

Payment Rates:

☐ Referred for Special Care Rate

Is the child active to Regional Center?

Is the child eligible to receive Regional Center dual agency rate?

Can child manage his/her own cash resources? What form of allowance?

Clothing Allowance: clothing allowance is available?

Recreation and other interests:	Religion and Religious Activities:	Other Needs:

Independent Living Skills (ILS):

For 16+ year olds, the youth has been referred to ILS? Where: TILP attached
 For 14-15 year olds, is the youth attending the Life Skill Training (LST) Class? Where:

VII.

VIII. Caregiver has been reminded of the following:

- ☐ CHILD ABUSE HOTLINE ☎ 858-560-2191 / 800-344-6000
- ☐ Independent Living Skills (ILS) ☎ 866/457-4636 / 866-ILS-INFO
- ☐ Public Assistance Information Unit/Public Inquiry (HHSA) ☎ 858-514-6885 / 866-262-0881
- ☐ Normalcy/Prudent Parent Areas in which caregiver can or cannot give consent
- ☐ Confidentiality regulations Conflict resolution procedure Out-of-County Travel Guidelines
- ☐ Attend CFT to ensure best decisions and plans are made regarding the child
- ☐ HEP PHN: Phone #: Fax #:

Social Worker Signature: _____
Date: _____

Caregiver Signature: _____
Date: _____

County of San Diego

Partnership Agreement

Children need normal childhoods as well as loving and skillful parenting that honor their loyalty to their biological family and their need to develop and maintain permanent lifelong connections.



RESOURCE PARENT EXPECTATIONS

Caregivers and Agency Staff Work Together as Respected Partners

- Caregivers will conduct themselves in a professional manner and will work together with Agency staff as a respected partner.
- Caregivers will share all relevant information and will provide input for the child's case plan.
- Caregivers will respect the privacy & confidentiality of all information related to the child & family.
- Caregivers will participate in all team meetings and court hearings.
- Caregivers will obtain and maintain records that are important and relevant to the child's well-being.

Nurturing Children and Youth

- Caregivers will provide excellent parenting by being trauma informed.
- Caregivers must be willing and able to learn about child's culture & ethnicity to support the child's connections.
- Caregivers will fully incorporate the child into their family activities, including vacations.
- Caregiver will not give notice to remove child unless the removal is demonstrated to be in the best interest of the child or poses a safety risk to the child, caregivers or others in the home.
- Caregiver will participate and adhere to the child's transition plan developed by team members.
- Caregivers are expected to take advantage of all trainings they need to improve their skills as excellent parents.

Supporting Families

- Caregivers will facilitate continuity for the child, with biological family by encouraging participation in medical related care, school, and other important activities.
- Caregivers will facilitate a smooth transition to another placement by sharing information about the needs of the child.
- Caregivers will respect and support the child's ties to family (parents, siblings, extended family members), and other significant relationships, and will assist the child in maintaining these relationships through facilitating appropriate visitation and other forms of communication in accordance with the case plan.

Strengthening Communities

- Caregivers will advocate for children with the Agency, the court, and community agencies.
- Caregivers will support the child's school success; including: participating in IEP meetings, attending school events, school conferences assisting with school assignments and advocate/support tutoring.
- Caregivers will provide developmentally appropriate opportunities to allow children and youth to learn and practice life skills and have hands-on experiences in preparation for transition to adulthood.

X _____ Date _____
ACCEPTANCE OF AGREEMENT, *Caregiver*

County of San Diego

Partnership Agreement

Children need normal childhoods as well as loving and skillful parenting that honor their loyalty to their biological family and their need to develop and maintain permanent lifelong connections.

AGENCY STAFF EXPECTATIONS

Caregivers and Agency Staff Work Together as Respected Partners

- Agency staff will conduct themselves in a professional manner and will work together with caregivers as a respected partner.
- Agency staff will share all relevant information regarding the child and family within the County established guidelines.
- Agency staff will support and facilitate caregiver participation in all team meetings and court hearings.
- Agency staff will provide timely notification to the caregiver for team meetings and court hearings.
- Agency staff will provide an alternative way for caregivers to participate in all team meetings if the caregiver cannot be present.

Nurturing Children and Youth

- Agency staff will provide caregivers with the services and support they need to be excellent parents.
- Agency staff will support caregivers in overcoming barriers to full participation in family life and activities
- Agency staff will participate and adhere to the child's transition plan developed by team members.
- Agency staff is expected to remain current on trauma informed practice.
- Agency staff will support the child's connections to culture & ethnicity.

Supporting Families

- Agency staff will support caregivers by working together as a team by communicating the family's reunification plan.
- Agency staff will support a smooth transition plan for the child by sharing information about him/her, and support contact between the child and initial foster family.
- Agency staff will provide caregivers with information, guidance and support necessary to fulfill their responsibility.

Strengthening Communities

- Agency staff will support the caregiver's role as an advocate and respect their input.
- Agency staff will share with caregiver's information about the child's health and well being.
- Agency staff will support and facilitate the caregivers participation with all of the child's educational needs.
- Agency staff will support caregiver's decisions that meet the prudent parent standards.
- Agency staff will work with caregivers in facilitating appropriate opportunities to allow children and youth to learn and practice life skills and have hands-on experiences in preparation for transition to adulthood.

X _____

ACCEPTANCE OF AGREEMENT, *Agency Staff*

Date: _____

PARENT/CHILD CONTACT LOG

Please use this form to document contact that does not occur in person such as telephone calls, emails, texts, or letters. For all in person/face to face contacts, please use form 04-38 to document the interactions.

Child's Name	Caregiver's Name
Parent/Guardian's Name	Date of Current Placement
Social Worker's Name	Date of Next Court Hearing

Contact date	Type of contact	Length of contact	Who was involved in the contact	Brief summary of contact (What worked well, and What are you worried about?)

