





DCC Policies and Procedures Foster Care Training



Foster Parent Rights

A complete list of Foster Parent Rights can be found in the policies and procedures section of binder.

 Foster Parents have the right to be treated with dignity, respect, and consideration as a member of the service planning team.



Reporting Serious Incidents

Not all of the following need to be reported to the Statewide Hotline number, but DO need to be reported to DePelchin immediately so that if the serious incident is reportable we comply with the timeframes required in the Minimum Standards.

- A child is missing
- A child goes to the emergency room
- A child is admitted to the hospital (psychiatric or medical)
- A child suffers a dislocated/fractured/broken bone, concussion, laceration requiring stitches, 2nd or 3rd degree burns or internal organ damage
- A child is indicted, charged or arrested for a crime
- Communicable disease
- A suicide threat or attempt
- Sexual acting out between peers
- An incident such as a fire or flood that renders all or part of the household unsafe or unsanitary for a child
- Law enforcement is called to your home or comes to your home
- Review after hours emergency contact and serious incident reporting form and Minimum Standards Subchapter D Reports and Record Keeping
 - 7. Do not drop a child off an any facility or DCC office (including CPS Chimney Rock Center) for any reason without approval from DePelchin as this is considered abandonment.



Foster Care Medication Agreement

- 1. All medications will be kept in locked containers that are unavailable to children. Psychotropic medications must be double locked, and you must have provisions for this.
- Children will be given the correct medication that is prescribed for the individual child. Medication will be given to foster children by the foster parents, relief care provider or substitute caregiver; and supervised in such a way that the foster parent can be sure that the child took the medication.
 Medication will be logged each time it is given on the correct medication log.
- 5. All medication will be kept in correctly labeled bottles at **all** times. Medication to be dispensed at school will be obtained in separate containers from the pharmacies. Schools often require additional doctor direction and authorization to give medication at school.



Child:			Medic	ation-N	Nutritio	n-Trea	tment	Logs				Month	n/Year																			
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Allergies:	Day																															
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Signature		Initials		-		Signat	ue						Initials		•	Signat	ture						Initials		-	Staff S	ignatur	e e				

DATE/TIME	MED NAME / DOSAGE / AMOUNT GIVEN	BRIEF DESCRIPTION	INITIAL
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Printed Name: Signature:

Alcohol Policy

- 1. Alcohol is still the most commonly used and abused drug in America. Alcoholism and alcohol abuse on the part of parents are often primary factors in precipitating a child's placement in foster care, therefore it is imperative that families are able to present healthy alternatives to environments fraught with such problems. This does not mean that caregivers must abstain from use of alcohol, but it does require responsible use.
- 2. Drinking to the point of intoxication, as defined in the Texas Penal Code, is not responsible or acceptable behavior. It may put the foster child in jeopardy, particularly in the event of an emergency.
- 3. Our expectation is that foster parents, babysitters, relief care providers and substitute caregivers will not drive any vehicle while under the influence of alcohol with or without a foster child present in that vehicle.



Alcohol Policy

- 4. Foster parents must keep alcoholic beverages out of reach or in a locked storage area.
- 5. In those instances in which the Foster Parent and/or Adoptive(s) is/are hosting an event in which alcohol is being consumed, prudent judgment will be used to assure that children in care do not have access to alcoholic beverages. Immediately upon the conclusion of the event all alcohol containers MUST be emptied (glasses, cups, wine glasses, decanters) and liqueur bottles must be out of reach or in locked storage area.
- 6. Any DWI/DUI history will be explored in the licensing process. DePelchin reserves the right to ask parents, staff, and other caregivers be assessed by other outside mental health or alcohol/substance abuse professionals, at the individual's expense, when there is reason to believe there is a pattern of excessive use of alcohol or impairment.
- 7. Additionally, the presence and consumption of alcohol in foster homes may be evaluated based on child's history and service plan, or if the child reports they are uncomfortable with the use of alcohol in the foster home.



Please raise your hand if you have a trampoline.



Trampoline Guidelines

Trampoline rules must be developed, posted and reviewed with children in the home.

- DePelchin guidelines for trampolines are as follows:
 - Place the trampoline on level ground
 - Children younger than 6 years are at greatest risk of injury, so close monitoring and being able to physically intervene if necessary are required.
 - Equipment should be checked for safety conditions.
 - Use of Safety nets is highly encouraged
 - When damaged, protective padding, the net enclosure, and any other parts should be repaired or replaced and children should not be allowed to use the trampoline until the part is repaired or replaced.



Please raise your hand if you have a swimming pool.



Weapon Guidelines

- Minimum Standards for Child-Placing Agencies requires that all explosive materials, firearms and projectiles such as darts, arrows and BB guns must be stored out of the reach of children.
- Also, CPS Policy requires that the above articles are locked and secured with the projectile/ammunition being locked separately from the weapon/firearm. This includes hunting knives, bows and arrows and other such dangerous instruments.



Pet/Animal Safety Policy

In order to ensure children's safety DePelchin has developed a Pet Safety in Foster/Adoptive Homes policy which can be found in your binder.

If you own a pet it is your responsibility to abide by this policy, keep your pet vaccinations current and inform DePelchin if you acquire a new pet, or no longer have a pet.



Foster Home Agreement

The DePelchin Foster Care/ Foster to Adopt Home Agreement has 33 points. A copy of the complete agreement can be found in your binder.