Contact date	Type of contact	Length of contact	Who was involved in the contact	Brief summary of contact (What worked well, and What are you worried about?)

Contact date	Type of contact	Length of contact	Who was involved in the contact	Brief summary of contact (What worked well, and What are you worried about?)

 Caregiver's Signature

 Date

 Social Worker's Signature

 Date Reviewed

Instructions

Please print or type all entries. Maintain a separate form for each child in placement.

This form is to be completed by the caregiver and mailed or given to the child's social worker at least five weeks before the next scheduled Court hearing. The social worker may also request the form at other times. If the child moves from your home, please give this form to the social worker. A copy of this form will be submitted to the Juvenile Court and the attorneys representing the parents and child.

All phone, mail, email, text, online, etc. contacts between the parents and the child are to be recorded on this log to provide documentation of their contact with each other.

FORM FIELD	DESCRIPTION OF CONTENTS
Contact date	Enter exact date of contact (month/day/year).
Type of contact	Enter how contact was made. Use abbreviations: P = phone V = visit (in-person) L = letter/card/postcard E = email T = text O = online (e.g., Facebook)
Length of contact	Enter beginning and ending time of the contact, if applicable.
Who was involved in the contact	Enter first and last name(s) of person(s) contacting the child, and their relationship to the child (e.g., mother, father, aunt, grandparent(s), etc.).
Brief summary of contact	Typical observations: child reaction, length of visit, parent was on time or late, purpose of contact (e.g., regular visit, take child to doctor, etc.). You may use a separate sheet of paper since space is limited in this column.

As the child's primary caregiver, you know the child best. Your input is valuable. The child's next caregiver will find this information very helpful. Please take a moment to fill out this information and give it to the child's SW when the child leaves your home.

Would it be okay for the next SCP to contact you for more information on the child? ☐ Yes ☐ No

Your Name: _____

If yes, Your telephone number: _____

Child's Name:	DOB:	Date:
Length of stay in your home: _____ Years Months		Reason for change-of- placement:
Child's likes (such as, food, music, etc.):		Child's dislikes:
Please describes this child's:		
Social Interactions:		
Activity Levels:		
Personality Traits:		
List the following about the child:		
● Name of formula (infants/toddlers):		
● Amount of food (including snack, milk/formula) intake per day:		
● Feeding schedule (infants/toddlers) Routine and Needs: ; ; ; ; Routine and Needs:		
● Nap time schedule (infants/toddlers): ; ; ; ; Routine and Needs:		

<ul style="list-style-type: none"> • Wake up time (morning): Routine and Needs: 	<ul style="list-style-type: none"> • Sleep (nighttime) schedule: Routine and Needs:
<ul style="list-style-type: none"> • Sleeping issues (such as nightmares, bed wetting, sleep walking, etc.): 	
<ul style="list-style-type: none"> • Talents/skills (such as sports, drama, music, art, cooking, etc.): 	
<ul style="list-style-type: none"> • Effective discipline method(s) for the child: 	

<ul style="list-style-type: none"> ● Effective reward system for the child:
<ul style="list-style-type: none"> ● Favorite toy(s), clothe(s), food or “comfort” item(s):
<ul style="list-style-type: none"> ● For children (> 14 years old) <ul style="list-style-type: none"> ➤ Household tasks the child is able to perform: ➤ Independent Living Skills (such as budgeting, public transportation, etc.): ➤ Employment:
<ul style="list-style-type: none"> ● Known irritants to child:
<ul style="list-style-type: none"> ● All known allergies (such as, medications, food/formula, diaper brand, animals, etc):
<ul style="list-style-type: none"> ● Health or medication problems/conditions:
<ul style="list-style-type: none"> ● Aspirations/dreams shared with you:
<ul style="list-style-type: none"> ● After school program/activities:
<ul style="list-style-type: none"> ● Education Related: <ul style="list-style-type: none"> ◇ Strengths – ◇ Areas needing improvement -
<ul style="list-style-type: none"> ● Self-care: <ul style="list-style-type: none"> ◇ Dressing, Bathing, Hygiene – ◇ Other –
<ul style="list-style-type: none"> ● Favorite holiday:
<ul style="list-style-type: none"> ● Mentor/role model:
<ul style="list-style-type: none"> ● Any special needs or consideration (such as diet, religion, etc.):

Favorite games:					
Hobbies:					
Other helpful information:					
<ul style="list-style-type: none"> Based on your observation, describe the child's relationship with the biological family and relatives: 					
Visitation Schedule					
	Mother	Father	Siblings	Relative	Other
Days					
Time					
Location					
Supervised					
Visitation Comments (Include any concerns or issues):					
The following documents will accompany the child:					
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Medi-Cal/ Insurance Card <input type="checkbox"/> Social Security Card <input type="checkbox"/> Work Permit <input type="checkbox"/> HEP					
Please provide any additional information you would like to share:					

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY
CHILD'S NAME: HEARING DATE AND TIME:	
CAREGIVER INFORMATION FORM	CASE NUMBER:

To the current caregiver, preadoptive parent, community care facility, or foster family agency caring for the child: You may submit written information to the court, and you may attend review and permanency hearings. You may use this optional form to provide written information to the court. Please type or print clearly in ink and submit the original and eight copies of the form to the court clerk's office at least five calendar days (or seven calendar days, if filing by mail) before the hearing. Be aware that other individuals involved in the case have access to this information. See form JV-290-INFO for instructions on how to complete this form and file it with the court.

1. a. Child's name:
 b. Child's date of birth:
 c. Child's age:
2. **Caregiver Information** (Answer only if you are a caregiver, skip #3.):
 a. Name of caregiver:
 b. Type of caregiver: ☐ Foster parent ☐ Relative ☐ Legal guardian ☐ Preadoptive parent
☐ Nonrelative extended family member ☐ Other (specify):
 c. The child has been living in my home for (specify): years months.
3. **Agency or Facility Information** (Answer only if you are an agency or facility, skip #2.):
 a. Name of agency or facility:
 b. Address:
 c. Telephone number:
 d. Type of facility: ☐ Foster family agency ☐ Community care agency ☐ Other (specify):
 e. The child has been placed with our agency/facility for (specify): years months and in the
 current home for (specify): years months.
 f. Name of person completing form: Title:
 g. Hours per week the person completing this form spends with the child (specify): hours/week.
 h. The information on this form consists of
 (1) ☐ the observations and recommendations of the person filling out this form.
 (2) ☐ the observations and recommendations of a group or team made up of the following individuals (specify):
4. **Current Status of Child's Medical, Dental, and General Physical and Emotional Health**
 a. ☐ There is no new or additional information since the last court hearing.
 b. ☐ There is new or additional information since the last court hearing, as follows (do not include the names of doctors):
5. **Current Status of Child's Education**
 a. ☐ There is no new or additional information since the last court hearing.
 b. ☐ There is new or additional information since the last court hearing, as follows (do not include the names of schools):

JV-290

CHILD'S NAME:	CASE NUMBER:
---------------	--------------

6. Child's Special Education Status

- a. ☐ The child is a special education student. Date of last Individualized Education Plan (IEP):
- b. ☐ The child is not a special education student.
- c. ☐ I do not know the child's special education status.

7. Current Status of Child's Adjustment to Living Arrangement

- a. ☐ There is no new or additional information since the last court hearing.
- b. ☐ There is new or additional information since the last court hearing, as follows:

8. Current Status of Child's Social Skills and Peer Relationships

- a. ☐ There is no new or additional information since the last court hearing.
- b. ☐ There is new or additional information since the last court hearing, as follows:

9. Current Status of Child's Special Interests and Activities

- a. ☐ There is no new or additional information since the last court hearing.
- b. ☐ There is new or additional information since the last court hearing, as follows:

10. Other Helpful Information

- a. ☐ There is no new or additional information since the last court hearing.
- b. ☐ There is new or additional information since the last court hearing, as follows:

11. Recommendation for Disposition (Outcome)

- a. ☐ I have no recommendation for disposition (outcome).
- b. ☐ I am recommending the following disposition (outcome):

12. ☐ If you need more space to respond to any section on this form, please check this box and attach additional pages.

Number of pages attached:

NOTICE

If you are not the child, child's parent, or child's legal guardian, you may have a right to challenge a decision by the juvenile court, but only in very limited circumstances. You may need a court order granting you access to records in the juvenile case file. For more information, please see *Information on Requesting Access to Records for Persons With a Limited Right to Appeal* (form JV-291-INFO). You can get form JV-291-INFO at any courthouse or county law library or online at www.courts.ca.gov/forms.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF CAREGIVER OR FACILITY/AGENCY STAFF PERSON
WHO HAS COMPLETED THIS FORM)

INSTRUCTION SHEET FOR CAREGIVER INFORMATION FORM

Background

1. **What is the "Caregiver Information Form"?** The *Caregiver Information Form*, also called form JV-290, is intended to provide an easily accessible way for foster parents, relative caregivers, preadoptive parents, nonrelative extended family members, legal guardians, community care facilities, and foster family agencies (or any other individual or agency currently caring for a foster child) to provide information about the child to the court.
2. **When does it need to be filled out and filed?** The *Caregiver Information Form* is an optional form. If you choose to use it, fill it out and file it with the court along with eight copies, at least five days before the hearing, or mail it to the court for filing at least seven days before the hearing. Follow the instructions below. Do not wait until the day of the court hearing to file the form.
3. **Current foster parents, relative caregivers, preadoptive parents, nonrelative extended family members, legal guardians, and other individuals caring for a child:** You may fill out this form even if a staff person from the child's foster family agency or community care facility is also filling it out. You may write a letter to the court, instead of using the form. Either way, follow the procedures described on the next page about making copies, filing, and attending the hearing. Be aware that the form or letter will be provided to parties and attorneys. If you are a confidential foster parent, provide information to the child's social worker rather than filing the form or letter with the court.
4. **Foster family agencies or community care facilities:** You may complete this form and use it as the mandatory report required by Welfare and Institutions Code section 366.21. It is recommended that each agency or facility develop a policy about who is responsible for filling out and filing the form or report on behalf of each child.
5. **What should I be thinking about as I fill out the form?** Use the form to provide factual information about the child, such as behavior you have observed and information about the child's needs. Avoid including opinions or information not related to the child. The goal is to provide information to the court that helps the judge make informed decisions about the child.

How to Fill Out Form JV-290

1. **Complete the caption.** These are the boxes at the top of the page.
 - *Court name, street address, and mailing address.* Write the name of the county where the court is located and the street and mailing addresses of the court. If you do not know the name and address of the court, look on the notice of the court hearing you received in the mail or go to www.courtinfo.ca.gov/courts/find.htm to find the local court in your county. For branch name, write "Juvenile."
 - *Child's Name.* Write the child's first and last names.
 - *Hearing Date and Time.* Write the hearing date and time. Ask the social worker if you do not have this information.
 - *Case Number.* This number is on the notice of the court hearing you received in the mail. If you do not have the number, ask the child's social worker or attorney for the number. If the case involves brothers and sisters (siblings), there may be more than one case number. Be sure to use a separate form and the correct number for each child.
2. **Complete information about the child and about yourself or your agency.**
 - *Item 1.* Fill in the child's first and last names, date of birth, and age.
 - *Item 2.* Foster parents, relative caregivers, and other individuals caring for children should complete item 2. Include your name, what type of caregiver you are, and how many years and/or months the child has lived in your home. Skip item 3. If you are a confidential foster parent, provide information to the child's social worker rather than filing this form with the court.
 - *Item 3.* Foster family agencies, community care facilities, and staff at any other group-care setting should skip Item 2 and complete item 3. Indicate the facility name, address, telephone number, the type of facility, how long the child has been with your agency, and how long he or she has been in the current placement. Then write your name (the person completing form) and your title. If it is not clear from your title, explain in what capacity you work with the child. Indicate how many hours each week you spend with the child. Finally, check the box to indicate whether you are filling out the form based on your own observations and recommendations or on those of a group or team. If applicable, specify the members of the group or team.