- 1. I agree to accept responsibility for obtaining all necessary medical examinations, fire and sanitation inspections in preparation for initial and ongoing re-verification of my home.
- 2. I agree to obtain the required number of hours of foster parent training annually and to provide my DePelchin worker with information regarding training that I obtain.
- 6. I understand that the agency is responsible for the supervision of my home as long as I remain an active verified foster home for DePelchin. I understand that when I have children placed in my home there will be, at least, monthly supervisory visits in my home by the DePelchin staff assigned to my home that include a walk through of my entire home. There will also be at least quarterly visits by a DePelchin Family Service or Compliance Team staff member regarding continuous compliance. At times when there are no children placed in my home, there will be quarterly visits regarding continuous compliance. Quarterly monitoring will be ongoing unless my home is placed on inactive status or I relinquish my foster home verification.



Foster Home Agreement

10. I accept the fact that the children are the responsibility of the agency and subject to the plans of the agency. Further, I will not take the child out of the Region in which he is placed without authorization for the agency, nor will a child be left with any other person, not approved by the agency, without notice to the agency. I understand that travel outside the state or lasting more than 72 hours in-state away from the home must be approved by the child's DFPS caseworker*. Exceptions are for emergency evacuations, where I will still notify DePelchin of the destination plans and destination arrival.

*Please notify DePelchin staff anytime foster children will be staying overnight in where other than the foster home they are placed in.



Foster Home Agreement

- 26. I understand that anytime I have a serious illness or injury (especially an injury to a vital organ or face/head) that I must notify DePelchin and obtain a doctor's statement releasing me to care for foster children, before I can resume care of foster children.
- 31. DePelchin can terminate this agreement if the Foster Parent is not in compliance with any section of this agreement, DePelchin policies and procedures, or the TDFPS licensing standards. DePelchin may notify the provider by notice not in excess of 30 days of the deficiencies with the provider must correct the default (deficiency/ies); otherwise DePelchin shall terminate the agreement.
- 33. <u>I also understand that DePelchin reserves the right to remove</u> any Youth and terminate this agreement at anytime without cause and without notice.



Individual Foster Home Placement Agreement

The DePelchin Individual Foster Home Placement Agreement has 9 points. A copy of the complete agreement can be found in your binder.

7. I agree to the financial terms of this placement which is \$27.07(basic), \$47.37 (moderate), \$57.86 (specialized), \$92.43 (intense) per night. This will be paid each month. The clinical case manager and supervisor must authorize any additional, financial allowances.



Grievance Procedure/Written Appeals Process

Grievance Policies are provided to all families during the home study process, as well as to clients during the Foster Care and Adoption Intake meeting.

The form in your binder outlines the process for filing a grievance.



Intake Packet

- Foster Care To Do List
- Medical/Dental/Vision/Hearing Examination Form
- Clothing Inventory
- Daily Seasonal Activity Schedule
- Foster Care Bi-Weekly Progress Log (Moderate, Specialized, and Intense (Basic) – MUST COMPLETE BI-WEEKLY, IF SEEKING A LEVEL INCREASE
- Foster Parent Behavior Form
- Background Inquiry Agreement
- Driving Record Release and Authorization
- Fire Drill Log



Inspections

- DCC Child File Checklist
- DCC Foster Home in home File Table of Contents
- TDFPS Foster Home Sampling Guide
- DCC Referral list for Fire and Health Inspections
- Foster Home Fire Safety Evaluation Checklist
- TDFPS Environmental Health Checklist



Texas Child Car Seat Laws

Texas law states that children must ride in a child safety seat or booster seat until the age of 8, unless the child is 4' 9" or taller.





Save menicha seat.

Infants and young children should always be seated in the back seat of your vehicle.



Stage 1

Rear-facing seats

All infants and toddlers should ride in a Rear-Facing Safety Seat until they are 2 years of age or until they reach the highest weight or height allowed by their safety seat's manufacturer.

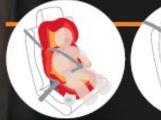
Stage 2

Convertible seats and forward-facing seats

Children 2 years or older, or those younger than 2 years who have outgrown the rear-facing weight or height limit for their safety seat, should use a Forward-Facing Safety Seat with a harness for as long as possible, up to the highest weight or height allowed by their safety seat's manufacturer.







Stage 3 Booster seats All children whose

All children whose weight or height is above the forwardfacing limit for their safety seat should use a **Belt-Positioning Booster Seat** until the vehicle seat belt fits properly, typically when they are taller than 4 feet 9 inches in height and are between 8 and 12 years of age.

Stage 4

Seat belts

When children are old enough and large enough to use the vehicle seat belt alone, they should always use Lap and Shoulder Seat Belts for optimal protection. Lap portion should be low over the hips/tops of the thighs and shoulder belt should cross the center of the shoulder and center of the chest. Up to 13 years old, children are always safest in the back seat.



References

For further information:

- The Boy Who Was Raised As A Dog by Dr. Bruce Perry
- <u>Three Little Words</u> by Ashley Rhodes-Courter
- How to Talk So Kids Will Listen and Listen So Kids Will Talk by Adelle Farber and Elaine Mazlish
- The Connected Child by Dr. Karyn Purvis & Dr. David Cross
- The Out of Sync Child by Carol Kranowitz
- The Out of Sync Child Has Fun by Carol Kranowitz
- <u>Common Sense Parenting</u> by Ray Burke and Ron Herron
- The Whole Brain Child by Daniel J. Siegel and Tina Payne
- Parenting with Love and Logic by Foster W. Cline
- www.childtrauma.org
- www.child.tcu.eduhttp://empoweredtoconnect.org (helpful articles, videos, interviews, DVD lecture series, etc.)



Any Questions?

Thank you for coming!