Page 1 of 2

JV-290-INFO

3. **Complete items 4–10 about the child.** For each question, check the box to indicate whether there is new information since the last hearing. Briefly write new information in the appropriate section of the form. Do not describe anything you have not personally observed.
 - *Item 4.* Provide information on the child's medical, dental, and general physical and emotional health (e.g., doctor visits, hospitalizations, and medications; descriptions of physical or emotional development).
 - *Item 5.* Provide information on the child's status at school, if applicable (e.g., child's grade level; public or nonpublic school; how the child is doing in school; outcomes of testing or school conferences).
 - *Item 6.* Indicate whether the child is a special education student and, if so, the date of the most recent Individualized Education Plan (IEP).
 - *Item 7.* Provide information on how the child is adjusting to your home/facility (e.g., child's social skills and behavior at home; how the child is interacting with other family members; how the child expresses feelings and needs; the child's eating and sleeping patterns).
 - *Item 8.* Provide information on how the child is getting along with others (e.g., peer relationships, relationships with teachers and other adults outside of your family).
 - *Item 9.* Provide information on the child's special interests and activities (e.g., participation in sports or music lessons; how often the child participates; any talents, interests, or hobbies).
 - *Item 10.* Provide any additional information that you believe the court should know about the child (e.g., behavioral information; services the child is receiving; your recommendations for additional services that are needed; visitation information, such as dates of visits with parents or siblings).
4. **Recommendation for Disposition (Outcome).** If you are a community care facility or foster family agency, you must include your recommendation for disposition if the JV-290 form is being used as your report required under Welfare and Institutions Code section 366.21(d). Foster parents and other individual caregivers may include their recommendation for disposition (outcome) if they choose.
5. **Add any attachments.** Check the box in item 12 to add additional pages. You may attach information from the child's teacher, doctor, or other service providers and a photograph of the child.
6. **Sign and date the form.** On the bottom of page 2, write the date, type or print your name, and sign your name.

What to Do With the Form After You Have Filled It Out

1. **Make copies.** Caregivers should make eight or more copies of the completed JV-290 form and any attachments.
2. **If you choose to file the form in person.** At least **five** calendar days before the hearing date, bring the original form and the recommended eight copies to the court clerk's office at the courthouse where the hearing will be held. Ask the clerk to file the form for you. Keep one copy of the date-stamped form for yourself. The clerk is responsible for providing the form to all parties and completing and filing the proof of service form.
3. **If you choose to file the form by mail.** At least **seven** calendar days before the hearing date, mail the original form and all but one of the copies to the court clerk's office at the courthouse where the hearing will be held. Put two stamps on the envelope. Include a note indicating "For filing and service" and including the case number. The clerk is responsible for providing the form to all parties and completing and filing the proof of service form.
4. **Confirm the hearing time, date, and place.** If you plan to attend the hearing, call the social worker to confirm the hearing date, time, and courtroom.

What to Do on the Hearing Day

1. **Bring extra copies of the form.** If you decide to attend the hearing, it is suggested that you make additional copies of the form and any attachments in order to provide copies to anyone at the hearing who did not receive them.
2. **Comments in court.** If you choose to attend the hearing, any comments you make should be short, factual, and based on your own observations. You may raise your hand to let the judge know you would like to speak, or let the courtroom clerk or deputy/bailiff know before the hearing.

Chapter 9

Date of Inventory _____

Child _____

Initial / COP / Final (circle one)

Substitute Care Provider _____

SW _____

Institution _____

# OF ITEMS	ADEQUATE IN NUMBER? (yes/ no)	CONDITION (new/wearable/needs replacing)
UNDERWEAR		
NIGHTWEAR		
CASUAL/PLAY CLOTHES		
SCHOOL CLOTHES/UNIFORMS		
OUTERWEAR		
SHOES		
OTHER CLOTHING		

PERSONAL/GROOMING ITEMS		
OTHER BELONGINGS		

Instructions

Use of the following guidelines can help clarify expectations and avoid discrepancies. Clothing and other items bought with foster care monthly reimbursements or clothing allowances, as well as gifts, are considered as belonging to the child. Each child should always have an adequate wardrobe of clothing appropriate to the child's age and sex, maintained in acceptable wearing condition (clean, mended, etc.). Clothing items are to be replaced when they are worn out or outgrown. A percentage of each month's foster care reimbursement should be allocated for basic clothing needs. Special clothing allowances can be authorized by the assigned social worker and issued at initial placement or upon change of placement, if needed. Additionally, a replacement clothing allowance of \$100 is issued in August of each year for all children in placement. Foster parents are encouraged to save receipts and/or price tags for their records.

The 04-61 form can also be used to record non-clothing items of value (monetary or sentimental/personal) in the child's possession. Such items might include a bicycle, electronic games, stuffed animals, jewelry, etc.

The following estimates can be used as a guide for determining a child's minimum clothing needs based on age and sex:

AGE:	0 – 1 ½	1 ½ - 4	5 – 9	10+
SEX:		M/F	M/F	M/F
ITEM: Underwear				
Briefs/Panties		6	6	6
Undershirts	8	6/-		3/-
Bras				-/3
Daywear				
Pants/skirts			5	5
Shirts/blouses	1		5	5
Shorts/play suits	3	5	2	2
T-shirts/tops	2	2	2	2
Dresses/slacks	2	1	1	1
Socks/nylons	6	6	7	7
Shoes				
Everyday	1	1	1	1
Play	1	1	1	1
Dressy	1	1	1	1
Outerwear				
Jackets	1	1	1	1
Sweaters	1	1	1	1
Sweatshirts		1	1	1
Nightwear				
Nightgowns/PJs	3	3	2	2
Blanket sleepers	2	1		
Grooming items				
Comb	1	1	1	1
Brush	1	1	1	1
Toothbrush	1	1	1	1



County of San Diego

NICK MACCHIONE,
FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
CHILD WELFARE SERVICES
8911 BALBOA AVENUE, MAIL STOP W-473
SAN DIEGO, CA 92123-1507
(858) 767-5411 • FAX (858) 767-5258

KIMBERLY GIARDINA,
DSW, MSW
DIRECTOR
CHILD WELFARE SERVICES

Request for Grievance Review

Director
Child Welfare Services
8965 Balboa Ave.
San Diego, CA 92123

To be completed by caregiver

I hereby request a review of one of the issues specified below (*Check appropriate box*):

- ☐ Placement services provided, **or**
☐ Care of foster child, **or**
☐ Notice or Procedures for removal from foster care of the following child(ren):

Name of Child: _____ DOB: _____
(Last, First Middle)

Name of Child: _____ DOB: _____
(Last, First Middle)

Date child(ren) placed: _____ Date child(ren) to be removed (If applicable): _____

Social Worker: _____

COMPLAINT - Please include the following:

1. A statement of the action your complaint is in reference to.
2. Dates, if applicable.
3. Names of persons involved.
4. Your proposed solution to the problem.

NOTE: Placement decisions are not grievable. Please include additional sheets of paper, if necessary.

Signature of _____
Relative, Non-Relative Extended Family Member, Foster
Parent, Resource Parent, Legal Parent, Legal Guardian

_____ Date

_____ Address

_____ Phone Number

GRIEVANCE REVIEW HEARINGS

Instructions

I. Availability of Grievance Review

Relatives, Non-Relative Extended Family Members (NREFM), Foster Parents, Resource Parents, Parents/Legal Guardians, and children have a right to a grievance review when they have a complaint or are dissatisfied with procedures or actions related to the placement services provided, care, notice or procedures for removal of children from a foster home, Relative/NREFM, or Resource Family home.

Before Completing This Form:

Discuss the problem with the social worker and his or her supervisor. If you are unable to resolve the problem, contact the program manager. Many problems can be resolved in this manner quickly, and without the need for a formal hearing.

II. Situations Where a Grievance Review is Not Available

A grievance hearing will not be granted for the following issues:

1. Removal of a child who is in imminent danger.
2. A court has ordered the child's removal.
3. Adverse licensing/certification/approval actions have occurred which prohibit the foster/resource parent(s) from continuing to provide services.
4. The child's parent/guardian request removal of a voluntarily placed child.
5. Removal of a child or modification of services resulting from an administrative review panel decision.
6. Removal of a child for direct placement into an adoptive home.
7. Any complaint regarding the validity of a law or state regulation.
8. Any complaint regarding the issuance, or payments, of aid or medical assistance for which a fair hearing may be requested.
9. Any complaint regarding the placement decision.

III. Grievance Review Procedures

1. If after discussing the issue with the social worker, supervisor and program manager, you are still dissatisfied, complete the front of this form and mail it to the Director of Child Welfare Services at the address shown.
2. The request for a grievance review must be filed with the Director within 10 calendar days after becoming aware of the issue.
 - a. In cases involving removal of a child, not excluded in Section II above, the request for a grievance hearing must be received by the Director at least two calendar days before the intended date of removal.
 - b. When a request for a hearing is made in accordance with 2(a) above, the child will remain with the foster/resource parents pending completion of the hearing and a decision by the Director.

3. Refer to the Foster Parent Handbook for further information regarding your rights as a foster parent and specific grievance hearing procedures.

Please complete for all health visits. This information will be used to update the Health and Education Passport (HEP).

PLEASE RETURN COMPLETED REPORT TO THE HEP STAFF BY USING THE POSTPAID ENVELOPE.

Patient Information	
CHILD'S NAME:	
Case Number:	DOB:

To be completed by a Health Provider. (PLEASE PRINT CLEARLY)

MEDICAL VISIT: ☐ Well Child ☐ Sick Visit ☐ Other Visit (specify specialty): _____

DX: (MUST BE COMPLETED)

ICD-9:

RX:

HT: _____

WT: _____

Referral(s) Made: Provider: _____

Specialty: _____ **Tel ()** _____

HC: _____

BMI: _____

HGB: _____

Allergies: _____

Follow-up Needed:

IMMUNIZATIONS: Record dates given or attach copy of record

IPV	DTaP	HIB	MMR	HEP B	VARICELLA
1 _____	1 _____	1 _____	1 _____	1 _____	1 _____
2 _____	2 _____	2 _____	2 _____	2 _____	2 _____
3 _____	3 _____	3 _____		3 _____	<input type="checkbox"/> Chickenpox
4 _____	4 _____	4 _____			Disease History
	5 _____				Date: _____
HEP A	PCV 7/PCV 13	MCV4	HPV	INFLUENZA	OTHER
1 _____	1 _____	1 _____	1 _____	1 _____	1 _____
2 _____	2 _____		2 _____	2 _____	2 _____
	3 _____		3 _____		3 _____
	4 _____				4 _____

	<u>DATE GIVEN</u>	<u>DATE READ</u>	<u>RESULTS</u>
TB Mantoux (PPD)	_____	_____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive _____ mm*
CHEST X-RAY	_____		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
*RX PLAN: Start Date:	_____	MEDS:	_____ RX Duration: _____

DENTAL VISIT: ☐ Dental Exam ☐ X-rays ☐ Cleaning ☐ Fluoride ☐ Sealants ☐ Fillings

☐ Other: _____

Referral(s) Made/ Follow-Up Needed: _____

DATE OF VISIT: _____ **Health Provider:** _____

(b)

(Print or Stamp)

Telephone (____) _____ Address: _____

Routine Medications Form*

Child's Name: _____

Date: _____

Date of Birth: _____

The following over-the-counter medications may be administered under the specific conditions as listed and adhered to **as stated on the label**:

- () **ORAJEL**—Toothache pain relief; child complaining of toothache pain. Apply to tooth cavity and gum as needed.
- () **MULTI-VITAMIN**—1 tablet daily after meal
- () **DIMETAPP**—Nasal decongestant, antihistamine; child complaining of stuffy nose, sneezing, itchy/watery eyes, and/or nasal congestion.
- () **ROLAIDS**—Child complaining of heartburn or upset stomach—as symptoms occur.
- () **VISINE**—Child complaining of eye irritation and dryness; instill 1-2 drops in affected eye up to 4x's daily.
- () **DRAMAMINE**—Prevention of nausea, vomiting or dizziness (associated with motion sickness); given before activity.
- () **PAIN RELIEVERS (Ibuprofen, Tylenol, etc.)**—Child complaining of minor aches and pains, headaches and fever.
- () **NEOSPORIN/BACTINE (First Aid Cream)**—Child complaining of cuts, scrapes, scratches, sunburn, minor burns, or insect bites; apply to affected area as needed.
- () **MYLANTA**—Child complaining of heartburn, sour stomach and/or gas.
- () **COUGH SYRUP/COUGH DROPS**—Child complaining of itchy throat and/or cough.

IX. ADDITIONAL

COMMENTS: _____

PHYSICIAN'S

SIGNATURE _____**DATE** _____

***This form was developed by the San Diego County Foster Parent Association to use when seeking permission from the doctor to use routine over-the-counter medication with foster children in the home.**

PLACEMENT CHECKLIST FOR FOSTER PARENTS

Your foster child's social worker should give you the following information and/or records on the day of placement if at all possible. Ask the worker about **each** of these items and make notes.

- [] A Consent for Treatment (form 04-24).
- [] A Medi-Cal card for each child (client identification number and issue date until card is received).
- [] A Copy of child's birth certificate
- [] A US passport or alien registration card if available
- [] Any medical and dental history reports, including all immunizations, known allergies, and pertinent psychological information if available. (**NOTE:** The child's Health and Education Passport will be mailed to you soon after placement.)
- [] A Needs and Services Plan including any instructions for current and future medical and dental care, psychiatric and psychological consultations, evaluations or treatment, child's supervision needs, and any special needs of the child.
- [] Medications and any written instructions regarding medications or prescriptions.
- [] The Agency – Foster Parent Agreement (SOC 156) completed by the social worker, signed by you and the social worker. This placement agreement must be **complete** and contain the name and telephone number of the social worker and the worker's supervisor. Be sure to read both sides of the agreement carefully. Retain your copy for your records.
- [] The SOC 156 must indicate the Foster Care Payment Rate and the effective date of placement. This is also the start date for payment. Be sure the case number is filled in at the top of the form in the space provided.
- [] Clothing needs and clothing allowance, if necessary. You and the social worker will inventory the child's clothing to see what is actually wearable.
- [] Religious participation, if applicable.
- [] Information for school transfer, including name of last school, grade, achievement level, and any special problems.
- [] Description of any known dangerous propensities of behaviors of the child including sexual aberrations, promiscuity, and seductive manner; or if the child has been a victim of sexual abuse, is a fire setter or has exhibited violence towards animals or people.

- [] Any special transportation requirements or plans.
- [] A clear understanding of the rights of the child's parents and a visitation plan (who, where, when).
List any unauthorized visitors.
- [] Information on what to do and who to call for weekend or evening emergencies.
- [] JV290 Caregiver Information Form
- [] Attorneys Name and Phone number

If the above items are not immediately available ask the social worker to help you obtain them as soon as possible.

Team of Advocates for Special Kids

100 W. Cerritos Ave., Anaheim, CA 92805

Toll Free (866) 828-TASK

www.TASKCA.org

TASK is a Parent Training Information and Resource Center. TASK is a nonprofit organization, offering support to families with children who have special needs.

Mission Statement

TASK's mission is to enable individuals with disabilities to reach their maximum potential by providing them, their families, and the professionals who serve them with training, support, information, resources and referrals, and by providing community awareness programs.

TASK provides free services for the following areas:

- Phone Advocacy
- Parent-to-Parent Support
- Community Outreach
- Legal Rights Information
- Educational Workshops & Materials
- IEP Consultations (First hour free)



TASK membership is \$35.00 per FAMILY, per year. TASK membership includes:

- Tax Donation (Memberships are tax deductible)
- FREE TECH LABS, Toddler TECH and Individual Labs
- Access to our Software Lending Library
- Bimonthly TASK Newsletters

TASK offers Assistive Technology. Our main TECH Center is located in Anaheim Office. TASK has opened a new TECH Center located in Compton Office. TECH Center is open to individuals of all ages and abilities, the TECH Centers provide hands-on access to computer hardware, software, and adaptive technology.

All services by appointment only.

TASK Locations:

Anaheim Office
100 W Cerritos Ave.
Anaheim, CA 92805
Toll Free (866) 828-TASK

Alhambra Office
1000 S Fremont Bldg. A6
Alhambra, CA 91803
(626) 300-1043

Compton Office
612 S Long Beach Blvd.
Compton, CA 90221
(310) 604-1015

Riverside Office
4164 Brockton Ave.
Riverside, CA 92501
(951) 328-1200

San Bernardino
1425 S Waterman Ave
San Bernardino, CA 92408
(909) 890-9560

San Diego Office
3180 University Ave., Ste. 235
San Diego, CA 92104
Toll Free (877) 609-3218

San Luis Obispo Office
(805) 461-0231

AT THE TIME OF DEPARTURE - A CHECKLIST FOR FOSTER PARENTS

The following information, records, and/or property should be assembled in advance and given to the child's social worker when a foster child leaves your home:

- [] The child's Consent for Treatment (form 04-24) and Authorization to Use or Disclose Protected Health Information (form 04-24A).
- [] Placement Needs and Services Plan (form 04-258) - Updated.
- [] A current Medi-Cal card, social security card, birth certificate and California Identification card if available.
- [] The child's Health and Education Passport and/or medical, dental, allergy and immunization records and names of doctors and dentists. Be sure to give the social worker a list of any pending appointments the child may have.
- [] All medical supplies, equipment, medication and/or prescriptions for the child, if any, and any special instructions. Send any special appliances or devices prescribed for the child.
- [] A description of any unusual and/or dangerous behaviors you have observed.
- [] The updated album or folder of child's pictures, school reports, achievements, awards, cards and letters, and any other events that occurred in the child's life while he was with you.
- [] A report of any special problems or habits, including personal strengths, personal growth in the child you have observed.
- [] The completed Child Transition Information form (04-325) describing the child; the child's reaction to the placement, social interactions, activity levels, personality traits, etc. (optional).
- [] All property belonging to the child including but not limited to personal items, clothing, bicycles, toys, and gifts he has received. The social worker will request a written inventory of the child's wearable/useable clothing.
- [] The name and address of the child's school, grade and achievement level, report cards, and any special problems. Documentation that the child has been disenrolled from current school.
- [] The Visitation Agreement, the Parent/Child Contact Log, and a copy of the last Court Information form (JV 290).
- [] When the placement is terminated, and after the child has left your home, notify the Placement Coordinator within 24 hours of your vacancy, and whether you are prepared to accept another foster child.

NOTE: Before the social worker arrives to pick up the foster child, discuss the following concerns with the worker:

Who will tell the child he is leaving? When will he be told?

How can you best say goodbye to the child?

Can you have any contact with the child in the future: How? Where? When? How often?

VISITATION PLAN

Name(s) of Child(ren): [redacted]

Name(s) of Parent/Guardian: [redacted]

Name(s) of Visit Supervisor(s): [redacted]

Date: [redacted] **Current visitation order (supervised or unsupervised):** [redacted]

If supervised, indicate the [level of supervision](#): [redacted]

This Visitation Plan lists the agreements being made to promote safe and beneficial visits. For each Task/Responsibility listed below, be specific as to who will be responsible for what. Write "N/A" in any box that is not being used. The parties should thoroughly discuss each task/responsibility to ensure there are no misunderstandings. When the Visitation Plan is completed and signed by everyone who has tasks/responsibilities listed below, the social worker will give/send a copy to each of them.

Danger Statement: [redacted]
Safety Goal: [redacted]

Task/ Responsibility	Parent (name) will:	Caregiver/Safety Network Member/Other person (name) will:	Comments or Requirements (including social worker responsibilities)
Schedule – Days, Times, and Location	[redacted]	[redacted]	[redacted]
Transportation to visit	[redacted]	[redacted]	[redacted]

VISITATION PLAN

Task/ Responsibility	Parent (name) will:	Caregiver/Safety Network Member/Other person (name) will:	Comments or Requirements (including social worker responsibilities)
Supervisor			
Who is allowed/included in visits			
Other			

VISITATION PLAN

<p>VISITATION CONCERNS: Describe procedure(s), for handling concerns with the visitation, such as multiple cancelled visits or arriving late. Address how the concern may impact the child (ren).</p>	
--	--

VISITATION PLAN

SAFETY PLAN: Describe an action plan in the event that an emergency arises. Include the responsible parties to be contacted and what further steps should be taken by all relevant parties.

VISITATION PLAN

Changes to this Visitation Plan can be expected as the parents demonstrate acts of protection over time (or if problems arise). The social worker should review the Plan with all parties regularly and revise it whenever necessary. The social worker can provide parents and caregivers with forms to help document the visits. If any problems arise, please notify the social worker immediately.

By signing below, all parties acknowledge that they have participated in developing this Visitation Plan and understand their responsibilities.

If this is an updated Visitation Plan, it supersedes all previous Visitation Plans.

Parent's Name	Signature	Date
Caregiver's Name	Signature	Date
Visit Supervisor Name (if different from caregiver)	Signature	Date
Social Worker's Printed Name	Social Worker's Signature	SW's Phone # Date
Social Worker's Supervisor's Name	Supervisor's Signature	Supervisor's Phone # Date

Original: Case File
Copies: All parties listed above

Some Important Telephone Numbers

2-1-1- San Diego (formerly “Info Line”) A free, confidential information and referral service provided in cooperation through the United Way of San Diego County, the City of San Diego and the County of San Diego.	2-1-1
CWS Regions: North Inland North Central North Coastal East County Central Adoptions	(760) 740-3686 (619) 767-5135 (760) 754-3456 (619) 401-3800 (619) 521-7300 (877) I ADOPT U (423-6788)
Adoption Support Services SDYS	619-221-8600 EXT 2240
Casa de Amparo	(760) 754-5500
CASAs	See Voices for Children
C.A.S.S. – Comprehensive Assessment and Stabilization Services	(619) 281-3706, ext. 333
Childcare Resources Services of the YMCA	(619) 521-3055
Child Health & Disability Prevention (CHDP)	(619) 692-8808
Child Abuse Hotline	(858) 560-2191 Toll Free Number (800) 344-6000
Consumer Center for Health Education and Advocacy	(619) 744-0935
County Office of Education	(858) 292-3500
Critical Care Emergency Screening Unit (ESU) –Child and Adolescent Mental Health Services	(619) 421-6900
Dependency Legal Group	(619) 795-1665
DOCTOR OR DENTIST--Maternal, Child and Family Health Services Toll Free Information Line for: Assistance finding a doctor or dentist in your area who will accept Medi-Cal	(800) 675-2229
Emergency Shelter Care Unit	(858) 514-6700

Foster, Adoptive and Kinship Care (FAKCE) Education Program For Class Information and Mentoring Program	(800) 200-1222
Foster Care Services Committee	858-650-5724
Foster Care Public Health Nurses:	
Inland	(760) 740-3234
North Coastal	(760) 754-3451
North Central	(858) 650-5769
Central	(619) 521-7375
Residential	(619) 767-5283
East	(619) 401-3699
South	(619) 585-5068
Probation	(858) 694-694-4419
Foster Home Complaints (For complaints on foster homes)	(858) 650-5876
Foster Home Licensing	(877) 792-KIDS (5437)
Foster & Adoptive Resource Family Services (FARFS)	(877) 792-KIDS (5437)
Foster Parent Associations:	
North SD County Foster Parent Assn (Straight from the Heart)	(760) 744-2240
San Diego County Foster Parent Association	(619) 579-4900
Foster Parent Recognition Coalition	(858) 792-KIDS (5437)
Foster Care Payment Case Information Need case name, mother's name, child's birth date	(858) 767-5000
Foster Youth Mentor Program	(619) 767-5222
Health Care Program for Children in Foster Care:	(619) 692-8489
Health Advocacy Center	(619) 282-1134
Denti-Cal	(800) 423-0507 322-6384
Mental Health Services	(800) 479-3339
HHSA Mental Health Services Division	(888) 724-7240
Independent Living Skills (ILS)	(866) ILS-INFO (457-4636)

Juvenile Court	
Central	(858) 634-1600
Downtown	(619) 450-5605
North County	(760) 806-2313
East County of San Diego	(619) 441-4455
South County	(619) 498-2111
Juvenile Probation	(858) 694-4600
OMBUDSMAN--LOCAL: Office of the Ombudsman for San Diego county Child Welfare Services—24 hr. message line	(619) 338-2098
OMBUDSMAN--STATE: California State Ombudsman for Foster Care	(877) 846-1602
Options for Recovery Program Coordinator	858-650-5530
Placement Coordinators	(858) 650-5879
Polinsky Children's Center	(858) 514-4600
Probation:	
San Diego County Probation Center	(858) 694-4600
Public Inquiry (Health and Human Services Agency) -- ACCESS	(866) 262-9881
Respite Care Coordinator	(858) 614-9142
Special Care Rate Coordinator	(858) 650-5533
Straight From the Heart Thrift Store	(760) 643-8373
Voices for Children – Court Appointed Special Advocates, CASAs	(858) 569-2019
WIC Program	(800) 500-6411
SOCIAL WORKER – If you need assistance in finding a Social Worker or other HHSA Staff	(858) 694-5191

Some Useful Websites

SAN DIEGO COUNTY	SAN DIEGO COUNTY
www.sandiegofosterkids.com	Website for the County of San Diego. Resource Family Approval
www.iadoptu.org	Website for the County of San Diego. Adoptions
www.sdcounty.ca.gov	Website for the County of San Diego. Many other helpful services are listed.
www.211sandiego.org	Website for the County of San Diego to find a wide variety of resources such as childcare, housing, etc.
www.sdcfpa.com	Website for the County of San Diego. Foster Parent Association
www.straightfromtheheartinc.org	Website of the Straight from the Heart Resource Center and Resale Store sponsored by the North San Diego County Foster Parent Association
www.sdcoe.net	Website for the San Diego County Office of Education—search foster youth as well as other information
www.crs.ymca.org	Website for the YMCA Childcare Resource Services for referrals for childcare
CALIFORNIA	CALIFORNIA
www.cclld.ca.gov	Website of California Community Licensing where you can find Title 22 regulations
www.fosteryouthhelp.ca.gov	California State Foster Care Ombudsman's Office
www.courtinfo.ca.gov	Many forms and instructions on court procedures for California
www.csfpaaonline.org	Statewide website for the California State Foster Parent Association
www.leginfo.ca.gov	California website for all laws and proposed legislation. You can search for different topics like foster care.
www.cdss.ca.gov/inforesources/letters-and-notices	Website of the California Department of Social Services where you can read letters and notices about foster care.
NATIONAL	NATIONAL
www.adoptuskids.org	Website featuring children in foster care across the nation awaiting adoption.
https://www.cdss.ca.gov/inforesources/foster-care	Website for the American Foster Care Resources, Inc. for information and publications

www.cwla.org	Website for the child Welfare League of America for information and publications
www.wrightslaw.com	Special Advocacy website with information and publications on Special Education
www.aap.org	Website of the American Academy of Pediatrics for information and publications on child health issues
www.nfpainc.org	Website for the National Foster Parent Association
www.caseylifeskills.org	Website with free resources to assess and develop children's life skills development



LIVE WELL
SAN DIEGO